STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

DENTAL BOARD OF CALIFORNIA MEETING AGENDA
AUGUST 23-24, 2018

Hyatt Regency San Francisco Airport
1333 Bayshore Highway, Sequoia B
Burlingame, CA 94010
(888) 591-1234 (Reservations) or (916) 263-2300 (Board Office)

Members of the Board:

Thomas Stewart, DDS, President
Fran Burton, MSW, Public Member, Vice President
Yvette Chappell-Ingram, Public Member, Secretary

Steven Chan, DDS
Ross Lai, DDS
Lilia Larin, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Abigail Medina, Public Member
Steven Morrow, DDS, MS
Rosalinda Olague, RDA
Joanne Pacheco, RDH, MA
James Yu, DDS
Bruce Whitcher, DDS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items, unless listed as informational only. It is anticipated that the items of business before the Board on the first day of this meeting will be fully completed on that date. However, should an item not be completed, it may be carried over and heard beginning at 8:30 a.m. on the following day. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

Public comments will be taken on agenda items at the time the specific item is raised. 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 President. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Board 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, MPA, 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 or technical difficulties that may arise. To view the Webcast, please visit https://thedcapage.wordpress.com/webcasts/.

Thursday, August 23, 2018

9:00 A.M. FULL BOARD MEETING – OPEN SESSION

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

2. Board President Welcome and Report

3. Approval of the May 16-17, 2018 Board Meeting Minutes

4. Report from the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) Regarding Occupational Analysis for Dentists

5. Discussion and Possible Action Regarding Renewal of Board's Approval of the University of DeLaSalle Bajio School of Dentistry

6. Introduction of the new Dental Assisting Council Members

RECESS to CONVENE DENTAL ASSISTING COUNCIL MEETING – SEE ATTACHED AGENDA

RETURN TO FULL BOARD OPEN SESSION

7. Dental Assisting Council Meeting Report
   The Board may take action on any items listed on the attached Dental Assisting Council agenda.

8. Discussion and Possible Action Regarding Recommendations for Registered Dental Assistant Extended Functions (RDAEF) Examiners

9. Report on the June 19-20, 2018 Oral Health Summit hosted by the California Department of Public Health – Office of Oral Health

10. Discussion and Possible Action Regarding the Draft of the Board's Sunset Review Report

RECESS TO CLOSED SESSION

CLOSED SESSION – FULL BOARD
Deliberate and Take Action on Disciplinary Matters
The Board will meet in closed session as authorized by Government Code §11126(c)(3). If the Board is unable to deliberate and take action on all disciplinary matters due to time constraints, it will also meet in closed session on August 24, 2017.

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

A. Issuance of New License(s) to Replace Cancelled License(s)

The Committee will meet in closed session as authorized by Government Code §11126(c)(2) to deliberate on applications for issuance of new license(s) to replace cancelled license(s).

RETURN TO FULL BOARD OPEN SESSION

RECESS

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MEMORANDUM

DATE	August 1, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	**Agenda Item 2:** Board President Welcome and Report

Background:
The President of the Dental Board of California, Thomas H. Stewart, DDS, will provide a verbal report.

Action Requested:
None

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DENTAL BOARD OF CALIFORNIA
QUARTERLY BOARD MEETING MINUTES

MAY 16-17, 2018

Hyatt Regency Orange County
11999 Harbor Boulevard, Pacific Room
Garden Grove, CA 92840

Members Present:
Thomas Stewart, DDS, President
Fran Burton, MSW, Public Member, Vice President
Yvette Chappell-Ingram, Public Member, Secretary
Steven Chan, DDS
Ross Lai, DDS
Lilia Larin, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Abigail Medina, Public Member
Steven Morrow, DDS, MS
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH
Bruce L. Whitcher, DDS
James Yu, DDS, MS

Members Absent:
Wednesday:
Yvette Chappell- Ingram

Thursday:
Abigail Medina

(Joined the meeting at 11:30 a.m.)

Staff Present:
Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Carlos Alvarez, Enforcement Chief
Jocelyn Campos, Associate Governmental Program Analyst
Zachary Raske, Associate Governmental Program Analyst
Allison Viramontes, Associate Governmental Program Analyst
Jeri Westerfeld, Executive Assistant
Michael Santiago, Legal Counsel

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

A regular meeting of the Dental Board of California (Board) was called to order by Dr. Stewart, at 9:00 a.m. on Wednesday, May 16, 2018. Jeri Westerfeld, called roll and a quorum was established.

Agenda Item 2: Board President Welcome and Report

Dr. Stewart provided a verbal report. He recently attended the Board Member Orientation Training where Dean Grafilo, Director of the Department of Consumer Affairs (DCA) advised the participants to be inquisitive, work well with others, and to use DCA resources. Consumer Protection is the mission for Board activities.

Dr. Stewart thanked the Dental Hygiene Committee of California (DHCC) for its assistance with the Rulemaking to amend the California Code of Regulations (Cal. Code of Regs.), Title 16, Section 1005 relating to the Minimum Standards for Infection Control. He thanked the DHCC and the DBC staff for working together on the infection control issues.

Dr. Stewart appointed Board member Rosalinda Olague to the License, Credential, and Permit (LCP) Committee.

Agenda Item 3: Introduction of New Board Members

Dr. Stewart and Ms. Fischer introduced the newly-appointed Board members: Dr. Lilia Larin; Ms. Rosalinda Olague, Registered Dental Assisting (RDA); and Ms. Joanne Pacheco, Registered Dental Hygienist (RDH). Each new Board member shared information about their backgrounds.

Agenda Item 4: Approval of the February 8-9, 2018 Board Meeting Minutes

Motion/Second/Call to Question (M/S/C): (Morrow/Burton) to approve the February 8-9, 2018, meeting minutes with the following corrections:
Ms. Fischer requested Page 11, 2nd paragraph be changed to read*: "…the Board should consider or at least discuss statutory changes to allow a student who is using the California Portfolio program at their school in another state, to utilize reciprocity towards the pathway of licensure in California (i.e. students in Iowa)."*

Dr. Stewart requested this item be agenized for future/August meeting.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin			✓		
Le	✓				
McKenzie				✓	
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu				✓	

The motion passed, and the minutes were accepted with the requested changes.

Agenda Item 5: Appointment to the Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee

Dr. Stewart stated the Elective Facial Cosmetic Surgery (EFCS) permit credentialing committee consisted of 3 (three) oral surgeons/dentists and 2 (two) medical doctors. He asked Dr. Whitcher, Board Liaison for the EFCS Committee, to give a report regarding recruitment findings.

Dr. Whitcher provided an overview of Dr. Louis Gallia's curriculum vitae. Dr. Gallia is currently serving as one of the two Oral and Maxillofacial surgeons on the EFCS committee and offered to change positions to fill the EFCS vacancy for a physician and surgeon licensed by the Medical Board, which is a difficult position to fill. Dr. Whitcher recommended Dr. Gallia be switched to this vacancy.

M/S/C (Medina/Chan) to accept Dr. Whitcher's recommendation and request staff to begin recruitment for the Oral and Maxillofacial surgeon to fill behind Dr. Gallia.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie				✓	
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu				✓	

Motion passed, and staff is directed to start recruitment for Oral and Maxillofacial surgeon for the EFCS Permit Committee.

Agenda Item 6: Budget Report

Mr. Zachary Raske provided an overview of expenditures through February 28, 2018, of fiscal year (FY) 2017-18 for both the Dentistry and Dental Assisting funds.

The State Dentistry Fund expended 55% of its total fund appropriation through February 2018, which is approximately 16% lower than last year at this time. The State Dental Assisting Fund expended approximately 53% of its total fund appropriation through the same period.

Ms. Sarah Wallace reminded Board members to focus on the total expense line items and not each expenditure. The Board is working with the DCA Budget Office to display the individual expenditures line items more accurately.

Agenda Item 7: Appointments to the Dental Assisting Council

Dr. Whitcher and Ms. Burton were appointed to a subcommittee to review applications and conduct interviews. They recommended the following candidates to serve on the Dental Assisting Council:

Ms. Anne Contreras, Ms. Cindy Ovard, and Ms. Pamela Peacock.

M/S/C: (Burton/Lai) to appoint Ms. Anne Contreras to the vacant faculty position on the Dental Assisting Council. Ms. Contreras previously served the Council in the capacity of an RDA.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie				✓	
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu				✓	

Motion passed, and Ms. Anne Contreras was appointed to the vacant faculty position.

M/S/C: (Burton/Larin) to appoint Ms. Cindy Ovard to the faculty position on the Dental Assisting Council.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie				✓	
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				

Stewart	✓				
Whitcher	✓				
Yu				✓	

Motion passed, and Ms. Cindy Ovard was appointed to one of the vacant faculty position.

M/S/C: (Burton/Le) to appoint Ms. Pamela Peacock to the vacant RDA position on the Dental Assisting Council.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie				✓	
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu				✓	

Motion passed, and Ms. Pamela Peacock was appointed to the vacant RDA position.

Dr. Morrow requested that his question regarding Business and Professions Code Section 1742 b.2. requirement of “5 years prior” be agendized regarding whether this is at a full-time or part-time base.

Agenda Item 8A: Staff Update on Dental Assisting Program
Ms. Wallace provided a report on vacancies in the Dental Assisting Unit.

Agenda Item 8B: Update on Dental Assisting Program and Course Applications
Ms. Wallace gave an overview of the information provided. The newly recruited evaluators have completed 8 (eight) site visits/re-evaluations.

Agenda Item 8C: Update regarding RDA Program Re-evaluations
Student failure rates on exams are being analyzed to prioritize re-evaluation of RDA programs. Board staff is in the process of recruiting additional subject matter experts (SME) to review curriculum and didactic infection control requirements. The Board is on schedule to complete re-evaluation of all programs within 18 months. There are currently 97 RDA programs approved in the California and 20 of those are approved by the Commission on Dental Accreditation (CODA).

Public Comment:
Dr. Gagliardi, representing the California Association of Dental Assisting Teachers (CADAT), stated that the Cal. Code of Regs., Section 1070.2(b) allows the Board to accept the findings of any commission or accreditation agency approved by the Board.

Agenda Item 8D: Update on Dental Assisting Examination Statistics
Ms. Wallace provided an overview of the dental assisting examination statistics. The Office of Professional Examination Services (OPES) has not expressed concern over the Registered Dental Assisting with Extended Functions (RDAEF) Written and Practical exams failure rates during their review.

Agenda Item 8E: Update on Dental Assisting Licensing Statistics
Ms. Wallace gave an overview of the information provided.

Agenda Item 8F: Update regarding the Combining of the RDA Law and Ethics and General Written Examinations
Ms. Wallace provided a report of the exam. The blackout period takes place between May 15, 2018, through May 22, 2018, with the new combined exam available May 23, 2018. Psychological Services Incorporated (PSI) is requesting 4-6 weeks to begin sending results to candidates. Staff is instructing candidates not to start calling until a week after that time.

OPES has established the passing score. If an exam is failed, it must be retaken again within two years.

Public Comment:
Dr. Guy Acheson, Academy of General Dentistry (AGD), asked if a person with a lapsed license wants to reactivate their license, will they now have to take the combined exam, or will they have an option of just taking Law & Ethics exam?

Dr. Lai, LCP Committee Chair, responded that each case is reviewed on an individual basis, but there is only one exam now available.

Agenda Item 8G: Discussion and Possible Action Regarding the Scope of Practice for the RDAEF 2 as submitted by Joan Greenfield, representative of RDAEF Association and J Productions Dental Seminar's Inc
Ms. Greenfield, representative of the RDAEF Association and J Productions Dental Seminar's Inc, requested the following items be included on the meeting agenda for the Board's discussion and consideration: 1) Placement of Gingival Retraction Cord; 2) Removal of the Placement of Gingival Retraction Cord from the RDAEF clinical examination as a separately graded Item; 3) Change the procedures on the RDAEF restorative examination; 4) Addition of the administration of local anesthesia; and 5) Addition of the administration of nitrous oxide.

This item was tabled and referred to the Dental Assisting Council for their August meeting.

Agenda Item 9A: 2018 Tentative Legislative Calendar
Ms. Viramontes gave an overview of the information provided.

Agenda Item 9B: Discussion and Possible Action on Legislation:
Ms. Viramontes reported Board staff are currently tracking 49 (forty-nine) bills pertaining to the review of administrative regulations as it relates to anesthesia and sedation, the DCA, healing arts boards and their respective licensees, licensing boards, and the CURES database. Staff will only be presenting on 13 (thirteen) bills to the Board for review and consideration.

AB 224 (Thurmond) Dentistry: anesthesia and sedation
No movement or discussion.

AB 2086 (Gallagher) Controlled substances: CURES database
M/S/C (Morrow/Burton) to approve staff's recommendation to support AB 2086.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie				✓	
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu				✓	

Motion passed to support AB 2086.

Ms. McKenzie joined meeting at 11:30 a.m.

AB 2138 (Chiu) Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction

Ms. Wallace stated this bill would present challenges to the licensing and enforcement process. There are a number of changes in this bill that would change the way the Board reviews applicants and makes decisions for licensure.
M/S/C (Burton/Le) to accept staff's recommendation to continue to watch.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				

Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu				✓	

Motion passed, to continue to watch AB 2138.

AB 2483 (Voepel) Indemnification of public officers and employees: antitrust awards.
M/S/C (Burton/Whitcher) to approve staff's recommendation to continue to watch.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu				✓	

Motion passed to continue to watch AB 2483.

AB 2643 (Irwin) Dentistry: general anesthesia: health care coverage
M/S/C (Morrow/Burton) to accept staff's recommendation to continue to watch.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu				✓	

Motion passed to continue to watch AB 2643.

AB 2789 (Wood) Health care practitioners: prescriptions: electronic data transmission
M/S/C (Whitcher/Morrow) to accept staff's recommendation to continue to watch.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu				✓	

Motion passed to continue to watch AB 2789.

SB 392 (Bates) Dentistry: report: access to care: pediatric dental patients
The bill is no longer relevant to the Board or its licensees due to the recent amendment. It is now the Parental Empowerment Pilot Project.

SB 501 (Glazer) Dentistry: anesthesia and sedation: report
No further discussion warranted. The Board previously (8/2017) passed motion to continue to watch.

SB 1148 (Pan) Medi-Cal: restorative dental services
M/S/C (Burton/Whitcher) to accept staff's recommendation to continue to watch.

There was a discussion regarding when to the Board can change from a watch to a support/oppose motion. Ms. Burton, Legislative and Regulatory Committee Chair, explained the bill is in a suspense file and at this time she recommended not to change the Board's status.

Public Comment:
Mary McCune, California Dental Association (CDA), advised the bill was placed in suspense file because it was given a price tag of $12 million dollars. Ms. McCune explained the use of silver diamine fluoride (SDF) was just to give dental provider another option instead of use of anesthesia.

Dr. Paul Reggiardo, California Society of Pediatric Dentistry, stated most commercial insurance programs are now allowing reimbursement for SDF and with this bill will allow SDF as reimbursement with Medi-Cal.

Dr. Guy Acheson, Academy of General Dentistry, explained SPD is a management tool to help patients who are too sick to utilize anesthesia and he hopes the Board will take a support position.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan		✓			
Chappell-Ingram				✓	
Lai	✓				
Larin		✓			
Le	✓				
McKenzie	✓				
Medina		✓			
Morrow	✓				
Olague		✓			
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu				✓	

Motion passed to continue to watch SB 1148.

SB 1238 (Roth) Patient records: maintenance and storage
M/S/C (Chan/Medina) to accept staff's recommendation to continue to watch.

Ms. Fischer stated this bill would probably require the Board to update regulations regarding Unprofessional Conduct (CCR, Section 1018.05) regarding destroying of records. The Board has not taken a position on how long a licensee should hold on to their patient records.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				

McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu				✓	

Motion passed to continue to watch SB 1238.

SB 1298 (Skinner) Increasing Access to Employment Act
M/S/C (Burton/Chan) to accept staff's recommendation to continue to watch.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu				✓	

Motion passed to continue to watch SB 1298.

SB 1482 (Hill) Dental hygienists
M/S/C (Burton/Chan) to accept staff's recommendation to continue to watch.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Whitcher	✓				
Yu				✓	

Motion passed to continue to watch SB 1482.

SB 1491 (Committee on Business Professions and Economic Development/Hill) Healing Arts

The Board approved language for submission for the Omnibus Bill proposal at the November 2017 meeting. All of the provisions requested by the Board were included in SB 1491.

Recess

The Board returned to open session at 2:00 p.m.

Agenda Item 11: Agenda Item 11: Discussion and Possible Action Regarding Status of Two-year Provisional Approval of the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova's Faculty (School) of Dentistry-Schools Response to Deficiencies Outlined by the Dental Board of California
M/S/C (Morrow/Larin) to grant full-approval for seven (7) years with the effective date of December 2, 2016, when provisional approval was passed.

Dr. Morrow gave a brief report on the two-year provisional approval.

There was a discussion that followed questioning when the approval was in effect does the Board have the ability to request further documentation to assess standards are still being met and request a plan to be established for re-assessment. Dr. Morrow reiterated that if there is a change in its program, it is the school's responsibility to notify the Board in writing (within 30 days) if changes are made to the school's location, mission, purpose, objectives, change of name, or shift or change in control of the organization.

Dr. Morrow suggested the Board look at legislation that would accept CODA approval of Foreign Dental Schools. He felt the Board should not be approving Foreign Dental Schools.

Public Comment:
Dr. Guy Acheson, AGD, stated that Moldova's website advertises a 2-year international program.

Richard Polanco, former California Senator, stated the quality of education provided by the school has met competency measures.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai			✓		
Larin	✓				
Le		✓			
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher			✓		
Yu				✓	

Motion passed to grant full-approval for seven (7) years with the effective date of December 2, 2016.

Agenda Item 14: Presentation regarding Dental Anesthesia Data Collection Tool
Dr. Kaplan, Jung-Wei Chen, DDS, MSS, PhD, Rita Agarwal, MD, and James W. Tom, DDS, MS, FACD, gave a presentation on the dental anesthesia data collection tool created by the Pediatric Sedation Research Consortium and the American Academy of Pediatric Dentistry.

Agenda Item 9C: Discussion and Possible Action Regarding Draft Statutory Language to Update Definitions for General Anesthesia, Conscious Sedation, and Oral Sedation for Pediatrics and Adults
M/S/C (Burton/Chan) to accept staff's draft of the statutory language and begin the process for statutory change.

Ms. Fischer stated she received a stakeholder's request to address two of the Board's recommendations set forth in the Pediatric Anesthesia Study report, dated December 2016. The first recommendation was to update the definitions of general anesthesia, conscious sedation, and oral sedation for pediatric patients and adults, and the second recommends requiring the use of capnography for moderate sedation. Ms. Fischer is hopeful that introducing this simplified language and addressing only these two recommendations will move the Board's recommendations forward. Ms. Wallace advised the language change would have minimal fiscal impact.

Public Comment:

Dr. Paul Reggiardo, California Society of Pediatric Dentistry, asked why the language does not address oral conscious sedation vs. minimal sedation. He felt the attempt to change the language was minimizing fiscal impact.

Gary Cooper, California Association of Oral and Maxillofacial Surgeons, (CalAOMS), and Dr. Jeff Ello, President of CalAOMs, expressed their opinion that these changes would start moving the process toward the Board's report recommendations.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram				✓	
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina				✓	
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu				✓	

Motion passed to approve this statutory language and initiate as a rulemaking at a future meeting.

Recess at 3:50.

The Board convened in closed session at 4:15 p.m. to deliberate and take action on disciplinary matters. The closed session meeting of the Board adjourned at 5:40 p.m.

The LCP Committee convened in closed session at 5:45 p.m. to deliberate on applications for issuance of new licenses to replace cancelled licenses and to grant, deny, or request further evaluation of a conscious sedation (CS) permit and a general anesthesia (GA) permit. The closed session meeting of the LCP Committee adjourned at 6:20 p.m.

The Board returned to open session at 6:21 p.m.

The Board reconvened on Thursday, May 17, 2017 at 8:00 a.m.

<u>Agenda Item 15: Call to Order/Roll Call/Establishment of Quorum</u>
A regular meeting of the Board was called to order by Dr. Stewart at 9:07 a.m. on Thursday, May 17, 2018. Yvette Chappell-Ingram called roll and a quorum was established.

President Stewart introduced Dr. James Yu, one of the new Board members. Dr. Yu introduced himself and his background in dentistry.

Agenda Item 9D: Discussion of Prospective Proposals
Ms. Viramontes encouraged stakeholders to submit proposals in writing to the Board before or during the meeting for possible consideration at a future Board meeting.

Agenda Item 9E: Update on Pending Regulatory Packages
Ms. Viramontes provided a report on the status of each pending regulatory packages.

Ms. Fischer explained all four new Board members will be attending the June 6, 2018, Board Member Orientation Training presented by DCA. She also announced that this was Ms. Viramontes last meeting and wished her well in her future endeavors.

Agenda Item 10: Discussion and Possible Action Regarding Rulemaking to Amend California Code of Regulations, Title 16, Section 1005 Relating to Minimum Standards for Infection Control
Ms. Wallace gave an overview of the information provided. She explained that the emergency rulemaking to adopt emergency regulations due to AB 1277 is already in process, but staff is now presenting new language to initiate the regular rulemaking process.

Ms. Wallace asked the Board to consider and possibly approve the proposed regulatory language relative to the minimum standards for infection control, and direct staff to take the necessary steps to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and delegating authority to the Executive Officer to make any technical or non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, delegate authority to the Executive Officer to make any technical or non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1005 as noticed in the proposed text.

M/S/C (Whitcher/Stewart) to accept proposed language and notice the proposed language relating to Minimum Standards for Infection Control.

Public Comment:
Mary McCune, CDA, stated CDA will be submitting changes within the 45-day period.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan				✓	
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina				✓	

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed to accept proposed language and direct staff to notice proposed language.

Agenda Item 12A: Update on the Portfolio Pathway to Licensure

Ms. Wallace gave an update of the Board's Portfolio pathway to licensure. Staff previously informed the Board that the first three short-term goals have been completed. Staff has been working on digitizing the Portfolio rubrics and grading sheets (the last short-term goal) and have reached out to California dental schools. Board members (Drs. Le and Morrow) have been invited to today's CDA event in Anaheim to meet with all six (6) California Dental School Deans to address questions and concerns regarding the Portfolio to examination.

Agenda Item 12B: Western Regional Examination Board (WREB) Report

Dr. Le provided an update on the last review of the WREB examination that took place in October of 2017. There will not be another meeting until October 2018. She reminded the Board that there were some recent changes in the administering of the examination.

Dr. Norman Magnusson, WREB stated 41 to 42 states accept WREB as a pathway to licensure.

Agenda Item 13A: Review of Dental Licensure and Permit Statistics

Ms. Wallace reported on the dental licensure and permit statistics. She explained that retired license is considered an active license. In order to qualify for a retired licensee, the licensee must qualify for Social Security and predominantly practice for a not-for-profit. Retired renewals pay a reduced fee and must complete a reduced amount of Continuing Education (CE) credits. An inactive license is generally for a licensee who is either practicing in another state or who has decided not to practice. The inactive licensee must pay bi-annual renewal fees, but does not have to complete CE units. delinquent licenses are noticed once they have obtained delinquent status and then receive subsequent notice. Delinquent licenses can remain in a delinquent status for up to five years before being canceled. If the license is cancelled, the licensee would be required to apply for a new license if the licensee wanted to practice dentistry in California.

Agenda Item 13B: General Anesthesia and Conscious Sedation Evaluation Statistics

Ms. Wallace reported on the GA and CS evaluation statistics.

Agenda Item 13C: Discussion and Possible Action Regarding Evaluators for On-Site Inspections and Evaluations

Ms. Wallace stated the Board's current regulation specifies that two (2) evaluators are needed for each onsite inspection and evaluation for GA, Minor General Anesthesia (MGA), and CS permits. The regulation does not require remedial education if the licensee fails two onsite inspections. Staff is requesting the Board consider changing this requirement to two evaluators for the initial evaluation, and one evaluator for each subsequent evaluation. In the event of a failure of the onsite inspection and evaluation, two evaluators would be required for a re-evaluation. Staff is also requesting the Board consider requiring the completion of remedial education if a licensee fails two onsite inspections and evaluations. The Board could decide whether the permit is cancelled, or a third evaluation should be scheduled.

M/S/C (Burton/Chan) to direct staff to prepare proposed regulatory language to initiate a rulemaking at a future meeting,

Public Comment:
Dr. Guy Acheson, AGD, supports the concept of two evaluators for initial evaluation and one evaluator for renewal evaluation, especially when one is failed. He also noted that if one evaluator is utilized, there should be no personal relationship between licensee and evaluator.

Dr. Alan Felsenfeld, CDA, has been performing evaluations for a long time and experienced the difficulty of scheduling the on-site evaluations. Having a reduced number of evaluators will help the scheduling of on-site inspection renewals to be more-timely.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina				✓	
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

Motion passed to direct staff to prepare proposed regulatory language and initiate as a rulemaking at a future meeting.

RECESS, returned to Open Session at 9:48 a.m.

Agenda Item 16: Ethics Training Presentation by Michael Santiago, Dental Board Legal Counsel

Mr. Michael Santiago, Dental Board Legal Counsel, shared his ethics training presentation, which is given at the Board Member Orientation Training.

Agenda Item 17: Executive Officer's Report:

Ms. Fischer provided her executive report to the Board. She reported on the following information: staffing vacancies, the DCA's Substance Abuse Coordination Committee Workgroup for review of Uniform Standard #4 per SB 796, relating to frequency of test for participants in probation and/or Diversion programs, the DCA's Licensing/Enforcement Performance Measures workgroups, update of the Diversion program contract, establishment of a Dental Public Health Training and Technical Assistance Center, update of BreEZE maintenance contract, and update on University DeLaSalle dental school graduates.

Dr. Whitcher briefly updated the Board on the American Association of Dental Board (AADB) meeting he attended.

Agenda Item 18: Report of Dental Hygiene Committee of California (DHCC) Activities

Anthony Lum, Executive Officer of the DHCC, provided an update on the DHCC spring meeting in April 2018. The DHCC staff, who have been working with the DBC staff, received approval from their committee to move forward with the Rulemaking to Amend CCR, Title 16, Section 1005 Relating to Minimum Standards for Infection Control. The regulatory process should now move forward with rulemaking process and the DHCC will work with the OPES in the next few years to update the Law and Ethics Examination. Staff continues to complete evaluations of the dental hygiene academic programs and minor deficiencies are being addressed. The DHCC announced they will no longer subsidize their members participation in the Diversion program due to rising costs.

Agenda Item 19: Report of Department of Consumer Affairs (DCA) Staffing and Activities

Patrick Le, Assistant Deputy Director of the Office of Board and Bureau Services with the DCA, gave a report. There are two new external workgroups for licensing boards: 1) Licensing; and 2) Enforcement. These workgroups will provide an opportunity for staff from different boards to share best practices and standards. Mr. Le also discussed the DCA Leadership Program. Interested staff should consider signing up for the program.

Agenda Item 20: Update Regarding Renewal of Board's Approval of the University of DeLaSalle Bajio School of Dentistry

In February, staff received the University's self-study renewal documentation and it was forwarded to subcommittee members, Drs. Le and Morrow, for individual review. The subcommittee members met in Sacramento (along with Ms. Fischer) to discuss their findings.

On April 25, 2018, a letter was mailed to the dental school for additional documentation and the subcommittee is now awaiting the additional documentation. University staff along with Missy Johnson, Specialist at Nielsen, Merksamer, Parrinelo Gross & Leoni, were available to respond to any questions Board members may have.

Agenda Item 21A: Diversion Program Report and Statistics
Mr. Alvarez reported on the Diversion program and statistics. The next (Diversion Evaluation Committee (DEC) meeting is scheduled on July 11, 2018, in Southern California.

The Board is currently recruiting for a public member position on the Northern DEC; two dental position on the Southern DEC; one physician/psychologist position on the Southern DEC; and a dental auxiliary position on both the Northern and Southern DECs.

Agenda Item 21B: Update Regarding Controlled Substance Utilization Review and Evaluation System (CURES 2.0) Registration
Mr. Alvarez reported on CURES Registration and Usage Statistics. The Drug Enforcement Administration has approximately 24,633 California dentists licensed to prescribe controlled Substances; however, as of April 2018, only 9662 DDS/DMD have registered in the CURES program. Mandatory CURES consultation becomes effective October 2, 2018. An e-mail blast will be sent out regarding the deadline and the website will be updated.

Agenda Item 21C: February 27, 2018, Statewide Opioid Safety Workgroup Meeting
Ms. Alvarez reported on the February 27, 2018, statewide Opioid Safety Workgroup Meeting. He reported that 58 of 61 local health departments accepted the offer to receive Narcan from the Naloxone Grant Program. The California Department of Public Health found an increased rate of 74.2% of newly reported Chronic Hepatitis C cases in persons ages 15-29 in California between 2011-2015.

Agenda Item 21D: Discussion regarding Senate Bill 1109 (Bates) - Controlled Substances: Schedule II Drugs: Opioids
Ms. Burton referred to materials forwarded to Board members, from the American Dental Association, which reported dentists wrote 6.4% of prescriptions for opioids in the United States in 2012. SB 1109 addresses the addiction, misuse and overdose of prescription opioids as a public health crisis by putting some educational tools in place for patients, parents, minors, and prescribers to assist them in making decisions regarding prescriptions. This bill would amend Business and Professions Code, Section 1645, and the Board may, as a condition of license renewal, allow licentiates to complete a portion of the required CE credits with a Board-approved courses regarding the risks of addiction associated with the use of Schedule II drugs. The Board would be responsible to report the outcome of this additional courses in its next Sunset Review. The Board does not anticipate any significant fiscal impacts related to these requirements.

M/S/C (Chappell-Ingram/ Chan) to support SB1109 which allows opioid education to be part of CE units available.

Dr. Lai stated he does not believe Schedule II drugs are prescribed by dentist in large quantity. He felt the drug increase between ages 11 and 18 is a result of teenagers getting drugs somewhere else.

Ms. Fischer summarized two separate issues being discussed. First, does the Board want to support this bill, as amended on May 8, 2018, adding the course as a possible option for approved CE units to fill the requirement of 50 hours for dentist and 25 hours for dental auxiliaries. Second, does the Board want to begin the regulatory process to develop language to clarify if the CE units should be mandatory.

Public Comments:

Mary McCune, CDA, expressed concerns whether the Board would be able to meet 2019 dates for implementation.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina				✓	
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

Motion to support SB 1109 passed and staff is to send letter of support to author and appropriate Assembly committee.

RECESS

Returned to Open Session at 12:46 p.m.

<u>Agenda Item 22A: Review of Issues Identified During 2015 Legislative Oversight Hearing</u>

Ms. Fischer discussed the process for Sunset Review. The document provided to the Board was the findings/recommendations from the prior Sunset Review conducted in Fiscal Year 2014-15. Included in the documents is the “Staff Recommendation” was the Oversight Committee staff and the “DBC Response” is what will be submitted in this

report in Section 10. Ms. Fischer stated that this item is on the agenda, so staff can get direction from the Board for each finding/recommendation.

Drs. Morrow and Le left meeting to attend Dean's Meeting at CDA Present event.

Agenda Item 22B: Review New Issues for 2019 Legislative Oversight Hearing
Staff requested this item be tabled for future discussion so that Drs. Morrow and Le could participate in the discussion. The Board agreed.

Agenda Item 23A: Review of Enforcement Statistics and Trends
Mr. Alvarez reported on the Enforcement Statistics and Trends. Of complaint allegations received by the Board, 51% are labeled Incompetence/Negligence. Of that 51%, 30-40% move forward to discipline.

Agenda Item 23B: Review of Fiscal Year 2017-2018 First/Second/Third Quarters Performance Measures from the Department of Consumer Affairs
Mr. Alvarez reported on the quarter 1, quarter 2, and quarter 3 Performance Measures for fiscal year 2017-2018.

Agenda Item 24: Licensing, Certifications, and Permits Committee Report on Closed Session
Dr. Lai, Chair of the LCP, reported that the Committee met in closed session regarding applications for issuance of new license(s) to replace cancelled license(s) and whether or not to grant, deny, or request further evaluation for a CS Permits as it relates to an onsite inspection and evaluation failure.

Dr. Lai reported the LCP committee recommends issuance of a new dental license to replace a cancelled dental license with the condition of successfully passing of the California Dentistry Law and Ethics Written Examination for the following candidates:

1. LB
2. KD
3. JJ
4. EK
5. GS

Dr. Lai reported the LCP committee recommends issuance of a new dental license to replace a cancelled dental license with the condition of successfully passing of the California Dentistry Law and Ethics Written Examination and WREB or clinical exam for the following candidate:

1. TH

Dr. Lai reported the LCP committee recommends suspension and denial of reissuance of the CS Permit due to failure of the evaluation twice. The candidate can apply in the future:

1. TT

Dr. Lai reported the LCP committee recommends issuance of a new RDA license to replace a cancelled RDA license with the condition of successfully passing of the Combined California Registered Dental Assistant Law and Ethics Written and the Registered Dental Assistant Written Examination for the following candidates:

1. RB
2. EL
3. CO
4. JL
5. AM

Dr. Lai reported the LCP committee recommends issuance of a new dental license to replace a cancelled dental license without restrictions for the following candidates:

1. KS
2. LD
3. PB

Dr. Lai reported the LCP committee recommends issuance of a new RDA license to replace a cancelled RDA license with the condition of successfully passing a board approved 2-unit course of infection control for the following candidate:

1. MT

Dr. Lai reported the LCP committee recommends issuance of a new RDA to replace a cancelled RDA license held until completion of CE credits, successfully completion of the Combined California Registered Dental Assistant Law and Ethics Written and the Registered Dental Assistant Written Examination and a 2-unit course of Infection Control for the following candidate:

1. NB

Dr. Lai reported the LCP committee recommends issuance of a new RDA dental license to replace a cancelled RDA license held until completion of Continuing Education units, successfully completion of the Combined California Registered Dental Assistant Law and Ethics Written and the Registered Dental Assistant Written Examination and a basic Life support course for the following candidate:

1. TB

Dr. Lai reported the LCP committee recommends issuance of a new RDA license to replace a cancelled RDA license held until completion of 25 CE credits and a basic life support course for the following candidates:

1. IC

Dr. Lai request that the Board accept the recommendations of the LCP Committee.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Larin	✓				
Le				✓	
McKenzie				✓	
Medina				✓	
Morrow				✓	
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

LCP Committee's recommendations are accepted.

Agenda Item 25: Public Comment on Items Not on the Agenda
None

Agenda Item 26: Board Member Comments on Items Not on the Agenda
Ms. Burton stated that she and Dr. Le will attend the Oral Health Committee summit to launch the Oral Health Plan for 2018-2028.

Dr. Chan asked for a future agenda item for orthodontic treatment by correspondence.

Dr. Morrow had previously requested future agenda item regarding part-time and full-time faculty status.

Agenda Item 27: Adjournment
The meeting adjourned at 2:46 p.m.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
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MEMORANDUM

DATE	August 8, 2018
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 4:** Report from the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) Regarding Occupational Analysis for Dentists

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of dentistry practice in California. The purpose of the OA is to define practice for California-licensed dentists in terms of the actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this OA provide a description of practice for the dentist profession that can then be used to review national dental licensing examinations and to develop the California Dentistry Law and Ethics Examination.

OPES test specialists began by researching the profession and conducting telephone interviews with licensed dentists working in locations throughout California. The purpose of these interviews was to identify the tasks performed by dentists and to specify the knowledge required to perform those tasks in a safe and competent manner. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed in dentistry practice along with statements representing the knowledge needed to perform those tasks.

In December 2017, OPES convened a workshop to review and refine the preliminary lists of task and knowledge statements. The workshop was comprised of licensees, or subject matter experts (SMEs), with diverse backgrounds in the profession (i.e., location of practice, years licensed, specialty). These SMEs also identified changes and trends in dentistry practice, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas of the description of practice.

Upon completion of the workshop, OPES test specialists developed a three-part questionnaire to be completed by a sample of dentists statewide. Development of the questionnaire included a pilot study that was conducted using the group of licensees who had participated in the interviews and the December 2017 workshop. Feedback from the pilot study participants was used to refine the final questionnaire. OPES prepared the final questionnaire for administration in March 2018.

In the first part of the questionnaire, licensees were asked to provide demographic information related to their work settings and practice. In the second part, licensees were asked to rate specific job tasks in terms of frequency (i.e., how often the licensee performs the task in the licensee's current practice) and importance (i.e., how important the task is to effective performance of the licensee's current practice). In the third part, licensees were asked to rate specific knowledge statements in terms of how important each knowledge is to effective performance of their current job.

In March 2018, on behalf of the Board, OPES distributed the final questionnaire to a stratified random sample of licensed dentists throughout California, requesting that they complete the OA questionnaire online.

Approximately 35.9% of the population of sampled dentists (2,088 respondents) accessed the web-based questionnaire. The final sample size included in the data analysis was 1,046 respondents. This final response rate reflects two adjustments. First, data were excluded from respondents who indicated that they were not currently practicing as a licensed dentist in California. Second, questionnaires containing incomplete and unresponsive data were removed from the sample. The demographic composition of the final respondent sample is representative of the dentist population.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data was analyzed, OPES conducted one additional workshop with a diverse sample of SMEs in May 2018. The SMEs evaluated the criticality indices and determined whether any task or knowledge statements should be eliminated. The SMEs also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, defined those content areas, and determined the relative weights on the examination outline.

The examination outline is structured into 16 content areas weighted by criticality relative to the other content areas. This outline provides a description of the scope of practice for dentists, and it also identifies the job tasks and knowledge critical to safe and effective dentistry practice in California at the time of licensure. Additionally, this examination outline provides a basis for evaluating the degree to which the content of any examination under consideration measures content critical to dentistry practice in California.

The OA is enclosed for the Board's review. A representative from OPES will be providing a presentation to the Board regarding the OA and will be available to answer any questions at the meeting.

OCCUPATIONAL ANALYSIS OF THE DENTIST PROFESSION

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

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DENTAL BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE

DENTIST PROFESSION

This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs

June 2018

Heidi Lincer, Ph.D., Chief

Irene L. Wong-Chi, M.A., Research Program Specialist II

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EXECUTIVE SUMMARY

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In December 2017, OPES convened a workshop to review and refine the preliminary lists of task and knowledge statements. The workshop was comprised of licensees, or subject matter experts (SMEs), with diverse backgrounds in the profession (i.e., location of practice, years licensed, specialty). These SMEs also identified changes and trends in dentistry practice, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas of the description of practice.

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In the first part of the questionnaire, licensees were asked to provide demographic information related to their work settings and practice. In the second part, licensees were asked to rate specific job tasks in terms of frequency (i.e., how often the licensee performs the task in the licensee's current practice) and importance (i.e., how important the task is to effective performance of the licensee's current practice). In the third part, licensees were asked to rate specific knowledge statements in terms of how important each knowledge is to effective performance of their current job.

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Once the data was analyzed, OPES conducted one additional workshop with a diverse sample of SMEs in May 2018. The SMEs evaluated the criticality indices and determined whether any task or knowledge statements should be eliminated. The SMEs also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, defined those content areas, and determined the relative weights on the examination outline.

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At this time, California licensure as a dentist is granted to applicants completing one of four pathways: (1) licensure by passing the Western Regional Examining Board (WREB) examination, (2) licensure by credential, (3) licensure by residency, or (4) licensure by portfolio. Applicants using pathways 1, 3, and 4 must also pass the California Dentistry Law and Ethics Examination. More information is provided on the Board's web page at http://www.dbc.ca.gov/applicants/dds/become_licensed.shtml.

OVERVIEW OF THE
CALIFORNIA DENTIST EXAMINATION OUTLINE

	Content Area	Content Area Description	Percent Weight
1.	Patient Evaluation	This area assesses the candidate's ability to conduct a medical and dental evaluation to develop a comprehensive dental treatment plan for the patient.	13%
2.	Endodontics	This area assesses the candidate's ability to diagnose the patient's endodontic condition, develop a treatment plan, and perform endodontic therapy.	6%
3.	Indirect Restoration	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and perform an indirect restoration.	7%
4.	Direct Restoration	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and perform a direct restoration.	7%
5.	Preventative Care	This area assesses the candidate's ability to perform prophylactic, preventative procedures, and provide oral hygiene instructions to patients.	5%
6.	Periodontics	This area assesses the candidate's ability to diagnose the patient's periodontal condition, develop a treatment plan, and perform periodontal therapy.	4%
7.	Fixed Partial Dentures	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and prepare a fixed partial denture.	6%
8.	Removable Partial Dentures	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and design and deliver a removable partial denture.	4%
9.	Complete Dentures	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and design and deliver a complete denture.	4%
10.	Implant Restoration	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and deliver an implant restoration.	3.5%

11. Oral Surgery	This area assesses the candidate's ability to diagnose the patient's oral condition, develop a treatment plan, and perform oral surgical procedures.	5%
12. Teeth Whitening	This area assesses the candidate's ability to perform teeth whitening procedures on a patient.	2%
13. Occlusal Splint Therapy	This area assesses the candidate's ability to determine a patient's need for occlusal splint therapy and to perform occlusal splint therapy procedures.	3%
14. Safety and Sanitation	This area assesses the candidate's ability to prevent injury and the spread of diseases in dental services by following Board regulations on safety, sanitation, and sterilization.	10.5%
15. Ethics	This area assesses the candidate's ability to comply with ethical standards for dentistry, including scope of practice and professional conduct.	7%
16. Law	This area assesses the candidate's ability to comply with legal obligations, including patient confidentiality, professional conduct, and information management.	13%
Total		**100**

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of dentistry practice in California. The purpose of the OA is to identify critical job activities performed by dentists licensed in California. The results of this OA provide a description of practice for the dentist profession that can then be used to review national dental licensing examinations and to develop the California Dentistry Law and Ethics Examination.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by licensed dentists. OPES incorporated the technical expertise of California-licensed dentists throughout the OA process to ensure that the identified task and knowledge statements directly reflect requirements for performance in current practice.

UTILIZATION OF SUBJECT MATTER EXPERTS

The Board selected California-licensed dentists to participate as subject matter experts (SMEs) during various phases of the OA. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current dentistry practice during the development phase of the OA. The SMEs also provided technical expertise during a workshop that was convened to evaluate and refine the content of task and knowledge statements before the administration of the OA questionnaire. After the questionnaire's administration, OPES convened another group of SMEs to review the results and finalize the examination outline, which ultimately provides the basis of the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, professional guidelines, and technical standards. For the purpose of the occupational analysis, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.
- California Fair Employment and Housing Act, Government Code section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

The dentistry occupation is described as follows in section 1625 of the California Business and Professions Code:

> Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Without limiting the foregoing, a person practices dentistry within the meaning of this chapter who does any one or more of the following:
>
> (a) By card, circular, pamphlet, newspaper or in any other way advertises himself or represents himself to be a dentist.
>
> (b) Performs, or offers to perform, an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws, or associated structures, or corrects malposed positions thereof.
>
> (c) In any way indicates that he will perform by himself or his agents or servants any operation upon the human teeth, alveolar process, gums, jaws, or associated structures, or in any way indicates that he will construct, alter, repair, or sell any bridge, crown, denture or other prosthetic appliance or orthodontic appliance.
>
> (d) Makes, or offers to make, an examination of, with the intent to perform or cause to be performed any operation on the human teeth, alveolar process, gums, jaws, or associated structures.
>
> (e) Manages or conducts as manager, proprietor, conductor, lessor, or otherwise, a place where dental operations are performed.

CHAPTER 2. OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of seven California-licensed dentists to contact for telephone interviews. During the semi-structured interviews, the dentists were asked to identify all of the activities that they perform that are specific to the dentist profession. The licensees outlined major content areas of their practice and confirmed the job tasks performed in each content area. The dentists were also asked to identify the knowledge necessary to perform each job task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

OPES test specialists integrated information gathered from the telephone interviews and from literature reviews of the profession (e.g., previous OA reports, articles, industry publications) to develop preliminary lists of task and knowledge statements. The statements were then organized into major content areas of practice.

In December 2017, OPES facilitated a workshop with nine California-licensed dentist SMEs from diverse backgrounds (i.e., years licensed, specialty, location of practice) to evaluate the task and knowledge statements for technical accuracy and comprehensiveness. The SMEs also assigned each statement to the appropriate content area and verified that the content areas were independent and nonoverlapping. In addition, the SMEs performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge and every knowledge statement had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas.

The SMEs also verified proposed demographic questions for the OA questionnaire. Additional questions regarding dental auxiliaries were included in the questionnaire at the request of the Board.

Once the lists of task and knowledge statements and the demographic-based questions were verified, OPES used the information to develop an online questionnaire that was sent to a sample of California-licensed dentists for completion and evaluation.

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QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire soliciting California-licensed dentists' ratings of the job task and knowledge statements for analysis. The surveyed sample of dentists were instructed to rate each job task in terms of how often they perform the task in their current practice (Frequency) and in terms of how important the task is to effective performance of their current practice (Importance). In addition, they were instructed to rate each knowledge statement in terms of how important that knowledge is to effective performance of their current job (Importance). The questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents and to allow for further analyses of the respondents' ratings. The questionnaire can be found in Appendix E**.**

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the group of 16 SMEs who had participated in the interviews and the December 2017 workshop. Four out of the 16 SMEs reviewed the online questionnaire and provided information about the technical accuracy of the task and knowledge statements, online navigation, and ease of use of the questionnaire. OPES used this feedback to develop the final questionnaire.

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CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

OPES test specialists developed a stratified random sample of 5,838 California-licensed dentists (out of the total population of 14,277 licensees) to participate in the occupational analysis in March 2018. The sampling goal was to have approximately 50% of the total sample consist of dentists licensed 5 years or less. Of 2,866 dentists licensed 5 years or less, all were included in the sample. The remaining 50% of the sample was selected from dentists licensed 6 years or more. This group of 2,972 dentists was randomly selected and stratified proportionally by county of practice. Of the 5,838 selected licensees, 15 emails were found to be invalid. Therefore, the Board emailed a final sample of 5,823 dentists, inviting them to complete the online questionnaire. Participants were awarded three hours of continuing education credit to complete the entire questionnaire. The OA questionnaire invitation email can be found in Appendix D.

A total of 2,088 dentists, or 35.9% of the sample of dentists, responded by accessing the web-based questionnaire. The final sample size included in the data analysis was 1,046 respondents, or 18.0% of the population that was invited to complete the questionnaire. This response rate reflects two adjustments. First, data from respondents were excluded from analysis because these respondents indicated that they were not currently licensed and practicing as dentists in California. Second, incomplete and partially completed questionnaires were removed from the sample. Based on a review of the demographic composition, the respondent sample is representative of the population of dentists.

DEMOGRAPHIC SUMMARY

As shown in Table 1, 58.5% of the respondents included in the analysis reported that they had been practicing as a licensed dentist for 5 years or less, 14.9% reported practicing between 6 and 10 years, 9.6% reported practicing between 11 and 20 years, and 16.8% reported practicing 21 or more years.

Table 2 shows that 42.1% of the respondents reported spending between 30 and 39 hours per week performing treatment on patients, and that 33.5% reported spending 40 hours or more. Table 3 shows that approximately 56% reported treating between 21 and 60 patients per week, and Table 5 shows that 89.1% reported working in an urban area.

The respondents were asked several questions pertaining to the number of assistants and hygienists they have in their dental office. Although Table 7 shows that 26.2% of the respondents reported having one registered dental assistant (RDA), 43.1% of respondents reported having no unlicensed dental assistants (DAs) (Table 8), and 83.5% reported having no registered dental assistants in extended functions (RDAEFs)

(Table 9). As shown in Table 10, the number of registered dental hygienists (RDHs) reported ranged from 0 (39.5%) to 4 or more (8.7%), and the majority reported no registered dental hygienists in alternative practice (RDHAPs) (95.7%, Table 11).

Table 12 shows that 92.5% of the respondents reported being familiar with the scopes of practice of the different dental auxiliaries, and Table 13 shows that 68.3% reported having the delegable duties and functions of the different auxiliaries posted in the dental office. Tables 14-16 show the top three duties performed by DAs, RDAs, and RDAEFs respectively.

Tables 17 and 18 and Figure 14 show the breadth of dental services performed by respondents. The tasks performed most often were restorative (Mean Frequency = 4.19), prophylaxis (Mean Frequency = 3.91), and fixed prosthetics (Mean Frequency = 2.97).

More detailed demographic information from respondents can be found in Tables 1 through 19.

TABLE 1 – NUMBER OF YEARS LICENSED AS A DENTIST IN CALIFORNIA

YEARS	NUMBER (N)	PERCENT
0 to 5 years	612	58.5
6 to 10 years	156	14.9
11 to 20 years	100	9.6
21 or more years	176	16.8
Missing	2	0.2
Total	1046	100

FIGURE 1 – NUMBER OF YEARS LICENSED AS A DENTIST IN CALIFORNIA

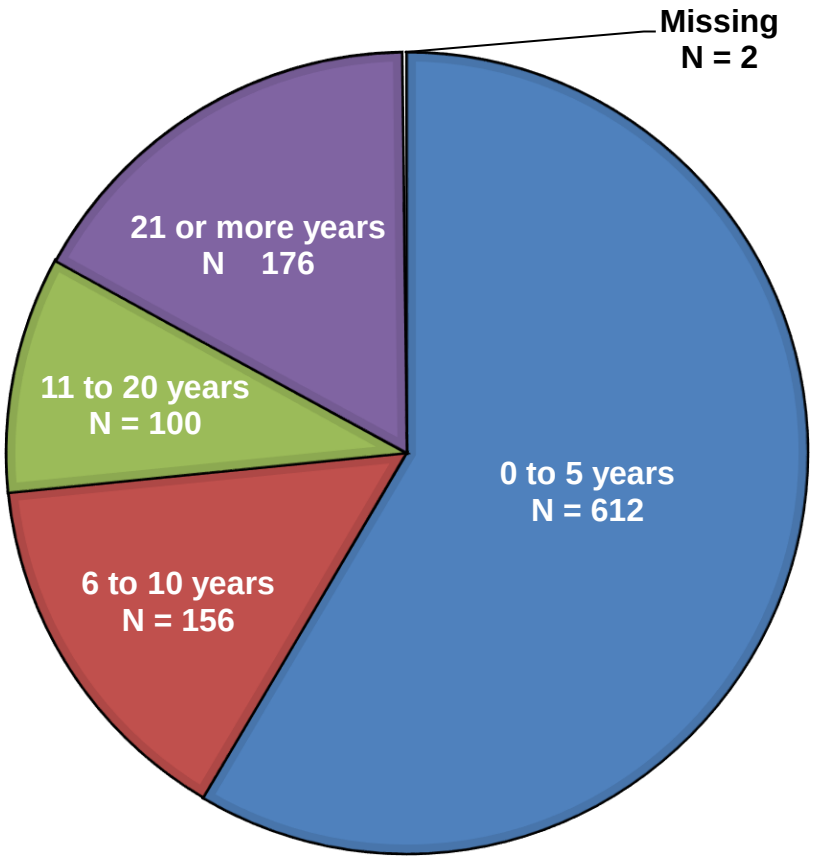

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TABLE 2 – NUMBER OF HOURS PER WEEK PERFORMING TREATMENT ON PATIENTS

HOURS	NUMBER (N)	PERCENT
0 to 9 hours	48	4.6
10 to 19 hours	46	4.4
20 to 29 hours	157	15.0
30 to 39 hours	440	42.1
40 or more hours	350	33.5
Missing	5	0.5
Total	1046	100*

**Note: Percentages do not add to 100 due to rounding.*

FIGURE 2 – NUMBER OF HOURS PER WEEK PERFORMING TREATMENT ON PATIENTS

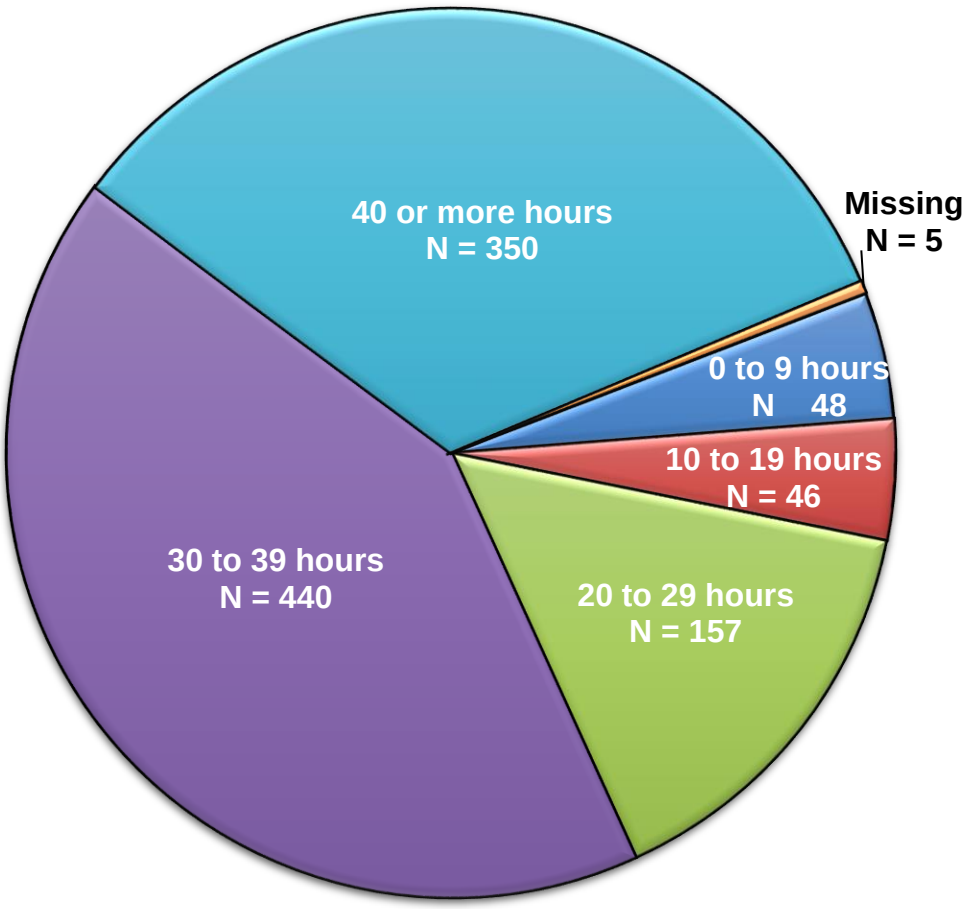

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TABLE 3 – NUMBER OF PATIENTS TREATED PER WEEK

PATIENTS	NUMBER (N)	PERCENT
0 to 20 patients	112	10.7
21 to 40 patients	291	27.8
41 to 60 patients	290	27.7
61 to 80 patients	191	18.3
81 or more patients	159	15.2
Missing	3	0.3
Total	1046	100

FIGURE 3 – NUMBER OF PATIENTS TREATED PER WEEK

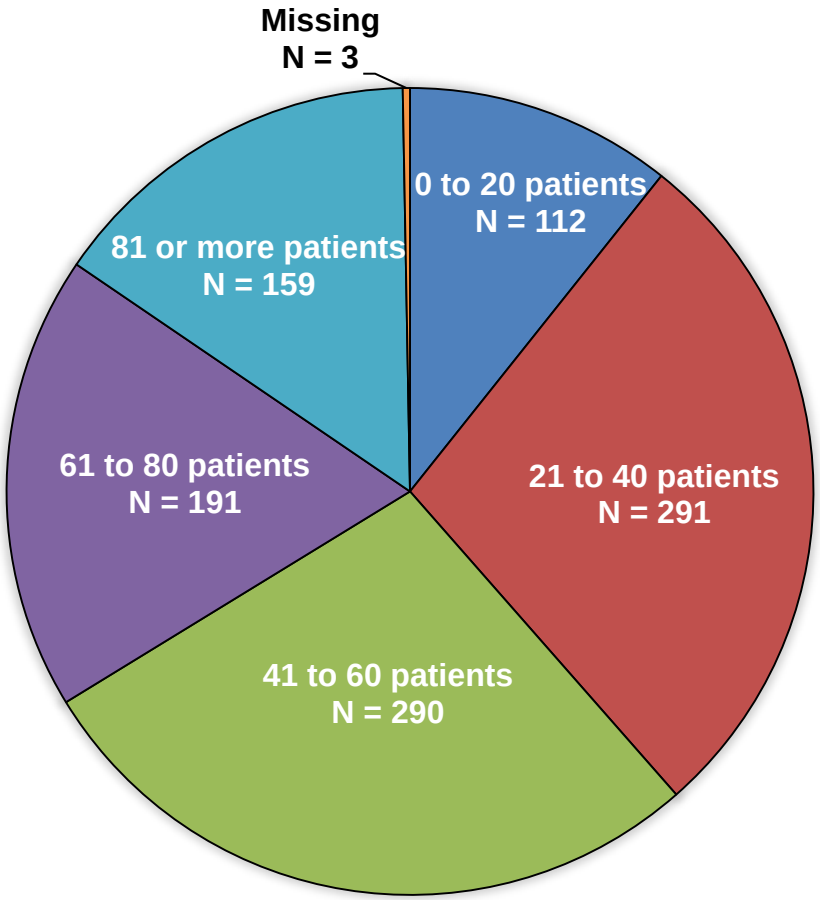

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TABLE 4 – PRIMARY WORK SETTING

WORK SETTING	NUMBER (N)	PERCENT
Dental corporation	224	21.4
Group practice	288	27.5
Institution (e.g., prison, health facility, school)	111	10.6
Sole practitioner	326	31.2
Other (please specify)	96	9.2
Missing	1	0.1
Total	1046	100

FIGURE 4 – PRIMARY WORK SETTING

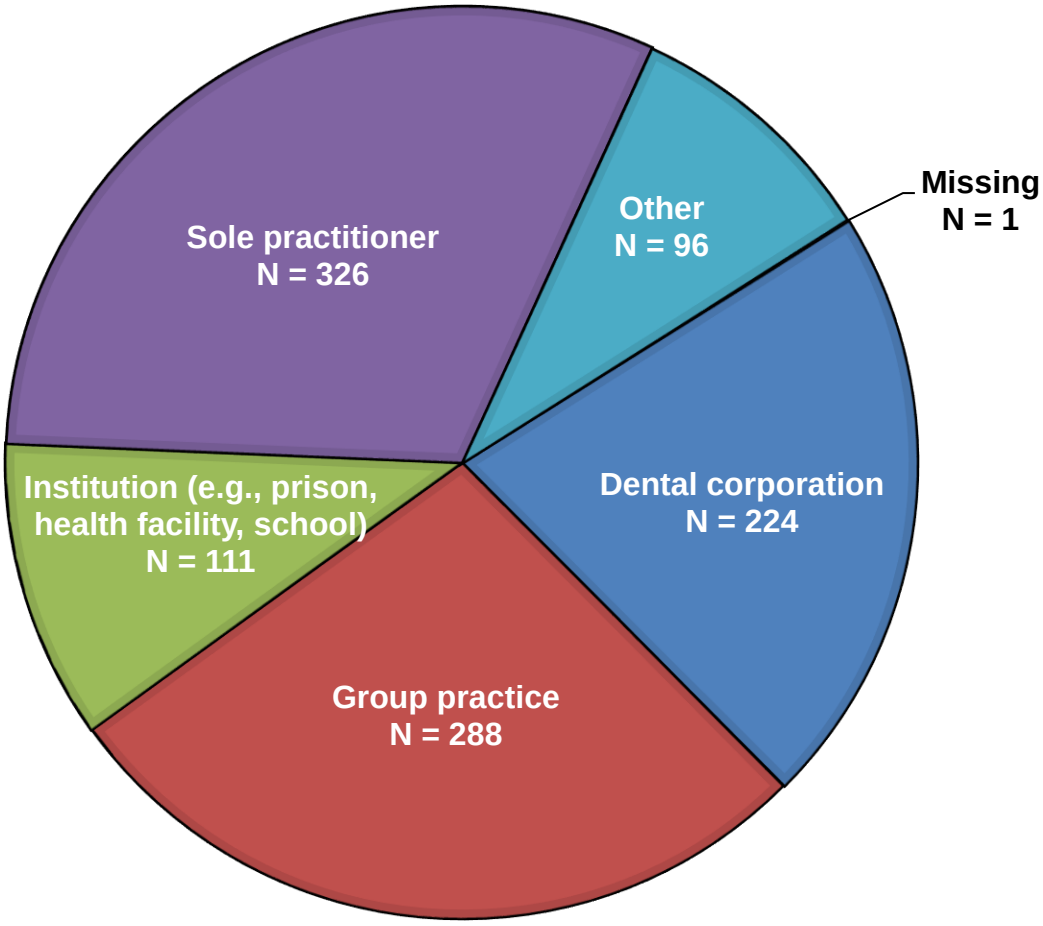

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TABLE 5 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (greater than 50,000 people)	932	89.1
Rural (less than 50,000 people)	110	10.5
Missing	4	0.4
Total	1046	100

FIGURE 5 – LOCATION OF PRIMARY WORK SETTING

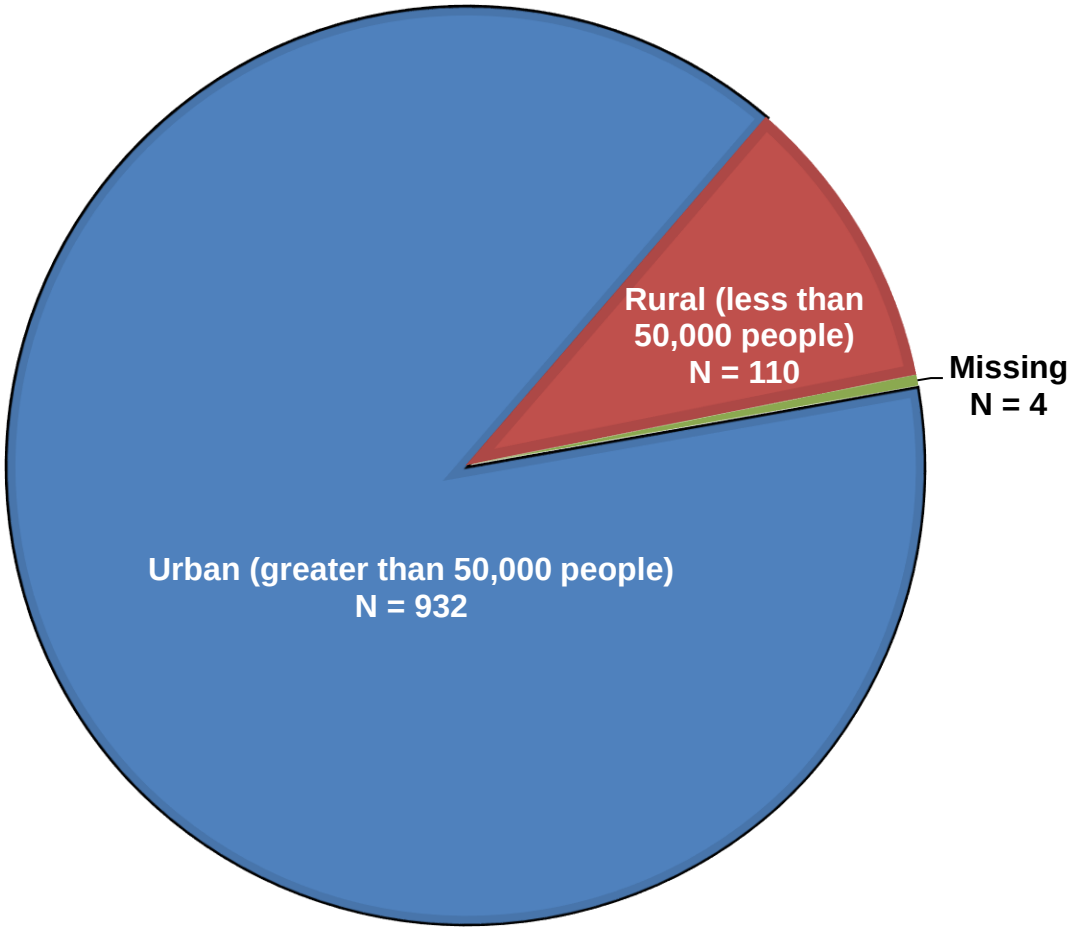

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TABLE 6 – HIGHEST LEVEL OF EDUCATION

EDUCATION	NUMBER (N)	PERCENT
Doctorate	810	77.4
Postdoctoral specialty	162	15.5
Other formal education (please specify)	72	6.9
Missing	2	0.2
Total	1046	100

FIGURE 6 – HIGHEST LEVEL OF EDUCATION

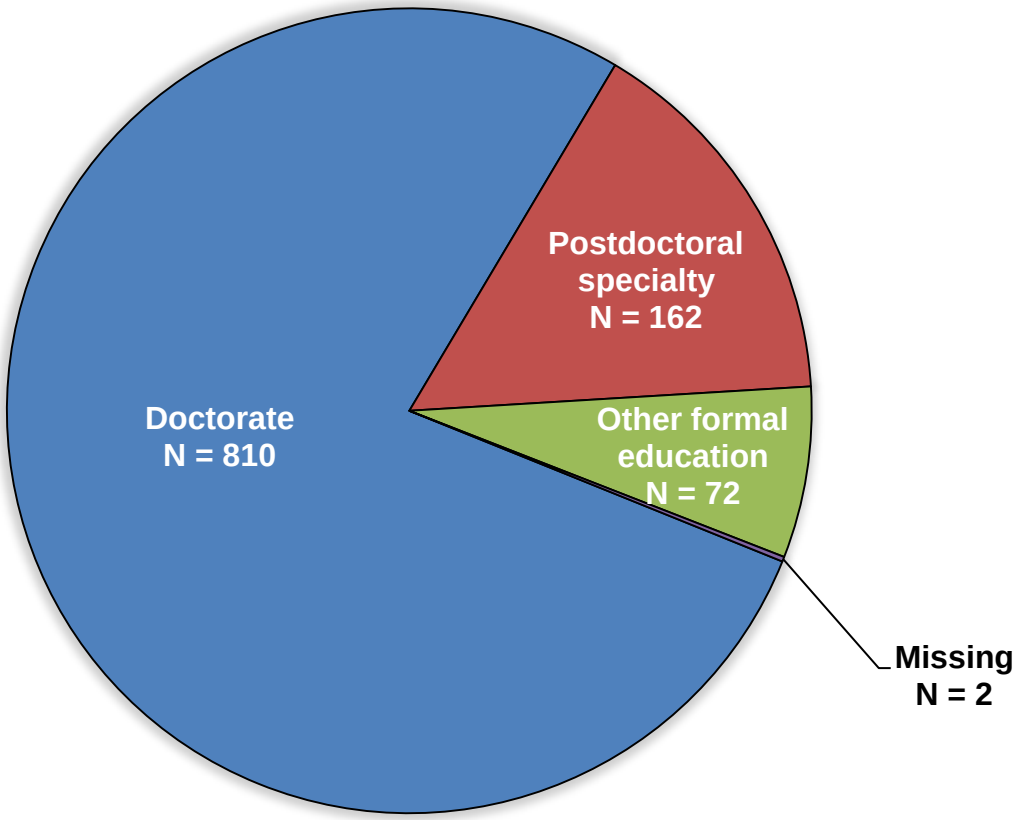

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TABLE 7 – NUMBER OF REGISTERED DENTAL ASSISTANTS (RDAs) IN THE DENTAL OFFICE

RDAs	NUMBER (N)	PERCENT
0	160	15.3
1	274	26.2
2	258	24.7
3	123	11.8
4 or more	228	21.8
Missing	3	0.3
Total	1046	100*

**Note: Percentages do not add to 100 due to rounding.*

FIGURE 7 – NUMBER OF REGISTERED DENTAL ASSISTANTS (RDAs) IN THE DENTAL OFFICE

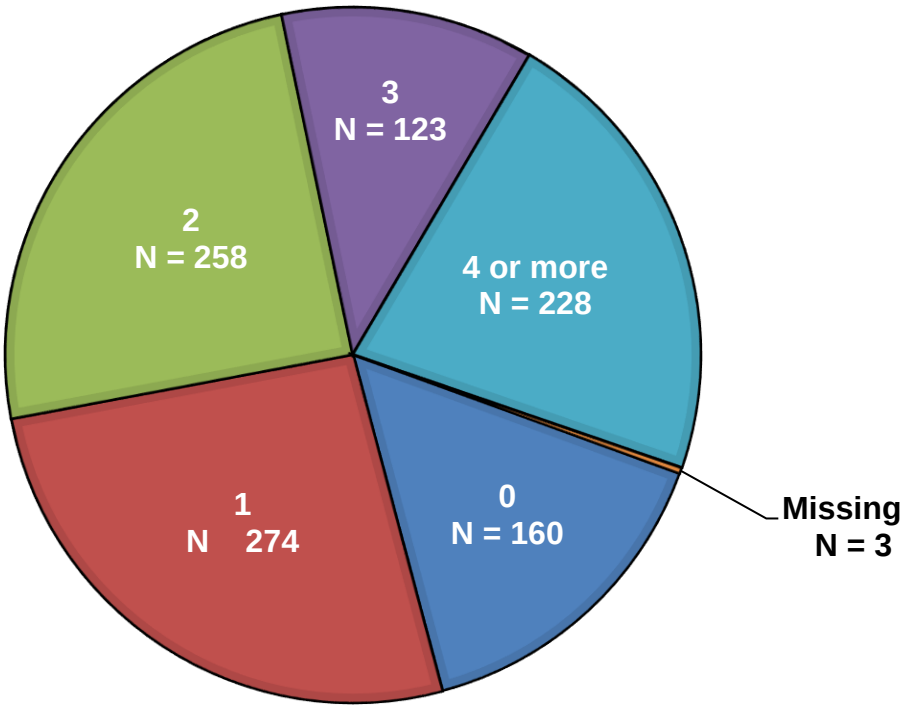

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TABLE 8 – NUMBER OF UNLICENSED DENTAL ASSISTANTS (DAs) IN THE DENTAL OFFICE

DAs	NUMBER (N)	PERCENT
0	451	43.1
1	229	21.9
2	178	17.0
3	76	7.3
4 or more	109	10.4
Missing	3	0.3
Total	1046	100

FIGURE 8 – NUMBER OF UNLICENSED DENTAL ASSISTANTS (DAs) IN THE DENTAL OFFICE

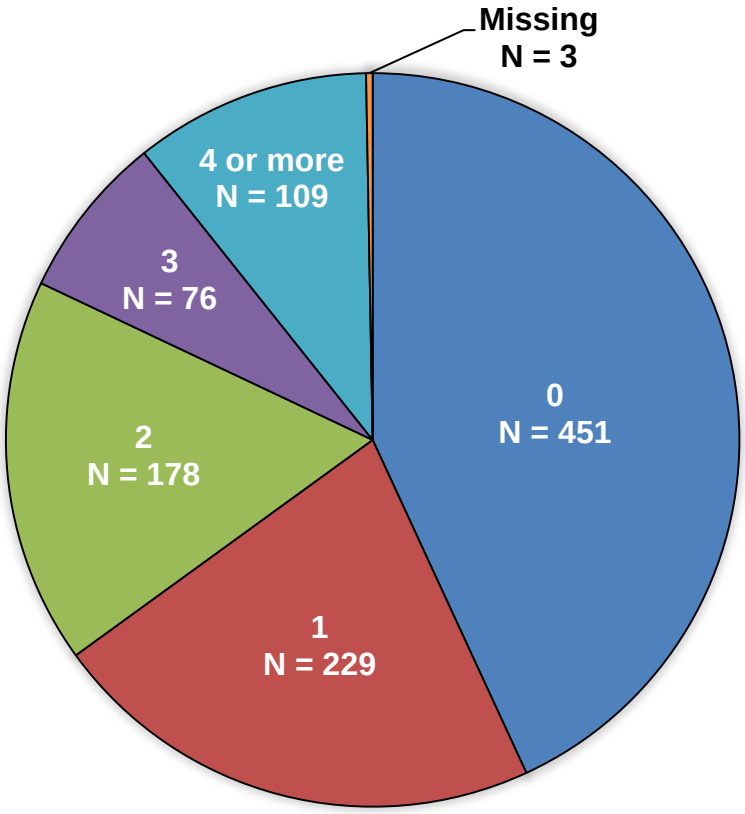

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TABLE 9 – NUMBER OF REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS (RDAEFs) IN THE DENTAL OFFICE

RDAEFs	NUMBER (N)	PERCENT
0	873	83.5
1	114	10.9
2	30	2.9
3	10	1.0
4 or more	9	0.9
Missing	10	1.0
Total	1046	100*

**Note: Percentages do not add to 100 due to rounding.*

FIGURE 9 – NUMBER OF REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS (RDAEFs) IN THE DENTAL OFFICE

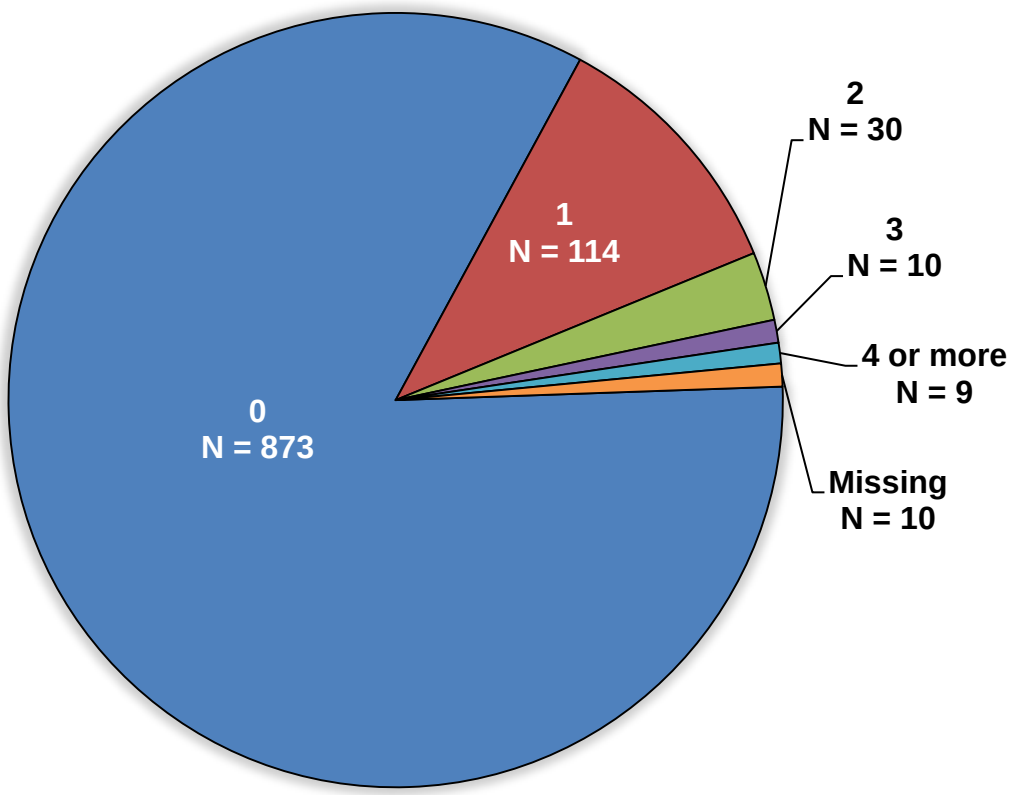

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TABLE 10 – NUMBER OF REGISTERED DENTAL HYGIENISTS (RDHs) IN THE DENTAL OFFICE

RDHs	NUMBER (N)	PERCENT
0	413	39.5
1	244	23.3
2	184	17.6
3	111	10.6
4 or more	91	8.7
Missing	3	0.3
Total	1046	100

FIGURE 10 – NUMBER OF REGISTERED DENTAL HYGIENISTS (RDHs) IN THE DENTAL OFFICE

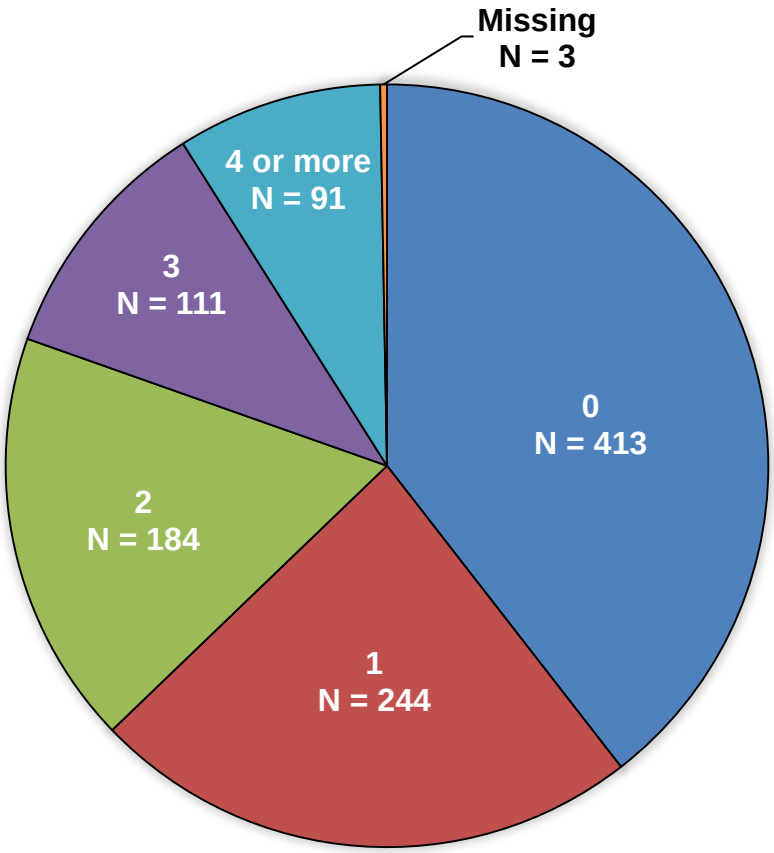

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TABLE 11 – NUMBER OF REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE (RDHAPs) IN THE DENTAL OFFICE

RDHAPs	NUMBER (N)	PERCENT
0	1001	95.7
1	25	2.4
2	7	0.7
3	2	0.2
4 or more	2	0.2
Missing	9	0.9
Total	1046	100*

**Note: Percentages do not add to 100 due to rounding.*

FIGURE 11 – NUMBER OF REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE (RDHAPs) IN THE DENTAL OFFICE

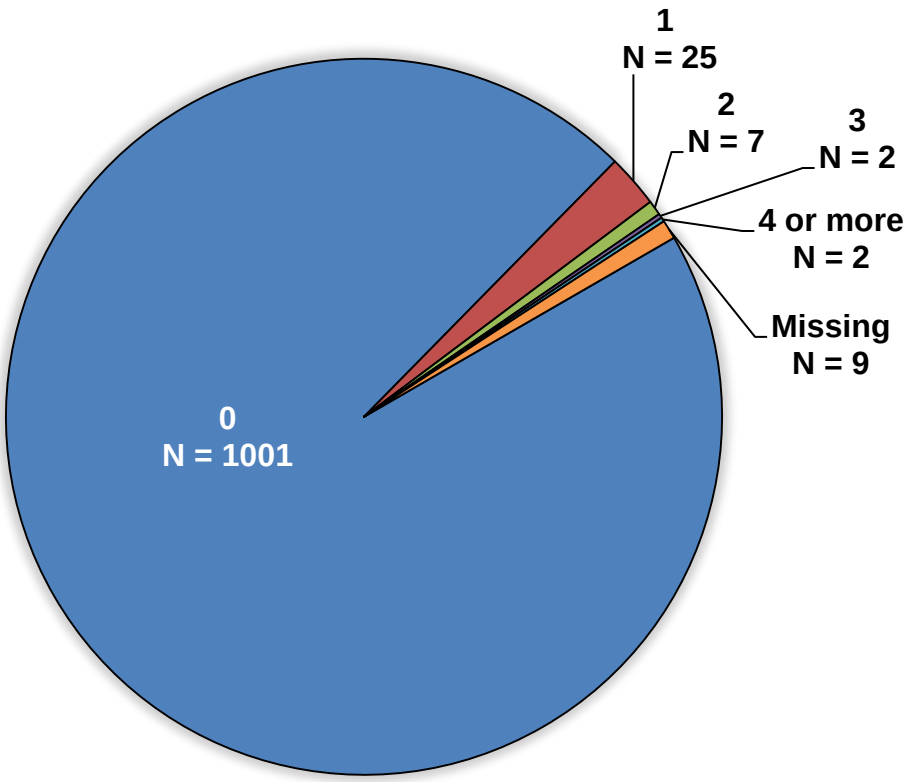

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TABLE 12 – FAMILIAR WITH THE SCOPES OF PRACTICE OF THE DIFFERENT AUXILIARIES (UNLICENSED DAs, RDAs, AND RDAEFs)

FAMILIAR	NUMBER (N)	PERCENT
Yes	968	92.5
No	68	6.5
Missing	10	1.0
Total	1046	100

FIGURE 12 – FAMILIAR WITH THE SCOPES OF PRACTICE OF THE DIFFERENT AUXILIARIES (UNLICENSED DAs, RDAs, AND RDAEFs)

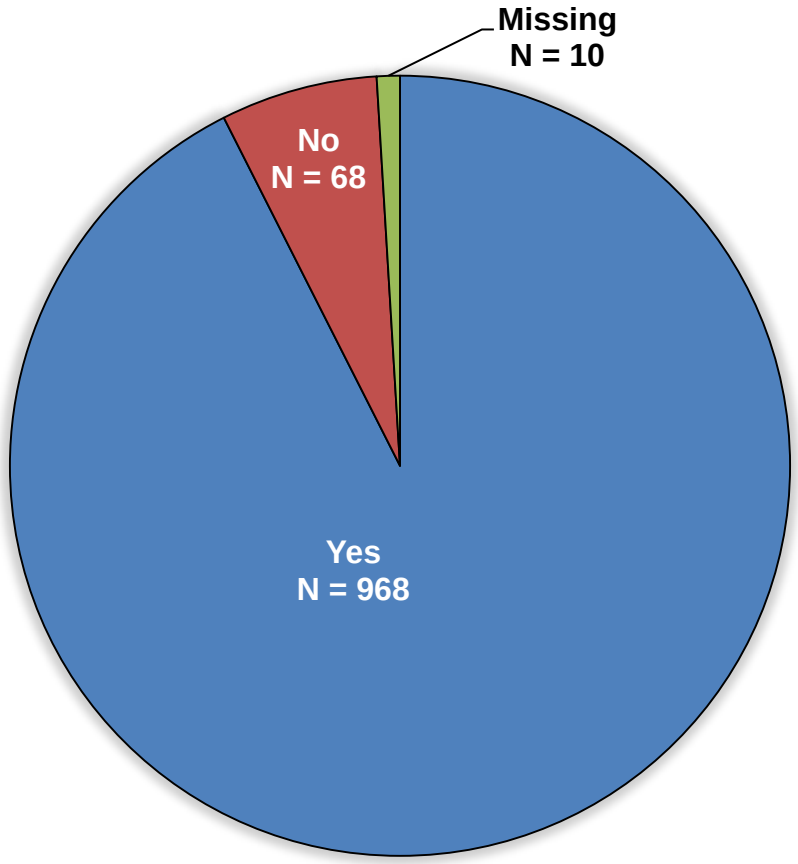

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TABLE 13 – DELEGABLE DUTIES AND FUNCTIONS OF THE DIFFERENT AUXILIARIES ARE POSTED IN THE DENTAL OFFICE

POSTED	NUMBER (N)	PERCENT
Yes	714	68.3
No	322	30.8
Missing	10	1.0
Total	1046	100*

**Note: Percentages do not add to 100 due to rounding.*

FIGURE 13 – DELEGABLE DUTIES AND FUNCTIONS OF THE DIFFERENT AUXILIARIES ARE POSTED IN THE DENTAL OFFICE

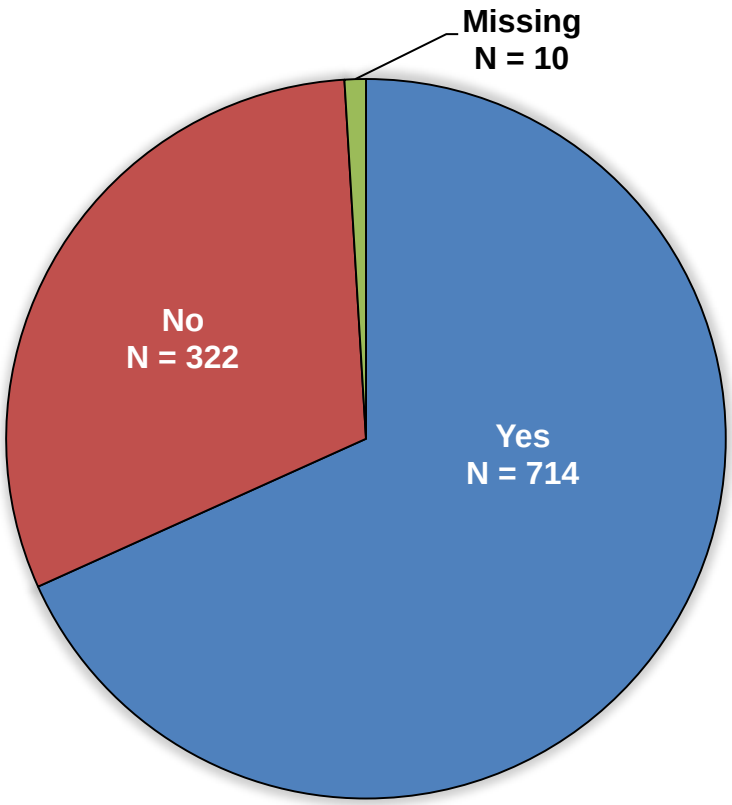

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TABLE 14 – TOP THREE DUTIES PERFORMED BY DAs*

DUTIES
1. Assist Dentist/Chairside
2. Prepare/Set Up and Break Down/Clean Room for Patients
3. Disinfect and Sterilize

**Note: This table shows the top three responses to the open-ended demographic question.*

TABLE 15 – TOP THREE DUTIES PERFORMED BY RDAs*

DUTIES
1. Assist Dentist/Chairside
2. Coronal Polish/Prophylaxis
3. Fabricate and Place Temporary Restorations

**Note: This table shows the top three responses to the open-ended demographic question.*

TABLE 16 – TOP THREE DUTIES PERFORMED BY RDAEFs*

DUTIES
1. Take Primary and Final Impressions
2. Pack/Place Retraction Cords
3. Assist Dentist/Chairside

**Note: This table shows the top three responses to the open-ended demographic question.*

TABLE 17 – DENTAL SERVICES PERFORMED IN PRACTICE*

SERVICES	NUMBER (N)	PERCENT
Amalgam restoration	487	46.6
Biopsy	162	15.5
Caries index evaluation	338	32.3
Conscious sedation	161	15.4
Crown lengthening	307	29.3
Digital impressions or crown fabrication	253	24.2
Digital records and radiographs	769	73.5
Extraction of impacted wisdom teeth	299	28.6
Implant restoration	586	56.0
Implant surgery	259	24.8
Invisalign	348	33.3
IV sedation	84	8.0
Laser	291	27.8
Microabrasion	108	10.3
Nitrous oxide	505	48.3
Nutritional counseling	452	43.2
Oral surgery other than extractions	225	21.5
Orthodontics	203	19.4
Pediatric dentistry	641	61.3
Porcelain inlay or onlay	427	40.8
Porcelain veneers	599	57.3
Splint therapy	286	27.3
Temporomandibular joint therapy other than nightguard	99	9.5
Trigger point analysis	29	2.8
Whitening	692	66.2

**NOTE: Respondents (N = 1,046) were asked to select all that apply.*

TABLE 18 – MEAN FREQUENCY OF THE TASKS PERFORMED IN CURRENT PRACTICE

TASK PERFORMED	MEAN FREQUENCY*
Endodontics	2.02
Fixed prosthetics	2.97
Implant placement	0.83
Implant restoration	1.76
Oral surgery	2.48
Orthodontics	1.04
Periodontics	2.26
Prophylaxis	3.91
Removable prosthetics	2.53
Restorative	4.19

**Mean Frequency: 0-Does not apply to my practice, 1-Rarely, 2-Seldom, 3-Regularly, 4-Often, 5-Very Often*

FIGURE 14 – TASKS PERFORMED IN CURRENT PRACTICE – RANKED IN DESCENDING ORDER

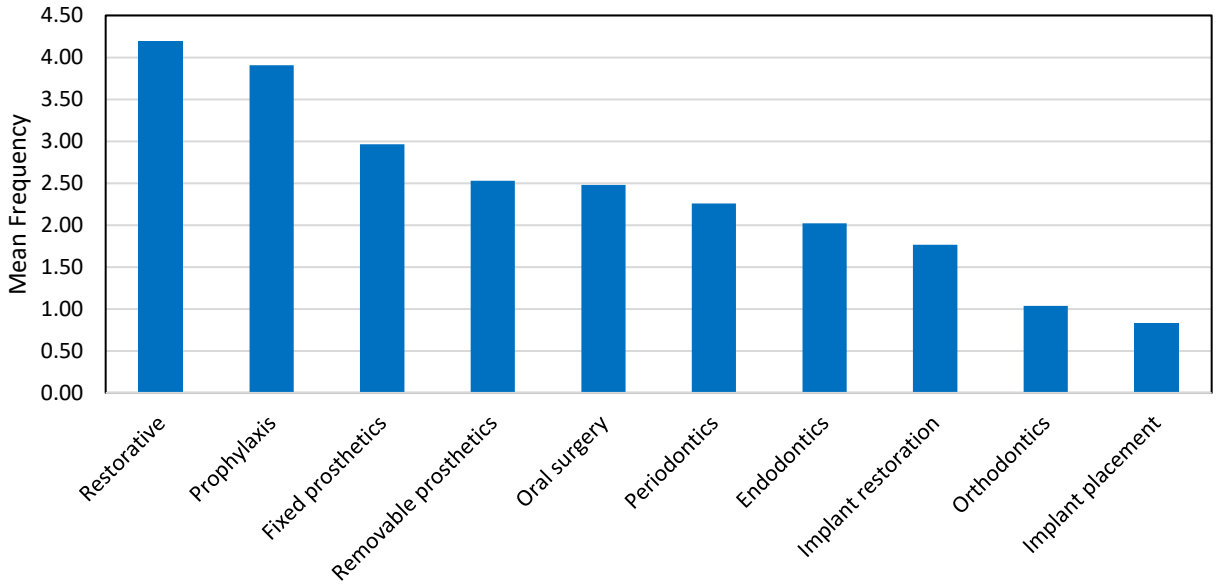

TABLE 19 – RESPONDENTS BY REGION*

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	322	30.8
San Francisco Bay Area	268	25.6
San Diego County and Vicinity	106	10.1
San Joaquin Valley	85	8.1
Riverside and Vicinity	84	8.0
Sacramento Valley	61	5.8
South Coast and Central Coast	56	5.4
Sierra Mountain Valley	28	2.7
North Coast	26	2.5
Shasta–Cascade	7	0.7
Missing	3	0.3
Total	1046	100

**NOTE: Appendix A shows a more detailed breakdown of the frequencies by region.*

CHAPTER 4. DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

The job task and knowledge ratings obtained through the questionnaire were evaluated with a standard index of reliability called coefficient alpha (α) that ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the job task and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 20 displays the reliability coefficients for the task statements by content area. The overall ratings of task frequency and task importance across content areas were highly reliable (α Frequency = .985 and α Importance = .989.) Table 21 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across content areas were highly reliable (α = .996). These results indicate that the responding dentists rated the task and knowledge statements consistently throughout the questionnaire.

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TABLE 20 – TASK SCALE RELIABILITY

	CONTENT AREA	Number of Tasks	α Frequency	α Importance
1.	Patient Evaluation	12	.864	.858
2.	Endodontics	9	.964	.970
3.	Indirect Restoration	10	.983	.984
4.	Direct Restoration	7	.973	.968
5.	Preventative Care	8	.909	.929
6.	Periodontics	5	.941	.955
7.	Fixed Partial Dentures	10	.992	.991
8.	Removable Partial Dentures	7	.990	.989
9.	Complete Dentures	7	.990	.988
10.	Implant Restoration	9	.981	.983
11.	Oral Surgery	7	.961	.959
12.	Teeth Whitening	7	.966	.966
13.	Occlusal Splint Therapy	7	.979	.982
14.	Safety and Sanitation	9	.906	.894
15.	Ethics	7	.809	.862
16.	Law	12	.831	.874
	Total	133	.985	.989

TABLE 21 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	Number of Knowledge Statements	α Importance
1. Patient Evaluation	32	.970
2. Endodontics	29	.992
3. Indirect Restoration	31	.997
4. Direct Restoration	21	.995
5. Preventative Care	21	.978
6. Periodontics	18	.991
7. Fixed Partial Dentures	32	.998
8. Removable Partial Dentures	16	.997
9. Complete Dentures	17	.997
10. Implant Restoration	25	.997
11. Oral Surgery	20	.992
12. Teeth Whitening	13	.989
13. Occlusal Splint Therapy	19	.995
14. Safety and Sanitation	15	.974
15. Ethics	11	.968
16. Law	18	.970
Total	338	.996

TASK CRITICALITY INDICES

OPES convened a workshop comprised of nine dentist SMEs in May 2018. The SMEs reviewed the mean frequency and importance rating for each task and its criticality index and evaluated the mean importance ratings for all knowledge statements. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and effective dentistry practice at the time of licensure.

To calculate the criticality indices of the task statements, the mean frequency rating (Fi) and the mean importance rating (Ii) across respondents for each task were multiplied.

Task criticality index = mean (Fi) X mean (Ii)

The task statements were then sorted by descending order of their criticality index and by content area. The task statements, their mean frequency and importance ratings, and their criticality indices are presented in Appendix B.

OPES test specialists instructed the SMEs to identify a cutoff value in order to determine if any of the tasks did not have a high enough criticality index to be retained. Based on the SMEs' opinion of the relative importance of tasks to dentistry practice, the SMEs determined that no cutoff value should be established and that all task statements would remain in the examination outline.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance rating for each knowledge statement was calculated. The knowledge statements were then sorted by descending order of their mean importance rating and by content area. The knowledge statements and their mean importance ratings are presented in Appendix C.

The SMEs in the May 2018 workshop also reviewed the knowledge statement importance ratings. After reviewing the mean importance ratings and considering their relative importance to dentistry practice, the SMEs determined that no cutoff value should be established and that all knowledge statements would remain in the examination outline.

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CHAPTER 5. EXAMINATION OUTLINE

TASK–KNOWLEDGE LINKAGE

The SMEs who participated in the May 2018 workshop also reviewed the preliminary assignments of the task and knowledge statements to content areas and determined the linkage of specific knowledge statements to task statements. The content areas were developed so that they described major areas of practice.

CONTENT AREAS AND WEIGHTS

The preliminary examination weights were calculated by dividing the sum of the criticality indices for each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\textit{Sum of Criticality Indices for Tasks in Content Area}}{\textit{Sum of Criticality Indices for All Tasks}} = \textit{Percent Weight of Content Area}$$

The May 2018 workshop SMEs evaluated these preliminary weights in relation to the group of tasks and knowledge within each content area, the linkage between the tasks and knowledge, and the relative importance of the tasks and knowledge in each content area to dentistry practice in California. The SMEs agreed that these preliminary weights reflect the relative importance of each content area to dentistry practice in California.

A summary of the content area weights is presented in Table 22. The examination outline for the dentist profession is presented in Table 23.

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TABLE 22 – CONTENT AREA WEIGHTS: DENTIST

CONTENT AREA	Weights
1. Patient Evaluation	13
2. Endodontics	6
3. Indirect Restoration	7
4. Direct Restoration	7
5. Preventative Care	5
6. Periodontics	4
7. Fixed Partial Dentures	6
8. Removable Partial Dentures	4
9. Complete Dentures	4
10. Implant Restoration	3.5
11. Oral Surgery	5
12. Teeth Whitening	2
13. Occlusal Splint Therapy	3
14. Safety and Sanitation	10.5
15. Ethics	7
16. Law	13
Total	100

TABLE 23 – EXAMINATION OUTLINE: DENTIST

1. Patient Evaluation (13%) – This area assesses the candidate's ability to conduct a medical and dental evaluation to develop a comprehensive dental treatment plan for the patient.

Task Statements	*Associated Knowledge Statements*
T1. Conduct medical history assessment of patient to determine if treatment can be performed.	K1. Knowledge of methods used to elicit information from patient during assessment. K2. Knowledge of methods used to receive consent from patient for treatment. K3. Knowledge of conditions that require a medical referral. K4. Knowledge of medical conditions that prevent dental services from being performed. K27. Knowledge of procedures used to take patient vital signs.
T2. Conduct dental history assessment of patient to determine if treatment can be performed.	K5. Knowledge of dental services within scope of practice. K6. Knowledge of methods used to determine if caries is present.
T3. Evaluate current medical health of patient by taking vital signs to determine if treatment can be performed.	K3. Knowledge of conditions that require a medical referral. K4. Knowledge of medical conditions that prevent dental services from being performed. K27. Knowledge of procedures used to take patient vital signs.
T4. Evaluate patient before treatment by interpreting radiographs of oral cavity and associated structures to determine if pathology is present.	K7. Knowledge of types of radiographs to take during assessment. K8. Knowledge of procedures used to take radiographs. K9. Knowledge of procedures used to process radiographs. K10. Knowledge of methods used to interpret radiograph results.
T5. Assess periodontal condition of patient by performing a periodontal examination to assist in determining treatment.	K11. Knowledge of procedures used to perform periodontal examinations. K12. Knowledge of methods used to interpret results from periodontal examinations. K13. Knowledge of different stages of periodontal disease.

1. Patient Evaluation (13%) continued – This area assesses the candidate's ability to conduct a medical and dental evaluation to develop a comprehensive dental treatment plan for the patient.

Task Statements	*Associated Knowledge Statements*
T6. Perform an extraoral and intraoral examination on patient to detect anomalies (e.g., tori, tongue thrust) and pathologies (e.g., cancer, oral lesion, lymph nodes) before treatment.	K15. Knowledge of purposes of performing extraoral and intraoral examinations. K16. Knowledge of procedures used to perform extraoral and intraoral examinations. K17. Knowledge of methods used to interpret results from extraoral and intraoral examinations. K18. Knowledge of methods used to detect anomalies. K19. Knowledge of methods used to detect pathologies. K23. Knowledge of procedures used to evaluate orofacial anatomy during facial oral examinations.
T7. Assess patient temporomandibular joint (TMJ) to assist in determining treatment.	K20. Knowledge of purposes of performing temporomandibular joint examinations. K21. Knowledge of procedures used to perform temporomandibular joint examinations. K22. Knowledge of methods used to interpret results from temporomandibular joint examinations.
T8. Evaluate patient dental needs during consultation to determine if patient expectations can be achieved.	K24. Knowledge of methods used to determine if patient expectations can be achieved.
T9. Assess patient dentition by performing an oral examination to assist in determining treatment.	K6. Knowledge of methods used to determine if caries is present. K14. Knowledge of methods used to determine type of dental treatment to perform. K25. Knowledge of procedures used to explain different treatment options to patients. K28. Knowledge of methods used to evaluate patient dentition. K29. Knowledge of criteria used for classification of orthodontic condition during oral examinations.
T10. Inform patient of alternatives, risks, and benefits of treatment options before performing treatment.	K2. Knowledge of methods used to receive consent from patient for treatment. K25. Knowledge of procedures used to explain different treatment options to patients. K26. Knowledge of types of alternatives, risks, and benefits associated with dental procedures.
T11. Refer patients to specialists when dental treatment needs exceed practitioner abilities.	K29. Knowledge of criteria used for classification of orthodontic condition during oral examinations. K30. Knowledge of dental procedures that require referral to a specialist.

1. Patient Evaluation (13%) continued – This area assesses the candidate's ability to conduct a medical and dental evaluation to develop a comprehensive dental treatment plan for the patient.

Task Statements	*Associated Knowledge Statements*
T12. Perform follow-up assessment of dental procedures to evaluate patient dental status.	K31. Knowledge of methods used to evaluate dental status of patient. K32. Knowledge of methods used to perform follow-up dental procedures.

2. Endodontics (6%) – This area assesses the candidate's ability to diagnose the patient's endodontic condition, develop a treatment plan, and perform endodontic therapy.

Task Statements	*Associated Knowledge Statements*
T13. Assess endodontic condition of patient by performing endodontic examination and diagnosis to assist in determining treatment.	K33. Knowledge of contraindications and potential complications arising from root canal therapy. K34. Knowledge of purposes of performing endodontic examinations. K35. Knowledge of procedures used to perform endodontic examinations. K36. Knowledge of methods used to interpret results from endodontic examinations. K37. Knowledge of methods used to assess whether a root fracture exists. K38. Knowledge of methods used to assess whether a tooth perforation exists. K42. Knowledge of purposes of obtaining radiographs during phases of root canal therapy. K53. Knowledge of methods used to assess whether canals have been filled.
T14. Prepare for performing root canal therapy by administering anesthetics (e.g., topical, injection) for pain control.	K39. Knowledge of types of anesthetics used while performing root canal therapy. K40. Knowledge of techniques used to administer anesthetics during root canal therapy. K41. Knowledge of anesthetic pharmacology relating to root canal therapy.
T15. Isolate tooth before performing root canal therapy to prevent contamination and injury to patient.	K43. Knowledge of methods used to isolate a tooth during root canal therapy. K44. Knowledge of purposes of isolating a tooth during root canal therapy. K46. Knowledge of tooth morphology for root canal therapy. K50. Knowledge of instruments used during root canal therapy.
T16. Access pulp chamber and root canals to begin root canal therapy.	K33. Knowledge of contraindications and potential complications arising from root canal therapy. K42. Knowledge of purposes of obtaining radiographs during phases of root canal therapy. K45. Knowledge of methods used to access root canals. K46. Knowledge of tooth morphology for root canal therapy. K50. Knowledge of instruments used during root canal therapy.
T17. Shape and clean canals to continue root canal therapy.	K33. Knowledge of contraindications and potential complications arising from root canal therapy. K42. Knowledge of purposes of obtaining radiographs during phases of root canal therapy. K46. Knowledge of tooth morphology for root canal therapy. K47. Knowledge of procedures used to shape and clean canals during root canal therapy. K48. Knowledge of procedures used to measure the length of canals. K49. Knowledge of techniques used to irrigate root canals. K50. Knowledge of instruments used during root canal therapy.

2. Endodontics (6%) continued – This area assesses the candidate's ability to diagnose the patient's endodontic condition, develop a treatment plan, and perform endodontic therapy.

Task Statements	*Associated Knowledge Statements*
T18. Obturate root canals by sealing canals to complete root canal filling.	K33. Knowledge of contraindications and potential complications arising from root canal therapy. K42. Knowledge of purposes of obtaining radiographs during phases of root canal therapy. K46. Knowledge of tooth morphology for root canal therapy. K48. Knowledge of procedures used to measure the length of canals. K50. Knowledge of instruments used during root canal therapy. K51. Knowledge of procedures used to fill root canals. K52. Knowledge of materials used to fill root canals. K53. Knowledge of methods used to assess whether canals have been filled.
T19. Seal coronal access to prevent contamination of root canal by placing type of restoration.	K42. Knowledge of purposes of obtaining radiographs during phases of root canal therapy. K50. Knowledge of instruments used during root canal therapy. K51. Knowledge of procedures used to fill root canals. K52. Knowledge of materials used to fill root canals. K53. Knowledge of methods used to assess whether canals have been filled. K55. Knowledge of restorative materials used for sealing coronal access.
T20. Prepare tooth for final restoration by building up internal structure (e.g., post, core).	K50. Knowledge of instruments used during root canal therapy. K54. Knowledge of methods to place coronal access restoration. K55. Knowledge of restorative materials used for sealing coronal access. K56. Knowledge of materials used to build up internal structure (e.g., post, core). K57. Knowledge of indications for placement of root canal posts. K58. Knowledge of procedures used to build up internal structure (e.g., post, core).
T21. Prescribe medication to patient for root canal therapy to control or prevent complications (e.g., infection, swelling, pain).	K33. Knowledge of contraindications and potential complications arising from root canal therapy. K59. Knowledge of types of medications to prescribe relating to root canal therapy. K60. Knowledge of purposes of prescribing medication relating to root canal therapy. K61. Knowledge of pharmacology of medications used relating to root canal therapy.

3. Indirect Restoration (7%) – This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and perform an indirect restoration.

Task Statements	*Associated Knowledge Statements*
T22. Assess restorative condition of patient by evaluating dentition and associated structures to assist in determining indirect restorative treatment.	K62. Knowledge of contraindications and potential complications arising from indirect restoration procedures. K89. Knowledge of purposes of performing examinations for indirect restorations. K90. Knowledge of procedures used to perform examinations for indirect restorations. K91. Knowledge of methods used to interpret results from examinations for indirect restorations.
T23. Prepare for indirect restoration by administering anesthetics (e.g., topical, injection) for pain control.	K63. Knowledge of procedures used to prepare patients for indirect restorations. K64. Knowledge of types of anesthetics to use on patients while performing indirect restorations. K68. Knowledge of techniques used to administer anesthetics during indirect restorations. K69. Knowledge of anesthetic pharmacology relating to indirect restorations.
T24. Prepare tooth for indirect restoration to accommodate final restoration.	K70. Knowledge of procedures used to prepare teeth for indirect restorations. K71. Knowledge of instruments used during indirect restorations. K72. Knowledge of techniques used during preparation of indirect restorations. K73. Knowledge of materials (e.g., bonding agents, bases) used during preparation of indirect restorations. K74. Knowledge of pharmacology of medications (e.g., hemostatic agents) used during indirect restorations. K75. Knowledge of techniques used during placement of pharmacologic agents for indirect restorations.
T25. Take impression of teeth to facilitate process of fabricating final restoration.	K71. Knowledge of instruments used during indirect restorations. K74. Knowledge of pharmacology of medications (e.g., hemostatic agents) used during indirect restorations. K75. Knowledge of techniques used during placement of pharmacologic agents for indirect restorations. K76. Knowledge of purposes of taking impressions for final restorations. K77. Knowledge of procedures used to take impressions for final restorations. K78. Knowledge of procedures used to assess accuracy of impressions for final restorations. K79. Knowledge of materials used to take impressions for final restorations.

3. Indirect Restoration (7%) continued – This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and perform an indirect restoration.

Task Statements	*Associated Knowledge Statements*
T26. Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating indirect final restoration.	K65. Knowledge of purposes of performing records (e.g., bite registration, facebow) for final restorations. K66. Knowledge of procedures used to take records (e.g., bite registration, facebow) for final restorations. K67. Knowledge of procedures used to assess accuracy of records (e.g., bite registration, facebow) while preparing for final restorations. K71. Knowledge of instruments used during indirect restorations. K80. Knowledge of materials used to take records (e.g., bite registration, facebow) for final restorations.
T27. Fabricate provisional restoration to restore tooth before placement of final restoration.	K71. Knowledge of instruments used during indirect restorations. K81. Knowledge of techniques used for constructing provisional restorations. K82. Knowledge of materials used to construct provisional restorations.
T28. Place provisional restoration to temporarily restore tooth before placement of final restoration.	K71. Knowledge of instruments used during indirect restorations. K83. Knowledge of techniques used for placing provisional restorations. K84. Knowledge of temporary luting agents used for placement of provisional restorations. K86. Knowledge of methods used to check fit (e.g., contacts, contours, margins, occlusion) of indirect restorations.
T29. Remove provisional restoration from tooth before fitting indirect final restoration.	K71. Knowledge of instruments used during indirect restorations. K85. Knowledge of methods used to remove provisional restorations.
T30. Assess indirect restoration before final placement by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	K86. Knowledge of methods used to check fit (e.g., contacts, contours, margins, occlusion) of indirect restorations. K92. Knowledge of types of radiographs used during indirect restoration procedures.
T31. Place indirect restoration on tooth to restore tooth form and function.	K71. Knowledge of instruments used during indirect restorations. K86. Knowledge of methods used to check fit (e.g., contacts, contours, margins, occlusion) of indirect restorations. K87. Knowledge of luting agents used for placement of indirect restorations. K88. Knowledge of techniques used for placing indirect restorations.

4. Direct Restoration (7%) – This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and perform a direct restoration.

Task Statements	*Associated Knowledge Statements*
T32. Assess restorative condition of patient by evaluating dentition and associated structures to assist in determining direct restorative treatment.	K93. Knowledge of contraindications and potential complications arising from direct restoration procedures. K97. Knowledge of purposes of performing examinations for direct restorations. K98. Knowledge of procedures used to perform examinations for direct restorations. K99. Knowledge of methods used to interpret results from examinations for direct restorations. K100. Knowledge of types of radiographs used during direct restoration procedures. K103. Knowledge of criteria used to identify carious lesions. K109. Knowledge of direct restoration restorative materials (e.g., amalgam, composite).
T33. Prepare tooth for direct restoration by administering anesthetics (e.g., topical, injection) for pain control.	K94. Knowledge of types of anesthetics to use on patient while performing direct restorations. K95. Knowledge of techniques used to administer anesthetics during direct restorations. K96. Knowledge of anesthetic pharmacology relating to direct restorations.
T34. Isolate tooth before performing direct restoration to prevent contamination and injury to patient.	K101. Knowledge of techniques used to isolate teeth during direct restorations. K102. Knowledge of purposes of isolating teeth during direct restorations. K105. Knowledge of instruments used during direct restorations.
T35. Prepare tooth for placing direct restoration by removing carious lesions and compromising features (e.g., decalcifications, unsupported enamel) from tooth.	K100. Knowledge of types of radiographs used during direct restoration procedures. K103. Knowledge of criteria used to identify carious lesions. K104. Knowledge of techniques used to remove carious lesions during direct restorations. K105. Knowledge of instruments used during direct restorations. K106. Knowledge of techniques used to prepare teeth for direct restorations. K109. Knowledge of direct restoration restorative materials (e.g., amalgam, composite).
T36. Place direct restorative material in tooth to restore form and function.	K105. Knowledge of instruments used during direct restorations. K107. Knowledge of techniques used to place direct restorations. K108. Knowledge of materials (e.g., bonding agents, bases) used during placement of direct restorations. K109. Knowledge of direct restoration restorative materials (e.g., amalgam, composite).

4. Direct Restoration (7%) continued – This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and perform a direct restoration.

Task Statements	*Associated Knowledge Statements*
T37. Perform adjustment procedures of direct restoration to restore form and function before polishing restoration.	K105. Knowledge of instruments used during direct restorations. K109. Knowledge of direct restoration restorative materials (e.g., amalgam, composite). K110. Knowledge of techniques used to adjust direct restorations. K111. Knowledge of purposes of adjusting direct restorations.
T38. Polish direct restoration to facilitate longevity of restored tooth.	K105. Knowledge of instruments used during direct restorations. K109. Knowledge of direct restoration restorative materials (e.g., amalgam, composite). K112. Knowledge of techniques used to polish direct restorations. K113. Knowledge of materials used to polish direct restorations.

5. Preventative Care (5%) – This area assesses the candidate's ability to perform prophylactic, preventative procedures, and provide oral hygiene instructions to patients.

Task Statements	*Associated Knowledge Statements*
T39. Perform prophylaxis procedures by removing deposits from tooth surfaces to improve periodontal health.	K114. Knowledge of procedures used to debride teeth. K115. Knowledge of techniques used to polish teeth. K116. Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain). K117. Knowledge of methods used to floss teeth. K118. Knowledge of instruments (e.g., scalers, ultrasonics) used during prophylaxis. K119. Knowledge of medicaments and pharmacology used during prophylaxis. K124. Knowledge of purposes of performing prophylaxis on patients.
T40. Apply fluoride to protect teeth after prophylaxis procedures.	K119. Knowledge of medicaments and pharmacology used during prophylaxis. K120. Knowledge of materials (e.g., fluoride, sealants) used during prophylaxis. K121. Knowledge of methods used to prevent carious lesions of teeth. K123. Knowledge of procedures used to apply fluoride to teeth.
T41. Apply sealants to teeth to prevent dental carious lesions.	K120. Knowledge of materials (e.g., fluoride, sealants) used during prophylaxis. K121. Knowledge of methods used to prevent carious lesions of teeth. K122. Knowledge of procedures used to apply sealants to teeth.
T42. Educate patients on oral hygiene and nutrition to assist patients in maintaining dental health.	K121. Knowledge of methods used to prevent carious lesions of teeth. K124. Knowledge of purposes of performing prophylaxis on patients. K125. Knowledge of information to give patients regarding oral hygiene and nutritional counseling.
T43. Assess oral cavity to create a design for space maintainers.	K126. Knowledge of contraindications and potential complications arising from space maintainers. K127. Knowledge of methods used to assess oral cavity to determine need for space maintainers. K128. Knowledge of types of space maintainers. K129. Knowledge of purposes of different types of space maintainers. K130. Knowledge of materials used for space maintainers.

5. Preventative Care (5%) continued – This area assesses the candidate's ability to perform prophylactic, preventative procedures, and provide oral hygiene instructions to patients.

Task Statements	*Associated Knowledge Statements*
T44. Assess fit and deliver space maintainers to prevent teeth migration.	K128. Knowledge of types of space maintainers. K129. Knowledge of purposes of different types of space maintainers. K130. Knowledge of materials used for space maintainers. K131. Knowledge of techniques to fit and deliver space maintainers.
T45. Remove space maintainers to allow for permanent teeth eruption.	K128. Knowledge of types of space maintainers. K129. Knowledge of purposes of different types of space maintainers. K130. Knowledge of materials used for space maintainers. K132. Knowledge of purposes of removing space maintainers. K133. Knowledge of techniques to remove space maintainers.
T46. Educate patients and parents on postoperative instructions regarding space maintainers.	K126. Knowledge of contraindications and potential complications arising from space maintainers. K134. Knowledge of postoperative care instructions for space maintainers.

6. Periodontics (4%) – This area assesses the candidate's ability to diagnose the patient's periodontal condition, develop a treatment plan, and perform periodontal therapy.

Task Statements	*Associated Knowledge Statements*
T47. Assess periodontal condition and develop treatment plan to prevent advancement of periodontal disease.	K135. Knowledge of contraindications and potential complications arising from periodontal therapy. K136. Knowledge of methods used to develop treatment plans for patients with periodontal disease. K137. Knowledge of types of treatment used for patients with periodontal disease. K138. Knowledge of methods used to educate patients about periodontal disease. K142. Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain) during periodontal therapy. K144. Knowledge of conditions that require periodontal therapy. K152. Knowledge of information to give patients regarding oral hygiene for periodontal disease.
T48. Prepare patient for periodontal therapy by administering anesthetics (e.g., topical, injection) for pain control.	K139. Knowledge of types of anesthetics to use on patients while performing periodontal therapy. K140. Knowledge of procedures used to administer anesthetics during periodontal therapy. K141. Knowledge of anesthetic pharmacology relating to periodontal therapy.
T49. Perform periodontal therapy (e.g., surgical and nonsurgical) to improve periodontal health.	K142. Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain) during periodontal therapy. K143. Knowledge of procedures used to remove deposits (e.g., calculus, stain) during periodontal therapy. K144. Knowledge of conditions that require periodontal therapy. K145. Knowledge of purposes of performing periodontal therapy. K147. Knowledge of procedures used as periodontal therapy. K148. Knowledge of medicaments and pharmacology used for periodontal therapy. K149. Knowledge of instruments used for periodontal therapy. K150. Knowledge of techniques used to polish teeth to complete periodontal therapy. K151. Knowledge of methods used to protect teeth after periodontal therapy. K152. Knowledge of information to give patients regarding oral hygiene for periodontal disease.

6. Periodontics (4%) continued – This area assesses the candidate's ability to diagnose the patient's periodontal condition, develop a treatment plan, and perform periodontal therapy.

Task Statements	*Associated Knowledge Statements*
T50. Reevaluate patient periodontal condition after periodontal therapy to determine if additional treatment is needed.	K136. Knowledge of methods used to develop treatment plans for patients with periodontal disease. K137. Knowledge of types of treatment used for patients with periodontal disease. K146. Knowledge of methods used to evaluate patient periodontal condition after periodontal treatment. K148. Knowledge of medicaments and pharmacology used for periodontal therapy. K152. Knowledge of information to give patients regarding oral hygiene for periodontal disease.
T51. Develop protocol for periodontal maintenance.	K135. Knowledge of contraindications and potential complications arising from periodontal therapy. K136. Knowledge of methods used to develop treatment plans for patients with periodontal disease. K137. Knowledge of types of treatment used for patients with periodontal disease. K138. Knowledge of methods used to educate patients about periodontal disease. K146. Knowledge of methods used to evaluate patient periodontal condition after periodontal treatment. K148. Knowledge of medicaments and pharmacology used for periodontal therapy. K152. Knowledge of information to give patients regarding oral hygiene for periodontal disease.

7. Fixed Partial Dentures (6%) – This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and prepare a fixed partial denture.

Task Statements	*Associated Knowledge Statements*
T52. Assess patient restorative condition by evaluating dentition and associated structures to assist in determining fixed partial denture restorative treatment.	K153. Knowledge of contraindications and potential complications arising from fixed partial denture procedures. K154. Knowledge of purposes of performing examinations for fixed partial dentures. K155. Knowledge of methods used to perform examinations for fixed partial dentures. K156. Knowledge of methods used to interpret results from examinations for fixed partial dentures. K157. Knowledge of types of radiographs used during fixed partial denture procedures. K183. Knowledge of purposes of placing fixed partial dentures in oral cavity.
T53. Prepare teeth for fixed partial denture preparation by administering anesthetics (e.g., topical, injection) for pain control.	K158. Knowledge of types of anesthetics to use on patients while preparing fixed partial dentures. K159. Knowledge of techniques used to administer anesthetics for fixed partial denture preparation. K160. Knowledge of anesthetic pharmacology relating to fixed partial denture preparation.
T54. Prepare abutments for fixed partial denture to accommodate final restoration.	K161. Knowledge of techniques used for preparation of abutments for final restoration. K162. Knowledge of methods used to assess preparation design of abutment teeth. K163. Knowledge of materials (e.g., bonding agents, bases) used for the preparation of abutment teeth. K182. Knowledge of techniques used during placement of pharmacologic agents for fixed partial dentures.
T55. Take impression of oral cavity to facilitate process of fabricating fixed partial denture.	K164. Knowledge of techniques used to take impressions for fixed partial dentures. K165. Knowledge of methods used to assess accuracy of impressions for fixed partial dentures. K166. Knowledge of materials used to take impressions for fixed partial dentures. K167. Knowledge of purposes of taking impressions for fixed partial dentures. K181. Knowledge of pharmacology of medications (e.g., hemostatic agents) used during fixed partial denture procedures. K182. Knowledge of techniques used during placement of pharmacologic agents for fixed partial dentures.

7. Fixed Partial Dentures (6%) continued – This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and prepare a fixed partial denture.

Task Statements	*Associated Knowledge Statements*
T56. Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating fixed partial denture.	K168. Knowledge of procedures used to take records (e.g., bite registration, facebow) for fixed partial dentures. K169. Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) while preparing fixed partial dentures. K170. Knowledge of materials used to take records (e.g., bite registration, facebow) for fixed partial dentures. K171. Knowledge of purposes of taking records (e.g., bite registration, facebow) for fixed partial dentures.
T57. Fabricate provisional restoration to restore teeth before placement of fixed partial denture.	K172. Knowledge of techniques used for constructing fixed partial dentures for provisional restorations. K173. Knowledge of materials used to construct fixed partial dentures for provisional restorations.
T58. Place provisional restoration to temporarily restore teeth before placement of fixed partial denture.	K174. Knowledge of instruments used during fixed partial denture placement. K175. Knowledge of purposes of placing provisional restorations before placing fixed partial dentures. K176. Knowledge of procedures used to place provisional restorations. K178. Knowledge of temporary luting agents used for placement of provisional fixed partial dentures. K180. Knowledge of methods used to assess fit of fixed partial dentures before placement.
T59. Remove provisional restoration from mouth before fitting fixed partial denture.	K177. Knowledge of techniques used to remove provisional restorations from mouth before fitting fixed partial dentures.
T60. Assess fixed partial denture before final placement by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	K180. Knowledge of methods used to assess fit of fixed partial dentures before placement.
T61. Place fixed partial denture on abutments to restore form and function of oral cavity.	K174. Knowledge of instruments used during fixed partial denture placement. K179. Knowledge of luting agents used for placement of final fixed partial dentures. K183. Knowledge of purposes of placing fixed partial dentures in oral cavity. K184. Knowledge of techniques used to place fixed partial dentures in oral cavity.

8. Removable Partial Dentures (4%) – This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and design and deliver a removable partial denture.

Task Statements	*Associated Knowledge Statements*
T62. Assess oral cavity to create design for removable partial denture.	K185. Knowledge of contraindications and potential complications arising from removable partial denture procedures. K186. Knowledge of processes used to create a design for removable partial dentures. K187. Knowledge of criteria used to identify teeth modifications in preparation for fabrication of removable partial dentures.
T63. Prepare oral structures before fabricating removable partial denture.	K187. Knowledge of criteria used to identify teeth modifications in preparation for fabrication of removable partial dentures. K188. Knowledge of procedures used to prepare oral structures before fabricating removable partial dentures.
T64. Take impression of oral cavity to facilitate process of fabricating removable partial denture.	K189. Knowledge of techniques used to take impressions for removable partial dentures. K190. Knowledge of methods used to assess accuracy of impressions for removable partial dentures. K191. Knowledge of materials used to take impressions for removable partial dentures. K192. Knowledge of purposes of taking impressions for removable partial dentures.
T65. Take records (e.g., bite registration, facebow) to facilitate process of fabricating removable partial denture.	K193. Knowledge of procedures used to take records (e.g., bite registration, facebow) for removable partial dentures. K194. Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) for removable partial dentures. K195. Knowledge of materials used to take records (e.g., bite registration, facebow) for removable partial dentures. K196. Knowledge of purposes of taking records (e.g., bite registration, facebow) for removable partial dentures.
T66. Perform trial fit of removable partial denture components to determine whether lab processing of removable partial denture should be performed.	K197. Knowledge of methods used to assess fit of removable partial denture components. K198. Knowledge of purposes of performing trial fit of removable partial dentures.

8. Removable Partial Dentures (4%) continued – This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and design and deliver a removable partial denture.

Task Statements	*Associated Knowledge Statements*
T67. Deliver removable partial denture in oral cavity to restore form and function.	K185. Knowledge of contraindications and potential complications arising from removable partial denture procedures. K197. Knowledge of methods used to assess fit of removable partial denture components. K199. Knowledge of purposes of delivering removable partial dentures in oral cavity. K200. Knowledge of procedures used to deliver removable partial dentures in oral cavity.
T68. Reevaluate patient removable partial denture fit and function and perform adjustments.	K185. Knowledge of contraindications and potential complications arising from removable partial denture procedures. K197. Knowledge of methods used to assess fit of removable partial denture components. K200. Knowledge of procedures used to deliver removable partial dentures in oral cavity.

9. Complete Dentures (4%) – This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and design and deliver a complete denture.

Task Statements	*Associated Knowledge Statements*
T69. Assess oral structures to create design for complete denture.	K201. Knowledge of contraindications and potential complications arising from complete denture procedures. K202. Knowledge of criteria used to assess patient oral conditions that affect design of complete dentures. K203. Knowledge of methods used to create designs for complete dentures.
T70. Prepare oral cavity before fabricating complete denture.	K202. Knowledge of criteria used to assess patient oral conditions that affect design of complete dentures. K203. Knowledge of methods used to create designs for complete dentures. K204. Knowledge of procedures used to prepare oral structures before fabricating complete dentures.
T71. Take impression of oral cavity to facilitate process of fabricating complete denture.	K205. Knowledge of techniques used to take impressions for complete dentures. K206. Knowledge of methods used to assess accuracy of impressions for complete dentures. K207. Knowledge of materials used to take impressions for complete dentures. K208. Knowledge of purposes of taking impressions for complete dentures.
T72. Take records (e.g., bite registration, facebow) to facilitate process of fabricating complete denture.	K209. Knowledge of procedures used to take records (e.g., bite registration, facebow) for complete dentures. K210. Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) for complete dentures. K211. Knowledge of materials used to take records (e.g., bite registration, facebow) for complete dentures. K212. Knowledge of purposes of taking records (e.g., bite registration, facebow) for complete dentures.
T73. Perform trial fit of complete denture to determine whether lab processing of complete denture can be performed.	K213. Knowledge of methods used to assess fit of complete dentures. K214. Knowledge of purposes of performing trial fit of complete dentures.

9. Complete Dentures (4%) continued – This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and design and deliver a complete denture.

Task Statements	*Associated Knowledge Statements*
T74. Deliver complete denture in oral cavity to restore form and function.	K201. Knowledge of contraindications and potential complications arising from complete denture procedures. K213. Knowledge of methods used to assess fit of complete dentures. K215. Knowledge of purposes of delivering complete denture in oral cavity. K216. Knowledge of techniques used to place complete denture in oral cavity.
T75. Reevaluate patient complete denture fit and function and perform adjustments.	K201. Knowledge of contraindications and potential complications arising from complete denture procedures. K213. Knowledge of methods used to assess fit of complete dentures. K217. Knowledge of procedures used after delivery of complete dentures.

10. Implant Restoration (3.5%) – This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and deliver an implant restoration.

Task Statements	*Associated Knowledge Statements*
T76. Assess patient oral condition by evaluating dentition and associated structures to assist in determining implant treatment.	K218. Knowledge of contraindications and potential complications arising from implant procedures. K219. Knowledge of purposes of performing examinations for implant procedures. K220. Knowledge of methods used for designing implant restorations. K221. Knowledge of materials used for implant restorations. K222. Knowledge of purposes of placing implant restorations in oral cavity. K227. Knowledge of procedures used to perform examinations for implants. K233. Knowledge of methods used to interpret results from examinations for implant restorations. K235. Knowledge of types of radiographs used during implant procedures.
T77. Take impression of oral cavity to facilitate process of fabricating implant restoration.	K221. Knowledge of materials used for implant restorations. K224. Knowledge of purposes of taking impressions for implant restorations. K225. Knowledge of techniques used to take impressions for implant restorations. K226. Knowledge of methods used to assess accuracy of impressions for implant restorations.
T78. Take records (e.g., bite registration, opposing dentition) to facilitate process of fabricating implant restoration.	K221. Knowledge of materials used for implant restorations. K229. Knowledge of procedures used to assess accuracy of records (e.g., bite registration, facebow) for implant restorations. K230. Knowledge of purposes of taking records (e.g., bite registration, facebow) for implant restorations. K232. Knowledge of procedures used to take records (e.g., bite registration, facebow) for implant restorations. K238. Knowledge of materials used to take records for implant restorations.
T79. Assess implant and associated structures before restoration to ensure the healing process is complete.	K219. Knowledge of purposes of performing examinations for implant procedures. K233. Knowledge of methods used to interpret results from examinations for implant restorations. K235. Knowledge of types of radiographs used during implant procedures. K240. Knowledge of methods used to assess the healing process of implants before placing implant restorations.

10. Implant Restoration (3.5%) continued – This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and deliver an implant restoration.

Task Statements	*Associated Knowledge Statements*
T80. Prepare oral structures before fabricating implant restoration.	K234. Knowledge of procedures used to place provisional restorations in oral cavity. K236. Knowledge of techniques used for constructing provisional restorations before inserting implant restorations. K237. Knowledge of procedures used to prepare oral cavity before fabricating implant restorations.
T81. Fabricate provisional restoration to restore oral cavity before insertion of implant restoration.	K231. Knowledge of purposes of placing provisional restorations in oral cavity. K239. Knowledge of materials used to construct provisional restorations before inserting implant restorations.
T82. Place provisional restoration to temporarily restore oral cavity before insertion of implant restoration.	K231. Knowledge of purposes of placing provisional restorations in oral cavity. K234. Knowledge of procedures used to place provisional restorations in oral cavity. K241. Knowledge of instruments used for placing implant restorations in oral cavity.
T83. Assess implant restoration by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	K218. Knowledge of contraindications and potential complications arising from implant procedures. K228. Knowledge of methods used to perform adjustments on implant restorations. K241. Knowledge of instruments used for placing implant restorations in oral cavity. K242. Knowledge of procedures used after delivery of implant restorations.
T84. Place implant restoration in oral cavity to restore form and function.	K218. Knowledge of contraindications and potential complications arising from implant procedures. K223. Knowledge of procedures used to place implant restorations in oral cavity. K228. Knowledge of methods used to perform adjustments on implant restorations. K241. Knowledge of instruments used for placing implant restorations in oral cavity. K242. Knowledge of procedures used after delivery of implant restorations.

11. Oral Surgery (5%) – This area assesses the candidate's ability to diagnose the patient's oral condition, develop a treatment plan, and perform oral surgical procedures.

Task Statements	*Associated Knowledge Statements*
T85. Assess patient oral condition by evaluating dentition and associated structures to assist in determining oral surgery treatment.	K243. Knowledge of contraindications and potential complications arising from oral surgery procedures. K244. Knowledge of purposes of performing examinations for oral surgery. K245. Knowledge of procedures used to perform examinations for oral surgery. K246. Knowledge of methods used to interpret results from examinations for oral surgery. K247. Knowledge of types of radiographs used during oral surgery procedures. K252. Knowledge of purposes of performing oral surgery (e.g., extractions). K260. Knowledge of types of medications to prescribe for oral surgery (e.g., extractions). K261. Knowledge of purposes of prescribing medications for oral surgery (e.g., extractions). K262. Knowledge of pharmacology of medications used for oral surgery (e.g., extractions).
T86. Prepare patient before oral surgery (e.g., extractions) by administering anesthetics (e.g., topical, injection) for pain control.	K248. Knowledge of types of anesthetics to use on patients for oral surgery (e.g., extractions). K249. Knowledge of techniques used to administer anesthetics for oral surgery (e.g., extractions). K250. Knowledge of anesthetic pharmacology relating to oral surgery (e.g., extractions).
T87. Prepare surgical area to facilitate oral surgery procedures (e.g., extractions) by creating access to surgical site.	K243. Knowledge of contraindications and potential complications arising from oral surgery procedures. K247. Knowledge of types of radiographs used during oral surgery procedures. K251. Knowledge of procedures used to create access to surgical site. K254. Knowledge of instruments used for oral surgery procedures.
T88. Perform oral surgery procedures (e.g., extractions) on patient to facilitate dental health.	K243. Knowledge of contraindications and potential complications arising from oral surgery procedures. K247. Knowledge of types of radiographs used during oral surgery procedures. K252. Knowledge of purposes of performing oral surgery (e.g., extractions). K253. Knowledge of techniques used to perform oral surgery (e.g., extractions). K254. Knowledge of instruments used for oral surgery procedures. K255. Knowledge of procedures used to assist in patient healing process after oral surgery (e.g., extractions).

11. Oral Surgery (5%) continued – This area assesses the candidate's ability to diagnose the patient's oral condition, develop a treatment plan, and perform oral surgical procedures.

Task Statements	*Associated Knowledge Statements*
T89. Place sutures in surgical area after oral surgery (e.g., extractions) to facilitate healing process.	K254. Knowledge of instruments used for oral surgery procedures. K256. Knowledge of techniques used to place sutures in oral cavity after oral surgery (e.g., extractions). K257. Knowledge of purposes of placing sutures in oral cavity.
T90. Perform postoperative procedures on patient to facilitate healing process.	K243. Knowledge of contraindications and potential complications arising from oral surgery procedures. K255. Knowledge of procedures used to assist in patient healing process after oral surgery (e.g., extractions). K256. Knowledge of techniques used to place sutures in oral cavity after oral surgery (e.g., extractions). K258. Knowledge of procedures used during postoperative care of patients. K259. Knowledge of purposes of performing postoperative procedures (e.g., dry socket). K260. Knowledge of types of medications to prescribe for oral surgery (e.g., extractions). K261. Knowledge of purposes of prescribing medications for oral surgery (e.g., extractions). K262. Knowledge of pharmacology of medications used for oral surgery (e.g., extractions).
T91. Prescribe medication to patient for oral surgery (e.g., extractions) to control or prevent complications (e.g., infection, swelling, pain).	K243. Knowledge of contraindications and potential complications arising from oral surgery procedures. K258. Knowledge of procedures used during postoperative care of patients. K259. Knowledge of purposes of performing postoperative procedures (e.g., dry socket). K260. Knowledge of types of medications to prescribe for oral surgery (e.g., extractions). K261. Knowledge of purposes of prescribing medications for oral surgery (e.g., extractions). K262. Knowledge of pharmacology of medications used for oral surgery (e.g., extractions).

12. Teeth Whitening (2%) – This area assesses the candidate's ability to perform teeth whitening procedures on a patient.

Task Statements	*Associated Knowledge Statements*
T92. Assess patient oral condition by evaluating dentition and associated structures to assist in determining teeth whitening treatment.	K263. Knowledge of contraindications and potential complications arising from teeth whitening procedures. K268. Knowledge of methods used to evaluate effectiveness of teeth whitening agents.
T93. Take impression of teeth to facilitate process of fabricating whitening tray.	K269. Knowledge of techniques used to take impressions for whitening trays. K270. Knowledge of methods used to assess accuracy of impressions for whitening trays. K271. Knowledge of materials used to take impressions for whitening trays. K272. Knowledge of purposes of taking impressions for whitening trays.
T94. Fabricate whitening tray to facilitate delivery of whitening agent to teeth.	K266. Knowledge of materials used for teeth whitening. K269. Knowledge of techniques used to take impressions for whitening trays. K273. Knowledge of techniques used for constructing whitening trays. K274. Knowledge of materials used to construct whitening trays. K275. Knowledge of instruments used while constructing whitening trays.
T95. Deliver whitening tray and whitening agent to facilitate teeth whitening process.	K263. Knowledge of contraindications and potential complications arising from teeth whitening procedures. K267. Knowledge of procedures used to perform teeth whitening.
T96. Prepare oral cavity for in-office teeth whitening procedures by isolating teeth to protect facial structure and oral cavity.	K263. Knowledge of contraindications and potential complications arising from teeth whitening procedures. K264. Knowledge of purposes of isolating teeth during in-office teeth whitening. K265. Knowledge of methods used to isolate teeth during in-office teeth whitening. K267. Knowledge of procedures used to perform teeth whitening.
T97. Perform in-office teeth whitening procedures by applying whitening agents to improve patient esthetics.	K263. Knowledge of contraindications and potential complications arising from teeth whitening procedures. K266. Knowledge of materials used for teeth whitening. K267. Knowledge of procedures used to perform teeth whitening. K268. Knowledge of methods used to evaluate effectiveness of teeth whitening agents.
T98. Review home care instructions with patient for teeth whitening.	K263. Knowledge of contraindications and potential complications arising from teeth whitening procedures. K266. Knowledge of materials used for teeth whitening. K268. Knowledge of methods used to evaluate effectiveness of teeth whitening agents.

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13. Occlusal Splint Therapy (3%) – This area assesses the candidate's ability to determine a patient's need for occlusal splint therapy and to perform occlusal splint therapy procedures.

Task Statements	*Associated Knowledge Statements*
T99. Assess patient condition by evaluating dentition and associated structures to assist in determining occlusal splint therapy.	K276. Knowledge of potential complications arising from occlusal splint therapy. K277. Knowledge of purposes of performing examinations for occlusal splint therapy. K278. Knowledge of procedures used to perform examinations for occlusal splint therapy. K279. Knowledge of methods used to design occlusal splints. K280. Knowledge of purposes of different designs of occlusal splints. K281. Knowledge of methods used to interpret results from examination for occlusal splint therapy.
T100. Take impression of oral cavity to facilitate process of fabricating occlusal splint (e.g., nightguard).	K282. Knowledge of techniques used to take impressions for occlusal splints (e.g., nightguard). K283. Knowledge of methods used to assess accuracy of impressions for occlusal splints (e.g., nightguard). K284. Knowledge of materials used to take impressions for occlusal splints (e.g., nightguard). K285. Knowledge of purposes of taking impressions for occlusal splints (e.g., nightguard). K294. Knowledge of instruments used while constructing occlusal splints (e.g., nightguard).
T101. Take records (e.g., bite registration) to facilitate process of fabricating occlusal splint (e.g., nightguard).	K286. Knowledge of procedures used to take records (e.g., bite registration) for occlusal splints (e.g., nightguard). K287. Knowledge of procedure used to assess accuracy of records (e.g., bite registration) for occlusal splints (e.g., nightguard). K288. Knowledge of materials used to take records (e.g., bite registration) for occlusal splints (e.g., nightguard). K289. Knowledge of purposes of taking records (e.g., bite registration) for occlusal splints (e.g., nightguard). K294. Knowledge of instruments used while constructing occlusal splints (e.g., nightguard).
T102. Fabricate occlusal splint (e.g., nightguard) to facilitate treatment of patient parafunctional habits.	K279. Knowledge of methods used to design occlusal splints. K280. Knowledge of purposes of different designs of occlusal splints. K290. Knowledge of techniques used for constructing occlusal splints (e.g., nightguard). K291. Knowledge of materials used to construct occlusal splints (e.g., nightguard). K294. Knowledge of instruments used while constructing occlusal splints (e.g., nightguard).

13. Occlusal Splint Therapy (3%) continued – This area assesses the candidate's ability to determine a patient's need for occlusal splint therapy and to perform occlusal splint therapy procedures.

Task Statements	*Associated Knowledge Statements*
T103. Deliver occlusal splint (e.g., nightguard) to facilitate treatment of patient parafunctional habits.	K276. Knowledge of potential complications arising from occlusal splint therapy. K292. Knowledge of purposes of delivery of occlusal splints (e.g., nightguard). K293. Knowledge of procedures used to deliver occlusal splints (e.g., nightguard). K294. Knowledge of instruments used while constructing occlusal splints (e.g., nightguard).
T104. Review home care instructions with patient for use and care of occlusal splints.	K276. Knowledge of potential complications arising from occlusal splint therapy. K277. Knowledge of purposes of performing examinations for occlusal splint therapy. K293. Knowledge of procedures used to deliver occlusal splints (e.g., nightguard).
T105. Reevaluate fit and function of occlusal splints and perform adjustments.	K276. Knowledge of potential complications arising from occlusal splint therapy. K277. Knowledge of purposes of performing examinations for occlusal splint therapy. K278. Knowledge of procedures used to perform examinations for occlusal splint therapy. K280. Knowledge of purposes of different designs of occlusal splints.

14. Safety and Sanitation (10.5%) – This area assesses the candidate's ability to prevent injury and the spread of diseases in dental services by following Board regulations on safety, sanitation, and sterilization.

Task Statements	*Associated Knowledge Statements*
T106. Prepare patient before treatment by following safety precautions (e.g., lead apron) throughout treatment.	K295. Knowledge of methods used to prepare patients before dental treatments. K296. Knowledge of types of items (e.g., lead apron) used to facilitate patient safety precautions.
T107. Sanitize hands in preparation for dental treatment by washing with soap and water.	K297. Knowledge of methods used to sanitize hands before performing dental treatments. K298. Knowledge of procedures used by dentist to prevent contamination or injury to self. K306. Knowledge of methods used to minimize contamination. K307. Knowledge of methods used to minimize the spread of infection.
T108. Protect exposed areas by wearing personal protection (e.g., gloves, masks) to prevent contamination and injury.	K296. Knowledge of types of items (e.g., lead apron) used to facilitate patient safety precautions. K298. Knowledge of procedures used by dentist to prevent contamination or injury to self. K299. Knowledge of items worn by dentist to facilitate safety precautions. K306. Knowledge of methods used to minimize contamination. K307. Knowledge of methods used to minimize the spread of infection.
T109. Sterilize instruments (e.g., forceps) to prepare for dental treatment.	K298. Knowledge of procedures used by dentist to prevent contamination or injury to self. K300. Knowledge of methods used to sterilize instruments to prepare for dental treatments. K301. Knowledge of methods used to assess sterilization of dental instruments. K302. Knowledge of materials used to sterilize and disinfect dental instruments and equipment. K306. Knowledge of methods used to minimize contamination. K307. Knowledge of methods used to minimize the spread of infection.
T110. Disinfect equipment to prepare for dental treatment.	K298. Knowledge of procedures used by dentist to prevent contamination or injury to self. K302. Knowledge of materials used to sterilize and disinfect dental instruments and equipment. K303. Knowledge of methods used to disinfect dental equipment. K304. Knowledge of methods used to disinfect work area before and after dental treatments. K306. Knowledge of methods used to minimize contamination. K307. Knowledge of methods used to minimize the spread of infection.

14. Safety and Sanitation (10.5%) continued – This area assesses the candidate's ability to prevent injury and the spread of diseases in dental services by following Board regulations on safety, sanitation, and sterilization.

Task Statements	*Associated Knowledge Statements*
T111. Disinfect work area before dental treatment to prevent contamination.	K298. Knowledge of procedures used by dentist to prevent contamination or injury to self. K302. Knowledge of materials used to sterilize and disinfect dental instruments and equipment. K303. Knowledge of methods used to disinfect dental equipment. K304. Knowledge of methods used to disinfect work area before and after dental treatments. K306. Knowledge of methods used to minimize contamination. K307. Knowledge of methods used to minimize the spread of infection.
T112. Discard disposable items (e.g., suction tips, bibs) after dental treatment to prevent spread of infection.	K298. Knowledge of procedures used by dentist to prevent contamination or injury to self. K305. Knowledge of procedures used to dispose of items (e.g., suction tips, bibs) after dental treatments. K306. Knowledge of methods used to minimize contamination. K307. Knowledge of methods used to minimize the spread of infection.
T113. Store medications in secure area to protect against unauthorized use of medications.	K308. Knowledge of methods used to store medications.
T114. Maintain emergency protocol within dental office to ensure patient and staff safety.	K309. Knowledge of emergency protocol used in dental office to ensure patient and staff safety.

15. Ethics (7%) – This area assesses the candidate's ability to comply with ethical standards for dentistry, including scope of practice and professional conduct.

Task Statements	*Associated Knowledge Statements*
T115. Address patient expectations about dental procedures to promote understanding about realistic expectations.	K310. Knowledge of methods used to explain realistic expectations about dental procedures to patients.
T116. Disclose financial obligations related to dental procedures before patient treatment.	K311. Knowledge of methods to explain fees and office policies to patients.
T117. Verify patient understanding of alternatives, risks, and benefits of treatment options before performing treatment.	K312. Knowledge of methods used to facilitate patient comprehension of alternatives, risks, and benefits of treatment options.
T118. Assist patients to obtain alternate provider when dentist is unable to continue professional relationship.	K313. Knowledge of ethical considerations for terminating patient–dentist professional relationship. K314. Knowledge of ethical considerations to facilitate continuity of dental care. K315. Knowledge of procedures used to facilitate continuity of dental care.
T119. Disclose to patients dental conditions that require future dental care.	K314. Knowledge of ethical considerations to facilitate continuity of dental care. K315. Knowledge of procedures used to facilitate continuity of dental care. K316. Knowledge of purposes of disclosing dental conditions that require future dental care.
T120. Provide patient access to emergency treatment during and after office hours.	K317. Knowledge of ethical obligation to provide emergency treatment to patient during and after office hours. K318. Knowledge of protocol used when providing emergency treatment to patient during and after office hours.
T121. Provide patient dental treatment based only on conditions indicated from diagnosis.	K319. Knowledge of ethical obligation to diagnose and treat only conditions that exist. K320. Knowledge of methods used to determine type of treatment to perform based on patient diagnosis.

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16. Law (13%) – This area assesses the candidate's ability to comply with legal obligations, including patient confidentiality, professional conduct, and information management.

Task Statements	*Associated Knowledge Statements*
T122. Comply with legal standards regarding advertising to inform public of dental qualifications and services provided.	K322. Knowledge of laws and regulations regarding advertisement and dissemination of information pertaining to professional qualifications and services.
T123. Comply with legal standards regarding scope of practice in the provision of services.	K323. Knowledge of laws and regulations that define dentist scope of practice.
T124. Maintain patient confidentiality regarding patient medical and dental history as mandated by law.	K324. Knowledge of procedures used regarding disclosure of confidential patient information. K325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records.
T125. Maintain documentation (e.g., patient records, radiographs) of patient dental history as mandated by law.	K325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records. K326. Knowledge of laws and regulations regarding documentation of dental history. K327. Knowledge of methods used to document patient dental history.
T126. Maintain security of patient records as mandated by law.	K325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records. K328. Knowledge of laws and regulations regarding security of patient records.
T127. Document controlled substances within dental facility to inventory quantity as mandated by law.	K329. Knowledge of laws and regulations regarding documentation of controlled substances in dental facility. K330. Knowledge of methods used to inventory controlled substances in dental facility.
T128. Prescribe medications to patients in accordance with laws and regulations.	K331. Knowledge of laws and regulations regarding prescribing medication to patients. K337. Knowledge of laws and regulations regarding maintaining patient safety.
T129. Report cases of abuse to authority as defined by mandated reporting requirements (e.g., abuse of child, dependent, adult, elder).	K332. Knowledge of laws and regulations pertaining to mandated reporting of suspected or known abuse of patients. K333. Knowledge of protocol used when reporting suspected or known abuse of patients. K334. Knowledge of methods used to identify signs of abuse. K337. Knowledge of laws and regulations regarding maintaining patient safety.

16. Law (13%) continued – This area assesses the candidate's ability to comply with legal obligations, including patient confidentiality, professional conduct, and information management.

Task Statements	*Associated Knowledge Statements*
T130. Comply with legal standards regarding guidelines for consent to treat patients.	K335. Knowledge of laws and regulations regarding consent to treat patients.
T131. Comply with legal standards regarding sexual contact, conduct, and relations with patients and staff.	K336. Knowledge of laws and regulations regarding sexual contact, conduct, and relations with patients and staff.
T132. Supervise auxiliaries to facilitate patient safety in accordance with Board regulations.	K337. Knowledge of laws and regulations regarding maintaining patient safety. K338. Knowledge of procedures used to supervise auxiliaries.
T133. Dispose of hazardous waste in accordance with laws and regulations.	K321. Knowledge of laws and regulations regarding disposal of hazardous waste from dental treatment.

CHAPTER 6. CALIFORNIA DENTISTRY LAW AND ETHICS EXAMINATION OUTLINE

CALIFORNIA DENTISTRY LAW AND ETHICS EXAMINATION

At this time, California licensure as a dentist is granted to applicants completing one of four pathways (i.e., passing the Western Regional Examining Board (WREB) examination, licensure by credential, licensure by residency, or licensure by portfolio). Passing the California Dentistry Law and Ethics Examination is an additional requirement for issuance of a California dental license for applicants passing the WREB or obtaining licensure by residency or licensure by portfolio.

The SMEs who participated in the May 2018 workshop were asked to develop a preliminary examination outline for the California Dentistry Law and Ethics Examination by identifying the tasks and knowledge that they believed were California-specific. The SMEs determined that all task and knowledge statements within the content area of law and within the content area of ethics should remain in the examination outline specifically for the California Dentistry Law and Ethics Examination.

CONTENT AREAS AND WEIGHTS

The May 2018 workshop SMEs were also asked to determine the weights for the content areas on the California Dentistry Law and Ethics Examination. After thorough discussion, the SMEs determined that the California Dentistry Law and Ethics Examination should be 50% Law and 50% Ethics. The SMEs perceived current ethical problems to be equally as important as California law.

A summary of the proposed content area weights for the California Dentistry Law and Ethics Examination is presented in Table 24. The proposed examination outline for the California Dentistry Law and Ethics Examination is presented in Table 25.

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TABLE 24 – PROPOSED CONTENT AREA WEIGHTS: CALIFORNIA DENTISTRY LAW AND ETHICS EXAMINATION

CONTENT AREA		Weights
1.	Ethics	50
2.	Law	50
	Total	100

TABLE 25 – PROPOSED EXAMINATION OUTLINE: CALIFORNIA DENTISTRY LAW AND ETHICS EXAMINATION

1. Ethics (50%) – This area assesses the candidate's ability to comply with ethical standards for dentistry, including scope of practice and professional conduct.

Task Statements	*Associated Knowledge Statements*
T115. Address patient expectations about dental procedures to promote understanding about realistic expectations.	K310. Knowledge of methods used to explain realistic expectations about dental procedures to patients.
T116. Disclose financial obligations related to dental procedures before patient treatment.	K311. Knowledge of methods to explain fees and office policies to patients.
T117. Verify patient understanding of alternatives, risks, and benefits of treatment options before performing treatment.	K312. Knowledge of methods used to facilitate patient comprehension of alternatives, risks, and benefits of treatment options.
T118. Assist patients to obtain alternate provider when dentist is unable to continue professional relationship.	K313. Knowledge of ethical considerations for terminating patient–dentist professional relationship. K314. Knowledge of ethical considerations to facilitate continuity of dental care. K315. Knowledge of procedures used to facilitate continuity of dental care.
T119. Disclose to patients dental conditions that require future dental care.	K314. Knowledge of ethical considerations to facilitate continuity of dental care. K315. Knowledge of procedures used to facilitate continuity of dental care. K316. Knowledge of purposes of disclosing dental conditions that require future dental care.
T120. Provide patient access to emergency treatment during and after office hours.	K317. Knowledge of ethical obligation to provide emergency treatment to patient during and after office hours. K318. Knowledge of protocol used when providing emergency treatment to patient during and after office hours.
T121. Provide patient dental treatment based only on conditions indicated from diagnosis.	K319. Knowledge of ethical obligation to diagnose and treat only conditions that exist. K320. Knowledge of methods used to determine type of treatment to perform based on patient diagnosis.

2. Law (50%) – This area assesses the candidate's ability to comply with legal obligations, including patient confidentiality, professional conduct, and information management.

Task Statements	*Associated Knowledge Statements*
T122. Comply with legal standards regarding advertising to inform public of dental qualifications and services provided.	K322. Knowledge of laws and regulations regarding advertisement and dissemination of information pertaining to professional qualifications and services.
T123. Comply with legal standards regarding scope of practice in the provision of services.	K323. Knowledge of laws and regulations that define dentist scope of practice.
T124. Maintain patient confidentiality regarding patient medical and dental history as mandated by law.	K324. Knowledge of procedures used regarding disclosure of confidential patient information. K325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records.
T125. Maintain documentation (e.g., patient records, radiographs) of patient dental history as mandated by law.	K325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records. K326. Knowledge of laws and regulations regarding documentation of dental history. K327. Knowledge of methods used to document patient dental history.
T126. Maintain security of patient records as mandated by law.	K325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records. K328. Knowledge of laws and regulations regarding security of patient records.
T127. Document controlled substances within dental facility to inventory quantity as mandated by law.	K329. Knowledge of laws and regulations regarding documentation of controlled substances in dental facility. K330. Knowledge of methods used to inventory controlled substances in dental facility.
T128. Prescribe medications to patients in accordance with laws and regulations.	K331. Knowledge of laws and regulations regarding prescribing medication to patients. K337. Knowledge of laws and regulations regarding maintaining patient safety.

2. Law (50%) continued – This area assesses the candidate's ability to comply with legal obligations, including patient confidentiality, professional conduct, and information management.

Task Statements	*Associated Knowledge Statements*
T129. Report cases of abuse to authority as defined by mandated reporting requirements (e.g., abuse of child, dependent, adult, elder).	K332. Knowledge of laws and regulations pertaining to mandated reporting of suspected or known abuse of patients. K333. Knowledge of protocol used when reporting suspected or known abuse of patients. K334. Knowledge of methods used to identify signs of abuse. K337. Knowledge of laws and regulations regarding maintaining patient safety.
T130. Comply with legal standards regarding guidelines for consent to treat patients.	K335. Knowledge of laws and regulations regarding consent to treat patients.
T131. Comply with legal standards regarding sexual contact, conduct, and relations with patients and staff.	K336. Knowledge of laws and regulations regarding sexual contact, conduct, and relations with patients and staff.
T132. Supervise auxiliaries to facilitate patient safety in accordance with Board regulations.	K337. Knowledge of laws and regulations regarding maintaining patient safety. K338. Knowledge of procedures used to supervise auxiliaries.
T133. Dispose of hazardous waste in accordance with laws and regulations.	K321. Knowledge of laws and regulations regarding disposal of hazardous waste from dental treatment.

CHAPTER 7. CONCLUSION

The occupational analysis of the dentist profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the occupational analysis were based upon a content validation strategy to ensure that the results accurately represent dentistry practice. Results of this occupational analysis can be used to ensure that national examinations under consideration for acceptance or already accepted by the California Dental Board measure content critical to dentistry practice in California.

By adopting the dentist examination outline contained in this report, the Board ensures that its California Dentistry Law and Ethics Examination program reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

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APPENDIX A. RESPONDENTS BY REGION

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LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	226
Orange	96
TOTAL	322

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	59
Contra Costa	40
Marin	7
Napa	8
San Francisco	38
San Mateo	22
Santa Clara	70
Santa Cruz	8
Solano	16
TOTAL	268

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	2
San Diego	104
TOTAL	106

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	33
San Bernardino	51
TOTAL	84

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	25
Kern	21
Kings	5
Madera	3
Merced	5
San Joaquin	6
Stanislaus	13
Tulare	7
TOTAL	85

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	6
Glenn	1
Lake	1
Sacramento	46
Sutter	3
Yolo	3
Yuba	1
TOTAL	61

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Amador	1
Calaveras	1
El Dorado	4
Inyo	1
Mono	2
Nevada	3
Placer	14
Tuolumne	2
TOTAL	28

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	8
San Benito	2
San Luis Obispo	13
Santa Barbara	16
Ventura	17
TOTAL	56

SHASTA–CASCADE

County of Practice	Frequency
Modoc	2
Plumas	1
Shasta	2
Siskiyou	2
TOTAL	7

NORTH COAST

County of Practice	Frequency
Del Norte	2
Humboldt	1
Mendocino	3
Sonoma	20
TOTAL	26

MISSING

	Frequency
TOTAL	3

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APPENDIX B. CRITICALITY INDICES FOR ALL TASKS IN DESCENDING ORDER

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1. Patient Evaluation (13%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
1	Conduct medical history assessment of patient to determine if treatment can be performed.	4.73	4.78	**22.61**
4	Evaluate patient before treatment by interpreting radiographs of oral cavity and associated structures to determine if pathology is present.	4.76	4.75	**22.57**
10	Inform patient of alternatives, risks, and benefits of treatment options before performing treatment.	4.71	4.64	**21.88**
9	Assess patient dentition by performing an oral examination to assist in determining treatment.	4.65	4.61	**21.43**
2	Conduct dental history assessment of patient to determine if treatment can be performed.	4.57	4.49	**20.54**
8	Evaluate patient dental needs during consultation to determine if patient expectations can be achieved.	4.42	4.40	**19.46**
6	Perform an extraoral and intraoral examination on patient to detect anomalies (e.g., tori, tongue thrust) and pathologies (e.g., cancer, oral lesion, lymph nodes) before treatment.	4.37	4.42	**19.33**
5	Assess periodontal condition of patient by performing a periodontal examination to assist in determining treatment.	4.29	4.34	**18.61**
11	Refer patients to specialists when dental treatment needs exceed practitioner abilities.	4.07	4.44	**18.09**
3	Evaluate current medical health of patient by taking vital signs to determine if treatment can be performed.	3.91	4.20	**16.43**
12	Perform follow-up assessment of dental procedures to evaluate patient dental status.	4.01	4.06	**16.27**
7	Assess patient temporomandibular joint (TMJ) to assist in determining treatment.	3.73	3.66	**13.65**

2. Endodontics (6%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
13	Assess endodontic condition of patient by performing endodontic examination and diagnosis to assist in determining treatment.	3.60	3.98	**14.35**
20	Prepare tooth for final restoration by building up internal structure (e.g., post, core).	3.29	3.81	**12.53**
19	Seal coronal access to prevent contamination of root canal by placing type of restoration.	3.16	3.90	**12.31**
14	Prepare for performing root canal therapy by administering anesthetics (e.g., topical, injection) for pain control.	3.05	3.79	**11.56**
15	Isolate tooth before performing root canal therapy to prevent contamination and injury to patient.	3.04	3.78	**11.47**
16	Access pulp chamber and root canals to begin root canal therapy.	2.97	3.80	**11.30**
17	Shape and clean canals to continue root canal therapy.	2.89	3.78	**10.93**
18	Obturate root canals by sealing canals to complete root canal filling.	2.86	3.78	**10.83**
21	Prescribe medication to patient for root canal therapy to control or prevent complications (e.g., infection, swelling, pain).	2.83	3.37	**9.56**

3. Indirect Restoration (7%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
22	Assess restorative condition of patient by evaluating dentition and associated structures to assist in determining indirect restorative treatment.	3.79	3.95	**14.97**
30	Assess indirect restoration before final placement by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	3.67	3.97	**14.57**
23	Prepare for indirect restoration by administering anesthetics (e.g., topical, injection) for pain control.	3.72	3.90	**14.51**
31	Place indirect restoration on tooth to restore tooth form and function.	3.63	3.93	**14.25**
24	Prepare tooth for indirect restoration to accommodate final restoration.	3.61	3.87	**13.99**
25	Take impression of teeth to facilitate process of fabricating final restoration.	3.52	3.85	**13.56**
29	Remove provisional restoration from tooth before fitting indirect final restoration.	3.40	3.65	**12.42**
27	Fabricate provisional restoration to restore tooth before placement of final restoration.	3.34	3.64	**12.15**
28	Place provisional restoration to temporarily restore tooth before placement of final restoration.	3.34	3.64	**12.14**
26	Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating indirect final restoration.	3.09	3.44	**10.64**

4. Direct Restoration (7%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
35	Prepare tooth for placing direct restoration by removing carious lesions and compromising features (e.g., decalcifications, unsupported enamel) from tooth.	4.26	4.33	**18.45**
32	Assess restorative condition of patient by evaluating dentition and associated structures to assist in determining direct restorative treatment.	4.26	4.31	**18.35**
36	Place direct restorative material in tooth to restore form and function.	4.25	4.31	**18.33**
37	Perform adjustment procedures of direct restoration to restore form and function before polishing restoration.	4.22	4.28	**18.03**
33	Prepare tooth for direct restoration by administering anesthetics (e.g., topical, injection) for pain control.	4.20	4.22	**17.75**
38	Polish direct restoration to facilitate longevity of restored tooth.	4.00	3.85	**15.39**
34	Isolate tooth before performing direct restoration to prevent contamination and injury to patient.	3.59	3.77	**13.51**

5. Preventative Care (5%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
42	Educate patients on oral hygiene and nutrition to assist patients in maintaining dental health.	4.20	4.29	**18.00**
39	Perform prophylaxis procedures by removing deposits from tooth surfaces to improve periodontal health.	3.89	4.18	**16.29**
40	Apply fluoride to protect teeth after prophylaxis procedures.	3.33	3.59	**11.96**
41	Apply sealants to teeth to prevent dental carious lesions.	3.20	3.49	**11.19**
46	Educate patients and parents on postoperative instructions regarding space maintainers.	2.67	3.44	**9.19**
43	Assess oral cavity to create a design for space maintainers.	2.52	3.28	**8.27**
45	Remove space maintainers to allow for permanent teeth eruption.	2.33	3.40	**7.94**
44	Assess fit and deliver space maintainers to prevent teeth migration.	2.38	3.32	**7.91**

6. Periodontics (4%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
47	Assess periodontal condition and develop treatment plan to prevent advancement of periodontal disease.	4.08	4.27	**17.43**
51	Develop protocol for periodontal maintenance.	3.60	3.91	**14.09**
50	Reevaluate patient periodontal condition after periodontal therapy to determine if additional treatment is needed.	3.42	3.84	**13.16**
49	Perform periodontal therapy (e.g., surgical and nonsurgical) to improve periodontal health.	3.22	3.85	**12.41**
48	Prepare patient for periodontal therapy by administering anesthetics (e.g., topical, injection) for pain control.	3.30	3.74	**12.36**

7. Fixed Partial Dentures (6%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
52	Assess patient restorative condition by evaluating dentition and associated structures to assist in determining fixed partial denture restorative treatment.	3.26	3.76	**12.24**
60	Assess fixed partial denture before final placement by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	3.06	3.78	**11.55**
61	Place fixed partial denture on abutments to restore form and function of oral cavity.	3.02	3.70	**11.18**
55	Take impression of oral cavity to facilitate process of fabricating fixed partial denture.	2.98	3.71	**11.05**
53	Prepare teeth for fixed partial denture preparation by administering anesthetics (e.g., topical, injection) for pain control.	3.02	3.61	**10.91**
54	Prepare abutments for fixed partial denture to accommodate final restoration.	2.95	3.66	**10.79**
59	Remove provisional restoration from mouth before fitting fixed partial denture.	2.91	3.52	**10.26**
58	Place provisional restoration to temporarily restore teeth before placement of fixed partial denture.	2.90	3.52	**10.19**
57	Fabricate provisional restoration to restore teeth before placement of fixed partial denture.	2.89	3.50	**10.11**
56	Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating fixed partial denture.	2.83	3.50	**9.91**

8. Removable Partial Dentures (4%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
67	Deliver removable partial denture in oral cavity to restore form and function.	2.93	3.73	**10.92**
62	Assess oral cavity to create design for removable partial denture.	2.94	3.70	**10.86**
64	Take impression of oral cavity to facilitate process of fabricating removable partial denture.	2.88	3.75	**10.80**
68	Reevaluate patient removable partial denture fit and function and perform adjustments.	2.92	3.69	**10.79**
66	Perform trial fit of removable partial denture components to determine whether lab processing of removable partial denture should be performed.	2.90	3.69	**10.71**
65	Take records (e.g., bite registration, facebow) to facilitate process of fabricating removable partial denture.	2.80	3.63	**10.18**
63	Prepare oral structures before fabricating removable partial denture.	2.73	3.56	**9.71**

9. Complete Dentures (4%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
74	Deliver complete denture in oral cavity to restore form and function.	2.74	3.69	**10.12**
69	Assess oral structures to create design for complete denture.	2.73	3.67	**10.01**
71	Take impression of oral cavity to facilitate process of fabricating complete denture.	2.69	3.71	**9.97**
75	Reevaluate patient complete denture fit and function and perform adjustments.	2.73	3.62	**9.87**
73	Perform trial fit of complete denture to determine whether lab processing of complete denture can be performed.	2.70	3.65	**9.87**
72	Take records (e.g., bite registration, facebow) to facilitate process of fabricating complete denture.	2.65	3.64	**9.66**
70	Prepare oral cavity before fabricating complete denture.	2.40	3.35	**8.01**

10. Implant Restoration (3.5%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
76	Assess patient oral condition by evaluating dentition and associated structures to assist in determining implant treatment.	2.61	3.58	**9.34**
83	Assess implant restoration by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	2.34	3.46	**8.09**
84	Place implant restoration in oral cavity to restore form and function.	2.27	3.40	**7.70**
79	Assess implant and associated structures before restoration to ensure the healing process is complete.	2.25	3.42	**7.69**
77	Take impression of oral cavity to facilitate process of fabricating implant restoration.	2.19	3.32	**7.27**
78	Take records (e.g., bite registration, opposing dentition) to facilitate process of fabricating implant restoration.	2.18	3.31	**7.21**
80	Prepare oral structures before fabricating implant restoration.	2.11	3.19	**6.74**
81	Fabricate provisional restoration to restore oral cavity before insertion of implant restoration.	1.76	2.79	**4.90**
82	Place provisional restoration to temporarily restore oral cavity before insertion of implant restoration.	1.72	2.71	**4.66**

11. Oral Surgery (5%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
85	Assess patient oral condition by evaluating dentition and associated structures to assist in determining oral surgery treatment.	3.72	4.23	**15.75**
86	Prepare patient before oral surgery (e.g., extractions) by administering anesthetics (e.g., topical, injection) for pain control.	3.53	4.19	**14.78**
88	Perform oral surgery procedures (e.g., extractions) on patient to facilitate dental health.	3.36	4.07	**13.66**
87	Prepare surgical area to facilitate oral surgery procedures (e.g., extractions) by creating access to surgical site.	3.12	3.87	**12.10**
91	Prescribe medication to patient for oral surgery (e.g., extractions) to control or prevent complications (e.g., infection, swelling, pain).	3.09	3.69	**11.37**
90	Perform postoperative procedures on patient to facilitate healing process.	2.99	3.62	**10.84**
89	Place sutures in surgical area after oral surgery (e.g., extractions) to facilitate healing process.	2.77	3.53	**9.78**

12. Teeth Whitening (2%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
92	Assess patient oral condition by evaluating dentition and associated structures to assist in determining teeth whitening treatment.	2.53	2.93	**7.40**
98	Review home care instructions with patient for teeth whitening.	2.34	3.14	**7.35**
93	Take impression of teeth to facilitate process of fabricating whitening tray.	2.06	2.72	**5.59**
95	Deliver whitening tray and whitening agent to facilitate teeth whitening process.	2.07	2.70	**5.57**
94	Fabricate whitening tray to facilitate delivery of whitening agent to teeth.	2.01	2.67	**5.37**
96	Prepare oral cavity for in-office teeth whitening procedures by isolating teeth to protect facial structure and oral cavity.	1.76	2.71	**4.78**
97	Perform in-office teeth whitening procedures by applying whitening agents to improve patient esthetics.	1.64	2.40	**3.93**

13. Occlusal Splint Therapy (3%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
99	Assess patient condition by evaluating dentition and associated structures to assist in determining occlusal splint therapy.	2.68	3.46	**9.28**
104	Review home care instructions with patient for use and care of occlusal splints.	2.53	3.32	**8.39**
103	Deliver occlusal splint (e.g., nightguard) to facilitate treatment of patient parafunctional habits.	2.49	3.36	**8.38**
100	Take impression of oral cavity to facilitate process of fabricating occlusal splint (e.g., nightguard).	2.39	3.35	**8.02**
105	Reevaluate fit and function of occlusal splints and perform adjustments.	2.40	3.26	**7.81**
101	Take records (e.g., bite registration) to facilitate process of fabricating occlusal splint (e.g., nightguard).	2.32	3.21	**7.45**
102	Fabricate occlusal splint (e.g., nightguard) to facilitate treatment of patient parafunctional habits.	2.26	3.21	**7.24**

14. Safety and Sanitation (10.5%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
108	Protect exposed areas by wearing personal protection (e.g., gloves, masks) to prevent contamination and injury.	4.82	4.81	**23.22**
107	Sanitize hands in preparation for dental treatment by washing with soap and water.	4.68	4.72	**22.09**
112	Discard disposable items (e.g., suction tips, bibs) after dental treatment to prevent spread of infection.	4.54	4.80	**21.81**
109	Sterilize instruments (e.g., forceps) to prepare for dental treatment.	4.51	4.81	**21.70**
110	Disinfect equipment to prepare for dental treatment.	4.50	4.80	**21.60**
111	Disinfect work area before dental treatment to prevent contamination.	4.49	4.79	**21.52**
114	Maintain emergency protocol within dental office to ensure patient and staff safety.	4.45	4.72	**21.01**
106	Prepare patient before treatment by following safety precautions (e.g., lead apron) throughout treatment.	4.48	4.66	**20.88**
113	Store medications in secure area to protect against unauthorized use of medications.	3.99	4.41	**17.60**

15. Ethics (7%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
117	Verify patient understanding of alternatives, risks, and benefits of treatment options before performing treatment.	4.60	4.66	**21.46**
115	Address patient expectations about dental procedures to promote understanding about realistic expectations.	4.56	4.64	**21.19**
119	Disclose to patients dental conditions that require future dental care.	4.52	4.52	**20.44**
121	Provide patient dental treatment based only on conditions indicated from diagnosis.	4.44	4.51	**20.03**
116	Disclose financial obligations related to dental procedures before patient treatment.	4.21	4.42	**18.63**
120	Provide patient access to emergency treatment during and after office hours.	3.95	4.34	**17.13**
118	Assist patients to obtain alternate provider when dentist is unable to continue professional relationship.	3.26	4.12	**13.44**

16. Law (13%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
125	Maintain documentation (e.g., patient records, radiographs) of patient dental history as mandated by law.	4.78	4.80	**22.94**
124	Maintain patient confidentiality regarding patient medical and dental history as mandated by law.	4.78	4.79	**22.90**
126	Maintain security of patient records as mandated by law.	4.70	4.74	**22.32**
130	Comply with legal standards regarding guidelines for consent to treat patients.	4.68	4.75	**22.22**
123	Comply with legal standards regarding scope of practice in the provision of services.	4.65	4.66	**21.68**
133	Dispose of hazardous waste in accordance with laws and regulations.	4.55	4.75	**21.60**
131	Comply with legal standards regarding sexual contact, conduct, and relations with patients and staff.	4.55	4.74	**21.57**
132	Supervise auxiliaries to facilitate patient safety in accordance with Board regulations.	4.55	4.68	**21.31**
128	Prescribe medications to patients in accordance with laws and regulations.	4.32	4.66	**20.10**
122	Comply with legal standards regarding advertising to inform public of dental qualifications and services provided.	4.18	4.34	**18.12**
127	Document controlled substances within dental facility to inventory quantity as mandated by law.	3.35	4.18	**13.99**
129	Report cases of abuse to authority as defined by mandated reporting requirements (e.g., abuse of child, dependent, adult, elder).	2.59	4.62	**11.96**

APPENDIX C. KNOWLEDGE IMPORTANCE RATINGS IN DESCENDING ORDER

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1. Patient Evaluation (13%)

Item Number	Knowledge Statement	Mean Importance
4	Knowledge of medical conditions that prevent dental services from being performed.	**4.67**
5	Knowledge of dental services within scope of practice.	**4.57**
10	Knowledge of methods used to interpret radiograph results.	**4.57**
3	Knowledge of conditions that require a medical referral.	**4.56**
26	Knowledge of types of alternatives, risks, and benefits associated with dental procedures.	**4.54**
14	Knowledge of methods used to determine type of dental treatment to perform.	**4.51**
15	Knowledge of purposes of performing extraoral and intraoral examinations.	**4.51**
16	Knowledge of procedures used to perform extraoral and intraoral examinations.	**4.48**
17	Knowledge of methods used to interpret results from extraoral and intraoral examinations.	**4.48**
28	Knowledge of methods used to evaluate patient dentition.	**4.46**
19	Knowledge of methods used to detect pathologies.	**4.45**
7	Knowledge of types of radiographs to take during assessment.	**4.45**
25	Knowledge of procedures used to explain different treatment options to patients.	**4.45**
30	Knowledge of dental procedures that require referral to a specialist.	**4.44**
18	Knowledge of methods used to detect anomalies.	**4.41**
31	Knowledge of methods used to evaluate dental status of patient.	**4.39**
6	Knowledge of methods used to determine if caries is present.	**4.38**
13	Knowledge of different stages of periodontal disease.	**4.35**
24	Knowledge of methods used to determine if patient expectations can be achieved.	**4.33**
12	Knowledge of methods used to interpret results from periodontal examinations.	**4.30**
2	Knowledge of methods used to receive consent from patient for treatment.	**4.30**
11	Knowledge of procedures used to perform periodontal examinations.	**4.29**
32	Knowledge of methods used to perform follow-up dental procedures.	**4.28**
27	Knowledge of procedures used to take patient vital signs.	**4.26**
8	Knowledge of procedures used to take radiographs.	**4.25**

1	Knowledge of methods used to elicit information from patient during assessment.	**4.14**
20	Knowledge of purposes of performing temporomandibular joint examinations.	**4.14**
23	Knowledge of procedures used to evaluate orofacial anatomy during facial oral examinations.	**4.08**
21	Knowledge of procedures used to perform temporomandibular joint examinations.	**4.04**
22	Knowledge of methods used to interpret results from temporomandibular joint examinations.	**3.98**
29	Knowledge of criteria used for classification of orthodontic condition during oral examinations.	**3.84**
9	Knowledge of procedures used to process radiographs.	**3.47**

2. Endodontics (6%)

Item Number	Knowledge Statement	Mean Importance
34	Knowledge of purposes of performing endodontic examinations.	**4.04**
37	Knowledge of methods used to assess whether a root fracture exists.	**4.02**
36	Knowledge of methods used to interpret results from endodontic examinations.	**4.00**
33	Knowledge of contraindications and potential complications arising from root canal therapy.	**3.99**
35	Knowledge of procedures used to perform endodontic examinations.	**3.96**
38	Knowledge of methods used to assess whether a tooth perforation exists.	**3.84**
55	Knowledge of restorative materials used for sealing coronal access.	**3.81**
56	Knowledge of materials used to build up internal structure (e.g., post, core).	**3.81**
58	Knowledge of procedures used to build up internal structure (e.g., post, core).	**3.81**
54	Knowledge of methods to place coronal access restoration.	**3.77**
57	Knowledge of indications for placement of root canal posts.	**3.77**
44	Knowledge of purposes of isolating a tooth during root canal therapy.	**3.71**
60	Knowledge of purposes of prescribing medication relating to root canal therapy.	**3.70**
59	Knowledge of types of medications to prescribe relating to root canal therapy.	**3.70**
46	Knowledge of tooth morphology for root canal therapy.	**3.69**
43	Knowledge of methods used to isolate a tooth during root canal therapy.	**3.67**
53	Knowledge of methods used to assess whether canals have been filled.	**3.67**
39	Knowledge of types of anesthetics used while performing root canal therapy.	**3.67**
45	Knowledge of methods used to access root canals.	**3.65**
42	Knowledge of purposes of obtaining radiographs during phases of root canal therapy.	**3.65**
40	Knowledge of techniques used to administer anesthetics during root canal therapy.	**3.63**
61	Knowledge of pharmacology of medications used relating to root canal therapy.	**3.62**

47	Knowledge of procedures used to shape and clean canals during root canal therapy.	**3.59**
49	Knowledge of techniques used to irrigate root canals.	**3.58**
51	Knowledge of procedures used to fill root canals.	**3.58**
48	Knowledge of procedures used to measure the length of canals.	**3.57**
50	Knowledge of instruments used during root canal therapy.	**3.56**
52	Knowledge of materials used to fill root canals.	**3.55**
41	Knowledge of anesthetic pharmacology relating to root canal therapy.	**3.47**

3. Indirect Restoration (7%)

Item Number	Knowledge Statement	Mean Importance
86	Knowledge of methods used to check fit (e.g., contacts, contours, margins, occlusion) of indirect restorations.	**3.78**
62	Knowledge of contraindications and potential complications arising from indirect restoration procedures.	**3.77**
70	Knowledge of procedures used to prepare teeth for indirect restorations.	**3.71**
63	Knowledge of procedures used to prepare patients for indirect restorations.	**3.71**
89	Knowledge of purposes of performing examinations for indirect restorations.	**3.71**
91	Knowledge of methods used to interpret results from examinations for indirect restorations.	**3.70**
78	Knowledge of procedures used to assess accuracy of impressions for final restorations.	**3.70**
73	Knowledge of materials (e.g., bonding agents, bases) used during preparation of indirect restorations.	**3.69**
88	Knowledge of techniques used for placing indirect restorations.	**3.69**
90	Knowledge of procedures used to perform examinations for indirect restorations.	**3.69**
77	Knowledge of procedures used to take impressions for final restorations.	**3.69**
72	Knowledge of techniques used during preparation of indirect restorations.	**3.69**
76	Knowledge of purposes of taking impressions for final restorations.	**3.68**
92	Knowledge of types of radiographs used during indirect restoration procedures.	**3.67**
87	Knowledge of luting agents used for placement of indirect restorations.	**3.66**
68	Knowledge of techniques used to administer anesthetics during indirect restorations.	**3.65**
64	Knowledge of types of anesthetics to use on patients while performing indirect restorations.	**3.62**
71	Knowledge of instruments used during indirect restorations.	**3.60**
65	Knowledge of purposes of performing records (e.g., bite registration, facebow) for final restorations.	**3.58**
79	Knowledge of materials used to take impressions for final restorations.	**3.58**
66	Knowledge of procedures used to take records (e.g., bite registration, facebow) for final restorations.	**3.57**

67	Knowledge of procedures used to assess accuracy of records (e.g., bite registration, facebow) while preparing for final restorations.	**3.56**
81	Knowledge of techniques used for constructing provisional restorations.	**3.55**
83	Knowledge of techniques used for placing provisional restorations.	**3.54**
75	Knowledge of techniques used during placement of pharmacologic agents for indirect restorations.	**3.52**
80	Knowledge of materials used to take records (e.g., bite registration, facebow) for final restorations.	**3.51**
85	Knowledge of methods used to remove provisional restorations.	**3.51**
84	Knowledge of temporary luting agents used for placement of provisional restorations.	**3.48**
82	Knowledge of materials used to construct provisional restorations.	**3.48**
74	Knowledge of pharmacology of medications (e.g., hemostatic agents) used during indirect restorations.	**3.48**
69	Knowledge of anesthetic pharmacology relating to indirect restorations.	**3.44**

4. Direct Restoration (7%)

Item Number	Knowledge Statement	Mean Importance
103	Knowledge of criteria used to identify carious lesions.	**4.20**
104	Knowledge of techniques used to remove carious lesions during direct restorations.	**4.18**
107	Knowledge of techniques used to place direct restorations.	**4.15**
93	Knowledge of contraindications and potential complications arising from direct restoration procedures.	**4.15**
106	Knowledge of techniques used to prepare teeth for direct restorations.	**4.14**
108	Knowledge of materials (e.g., bonding agents, bases) used during placement of direct restorations.	**4.14**
109	Knowledge of direct restoration restorative materials (e.g., amalgam, composite).	**4.13**
99	Knowledge of methods used to interpret results from examinations for direct restorations.	**4.12**
111	Knowledge of purposes of adjusting direct restorations.	**4.12**
98	Knowledge of procedures used to perform examinations for direct restorations.	**4.10**
97	Knowledge of purposes of performing examinations for direct restorations.	**4.10**
110	Knowledge of techniques used to adjust direct restorations.	**4.10**
95	Knowledge of techniques used to administer anesthetics during direct restorations.	**4.07**
94	Knowledge of types of anesthetics to use on patient while performing direct restorations.	**4.06**
100	Knowledge of types of radiographs used during direct restoration procedures.	**4.05**
105	Knowledge of instruments used during direct restorations.	**4.03**
102	Knowledge of purposes of isolating teeth during direct restorations.	**4.01**
101	Knowledge of techniques used to isolate teeth during direct restorations.	**3.97**
112	Knowledge of techniques used to polish direct restorations.	**3.95**
113	Knowledge of materials used to polish direct restorations.	**3.91**
96	Knowledge of anesthetic pharmacology relating to direct restorations.	**3.86**

5. Preventative Care (5%)

Item Number	Knowledge Statement	Mean Importance
125	Knowledge of information to give patients regarding oral hygiene and nutritional counseling.	**4.22**
121	Knowledge of methods used to prevent carious lesions of teeth.	**4.19**
124	Knowledge of purposes of performing prophylaxis on patients.	**4.10**
116	Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain).	**4.10**
118	Knowledge of instruments (e.g., scalers, ultrasonics) used during prophylaxis.	**4.05**
117	Knowledge of methods used to floss teeth.	**4.04**
114	Knowledge of procedures used to debride teeth.	**4.02**
120	Knowledge of materials (e.g., fluoride, sealants) used during prophylaxis.	**3.98**
122	Knowledge of procedures used to apply sealants to teeth.	**3.94**
123	Knowledge of procedures used to apply fluoride to teeth.	**3.92**
119	Knowledge of medicaments and pharmacology used during prophylaxis.	**3.86**
115	Knowledge of techniques used to polish teeth.	**3.85**
126	Knowledge of contraindications and potential complications arising from space maintainers.	**3.70**
127	Knowledge of methods used to assess oral cavity to determine need for space maintainers.	**3.70**
129	Knowledge of purposes of different types of space maintainers.	**3.53**
134	Knowledge of postoperative care instructions for space maintainers.	**3.53**
132	Knowledge of purposes of removing space maintainers.	**3.51**
128	Knowledge of types of space maintainers.	**3.51**
131	Knowledge of techniques to fit and deliver space maintainers.	**3.48**
133	Knowledge of techniques to remove space maintainers.	**3.48**
130	Knowledge of materials used for space maintainers.	**3.39**

6. Periodontics (4%)

Item Number	Knowledge Statement	Mean Importance
144	Knowledge of conditions that require periodontal therapy.	**4.09**
152	Knowledge of information to give patients regarding oral hygiene for periodontal disease.	**4.05**
145	Knowledge of purposes of performing periodontal therapy.	**4.04**
138	Knowledge of methods used to educate patients about periodontal disease.	**4.02**
137	Knowledge of types of treatment used for patients with periodontal disease.	**3.99**
136	Knowledge of methods used to develop treatment plans for patients with periodontal disease.	**3.97**
135	Knowledge of contraindications and potential complications arising from periodontal therapy.	**3.97**
143	Knowledge of procedures used to remove deposits (e.g., calculus, stain) during periodontal therapy.	**3.93**
146	Knowledge of methods used to evaluate patient periodontal condition after periodontal treatment.	**3.92**
147	Knowledge of procedures used as periodontal therapy.	**3.91**
142	Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain) during periodontal therapy.	**3.91**
151	Knowledge of methods used to protect teeth after periodontal therapy.	**3.82**
149	Knowledge of instruments used for periodontal therapy.	**3.81**
139	Knowledge of types of anesthetics to use on patients while performing periodontal therapy.	**3.78**
140	Knowledge of procedures used to administer anesthetics during periodontal therapy.	**3.77**
148	Knowledge of medicaments and pharmacology used for periodontal therapy.	**3.74**
150	Knowledge of techniques used to polish teeth to complete periodontal therapy.	**3.70**
141	Knowledge of anesthetic pharmacology relating to periodontal therapy.	**3.66**

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7. Fixed Partial Dentures (6%)

Item Number	Knowledge Statement	Mean Importance
153	Knowledge of contraindications and potential complications arising from fixed partial denture procedures.	**3.64**
154	Knowledge of purposes of performing examinations for fixed partial dentures.	**3.59**
155	Knowledge of methods used to perform examinations for fixed partial dentures.	**3.55**
183	Knowledge of purposes of placing fixed partial dentures in oral cavity.	**3.55**
184	Knowledge of techniques used to place fixed partial dentures in oral cavity.	**3.55**
156	Knowledge of methods used to interpret results from examinations for fixed partial dentures.	**3.54**
161	Knowledge of techniques used for preparation of abutments for final restoration.	**3.54**
162	Knowledge of methods used to assess preparation design of abutment teeth.	**3.53**
157	Knowledge of types of radiographs used during fixed partial denture procedures.	**3.53**
165	Knowledge of methods used to assess accuracy of impressions for fixed partial dentures.	**3.52**
180	Knowledge of methods used to assess fit of fixed partial dentures before placement.	**3.51**
164	Knowledge of techniques used to take impressions for fixed partial dentures.	**3.50**
167	Knowledge of purposes of taking impressions for fixed partial dentures.	**3.48**
163	Knowledge of materials (e.g., bonding agents, bases) used for the preparation of abutment teeth.	**3.47**
179	Knowledge of luting agents used for placement of final fixed partial dentures.	**3.45**
171	Knowledge of purposes of taking records (e.g., bite registration, facebow) for fixed partial dentures.	**3.45**
169	Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) while preparing fixed partial dentures.	**3.44**
175	Knowledge of purposes of placing provisional restorations before placing fixed partial dentures.	**3.44**
168	Knowledge of procedures used to take records (e.g., bite registration, facebow) for fixed partial dentures.	**3.44**
166	Knowledge of materials used to take impressions for fixed partial dentures.	**3.43**
176	Knowledge of procedures used to place provisional restorations.	**3.43**

159	Knowledge of techniques used to administer anesthetics for fixed partial denture preparation.	**3.42**
172	Knowledge of techniques used for constructing fixed partial dentures for provisional restorations.	**3.41**
158	Knowledge of types of anesthetics to use on patients while preparing fixed partial dentures.	**3.40**
174	Knowledge of instruments used during fixed partial denture placement.	**3.39**
170	Knowledge of materials used to take records (e.g., bite registration, facebow) for fixed partial dentures.	**3.39**
173	Knowledge of materials used to construct fixed partial dentures for provisional restorations.	**3.38**
177	Knowledge of techniques used to remove provisional restorations from mouth before fitting fixed partial dentures.	**3.37**
178	Knowledge of temporary luting agents used for placement of provisional fixed partial dentures.	**3.35**
182	Knowledge of techniques used during placement of pharmacologic agents for fixed partial dentures.	**3.34**
181	Knowledge of pharmacology of medications (e.g., hemostatic agents) used during fixed partial denture procedures.	**3.30**
160	Knowledge of anesthetic pharmacology relating to fixed partial denture preparation.	**3.29**

8. Removable Partial Dentures (4%)

Item Number	Knowledge Statement	Mean Importance
185	Knowledge of contraindications and potential complications arising from removable partial denture procedures.	**3.66**
197	Knowledge of methods used to assess fit of removable partial denture components.	**3.60**
186	Knowledge of processes used to create a design for removable partial dentures.	**3.60**
198	Knowledge of purposes of performing trial fit of removable partial dentures.	**3.59**
200	Knowledge of procedures used to deliver removable partial dentures in oral cavity.	**3.59**
199	Knowledge of purposes of delivering removable partial dentures in oral cavity.	**3.58**
187	Knowledge of criteria used to identify teeth modifications in preparation for fabrication of removable partial dentures.	**3.57**
188	Knowledge of procedures used to prepare oral structures before fabricating removable partial dentures.	**3.56**
189	Knowledge of techniques used to take impressions for removable partial dentures.	**3.55**
190	Knowledge of methods used to assess accuracy of impressions for removable partial dentures.	**3.55**
192	Knowledge of purposes of taking impressions for removable partial dentures.	**3.54**
194	Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) for removable partial dentures.	**3.54**
193	Knowledge of procedures used to take records (e.g., bite registration, facebow) for removable partial dentures.	**3.52**
196	Knowledge of purposes of taking records (e.g., bite registration, facebow) for fixed* partial dentures.	**3.50**
191	Knowledge of materials used to take impressions for removable partial dentures.	**3.46**
195	Knowledge of materials used to take records (e.g., bite registration, facebow) for removable partial dentures.	**3.45**

**Note: Typo in Knowledge 196 should read "removable" partial dentures, not "fixed" partial dentures. Survey respondents rated this knowledge statement as "fixed". Workshop SMEs were informed that it should be "removable". This typo did not affect SME evaluation of the mean importance rating. This knowledge statement has been corrected in the examination outline.*

9. Complete Dentures (4%)

Item Number	Knowledge Statement	Mean Importance
201	Knowledge of contraindications and potential complications arising from complete denture procedures.	**3.59**
202	Knowledge of criteria used to assess patient oral conditions that affect design of complete dentures.	**3.57**
213	Knowledge of methods used to assess fit of complete dentures.	**3.52**
215	Knowledge of purposes of delivering complete denture in oral cavity.	**3.50**
217	Knowledge of procedures used after delivery of complete dentures.	**3.49**
206	Knowledge of methods used to assess accuracy of impressions for complete dentures.	**3.48**
214	Knowledge of purposes of performing trial fit of complete dentures.	**3.47**
216	Knowledge of techniques used to place complete denture in oral cavity.	**3.47**
205	Knowledge of techniques used to take impressions for complete dentures.	**3.47**
210	Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) for complete dentures.	**3.46**
208	Knowledge of purposes of taking impressions for complete dentures.	**3.45**
209	Knowledge of procedures used to take records (e.g., bite registration, facebow) for complete dentures.	**3.45**
203	Knowledge of methods used to create designs for complete dentures.	**3.45**
204	Knowledge of procedures used to prepare oral structures before fabricating complete dentures.	**3.43**
212	Knowledge of purposes of taking records (e.g., bite registration, facebow) for complete dentures.	**3.43**
207	Knowledge of materials used to take impressions for complete dentures.	**3.39**
211	Knowledge of materials used to take records (e.g., bite registration, facebow) for complete dentures.	**3.37**

10. Implant Restoration (3.5%)

Item Number	Knowledge Statement	Mean Importance
218	Knowledge of contraindications and potential complications arising from implant procedures.	**3.42**
219	Knowledge of purposes of performing examinations for implant procedures.	**3.30**
222	Knowledge of purposes of placing implant restorations in oral cavity.	**3.18**
227	Knowledge of procedures used to perform examinations for implants.	**3.12**
235	Knowledge of types of radiographs used during implant procedures.	**3.12**
242	Knowledge of procedures used after delivery of implant restorations.	**3.11**
220	Knowledge of methods used for designing implant restorations.	**3.10**
226	Knowledge of methods used to assess accuracy of impressions for implant restorations.	**3.10**
233	Knowledge of methods used to interpret results from examinations for implant restorations.	**3.10**
225	Knowledge of techniques used to take impressions for implant restorations.	**3.09**
223	Knowledge of procedures used to place implant restorations in oral cavity.	**3.09**
228	Knowledge of methods used to perform adjustments on implant restorations.	**3.09**
224	Knowledge of purposes of taking impressions for implant restorations.	**3.09**
240	Knowledge of methods used to assess the healing process of implants before placing implant restorations.	**3.08**
221	Knowledge of materials used for implant restorations.	**3.07**
241	Knowledge of instruments used for placing implant restorations in oral cavity.	**3.06**
237	Knowledge of procedures used to prepare oral cavity before fabricating implant restorations.	**3.04**
229	Knowledge of procedures used to assess accuracy of records (e.g., bite registration, facebow) for implant restorations.	**3.03**
232	Knowledge of procedures used to take records (e.g., bite registration, facebow) for implant restorations.	**3.02**
230	Knowledge of purposes of taking records (e.g., bite registration, facebow) for implant restorations.	**3.01**
238	Knowledge of materials used to take records for implant restorations.	**3.00**

231	Knowledge of purposes of placing provisional restorations in oral cavity.	**2.95**
234	Knowledge of procedures used to place provisional restorations in oral cavity.	**2.93**
236	Knowledge of techniques used for constructing provisional restorations before inserting implant restorations.	**2.90**
239	Knowledge of materials used to construct provisional restorations before inserting implant restorations.	**2.89**

11. Oral Surgery (5%)

Item Number	Knowledge Statement	Mean Importance
243	Knowledge of contraindications and potential complications arising from oral surgery procedures.	**4.24**
244	Knowledge of purposes of performing examinations for oral surgery.	**4.14**
245	Knowledge of procedures used to perform examinations for oral surgery.	**4.09**
246	Knowledge of methods used to interpret results from examinations for oral surgery.	**4.08**
252	Knowledge of purposes of performing oral surgery (e.g., extractions).	**4.08**
253	Knowledge of techniques used to perform oral surgery (e.g., extractions).	**4.06**
247	Knowledge of types of radiographs used during oral surgery procedures.	**4.05**
255	Knowledge of procedures used to assist in patient healing process after oral surgery (e.g., extractions).	**4.00**
258	Knowledge of procedures used during postoperative care of patients.	**4.00**
248	Knowledge of types of anesthetics to use on patients for oral surgery (e.g., extractions).	**3.99**
249	Knowledge of techniques used to administer anesthetics for oral surgery (e.g., extractions).	**3.98**
254	Knowledge of instruments used for oral surgery procedures.	**3.98**
259	Knowledge of purposes of performing postoperative procedures (e.g., dry socket).	**3.97**
261	Knowledge of purposes of prescribing medications for oral surgery (e.g., extractions).	**3.95**
260	Knowledge of types of medications to prescribe for oral surgery (e.g., extractions).	**3.95**
256	Knowledge of techniques used to place sutures in oral cavity after oral surgery (e.g., extractions).	**3.90**
257	Knowledge of purposes of placing sutures in oral cavity.	**3.90**
262	Knowledge of pharmacology of medications used for oral surgery (e.g., extractions).	**3.88**
250	Knowledge of anesthetic pharmacology relating to oral surgery (e.g., extractions).	**3.87**
251	Knowledge of procedures used to create access to surgical site.	**3.86**

12. Teeth Whitening (2%)

Item Number	Knowledge Statement	Mean Importance
263	Knowledge of contraindications and potential complications arising from teeth whitening procedures.	**3.36**
267	Knowledge of procedures used to perform teeth whitening.	**3.12**
266	Knowledge of materials used for teeth whitening.	**3.12**
268	Knowledge of methods used to evaluate effectiveness of teeth whitening agents.	**3.01**
269	Knowledge of techniques used to take impressions for whitening trays.	**2.95**
270	Knowledge of methods used to assess accuracy of impressions for whitening trays.	**2.94**
272	Knowledge of purposes of taking impressions for whitening trays.	**2.94**
271	Knowledge of materials used to take impressions for whitening trays.	**2.91**
273	Knowledge of techniques used for constructing whitening trays.	**2.91**
274	Knowledge of materials used to construct whitening trays.	**2.86**
264	Knowledge of purposes of isolating teeth during in-office teeth whitening.	**2.85**
275	Knowledge of instruments used while constructing whitening trays.	**2.84**
265	Knowledge of methods used to isolate teeth during in-office teeth whitening.	**2.80**

13. Occlusal Splint Therapy (3%)

Item Number	Knowledge Statement	Mean Importance
276	Knowledge of potential complications arising from occlusal splint therapy.	**3.47**
277	Knowledge of purposes of performing examinations for occlusal splint therapy.	**3.46**
278	Knowledge of procedures used to perform examinations for occlusal splint therapy.	**3.38**
292	Knowledge of purposes of delivery of occlusal splints (e.g., nightguard).	**3.36**
293	Knowledge of procedures used to deliver occlusal splints (e.g., nightguard).	**3.34**
281	Knowledge of methods used to interpret results from examination for occlusal splint therapy.	**3.31**
283	Knowledge of methods used to assess accuracy of impressions for occlusal splints (e.g., nightguard).	**3.29**
289	Knowledge of purposes of taking records (e.g., bite registration) for occlusal splints (e.g., nightguard).	**3.28**
282	Knowledge of techniques used to take impressions for occlusal splints (e.g., nightguard).	**3.28**
280	Knowledge of purposes of different designs of occlusal splints.	**3.28**
287	Knowledge of procedure used to assess accuracy of records (e.g., bite registration) for occlusal splints (e.g., nightguard).	**3.27**
279	Knowledge of methods used to design occlusal splints.	**3.27**
285	Knowledge of purposes of taking impressions for occlusal splints (e.g., nightguard).	**3.27**
286	Knowledge of procedures used to take records (e.g., bite registration) for occlusal splints (e.g., nightguard).	**3.26**
284	Knowledge of materials used to take impressions for occlusal splints (e.g., nightguard).	**3.21**
291	Knowledge of materials used to construct occlusal splints (e.g., nightguard).	**3.20**
288	Knowledge of materials used to take records (e.g., bite registration) for occlusal splints (e.g., nightguard).	**3.19**
290	Knowledge of techniques used for constructing occlusal splints (e.g., nightguard).	**3.17**
294	Knowledge of instruments used while constructing occlusal splints (e.g., nightguard).	**3.11**

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14. Safety and Sanitation (10.5%)

Item Number	Knowledge Statement	Mean Importance
307	Knowledge of methods used to minimize the spread of infection.	**4.68**
309	Knowledge of emergency protocol used in dental office to ensure patient and staff safety.	**4.67**
298	Knowledge of procedures used by dentist to prevent contamination or injury to self.	**4.67**
306	Knowledge of methods used to minimize contamination.	**4.66**
301	Knowledge of methods used to assess sterilization of dental instruments.	**4.63**
300	Knowledge of methods used to sterilize instruments to prepare for dental treatments.	**4.63**
299	Knowledge of items worn by dentist to facilitate safety precautions.	**4.62**
297	Knowledge of methods used to sanitize hands before performing dental treatments.	**4.62**
302	Knowledge of materials used to sterilize and disinfect dental instruments and equipment.	**4.59**
303	Knowledge of methods used to disinfect dental equipment.	**4.59**
304	Knowledge of methods used to disinfect work area before and after dental treatments.	**4.58**
305	Knowledge of procedures used to dispose of items (e.g., suction tips, bibs) after dental treatments.	**4.55**
296	Knowledge of types of items (e.g., lead apron) used to facilitate patient safety precautions.	**4.55**
295	Knowledge of methods used to prepare patients before dental treatments.	**4.52**
308	Knowledge of methods used to store medications.	**4.39**

15. Ethics (7%)

Item Number	Knowledge Statement	Mean Importance
319	Knowledge of ethical obligation to diagnose and treat only conditions that exist.	**4.61**
320	Knowledge of methods used to determine type of treatment to perform based on patient diagnosis.	**4.60**
310	Knowledge of methods used to explain realistic expectations about dental procedures to patients.	**4.59**
312	Knowledge of methods used to facilitate patient comprehension of alternatives, risks, and benefits of treatment options.	**4.59**
316	Knowledge of purposes of disclosing dental conditions that require future dental care.	**4.56**
317	Knowledge of ethical obligation to provide emergency treatment to patient during and after office hours.	**4.52**
318	Knowledge of protocol used when providing emergency treatment to patient during and after office hours.	**4.52**
314	Knowledge of ethical considerations to facilitate continuity of dental care.	**4.51**
315	Knowledge of procedures used to facilitate continuity of dental care.	**4.48**
313	Knowledge of ethical considerations for terminating patient–dentist professional relationship.	**4.48**
311	Knowledge of methods to explain fees and office policies to patients.	**4.33**

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16. Law (13%)

Item Number	Knowledge Statement	Mean Importance
337	Knowledge of laws and regulations regarding maintaining patient safety.	**4.61**
325	Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records.	**4.60**
324	Knowledge of procedures used regarding disclosure of confidential patient information.	**4.59**
335	Knowledge of laws and regulations regarding consent to treat patients.	**4.58**
326	Knowledge of laws and regulations regarding documentation of dental history.	**4.58**
328	Knowledge of laws and regulations regarding security of patient records.	**4.58**
336	Knowledge of laws and regulations regarding sexual contact, conduct, and relations with patients and staff.	**4.57**
327	Knowledge of methods used to document patient dental history.	**4.57**
323	Knowledge of laws and regulations that define dentist scope of practice.	**4.55**
332	Knowledge of laws and regulations pertaining to mandated reporting of suspected or known abuse of patients.	**4.53**
331	Knowledge of laws and regulations regarding prescribing medication to patients.	**4.52**
333	Knowledge of protocol used when reporting suspected or known abuse of patients.	**4.52**
334	Knowledge of methods used to identify signs of abuse.	**4.51**
338	Knowledge of procedures used to supervise auxiliaries.	**4.50**
321	Knowledge of laws and regulations regarding disposal of hazardous waste from dental treatment.	**4.49**
322	Knowledge of laws and regulations regarding advertisement and dissemination of information pertaining to professional qualifications and services.	**4.32**
329	Knowledge of laws and regulations regarding documentation of controlled substances in dental facility.	**4.30**
330	Knowledge of methods used to inventory controlled substances in dental facility.	**4.14**

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APPENDIX D. QUESTIONNAIRE INVITATION EMAIL

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Dentist Occupational Analysis Questionnaire

Dear Licensee:

Congratulations! You were selected to receive this Dentist Occupational Analysis Questionnaire for the California Dental Board. You will receive 3 continuing education credits for the **fully completed** questionnaire.

Click the button below to start the survey. Thank you for your participation!

Begin Survey

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APPENDIX E. QUESTIONNAIRE

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1. Cover Letter

Dear Licensee:

Thank you for participating in this study of the dental profession in California, a project of the Dental Board of California (Board). For completing this questionnaire, you will receive 3 Continuing Education Credits.*

The Board is conducting an occupational analysis of the dental profession. The purpose of the occupational analysis is to identify the important tasks performed by dentists in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to ensure the dental licensing examinations reflect current practice. Your participation in the occupational analysis is essential to this process.

Please take the time to complete the survey questionnaire as it relates to your current job. Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses of other dentists and only group data will be analyzed.

For your convenience, you do not have to complete the questionnaire in a single session. You can resume where you stopped as long as you reopen the questionnaire from the same computer and use the same Web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages. The Web link is available 24 hours a day 7 days a week.

To begin the survey, please click Next. Any question marked with an asterisk must be answered before you can progress through the questionnaire. Please submit the completed questionnaire by April 20, 2018.

***Continuing Education Credits will be issued for fully completed questionnaires only. Credits will be issued within 4-6 weeks after the survey closes. You will be asked to submit your name, dental license number, and a current email address so that the Board can issue your credits. There are 41 pages in this questionnaire. The bottom of each page has a progress bar showing you the current percentage of completion.**

If you have any questions or need assistance, please contact the Board at dentalboard@dca.ca.gov or (916) 263-2300.

The Board welcomes your feedback and appreciates your time!

2. Part I - Personal Data

Complete this questionnaire only if you are currently licensed and practicing as a dentist in California.

The Dental Board of California recognizes that every dentist may not perform all of the tasks and use all of the knowledge contained in this questionnaire. However, your participation is essential to the success of this study, and your contributions will help establish standards for safe and effective dentistry practice in the State of California.

3. Part I - Personal Data

The personal information requested on this page (e.g., full name, email address) is collected to ensure proper delivery of continuing education credit only and will not be associated with or presented in any public report of the results from this occupational analysis questionnaire.

* 1. Are you currently practicing as a licensed dentist in California?

- ◯ Yes
- ◯ No

* 2. Please enter your California Dental License number.

* 3. Please enter your full name and a current email address that the Dental Board of California should use to issue your continuing education credits.

Name

Email Address

4. Part I - Personal Data

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.), and will be used only for the purpose of analyzing the information from this questionnaire.

4. How many years have you been licensed as a dentist in California?

- ◯ 0 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 20 years
- ◯ 21 or more years

5. How many hours per week do you perform treatment on patients?

- ◯ 0 to 9 hours
- ◯ 10 to 19 hours
- ◯ 20 to 29 hours
- ◯ 30 to 39 hours
- ◯ 40 or more hours

6. How many patients do you treat per week?

- ◯ 0 to 20 patients
- ◯ 21 to 40 patients
- ◯ 41 to 60 patients
- ◯ 61 to 80 patients
- ◯ 81 or more patients

7. How would you describe your primary work setting?

- ◯ Dental corporation
- ◯ Group practice
- ◯ Institution (e.g., prison, health facility, school)
- ◯ Sole practitioner
- ◯ Other (please specify)

8. What describes the location of yourprimary work setting?

- ◯ Urban (greater than 50,000 people)
- ◯ Rural (less than 50,000 people)

9. What is the highest level of education you have achieved?

- ◯ Doctorate
- ◯ Postdoctoral specialty
- ◯ Other formal education (please specify)

5. Part I - Personal Data

10. How many unlicensed dental assistants (DAs) work in your office?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4 or more

11. How many registered dental assistants (RDAs) work in your office?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4 or more

12. How many registered dental assistants in extended functions (RDAEFs) work in your office?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4 or more

13. How many registered dental hygienists (RDHs) work in your office?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4 or more

14. How many registered dental hygienists in alternative practice (RDHAPs) work in your office?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4 or more

15. Are you familiar with the current scopes of practice of the different auxiliaries (unlicensed DAs, RDAs, and RDAEFs)?

- ◯ Yes
- ◯ No

16. Do you have the delegable duties and functions of the different auxiliaries (unlicensed DAs, RDAs, and RDAEFs) posted in your office?

- ◯ Yes
- ◯ No

17. What are the top three duties performed by your DAs?

1 _____

2 _____

3 _____

18. What are the top three duties performed by your RDAs?

1 _____

2 _____

3 _____

19. What are the top three duties performed by your RDAEFs?

1 _____

2 _____

3 _____

6. Part I - Personal Data

20. Which of the following services do you perform in your practice? (Check all that apply)

- [ ] Amalgam restoration
- [ ] Biopsy
- [ ] Caries index evaluation
- [ ] Conscious sedation
- [ ] Crown lengthening
- [ ] Digital impressions or crown fabrication
- [ ] Digital records and radiographs
- [ ] Extraction of impacted wisdom teeth
- [ ] Implant restoration
- [ ] Implant surgery
- [ ] Invisalign
- [ ] IV sedation
- [ ] Laser
- [ ] Microabrasion
- [ ] Nitrous oxide
- [ ] Nutritional counseling
- [ ] Oral surgery other than extractions
- [ ] Orthodontics
- [ ] Pediatric dentistry
- [ ] Porcelain inlay or onlay
- [ ] Porcelain veneers
- [ ] Splint therapy
- [ ] Temporomandibular joint therapy other than nightguard
- [ ] Trigger point analysis
- [ ] Whitening

21. How often do you perform the following tasks in your current practice?

	Does not apply to my practice	Rarely	Seldom	Regularly	Often	Very often
Endodontics	○	○	○	○	○	○
Fixed prosthetics	○	○	○	○	○	○
Implant placement	○	○	○	○	○	○
Implant restoration	○	○	○	○	○	○
Oral surgery	○	○	○	○	○	○
Orthodontics	○	○	○	○	○	○
Periodontics	○	○	○	○	○	○
Prophylaxis	○	○	○	○	○	○
Removable prosthetics	○	○	○	○	○	○
Restorative	○	○	○	○	○	○

22. In what California county do you perform the majority of your work?

- ◯ Alameda
- ◯ Alpine
- ◯ Amador
- ◯ Butte
- ◯ Calaveras
- ◯ Colusa
- ◯ Contra Costa
- ◯ Del Norte
- ◯ El Dorado
- ◯ Fresno
- ◯ Glenn
- ◯ Humboldt
- ◯ Imperial
- ◯ Inyo
- ◯ Kern
- ◯ Kings
- ◯ Lake
- ◯ Lassen
- ◯ Los Angeles
- ◯ Madera
- ◯ Marin
- ◯ Mariposa
- ◯ Mendocino
- ◯ Merced
- ◯ Modoc
- ◯ Mono
- ◯ Monterey
- ◯ Napa
- ◯ Nevada
- ◯ Orange
- ◯ Placer
- ◯ Plumas
- ◯ Riverside
- ◯ Sacramento
- ◯ San Benito
- ◯ San Bernardino
- ◯ San Diego
- ◯ San Francisco
- ◯ San Joaquin
- ◯ San Luis Obispo
- ◯ San Mateo
- ◯ Santa Barbara
- ◯ Santa Clara
- ◯ Santa Cruz
- ◯ Shasta
- ◯ Sierra
- ◯ Siskiyou
- ◯ Solano
- ◯ Sonoma
- ◯ Stanislaus
- ◯ Sutter
- ◯ Tehama
- ◯ Trinity
- ◯ Tulare
- ◯ Tuolumne
- ◯ Ventura
- ◯ Yolo
- ◯ Yuba

7. Part II - Job Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

This part of the questionnaire contains 133 task statements. Please rate each task as it relates to your current job as a licensed dentist using the Frequency and Importance scales displayed below.

FREQUENCY RATING SCALE

HOW OFTEN do you perform this task in your current practice?

0 - DOES NOT APPLY TO MY PRACTICE. I do not perform this task in my practice.

1 - RARELY. I perform this task the least often in my practice relative to other tasks I perform.

2 - SELDOM. I perform this task less often than most other tasks I perform in my practice.

3 - REGULARLY. I perform this task as often as other tasks I perform in my practice.

4 - OFTEN. I perform this task more often than most other tasks I perform in my practice.

5 - VERY OFTEN. This task is one of the tasks I perform most often in my practice relative to other tasks I perform.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this task for effective performance in your current practice?

0 - NOT IMPORTANT. This task is not important to my current practice.

1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance relative to other tasks; it has the lowest priority of all the tasks I perform in my current practice.

2 - FAIRLY IMPORTANT. This task is fairly important for effective performance relative to other tasks; however, it does not have the priority of most other tasks I perform in my current practice.

3 - MODERATELY IMPORTANT. This task is moderately important for effective performance relative to other tasks; it has average priority of all the tasks I perform in my current practice.

4 - VERY IMPORTANT. This task is very important for effective performance relative to other tasks; it has a higher degree of priority than most other tasks I perform in my current practice.

5 - CRITICALLY IMPORTANT. This task is one of the most critical tasks I perform relative to other tasks; it has the highest degree of priority of all the tasks I perform in my current practice.

8. Part II - Job Task Ratings

Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is NOT part of your current job, rate the task "0" (zero)Frequency and "0" (zero) Importance.

The boxes for rating theFrequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating, and then select the value based on your current practice.

9. Part II - Job Task Ratings

23. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Patient Evaluation

	Frequency	Importance
1. Conduct medical history assessment of patient to determine if treatment can be performed.		
2. Conduct dental history assessment of patient to determine if treatment can be performed.		
3. Evaluate current medical health of patient by taking vital signs to determine if treatment can be performed.		
4. Evaluate patient before treatment by interpreting radiographs of oral cavity and associated structures to determine if pathology is present.		
5. Assess periodontal condition of patient by performing a periodontal examination to assist in determining treatment.		
6. Perform an extraoral and intraoral examination on patient to detect anomalies (e.g., tori, tongue thrust) and pathologies (e.g., cancer, oral lesion, lymph nodes) before treatment.		
7. Assess patient temporomandibular joint (TMJ) to assist in determining treatment.		
8. Evaluate patient dental needs during consultation to determine if patient expectations can be achieved.		
9. Assess patient dentition by performing an oral examination to assist in determining treatment.		
10. Inform patient of alternatives, risks, and benefits of treatment options before performing treatment.		
11. Refer patients to specialists when dental treatment needs exceed practitioner abilities.		
12. Perform follow-up assessment of dental procedures to evaluate patient dental status.		

10. Part II - Job Task Ratings

24. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Endodontics

	Frequency	Importance
13. Assess endodontic condition of patient by performing endodontic examination and diagnosis to assist in determining treatment.		
14. Prepare for performing root canal therapy by administering anesthetics (e.g., topical, injection) for pain control.		
15. Isolate tooth before performing root canal therapy to prevent contamination and injury to patient.		
16. Access pulp chamber and root canals to begin root canal therapy.		
17. Shape and clean canals to continue root canal therapy.		
18. Obturate root canals by sealing canals to complete root canal filling.		
19. Seal coronal access to prevent contamination of root canal by placing type of restoration.		
20. Prepare tooth for final restoration by building up internal structure (e.g., post, core).		
21. Prescribe medication to patient for root canal therapy to control or prevent complications (e.g., infection, swelling, pain).		

11. Part II - Job Task Ratings

25. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Indirect Restoration

	Frequency	Importance
22. Assess restorative condition of patient by evaluating dentition and associated structures to assist in determining indirect restorative treatment.		
23. Prepare for indirect restoration by administering anesthetics (e.g., topical, injection) for pain control.		
24. Prepare tooth for indirect restoration to accommodate final restoration.		
25. Take impression of teeth to facilitate process of fabricating final restoration.		
26. Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating indirect final restoration.		
27. Fabricate provisional restoration to restore tooth before placement of final restoration.		
28. Place provisional restoration to temporarily restore tooth before placement of final restoration.		
29. Remove provisional restoration from tooth before fitting indirect final restoration.		
30. Assess indirect restoration before final placement by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.		
31. Place indirect restoration on tooth to restore tooth form and function.		

12. Part II - Job Task Ratings

26. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Direct Restoration

	Frequency	Importance
32. Assess restorative condition of patient by evaluating dentition and associated structures to assist in determining direct restorative treatment.		
33. Prepare tooth for direct restoration by administering anesthetics (e.g., topical, injection) for pain control.		
34. Isolate tooth before performing direct restoration to prevent contamination and injury to patient.		
35. Prepare tooth for placing direct restoration by removing carious lesions and compromising features (e.g., decalcifications, unsupported enamel) from tooth.		
36. Place direct restorative material in tooth to restore form and function.		
37. Perform adjustment procedures of direct restoration to restore form and function before polishing restoration.		
38. Polish direct restoration to facilitate longevity of restored tooth.		

13. Part II - Job Task Ratings

27. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Preventative Care

	Frequency	Importance
39. Perform prophylaxis procedures by removing deposits from tooth surfaces to improve periodontal health.		
40. Apply fluoride to protect teeth after prophylaxis procedures.		
41. Apply sealants to teeth to prevent dental carious lesions.		
42. Educate patients on oral hygiene and nutrition to assist patients in maintaining dental health.		
43. Assess oral cavity to create a design for space maintainers.		
44. Assess fit and deliver space maintainers to prevent teeth migration.		
45. Remove space maintainers to allow for permanent teeth eruption.		
46. Educate patients and parents on postoperative instructions regarding space maintainers.		

14. Part II - Job Task Ratings

28. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Periodontics

	Frequency	Importance
47. Assess periodontal condition and develop treatment plan to prevent advancement of periodontal disease.		
48. Prepare patient for periodontal therapy by administering anesthetics (e.g., topical, injection) for pain control.		
49. Perform periodontal therapy (e.g., surgical and nonsurgical) to improve periodontal health.		
50. Reevaluate patient periodontal condition after periodontal therapy to determine if additional treatment is needed.		
51. Develop protocol for periodontal maintenance.		

15. Part II - Job Task Ratings

29. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Fixed Partial Dentures

	Frequency	Importance
52. Assess patient restorative condition by evaluating dentition and associated structures to assist in determining fixed partial denture restorative treatment.		
53. Prepare teeth for fixed partial denture preparation by administering anesthetics (e.g., topical, injection) for pain control.		
54. Prepare abutments for fixed partial denture to accommodate final restoration.		
55. Take impression of oral cavity to facilitate process of fabricating fixed partial denture.		
56. Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating fixed partial denture.		
57. Fabricate provisional restoration to restore teeth before placement of fixed partial denture.		
58. Place provisional restoration to temporarily restore teeth before placement of fixed partial denture.		
59. Remove provisional restoration from mouth before fitting fixed partial denture.		
60. Assess fixed partial denture before final placement by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.		
61. Place fixed partial denture on abutments to restore form and function of oral cavity.		

16. Part II - Job Task Ratings

30. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Removable Partial Dentures

	Frequency	Importance
62. Assess oral cavity to create design for removable partial denture.		
63. Prepare oral structures before fabricating removable partial denture.		
64. Take impression of oral cavity to facilitate process of fabricating removable partial denture.		
65. Take records (e.g., bite registration, facebow) to facilitate process of fabricating removable partial denture.		
66. Perform trial fit of removable partial denture components to determine whether lab processing of removable partial denture should be performed.		
67. Deliver removable partial denture in oral cavity to restore form and function.		
68. Reevaluate patient removable partial denture fit and function and perform adjustments.		

17. Part II - Job Task Ratings

31. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Complete Dentures

	Frequency	Importance
69. Assess oral structures to create design for complete denture.		
70. Prepare oral cavity before fabricating complete denture.		
71. Take impression of oral cavity to facilitate process of fabricating complete denture.		
72. Take records (e.g., bite registration, facebow) to facilitate process of fabricating complete denture.		
73. Perform trial fit of complete denture to determine whether lab processing of complete denture can be performed.		
74. Deliver complete denture in oral cavity to restore form and function.		
75. Reevaluate patient complete denture fit and function and perform adjustments.		

18. Part II - Job Task Ratings

32. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Implant Restoration

	Frequency	Importance
76. Assess patient oral condition by evaluating dentition and associated structures to assist in determining implant treatment.		
77. Take impression of oral cavity to facilitate process of fabricating implant restoration.		
78. Take records (e.g., bite registration, opposing dentition) to facilitate process of fabricating implant restoration.		
79. Assess implant and associated structures before restoration to ensure the healing process is complete.		
80. Prepare oral structures before fabricating implant restoration.		
81. Fabricate provisional restoration to restore oral cavity before insertion of implant restoration.		
82. Place provisional restoration to temporarily restore oral cavity before insertion of implant restoration.		
83. Assess implant restoration by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.		
84. Place implant restoration in oral cavity to restore form and function.		

19. Part II - Job Task Ratings

33. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Oral Surgery

	Frequency	Importance
85. Assess patient oral condition by evaluating dentition and associated structures to assist in determining oral surgery treatment.		
86. Prepare patient before oral surgery (e.g., extractions) by administering anesthetics (e.g., topical, injection) for pain control.		
87. Prepare surgical area to facilitate oral surgery procedures (e.g., extractions) by creating access to surgical site.		
88. Perform oral surgery procedures (e.g., extractions) on patient to facilitate dental health.		
89. Place sutures in surgical area after oral surgery (e.g., extractions) to facilitate healing process.		
90. Perform postoperative procedures on patient to facilitate healing process.		
91. Prescribe medication to patient for oral surgery (e.g., extractions) to control or prevent complications (e.g., infection, swelling, pain).		

20. Part II - Job Task Ratings

34. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Teeth Whitening

	Frequency	Importance
92. Assess patient oral condition by evaluating dentition and associated structures to assist in determining teeth whitening treatment.		
93. Take impression of teeth to facilitate process of fabricating whitening tray.		
94. Fabricate whitening tray to facilitate delivery of whitening agent to teeth.		
95. Deliver whitening tray and whitening agent to facilitate teeth whitening process.		
96. Prepare oral cavity for in-office teeth whitening procedures by isolating teeth to protect facial structure and oral cavity.		
97. Perform in-office teeth whitening procedures by applying whitening agents to improve patient esthetics.		
98. Review home care instructions with patient for teeth whitening.		

21. Part II - Job Task Ratings

35. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Occlusal Splint Therapy

	Frequency	Importance
99. Assess patient condition by evaluating dentition and associated structures to assist in determining occlusal splint therapy.		
100. Take impression of oral cavity to facilitate process of fabricating occlusal splint (e.g., nightguard).		
101. Take records (e.g., bite registration) to facilitate process of fabricating occlusal splint (e.g., nightguard).		
102. Fabricate occlusal splint (e.g., nightguard) to facilitate treatment of patient parafunctional habits.		
103. Deliver occlusal splint (e.g., nightguard) to facilitate treatment of patient parafunctional habits.		
104. Review home care instructions with patient for use and care of occlusal splints.		
105. Reevaluate fit and function of occlusal splints and perform adjustments.		

22. Part II - Job Task Ratings

36. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Safety and Sanitation

	Frequency	Importance
106. Prepare patient before treatment by following safety precautions (e.g., lead apron) throughout treatment.		
107. Sanitize hands in preparation for dental treatment by washing with soap and water.		
108. Protect exposed areas by wearing personal protection (e.g., gloves, masks) to prevent contamination and injury.		
109. Sterilize instruments (e.g., forceps) to prepare for dental treatment.		
110. Disinfect equipment to prepare for dental treatment.		
111. Disinfect work area before dental treatment to prevent contamination.		
112. Discard disposable items (e.g., suction tips, bibs) after dental treatment to prevent spread of infection.		
113. Store medications in secure area to protect against unauthorized use of medications.		
114. Maintain emergency protocol within dental office to ensure patient and staff safety.		

23. Part II - Job Task Ratings

37. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Ethics

	Frequency	Importance
115. Address patient expectations about dental procedures to promote understanding about realistic expectations.		
116. Disclose financial obligations related to dental procedures before patient treatment.		
117. Verify patient understanding of alternatives, risks, and benefits of treatment options before performing treatment.		
118. Assist patients to obtain alternate provider when dentist is unable to continue professional relationship.		
119. Disclose to patients dental conditions that require future dental care.		
120. Provide patient access to emergency treatment during and after office hours.		
121. Provide patient dental treatment based only on conditions indicated from diagnosis.		

24. Part II - Job Task Ratings

38. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your job (Importance).

Law

	Frequency	Importance
122. Comply with legal standards regarding advertising to inform public of dental qualifications and services provided.		
123. Comply with legal standards regarding scope of practice in the provision of services.		
124. Maintain patient confidentiality regarding patient medical and dental history as mandated by law.		
125. Maintain documentation (e.g., patient records, radiographs) of patient dental history as mandated by law.		
126. Maintain security of patient records as mandated by law.		
127. Document controlled substances within dental facility to inventory quantity as mandated by law.		
128. Prescribe medications to patients in accordance with laws and regulations.		
129. Report cases of abuse to authority as defined by mandated reporting requirements (e.g., abuse of child, dependent, adult, elder).		
130. Comply with legal standards regarding guidelines for consent to treat patients.		
131. Comply with legal standards regarding sexual contact, conduct, and relations with patients and staff.		
132. Supervise auxiliaries to facilitate patient safety in accordance with Board regulations.		
133. Dispose of hazardous waste in accordance with laws and regulations.		

25. Part III - Job Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the questionnaire contains 338 knowledge statements. Please rate each of the knowledge statements based on how important you believe the knowledge is for effective performance of your current job as a licensed dentist.

If the knowledge is NOT required for performance of your current job, rate the statement as"DOES NOT APPLY."

Please use the following scale to make your ratings:

IMPORTANCE SCALE

How important is this knowledge for effective performance of tasks in your current job?

- **0 - DOES NOT APPLY TO MY PRACTICE; NOT REQUIRED.This knowledge is not required for effective performance of tasks in my current practice.**
- **1 - NOT IMPORTANT. This knowledge is not important for effective performance of tasks in my current practice.**
- **2 - SOMEWHAT IMPORTANT. This knowledge is somewhat important for effective performance of tasks in my current practice.**
- **3 - IMPORTANT. This knowledge is important for effective performance of tasks in my current practice.**
- **4 - VERY IMPORTANT. This knowledge is very important for effective performance of tasks in my current practice.**
- **5 - EXTREMELY IMPORTANT. This knowledge is extremely important for effective performance of tasks in my current practice.**

26. Part III - Job Knowledge Ratings

39. How important is this knowledge for effective performance of tasks in your current job?

Patient Evaluation

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
1. Knowledge of methods used to elicit information from patient during assessment.	◯	◯	◯	◯	◯	◯
2. Knowledge of methods used to receive consent from patient for treatment.	◯	◯	◯	◯	◯	◯
3. Knowledge of conditions that require a medical referral.	◯	◯	◯	◯	◯	◯
4. Knowledge of medical conditions that prevent dental services from being performed.	◯	◯	◯	◯	◯	◯
5. Knowledge of dental services within scope of practice.	◯	◯	◯	◯	◯	◯
6. Knowledge of methods used to determine if caries is present.	◯	◯	◯	◯	◯	◯
7. Knowledge of types of radiographs to take during assessment.	◯	◯	◯	◯	◯	◯
8. Knowledge of procedures used to take radiographs.	◯	◯	◯	◯	◯	◯
9. Knowledge of procedures used to process radiographs.	◯	◯	◯	◯	◯	◯
10. Knowledge of methods used to interpret radiograph results.	◯	◯	◯	◯	◯	◯
11. Knowledge of procedures used to perform periodontal examinations.	◯	◯	◯	◯	◯	◯
12. Knowledge of methods used to interpret results from periodontal examinations.	◯	◯	◯	◯	◯	◯
13. Knowledge of different stages of periodontal disease.	◯	◯	◯	◯	◯	◯
14. Knowledge of methods used to determine type of dental treatment to perform.	◯	◯	◯	◯	◯	◯
15. Knowledge of purposes of performing extraoral and intraoral examinations.	◯	◯	◯	◯	◯	◯
16. Knowledge of procedures used to perform extraoral and intraoral examinations.	◯	◯	◯	◯	◯	◯
17. Knowledge of methods used to interpret results from extraoral and intraoral examinations.	◯	◯	◯	◯	◯	◯
18. Knowledge of methods used to detect anomalies.	◯	◯	◯	◯	◯	◯
19. Knowledge of methods used to detect pathologies.	◯	◯	◯	◯	◯	◯
20. Knowledge of purposes of performing temporomandibular joint examinations.	◯	◯	◯	◯	◯	◯

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
21. Knowledge of procedures used to perform temporomandibular joint examinations.	○	○	○	○	○	○
22. Knowledge of methods used to interpret results from temporomandibular joint examinations.	○	○	○	○	○	○
23. Knowledge of procedures used to evaluate orofacial anatomy during facial oral examinations.	○	○	○	○	○	○
24. Knowledge of methods used to determine if patient expectations can be achieved.	○	○	○	○	○	○
25. Knowledge of procedures used to explain different treatment options to patients.	○	○	○	○	○	○
26. Knowledge of types of alternatives, risks, and benefits associated with dental procedures.	○	○	○	○	○	○
27. Knowledge of procedures used to take patient vital signs.	○	○	○	○	○	○
28. Knowledge of methods used to evaluate patient dentition.	○	○	○	○	○	○
29. Knowledge of criteria used for classification of orthodontic condition during oral examinations.	○	○	○	○	○	○
30. Knowledge of dental procedures that require referral to a specialist.	○	○	○	○	○	○
31. Knowledge of methods used to evaluate dental status of patient.	○	○	○	○	○	○
32. Knowledge of methods used to perform follow-up dental procedures.	○	○	○	○	○	○

27. Part III - Job Knowledge Ratings

40. How important is this knowledge for effective performance of tasks in your current job?

Endodontics

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
33. Knowledge of contraindications and potential complications arising from root canal therapy.	◯	◯	◯	◯	◯	◯
34. Knowledge of purposes of performing endodontic examinations.	◯	◯	◯	◯	◯	◯
35. Knowledge of procedures used to perform endodontic examinations.	◯	◯	◯	◯	◯	◯
36. Knowledge of methods used to interpret results from endodontic examinations.	◯	◯	◯	◯	◯	◯
37. Knowledge of methods used to assess whether a root fracture exists.	◯	◯	◯	◯	◯	◯
38. Knowledge of methods used to assess whether a tooth perforation exists.	◯	◯	◯	◯	◯	◯
39. Knowledge of types of anesthetics used while performing root canal therapy.	◯	◯	◯	◯	◯	◯
40. Knowledge of techniques used to administer anesthetics during root canal therapy.	◯	◯	◯	◯	◯	◯
41. Knowledge of anesthetic pharmacology relating to root canal therapy.	◯	◯	◯	◯	◯	◯
42. Knowledge of purposes of obtaining radiographs during phases of root canal therapy.	◯	◯	◯	◯	◯	◯
43. Knowledge of methods used to isolate a tooth during root canal therapy.	◯	◯	◯	◯	◯	◯
44. Knowledge of purposes of isolating a tooth during root canal therapy.	◯	◯	◯	◯	◯	◯
45. Knowledge of methods used to access root canals.	◯	◯	◯	◯	◯	◯
46. Knowledge of tooth morphology for root canal therapy.	◯	◯	◯	◯	◯	◯
47. Knowledge of procedures used to shape and clean canals during root canal therapy.	◯	◯	◯	◯	◯	◯
48. Knowledge of procedures used to measure the length of canals.	◯	◯	◯	◯	◯	◯
49. Knowledge of techniques used to irrigate root canals.	◯	◯	◯	◯	◯	◯
50. Knowledge of instruments used during root canal therapy.	◯	◯	◯	◯	◯	◯
51. Knowledge of procedures used to fill root canals.	◯	◯	◯	◯	◯	◯

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
52. Knowledge of materials used to fill root canals.	◯	◯	◯	◯	◯	◯
53. Knowledge of methods used to assess whether canals have been filled.	◯	◯	◯	◯	◯	◯
54. Knowledge of methods to place coronal access restoration.	◯	◯	◯	◯	◯	◯
55. Knowledge of restorative materials used for sealing coronal access.	◯	◯	◯	◯	◯	◯
56. Knowledge of materials used to build up internal structure (e.g., post, core).	◯	◯	◯	◯	◯	◯
57. Knowledge of indications for placement of root canal posts.	◯	◯	◯	◯	◯	◯
58. Knowledge of procedures used to build up internal structure (e.g., post, core).	◯	◯	◯	◯	◯	◯
59. Knowledge of types of medications to prescribe relating to root canal therapy.	◯	◯	◯	◯	◯	◯
60. Knowledge of purposes of prescribing medication relating to root canal therapy.	◯	◯	◯	◯	◯	◯
61. Knowledge of pharmacology of medications used relating to root canal therapy.	◯	◯	◯	◯	◯	◯

28. Part III - Job Knowledge Ratings

41. How important is this knowledge for effective performance of tasks in your current job?

Indirect Restoration

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
62. Knowledge of contraindications and potential complications arising from indirect restoration procedures.	○	○	○	○	○	○
63. Knowledge of procedures used to prepare patients for indirect restorations.	○	○	○	○	○	○
64. Knowledge of types of anesthetics to use on patients while performing indirect restorations.	○	○	○	○	○	○
65. Knowledge of purposes of performing records (e.g., bite registration, facebow) for final restorations.	○	○	○	○	○	○
66. Knowledge of procedures used to take records (e.g., bite registration, facebow) for final restorations.	○	○	○	○	○	○
67. Knowledge of procedures used to assess accuracy of records (e.g., bite registration, facebow) while preparing for final restorations.	○	○	○	○	○	○
68. Knowledge of techniques used to administer anesthetics during indirect restorations.	○	○	○	○	○	○
69. Knowledge of anesthetic pharmacology relating to indirect restorations.	○	○	○	○	○	○
70. Knowledge of procedures used to prepare teeth for indirect restorations.	○	○	○	○	○	○
71. Knowledge of instruments used during indirect restorations.	○	○	○	○	○	○
72. Knowledge of techniques used during preparation of indirect restorations.	○	○	○	○	○	○
73. Knowledge of materials (e.g., bonding agents, bases) used during preparation of indirect restorations.	○	○	○	○	○	○
74. Knowledge of pharmacology of medications (e.g., hemostatic agents) used during indirect restorations.	○	○	○	○	○	○
75. Knowledge of techniques used during placement of pharmacologic agents for indirect restorations.	○	○	○	○	○	○
76. Knowledge of purposes of taking impressions for final restorations.	○	○	○	○	○	○
77. Knowledge of procedures used to take impressions for final restorations.	○	○	○	○	○	○
78. Knowledge of procedures used to assess accuracy of impressions for final restorations.	○	○	○	○	○	○

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
79. Knowledge of materials used to take impressions for final restorations.	○	○	○	○	○	○
80. Knowledge of materials used to take records (e.g., bite registration, facebow) for final restorations.	○	○	○	○	○	○
81. Knowledge of techniques used for constructing provisional restorations.	○	○	○	○	○	○
82. Knowledge of materials used to construct provisional restorations.	○	○	○	○	○	○
83. Knowledge of techniques used for placing provisional restorations.	○	○	○	○	○	○
84. Knowledge of temporary luting agents used for placement of provisional restorations.	○	○	○	○	○	○
85. Knowledge of methods used to remove provisional restorations.	○	○	○	○	○	○
86. Knowledge of methods used to check fit (e.g., contacts, contours, margins, occlusion) of indirect restorations.	○	○	○	○	○	○
87. Knowledge of luting agents used for placement of indirect restorations.	○	○	○	○	○	○
88. Knowledge of techniques used for placing indirect restorations.	○	○	○	○	○	○
89. Knowledge of purposes of performing examinations for indirect restorations.	○	○	○	○	○	○
90. Knowledge of procedures used to perform examinations for indirect restorations.	○	○	○	○	○	○
91. Knowledge of methods used to interpret results from examinations for indirect restorations.	○	○	○	○	○	○
92. Knowledge of types of radiographs used during indirect restoration procedures.	○	○	○	○	○	○

29. Part III - Job Knowledge Ratings

42. How important is this knowledge for effective performance of tasks in your current job?

Direct Restoration

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
93. Knowledge of contraindications and potential complications arising from direct restoration procedures.	○	○	○	○	○	○
94. Knowledge of types of anesthetics to use on patient while performing direct restorations.	○	○	○	○	○	○
95. Knowledge of techniques used to administer anesthetics during direct restorations.	○	○	○	○	○	○
96. Knowledge of anesthetic pharmacology relating to direct restorations.	○	○	○	○	○	○
97. Knowledge of purposes of performing examinations for direct restorations.	○	○	○	○	○	○
98. Knowledge of procedures used to perform examinations for direct restorations.	○	○	○	○	○	○
99. Knowledge of methods used to interpret results from examinations for direct restorations.	○	○	○	○	○	○
100. Knowledge of types of radiographs used during direct restoration procedures.	○	○	○	○	○	○
101. Knowledge of techniques used to isolate teeth during direct restorations.	○	○	○	○	○	○
102. Knowledge of purposes of isolating teeth during direct restorations.	○	○	○	○	○	○
103. Knowledge of criteria used to identify carious lesions.	○	○	○	○	○	○
104. Knowledge of techniques used to remove carious lesions during direct restorations.	○	○	○	○	○	○
105. Knowledge of instruments used during direct restorations.	○	○	○	○	○	○
106. Knowledge of techniques used to prepare teeth for direct restorations.	○	○	○	○	○	○
107. Knowledge of techniques used to place direct restorations.	○	○	○	○	○	○
108. Knowledge of materials (e.g., bonding agents, bases) used during placement of direct restorations.	○	○	○	○	○	○
109. Knowledge of direct restoration restorative materials (e.g., amalgam, composite).	○	○	○	○	○	○
110. Knowledge of techniques used to adjust direct restorations.	○	○	○	○	○	○

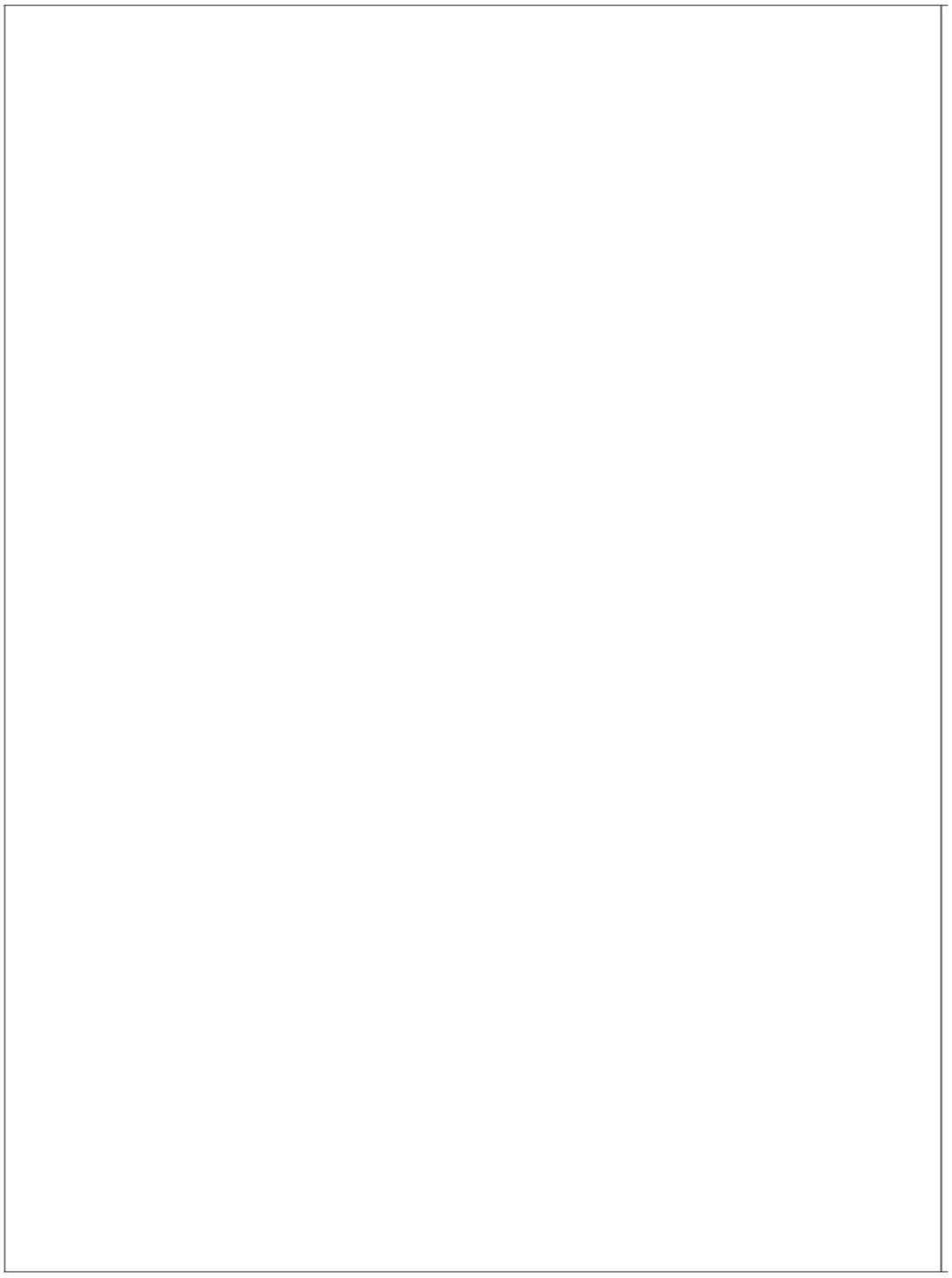
	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
111. Knowledge of purposes of adjusting direct restorations.	◯	◯	◯	◯	◯	◯
112. Knowledge of techniques used to polish direct restorations.	◯	◯	◯	◯	◯	◯
113. Knowledge of materials used to polish direct restorations.	◯	◯	◯	◯	◯	◯

30. Part III - Job Knowledge Ratings

43. How important is this knowledge for effective performance of tasks in your current job?

Preventative Care

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
114. Knowledge of procedures used to debride teeth.	○	○	○	○	○	○
115. Knowledge of techniques used to polish teeth.	○	○	○	○	○	○
116. Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain).	○	○	○	○	○	○
117. Knowledge of methods used to floss teeth.	○	○	○	○	○	○
118. Knowledge of instruments (e.g., scalers, ultrasonics) used during prophylaxis.	○	○	○	○	○	○
119. Knowledge of medicaments and pharmacology used during prophylaxis.	○	○	○	○	○	○
120. Knowledge of materials (e.g., fluoride, sealants) used during prophylaxis.	○	○	○	○	○	○
121. Knowledge of methods used to prevent carious lesions of teeth.	○	○	○	○	○	○
122. Knowledge of procedures used to apply sealants to teeth.	○	○	○	○	○	○
123. Knowledge of procedures used to apply fluoride to teeth.	○	○	○	○	○	○
124. Knowledge of purposes of performing prophylaxis on patients.	○	○	○	○	○	○
125. Knowledge of information to give patients regarding oral hygiene and nutritional counseling.	○	○	○	○	○	○
126. Knowledge of contraindications and potential complications arising from space maintainers.	○	○	○	○	○	○
127. Knowledge of methods used to assess oral cavity to determine need for space maintainers.	○	○	○	○	○	○
128. Knowledge of types of space maintainers.	○	○	○	○	○	○
129. Knowledge of purposes of different types of space maintainers.	○	○	○	○	○	○
130. Knowledge of materials used for space maintainers.	○	○	○	○	○	○
131. Knowledge of techniques to fit and deliver space maintainers.	○	○	○	○	○	○
132. Knowledge of purposes of removing space maintainers.	○	○	○	○	○	○
133. Knowledge of techniques to remove space maintainers.	○	○	○	○	○	○
134. Knowledge of postoperative care instructions for space maintainers.	○	○	○	○	○	○

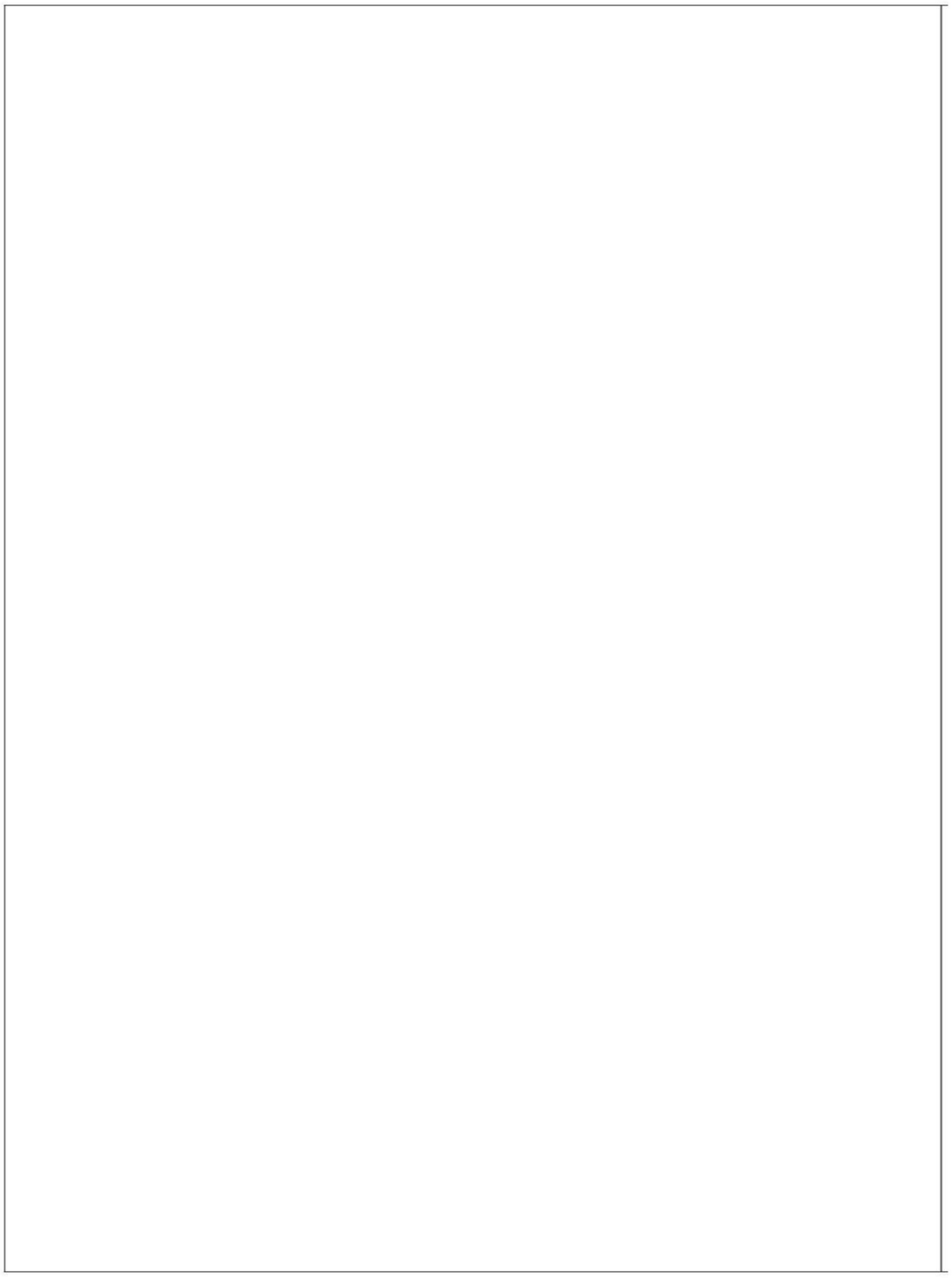


31. Part III - Job Knowledge Ratings

44. How important is this knowledge for effective performance of tasks in your current job?

Periodontics

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
135. Knowledge of contraindications and potential complications arising from periodontal therapy.	◯	◯	◯	◯	◯	◯
136. Knowledge of methods used to develop treatment plans for patients with periodontal disease.	◯	◯	◯	◯	◯	◯
137. Knowledge of types of treatment used for patients with periodontal disease.	◯	◯	◯	◯	◯	◯
138. Knowledge of methods used to educate patients about periodontal disease.	◯	◯	◯	◯	◯	◯
139. Knowledge of types of anesthetics to use on patients while performing periodontal therapy.	◯	◯	◯	◯	◯	◯
140. Knowledge of procedures used to administer anesthetics during periodontal therapy.	◯	◯	◯	◯	◯	◯
141. Knowledge of anesthetic pharmacology relating to periodontal therapy.	◯	◯	◯	◯	◯	◯
142. Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain) during periodontal therapy.	◯	◯	◯	◯	◯	◯
143. Knowledge of procedures used to remove deposits (e.g., calculus, stain) during periodontal therapy.	◯	◯	◯	◯	◯	◯
144. Knowledge of conditions that require periodontal therapy.	◯	◯	◯	◯	◯	◯
145. Knowledge of purposes of performing periodontal therapy.	◯	◯	◯	◯	◯	◯
146. Knowledge of methods used to evaluate patient periodontal condition after periodontal treatment.	◯	◯	◯	◯	◯	◯
147. Knowledge of procedures used as periodontal therapy.	◯	◯	◯	◯	◯	◯
148. Knowledge of medicaments and pharmacology used for periodontal therapy.	◯	◯	◯	◯	◯	◯
149. Knowledge of instruments used for periodontal therapy.	◯	◯	◯	◯	◯	◯
150. Knowledge of techniques used to polish teeth to complete periodontal therapy.	◯	◯	◯	◯	◯	◯
151. Knowledge of methods used to protect teeth after periodontal therapy.	◯	◯	◯	◯	◯	◯
152. Knowledge of information to give patients regarding oral hygiene for periodontal disease.	◯	◯	◯	◯	◯	◯



32. Part III - Job Knowledge Ratings

45. How important is this knowledge for effective performance of tasks in your current job?

Fixed Partial Dentures

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
153. Knowledge of contraindications and potential complications arising from fixed partial denture procedures.	◯	◯	◯	◯	◯	◯
154. Knowledge of purposes of performing examinations for fixed partial dentures.	◯	◯	◯	◯	◯	◯
155. Knowledge of methods used to perform examinations for fixed partial dentures.	◯	◯	◯	◯	◯	◯
156. Knowledge of methods used to interpret results from examinations for fixed partial dentures.	◯	◯	◯	◯	◯	◯
157. Knowledge of types of radiographs used during fixed partial denture procedures.	◯	◯	◯	◯	◯	◯
158. Knowledge of types of anesthetics to use on patients while preparing fixed partial dentures.	◯	◯	◯	◯	◯	◯
159. Knowledge of techniques used to administer anesthetics for fixed partial denture preparation.	◯	◯	◯	◯	◯	◯
160. Knowledge of anesthetic pharmacology relating to fixed partial denture preparation.	◯	◯	◯	◯	◯	◯
161. Knowledge of techniques used for preparation of abutments for final restoration.	◯	◯	◯	◯	◯	◯
162. Knowledge of methods used to assess preparation design of abutment teeth.	◯	◯	◯	◯	◯	◯
163. Knowledge of materials (e.g., bonding agents, bases) used for the preparation of abutment teeth.	◯	◯	◯	◯	◯	◯
164. Knowledge of techniques used to take impressions for fixed partial dentures.	◯	◯	◯	◯	◯	◯
165. Knowledge of methods used to assess accuracy of impressions for fixed partial dentures.	◯	◯	◯	◯	◯	◯
166. Knowledge of materials used to take impressions for fixed partial dentures.	◯	◯	◯	◯	◯	◯
167. Knowledge of purposes of taking impressions for fixed partial dentures.	◯	◯	◯	◯	◯	◯
168. Knowledge of procedures used to take records (e.g., bite registration, facebow) for fixed partial dentures.	◯	◯	◯	◯	◯	◯

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
169. Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) while preparing fixed partial dentures.	○	○	○	○	○	○
170. Knowledge of materials used to take records (e.g., bite registration, facebow) for fixed partial dentures.	○	○	○	○	○	○
171. Knowledge of purposes of taking records (e.g., bite registration, facebow) for fixed partial dentures.	○	○	○	○	○	○
172. Knowledge of techniques used for constructing fixed partial dentures for provisional restorations.	○	○	○	○	○	○
173. Knowledge of materials used to construct fixed partial dentures for provisional restorations.	○	○	○	○	○	○
174. Knowledge of instruments used during fixed partial denture placement.	○	○	○	○	○	○
175. Knowledge of purposes of placing provisional restorations before placing fixed partial dentures.	○	○	○	○	○	○
176. Knowledge of procedures used to place provisional restorations.	○	○	○	○	○	○
177. Knowledge of techniques used to remove provisional restorations from mouth before fitting fixed partial dentures.	○	○	○	○	○	○
178. Knowledge of temporary luting agents used for placement of provisional fixed partial dentures.	○	○	○	○	○	○
179. Knowledge of luting agents used for placement of final fixed partial dentures.	○	○	○	○	○	○
180. Knowledge of methods used to assess fit of fixed partial dentures before placement.	○	○	○	○	○	○
181. Knowledge of pharmacology of medications (e.g., hemostatic agents) used during fixed partial denture procedures.	○	○	○	○	○	○
182. Knowledge of techniques used during placement of pharmacologic agents for fixed partial dentures.	○	○	○	○	○	○
183. Knowledge of purposes of placing fixed partial dentures in oral cavity.	○	○	○	○	○	○
184. Knowledge of techniques used to place fixed partial dentures in oral cavity.	○	○	○	○	○	○

33. Part III - Job Knowledge Ratings

46. How important is this knowledge for effective performance of tasks in your current job?

Removable Partial Dentures

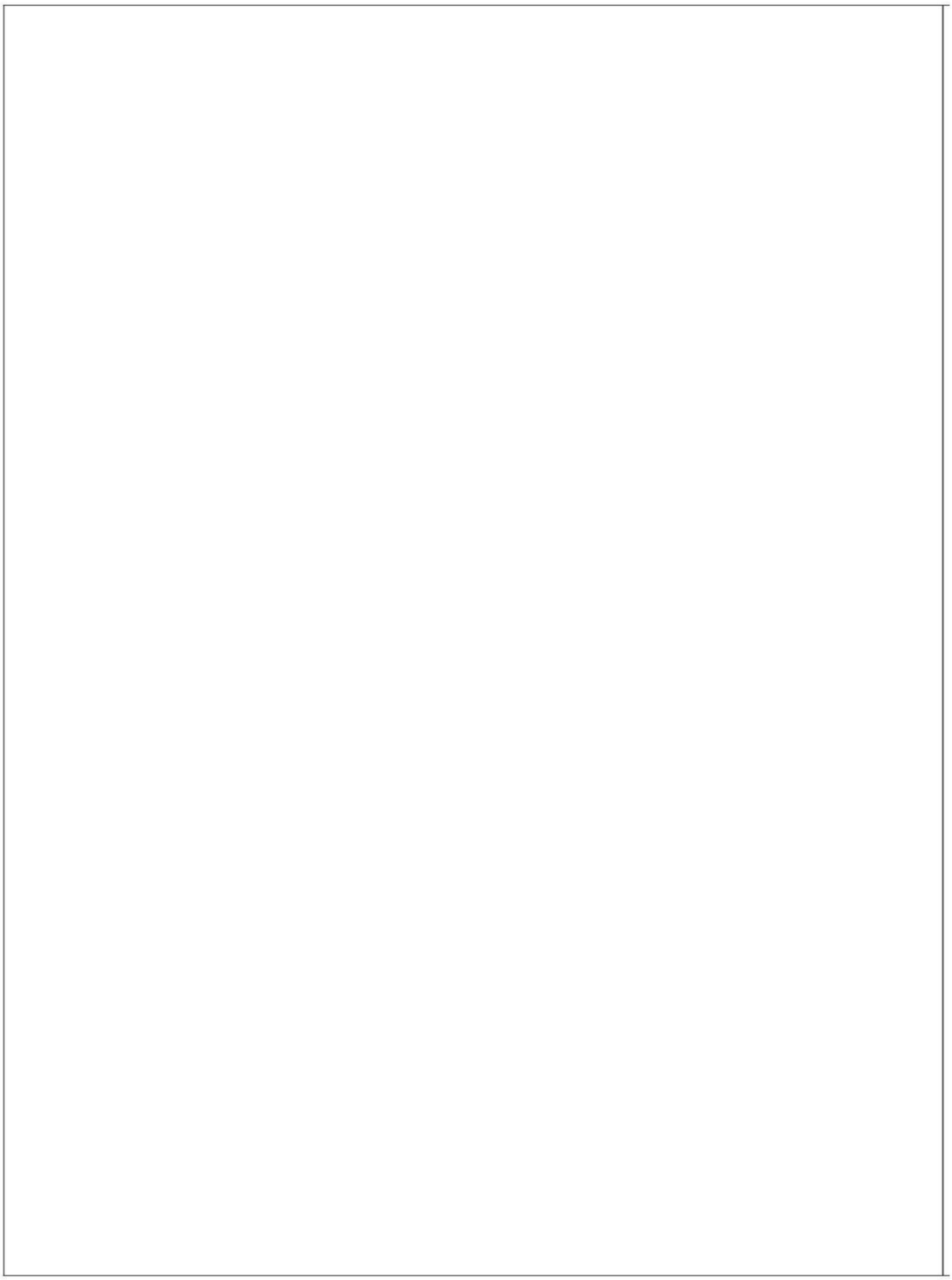
	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
185. Knowledge of contraindications and potential complications arising from removable partial denture procedures.	◯	◯	◯	◯	◯	◯
186. Knowledge of processes used to create a design for removable partial dentures.	◯	◯	◯	◯	◯	◯
187. Knowledge of criteria used to identify teeth modifications in preparation for fabrication of removable partial dentures.	◯	◯	◯	◯	◯	◯
188. Knowledge of procedures used to prepare oral structures before fabricating removable partial dentures.	◯	◯	◯	◯	◯	◯
189. Knowledge of techniques used to take impressions for removable partial dentures.	◯	◯	◯	◯	◯	◯
190. Knowledge of methods used to assess accuracy of impressions for removable partial dentures.	◯	◯	◯	◯	◯	◯
191. Knowledge of materials used to take impressions for removable partial dentures.	◯	◯	◯	◯	◯	◯
192. Knowledge of purposes of taking impressions for removable partial dentures.	◯	◯	◯	◯	◯	◯
193. Knowledge of procedures used to take records (e.g., bite registration, facebow) for removable partial dentures.	◯	◯	◯	◯	◯	◯
194. Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) for removable partial dentures.	◯	◯	◯	◯	◯	◯
195. Knowledge of materials used to take records (e.g., bite registration, facebow) for removable partial dentures.	◯	◯	◯	◯	◯	◯
196. Knowledge of purposes of taking records (e.g., bite registration, facebow) for fixed partial dentures.	◯	◯	◯	◯	◯	◯
197. Knowledge of methods used to assess fit of removable partial denture components.	◯	◯	◯	◯	◯	◯
198. Knowledge of purposes of performing trial fit of removable partial dentures.	◯	◯	◯	◯	◯	◯
199. Knowledge of purposes of delivering removable partial dentures in oral cavity.	◯	◯	◯	◯	◯	◯
200. Knowledge of procedures used to deliver removable partial dentures in oral cavity.	◯	◯	◯	◯	◯	◯

34. Part III - Job Knowledge Ratings

47. How important is this knowledge for effective performance of tasks in your current job?

Complete Dentures

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
201. Knowledge of contraindications and potential complications arising from complete denture procedures.	○	○	○	○	○	○
202. Knowledge of criteria used to assess patient oral conditions that affect design of complete dentures.	○	○	○	○	○	○
203. Knowledge of methods used to create designs for complete dentures.	○	○	○	○	○	○
204. Knowledge of procedures used to prepare oral structures before fabricating complete dentures.	○	○	○	○	○	○
205. Knowledge of techniques used to take impressions for complete dentures.	○	○	○	○	○	○
206. Knowledge of methods used to assess accuracy of impressions for complete dentures.	○	○	○	○	○	○
207. Knowledge of materials used to take impressions for complete dentures.	○	○	○	○	○	○
208. Knowledge of purposes of taking impressions for complete dentures.	○	○	○	○	○	○
209. Knowledge of procedures used to take records (e.g., bite registration, facebow) for complete dentures.	○	○	○	○	○	○
210. Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) for complete dentures.	○	○	○	○	○	○
211. Knowledge of materials used to take records (e.g., bite registration, facebow) for complete dentures.	○	○	○	○	○	○
212. Knowledge of purposes of taking records (e.g., bite registration, facebow) for complete dentures.	○	○	○	○	○	○
213. Knowledge of methods used to assess fit of complete dentures.	○	○	○	○	○	○
214. Knowledge of purposes of performing trial fit of complete dentures.	○	○	○	○	○	○
215. Knowledge of purposes of delivering complete denture in oral cavity.	○	○	○	○	○	○
216. Knowledge of techniques used to place complete denture in oral cavity.	○	○	○	○	○	○
217. Knowledge of procedures used after delivery of complete dentures.	○	○	○	○	○	○



35. Part III - Job Knowledge Ratings

48. How important is this knowledge for effective performance of tasks in your current job?

Implant Restoration

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
218. Knowledge of contraindications and potential complications arising from implant procedures.	◯	◯	◯	◯	◯	◯
219. Knowledge of purposes of performing examinations for implant procedures.	◯	◯	◯	◯	◯	◯
220. Knowledge of methods used for designing implant restorations.	◯	◯	◯	◯	◯	◯
221. Knowledge of materials used for implant restorations.	◯	◯	◯	◯	◯	◯
222. Knowledge of purposes of placing implant restorations in oral cavity.	◯	◯	◯	◯	◯	◯
223. Knowledge of procedures used to place implant restorations in oral cavity.	◯	◯	◯	◯	◯	◯
224. Knowledge of purposes of taking impressions for implant restorations.	◯	◯	◯	◯	◯	◯
225. Knowledge of techniques used to take impressions for implant restorations.	◯	◯	◯	◯	◯	◯
226. Knowledge of methods used to assess accuracy of impressions for implant restorations.	◯	◯	◯	◯	◯	◯
227. Knowledge of procedures used to perform examinations for implants.	◯	◯	◯	◯	◯	◯
228. Knowledge of methods used to perform adjustments on implant restorations.	◯	◯	◯	◯	◯	◯
229. Knowledge of procedures used to assess accuracy of records (e.g., bite registration, facebow) for implant restorations.	◯	◯	◯	◯	◯	◯
230. Knowledge of purposes of taking records (e.g., bite registration, facebow) for implant restorations.	◯	◯	◯	◯	◯	◯
231. Knowledge of purposes of placing provisional restorations in oral cavity.	◯	◯	◯	◯	◯	◯
232. Knowledge of procedures used to take records (e.g., bite registration, facebow) for implant restorations.	◯	◯	◯	◯	◯	◯
233. Knowledge of methods used to interpret results from examinations for implant restorations.	◯	◯	◯	◯	◯	◯
234. Knowledge of procedures used to place provisional restorations in oral cavity.	◯	◯	◯	◯	◯	◯

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
235. Knowledge of types of radiographs used during implant procedures.	○	○	○	○	○	○
236. Knowledge of techniques used for constructing provisional restorations before inserting implant restorations.	○	○	○	○	○	○
237. Knowledge of procedures used to prepare oral cavity before fabricating implant restorations.	○	○	○	○	○	○
238. Knowledge of materials used to take records for implant restorations.	○	○	○	○	○	○
239. Knowledge of materials used to construct provisional restorations before inserting implant restorations.	○	○	○	○	○	○
240. Knowledge of methods used to assess the healing process of implants before placing implant restorations.	○	○	○	○	○	○
241. Knowledge of instruments used for placing implant restorations in oral cavity.	○	○	○	○	○	○
242. Knowledge of procedures used after delivery of implant restorations.	○	○	○	○	○	○

36. Part III - Job Knowledge Ratings

49. How important is this knowledge for effective performance of tasks in your current job?

Oral Surgery

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
243. Knowledge of contraindications and potential complications arising from oral surgery procedures.	◯	◯	◯	◯	◯	◯
244. Knowledge of purposes of performing examinations for oral surgery.	◯	◯	◯	◯	◯	◯
245. Knowledge of procedures used to perform examinations for oral surgery.	◯	◯	◯	◯	◯	◯
246. Knowledge of methods used to interpret results from examinations for oral surgery.	◯	◯	◯	◯	◯	◯
247. Knowledge of types of radiographs used during oral surgery procedures.	◯	◯	◯	◯	◯	◯
248. Knowledge of types of anesthetics to use on patients for oral surgery (e.g., extractions).	◯	◯	◯	◯	◯	◯
249. Knowledge of techniques used to administer anesthetics for oral surgery (e.g., extractions).	◯	◯	◯	◯	◯	◯
250. Knowledge of anesthetic pharmacology relating to oral surgery (e.g., extractions).	◯	◯	◯	◯	◯	◯
251. Knowledge of procedures used to create access to surgical site.	◯	◯	◯	◯	◯	◯
252. Knowledge of purposes of performing oral surgery (e.g., extractions).	◯	◯	◯	◯	◯	◯
253. Knowledge of techniques used to perform oral surgery (e.g., extractions).	◯	◯	◯	◯	◯	◯
254. Knowledge of instruments used for oral surgery procedures.	◯	◯	◯	◯	◯	◯
255. Knowledge of procedures used to assist in patient healing process after oral surgery (e.g., extractions).	◯	◯	◯	◯	◯	◯
256. Knowledge of techniques used to place sutures in oral cavity after oral surgery (e.g., extractions).	◯	◯	◯	◯	◯	◯
257. Knowledge of purposes of placing sutures in oral cavity.	◯	◯	◯	◯	◯	◯
258. Knowledge of procedures used during postoperative care of patients.	◯	◯	◯	◯	◯	◯
259. Knowledge of purposes of performing postoperative procedures (e.g., dry socket).	◯	◯	◯	◯	◯	◯
260. Knowledge of types of medications to prescribe for oral surgery (e.g., extractions).	◯	◯	◯	◯	◯	◯

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
261. Knowledge of purposes of prescribing medications for oral surgery (e.g., extractions).	○	○	○	○	○	○
262. Knowledge of pharmacology of medications used for oral surgery (e.g., extractions).	○	○	○	○	○	○

37. Part III - Job Knowledge Ratings

50. How important is this knowledge for effective performance of tasks in your current job?

Teeth Whitening

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
263. Knowledge of contraindications and potential complications arising from teeth whitening procedures.	◯	◯	◯	◯	◯	◯
264. Knowledge of purposes of isolating teeth during in-office teeth whitening.	◯	◯	◯	◯	◯	◯
265. Knowledge of methods used to isolate teeth during in-office teeth whitening.	◯	◯	◯	◯	◯	◯
266. Knowledge of materials used for teeth whitening.	◯	◯	◯	◯	◯	◯
267. Knowledge of procedures used to perform teeth whitening.	◯	◯	◯	◯	◯	◯
268. Knowledge of methods used to evaluate effectiveness of teeth whitening agents.	◯	◯	◯	◯	◯	◯
269. Knowledge of techniques used to take impressions for whitening trays.	◯	◯	◯	◯	◯	◯
270. Knowledge of methods used to assess accuracy of impressions for whitening trays.	◯	◯	◯	◯	◯	◯
271. Knowledge of materials used to take impressions for whitening trays.	◯	◯	◯	◯	◯	◯
272. Knowledge of purposes of taking impressions for whitening trays.	◯	◯	◯	◯	◯	◯
273. Knowledge of techniques used for constructing whitening trays.	◯	◯	◯	◯	◯	◯
274. Knowledge of materials used to construct whitening trays.	◯	◯	◯	◯	◯	◯
275. Knowledge of instruments used while constructing whitening trays.	◯	◯	◯	◯	◯	◯

38. Part III - Job Knowledge Ratings

51. How important is this knowledge for effective performance of tasks in your current job?

Occlusal Splint Therapy

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
276. Knowledge of potential complications arising from occlusal splint therapy.	◯	◯	◯	◯	◯	◯
277. Knowledge of purposes of performing examinations for occlusal splint therapy.	◯	◯	◯	◯	◯	◯
278. Knowledge of procedures used to perform examinations for occlusal splint therapy.	◯	◯	◯	◯	◯	◯
279. Knowledge of methods used to design occlusal splints.	◯	◯	◯	◯	◯	◯
280. Knowledge of purposes of different designs of occlusal splints.	◯	◯	◯	◯	◯	◯
281. Knowledge of methods used to interpret results from examination for occlusal splint therapy.	◯	◯	◯	◯	◯	◯
282. Knowledge of techniques used to take impressions for occlusal splints (e.g., nightguard).	◯	◯	◯	◯	◯	◯
283. Knowledge of methods used to assess accuracy of impressions for occlusal splints (e.g., nightguard).	◯	◯	◯	◯	◯	◯
284. Knowledge of materials used to take impressions for occlusal splints (e.g., nightguard).	◯	◯	◯	◯	◯	◯
285. Knowledge of purposes of taking impressions for occlusal splints (e.g., nightguard).	◯	◯	◯	◯	◯	◯
286. Knowledge of procedures used to take records (e.g., bite registration) for occlusal splints (e.g., nightguard).	◯	◯	◯	◯	◯	◯
287. Knowledge of procedure used to assess accuracy of records (e.g., bite registration) for occlusal splints (e.g., nightguard).	◯	◯	◯	◯	◯	◯
288. Knowledge of materials used to take records (e.g., bite registration) for occlusal splints (e.g., nightguard).	◯	◯	◯	◯	◯	◯
289. Knowledge of purposes of taking records (e.g., bite registration) for occlusal splints (e.g., nightguard).	◯	◯	◯	◯	◯	◯
290. Knowledge of techniques used for constructing occlusal splints (e.g., nightguard).	◯	◯	◯	◯	◯	◯
291. Knowledge of materials used to construct occlusal splints (e.g., nightguard).	◯	◯	◯	◯	◯	◯
292. Knowledge of purposes of delivery of occlusal splints (e.g., nightguard).	◯	◯	◯	◯	◯	◯

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
293. Knowledge of procedures used to deliver occlusal splints (e.g., nightguard).	◯	◯	◯	◯	◯	◯
294. Knowledge of instruments used while constructing occlusal splints (e.g., nightguard).	◯	◯	◯	◯	◯	◯

39. Part III - Job Knowledge Ratings

52. How important is this knowledge for effective performance of tasks in your current job?

Safety and Sanitation

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
295. Knowledge of methods used to prepare patients before dental treatments.	○	○	○	○	○	○
296. Knowledge of types of items (e.g., lead apron) used to facilitate patient safety precautions.	○	○	○	○	○	○
297. Knowledge of methods used to sanitize hands before performing dental treatments.	○	○	○	○	○	○
298. Knowledge of procedures used by dentist to prevent contamination or injury to self.	○	○	○	○	○	○
299. Knowledge of items worn by dentist to facilitate safety precautions.	○	○	○	○	○	○
300. Knowledge of methods used to sterilize instruments to prepare for dental treatments.	○	○	○	○	○	○
301. Knowledge of methods used to assess sterilization of dental instruments.	○	○	○	○	○	○
302. Knowledge of materials used to sterilize and disinfect dental instruments and equipment.	○	○	○	○	○	○
303. Knowledge of methods used to disinfect dental equipment.	○	○	○	○	○	○
304. Knowledge of methods used to disinfect work area before and after dental treatments.	○	○	○	○	○	○
305. Knowledge of procedures used to dispose of items (e.g., suction tips, bibs) after dental treatments.	○	○	○	○	○	○
306. Knowledge of methods used to minimize contamination.	○	○	○	○	○	○
307. Knowledge of methods used to minimize the spread of infection.	○	○	○	○	○	○
308. Knowledge of methods used to store medications.	○	○	○	○	○	○
309. Knowledge of emergency protocol used in dental office to ensure patient and staff safety.	○	○	○	○	○	○

40. Part III - Job Knowledge Ratings

53. How important is this knowledge for effective performance of tasks in your current job?

Ethics

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
310. Knowledge of methods used to explain realistic expectations about dental procedures to patients.	○	○	○	○	○	○
311. Knowledge of methods to explain fees and office policies to patients.	○	○	○	○	○	○
312. Knowledge of methods used to facilitate patient comprehension of alternatives, risks, and benefits of treatment options.	○	○	○	○	○	○
313. Knowledge of ethical considerations for terminating patient–dentist professional relationship.	○	○	○	○	○	○
314. Knowledge of ethical considerations to facilitate continuity of dental care.	○	○	○	○	○	○
315. Knowledge of procedures used to facilitate continuity of dental care.	○	○	○	○	○	○
316. Knowledge of purposes of disclosing dental conditions that require future dental care.	○	○	○	○	○	○
317. Knowledge of ethical obligation to provide emergency treatment to patient during and after office hours.	○	○	○	○	○	○
318. Knowledge of protocol used when providing emergency treatment to patient during and after office hours.	○	○	○	○	○	○
319. Knowledge of ethical obligation to diagnose and treat only conditions that exist.	○	○	○	○	○	○
320. Knowledge of methods used to determine type of treatment to perform based on patient diagnosis.	○	○	○	○	○	○

41. Part III - Job Knowledge Ratings

54. How important is this knowledge for effective performance of tasks in your current job?

Law

	Does Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
321. Knowledge of laws and regulations regarding disposal of hazardous waste from dental treatment.	◯	◯	◯	◯	◯	◯
322. Knowledge of laws and regulations regarding advertisement and dissemination of information pertaining to professional qualifications and services.	◯	◯	◯	◯	◯	◯
323. Knowledge of laws and regulations that define dentist scope of practice.	◯	◯	◯	◯	◯	◯
324. Knowledge of procedures used regarding disclosure of confidential patient information.	◯	◯	◯	◯	◯	◯
325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records.	◯	◯	◯	◯	◯	◯
326. Knowledge of laws and regulations regarding documentation of dental history.	◯	◯	◯	◯	◯	◯
327. Knowledge of methods used to document patient dental history.	◯	◯	◯	◯	◯	◯
328. Knowledge of laws and regulations regarding security of patient records.	◯	◯	◯	◯	◯	◯
329. Knowledge of laws and regulations regarding documentation of controlled substances in dental facility.	◯	◯	◯	◯	◯	◯
330. Knowledge of methods used to inventory controlled substances in dental facility.	◯	◯	◯	◯	◯	◯
331. Knowledge of laws and regulations regarding prescribing medication to patients.	◯	◯	◯	◯	◯	◯
332. Knowledge of laws and regulations pertaining to mandated reporting of suspected or known abuse of patients.	◯	◯	◯	◯	◯	◯
333. Knowledge of protocol used when reporting suspected or known abuse of patients.	◯	◯	◯	◯	◯	◯
334. Knowledge of methods used to identify signs of abuse.	◯	◯	◯	◯	◯	◯
335. Knowledge of laws and regulations regarding consent to treat patients.	◯	◯	◯	◯	◯	◯
336. Knowledge of laws and regulations regarding sexual contact, conduct, and relations with patients and staff.	◯	◯	◯	◯	◯	◯
337. Knowledge of laws and regulations regarding maintaining patient safety.	◯	◯	◯	◯	◯	◯
338. Knowledge of procedures used to supervise auxiliaries.	◯	◯	◯	◯	◯	◯

42. Thank you!

Thank you for taking the time to complete this questionnaire. The Board values your contribution to this study.

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MEMORANDUM

DATE	August 1, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	**Agenda Item 5:** Discussion and Possible Action Regarding Renewal of the Dental Board of California's Approval of the University De La Salle Bajio Dental School

Background

The Dental Board of California (Board) has the authority under Business & Professions Code Section 1636.4 to conduct evaluations of foreign dental schools and to approve those dental schools that provide an education equivalent to that of accredited institutions in the United States; and adequately prepare their students for the practice of dentistry.

In accordance with Business and Professions Code Section 1636.4 (g), each fully approved institution is required to submit a renewal application every seven year. If a school fails to submit a renewal application, the Board's approval will automatically expire.

Update on the University De La Salle Bajio School Dentistry Application

Drs. Le and Morrow will provide an update on status of renewal application for the University De La Salle Bajio Dental School.

Action Requested:

The Board may discuss and take possible action regarding the renewal of the Board's approval for the University De La Salle Bajio Dental School.

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MEMORANDUM

DATE	August 1, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	**Agenda Item 6:** Introduction of the new Dental Assisting Council Members

Background:
The new Dental Assisting Council Members will be given the opportunity to provide a brief personal biography.

Cindy Friel Ovard, RDA
Pamela Peacock, RDA

Action Requested:
None

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DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL AGENDA
AUGUST 23, 2018

Upon Conclusion of Agenda Item 6
Hyatt Regency San Francisco Airport
1333 Bayshore Highway, Sequoia B
Burlingame, CA 9401092840
(888) 591-1234 (Reservations) or (916) 263-2300 (Board Office)

Members of the Dental Assisting Council:

Anne Contreras, RDA,
Pamela Davis-Washington, RDA
Cindy Ovard, RDA
Pamela Peacock, RDA
Jennifer Rodriguez, RDAEF
Rosalinda Olague, RDA
Bruce Whitcher, DDS

Public comments will be taken on agenda items at the time the specific item is raised. The Board and 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 Board President and Council Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website 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, MPA, 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 or technical difficulties that may arise. To view the Webcast, please visit https://thedcapage.wordpress.com/webcasts/ .

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

2. Introductions of Dental Assisting Council Members

3. Acceptance of the May 14, 2015, Dental Assisting Council Meeting Minutes

4. Overview of the Dental Assisting Council

5. Update on Dental Assisting Program and Course Applications and RDA Program Re-evaluations

6. Update on Dental Assisting Examination Statistics
    A. Registered Dental Assistant (RDA) General Written Examination
    B. Registered Dental Assistant (RDA) Law and Ethics Examination
    C. Registered Dental Assistant (RDA) General Written and Law and Ethics Examination
    D. Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examinations
    E. Registered Dental Assistant in Extended Functions (RDAEF) General Written Examination
    F. Orthodontic Assistant (OA) Written Examination
    G. Dental Sedation Assistant (DSA) Written Examination

7. Update on Dental Assisting Licensing Statistics
    A. Registered Dental Assistant (RDA)
    B. Registered Dental Assistant in Extended Functions (RDAEF)
    C. Orthodontic Assistant (OA)
    D. Dental Sedation Assistant (DSA)

8. Update regarding the Combining of the Registered Dental Assistant (RDA) Law and Ethics and General Written Examinations

9. Discussion and Possible Action Regarding the Scope of Practice for the RDAEF2 as submitted by Joan Greenfield, representative of RDAEF Association and J Productions Dental Seminar's Inc
    A. Addition of the Administration of Local Anesthesia
    B. Addition of the Administration of Nitrous Oxide

10. Public Comment on Items Not on the Agenda
    The Board and 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)).

11. Future Agenda Items
    Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.

12. Board and Council Member Comments on Items Not on the Agenda
    The Board and Council may not discuss or take action on any matter raised during the Board 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)).

13. Adjournment

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MEMORANDUM

DATE	August 1, 2018
TO	Members of the Dental Assisting Council
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	**Agenda Item 2:** Introduction of Dental Assisting Council Members

Background:
The Dental Assisting Council (Council) considers all matters relating to dental assistants in California and makes appropriate recommendations to the Dental Board of California (Board) and the standing Committees of the Board. The Council meets quarterly in conjunction with the Board meetings and at other times as deemed necessary. The Council is composed of the Registered Dental Assistant (RDA) member of the Board, another member of the Board, two members who are employed as faculty members of a RDA educational program approved by the Board, and three members, one of which shall be a registered dental assistant in extended functions (RDAEF), who shall be employed clinically in private dental practice or public safety net or dental health care clinics. Council members are appointed by the Board and serve at the Board's pleasure. The Council had the following vacancies: two (2) members who are employed as faculty members of an RDA educational program approved by the Board; and one (1) member employed clinically in private dental practice or public safety net or dental health care clinics.

Faculty:
Anne Contreras, RDA
Cindy Friel Ovard, RDA

Clinical:
Pamela Davis-Washington, RDA
Pamela Peacock, RDA
Jennifer Rodriquez, RDAEF

Board Representative:
Rosalinda Olague, RDA
Bruce Whitcher, DDS

Action Requested:
None

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DENTAL ASSISTING COUNCIL MEETING MINUTES

Thursday, May 14, 2015

Crowne Plaza San Francisco Airport
1177 Airport Blvd., Burlingame, CA 94010

Members Present
Chair - Judith Forsythe, RDA
Pamela Davis-Washington, RDA
Teresa Lua, RDAEF
Tamara McNealy, RDA
Emma Ramos, RDA
Bruce Whitcher, DDS

Members Absent
Vice Chair - Anne Contreras, RDA

1. **Call to Order/Roll Call/Establishment of Quorum**
   Judith Forsythe, Chair of the Dental Assisting Council called the meeting to order at 4:20 p.m. Roll was called and a quorum established.

2. **Approval of the February 26, 2015 Dental Assisting Council Meeting Minutes**
   The minutes were tabled for further review.

3. **Dental Assisting Program Licensure and Permit Statistics**
   Jana Adams, RDA Examination Coordinator, gave an overview of the statistics provided.

4. **Update Regarding Dental Board Sunset Review**
   Sarah Wallace, Assistant Executive Officer, gave an overview of the information provided.

5. **Discussion and Possible Action Regarding Students of Registered Dental Assisting Educational Programs that Close and Whether Other Board-Approved Registered Dental Assisting Educational Programs May Integrate those Students into their Curriculum**
   Ms. Wallace gave an overview of the information provided. Dr. Lori Gagliardi, CADAT, suggested a “Frequently Asked Questions” section on the Dental Assisting web page, and a newsletter to educators.

6. **Discussion and Possible Action Regarding the Side-by Side Comparison of the Commission on Dental Accreditation (CODA) Accreditation Standards for Dental Assisting Educational Programs and the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Regarding Dental Assisting Educational Programs**

Ms. Wallace gave an overview of the information provided. Tamara McNealy gave an overview of the subcommittee's findings. M/S/C (Whitcher/McNealy) to accept staff's recommendation to include amended application, site visit, and re-evaluation processes for CODA-accredited dental assisting schools in California via the regulatory process.

Support: Forsythe, Davis-Washington, Lua, McNealy, Ramos, Whitcher **Oppose**: 0 **Abstain**: 0

The motion passed unanimously. Dr. Gagliardi commented that since staff has determined that the American Dental Association's Commission on Dental Accreditation, Standards for Dental Assisting Education Programs and Evaluation and Operational Policies and Procedures are equitable to California Code of Regulations, Title 16, Code Sections 1070, 1070.1, and 1070.2., does the Board need to vote on moving forward to accept the CODA findings in lieu of conducting its own investigation. Legal counsel indicated that he would review her inquiry and would report back at a future meeting.

7. Discussion and Possible Action Regarding Streamlining the Program Application Process for Registered Dental Assisting Educational Programs with Multiple Campuses

Ms. Adams gave an overview of the information provided. Ms. Forsythe appointed Pamela Davis-Washington and Emma Ramos as the subcommittee to research this issue. Ms. McNealy suggested that numbers 3, 8, 11, 14, 15, 16, 32, 34, 35, 36, 37, and 38 on the agenda item memo could be merged to avoid duplication.

8. Discussion and Possible Action Regarding Ultrasonic Scaling Requirements and the Orthodontic Assistant Permit Course Requirements

Ms. Wallace gave an overview of the information provided. There was discussion regarding the number of hours required for different courses that include ultrasonic scaling. M/S/C (McNealy/Davis-Washington) to accept staff's recommendation to add ultrasonic curriculum content to the Orthodontic Assistant Permit course requirements via the regulatory process.

Support: Forsythe, Davis-Washington, Lua, McNealy, Ramos, Whitcher **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

9. Update on the June 19, 2015 Dental Assisting Council Regulatory Workshop and Draft Regulatory Language for the Dental Assisting Comprehensive Rulemaking Package

Ms. Wallace gave an overview of the information provided.

10. Update on the Dental Assisting Program Re-Evaluations and Site Visits

Ms. Adams gave an overview of the information provided.

11. Discussion and Possible Action Regarding the Issuance of Course Completion Certificates to Students Who Fail to Graduate from a Board-Approved Registered Dental Assistant Program that Does Not Have Stand-Alone Course Approval

Ms. Wallace gave an overview of the information provided. Ms. McNealy commented on the positive aspects of issuing certificates for individual courses that have been completed prior to graduation from the entire program. Dr. Gagliardi also commented on the benefits of certificates for individual courses that have been completed prior to graduation. Dr. Shanel thanked the Board for this discussion on behalf of her former students. M/S/C (Lua/Whitcher) to accept staff's recommendation for the issuance and acceptance of individual course certificates to students who fail to graduate from a Board-approved RDA program that does not have stand-alone course approval. Council's recommendation will be incorporated into the comprehensive dental assisting regulatory package draft language.

Support: Forsythe, Lua, McNealy, Whitcher **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

12. Discussion and Possible Action Regarding the Implementation of AB 1174 (Bocanegra, Chapter 662, Statutes of 2014)

Ms. Adams gave an overview of the information provided. Ms. McNealy commented that only one hour of methodology is being required for faculty which is inconsistent with the current RDA program requirement of two hours. Gayle Mathe, CDA, commented that this bill only applies to Registered Dental Assistants in Extended Functions (RDAEF), Registered Dental Hygienists (RDH) and Registered Dental Hygienists in Alternate Practice (RDHAP) not RDA's.

13. Discussion and Possible Action Regarding the Applicability of: Health and Safety Code, Division 104, Part 1, Chapter 4, Article 5 Regarding Radiologic Technologists, California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4Relating to Special Requirements for the Use of X-Ray in the Healing Arts, California Code of Regulations, Title 16, Sections 1014 and 1014.1Relating to Radiation Safety Course Requirements for the Dental Board of California

Ms. Wallace gave an overview of the information provided. Ms. McNealy commented that she found some additional sections that she would like to see included: Sections 30305, 30305.1, 30306, 30309, 30311, and 30311.1. Dr. Whitcher commented that Section 106975 provides an exemption under which the Board functions. Most programs function under "general supervision" guidelines.

14. Public Comment for Items Not on the Agenda

There were no further public comments.

15. **Council Member Comments for Items Not on the Agenda**
There were no Council Member comments.

16. Adjournment
The meeting adjourned at 5:36pm.

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MEMORANDUM

DATE	July 25, 2018
TO	Members of the Dental Assisting Council
FROM	Tina Vallery, Dental Assisting Unit Manager Dental Board of California
SUBJECT	**Agenda Item 4:** Overview of the Dental Assisting Council

Background:
Board staff will give a verbal presentation.

Action Requested:
No action requested.

Overview of the Dental Assisting Council

Welcome & Introductions

Welcome and Introductions

- Karen Fischer, MPA, Executive Officer
- Sarah Wallace, Assistant Executive Officer
- Michael Santiago, Senior Legal Counsel
- Dental Assisting Council Members
  - Anne Contreras, RDA
  - Pamela Davis-Washington, RDA
  - Cindy Ovard, RDA
  - Pamela Peacock, RDA
  - Jennifer Rodriguez, RDAEF
  - Rosalinda Olague, RDA, Dental Board Member
  - Bruce Whitcher, DDS, Dental Board Member

Overview of the Board and the Dental Assisting Council

Overview of the Board

- Licenses and regulates dentists, registered dental assistants, and registered dental assistants in extended functions.
- Issues various permits as part of the Dental and Dental Assisting programs.
- Assures initial and continued competence.
- Investigates consumer complaints.
- Disciplines licensees who violate the Dental Practice Act.
- Monitors licensees placed on probation.
- Manages the Diversion Program.

Overview of the Board (Cont.)

- The Board's mission is to protect and promote the health and safety of consumers of the State of California.
- Accomplishes Mission by:
  - Ensuring only those who possess the necessary education, examination, and experience qualifications receive a license.
  - Ensuring licensees obtain required CE training.
  - Ensuring consumers are informed of their rights and how to file complaints with the board.
  - Ensuring consumer complaints are promptly, thoroughly, and fairly investigated.

Overview of the Board (Cont.)

- Board Meetings:
  - At least 4 times per year.
  - Additional meetings as needed.

- Standing Committees of the Board:
  - Examination Committee
  - Enforcement Committee
  - Licensure, Permits, and Certification Committee
  - Legislative and Regulatory Committee
  - Dental Assisting Council

Overview of the Council

- Established by Senate Bill 540 (Chapter 385, Statutes of 2011)
- Business and Professions Code Section 1742 Specifies the Council's:
  - Responsibilities
  - Composition
  - Appointment
  - Terms
  - Election of Chair
  - Meetings
  - Recommendations to Board

Overview of the Council (Cont.)

- Composition of the Council:
  - RDA member of the Board,
  - Another member of the Board, and
  - Five (5) RDA's representing a broad range of dental assisting experience and education

- Appointment of the Council:
  - Appointed by the Dental Board of California.
  - Council members are required to comply with conflict of interest requirements.

Overview of the Council (Cont.)

- Meetings of the Dental Assisting Council:
  - Meets in Conjunction with the other Board Committees.
  - Appointment of subcommittees.

- Council Meeting Agenda Items
  - All requests for agenda items for an upcoming meeting should be made through the Board President and the Executive Officer.

Overview of the Board's Dental Assisting Program

Overview of the Dental Assisting Program

- Tina Vallery, Dental Assisting Program Manager
- Program oversees examinations, initial licensure, and renewals of licenses and permits
- Licensure statistics:

License/Permit Type	Total Active
Registered Dental Assistant (RDA)	30,074
Registered Dental Assistant in Extended Functions (RDAEF)	1,457
Orthodontic Assistant (OA)	930
Dental Sedation Assistant (DSA)	28

Overview of the Dental Assisting Program (Cont.)

- Functions of the Dental Assisting Program:
  - Application review
  - Administer examinations
  - Process renewals
  - Process fingerprinting results
  - Educational program and course review and approval

Overview of the Dental Assisting Program (Cont.)

- How did the Dental Assisting Program Come to be Part of the Dental Board?
  - Senate Bill 853 (Chapter 31, Statutes of 2008):
    - Abolished the Committee on Dental Auxiliaries.
    - Created the Dental Hygiene Committee of California.
    - Moved dental assisting licensing under the Board on July 1, 2009.
- Major Changes in Dental Assisting:
  - AB 2637 (Chapter 499, Statutes of 2008).
  - Revised Dental Assisting Educational Program & Course Regulations (Effective November 2011).

Overview of the Functions of the Dental Assisting Council

Overview of the Functions of the Council

- Responsible for considering all matters relating to dental assistants in California including, but not limited to:
  - Examination, licensure, permitting, and renewal requirements,
  - Standards and criteria for the approval of programs, courses, and continuing education,
  - Allowable duties, settings, and supervision levels,
  - Standards of conduct and enforcement, and
  - Infection control requirements

Overview of the Functions of the Council (Cont.)

- Responsible for presenting recommendations to the Board for consideration.
- The Board may make policy decisions based on the Council’s recommendations.

Role in the Protection of the Public

The Board's and the Council's Role in the Protection of the Public

- Protection of the public shall be the highest priority for the Dental Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. (Business and Professions Code Section 1601.2)

What is the Difference Between a Statute and a Regulation?

Statutes vs. Regulations

- A statute is a law passed by the Legislature and signed by the Governor.
- A regulation is a rule that implements the statutes and is approved by the Office of Administrative Law.
- The Board has the authority to write and adopt regulations.
- Glossary of Legislative Terms
- Board staff is available as a resource to answer any questions you may have about statutes vs. regulations.

California's Legislative Process and Council Involvement

California's Legislative Process

- Major Players:
  - Senate – 40
  - Assembly – 80
  - Governor
  - Stakeholders
- 2-Year Legislative Sessions
  - Next Session is 2013/2014
- Tentative Legislative Calendar
- The Life Cycle of Legislation

California's Legislative Process (Cont.)

- Idea
- Drafting
- Introduction
- Policy Committee
- Fiscal Committee
- Second Reading
- Floor Vote
- Second House
- Concurrence or Conference
- Governor's Action

California's Legislative Process (Cont.)

How can the Dental Assisting Council be involved with the Legislative Process?

California's Regulatory Process and Council Involvement

California's Regulatory Process

- Standards of the Administrative Procedure Act (APA):
  - Authority
  - Reference
  - Consistency
  - Clarity
  - Non-Duplication
  - Necessity
- Board's Rulemaking Authority
  - Business and Professions Code Section 1614
- California Code of Regulations

California's Regulatory Process (Cont.)

- Identify a Need for a New Regulation or a Need to Amend or Repeal an Existing Regulation
- Preliminary Activities
- Initiate a Rulemaking – File with Office of Administrative Law (OAL)
- 45-day Public Comment Period
- Public Regulatory Hearing
- Respond to Adverse Comments

California's Regulatory Process (Cont.)

- Modify Text
- 15-Day Public Comment Period for Modified Text
- Adoption of Language
- Preparation of Final Rulemaking Documents
- Approval Process
- Final Rulemaking Filed with Office of Administrative Law
- Approved Rulemakings Filed with the Secretary of State

California's Regulatory Process (Cont.)

How can the Dental Assisting Council be involved with the Regulatory Process?

Questions and Answers

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MEMORANDUM

DATE	July 25, 2018
TO	Members of the Dental Assisting Council
FROM	Maria Collins, Educational Program Coordinator Laura Fisher, Lead Educational Program Coordinator Dental Board of California
SUBJECT	**DAC Agenda Item 5:** Update on RDA Program Re-Evaluations and Dental Assisting Program and Course Applications

Update on RDA Program Re-Evaluations

The Dental Board of California (Board) is in the process of evaluating the RDA programs. The Board has the authority to audit programs and courses for compliance with regulations in the event the Board deems it necessary.

California Code of Regulations (CCR), section 1070 (a)(2), states;
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 include a site visit or written documentation 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.

The RDA programs were chosen based on the findings of the Law and Ethics Exam and the RDA Written Examination school statistics. Based on the following criteria; the overall students pass/fail percentage and the year the program was given full approval. It was decided that 50 RDA programs required a re-evaluation of their curriculum.

A strategic timeframe was set forth to effectively request, re-evaluate, and monitor the evaluation process. On February 6, 2018 the first (5) five re-evaluation letters were mailed out and thereafter another (5) five will be mailed out on the first week of each month until November 5, 2018.

Upon the receipt of letter, the programs will have (6) six weeks to return the enclosed applications and all exhibits to the Board. We have found that most program directors have requested extensions due to the extensive amount of paperwork required for the evaluation.

TIMEFRAME– REQUEST FOR CURRICULUM REVIEW

PROGRAM	DATE	EXTENSTION DATE REQUESTED
SJVC-Visalia (446)	February 6, 2018	Curriculum received on 4/13/18
SJVC- Bakersfield (601)	February 6, 2018	Curriculum received on 4/13/18
Grossmont Community College - El Cajon	February 6, 2018	Curriculum received on 7/9/18
Contra Costa (745)	February 6, 2018	Closed
SJVC - Fresno (602)	February 6, 2018	Curriculum received on 4/13/18
Hacienda La Puente (776)	March 5, 2018	Curriculum received on 4/25/18
Carrington - San Leandro (609)	March 5, 2018	Curriculum received on 6/22/18
Allan Hancock (508)	March 5, 2018	CP, PF and RS received 5/14/2018
College of the Redwoods (838)	March 5, 2018	Curriculum received on 6/25/18
Pima - Chula Vista (871)	March 5, 2018	Curriculum received on 4/27/18
Shasta/Trinity ROP (455)	April 2, 2018	Closed
Butte County ROP (605)	April 2, 2018	Letter postponed until 11/5/2018
Concorde Career - San Diego (421)	April 2, 2018	Curriculum received on 6/29/18
Concorde Career - North Hollywood (435)	April 2, 2018	Curriculum received on 6/29/18
Concorde Career - San Bernardino (430)	April 2, 2018	Curriculum received on 6/29/18
Concorde Career - Garden Grove (425)	May 7, 2018	Curriculum received on 6/29/18
Mt. Diablo/Loma	May 7, 2018	Letter postponed until 8/6/2018
Riverside ROP - Riverside (498)	May 7, 2018	Curriculum received on 6/15/2018
Brightwood-Stockton (611) formerly Kaplan	May 7, 2018	Closed
Anthem College (503)	May 7, 2018	Closed
Eden ROP (608) (856)	June 12, 2018	Letter postponed until 8/1/18
San Bernardino City ROP-Hesperia	June 12, 2018	7/31/18
North Orange County ROP (495) formerly	June 12, 2018	7/31/18
Kaplan	June 12, 2018	Letter postponed until 8/1/18
Baldy View ROP (590)	June 12, 2018	7/31/18
UEI-Chula Vista (879)		
Reedley College (530)	July 23, 2018	9/3/18
Southern California ROC - Torrance (612)	July 23, 2018	9/3/18
UEI - Ontario (450)	July 23, 2018	9/3/18
UEI - Huntington Park (448)	July 23, 2018	9/3/18
Brightwood – Sacramento (888) formerly Kaplan	July 23, 2018	9/3/18

After the completed applications and exhibits are submitted by the program to the Board, the applications will then be referred to a consultant for review. The evaluation process may take between 60 to 90 days to conclude, depending on the program's compliance with the Board's regulations. Based on the results of the re-evaluation the Board has the discretion to include a site visit to ensure the location of the program is also in compliance with all regulations.

Dental Assisting Program and Course Applications

Table 1 identifies the total number of DA Program/Course curriculum applications approved in 2018 to date. Table 2 lists the number of RDA or RDAEF Program site visits conducted in 2018 to date. Table 3 lists the DA Program and Course application status to date. Table 4 provides the total number of approved DA programs and courses. Table 5 identifies approved DA program or course providers by name and type of program. Table 6 identifies the DA approved program and course trends for 2018.

Table 1
Total DA Program and Course Applications Approved in 2018

	RDA Programs	RDAEF Programs	RDAEF-ITR	Radiation Safety Course	Coronal Polish Course	Pit & Fissure Sealant	Ultrasonic Scaler	Infection Control	Ortho Assistant	Dental Sedation Assistant	**Grand Total**
Course Totals	**4**	**2**	**2**	**3**	**3**	**5**	**2**	**6**	**8**	**5**	**40**

Table 2
Total RDA or RDAEF Program Site Visits in 2018

	RDA Programs		RDAEF	**Grand Total**
	Provisional	Full		
Totals	**4**	**3**	**2**	**9**

Table 3
DA Program & Course Application Status 2018

Program or Course	**Approved**	**Denied**	**Curriculum Approved-Pending Provisional Site Visit**	**In the Review Process**	**Deficient**
RDA Program/Curriculum	4	0	2	0	0
RDAEF Program/Curriculum	2	0	1	0	0

Table 3, Continued DA Program & Course Application Status 2018					
Program or Course	**Approved**	**Denied**	**Curriculum Approved-Pending Provisional Site Visit**	**In the Review Process**	**Deficient**
RDAEF-ITR	2	0	N/A	0	0
Radiation Safety	3	0	N/A	0	1
Coronal Polish	3	0	N/A	0	0
Pit & Fissure Sealant	5	0	N/A	0	1
Ultrasonic Scaler	2	0	N/A	0	0
Infection Control	6	0	N/A	0	1
OA Permit	8	0	N/A	1	0
DSA Permit	5	0	N/A	0	0
Total Applications	**40**	**0**	**3**	**1**	**3**

Table 4 Total Approved DA Programs and Courses									
RDA Programs	RDAEF Programs	RDAEF-ITR Programs	Radiation Safety Course	Coronal Polish Course	Pit and Fissure Sealants Course	Ultrasonic Scaler Course	Infection Control Course	Orthodontic Assistant Course	Dental Sedation Assistant Course
101	**13**	**4**	**139**	**91**	**124**	**32**	**124**	**155**	**31**

Table 5
Approved DA Program and Courses by Provider for 2018

Provider	Approval Date	RDA Program	RDAEF Program	RDAEF-ITR	X-Ray	CP	P/F	US	IC	DSA	OA
Weideman Pediatric Dentistry & Orthodontics	1/14/18										X
Dental Career Institute	1/19/18	X									
Gold Coast Dental Academy	1/27/18		X								
Central Calif. Dental Academy	2/08/18						X				
Gurnick Academy of Medical Arts	2/14/18								X		
Gurnick Academy of Medical Arts	2/14/18					X					
Palo Alto Orthodontics	2/25/18										X
Wheeler and Seul Oral Surgery	2/25/18									X	
Dental Specialties Institute	2/28/18		X								
West Los Angeles College	3/03/18	X									
Ralph Callender III, DDS	3/16/18										X
WDS - Bakersfield	3/19/18										X
Dental Educators	3/26/18								X		
Kairos College	3/28/18	X									
Silicon Valley Orthodontics	4/03/18										X
S. Cal. Orthodontic Assisting School	4/03/18							X			
Ordemy	4/03/18						X				
S. Cal. Orthodontic Assisting School	4/05/18										X
University of the Pacific	4/10/18				X						
Dental Career Institute	4/16/18									X	
Dental Specialties Institute	4/23/18									X	
Dental Career Institute	4/23/18			X							
Los Angeles School of Dental Assisting	4/23/18						X				
Tzu Chi Dental Institute	4/23/18								X		
Jin Kim, DDS	4/23/18				X						
Howard Healthcare Academy	4/26/18									X	

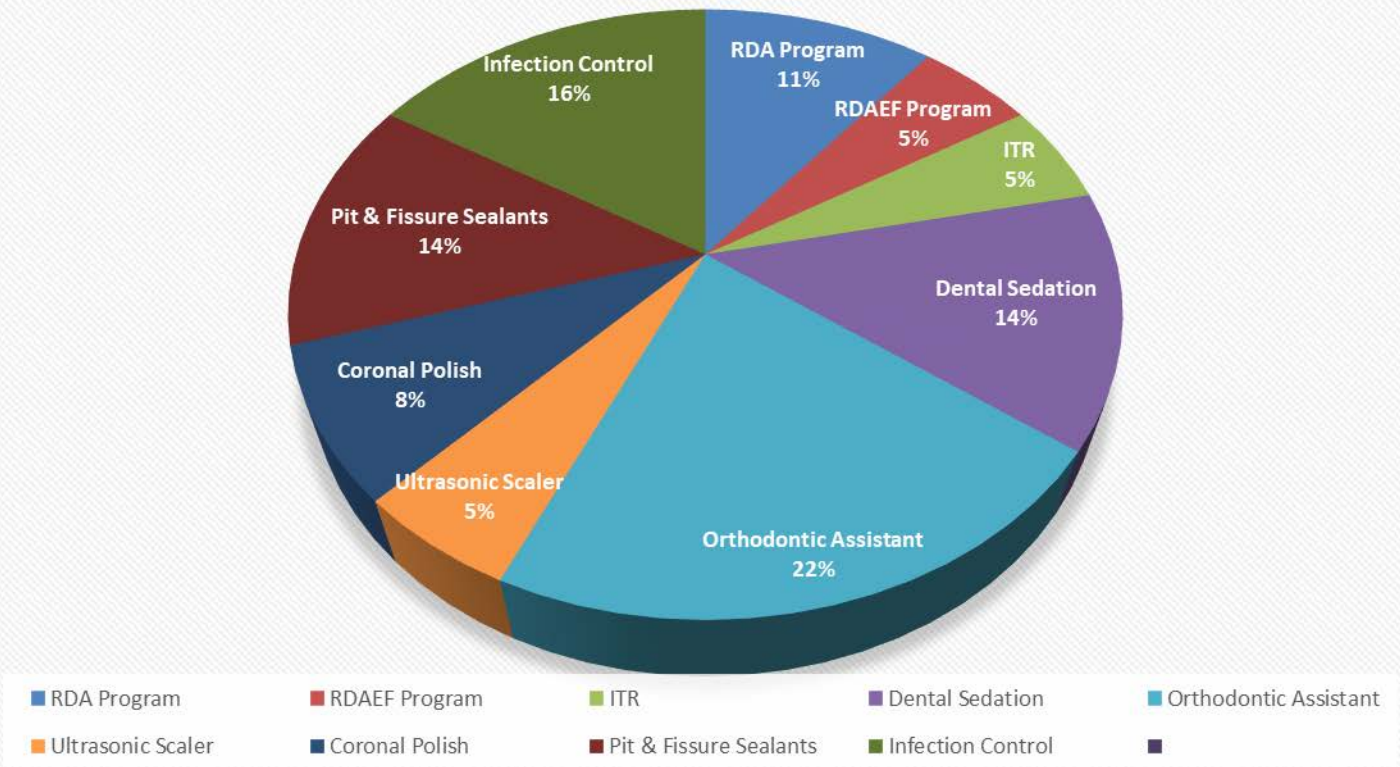
Table 5, Continued
Approved DA Program and Courses by Provider for 2018

Provider	Approval Date	RDA Program	RDAEF Program	RDAEF-ITR	X-Ray	CP	P/F	US	IC	DSA	OA
Healthcare Skills Development Institute	4/30/18								X		
Matthew Molitor, DDS	5/03/18										X
George Maranon, DDS	5/08/18									X	
S. Cal. Orthodontic Assisting School	5/17/18								X		
Frontier Dental	5/18/18					X					
Frontier Dental	5/21/18				X						
Esthetic Partners Dental Group	5/23/18							X			
Frontier Dental	6/04/18						X				
Dental Educators	6/05/18						X				
Dental Specialties Institute	6/05/18			X							
Monterey Bay Orthodontics	6/25/18										X
Marla Rocha	6/25/18					X					
Norwalk-La Mirada Adult School	6/29/18								X		
CBD College	7/11/18	X									
INDIVIDUAL PROGRAM/COURSE TOTALS		**4**	**2**	**2**	**3**	**3**	**5**	**2**	**6**	**5**	**8**
TOTAL APPROVALS = 40											

Table 6

Trend in Approved Programs and Courses for 2018

*Data excludes programs and courses that are at 0%



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MEMORANDUM

DATE	July 25, 2018
TO	Members of the Dental Assisting Council
FROM	Tina Vallery, Dental Assisting Unit Manager Dental Board of California
SUBJECT	**Agenda Item 6:** Update on Dental Assisting Examination Statistics

Background:

The following table provides the written examination pass and fail statistics for candidates who took the examinations from July 2017 to June 2018.

Written Examination Statistics:

July 2017 – June 2018 - All Candidates

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Passed	% Failed
RDA	3335	1804	1534	54%	46%
RDA Law & Ethics	3060	1802	1258	59%	41%
RDA Combined	299	160	139	54%	46%
RDAEF	197	117	80	59%	41%
Orthodontic Assistant	606	267	339	44%	56%
Dental Sedation Assistant	3	3	0	100%	0%

As of January 2018, Board Staff has been able to extract the First Time and Repeat test takers, by examination type, from BreEze. The following tables provide the written examination pass and fail statistics by First Time and Repeat candidates that took examinations from January 2018 to June 2018.

Written Examination Statistics:

January 2018 – June 2018 - First Time Candidates

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Passed	% Failed
RDA	645	391	254	61%	39%
RDA Law & Ethics	653	383	270	59%	41%
RDA Combined	299	160	139	54%	46%
RDAEF	67	51	16	76%	24%
Orthodontic Assistant	163	101	62	62%	38%
Dental Sedation Assistant	1	1	0	100%	0%

Written Examination Statistics:

January 2018 – June 2018 - Repeat Candidates

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Passed	% Failed
RDA	622	271	351	44%	56%
RDA Law & Ethics	501	236	265	47%	53%
RDA Combined	N/A	N/A	N/A	N/A	N/A
RDAEF	40	14	26	35%	65%
Orthodontic Assistant	170	58	112	34%	66%
Dental Sedation Assistant	N/A	N/A	N/A	N/A	N/A

The following table provides the RDAEF clinical and practical examination statistics for the months of July 2017 through June 2018.

RDAEF Clinical/Practical Examination Statistics:

July 2017 through June 2018 - All Candidates

Clinical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – July 2017	19	84%	16%
RDAEF – October 2017	31	74%	26%
RDAEF – February 2018	2	50%	50%
RDAEF – May 2018	73	71%	29%
Total for Year	125	74%	26%

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – July 2017	24	67%	33%
RDAEF – October 2017	36	58%	42%
RDAEF – February 2018	5	100%	100%
RDAEF – May 2018	77	79%	21%
Total for Year	142	73%	27%

The following tables provide the clinical and practical examination pass and fail statistics by First Time and Repeat candidates, for candidates that took examinations from February 2018 – May 2018.

RDAEF Clinical/Practical Examination Statistics:

February 2018 – May 2018 – First Time Candidates

Clinical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF	67	69%	31%
Total for Year	67	69%	31%

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF	69	83%	17%
Total for Year	69	83%	17%

RDAEF Clinical/Practical Examination Statistics:

February 2018 - May 2018 – Repeat Candidates

Clinical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF	8	88%	12%
Total for Year	8	88%	12%

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF	13	69%	31%
Total for Year	13	69%	31%

Action Requested:

No action requested at this time.

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	YTD First Time Testers	YTD Repeat Testers
4D College - Victorville (914)	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	**100%**	**0%**	**100%**
pass					1			1					**2**	**0**	**1**
fail					0			0					**0**	**0**	**0**
Allan Hancock (508)	100%	100%	100%	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass	4	1	1			1			1				**8**	**1**	**0**
fail	0	0	0			0			0				**0**	**0**	**0**
American Career - Anaheim (896)	50%	50%	N/A	50%	33%	25%	0%	50%	0%	0%	0%	N/A	**34%**	**100%**	**18%**
pass	1	1		3	2	1	0	3	0	0	0		**11**	**1**	**2**
fail	1	1		3	4	3	3	3	1	1	1		**21**	**0**	**9**
American Career - Long Beach (997)	67%	67%	50%	50%	67%	67%	N/A	N/A	N/A	N/A	50%	N/A	**60%**	**33%**	**100%**
pass	2	2	1	1	2	2					2		**12**	**1**	**1**
fail	1	1	1	1	1	1					2		**8**	**2**	**0**
American Career - Los Angeles (867)	75%	50%	29%	0%	75%	33%	0%	40%	67%	0%	0%	N/A	**42%**	**33%**	**44%**
pass	3	1	2	0	3	1	0	2	4	0	0		**16**	**2**	**4**
fail	1	1	5	3	1	2	1	3	2	1	2		**22**	**4**	**5**
American Career - Ontario (905)	67%	67%	0%	67%	50%	50%	100%	100%	25%	20%	67%	N/A	**52%**	**50%**	**44%**
pass	2	2	0	2	1	2	1	2	1	1	2		**16**	**3**	**4**
fail	1	1	1	1	1	2	0	0	3	4	1		**15**	**3**	**5**
Anthem College (503)	0%	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	**75%**	**0%**	**100%**
pass	0	1		1						1			**3**	**0**	**1**
fail	1	0		0						0			**1**	**0**	**0**
Bakersfield College	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Baldy View Regioanl Occupational Program (590)	67%	0%	0%	50%	0%	100%	100%	N/A	0%	0%	0%	N/A	**36%**	**50%**	**0%**
pass	2	0	0	1	0	1	1		0	0	0		**5**	**1**	**0**
fail	1	1	1	1	1	0	0		1	2	1		**9**	**1**	**3**
Blake Austin College (897)	0%	N/A	100%	67%	40%	50%	100%	0%	100%	N/A	50%	N/A	**60%**	**33%**	**100%**
pass	0		2	2	2	1	3	0	1		1		**12**	**1**	**4**
fail	1		0	1	3	1	0	1	0		1		**8**	**2**	**0**
Brightwood - Bakersfield (884)	33%	100%	33%	N/A	33%	100%	33%	33%	25%	N/A	0%	N/A	**36%**	**25%**	**22%**
pass	1	1	1		2	2	1	1	1		0		**10**	**1**	**2**
fail	2	0	2		4	0	2	2	3		3		**18**	**3**	**7**
Brightwood - Clovis (885)	33%	50%	67%	60%	100%	25%	50%	67%	25%	50%	50%	N/A	**49%**	**75%**	**27%**
pass	1	1	2	3	1	1	2	2	1	2	2		**18**	**6**	**3**
fail	2	1	1	2	0	3	2	1	3	2	2		**19**	**2**	**8**
Brightwood - Modesto (499)/(890)	63%	43%	0%	38%	33%	56%	33%	67%	67%	67%	50%	N/A	**48%**	**75%**	**50%**
pass	5	3	0	3	2	5	1	2	4	4	2		**31**	**6**	**7**
fail	3	4	5	5	4	4	2	1	2	2	2		**34**	**2**	**7**

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

Brightwood - Palm Springs (901)	N/A	33%	50%	0%	0%	50%	50%	100%	0%	100%	0%	N/A	**41%**	**100%**	**33%**
pass		1	1	0	0	1	1	1	0	2	0		**7**	**2**	**2**
fail		2	1	1	1	1	1	0	1	0	2		**10**	**0**	**4**
Brightwood - Riverside (898)	50%	N/A	50%	100%	0%	100%	0%	100%	100%	N/A	N/A	N/A	**67%**	**100%**	**50%**
pass	1		1	1	0	1	0	2	2				**8**	**3**	**1**
fail	1		1	0	1	0	1	0	0				**4**	**0**	**1**
Brightwood - Sacramento (888)	100%	50%	40%	33%	50%	20%	50%	50%	63%	50%	67%	N/A	**49%**	**67%**	**53%**
pass	1	2	2	1	2	1	2	1	5	2	2		**21**	**4**	**8**
fail	0	2	3	2	2	4	2	1	3	2	1		**22**	**2**	**7**
Brightwood - San Diego (899)	67%	100%	50%	100%	N/A	0%	100%	N/A	50%	67%	67%	N/A	**65%**	**63%**	**67%**
pass	2	2	1	1		0	1		2	2	2		**13**	**5**	**2**
fail	1	0	1	0		1	0		2	1	1		**7**	**3**	**1**
Brightwood - Stockton (611)	0%	0%	100%	100%	100%	N/A	50%	N/A	0%	N/A	0%	N/A	**50%**	**33%**	**0%**
pass	0	0	1	1	3		1		0		0		**6**	**1**	**0**
fail	2	1	0	0	0		1		1		1		**6**	**2**	**1**
Brightwood - Vista (900)	50%	67%	100%	67%	67%	83%	0%	75%	0%	100%	67%	N/A	**68%**	**43%**	**100%**
pass	2	2	2	2	2	5	0	3	0	1	2		**21**	**3**	**3**
fail	2	1	0	1	1	1	1	1	1	0	1		**10**	**4**	**0**
Butte County Regional Occupational Program (605)	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass	1	3											**4**	**0**	**0**
fail	0	0											**0**	**0**	**0**
Cabrillo College (001)	0%	0%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	**33%**	**100%**	**0%**
pass	0	0						1					**1**	**1**	**0**
fail	1	1						0					**2**	**0**	**0**
CA College of Vocational Careers (878)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Carrington - Antioch (886)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	**33%**	**0%**	**0%**
pass	1									0			**1**	**0**	**0**
fail	0									2			**2**	**2**	**0**
Carrington - Citrus Heights (882)	50%	50%	60%	100%	100%	50%	50%	33%	29%	50%	67%	N/A	**53%**	**44%**	**44%**
pass	3	1	3	2	3	3	3	1	2	3	2		**26**	**4**	**7**
fail	3	1	2	0	0	3	3	2	5	3	1		**23**	**5**	**9**
Carrington - Emeryville (904)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass						1							**1**	**0**	**0**
fail						0							**0**	**0**	**0**
Carrington - Pleasant Hill (868)	60%	100%	50%	75%	33%	67%	50%	50%	100%	60%	100%	N/A	**68%**	**71%**	**75%**
pass	3	3	1	3	1	4	1	1	2	3	4		**26**	**5**	**6**
fail	2	0	1	1	2	2	1	1	0	2	0		**12**	**2**	**2**
Carrington - Pomona (908)	0%	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**33%**	**0%**	**0%**
pass	0	0	1										**1**	**0**	**0**
fail	1	1	0										**2**	**0**	**0**

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Carrington - Sacramento (436)	33%	50%	46%	36%	46%	31%	50%	33%	63%	50%	25%	N/A	**43%**	**52%**	**44%**
pass	3	3	6	4	6	4	7	1	5	5	1		**45**	**11**	**8**
fail	6	3	7	7	7	9	7	2	3	5	3		**59**	**10**	**10**
Carrington - San Jose (876)	83%	75%	50%	71%	40%	50%	100%	50%	43%	0%	100%	N/A	**63%**	**63%**	**56%**
pass	5	3	1	5	2	1	1	1	3	0	5		**27**	**5**	**5**
fail	1	1	1	2	3	1	0	1	4	2	0		**16**	**3**	**4**
Carrington - San Leandro (609)	0%	75%	57%	67%	33%	25%	33%	40%	50%	67%	17%	N/A	**45%**	**50%**	**38%**
pass	0	6	4	2	1	1	1	2	3	4	1		**25**	**5**	**6**
fail	4	2	3	1	2	3	2	3	3	2	5		**30**	**5**	**10**
Carrington - Stockton (902)	67%	50%	56%	50%	25%	60%	83%	100%	67%	33%	0%	N/A	**53%**	**75%**	**40%**
pass	2	2	5	2	2	3	5	2	4	2	0		**29**	**9**	**4**
fail	1	2	4	2	6	2	1	0	2	4	2		**26**	**3**	**6**
Cerritos College (511)	100%	100%	0%	100%	100%	0%	N/A	50%	N/A	0%	100%	N/A	**60%**	**100%**	**0%**
pass	1	1	0	3	2	0		1		0	1		**9**	**2**	**0**
fail	0	0	3	0	0	1		1		1	0		**6**	**0**	**2**
Chabot College (513)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass	1												**1**	**0**	**0**
fail	0												**0**	**0**	**0**
Chaffey College (514)	0%	75%	67%	100%	100%	N/A	N/A	N/A	N/A	0%	0%	N/A	**58%**	**0%**	**0%**
pass	0	3	2	1	1					0	0		**7**	**0**	**0**
fail	1	1	1	0	0					1	1		**5**	**2**	**0**
Charter College - Canyon Country (401)	0%	0%	100%	100%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**40%**	**0%**	**0%**
pass	0	0	1	1	0								**2**	**0**	**0**
fail	1	1	0	0	1								**3**	**0**	**0**
Citrus College (515)	N/A	0%	67%	100%	67%	67%	50%	50%	100%	N/A	N/A	N/A	**57%**	**0%**	**75%**
pass		0	2	3	2	2	1	1	1				**12**	**0**	**3**
fail		4	1	0	1	1	1	1	0				**9**	**1**	**1**
City College of San Francisco (534)	100%	100%	100%	100%	100%	100%	0%	100%	N/A	N/A	N/A	N/A	**90%**	**60%**	**0%**
pass	3	9	1	1	1	1	0	3					**19**	**3**	**0**
fail	0	0	0	0	0	0	2	0					**2**	**2**	**0**
College of Alameda (506)	N/A	50%	83%	44%	88%	60%	67%	N/A	100%	N/A	0%	N/A	**66%**	**50%**	**67%**
pass		1	5	4	7	3	2		1		0		**23**	**1**	**2**
fail		1	1	5	1	2	1		0		1		**12**	**1**	**1**
College of Marin (523)	N/A	86%	100%	100%	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	**88%**	**0%**	**0%**
pass		6	5	3		0							**14**	**0**	**0**
fail		1	0	0		1							**2**	**0**	**0**
College of San Mateo (536)	N/A	100%	100%	0%	0%	67%	N/A	N/A	50%	N/A	N/A	N/A	**64%**	**0%**	**50%**
pass		2	2	0	0	2			1				**7**	**0**	**1**
fail		0	0	1	1	1			1				**4**	**0**	**1**
College of the Redwoods (838)	80%	80%	75%	100%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	**82%**	**0%**	**100%**
pass	4	4	3	1	1				1				**14**	**0**	**1**
fail	1	1	1	0	0				0				**3**	**0**	**0**

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Concorde Career - Garden Grove (425)	50%	60%	100%	40%	29%	43%	43%	0%	43%	50%	50%	N/A	**48%**	**64%**	**17%**
pass	2	6	5	2	2	3	3	0	3	2	1		**29**	**7**	**2**
fail	2	4	0	3	5	4	4	3	4	2	1		**32**	**4**	**10**
Concorde Career - North Hollywood (435)	67%	100%	0%	25%	50%	N/A	0%	100%	0%	50%	N/A	N/A	**42%**	**40%**	**0%**
pass	2	2	0	1	1		0	1	0	1			**8**	**2**	**0**
fail	1	0	1	3	1		1	0	3	1			**11**	**3**	**2**
Concorde Career - San Bernardino (430)	63%	67%	67%	50%	44%	25%	63%	33%	75%	29%	33%	N/A	**52%**	**52%**	**45%**
pass	5	6	2	1	4	1	5	1	6	2	2		**35**	**11**	**5**
fail	3	3	1	1	5	3	3	2	2	5	4		**32**	**10**	**6**
Concorde Career - San Diego (421)	43%	75%	75%	50%	0%	67%	100%	100%	0%	67%	29%	N/A	**54%**	**54%**	**50%**
pass	3	3	3	1	0	2	2	2	0	4	2		**22**	**7**	**3**
fail	4	1	1	1	2	1	0	0	2	2	5		**19**	**6**	**3**
Concorde Career - San Jose (400)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	**100%**	**100%**	**0%**
pass				1						1			**2**	**1**	**0**
fail				0						0			**0**	**0**	**0**
Contra Costa (745)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Cypress College (518)	0%	N/A	0%	N/A	N/A	N/A	0%	N/A	0%	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass	0		0				0		0				**0**	**0**	**0**
fail	1		1				1		1				**4**	**1**	**1**
Diablo Valley College (516)	N/A	100%	100%	100%	100%	0%	N/A	N/A	0%	N/A	N/A	N/A	**88%**	**0%**	**0%**
pass		3	5	4	3	0			0				**15**	**0**	**0**
fail		0	0	0	0	1			1				**2**	**1**	**0**
East Los Angeles Occupational Center (855)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	**100%**	**100%**	**0%**
pass											1		**1**	**1**	**0**
fail											0		**0**	**0**	**0**
Eden Area Regional Occupational Program (608) (856)	0%	100%	N/A	0%	N/A	100%	100%	0%	N/A	N/A	100%	N/A	**50%**	**100%**	**0%**
pass	0	1		0		1	1	0			1		**4**	**2**	**0**
fail	1	0		2		0	0	1			0		**4**	**0**	**1**
Everest - Alhambra (406)	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	0%	N/A	N/A	**20%**	**0%**	**0%**
pass	1						0		0	0			**1**	**0**	**0**
fail	0						1		1	2			**4**	**2**	**2**
Everest - Anaheim (403)/(600)	0%	N/A	N/A	0%	100%	N/A	100%	N/A	0%	100%	50%	N/A	**36%**	**100%**	**40%**
pass	0			0	1		1		0	1	1		**4**	**1**	**2**
fail	2			2	0		0		2	0	1		**7**	**0**	**3**
Everest - City of Industry (875)	N/A	100%	N/A	100%	100%	N/A	N/A	100%	N/A	0%	100%	N/A	**71%**	**0%**	**67%**
pass		1		1	1			1		0	1		**5**	**0**	**2**
fail		0		0	0			0		2	0		**2**	**1**	**1**
Everest - Gardena (870)	N/A	0%	N/A	N/A	N/A	100%	N/A	N/A	N/A	0%	N/A	N/A	**33%**	**0%**	**0%**
pass		0				1				0			**1**	**0**	**0**
fail		1				0				1			**2**	**0**	**1**

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Everest - Los Angeles (410)	N/A	0%	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	**75%**	**0%**	**100%**
pass		0		1	1						1		**3**	**0**	**1**
fail		1		0	0						0		**1**	**0**	**0**
Everest - Ontario (501)	N/A	0%	50%	0%	0%	0%	0%	50%	33%	0%	100%	N/A	**24%**	**50%**	**40%**
pass		0	1	0	0	0	0	1	1	0	3		**6**	**1**	**4**
fail		3	1	2	4	2	2	1	2	2	0		**19**	**1**	**6**
Everest - Reseda (404)	100%	100%	100%	N/A	N/A	100%	100%	100%	50%	N/A	0%	N/A	**80%**	**100%**	**0%**
pass	1	2	1			1	1	1	1		0		**8**	**3**	**0**
fail	0	0	0			0	0	0	1		1		**2**	**0**	**2**
Everest - San Bernardino (881)	0%	100%	N/A	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	**75%**	**0%**	**0%**
pass	0	1		1		1							**3**	**0**	**0**
fail	1	0		0		0							**1**	**0**	**0**
Everest - San Francisco (407)	100%	50%	N/A	N/A	0%	0%	N/A	67%	0%	100%	0%	N/A	**43%**	**100%**	**25%**
pass	1	1			0	0		2	0	2	0		**6**	**3**	**1**
fail	0	1			2	2		1	1	0	1		**8**	**0**	**3**
Everest - San Jose (408)	N/A	N/A	100%	N/A	0%	n/A	100%	100%	N/A	100%	50%	N/A	**63%**	**67%**	**100%**
pass			1		0		1	1		1	1		**5**	**2**	**2**
fail			0		2		0	0		0	1		**3**	**1**	**0**
Everest - Torrance (409)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass						0							**0**	**0**	**0**
fail						1							**1**	**0**	**0**
Everest - W Los Angeles (874)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass									0				**0**	**0**	**0**
fail									1				**1**	**1**	**0**
Foothill College (517)	N/A	100%	100%	N/A	100%	100%	0%	N/A	0%	N/A	100%	N/A	**79%**	**0%**	**50%**
pass		4	2		2	2	0		0		1		**11**	**0**	**1**
fail		0	0		0	0	1		2		0		**3**	**2**	**1**
Galen - Fresno (413)	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	0%	100%	100%	N/A	**80%**	**100%**	**50%**
pass		1						1	0	1	1		**4**	**2**	**1**
fail		0						0	1	0	0		**1**	**0**	**1**
Galen - Modesto (497)	100%	N/A	0%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	**75%**	**0%**	**100%**
pass	1		0				2						**3**	**0**	**2**
fail	0		1				0						**1**	**0**	**0**
Galen - Visalia (445)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Grossmont Community College - El Cajon (519)	40%	100%	50%	100%	N/A	0%	50%	67%	N/A	N/A	67%	N/A	**60%**	**83%**	**25%**
pass	2	4	2	1		0	2	2			2		**15**	**5**	**1**
fail	3	0	2	0		1	2	1			1		**10**	**1**	**3**
Hacienda La Puente (776)	N/A	N/A	0%	N/A	N/A	N/A	0%	0%	N/A	N/A	0%	N/A	**0%**	**0%**	**0%**
pass			0				0	0			0		**0**	**0**	**0**
fail			1				1	1			1		**4**	**2**	**1**

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Heald - Concord (891)	100%	100%	50%	N/A	N/A	N/A	100%	N/A	100%	N/A	N/A	N/A	**83%**	**100%**	**100%**
pass	1	1	1				1		1				**5**	**1**	**1**
fail	0	0	1				0		0				**1**	**0**	**0**
Heald - Hayward (889)	100%	N/A	100%	N/A	0%	50%	N/A	N/A	0%	N/A	0%	N/A	**50%**	**0%**	**0%**
pass	2		1		0	1			0		0		**4**	**0**	**0**
fail	0		0		1	1			1		1		**4**	**1**	**1**
Heald - Roseville (911)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass							1						**1**	**1**	**0**
fail							0						**0**	**0**	**0**
Heald - Salida (910)	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass	2		1										**3**	**0**	**0**
fail	0		0										**0**	**0**	**0**
Heald - Stockton (887)	100%	0%	0%	100%	N/A	0%	100%	0%	N/A	N/A	N/A	N/A	**50%**	**0%**	**50%**
pass	1	0	0	2		0	1	0					**4**	**0**	**1**
fail	0	1	1	0		1	0	1					**4**	**0**	**1**
Intercoast College - El Cajon (883)	0%	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass	0							0	0				**0**	**0**	**0**
fail	1							1	1				**3**	**1**	**1**
Intercoast College - Riverside (923)	0%	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	100%	N/A	N/A	**33%**	**0%**	**100%**
pass	0				0					1			**1**	**0**	**1**
fail	1				1					0			**2**	**0**	**0**
Milan Institute - Merced (928)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	N/A	**50%**	**50%**	**0%**
pass										1	0		**1**	**1**	**0**
fail										0	1		**1**	**1**	**0**
Milan Institute - Palm Desert/Indio (906)	0%	0%	50%	N/A	N/A	33%	N/A	67%	100%	0%	50%	N/A	**32%**	**33%**	**67%**
pass	0	0	1			1		2	1	0	1		**6**	**2**	**2**
fail	2	3	1			2		1	0	3	1		**13**	**4**	**1**
Milan Institute - Visalia (907)	83%	0%	0%	40%	33%	80%	N/A	0%	0%	0%	100%	N/A	**46%**	**50%**	**0%**
pass	5	0	0	2	1	4		0	0	0	1		**13**	**1**	**0**
fail	1	2	1	3	2	1		2	2	1	0		**15**	**1**	**4**
Modesto Junior College (526)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Monterey Peninsula (527)	100%	60%	50%	100%	0%	80%	N/A	N/A	N/A	100%	0%	N/A	**67%**	**100%**	**50%**
pass	1	3	2	2	0	4				2	0		**14**	**1**	**1**
fail	0	2	2	0	1	1				0	1		**7**	**0**	**1**
Moreno Valley College (903)	100%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	**100%**	**100%**	**0%**
pass	2	2				2				1			**7**	**1**	**0**
fail	0	0				0				0			**0**	**0**	**0**
Mt. Diablo/Loma Vista (500)	100%	100%	N/A	50%	67%	100%	N/A	0%	75%	N/A	100%	N/A	**67%**	**60%**	**100%**
pass	1	1		3	2	1		0	3		1		**12**	**3**	**1**
fail	0	0		3	1	0		1	1		0		**6**	**2**	**0**

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

National Education Center (604)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
North Orange County Regional Occupational Program (495)	0%	33%	100%	0%	25%	40%	50%	0%	100%	33%	N/A	N/A	**32%**	**33%**	**38%**
pass	0	1	1	0	1	2	1	0	2	1			**9**	**1**	**3**
fail	3	2	0	1	3	3	1	4	0	2			**19**	**2**	**5**
North-West College - Pomona (420)	N/A	100%	0%	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	**75%**	**100%**	**0%**
pass		1	0						1	1			**3**	**2**	**0**
fail		0	1						0	0			**1**	**0**	**0**
North-West College - West Covina (419)	0%	33%	N/A	0%	0%	20%	100%	100%	100%	N/A	N/A	N/A	**37%**	**100%**	**100%**
pass	0	1		0	0	1	1	1	3				**7**	**2**	**3**
fail	2	2		2	2	4	0	0	0				**12**	**0**	**0**
Orange Coast (528)	N/A	75%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**86%**	**0%**	**0%**
pass		3	1	2									**6**	**0**	**0**
fail		1	0	0									**1**	**0**	**0**
Palomar College (721)	100%	100%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass	15	4	2				1						**22**	**1**	**0**
fail	0	0	0				0						**0**	**0**	**0**
Pasadena City College (529)	100%	50%	100%	75%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	**81%**	**0%**	**100%**
pass	5	2	2	3					1				**13**	**0**	**1**
fail	0	2	0	1					0				**3**	**0**	**0**
Pima Medical Center- Chula Vista (871)	67%	40%	100%	50%	25%	N/A	0%	33%	0%	33%	50%	N/A	**41%**	**33%**	**25%**
pass	2	2	2	1	1		0	1	0	1	1		**11**	**1**	**2**
fail	1	3	0	1	3		1	2	2	2	1		**16**	**2**	**6**
Reedley College (530)	50%	0%	100%	100%	100%	0%	50%	67%	N/A	N/A	N/A	N/A	**61%**	**50%**	**67%**
pass	3	0	3	1	1	0	1	2					**11**	**1**	**2**
fail	3	1	0	0	0	1	1	1					**7**	**1**	**1**
Riverside County Office of Education (921)	N/A	0%	N/A	50%	100%	N/A	0%	N/A	N/A	N/A	100%	N/A	**57%**	**0%**	**100%**
pass		0		1	2		0				1		**4**	**0**	**1**
fail		1		1	0		1				0		**3**	**1**	**0**
Riverside County Regional Occupational Program (498)	33%	40%	50%	50%	40%	33%	100%	N/A	0%	N/A	N/A	N/A	**41%**	**100%**	**0%**
pass	1	2	1	3	2	2	1		0				**12**	**1**	**0**
fail	2	3	1	3	3	4	0		1				**17**	**0**	**1**
Sacramento City College (532)	100%	100%	92%	50%	100%	0%	0%	N/A	0%	100%	N/A	N/A	**83%**	**0%**	**33%**
pass	1	9	12	1	1	0	0		0	1			**25**	**0**	**1**
fail	0	0	1	1	0	1	1		1	0			**5**	**0**	**2**
San Bernardino County Regional Occupational Program - Hesperia (454)	60%	75%	50%	33%	100%	75%	50%	50%	50%	50%	100%	N/A	**61%**	**67%**	**56%**
pass	3	3	4	1	2	3	2	1	1	2	3		**25**	**4**	**5**
fail	2	1	4	2	0	1	2	1	1	2	0		**16**	**2**	**4**
San Bernardino County Regional Occupational Program - Morongo USD (913)	0%	N/A	50%	100%	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	**40%**	**0%**	**0%**
pass	0		1	1					0				**2**	**0**	**0**
fail	1		1	0					1				**3**	**0**	**1**

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

San Diego Mesa College (533)	100%	100%	N/A	100%	100%	100%	N/A	N/A	100%	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass	1	1		3	1	4			1				**11**	**1**	**0**
fail	0	0		0	0	0			0				**0**	**0**	**0**
San Joaquin Valley College - Bakersfield (601)	50%	N/A	100%	50%	100%	0%	100%	N/A	N/A	100%	N/A	N/A	**64%**	**100%**	**100%**
pass	2		1	1	1	0	3			1			**9**	**2**	**2**
fail	2		0	1	0	2	0			0			**5**	**0**	**0**
San Joaquin Valley College - Fresno (602)	100%	0%	50%	100%	100%	N/A	N/A	33%	67%	0%	67%	N/A	**57%**	**50%**	**29%**
pass	5	0	2	3	1			1	2	0	2		**16**	**3**	**2**
fail	0	2	2	0	0			2	1	4	1		**12**	**3**	**5**
San Joaquin Valley College - Rancho Cordova (880)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass		1											**1**	**0**	**0**
fail		0											**0**	**0**	**0**
San Joaquin Valley College - Temecula (919)	100%	50%	88%	100%	100%	75%	67%	N/A	100%	67%	100%	N/A	**80%**	**81%**	**0%**
pass	1	1	7	2	1	3	4		2	4	3		**28**	**13**	**0**
fail	0	1	1	0	0	1	2		0	2	0		**7**	**3**	**1**
San Joaquin Valley College - Visalia (446)	67%	100%	100%	100%	0%	0%	N/A	100%	33%	0%	0%	N/A	**54%**	**33%**	**25%**
pass	2	3	2	3	0	0		1	2	0	0		**13**	**2**	**1**
fail	1	0	0	0	1	2		0	4	1	2		**11**	**4**	**3**
San Jose City College (535)	50%	100%	0%	80%	80%	100%	40%	100%	100%	67%	75%	N/A	**72%**	**70%**	**60%**
pass	1	1	0	4	4	3	2	2	1	2	3		**23**	**7**	**3**
fail	1	0	1	1	1	0	3	0	0	1	1		**9**	**3**	**2**
Santa Barbara City College (537)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Santa Rosa Junior College (538)	N/A	N/A	N/A	N/A	100%	100%	100%	100%	N/A	N/A	100%	N/A	**100%**	**100%**	**0%**
pass					7	5	2	1			1		**16**	**4**	**0**
fail					0	0	0	0			0		**0**	**0**	**0**
Shasta/Trinity Regional Occupational Program (455)	100%	83%	0%	N/A	0%	N/A	N/A	N/A	100%	N/A	100%	N/A	**77%**	**100%**	**100%**
pass	2	5	0		0				2		1		**10**	**2**	**1**
fail	0	1	1		1				0		0		**3**	**0**	**0**
Simi Valley Adult School (866)	N/A	N/A	100%	N/A	N/A	0%	100%	N/A	50%	100%	0%	N/A	**50%**	**40%**	**100%**
pass			1			0	1		1	1	0		**4**	**2**	**1**
fail			0			1	0		1	0	2		**4**	**3**	**0**
Southern California Regional Occupational Center - Torrance (612)	N/A	100%	100%	100%	100%	N/A	100%	N/A	N/A	100%	N/A	N/A	**100%**	**100%**	**100%**
pass		4	3	1	1		1			2			**12**	**2**	**1**
fail		0	0	0	0		0			0			**0**	**0**	**0**
Southland College (428)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
The FADE Institute, Inc. (999)	N/A	N/A	N/A	N/A	N/A	N/A	100%	67%	N/A	100%	100%	N/A	**88%**	**86%**	**100%**
pass							1	2		2	2		**7**	**6**	**1**
fail							0	1		0	0		**1**	**1**	**0**

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

The Valley School of Dental Assisting (920)	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass	0												**0**	**0**	**0**
fail	1												**1**	**0**	**0**
Tri Cities Regional Occupational Program (877)	N/A	100%	N/A	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**67%**	**0%**	**0%**
pass		1		0	1								**2**	**0**	**0**
fail		0		1	0								**1**	**0**	**0**
United Education Institute - Anaheim (916)	0%	0%	100%	33%	0%	0%	0%	0%	100%	0%	N/A	N/A	**31%**	**0%**	**20%**
pass	0	0	3	1	0	0	0	0	1	0			**5**	**0**	**1**
fail	1	1	0	2	1	1	1	3	0	1			**11**	**1**	**4**
United Education Institute - Bakersfield (926)	0%	0%	80%	40%	67%	50%	67%	N/A	14%	50%	0%	N/A	**39%**	**33%**	**33%**
pass	0	0	4	2	2	1	2		1	2	0		**14**	**3**	**2**
fail	4	2	1	3	1	1	1		6	2	1		**22**	**6**	**4**
United Education Institute - Chula Vista (879)	50%	17%	40%	40%	67%	25%	50%	50%	0%	100%	33%	N/A	**37%**	**0%**	**57%**
pass	1	1	2	2	2	1	1	1	0	1	1		**13**	**0**	**4**
fail	1	5	3	3	1	3	1	1	2	0	2		**22**	**3**	**3**
United Education Institute - El Monte (909)	0%	0%	0%	0%	50%	100%	0%	0%	0%	0%	33%	N/A	**15%**	**0%**	**13%**
pass	0	0	0	0	2	1	0	0	0	0	1		**4**	**0**	**1**
fail	4	2	1	5	2	0	2	1	1	2	2		**22**	**1**	**7**
United Education Institute - Encino (453)	100%	0%	100%	60%	100%	0%	N/A	N/A	0%	40%	0%	N/A	**48%**	**29%**	**0%**
pass	1	0	2	3	2	0			0	2	0		**10**	**2**	**0**
fail	0	1	0	2	0	2			1	3	2		**11**	**5**	**1**
United Education Institute - Fresno (927)	75%	33%	50%	50%	100%	67%	N/A	N/A	67%	100%	N/A	N/A	**62%**	**0%**	**100%**
pass	3	1	2	1	1	2			2	1			**13**	**0**	**3**
fail	1	2	2	1	0	1			1	0			**8**	**1**	**0**
United Education Institute - Gardena (915)	33%	N/A	0%	N/A	0%	N/A	0%	0%	50%	0%	0%	N/A	**15%**	**0%**	**20%**
pass	1		0		0		0	0	1	0	0		**2**	**0**	**1**
fail	2		1		1		1	1	1	3	1		**11**	**3**	**4**
United Education Institute - Huntington Park (448)	57%	40%	0%	22%	20%	75%	0%	0%	50%	33%	33%	N/A	**28%**	**22%**	**17%**
pass	4	2	0	2	1	3	0	0	1	1	2		**16**	**2**	**2**
fail	3	3	7	7	4	1	5	5	1	2	4		**42**	**7**	**10**
United Education Institute - Los Angeles (449)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
United Education Institute - Ontario (450)	60%	0%	50%	50%	100%	100%	0%	50%	40%	50%	N/A	N/A	**42%**	**33%**	**43%**
pass	3	0	1	1	1	1	0	1	2	1			**11**	**1**	**3**
fail	2	5	1	1	0	0	1	1	3	1			**15**	**2**	**4**
United Education Institute - Riverside (917)	50%	14%	25%	33%	50%	50%	0%	100%	100%	67%	N/A	N/A	**44%**	**40%**	**86%**
pass	1	1	1	1	3	1	0	1	5	2			**16**	**2**	**6**
fail	1	6	3	2	3	1	3	0	0	1			**20**	**3**	**1**
United Education Institute - San Diego (451)	N/A	0%	0%	0%	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	**50%**	**100%**	**0%**
pass		0	0	0	1	1	1						**3**	**1**	**0**
fail		1	1	1	0	0	0						**3**	**0**	**0**

RDA WRITTEN EXAMINATION SCHOOL STATISTICS

United Education Institute - San Marcos (918)	0%	N/A	N/A	100%	N/A	N/A	50%	0%	N/A	80%	100%	N/A	**62%**	**57%**	**67%**
pass	0			2			1	0		4	1		**8**	**4**	**2**
fail	1			0			1	2		1	0		**5**	**3**	**1**
United Education Institute - Stockton (925)	N/A	0%	50%	0%	67%	N/A	100%	N/A	50%	100%	N/A	N/A	**64%**	**100%**	**50%**
pass		0	1	0	2		2		1	3			**9**	**5**	**1**
fail		1	1	1	1		0		1	0			**5**	**0**	**1**
United Education Institute - Van Nuys (453)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Unitek - Concord (994)	100%	N/A	0%	N/A	0%	0%	N/A	0%	N/A	100%	N/A	N/A	**33%**	**0%**	**50%**
pass	1		0		0	0		0		1			**2**	**0**	**1**
fail	0		1		1	1		1		0			**4**	**0**	**1**
Unitek - Sacramento (924)	100%	N/A	N/A	50%	50%	N/A	100%	100%	100%	0%	N/A	N/A	**67%**	**67%**	**67%**
pass	2			1	1		2	1	1	0			**8**	**2**	**2**
fail	0			1	1		0	0	0	2			**4**	**1**	**1**
Unitek - San Jose (995)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass					1								**1**	**0**	**0**
fail					0								**0**	**0**	**0**
National (ADA) Out of State	50%	67%	0%	0%	67%	0%	N/A	N/A	N/A	N/A	N/A	N/A	**40%**	**0%**	**0%**
pass	2	2	0	0	2	0							**6**	**0**	**0**
fail	2	1	1	2	1	2							**9**	**0**	**0**
Work Experience	55%	46%	48%	57%	52%	55%	45%	52%	62%	57%	65%	N/A	**54%**	**67%**	**43%**
pass	62	44	48	62	66	47	33	41	56	49	41		**549**	**142**	**78**
fail	50	52	52	47	62	39	41	38	34	37	22		**474**	**70**	**102**
Mixed Education and Work Experience	N/A	N/A	N/A	N/A	N/A	N/A	56%	43%	73%	53%	63%	N/A	**57%**	**69%**	**43%**
pass							5	6	11	9	5		**36**	**24**	**12**
fail							4	8	4	8	3		**27**	**11**	**16**
PERCENT PASS	**58%**	**56%**	**57%**	**55%**	**52%**	**52%**	**50%**	**50%**	**54%**	**52%**	**55%**	**N/A**	**54%**	**61%**	**44%**
TOTAL PASS	**212**	**205**	**196**	**189**	**184**	**156**	**124**	**112**	**162**	**146**	**118**		**1,804**	**391**	**271**
TOTAL FAIL	**156**	**160**	**150**	**153**	**168**	**142**	**123**	**112**	**137**	**135**	**98**		**1,534**	**254**	**351**

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

Registered Dental Assistant Written Examination Statistics
April 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
American Career - Anaheim (896)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
American Career - Los Angeles (867)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
American Career - Ontario (905)	5	1	20%	4	80%	3	1	33%	2	67%	2	0	0%	2	100%
Anthem College (503)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Baldy View Regional Occupational Program (590)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Brightwood - Clovis (885) formerly Kaplan	4	2	50%	2	50%	2	2	100%	0	0%	2	0	0%	2	100%
Brightwood - Modesto (499)/(890) *formerly Kaplan*	6	4	67%	2	33%	3	2	67%	1	33%	3	2	67%	1	33%
Brightwood - Palm Springs (901) *formerly Kaplan*	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Brightwood - Sacramento (888) *formerly Kaplan*	4	2	50%	2	50%	3	2	67%	1	33%	1	0	0%	1	100%
Brightwood - San Diego (899)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
Brightwood - Vista (900) *formerly Kaplan*	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Carrington - Antioch (886)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Carrington - Citrus Heights (882)	6	3	50%	3	50%	2	1	50%	1	50%	4	2	50%	2	50%
Carrington - Pleasant Hill (868)	5	3	60%	2	40%	5	3	60%	2	40%	0	0	0%	0	0%
Carrington - Sacramento (436)	10	5	50%	5	50%	5	4	80%	1	20%	5	1	20%	4	80%
Carrington - San Jose (876)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Carrington - San Leandro (609)	6	4	67%	2	33%	3	3	100%	0	0%	3	1	33%	2	67%
Carrington - Stockton (902)	6	2	33%	4	67%	3	2	67%	1	33%	3	0	0%	3	100%
Cerritos College (511)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Chaffey Community College (514)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Concorde Career - Garden Grove (425)	4	2	50%	2	50%	2	2	100%	0	0%	2	0	0%	2	100%
Concorde Career - North Hollywood (435)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Concorde Career - San Bernardino (430)	7	2	29%	5	71%	4	1	25%	3	75%	3	1	33%	2	67%
Concorde Career - San Diego (421)	6	4	67%	2	33%	5	3	60%	2	40%	1	1	100%	0	0%
Concorde Career - San Jose (400)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest - Alhambra (406)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Everest - Anaheim (403)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Everest - City of Industry (875)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Everest - Gardena (870)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Everest - Ontario (501)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Everest - San Francisco (407)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Everest - San Jose (408)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Galen - Fresno (413)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Intercoast College - Riverside (923)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Milan Institute -Merced (928)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Milan Institute -Palm Desert (906)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
Milan Institute - Visalia (907)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Monterey Pennisula College (527)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Moreno Valley College (903)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
North Orange County ROP (495) *formerly Valley Career College*	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
North-West - Pomona (420)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Pima - Chula Vista (871)	3	1	33%	2	67%	0	0	0%	0	0%	3	1	33%	2	67%
Sacramento City College (532)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
San Bernardino Cty ROP - Hesperia (454)	4	2	50%	2	50%	3	2	67%	1	33%	1	0	0%	1	100%
San Joaquin Valley College - Bakersfield (601)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Fresno (602)	4	0	0%	4	100%	0	0	0%	0	0%	4	0	0%	4	100%
San Joaquin Valley College - Temecula (919)	6	4	67%	2	33%	5	4	80%	1	20%	1	0	0%	1	100%
San Joaquin Valley College - Visalia (446)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
San Jose City College (535)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Simi Valley Adult School (866)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%

Registered Dental Assistant Written Examination Statistics
April 2018

Southern California ROC (612)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
The FADE Institute, Inc. (999)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
United Education Institute - Anaheim (916)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
United Education Institute - Bakersfield (926)	4	2	50%	2	50%	0	0	0%	0	0%	4	2	50%	2	50%
United Education Institute - Chula Vista (879)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
United Education Institute - El Monte (909)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
United Education Institute - Encino (453)	5	2	40%	3	60%	4	2	50%	2	50%	1	0	0%	1	100%
United Education Institute - Fresno (927)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
United Education Institute - Gardena (915)	3	0	0%	3	100%	1	0	0%	1	100%	2	0	0%	2	100%
United Education Institute - Huntington Park (448)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
United Education Institute - Ontario (450)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
United Education Institute - Riverside (917)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
United Education Institute - San Marcos (918)	5	4	80%	1	20%	5	4	80%	1	20%	0	0	0%	0	0%
United Education Institute - Stockton (925)	3	3	100%	0	0%	2	2	100%	0	0%	1	1	100%	0	0%
Unitek - Concord (994)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Unitek - Sacramento (924)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
TOTALS	178	88	49%	90	51%	92	59	64%	33	36%	86	29	34%	57	66%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	86	49	57%	37	43%	44	29	66%	15	34%	42	20	48%	22	52%
MIXED EDUCATION AND WORK EXPERIENCE	17	9	53%	8	47%	10	6	60%	4	40%	7	3	43%	4	57%
GRAND TOTALS	281	146	52%	135	48%	146	94	64%	52	36%	135	52	39%	83	61%

Registered Dental Assistant Written Examination Statistics
May 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
American Career - Anaheim (896)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
American Career - Long Beach (997)	4	2	50%	2	50%	3	1	33%	2	67%	1	1	100%	0	0%
American Career - Los Angeles (867)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
American Career - Ontario (905)	3	2	67%	1	33%	1	0	0%	1	100%	2	2	100%	0	0%
Baldy View Regional Occupational Program (590)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Blake Austin College (897)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Brightwood - Bakersfield (884)	3	0	0%	3	100%	1	0	0%	1	100%	2	0	0%	2	100%
Brightwood - Clovis (885)	4	2	50%	2	50%	0	0	0%	0	0%	4	2	50%	2	50%
Brightwood - Modesto (499)/(890)	4	2	50%	2	50%	1	1	100%	0	0%	3	1	33%	2	67%
Brightwood - Palm Springs (901)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Brightwood - Sacramento (888)	3	2	67%	1	33%	1	1	100%	0	0%	2	1	50%	1	50%
Brightwood - San Diego (899)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Brightwood - Stockton (611)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Brightwood - Vista (900)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Carrington - Citrus Heights (882)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
Carrington - Pleasant Hill (868)	4	4	100%	0	0%	1	1	100%	0	0%	3	3	100%	0	0%
Carrington - Sacramento (436)	4	1	25%	3	75%	2	1	50%	1	50%	2	0	0%	2	100%
Carrington - San Jose (876)	5	5	100%	0	0%	2	2	100%	0	0%	3	3	100%	0	0%
Carrington - San Leandro (609)	6	1	17%	5	83%	1	0	0%	1	100%	5	1	20%	4	80%
Carrington - Stockton (902)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Cerritos College (511)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Chaffey Community College (514)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
College of Alameda (506)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Concorde Career - Garden Grove (425)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Concorde Career - San Bernardino (430)	6	2	33%	4	67%	4	1	25%	3	75%	2	1	50%	1	50%
Concorde Career - San Diego (421)	7	2	29%	5	71%	4	2	50%	2	50%	3	0	0%	3	100%
East Los Angeles Occupational Center (855)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Eden Area Regional Occupational Center (608)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest - Anaheim (403)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Everest - City of Industry (875)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Everest - Los Angeles (410)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Everest - Ontario (501)	3	3	100%	0	0%	1	1	100%	0	0%	2	2	100%	0	0%
Everest - Reseda (404)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Everest - San Francisco (407)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Everest - San Jose (408)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Foothill Community College (517)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Galen - Fresno (413)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Grossmont Community College (519)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Hacienda La Puente Adult School (776)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Heald College - Hayward (889)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Milan Institute -Merced (928)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Milan Institute -Palm Desert (906)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Milan Institute - Visalia (907)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Monterey Pennisula College (527)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Mt. Diablo Adult Education (500)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Pima - Chula Vista (871)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Riverside County Office of Education (921)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
San Bernardino Cty ROP - Hesperia (454)	3	3	100%	0	0%	1	1	100%	0	0%	2	2	100%	0	0%
San Joaquin Valley College - Fresno (602)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
San Joaquin Valley College - Temecula (919)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%

Registered Dental Assistant Written Examination Statistics
May 2018

San Joaquin Valley College - Visalia (446)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
San Jose City College (535)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
Santa Rosa Junior College (538)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Shasta-Trinity Regional Occupational Center (455)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Simi Valley Adult School (866)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
The FADE Institute, Inc. (999)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
United Education Institute - Bakersfield (926)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Chula Vista (879)	3	1	33%	2	67%	2	0	0%	2	100%	1	1	100%	0	0%
United Education Institute - El Monte (909)	3	1	33%	2	67%	0	0	0%	0	0%	3	1	33%	2	67%
United Education Institute - Encino (453)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
United Education Institute - Gardena (915)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
United Education Institute - Huntington Park (448)	6	2	33%	4	67%	4	1	25%	3	75%	2	1	50%	1	50%
United Education Institute - San Marcos (918)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
TOTALS	145	72	50%	73	50%	78	39	50%	39	50%	67	33	49%	34	51%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	63	41	65%	22	35%	42	32	76%	10	24%	21	9	43%	12	57%
MIXED EDUCATION AND WORK EXPERIENCE	8	5	63%	3	38%	4	4	100%	0	0%	4	1	25%	3	75%
GRAND TOTALS	216	118	55%	98	45%	124	75	60%	49	40%	92	43	47%	49	53%

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	YTD First Time Testers	YTD Repeat Testers
4D College - Victorville (914)	N/A	N/A	N/A	33%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**33%**	**0%**	**0%**
pass				1									**1**	**0**	**0**
fail				2									**2**	**0**	**0**
Allan Hancock (508)	N/A	100%	100%	N/A	N/A	0%	N/A	N/A	100%	0%	100%	N/A	**64%**	**100%**	**50%**
pass	3	1	1			0			1	0	1		**7**	**1**	**1**
fail	2	0	0			1			0	1	0		**4**	**0**	**1**
American Career - Anaheim (896)	100%	0%	N/A	57%	67%	50%	0%	67%	N/A	0%	N/A	N/A	**50%**	**100%**	**20%**
pass	1	0		4	4	1	0	2		0			**12**	**1**	**1**
fail	0	2		3	2	1	2	1		1			**12**	**0**	**4**
American Career - Long Beach (997)	67%	0%	67%	0%	67%	50%	N/A	N/A	N/A	N/A	40%	N/A	**50%**	**50%**	**0%**
pass	2	0	2	0	2	1					2		**9**	**2**	**0**
fail	1	1	1	1	1	1					3		**9**	**2**	**1**
American Career - Los Angeles (867)	100%	50%	60%	100%	60%	67%	N/A	100%	50%	N/A	0%	N/A	**63%**	**50%**	**0%**
pass	5	2	3	2	3	2		1	2		0		**20**	**3**	**0**
fail	0	2	2	0	2	1		0	2		3		**12**	**3**	**2**
American Career - Ontario (905)	67%	0%	N/A	50%	100%	50%	N/A	33%	75%	25%	0%	N/A	**48%**	**33%**	**50%**
pass	2	0		2	2	1		1	3	1	0		**12**	**2**	**3**
fail	1	2		2	0	1		2	1	3	1		**13**	**4**	**3**
Anthem College (503)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass					1								**1**	**0**	**0**
fail					0								**0**	**0**	**0**
Bakersfield College	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass								1					**1**	**1**	**0**
fail								0					**0**	**0**	**0**
Baldy View ROP (590)	100%	0%	0%	100%	0%	100%	N/A	0%	0%	N/A	N/A	N/A	**33%**	**0%**	**0%**
pass	1	0	0	1	0	1		0	0				**3**	**0**	**0**
fail	0	1	1	0	1	0		2	1				**6**	**0**	**3**
Blake Austin College (897)	67%	N/A	100%	33%	100%	100%	100%	N/A	100%	N/A	100%	N/A	**80%**	**100%**	**100%**
pass	2		2	1	2	2	1		1		1		**12**	**2**	**1**
fail	1		0	2	0	0	0		0		0		**3**	**0**	**0**
Brightwood - Bakersfield (884)	75%	0%	67%	0%	33%	50%	50%	50%	50%	100%	33%	N/A	**50%**	**40%**	**60%**
pass	3	0	2	0	1	1	1	1	1	1	1		**12**	**2**	**3**
fail	1	1	1	1	2	1	1	1	1	0	2		**12**	**3**	**2**
Brightwood - Clovis (885)	60%	0%	67%	50%	67%	100%	60%	100%	17%	50%	0%	N/A	**50%**	**44%**	**38%**
pass	3	0	2	1	2	1	3	1	1	2	0		**16**	**4**	**3**
fail	2	1	1	1	1	0	2	0	5	2	1		**16**	**5**	**5**
Brightwood - Modesto (499)/(890)	60%	38%	100%	80%	50%	67%	0%	50%	60%	67%	0%	N/A	**55%**	**44%**	**29%**
pass	3	3	2	8	1	4	0	1	3	2	0		**27**	**4**	**2**
fail	2	5	0	2	1	2	3	1	2	1	3		**22**	**5**	**5**
Brightwood - Palm Springs (901)	N/A	67%	0%	100%	50%	50%	100%	N/A	0%	50%	100%	N/A	**57%**	**50%**	**67%**

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	YTD First Time Testers	YTD Repeat Testers
pass		2	0	1	1	1	1		0	1	1		8	1	2
fail		1	1	0	1	1	0		1	1	0		6	1	1
Brightwood - Riverside (898)	50%	N/A	100%	50%	N/A	100%	100%	100%	100%	N/A	0%	N/A	**73%**	**100%**	**50%**
pass	1		1	1		1	1	1	2		0		8	3	1
fail	1		0	1		0	0	0	0		1		3	0	1
Brightwood - Sacramento (888)	33%	67%	40%	100%	33%	40%	25%	100%	75%	100%	33%	N/A	**54%**	**86%**	**50%**
pass	1	2	2	1	1	2	1	3	3	3	1		20	6	5
fail	2	1	3	0	2	3	3	0	1	0	2		17	1	5
Brightwood - San Diego (899)	50%	50%	100%	100%	N/A	50%	0%	0%	100%	50%	67%	N/A	**50%**	**40%**	**40%**
pass	1	1	1	1		1	0	0	1	1	2		9	2	2
fail	1	1	0	0		1	1	3	0	1	1		9	3	3
Brightwood - Stockton (611)	N/A	N/A	N/A	100%	0%	100%	0%	N/A	100%	100%	N/A	N/A	**63%**	**33%**	**100%**
pass				2	0	1	0		1	1			5	1	1
fail				0	1	0	2		0	0			3	2	0
Brightwood - Vista (900)	0%	100%	100%	100%	67%	0%	100%	100%	0%	33%	33%	N/A	**69%**	**50%**	**83%**
pass	0	3	1	3	2	0	6	1	0	1	1		18	4	5
fail	1	0	0	0	1	1	0	0	1	2	2		8	4	1
Butte County Regional Occupational Program (605)	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass		2	1										3	0	0
fail		0	0										0	0	0
Cabrillo College (001)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass					1								1	0	0
fail					0								0	0	0
CA College of Vocational Careers (878)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**#DIV/0!**	**0**	**0**
pass													0	0	0
fail													0	0	0
Carrington - Antioch (886)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	**0%**	**0%**	**0%**
pass										0			0	0	0
fail										1			1	1	0
Carrington - Citrus Heights (882)	63%	67%	33%	67%	83%	67%	50%	75%	50%	25%	50%	N/A	**60%**	**44%**	**57%**
pass	5	2	1	2	5	2	1	3	1	1	2		25	4	4
fail	3	1	2	1	1	1	1	1	1	3	2		17	5	3
Carrington - Emeryville (904)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0**	**0**
pass						1							1	0	0
fail						0							0	0	0
Carrington - Pleasant Hill (868)	75%	50%	0%	100%	50%	75%	33%	N/A	100%	57%	100%	N/A	**66%**	**63%**	**60%**
pass	3	1	0	4	2	3	1		1	4	2		21	5	3
fail	1	1	1	0	2	1	2		0	3	0		11	3	2
Carrington - Pomona (908)	0%	N/A	N/A	0%	33%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**20%**	**0%**	**0%**
pass	0			0	1								1	0	0
fail	1			1	2								4	0	0

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Carrington - Sacramento (436)	33%	75%	64%	50%	71%	63%	63%	100%	56%	44%	71%	N/A	**59%**	**55%**	**64%**
pass	3	6	7	5	5	5	5	1	5	4	5		**51**	**11**	**9**
fail	6	2	4	5	2	3	3	0	4	5	2		**36**	**9**	**5**
Carrington - San Jose (876)	86%	100%	75%	67%	50%	100%	N/A	75%	75%	100%	50%	N/A	**76%**	**75%**	**67%**
pass	6	5	3	4	2	1		3	3	1	1		**29**	**6**	**2**
fail	1	0	1	2	2	0		1	1	0	1		**9**	**2**	**1**
Carrington - San Leandro (609)	25%	67%	25%	75%	33%	50%	50%	33%	67%	50%	0%	N/A	**46%**	**56%**	**29%**
pass	1	2	2	6	1	2	2	1	2	2	0		**21**	**5**	**2**
fail	3	1	6	2	2	2	2	2	1	2	2		**25**	**4**	**5**
Carrington - Stockton (902)	83%	57%	100%	75%	N/A	100%	75%	100%	100%	100%	33%	N/A	**80%**	**75%**	**100%**
pass	5	4	7	3		2	3	2	2	4	1		**33**	**9**	**3**
fail	1	3	0	1		0	1	0	0	0	2		**8**	**3**	**0**
Cerritos College (511)	N/A	67%	100%	75%	100%	100%	N/A	50%	100%	N/A	0%	N/A	**76%**	**50%**	**50%**
pass		2	3	3	1	2		1	1		0		**13**	**1**	**1**
fail		1	0	1	0	0		1	0		1		**4**	**1**	**1**
Chabot College - Hayward (513)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Chaffey College (514)	0%	100%	75%	100%	N/A	N/A	N/A	100%	0%	N/A	N/A	N/A	**64%**	**50%**	**0%**
pass	0	1	3	2				1	0				**7**	**1**	**0**
fail	2	0	1	0				0	1				**4**	**1**	**0**
Charter College - Canyon Country (401)	0%	100%	50%	100%	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	**50%**	**0%**	**0%**
pass	0	2	1	1					0				**4**	**0**	**0**
fail	2	0	1	0					1				**4**	**0**	**1**
Citrus College (515)	N/A	50%	75%	100%	50%	N/A	0%	50%	N/A	100%	N/A	N/A	**67%**	**0%**	**50%**
pass		1	3	4	2		0	1		1			**12**	**0**	**2**
fail		1	1	0	2		1	1		0			**6**	**0**	**2**
City College of San Francisco (534)	100%	88%	100%	N/A	100%	100%	67%	100%	N/A	N/A	N/A	N/A	**90%**	**75%**	**0%**
pass	2	7	5		1	1	2	1					**19**	**3**	**0**
fail	0	1	0		0	0	1	0					**2**	**1**	**0**
College of Alameda (506)	N/A	100%	50%	71%	57%	0%	67%	50%	0%	N/A	43%	N/A	**53%**	**25%**	**56%**
pass		2	3	5	4	0	2	1	0		3		**20**	**1**	**5**
fail		0	3	2	3	3	1	1	1		4		**18**	**3**	**4**
College of Marin (523)	N/A	100%	88%	100%	100%	N/A	100%	0%	100%	N/A	N/A	N/A	**89%**	**100%**	**50%**
pass		6	7	1	1		1	0	1				**17**	**1**	**1**
fail		0	1	0	0		0	1	0				**2**	**0**	**1**
College of San Mateo (536)	N/A	100%	100%	100%	N/A	33%	N/A	N/A	0%	50%	N/A	N/A	**67%**	**0%**	**33%**
pass		2	2	2		1			0	1			**8**	**0**	**1**
fail		0	0	0		2			1	1			**4**	**0**	**2**
College of the Redwoods (838)	100%	100%	N/A	0%	N/A	N/A	N/A	N/A	50%	N/A	100%	N/A	**87%**	**0%**	**67%**

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pass	5	6		0					1		1		13	0	2
fail	0	0		1					1		0		2	0	1
Concorde Career - Garden Grove (425)	67%	67%	75%	75%	40%	50%	50%	67%	100%	50%	67%	N/A	**65%**	**67%**	**50%**
pass	4	4	6	6	2	2	1	2	1	1	2		31	6	1
fail	2	2	2	2	3	2	1	1	0	1	1		17	3	1
Concorde Career - North Hollywood (435)	100%	100%	N/A	0%	33%	100%	100%	0%	0%	50%	N/A	N/A	**57%**	**50%**	**50%**
pass	1	1		0	1	2	2	0	0	1			8	2	1
fail	0	0		1	2	0	0	1	1	1			6	2	1
Concorde Career - San Bernardino (430)	60%	67%	33%	86%	33%	60%	57%	67%	43%	60%	0%	N/A	**56%**	**35%**	**73%**
pass	3	8	1	6	2	3	4	4	3	3	0		37	6	8
fail	2	4	2	1	4	2	3	2	4	2	3		29	11	3
Concorde Career - San Diego (421)	67%	25%	40%	29%	67%	50%	75%	50%	100%	40%	29%	N/A	**45%**	**33%**	**58%**
pass	2	1	2	2	2	2	3	2	1	2	2		21	3	7
fail	1	3	3	5	1	2	1	2	0	3	5		26	6	5
Concorde Career - San Jose (400)	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	100%	N/A	N/A	**67%**	**100%**	**0%**
pass					1					1			2	1	0
fail					1					0			1	0	0
Contra Costa (745)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													0	0	0
fail													0	0	0
Cypress College (518)	N/A	N/A	0%	N/A	N/A	N/A	0%	N/A	0%	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass			0				0		0				0	0	0
fail			1				1		1				3	1	1
Diablo Valley College (516)	N/A	100%	100%	N/A	75%	N/A	N/A	N/A	100%	N/A	N/A	N/A	**94%**	**0%**	**100%**
pass		3	8		3				1				15	0	1
fail		0	0		1				0				1	0	0
East Los Angeles Occupational Center (855)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	**100%**	**0%**	**100%**
pass										1			1	0	1
fail										0			0	0	0
Eden Area Regional Occupational Program (608) (856)	N/A	0%	100%	N/A	0%	100%	100%	N/A	0%	N/A	100%	N/A	**57%**	**67%**	**0%**
pass		0	1		0	1	1		0		1		4	2	0
fail		1	0		1	0	0		1		0		3	1	0
Everest - Alhambra (406)	100%	N/A	N/A	N/A	0%	N/A	0%	N/A	50%	N/A	N/A	N/A	**50%**	**0%**	**50%**
pass	2				0		0		1				3	0	1
fail	0				1		1		1				3	1	1
Everest - Anaheim (403)/(600)	N/A	N/A	0%	0%	100%	0%	0%	100%	100%	N/A	N/A	N/A	**43%**	**0%**	**100%**
pass			0	0	1	0	0	1	1				3	0	2
fail			1	1	0	1	1	0	0				4	1	0
Everest - City of Industry (875)	N/A	50%	N/A	N/A	0%	50%	N/A	0%	N/A	50%	N/A	N/A	**33%**	**0%**	**50%**
pass		1			0	1		0		1			3	0	1
fail		1			2	1		1		1			6	1	1

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Everest - Gardena (870)	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass							0						**0**	**0**	**0**
fail							1						**1**	**0**	**1**
Everest - Los Angeles (410)	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	**100%**	**100%**	**0%**
pass	2	1		1							1		**5**	**1**	**0**
fail	0	0		0							0		**0**	**0**	**0**
Everest - Ontario (501)	100%	N/A	100%	50%	0%	N/A	0%	0%	100%	N/A	N/A	N/A	**55%**	**0%**	**100%**
pass	1		2	2	0		0	0	1				**6**	**0**	**1**
fail	0		0	2	1		1	1	0				**5**	**2**	**0**
Everest - Reseda (404)	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	50%	0%	0%	N/A	**63%**	**100%**	**0%**
pass			1	1		2			1	0	0		**5**	**1**	**0**
fail			0	0		0			1	1	1		**3**	**0**	**3**
Everest - San Bernardino (881)	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass		1	1		1								**3**	**0**	**0**
fail		0	0		0								**0**	**0**	**0**
Everest - San Francisco (407)	N/A	100%	0%	50%	100%	100%	N/A	50%	100%	0%	50%	N/A	**54%**	**33%**	**50%**
pass		1	0	1	1	1		1	1	0	1		**7**	**1**	**2**
fail		0	1	1	0	0		1	0	2	1		**6**	**2**	**2**
Everest - San Jose (408)	N/A	N/A	N/A	100%	0%	N/A	N/A	N/A	100%	N/A	20%	N/A	**33%**	**33%**	**33%**
pass				1	0				1		1		**3**	**1**	**1**
fail				0	2				0		4		**6**	**2**	**2**
Everest - Torrance (409)	N/A	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**50%**	**0**	**0**
pass		0	1										**1**	**0**	**0**
fail		1	0										**1**	**0**	**0**
Everest - W Los Angeles (874)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass		1											**1**	**0**	**0**
fail		0											**0**	**0**	**0**
Foothill College (517)	N/A	50%	100%	N/A	100%	100%	50%	N/A	N/A	N/A	N/A	N/A	**79%**	**50%**	**0%**
pass		2	3		4	1	1						**11**	**1**	**0**
fail		2	0		0	0	1						**3**	**1**	**0**
Galen - Fresno (413)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	0%	N/A	0%	N/A	**33%**	**0%**	**0%**
pass						1			0		0		**1**	**0**	**0**
fail						0			1		1		**2**	**1**	**1**
Galen - Modesto (497)	0%	N/A	100%	N/A	N/A	N/A	0%	100%	N/A	0%	100%	N/A	**50%**	**0%**	**67%**
pass	0		1				0	1		0	1		**3**	**0**	**2**
fail	1		0				1	0		1	0		**3**	**1**	**1**
Galen - Visalia (445)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0**	**0**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Grossmont Community College - El Cajon (519)	100%	75%	0%	33%	N/A	0%	75%	N/A	100%	0%	50%	N/A	**59%**	**71%**	**0%**
pass	4	6	0	1		0	3		1	0	1		**16**	**5**	**0**

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fail	0	2	1	2		2	1		0	2	1		**11**	**2**	**2**
Grossmont Community College - Santee (610)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	**100%**	**0%**	**100%**
pass								1					**1**	**0**	**1**
fail								0					**0**	**0**	**0**
Hacienda La Puente (776)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	**0%**	**0%**	**0%**
pass			0								0		**0**	**0**	**0**
fail			1								1		**2**	**1**	**0**
Heald - Concord (891)	67%	100%	100%	N/A	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	**71%**	**0%**	**0%**
pass	2	1	1		0	1							**5**	**0**	**0**
fail	1	0	0		1	0							**2**	**0**	**0**
Heald - Hayward (889)	100%	100%	N/A	N/A	N/A	0%	N/A	0%	N/A	N/A	0%	N/A	**57%**	**0%**	**0%**
pass	2	2				0		0			0		**4**	**0**	**0**
fail	0	0				1		1			1		**3**	**0**	**2**
Heald - Roseville (911)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass						1							**1**	**0**	**0**
fail						0							**0**	**0**	**0**
Heald - Salida (910)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	**50%**	**0%**	**0%**
pass	1										0		**1**	**0**	**0**
fail	0										1		**1**	**1**	**0**
Heald - Stockton (887)	67%	N/A	100%	N/A	N/A	0%	100%	0%	N/A	N/A	N/A	N/A	**63%**	**0%**	**50%**
pass	2		2			0	1	0					**5**	**0**	**1**
fail	1		0			1	0	1					**3**	**0**	**1**
Intercoast College - El Cajon (883)	N/A	N/A	N/A	100%	N/A	N/A	0%	N/A	N/A	N/A	100%	N/A	**67%**	**0%**	**100%**
pass				1			0				1		**2**	**0**	**1**
fail				0			1				0		**1**	**1**	**0**
Los Angeles City College (522)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Milan Institute - Merced (928)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	**100%**		
pass										1			**1**	**1**	
fail										0			**0**	**0**	
Milan Institute - Palm Desert/Indio (906)	0%	0%	100%	N/A	N/A	0%	N/A	50%	N/A	50%	33%	N/A	**33%**	**40%**	**50%**
pass	0	0	1			0		1		1	1		**4**	**2**	**1**
fail	1	1	0			2		1		1	2		**8**	**3**	**1**
Milan Institute - Visalia (907)	67%	67%	50%	75%	N/A	67%	0%	0%	N/A	N/A	0%	N/A	**56%**	**0%**	**0%**
pass	2	2	1	3		2	0	0			0		**10**	**0**	**0**
fail	1	1	1	1		1	1	1			1		**8**	**3**	**0**
Modesto Junior College (526)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0**	**0**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	YTD First Time Testers	YTD Repeat Testers
Monterey Peninsula (527)	100%	67%	40%	100%	33%	100%	N/A	0%	0%	N/A	67%	N/A	**58%**	**0%**	**33%**
pass	1	2	2	2	1	5		0	0		2		**15**	**0**	**2**
fail	0	1	3	0	2	0		3	1		1		**11**	**1**	**4**
Moreno Valley College (903)	100%	100%	100%	N/A	N/A	N/A	50%	0%	N/A	100%	100%	N/A	**80%**	**67%**	**50%**
pass	3	1	1				1	0		1	1		**8**	**2**	**1**
fail	0	0	0				1	1		0	0		**2**	**1**	**1**
Mt. Diablo/Loma Vista (500)	100%	100%	33%	100%	0%	75%	0%	50%	75%	100%	100%	N/A	**72%**	**75%**	**67%**
pass	1	1	1	5	0	3	0	1	3	2	1		**18**	**3**	**4**
fail	0	0	2	0	1	1	1	1	1	0	0		**7**	**1**	**2**
National Education Center (604)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
North Orange County Regional Occupational Program (495)	100%	N/A	33%	N/A	50%	50%	67%	N/A	0%	N/A	N/A	N/A	**46%**	**50%**	**0%**
pass	1		1		1	1	2		0				**6**	**2**	**0**
fail	0		2		1	1	1		2				**7**	**2**	**1**
North-West - Pomona (420)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	**100%**	**100%**	**0%**
pass									1	1			**2**	**2**	**0**
fail									0	0			**0**	**0**	**0**
North-West - West Covina (419)	0%	20%	0%	0%	0%	33%	50%	0%	60%	100%	100%	N/A	**35%**	**50%**	**57%**
pass	0	1	0	0	0	1	1	0	3	1	1		**8**	**2**	**4**
fail	1	4	1	1	1	2	1	2	2	0	0		**15**	**2**	**3**
Orange Coast (528)	75%	100%	100%	100%	N/A	N/A	N/A	N/A	100%	N/A	0%	N/A	**82%**	**100%**	**0%**
pass	3	2	1	2					1		0		**9**	**1**	**0**
fail	1	0	0	0					0		1		**2**	**0**	**1**
Palomar College (721)	100%	100%	100%	N/A	100%	N/A	100%	N/A	N/A	N/A	100%	N/A	**100%**	**100%**	**100%**
pass	11	5	2		1		1				1		**21**	**1**	**1**
fail	0	0	0		0		0				0		**0**	**0**	**0**
Pasadena City College (529)	80%	67%	100%	100%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	**83%**	**0%**	**100%**
pass	4	2	1	2					1				**10**	**0**	**1**
fail	1	1	0	0					0				**2**	**0**	**0**
Pima - Chula Vista (871)	67%	75%	100%	N/A	33%	100%	0%	N/A	0%	67%	N/A	N/A	**55%**	**25%**	**33%**
pass	2	3	1		1	2	0		0	2			**11**	**1**	**1**
fail	1	1	0		2	0	1		3	1			**9**	**3**	**2**
Reedley College (530)	100%	100%	100%	0%	100%	100%	N/A	N/A	100%	N/A	N/A	N/A	**83%**	**0%**	**100%**
pass	2	1	4	0	1	1			1				**10**	**0**	**1**
fail	0	0	0	2	0	0			0				**2**	**0**	**0**
Riverside County Office of Education - Indio (921)	N/A	100%	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass		1		2	1								**4**	**0**	**0**
fail		0		0	0								**0**	**0**	**0**
Riverside ROP - Riverside (498)	67%	67%	100%	50%	40%	75%	0%	0%	50%	N/A	N/A	N/A	**52%**	**0%**	**20%**

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	YTD First Time Testers	YTD Repeat Testers
pass	2	2	2	2	2	3	0	0	1				14	0	1
fail	1	1	0	2	3	1	2	2	1				13	1	4
Sacramento City College (532)	N/A	100%	100%	100%	0%	N/A	N/A	N/A	100%	N/A	N/A	N/A	**96%**	**0%**	**100%**
pass		11	11	1	0				1				24	0	1
fail		0	0	0	1				0				1	0	0
San Bernardino County Regional Occupational Program - Hesperia (454)	100%	33%	75%	50%	0%	50%	33%	100%	100%	100%	50%	N/A	**59%**	**86%**	**60%**
pass	3	1	3	1	0	3	1	2	2	3	1		20	6	3
fail	0	2	1	1	4	3	2	0	0	0	1		14	1	2
San Bernardino County Regional Occupational Program - Morongo USD (913)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass									0				0	0	0
fail									1				1	0	1
San Diego Mesa (533)	N/A	100%	100%	100%	100%	100%	N/A	N/A	N/A	N/A	100%	N/A	**100%**	**100%**	**0%**
pass		1	1	3	2	3					1		11	1	0
fail		0	0	0	0	0					0		0	0	0
San Joaquin Valley College - Bakersfield (601)	100%	N/A	100%	N/A	100%	100%	100%	N/A	100%	N/A	N/A	N/A	**100%**	**100%**	**0%**
pass	2		1		1	1	1		1				7	2	0
fail	0		0		0	0	0		0				0	0	0
San Joaquin Valley College - Fresno (602)	67%	33%	100%	100%	50%	0%	100%	100%	67%	50%	N/A	N/A	**65%**	**80%**	**50%**
pass	2	1	2	3	1	0	1	1	2	2			15	4	2
fail	1	2	0	0	1	1	0	0	1	2			8	1	2
San Joaquin Valley College - Rancho Cordova (880)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass		1											1	0	0
fail		0											0	0	0
San Joaquin Valley College - Temecula (919)	100%	100%	100%	67%	100%	100%	100%	50%	100%	80%	100%	N/A	**90%**	**86%**	**0%**
pass	1	3	8	2	1	1	3	1	2	4	2		28	12	0
fail	0	0	0	1	0	0	0	1	0	1	0		3	2	0
San Joaquin Valley College - Visalia (446)	50%	100%	100%	100%	N/A	N/A	N/A	100%	40%	N/A	100%	N/A	**72%**	**57%**	**100%**
pass	2	2	1	3				2	2		1		13	4	1
fail	2	0	0	0				0	3		0		5	3	0
San Jose City College (535)	75%	100%	33%	67%	60%	75%	67%	67%	N/A	100%	100%	N/A	**73%**	**88%**	**67%**
pass	3	3	1	2	3	3	2	2		2	3		24	7	2
fail	1	0	2	1	2	1	1	1		0	0		9	1	1
Santa Barbara City College (537)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0**	**0**
pass													0	0	0
fail													0	0	0
Santa Rosa Junior College (538)	N/A	N/A	N/A	N/A	100%	80%	67%	100%	100%	N/A	100%	N/A	**89%**	**75%**	**100%**
pass					7	4	2	2	1		1		17	3	3
fail					0	1	1	0	0		0		2	1	0
Shasta/Trinity Regional Occupational Program (455)	100%	86%	100%	N/A	N/A	N/A	N/A	N/A	0%	50%	0%	N/A	**71%**	**0%**	**50%**
pass	1	6	2						0	1	0		10	0	1
fail	0	1	0						1	1	1		4	2	1

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	YTD First Time Testers	YTD Repeat Testers
Simi Valley Adult School (866)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	50%	N/A	**83%**	**80%**	**0%**
pass		1							3		1		**5**	**4**	**0**
fail		0							0		1		**1**	**1**	**0**
Southern California Regional Occupational Center - Torrance (612)	100%	50%	75%	0%	50%	100%	100%	50%	0%	50%	100%	N/A	**61%**	**100%**	**33%**
pass	2	2	3	0	1	1	1	1	0	1	2		**14**	**3**	**2**
fail	0	2	1	1	1	0	0	1	2	1	0		**9**	**0**	**4**
Southland College (428)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**#DIV/0!**	**0**	**0**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
The FADE Institute, Inc. (999)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	50%	100%	N/A	**88%**	**86%**	**100%**
pass								2	1	1	3		**7**	**6**	**1**
fail								0	0	1	0		**1**	**1**	**0**
The Valley School of Dental Assisting (920)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Tri Cities Regional Occupational Program (877)	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass	3				1								**4**	**0**	**0**
fail	0				0								**0**	**0**	**0**
United Education Institute - Anaheim (916)	50%	0%	50%	0%	0%	N/A	0%	0%	50%	N/A	N/A	N/A	**26%**	**0%**	**33%**
pass	1	0	2	0	0		0	0	2				**5**	**0**	**2**
fail	1	1	2	3	1		1	3	2				**14**	**2**	**4**
United Education Institute - Bakersfield (926)	0%	43%	50%	44%	75%	25%	0%	50%	83%	100%	0%	N/A	**48%**	**57%**	**60%**
pass	0	3	1	4	3	1	0	1	5	1	0		**19**	**4**	**3**
fail	2	4	1	5	1	3	2	1	1	0	1		**21**	**3**	**2**
United Education Institute - Chula Vista (879)	100%	43%	40%	N/A	100%	N/A	50%	0%	50%	0%	0%	N/A	**39%**	**17%**	**17%**
pass	1	3	2		3		1	0	1	0	0		**11**	**1**	**1**
fail	0	4	3		0		1	2	1	2	4		**17**	**5**	**5**
United Education Institute - El Monte (909)	0%	0%	50%	100%	0%	0%	0%	N/A	N/A	0%	0%	N/A	**21%**	**0%**	**0%**
pass	0	0	1	2	0	0	0			0	0		**3**	**0**	**0**
fail	2	3	1	0	1	1	1			1	1		**11**	**0**	**3**
United Education Institute - Fresno (927)	100%	25%	67%	0%	0%	50%	100%	N/A	N/A	33%	N/A	N/A	**48%**	**0%**	**67%**
pass	2	1	4	0	0	2	1			1			**11**	**0**	**2**
fail	0	3	2	1	2	2	0			2			**12**	**1**	**1**
United Education Institute - Gardena (915)	33%	N/A	100%	N/A	0%	N/A	0%	N/A	0%	50%	100%	N/A	**36%**	**0%**	**60%**
pass	1		1		0		0		0	2	1		**5**	**0**	**3**
fail	2		0		2		2		1	2	0		**9**	**3**	**2**
United Education Institute - Huntington Park (448)	43%	75%	50%	0%	100%	100%	0%	0%	0%	33%	67%	N/A	**43%**	**38%**	**0%**
pass	3	3	3	0	2	2	0	0	0	1	2		**16**	**3**	**0**
fail	4	1	3	1	0	0	3	4	2	2	1		**21**	**5**	**7**
United Education Institute - Los Angeles (449)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	YTD First Time Testers	YTD Repeat Testers
fail													**0**	**0**	**0**
United Education Institute - Ontario (450)	0%	0%	67%	33%	N/A	100%	N/A	100%	0%	33%	N/A	N/A	**35%**	**0%**	**40%**
pass	0	0	2	1		3		1	0	1			**8**	**0**	**2**
fail	2	5	1	2		0		0	3	2			**15**	**2**	**3**
United Education Institute - Riverside (917)	20%	50%	0%	67%	50%	50%	0%	N/A	100%	50%	0%	N/A	**41%**	**50%**	**50%**
pass	1	2	0	2	1	1	0		2	2	0		**11**	**2**	**2**
fail	4	2	3	1	1	1	1		0	2	1		**16**	**2**	**2**
United Education Institute - San Diego (451)	100%	N/A	0%	100%	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	**80%**	**100%**	**0%**
pass	1		0	1		1	1						**4**	**1**	**0**
fail	0		1	0		0	0						**1**	**0**	**0**
United Education Institute - San Marcos (918)	0%	N/A	N/A	50%	100%	N/A	33%	100%	N/A	60%	33%	N/A	**50%**	**57%**	**40%**
pass	0			1	1		1	1		3	1		**8**	**4**	**2**
fail	1			1	0		2	0		2	2		**8**	**3**	**3**
United Education Institute - Stockton (925)	100%	0%	100%	0%	100%	N/A	0%	100%	100%	100%	0%	N/A	**64%**	**50%**	**75%**
pass	1	0	1	0	2		0	1	3	1	0		**9**	**2**	**3**
fail	0	1	0	1	0		2	0	0	0	1		**5**	**2**	**1**
United Education Institute - Van Nuys/Encino (453)	60%	50%	100%	75%	N/A	50%	100%	N/A	N/A	25%	0%	N/A	**50%**	**25%**	**25%**
pass	3	1	1	3		1	1		0	1	0		**11**	**1**	**1**
fail	2	1	0	1		1	0		1	3	2		**11**	**3**	**3**
Unitek - Concord (994)	N/A	100%	0%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	**67%**	**0%**	**100%**
pass		1	0					1					**2**	**0**	**1**
fail		0	1					0					**1**	**0**	**0**
Unitek - Sacramento (924)	100%	N/A	N/A	0%	100%	N/A	75%	N/A	N/A	50%	N/A	N/A	**64%**	**50%**	**75%**
pass	1			0	1		3			2			**7**	**2**	**3**
fail	0			1	0		1			2			**4**	**2**	**1**
Unitek - San Jose (995)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass					1								**1**	**0**	**0**
fail					0								**0**	**0**	**0**
West Wood College (922)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
NATIONAL (ADA)	50%	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**67%**	**0%**	**0%**
pass	3	2			1								**6**	**0**	**0**
fail	3	0			0								**3**	**0**	**0**
WORK EXPERIENCE	57%	61%	55%	65%	44%	52%	56%	56%	58%	62%	56%	N/A	**56%**	**66%**	**45%**
pass	66	55	52	69	49	52	44	40	49	44	51		**571**	**158**	**70**
fail	49	35	42	37	62	48	34	32	35	27	40		**441**	**81**	**87**
MIXED EDUCATION AND WORK EXPERIENCE	N/A	N/A	N/A	N/A	N/A	N/A	63%	43%	50%	39%	36%	N/A	**45%**	**50%**	**38%**
pass							5	6	8	7	4		**30**	**19**	**11**
fail							3	8	8	11	7		**37**	**19**	**18**
PERCENT PASS	**64%**	**65%**	**65%**	**66%**	**53%**	**59%**	**54%**	**53%**	**57%**	**55%**	**49%**	**N/A**	**59%**	**59%**	**47%**

RDA LAW AND ETHICS EXAMINATION SCHOOL STATISTICS

Program	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total
TOTAL PASS	220	224	218	210	155	156	121	106	145	130	117		1,802
TOTAL FAIL	126	122	117	110	140	108	105	93	109	107	121		1,258

YTD First Time Testers	YTD Repeat Testers
383	236
270	265

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

Registered Dental Assistant Law Ethics Examination Statistics
April 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Allan Hancock College - Santa Maria (508)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
American Career - Anaheim (896)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
American Career - Ontario (905)	4	1	25%	3	75%	3	0	0%	3	100%	1	1	100%	0	0%
Brightwood - Bakersfield (884)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Brightwood - Clovis (885)	4	2	50%	2	50%	1	0	0%	1	100%	3	2	67%	1	33%
Brightwood - Modesto (499)/(890)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
Brightwood - Palm Springs (901)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Brightwood - Sacramento (888)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Brightwood - San Diego (899)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Brightwood - Stockton (611)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Brightwood - Vista (900)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
Carrington - Antioch (886)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Carrington - Citrus Heights (882)	4	1	25%	3	75%	3	1	33%	2	67%	1	0	0%	1	100%
Carrington - Pleasant Hill (868)	7	4	57%	3	43%	6	4	67%	2	33%	1	0	0%	1	100%
Carrington - Sacramento (436)	9	4	44%	5	56%	6	2	33%	4	67%	3	2	67%	1	33%
Carrington - San Jose (876)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Carrington - San Leandro (609)	4	2	50%	2	50%	2	1	50%	1	50%	2	1	50%	1	50%
Carrington - Stockton (902)	4	4	100%	0	0%	3	3	100%	0	0%	1	1	100%	0	0%
Citrus College (515)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
College of San Mateo (536)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Concorde Career - Garden Grove (425)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Concorde Career - North Hollywood (435)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Concorde Career - San Bernardino (430)	5	3	60%	2	40%	3	1	33%	2	67%	2	2	100%	0	0%
Concorde Career - San Diego (421)	5	2	40%	3	60%	3	1	33%	2	67%	2	1	50%	1	50%
Concorde Career - San Jose(400)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
East Los Angeles Occupational Center (855)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Everest - City of Industry (875)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Everest - Reseda (404)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Everest - San Francisco (407)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Galen - Modesto (497)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Grossmont Community College - El Cajon (519)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Milan Institute - Merced (928)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Milan Institute - Palm Desert (906)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Moreno Valley College (903)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Mt. Diablo/Loma Vista (500)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
North-West - Pomona (420)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
North-West - West Covina (419)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Pima Medical Institute - Chula Vista (871)	3	2	67%	1	33%	1	1	100%	0	0%	2	1	50%	1	50%
San Bernardino Cty ROP - Hesperia (454)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Fresno (602)	4	2	50%	2	50%	2	2	100%	0	0%	2	0	0%	2	100%
San Joaquin Valley College - Temecula (919)	5	4	80%	1	20%	5	4	80%	1	20%	0	0	0%	0	0%
San Jose City College (535)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Shasta Trinity Regional Occupational Program (455)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Southern California ROC - Torrance (612)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
The FADE Institute, Inc (999)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
United Education Institute - Bakersfield (926)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
United Education Institute - Chula Vista (879)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
United Education Institute - El Monte (909)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
United Education Institute - Encino (453)	4	1	25%	3	75%	3	1	33%	2	67%	1	0	0%	1	100%

Registered Dental Assistant Law Ethics Examination Statistics
April 2018

United Education Institute - Fresno (927)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
United Education Institute - Gardena (915)	4	2	50%	2	50%	1	0	0%	1	100%	3	2	67%	1	33%
United Education Institute - Huntington Park (448)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
United Education Institute - Ontario (450)	3	1	33%	2	67%	0	0	0%	0	0%	3	1	33%	2	67%
United Education Institute - Riverside (917)	4	2	50%	2	50%	3	2	67%	1	33%	1	0	0%	1	100%
United Education Institute - San Marcos (918)	5	3	60%	2	40%	4	3	75%	1	25%	1	0	0%	1	100%
United Education Institute - Stockton (925)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Unitek College - Sacramento (924)	4	2	50%	2	50%	1	0	0%	1	100%	3	2	67%	1	33%
TOTALS	148	79	53%	69	47%	84	49	58%	35	42%	64	30	47%	34	53%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	71	44	62%	27	38%	37	29	78%	8	22%	34	15	44%	19	56%
MIXED EDUCATION AND WORK EXPERIENCE	18	7	39%	11	61%	9	6	67%	3	33%	9	1	11%	8	89%
GRAND TOTALS	237	130	55%	107	45%	130	84	65%	46	35%	107	46	43%	61	57%

Registered Dental Assistant Law Ethics Examination Statistics
May 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Allan Hancock College - Santa Maria (508)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
American Career - Long Beach (997)	5	2	40%	3	60%	4	2	50%	2	50%	1	0	0%	1	100%
American Career - Los Angeles (867)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
American Career - Ontario (905)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Blake Austin College (897)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Bakersfield (884)	3	1	33%	2	67%	2	0	0%	2	100%	1	1	100%	0	0%
Brightwood - Clovis (885)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Brightwood - Modesto (499)/(890)	3	0	0%	3	100%	1	0	0%	1	100%	2	0	0%	2	100%
Brightwood - Palm Springs (901)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Brightwood - Riverside (898)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Brightwood - Sacramento (888)	3	1	33%	2	67%	1	1	100%	0	0%	2	0	0%	2	100%
Brightwood - San Diego (899)	3	2	67%	1	33%	1	1	100%	0	0%	2	1	50%	1	50%
Brightwood - Vista (900)	3	1	33%	2	67%	2	0	0%	2	100%	1	1	100%	0	0%
Carrington - Citrus Heights (882)	4	2	50%	2	50%	1	0	0%	1	100%	3	2	67%	1	33%
Carrington - Pleasant Hill (868)	2	2	100%	0	0%	0	0	0%	0	0%	2	2	100%	0	0%
Carrington - Sacramento (436)	7	5	71%	2	29%	2	2	100%	0	0%	5	3	60%	2	40%
Carrington - San Jose (876)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Carrington - San Leandro (609)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Carrington - Stockton (902)	3	1	33%	2	67%	2	0	0%	2	100%	1	1	100%	0	0%
Cerritos Community College (511)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
College of Alameda (506)	7	3	43%	4	57%	1	0	0%	1	100%	6	3	50%	3	50%
College of the Redwoods (838)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Concorde Career - Garden Grove (425)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Concorde Career - San Bernardino (430)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
Concorde Career - San Diego (421)	7	2	29%	5	71%	3	0	0%	3	100%	4	2	50%	2	50%
Eden Area Regional Occupational Center - Hayward (608)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest - Los Angeles (410)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest - Reseda (404)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Everest - San Francisco (407)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Everest - San Jose (408)	5	1	20%	4	80%	3	1	33%	2	67%	2	0	0%	2	100%
Galen College - Fresno (413)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Galen College - Modesto (497)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Grossmont Community College - El Cajon (519)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Hacienda La Puente Adult School (776)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Heald College - Hayward (889)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Heald College - Salida (910)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Intercoast College -El Cajon (883)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Milan Institute - Palm Desert (906)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
Milan Institute -Visalia (907)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Monterey Peninsula College (527)	3	2	67%	1	33%	0	0	0%	0	0%	3	2	67%	1	33%
Moreno Valley College (903)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Mt. Diablo/Loma Vista (500)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
North-West - West Covina (419)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Orange Coast College (528)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Palomar College (721)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
San Bernardino Cty ROP - Hesperia (454)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
San Diego Mesa College (533)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Temecula (919)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Visalia (446)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%

Registered Dental Assistant Law Ethics Examination Statistics
May 2018

San Jose City College (535)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Santa Rosa Junior College (538)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Shasta Trinity Regional Occupational Program (455)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Simi Valley Adult School (866)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Southern California ROC - Torrance (612)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
The FADE Institute, Inc (999)	3	3	100%	0	0%	2	2	100%	0	0%	1	1	100%	0	0%
United Education Institute - Bakersfield (926)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Chula Vista (879)	4	0	0%	4	100%	2	0	0%	2	100%	2	0	0%	2	100%
United Education Institute - El Monte (909)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
United Education Institute - Encino (453)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
United Education Institute - Gardena (915)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
United Education Institute - Huntington Park (448)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
United Education Institute - Riverside (917)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
United Education Institute - San Marcos (918)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
United Education Institute - Stockton (925)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
TOTALS	136	62	46%	74	54%	70	31	44%	39	56%	66	31	47%	35	53%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	91	51	56%	40	44%	56	36	64%	20	36%	35	15	43%	20	57%
MIXED EDUCATION AND WORK EXPERIENCE	11	4	36%	7	64%	6	2	33%	4	67%	5	2	40%	3	60%
GRAND TOTALS	238	117	49%	121	51%	132	69	52%	63	48%	106	48	45%	58	55%

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Program	May-18	Jun-18	Total	YTD First Time Testers	YTD Repeat Testers
4D College - Victorville (914)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Allan Hancock (508)	N/A	92%	**92%**	**92%**	**0%**
pass		11	**11**	**11**	**0**
fail		1	**1**	**1**	**0**
American Career - Anaheim (896)	N/A	100%	**100%**	**100%**	**0%**
pass		2	**2**	**2**	**0**
fail		0	**0**	**0**	**0**
American Career - Long Beach (997)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
American Career - Los Angeles (867)	N/A	20%	**20%**	**20%**	**0%**
pass		1	**1**	**1**	**0**
fail		4	**4**	**4**	**0**
American Career - Ontario (905)	N/A	50%	**50%**	**50%**	**0%**
pass		1	**1**	**1**	**0**
fail		1	**1**	**1**	**0**
Anthem College (503)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		1	**1**	**1**	**0**
Bakersfield College	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Baldy View Regioanl Occupational Program (590)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		1	**1**	**1**	**0**
Blake Austin College (897)	N/A	67%	**67%**	**67%**	**0%**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

pass		2	**2**	**2**	**0**
fail		1	**1**	**1**	**0**
Brightwood - Bakersfield (884)	N/A	50%	**50%**	**50%**	**0%**
pass		1	**1**	**1**	**0**
fail		1	**1**	**1**	**0**
Brightwood - Clovis (885)	100%	50%	**57%**	**57%**	**0%**
pass	1	3	**4**	**4**	**0**
fail	0	3	**3**	**3**	**0**
Brightwood - Modesto (499)/(890)	N/A	43%	**43%**	**43%**	**0%**
pass		3	**3**	**3**	**0**
fail		4	**4**	**4**	**0**
Brightwood - Palm Springs (901)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Brightwood - Riverside (898)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Brightwood - Sacramento (888)	N/A	40%	**40%**	**40%**	**0%**
pass		2	**2**	**2**	**0**
fail		3	**3**	**3**	**0**
Brightwood - San Diego (899)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		1	**1**	**1**	**0**
Brightwood - Stockton (611)	N/A	50%	**50%**	**50%**	**0%**
pass		1	**1**	**1**	**0**
fail		1	**1**	**1**	**0**
Brightwood - Vista (900)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Butte County Regional Occupational Program (605)	N/A	67%	**67%**	**67%**	**0%**
pass		2	**2**	**2**	**0**
fail		1	**1**	**1**	**0**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Cabrillo College (001)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
CA College of Vocational Careers (878)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Carrington - Antioch (886)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Carrington - Citrus Heights (882)	100%	60%	**67%**	**67%**	**0%**
pass	1	3	**4**	**4**	**0**
fail	0	2	**2**	**2**	**0**
Carrington - Emeryville (904)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Carrington - Pleasant Hill (868)	N/A	100%	**100%**	**100%**	**0%**
pass		3	**3**	**3**	**0**
fail		0	**0**	**0**	**0**
Carrington - Pomona (908)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Carrington - Sacramento (436)	N/A	53%	**53%**	**53%**	**0%**
pass		8	**8**	**8**	**0**
fail		7	**7**	**7**	**0**
Carrington - San Jose (876)	N/A	50%	**50%**	**50%**	**0%**
pass		1	**1**	**1**	**0**
fail		1	**1**	**1**	**0**
Carrington - San Leandro (609)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		4	**4**	**4**	**0**
Carrington - Stockton (902)	N/A	100%	**100%**	**100%**	**0%**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Cerritos College (511)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Chabot College (513)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Chaffey College (514)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Charter College - Canyon Country (401)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Citrus College (515)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
City College of San Francisco (534)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
College of Alameda (506)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
College of Marin (523)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
College of San Mateo (536)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
College of the Redwoods (838)	N/A	100%	**100%**	**100%**	**0%**
pass		4	**4**	**4**	**0**
fail		0	**0**	**0**	**0**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Concorde Career - Garden Grove (425)	N/A	100%	**100%**	**100%**	**0%**
pass		2	**2**	**2**	**0**
fail		0	**0**	**0**	**0**
Concorde Career - North Hollywood (435)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		2	**2**	**2**	**0**
Concorde Career - San Bernardino (430)	100%	0%	**33%**	**33%**	**0%**
pass	1	0	**1**	**1**	**0**
fail	0	2	**2**	**2**	**0**
Concorde Career - San Diego (421)	N/A	67%	**67%**	**67%**	**0%**
pass		2	**2**	**2**	**0**
fail		1	**1**	**1**	**0**
Concorde Career - San Jose (400)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Contra Costa (745)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Cypress College (518)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Diablo Valley College (516)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
East Los Angeles Occupational Center (855)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Eden Area Regional Occupational Program (608) (856)	N/A	100%	**100%**	**100%**	**0%**
pass		2	**2**	**2**	**0**
fail		0	**0**	**0**	**0**
Everest - Alhambra (406)	N/A	N/A	**N/A**	**0%**	**0%**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Everest - Anaheim (403)/(600)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Everest - City of Industry (875)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Everest - Gardena (870)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Everest - Los Angeles (410)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Everest - Ontario (501)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Everest - Reseda (404)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		1	**1**	**1**	**0**
Everest - San Bernardino (881)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Everest - San Francisco (407)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Everest - San Jose (408)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		2	**2**	**2**	**0**
Everest - Torrance (409)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Everest - W Los Angeles (874)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Foothill College (517)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		1	**1**	**1**	**0**
Galen - Fresno (413)	N/A	50%	**50%**	**50%**	**0%**
pass		1	**1**	**1**	**0**
fail		1	**1**	**1**	**0**
Galen - Modesto (497)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Galen - Visalia (445)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Grossmont Community College - El Cajon (519)	N/A	100%	**100%**	**100%**	**0%**
pass		3	**3**	**3**	**0**
fail		0	**0**	**0**	**0**
Hacienda La Puente (776)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Heald - Concord (891)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Heald - Hayward (889)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Heald - Roseville (911)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Heald - Salida (910)	N/A	N/A	**N/A**	**0%**	**0%**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Heald - Stockton (887)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Intercoast College - El Cajon (883)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Intercoast College - Riverside (923)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Milan Institute - Merced (928)	N/A	100%	**100%**	**100%**	**0%**
		1	**1**	**1**	**0**
		0	**0**	**0**	**0**
Milan Institute - Palm Desert/Indio (906)	N/A	50%	**50%**	**50%**	**0%**
pass		2	**2**	**2**	**0**
fail		2	**2**	**2**	**0**
Milan Institute - Visalia (907)	N/A	33%	**33%**	**33%**	**0%**
pass		1	**1**	**1**	**0**
fail		2	**2**	**2**	**0**
Modesto Junior College (526)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Monterey Peninsula (527)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Moreno Valley College (903)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Mt. Diablo/Loma Vista (500)	N/A	100%	**100%**	**100%**	**0%**
pass		2	**2**	**2**	**0**
fail		0	**0**	**0**	**0**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

National Education Center (604)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
North Orange County Regional Occupational Program (495)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
North-West College - Pomona (420)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
North-West College - West Covina (419)	N/A	50%	**50%**	**50%**	**0%**
pass		1	**1**	**1**	**0**
fail		1	**1**	**1**	**0**
Orange Coast (528)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Palomar College (721)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Pasadena City College (529)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Pima Medical Center- Chula Vista (871)	N/A	100%	**100%**	**100%**	**0%**
pass		1	**1**	**1**	**0**
fail		0	**0**	**0**	**0**
Reedley College (530)	N/A	78%	**78%**	**78%**	**0%**
pass		7	**7**	**7**	**0**
fail		2	**2**	**2**	**0**
Riverside County Office of Education (921)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Riverside County Regional Occupational Program (498)	N/A	0%	**0%**	**0%**	**0%**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

pass		0	**0**	**0**	**0**
fail		1	**1**	**1**	**0**
Sacramento City College (532)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
San Bernardino County Regional Occupational Program - Hesperia (454)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
San Bernardino County Regional Occupational Program - Morongo USD (913)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
San Diego Mesa College (533)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
San Joaquin Valley College - Bakersfield (601)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		1	**1**	**1**	**0**
San Joaquin Valley College - Fresno (602)	N/A	50%	**50%**	**50%**	**0%**
pass		3	**3**	**3**	**0**
fail		3	**3**	**3**	**0**
San Joaquin Valley College - Rancho Cordova (880)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
San Joaquin Valley College - Temecula (919)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		1	**1**	**1**	**0**
San Joaquin Valley College - Visalia (446)	N/A	50%	**50%**	**50%**	**0%**
pass		1	**1**	**1**	**0**
fail		1	**1**	**1**	**0**
San Jose City College (535)	100%	67%	**75%**	**75%**	**0%**
pass	1	2	**3**	**3**	**0**
fail	0	1	**1**	**1**	**0**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Santa Barbara City College (537)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Santa Rosa Junior College (538)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		1	**1**	**1**	**0**
Shasta/Trinity Regional Occupational Program (455)	N/A	N/A	**50%**	**50%**	**0%**
pass		1	**1**	**1**	**0**
fail		1	**1**	**1**	**0**
Simi Valley Adult School (866)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		3	**3**	**3**	**0**
Southern California Regional Occupational Center - Torrance (612)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Southland College (428)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
The FADE Institute, Inc. (999)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
The Valley School of Dental Assisting (920)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Tri Cities Regional Occupational Program (877)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
United Education Institute - Anaheim (916)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
United Education Institute - Bakersfield (926)	N/A	20%	**20%**	**20%**	**0%**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

pass		1	**1**	**1**	**0**
fail		4	**4**	**4**	**0**
United Education Institute - Chula Vista (879)	N/A	50%	**50%**	**50%**	**0%**
pass		1	**1**	**1**	**0**
fail		1	**1**	**1**	**0**
United Education Institute - El Monte (909)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		4	**4**	**4**	**0**
United Education Institute - Encino (453)	N/A	33%	**33%**	**33%**	**0%**
pass		2	**2**	**2**	**0**
fail		4	**4**	**4**	**0**
United Education Institute - Fresno (927)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		1	**1**	**1**	**0**
United Education Institute - Gardena (915)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		1	**1**	**1**	**0**
United Education Institute - Huntington Park (448)	N/A	100%	**100%**	**100%**	**0%**
pass		2	**2**	**2**	**0**
fail		0	**0**	**0**	**0**
United Education Institute - Los Angeles (449)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
United Education Institute - Ontario (450)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
United Education Institute - Riverside (917)	0%	50%	**33%**	**33%**	**0%**
pass	0	1	**1**	**1**	**0**
fail	1	1	**2**	**2**	**0**
United Education Institute - San Diego (451)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

United Education Institute - San Marcos (918)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		2	**2**	**2**	**0**
United Education Institute - Stockton (925)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
United Education Institute - Van Nuys (453)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Unitek - Concord (994)	N/A	0%	**0%**	**0%**	**0%**
pass		0	**0**	**0**	**0**
fail		2	**2**	**2**	**0**
Unitek - Sacramento (924)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Unitek - San Jose (995)	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
National (ADA) Out of State	N/A	N/A	**N/A**	**0%**	**0%**
pass			**0**	**0**	**0**
fail			**0**	**0**	**0**
Work Experience	50%	51%	**51%**	**51%**	**0%**
pass	1	44	**45**	**45**	**0**
fail	1	43	**44**	**44**	**0**
Mixed Education and Work Experience	100%	53%	**56%**	**56%**	**0%**
pass	1	8	**9**	**9**	**0**
fail	0	7	**7**	**7**	**0**
PERCENT PASS	**75%**	**53%**	**54%**	**54%**	**N/A**
TOTAL PASS	**6**	**154**	**160**	**160**	**0**
TOTAL FAIL	**2**	**137**	**139**	**139**	**0**

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

Registered Dental Assistant General and Law and Ethics Written Examination Statistics
May 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Brightwood - Clovis (885)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Carrington - Citrus Heights (882)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Concorde Career - San Bernardino (430)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
San Jose City College (535)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
United Education Institute - Riverside (917)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
TOTALS	5	4	80%	1	20%	5	4	80%	1	20%	0	0	0%	0	0%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
MIXED EDUCATION AND WORK EXPERIENCE	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
GRAND TOTALS	8	6	75%	2	25%	8	6	75%	2	25%	0	0	0%	0	0%

Registered Dental Assistant General and Law and Ethics Written Examination Statistics
June 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Allan Hancock College - Santa Maria (508)	12	11	92%	1	8%	12	11	92%	1	8%	0	0	0%	0	0%
American Career College - Anaheim (896)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
American Career College- Long Beach (997)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
American Career College - Los Angeles (867)	5	1	20%	4	80%	5	1	20%	4	80%	0	0	0%	0	0%
American Career College - Ontario (905)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Anthem College (503)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Baldy View Regional Occupational Program (590)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Blake Austin College (897)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Brightwood - Bakersfield (884)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Brightwood - Clovis (885)	6	3	50%	3	50%	6	3	50%	3	50%	0	0	0%	0	0%
Brightwood - Modesto (499)/(890)	7	3	43%	4	57%	7	3	43%	4	57%	0	0	0%	0	0%
Brightwood - Palm Springs (901)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Riverside (898)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Sacramento (888)	5	2	40%	3	60%	5	2	40%	3	60%	0	0	0%	0	0%
Brightwood - San Diego (899)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Brightwood - Stockton (611)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Brightwood - Vista (900)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Butte County Regional Occupational Center (605)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Carrington College - Antioch (886)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Carrington College - Citrus Heights (882)	5	3	60%	2	40%	5	3	60%	2	40%	0	0	0%	0	0%
Carrington College - Pleasant Hill (868)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Carrington College - Sacramento (436)	15	8	53%	7	47%	15	8	53%	7	47%	0	0	0%	0	0%
Carrington College - San Jose (876)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Carrington College - San Leandro (609)	4	0	0%	4	100%	4	0	0%	4	100%	0	0	0%	0	0%
Carrington College - Stockton (902)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Chaffey Community College (514)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Charter College (401)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
City College of San Francisco (534)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
College of the Redwoods (838)	4	4	100%	0	0%	4	4	100%	0	0%	0	0	0%	0	0%
Concorde Career College - Garden Grove (425)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Concorde Career College - North Hollywood (435)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Concorde Career College- San Bernardino (430)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Concorde Career College - San Diego (421)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Eden Area Regional Occupational Center - Hayward (608)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Everest College - City of Industry (875)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest College - Gardena (870)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest College - Ontario (501)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest College - Reseda (404)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Everest College - San Jose (408)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Foothill Community College (517)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Galen College of Medical & Dental Assistants (413)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Grossmont Community College - El Cajon (519)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Intercoast College - Riverside (923)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Milan Institute - Merced (928)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Milan Institute - Palm Desert (906)	4	2	50%	2	50%	4	2	50%	2	50%	0	0	0%	0	0%
Milan Institute -Visalia (907)	3	1	33%	2	67%	3	1	33%	2	67%	0	0	0%	0	0%
Monterey Peninsula College (527)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Mt. Diablo/Loma Vista (500)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
North-West - West Covina (419)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Orange Coast College (528)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%

Registered Dental Assistant General and Law and Ethics Written Examination Statistics
June 2018

Pima Medical Institute - Chula Vista (871)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Reedley College (530)	9	7	78%	2	22%	9	7	78%	2	22%	0	0	0%	0	0%
Riverside County Office of Education (498)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
San Joaquin Valley College - Bakersfield (601)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
San Joaquin Valley College - Fresno (602)	6	3	50%	3	50%	6	3	50%	3	50%	0	0	0%	0	0%
San Joaquin Valley College - Temecula (919)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
San Joaquin Valley College - Visalia (446)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
San Jose City College (535)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Santa Rosa Junior College (538)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Shasta Trinity Regional Occupational Program (455)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Simi Valley Adult School (866)	3	0	0%	3	100%	3	0	0%	3	100%	0	0	0%	0	0%
United Education Institute - Bakersfield (926)	5	1	20%	4	80%	5	1	20%	4	80%	0	0	0%	0	0%
United Education Institute - Chula Vista (879)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
United Education Institute - El Monte (909)	4	0	0%	4	100%	4	0	0%	4	100%	0	0	0%	0	0%
United Education Institute - Encino (453)	6	2	33%	4	67%	6	2	33%	4	67%	0	0	0%	0	0%
United Education Institute - Fresno (927)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Gardena (915)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Huntington Park (448)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
United Education Institute - Riverside (917)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
United Education Institute - San Marcos (918)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Unitek College - Concord (994)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
TOTALS	189	102	54%	87	46%	189	102	54%	87	46%	0	0	0%	0	0%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	87	44	51%	43	49%	87	44	51%	43	49%	0	0	0%	0	0%
MIXED EDUCATION AND WORK EXPERIENCE	15	8	53%	7	47%	15	8	53%	7	47%	0	0	0%	0	0%
GRAND TOTALS	291	154	53%	137	47%	291	154	53%	137	47%	0	0	0%	0	0%

RDAEF CLINICAL PRACTICAL EXAMINATION SCHOOL STATISTICS

	Jul-17	Oct-17	Feb-18	May-18	Total	YTD First Time Testers	YTD Repeat Testers
Dental Career Institute (008)							
Amalgam and Composite	N/A	N/A	N/A	0%	**0%**	**0%**	**0%**
pass				0	**0**	**0**	**0**
fail				1	**1**	**1**	**0**
Cord Retraction & Final Impression	N/A	N/A	N/A	0%	**0%**	**0%**	**0%**
pass				0	**0**	**0**	**0**
fail				1	**1**	**1**	**0**
Expanded Functions Dental Assistants Association (004)							
Amalgam and Composite	N/A	82%	100%	82%	**83%**	**80%**	**100%**
pass		9	1	9	**19**	**8**	**2**
fail		2	0	2	**4**	**2**	**0**
Cord Retraction & Final Impression	N/A	93%	N/A	70%	**83%**	**N/A**	**N/A**
Pass		13		7	**20**	**6**	**1**
Fail		1		3	**4**	**3**	**0**
FADE (010)							
Amalgam and Composite	80%	67%	100%	N/A	**77%**	**0%**	**100%**
pass	4	4	2		**10**	**0**	**2**
fail	1	2	0		**3**	**0**	**0**
Cord Retraction & Final Impression	100%	75%	100%	100%	**90%**	**0%**	**100%**
pass	4	3	1	1	**9**	**0**	**2**
fail	0	1	0	0	**1**	**0**	**0**
Howard Healthcare Academy (009)							
Amalgam and Composite	N/A	50%	N/A	100%	**67%**	**0%**	**100%**
pass		1		1	**2**	**0**	**1**
fail		1		0	**1**	**0**	**0**
Cord Retraction & Final Impression	N/A	50%	N/A	100%	**67%**	**0%**	**100%**
pass		2		2	**4**	**0**	**2**
fail		2		0	**2**	**0**	**0**
J Production (005)							

RDAEF CLINICAL PRACTICAL EXAMINATION SCHOOL STATISTICS

Amalgam and Composite	0%	0%	N/A	96%	**88%**	**95%**	**100%**
pass	0	0		23	**23**	**21**	**2**
fail	1	1		1	**3**	**1**	**0**
Cord Retraction & Final Impression	N/A	N/A	N/A	91%	**91%**	**91%**	**0%**
pass				20	**20**	**20**	**0**
fail				2	**2**	**2**	**0**
Loma Linda University (007)							
Amalgam and Composite	N/A	N/A	N/A	90%	**N/A**	**90%**	**0%**
pass				9	**9**	**9**	**0**
fail				1	**1**	**1**	**0**
Cord Retraction & Final Impression	N/A	N/A	N/A	40%	**N/A**	**40%**	**0%**
pass				4	**4**	**4**	**0**
fail				6	**6**	**6**	**0**
University of California, Los Angeles (002)							
Amalgam and Composite	N/A	40%	100%	22%	**35%**	**29%**	**33%**
pass		4	1	2	**7**	**2**	**1**
fail		6	0	7	**13**	**5**	**2**
Cord Retraction & Final Impression	N/A	25%	N/A		**58%**	**67%**	**100%**
pass		1		6	**7**	**4**	**2**
fail		3		2	**5**	**2**	**0**
University of the Pacfic (006)							
Amalgam and Composite	67%	50%	100%	81%	**72%**	**89%**	**33%**
pass	12	3	1	17	**33**	**17**	**1**
fail	6	3	0	4	**13**	**2**	**2**
Cord Retraction & Final Impression	80%	80%	0%	63%	**70%**	**0%**	**0%**
pass	12	4	0	12	**28**	**12**	**0**
fail	3	1	1	7	**12**	**7**	**1**
AMALGAM AND COMPOSITE	67%	58%	100%	79%	**73%**	**83%**	**69%**
TOTAL PASS	16	21	5	61	**103**	**57**	**9**
TOTAL FAIL	8	15	0	16	**39**	**12**	**4**
CORD RETRACTION & FINAL	84%	74%	50%	71%	**74%**	**69%**	**88%**
TOTAL PASS	16	23	1	52	**92**	**46**	**7**
TOTAL FAIL	3	8	1	21	**33**	**21**	**1**

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

RDAEF WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	YTD First Time Testers	YTD Repeat Testers
Dental Care Institute (007)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Expanded Functions Dental Assistants Association (004)	80%	50%	100%	75%	N/A	N/A	0%	N/A	N/A	N/A	100%	100%	**77%**	**100%**	**0%**
pass	4	1	6	9			0				6	2	**20**	**8**	**0**
fail	1	1	0	3			1				0	0	**6**	**0**	**1**
Howard University (009)	0%	0%	0%	50%	0%	50%	N/A	100%	50%	0%	0%	0%	**25%**	**100%**	**14%**
pass	0	0	0	2	0	1		1	1	0	0	0	**5**	**1**	**1**
fail	2	2	1	2	2	1		0	1	1	3	1	**15**	**0**	**6**
J Production (005)	60%	100%	N/A	0%	N/A	N/A	N/A	0%	N/A	67%	76%	25%	**56%**	**76%**	**46%**
pass	3	2		0				0		8	13	1	**5**	**16**	**6**
fail	2	0		1				1		4	4	3	**4**	**5**	**7**
Loma Linda University (007)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	**N/A**	**100%**	**0%**
pass											5	3	**0**	**8**	**0**
fail											0	0	**0**	**0**	**0**
The FADE Institute, Inc. (009)	N/A	60%	100%	N/A	100%	50%	N/A	0%	100%	N/A	N/A	100%	**67%**	**100%**	**50%**
pass		3	1		2	1		0	1			4	**8**	**4**	**1**
fail		2	0		0	1		1	0			0	**4**	**0**	**1**
University of California, Los Angeles (001)	40%	50%	0%	100%	N/A	N/A	N/A	N/A	0%	N/A	50%	0%	**40%**	**33%**	**0%**
pass	2	1	0	1					0		2	0	**4**	**2**	**0**
fail	3	1	1	0					1		2	3	**6**	**4**	**2**
University of California, San Francisco (002)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass								0					**0**	**0**	**0**
fail								1					**1**	**0**	**1**
University of the Pacfic (006)	73%	0%	43%	100%	0%	100%	0%	N/A	67%	40%	86%	0%	**58%**	**63%**	**43%**
pass	8	0	3	1	0	1	0		2	4	12	0	**31**	**12**	**6**
fail	3	3	4	0	2	0	1		1	6	2	5	**22**	**7**	**8**
PERCENT PASS	**61%**	**44%**	**63%**	**68%**	**33%**	**60%**	**0%**	**25%**	**57%**	**52%**	**78%**	**45%**	**59%**	**76%**	**35%**
TOTAL PASS	**17**	**7**	**10**	**13**	**2**	**3**	**0**	**1**	**4**	**12**	**38**	**10**	**117**	**51**	**14**
TOTAL FAIL	**11**	**9**	**6**	**6**	**4**	**2**	**2**	**3**	**3**	**11**	**11**	**12**	**80**	**16**	**26**

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics
April 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Howard Healthcare Academy (009E)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
J Productions (005E)	12	8	67%	4	33%	11	8	73%	3	27%	1	0	0%	1	100%
University of the Pacific (006E)	10	4	40%	6	60%	9	4	44%	5	56%	1	0	0%	1	100%
TOTALS	23	12	52%	11	48%	20	12	60%	8	40%	3	0	0%	3	100%

Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics
May 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Expanded Functions Dental Assistants Association (004E)	6	6	100%	0	0%	6	6	100%	0	0%	0	0	0%	0	0%
Howard Healthcare Academy (009E)	3	0	0%	3	100%	0	0	0%	0	0%	3	0	0%	3	100%
J Productions (005E)	17	13	76%	4	24%	9	7	78%	2	22%	8	6	75%	2	25%
Loma Linda University (007E)	5	5	100%	0	0%	5	5	100%	0	0%	0	0	0%	0	0%
University of California, Los Angeles (001E)	4	2	50%	2	50%	4	2	50%	2	50%	0	0	0%	0	0%
University of the Pacific (006E)	14	12	86%	2	14%	9	8	89%	1	11%	5	4	80%	1	20%
TOTALS	49	38	78%	11	22%	33	28	85%	5	15%	16	10	63%	6	38%

Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics
June 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Expanded Functions Dental Assistants Association (004E)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
The FADE Institute, Inc. (010E)	4	4	100%	0	0%	4	4	100%	0	0%	0	0	0%	0	0%
Howard Healthcare Academy (009E)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
J Productions (005E)	4	1	25%	3	75%	2	1	50%	1	50%	2	0	0%	2	100%
Loma Linda University (007E)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
University of California, Los Angeles (001E)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
University of the Pacific (006E)	5	0	0%	5	100%	1	0	0%	1	100%	4	0	0%	4	100%
TOTALS	22	10	45%	12	55%	14	10	71%	4	29%	8	0	0%	8	100%

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD Total	YTD First Time Testers	YTD Repeat Testers
American Canyon Orthodontics (092)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass			1										**1**	**0**	**0**
fail			0										**0**	**0**	**0**
Andrea DeLurgio, DDS (032)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	**100%**	**100%**	**0%**
pass										1			**1**	**1**	**0**
fail										0			**0**	**0**	**0**
Bakersfield Orthodontic Dental group (126)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	**0%**	**0%**	**0%**
pass			0							0			**0**	**0**	**0**
fail			1							1			**2**	**1**	**0**
Baird Orthodontics (108)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	**0%**	**0%**	**0%**
pass											0		**0**	**0**	**0**
fail											1		**1**	**1**	**0**
Bakersfield Orthodontics (047)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	**0%**	**0%**	**0%**
pass											0		**0**	**0**	**0**
fail											1		**1**	**0**	**1**
Bart R. Boulton, DDS (038)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Bella Smile (016)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Bernstein Orthodontics (047)	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A	100%	N/A	**67%**	**50%**	**100%**
pass							1				1		**2**	**1**	**1**
fail							1				0		**1**	**1**	**0**
Braces - San Diego (113)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Brent Sexton, DDS (136)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	**100%**	**100%**	**0%**
pass										1			**1**	**1**	**0**
fail										0			**0**	**0**	**0**
Brian H Bergh, DDS (111)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Cameron Mashouf, DDS (066)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Dental Advantage (123)	N/A	N/A	N/A	N/A	N/A	67%	50%	0%	50%	100%	33%	0%	**50%**	**63%**	**29%**

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pass						2	1	0	2	3	1	0	**9**	**5**	**2**
fail						1	1	1	2	0	2	2	**9**	**3**	**5**
Dental Career Institute (006)	N/A	33%	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	**71%**	**100%**	**0%**
pass		1	1		1						2		**5**	**2**	**0**
fail		2	0		0						0		**2**	**0**	**0**
Dental Pros (007)	0%	33%	0%	100%	33%	0%	100%	0%	25%	0%	100%	100%	**41%**	**80%**	**20%**
pass	0	2	0	4	2	0	1	0	1	0	1	2	**13**	**4**	**1**
fail	1	4	2	0	4	3	0	1	3	1	0	0	**19**	**1**	**4**
Dental Specialties Institute Inc. (015)	N/A	20%	50%	17%	42%	50%	20%	40%	67%	50%	50%	40%	**40%**	**56%**	**39%**
pass		1	3	1	5	2	1	2	4	1	2	2	**24**	**5**	**7**
fail		4	3	5	7	2	4	3	2	1	2	3	**36**	**4**	**11**
Diablo Orthodontic Specialities (096)	N/A	6%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**6%**	**0%**	**0%**
pass		1											**1**	**0**	**0**
fail		15											**15**	**0**	**0**
Downey Adult School (004)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	100%	N/A	**50%**	**0%**	**50%**
pass								0			1		**1**	**0**	**1**
fail								1			0		**1**	**0**	**1**
Dr. Brian C Crawford (086)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass				2									**2**	**0**	**0**
fail				0									**0**	**0**	**0**
Dr. Christopher C. Cruz (081)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	**100%**	**100%**	**0%**
pass											1		**1**	**1**	**0**
fail											0		**0**	**0**	**0**
Dr. Douglas Nguyen (012)	0%	N/A	N/A	N/A	N/A	N/A	N/A	50%	0%	N/A	50%	N/A	**33%**	**0%**	**67%**
pass	0							1	0		1		**2**	**0**	**2**
fail	1							1	1		1		**4**	**2**	**1**
Dr. Efstatios Righellis (029)	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass				1	1								**2**	**0**	**0**
fail				0	0								**0**	**0**	**0**
Dr. Jasmine Gordon (008)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Dr. Jason M. Cohen (085)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	**100%**	**100%**	**0%**
pass							1					1	**2**	**2**	**0**
fail							0					0	**0**	**0**	**0**
Dr. Jeffrey Kwong (083)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**

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fail													0	0	0
Dr. Joel Brodskey (013)	N/A	N/A	100%	N/A	0%	N/A	0%	N/A	N/A	N/A	100%	N/A	50%	100%	33%
pass			1		0		0				2		3	1	1
fail			0		1		2				0		3	0	2
Dr. Joseph Gray (009)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Kurt Stromberg (014)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	100%	N/A	N/A	N/A	33%	0%	50%
pass							0	0	1				1	0	1
fail							1	1	0				2	1	1
Dr. Lili Mirtorabi Orthodontics (021)	N/A	N/A	0%	N/A	0%	100%	100%	50%		N/A	100%	N/A	73%	80%	100%
pass			0		0	1	1	1	3		2		8	4	3
fail			1		1	0	0	1	0		0		3	1	0
Dr. Michael Payne/Cao (005)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	0%
pass												1	1	1	0
fail												0	0	0	0
Dr. Paul J. Styrt (067)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	0%
pass			1										1	0	0
fail			0										0	0	0
Dr. Waleed Soliman Brite Dental Group (020)	N/A	N/A	100%	N/A	N/A	100%	0%	N/A	0%	0%	100%	N/A	50%	0%	50%
pass			1			1	0		0	0	1		3	0	1
fail			0			0	1		1	1	0		3	2	1
Dr. Waleed Soliman Brite Dental Group At Western Dental Natomas (20B)	N/A	N/A	100%	N/A	N/A	100%	0%	N/A	0%	0%	0%	0%	29%	0%	0%
pass			1			1	0		0	0	0	0	2	0	0
fail			0			0	1		1	1	1	1	5	2	3
Elite Orthodontics (031)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	0%
pass			1										1	0	0
fail			0										0	0	0
Expanded Functions Dental Assistant Assoc (001)	38%	N/A	33%	75%	63%	20%	40%	42%	55%	40%	58%	56%	50%	63%	37%
pass	3		4	9	5	1	2	5	12	4	7	5	57	22	13
fail	5		8	3	3	4	3	7	10	6	5	4	58	13	22
Garrett Orthodontics (017)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	100%	0%
pass									1				1	1	0
fail									0				0	0	0
Hamid Barkhovdar, DDS (124)	100%	0%	25%	100%	50%	67%	50%	83%	100%	71%	75%	50%	65%	80%	43%
pass	2	0	1	1	1	2	1	5	2	5	3	3	26	16	3
fail	0	1	3	0	1	1	1	1	0	2	1	3	14	4	4

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Howard Healthcare Academy, LLC (084)	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	N/A	50%	**25%**	**100%**	**0%**
pass							0		0			1	**1**	**1**	**0**
fail							1		1			1	**3**	**0**	**3**
Image Orthodontics (114)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass	1												**1**	**0**	**0**
fail	0												**0**	**0**	**0**
Irvine Children's Dentistry (97)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass	1												**1**	**0**	**0**
fail	0												**0**	**0**	**0**
J Productions (003)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Joseph K. Buchanan DDS, Inc (036)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Kairos Career College (117)	N/A	0%	0%	N/A	0%	N/A	0%	N/A	0%	100%	N/A	0%	**11%**	**0%**	**25%**
pass		0	0		0		0		0	1		0	**1**	**0**	**1**
fail		2	1		2		1		1	0		1	**8**	**0**	**3**
Karrisham B Jumani, Inc (112)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	**100%**	**100%**	**0%**
pass								1				1	**2**	**2**	**0**
fail								0				0	**0**	**0**	**0**
Kubisch A Dental Corporation (028)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Loma Linda University (090)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
M. John Redmond, DDS (024)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	**N/A**	**50%**	**0%**
pass												1	**1**	**1**	**0**
fail												1	**1**	**1**	**0**
Melanie Parker, DDS (049)	N/A	0%	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**67%**	**0%**	**0%**
pass		0	1		1								**2**	**0**	**0**
fail		1	0		0								**1**	**0**	**0**
OC Dental Specialists (128)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%	50%	100%	**33%**	**50%**	**33%**
pass						0				0	1	1	**2**	**1**	**1**
fail						1				2	1	0	**4**	**1**	**2**
Orthoworks Dental Group, Dr. David Shen (043)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	50%	**50%**	**0%**	**50%**

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pass	1										0	1	**2**	**0**	**1**
fail	0										1	1	**2**	**1**	**1**
Parkside Dental (041)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass			0										**0**	**0**	**0**
fail			1										**1**	**0**	**0**
Pasadena City College (011)	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	100%	**80%**	**50%**	**100%**
pass	1		1						0		1	1	**4**	**1**	**1**
fail	0		0						1		0	0	**1**	**1**	**0**
Raymond J. Kieffer, DDS (069)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass					1								**1**	**0**	**0**
fail					0								**0**	**0**	**0**
Riverside County Office of Education (087)	N/A	0%	0%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	0%	**40%**	**50%**	**0%**
pass		0	0	1				1				0	**2**	**1**	**0**
fail		1	1	0				0				1	**3**	**1**	**0**
Robert Sheffield, DDS Inc. (018)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	**100%**	**100%**	**0%**
pass						1				2			**3**	**2**	**0**
fail						0				0			**0**	**0**	**0**
Sacramento City College (002)	N/A	0%	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	50%	N/A	**25%**	**0%**	**33%**
pass		0						0			1		**1**	**0**	**1**
fail		1						1			1		**3**	**0**	**2**
Susan S. So, DDS (121)	N/A	0%	0%	50%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**33%**	**0%**	**0%**
pass		0	0	2	1								**3**	**0**	**0**
fail		2	2	2	0								**6**	**0**	**0**
Tal D. Jeregensen, DDS (042)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Thao Nguyen, DDS (038)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
The FADE Institute, Inc. (137)	N/A	N/A	N/A	N/A	67%	80%	100%	67%	75%	75%	67%	75%	**77%**	**84%**	**50%**
pass					2	4	5	2	3	3	2	3	**24**	**16**	**2**
fail					1	1	0	1	1	1	1	1	**7**	**3**	**2**
Thompson Tom, DDS (030)	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass		2	2										**4**	**0**	**0**
fail		0	0										**0**	**0**	**0**
Toth and Torossian Partnership (110)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**

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fail													0	0	0
Touni Orthodontics Dental Practice (134)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	100%	0%
pass											1		1	1	0
fail											0		0	0	0
Tri-Valley Orthodontics (101)	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	0%
pass		1				1							2	0	0
fail		0				0							0	0	0
Tsai & Snowden Esthetic Partners Dental Group (106)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	0%	0%
pass											0		0	0	0
fail											1		1	1	0
Valley School of Dental Assisting (027)	0%	0%	N/A	33%	0%	0%	0%	50%	50%	67%	0%	25%	21%	43%	22%
pass	0	0		1	0	0	0	1	1	2	0	1	6	3	2
fail	3	3		2	1	2	1	1	1	1	4	3	22	4	7
Weideman Pediatric Dentistry & Orthodontics (144)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	50%	0%	100%
pass												1	1	0	1
fail												1	1	1	0
Western Career College (025)	0%	N/A	0%	N/A	0%	N/A	N/A	0%	0%	N/A	N/A	N/A	0%	0%	0%
pass	0		0		0			0	0				0	0	0
fail	1		1		1			1	1				5	0	2
Western Dental - Corona (102)	N/A	N/A	N/A	0%	N/A	0%	100%	0%	100%	N/A	N/A	0%	29%	0%	67%
pass				0		0	1	0	1			0	2	0	2
fail				1		2	0	1	0			1	5	1	1
Western Dental - Fresno (131)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%
pass												0	0	0	0
fail												1	1	1	0
Western Dental - Oxnard (103)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	0%	0%
pass											0		0	0	0
fail											1		1	1	0
Western Dental - Sacramento (104)	N/A	N/A	N/A	0%	N/A	N/A	0%	N/A	N/A	0%	N/A	N/A	0%	0%	0%
pass				0			0			0			0	0	0
fail				1			2			1			4	0	3
Western Dental & Orthodontics - Lodi (130)	N/A	N/A	50%	0%	N/A	50%	0%	0%	100%	100%	N/A	N/A	40%	0%	50%
pass			1	0		1	0	0	1	1			4	0	2
fail			1	1		1	1	2	0	0			6	1	2
Western Dental Services - Bakersfield (053)	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A	0%	100%	50%	29%	100%	33%
pass					0	0				0	1	1	2	1	1
fail					1	2				1	0	1	5	0	2
Western Dental Services - Banning (078)	0%	N/A	0%	N/A	N/A	100%	0%	N/A	50%	N/A	0%	100%	30%	0%	40%

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD Total	YTD First Time Testers	YTD Repeat Testers
pass	0		0			1	0		1		0	1	**3**	**0**	**2**
fail	2		1			0	1		1		2	0	**7**	**1**	**3**
Western Dental Services - Fontana (079)	N/A	0%	N/A	0%	N/A	0%	0%	N/A	N/A	0%	N/A	N/A	**0%**	**0%**	**0%**
pass		0		0		0	0			0			**0**	**0**	**0**
fail		1		2		1	2			1			**7**	**0**	**3**
Western Dental Services - Fresno (131)	N/A	N/A	N/A	N/A	100%	0%	0%	50%	N/A	N/A	33%	N/A	**38%**	**0%**	**50%**
pass					1	0	0	1			1		**3**	**0**	**2**
fail					0	1	1	1			2		**5**	**2**	**2**
Western Dental Services - Los Angeles (052)	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	**50%**	**0%**	**0%**
pass			0			1							**1**	**0**	**0**
fail			1			0							**1**	**0**	**0**
Western Dental Services - Manteca (062)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Western Dental Services - Modesto (064)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Western Dental Services - Oceanside (055)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Western Dental Services - Orange (044)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass			1										**1**	**0**	**0**
fail			0										**0**	**0**	**0**
Western Dental Services - Oxnard (103)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Western Dental Services - Redwood City (076)	N/A	0%	N/A	N/A	N/A	0%	0%	0%	0%	0%	N/A	N/A	**0%**	**0%**	**0%**
pass		0				0	0	0	0	0			**0**	**0**	**0**
fail		1				1	1	1	2	1			**7**	**0**	**5**
Western Dental Services - Riverside (057)	N/A	0%	0%	50%	N/A	N/A	N/A	0%	N/A	N/A	0%	N/A	**11%**	**0%**	**0%**
pass		0	0	1				0			0		**1**	**0**	**0**
fail		2	3	1				1			1		**8**	**0**	**2**
Western Dental Services - N. Sacramento (020)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Western Dental Services - Sacramento (051)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	0%	**33%**	**50%**	**0%**
pass			0							1		0	**1**	**1**	**0**
fail			1							0		1	**2**	**1**	**0**
Western Dental Services - Salinas (088)	N/A	0%	N/A	0%	50%	100%	33%	0%	N/A	N/A	N/A	N/A	**27%**	**100%**	**0%**

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	YTD Total	YTD First Time Testers	YTD Repeat Testers
pass		0		0	1	1	1	0					3	1	0
fail		1		1	1	0	2	3					8	0	5
Western Dental Services - San Leandro (050)	0%	100%	N/A	N/A	0%	33%	100%	N/A	N/A	N/A	0%	N/A	**40%**	**0%**	**100%**
pass	0	2			0	1	1				0		4	0	1
fail	2	0			1	2	0				1		6	1	0
Western Dental Services - Santa Ana (056)	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	0%	**0%**	**0%**	**0%**
pass									0	0		0	0	0	0
fail									1	1		2	4	1	3
Western Dental Services - Santa Clara (054)	0%	N/A	N/A	0%	0%	100%	0%	N/A	0%	100%	0%	100%	**25%**	**50%**	**0%**
pass	0			0	0	1	0		0	1	0	1	3	2	0
fail	1			2	2	0	2		1	0	1	0	9	2	2
Western Dental Services - Salinas (088)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%	N/A	N/A	N/A	**67%**	**0%**	**67%**
pass									2				2	0	2
fail									1				1	0	1
Western Dental Services - Tracy (063)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**N/A**	**0%**	**0%**
pass													0	0	0
fail													0	0	0
Zhi Meng, DDS (044)	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**20%**	**0%**	**0%**
pass	1	0											1	0	0
fail	1	3											4	0	0
PERCENT PASS	37%	19%	40%	52%	45%	47%	**36%**	**40%**	**52%**	**54%**	**52%**	**49%**	**44%**	**62%**	**34%**
TOTAL PASS	**10**	**10**	**21**	**23**	**22**	**22**	**17**	**20**	**35**	**26**	**33**	**28**	**267**	**101**	**58**
TOTAL FAIL	**17**	**44**	**31**	**21**	**27**	**25**	**30**	**30**	**32**	**22**	**31**	**29**	**339**	**62**	**112**

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

Orthodontic Assistant Written Examination Statistics
April 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Andrea DeLurgio, DDS (032)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Bakersfield Orthodontic Dental Group (126)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Brent Sexton, DDS (136)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Dental Advantage (123)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Dental Pros (007)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Dental Specialties Institute Inc. (015)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Dr. Walled Soliman, Brite Dental Group (020)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Expanded Functions Dental Assistant Assoc (001)	8	4	50%	4	50%	4	3	75%	1	25%	4	1	25%	3	75%
Hamid Barkhovdar, DDS (124)	7	5	71%	2	29%	5	3	60%	2	40%	2	2	100%	0	0%
Kairos Career College (117)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
OC Dental Specialists (128)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Robert Sheffield, DDS Inc.	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
The FADE Institute, Inc (137)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
Valley School of Dental Assisting (027)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Western Dental - Sacramento (104)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental & Orthodontics - Lodi (130)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental Services - Bakersfield (053)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Fontana (079)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Redwood City (076)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Sacramento (051)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Western Dental Services - Santa Ana (056)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Santa Clara (054)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
TOTALS	45	26	58%	19	42%	28	20	71%	8	29%	17	6	35%	11	65%

Orthodontic Assistant Written Examination Statistics
May 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Baird Orthodontics (108)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Bakersfield Orthodontic Dental Group (126)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Bernstein Orthodontics (047)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Dental Advantage (123)	3	1	33%	2	67%	0	0	0%	0	0%	3	1	33%	2	67%
Dental Career Institute (006)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Dental Pros (007)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Dental Specialties Institute Inc. (015)	4	2	50%	2	50%	1	1	100%	0	0%	3	1	33%	2	67%
Downey Adult School (004)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Dr. Christopher C. Cruz (081)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Dr. Douglas Nguyen (012)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Dr. Joel Brodsky (013)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Dr. Lili Mirtorabi Orthodontics (021)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Dr. Waleed Soliman, Brite Dental Group (020)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Dr. Waleed Soliman, Brite Dental Group at Western Dental - Natomas (020B)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Expanded Functions Dental Assistant Assoc (001)	12	7	58%	5	42%	5	5	100%	0	0%	7	2	29%	5	71%
Hamid Barkhovdar, DDS (124)	4	3	75%	1	25%	3	3	100%	0	0%	1	0	0%	1	100%
OC Dental Specialists (128)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Orthoworks Dental Group, Dr. David Shen (043)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Pasadena City College (011)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Sacramento City College (002)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
The FADE Institute, Inc (137)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
Touni Orthodontics Dental Practice (134)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Tsai & Snowden Esthetic Partners Dental Group (106)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Valley School of Dental Assisting (027)	4	0	0%	4	100%	3	0	0%	3	100%	1	0	0%	1	100%
Western Dental -Oxnard (103)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Western Dental Services - Bakersfield (053)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Western Dental Services - Banning (078)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Western Dental Services - Fresno (131)	3	1	33%	2	67%	2	0	0%	2	100%	1	1	100%	0	0%
Western Dental Services - Riverside (057)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - San Leandro (050)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Western Dental Services - Santa Clara (054)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
TOTALS	64	33	52%	31	48%	31	20	65%	11	35%	33	13	39%	20	61%

Orthodontic Assistant Written Examination Statistics
June 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Dental Advantage (123)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Dental Pros (007)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Dental Specialties Institute Inc. (015)	5	2	40%	3	60%	2	1	50%	1	50%	3	1	33%	2	67%
Dr. Jason M. Cohen (085)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Dr. Michael Payne/Cao (005)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Dr. Waleed Soliman, Brite Dental Group at Western Dental - Natomas (020B)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Expanded Functions Dental Assistant Assoc (001)	9	5	56%	4	44%	7	3	43%	4	57%	2	2	100%	0	0%
Hamid Barkhovdar, DDS (124)	6	3	50%	3	50%	5	3	60%	2	40%	1	0	0%	1	100%
Howard Healthcare Academy (084)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Kairos Career College (117)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Karrisham B Jumani, Inc. (112)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
M. John Redmond, DDS, MS, Inc. (024)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
OC Dental Specialists (128)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Orthoworks Dental Group, Dr. David Shen (043)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Pasadena City College (011)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Riverside County Office of Education (087)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
The FADE Institute, Inc (137)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
Valley School of Dental Assisting (027)	4	1	25%	3	75%	0	0	0%	0	0%	4	1	25%	3	75%
Weideman Pediatric Dentistry & Orthodontics (144)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Western Dental - Corona (102)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Western Dental - Fresno (131)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Western Dental Services - Bakersfield (053)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Western Dental Services - Banning (078)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental Services - Sacramento (051)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Western Dental Services - Santa Ana (056)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Western Dental Services - Santa Clara (054)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
TOTALS	57	28	49%	29	51%	35	19	54%	16	46%	22	9	41%	13	59%

DSA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Total	YTD First Time Testers	YTD Repeat Testers
Dr. Bruce Whitcher (009)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	**100%**	**100%**	**0%**
pass												**1**	**1**	**1**	**0**
fail												**0**	**0**	**0**	**0**
Pacific Oral and Maxillofacial Surgery (018)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**0%**	**0%**	**0%**
pass													**0**	**0**	**0**
fail													**0**	**0**	**0**
Robert E. Bell, DDS, Inc. (017)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	**100%**	**0%**	**0%**
pass	2												**2**	**0**	**0**
fail	0												**0**	**0**	**0**
PERCENT PASS	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	**100%**	**100%**	**0%**
TOTAL PASS	2											1	**3**	**1**	**0**
TOTAL FAIL	0											0	**0**	**0**	**0**

***The totals for the First Time and Repeat Test Takers only includes those that tested in 2018**

Dental Sedation Assistant Written Examination Statistics
June 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Dr. Bruce Whitcher (009)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
TOTALS	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%

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MEMORANDUM

DATE	July 25, 2018
TO	Members of the Dental Assisting Council
FROM	Laura Fisher, Educational Program Coordinator Dental Board of California
SUBJECT	**Agenda Item 7:** Update on Dental Assisting Licensing Statistics

The following table provides current license status statistics by license type as of **June 30, 2018.**

License Status	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)
Current & Active	30,060	1,457
Current & Inactive	4,650	81
Delinquent	10,933	206
Total Population (Current & Delinquent)	**45,643**	**1,744**
Total Cancelled Since Implementation	43,835	302

The following table provides current permit status statistics by permit type as of **June 30, 2018.**

Permit Type	Orthodontic Assistant (OA)	Dental Sedation Assistant (DSA)	Total Permits
Current & Active	930	28	958
Current & Inactive	12	1	13
Delinquent	71	12	83
Total Population (Current & Delinquent)	**1,013**	**41**	**1,054**
Total Cancelled Since Implementation	0	0	0

Definitions

Current & Active	An individual who has an active status and has completed all renewal requirements receives this status.
Current & Inactive	An individual who has an inactive status; has paid the renewal fees but cannot perform the duties of the license unless the license is re-activated. Continuing education units are not required for inactive license renewal.
Delinquent	An individual who does not comply with renewal

	requirements receives this status until renewal requirements are met.
Cancelled	An individual who fails to comply with renewal requirements by a set deadline will receive this status.
Deficient	Application processed lacking one or more requirements

Delinquent License Aging Status as of June 30, 2018

License Type	Within 30 Days	30 - 60 Days	61 - 90 Days	90 Days – 1 Year	1 – 2 Years	2 – 3 Years	3 – 4 Years	4 – 5 Years
RDA	377	294	253	2,052	2,469	2,302	1,687	1,488
RDAEF	15	3	6	35	55	50	27	15
OA	6	9	7	17	16	11	4	1
DSA	1	1	0	2	3	2	2	1

Active Licensees by County as of June 30, 2018

County	RDA	Population	Population per RDA	Population per DDS	RDA to DDS Ratio
Alameda	1,285	1,646,405	1,299	1,466	1:1
Alpine	0	1,156	N/A	0	N/A
Amador	59	38,382	698	22	3:1
Butte	283	226,403	829	143	2:1
Calaveras	59	45,157	779	15	4:1
Colusa	27	22,050	816	4	7:1
Contra Costa	1,332	1,139,313	844	1,091	1:1
Del Norte	29	27,060	969	15	2:1
El Dorado	226	186,223	830	163	1:1
Fresno	864	995,233	1,190	605	1:1
Glenn	46	28,730	611	11	4:1
Humboldt	185	136,430	774	72	3:1
Imperial	86	187,921	2,216	39	2:1
Inyo	12	18,598	1,552	11	1:1
Kern	604	896,101	1,517	329	2:1
Kings	127	149,559	1,159	71	2:1
Lake	68	64,740	999	42	2:1
Lassen	48	30,661	672	21	2:1
Los Angeles	4,715	10,231,271	2,201	8,352	1:2
Madera	135	156,963	1,186	50	3:1
Marin	181	263,262	1,425	323	1:2
Mariposa	12	18,137	1,511	8	2:1
Mendocino	101	89,092	882	58	2:1
Merced	207	275,104	1,329	93	2:1
Modoc	6	9,562	1,594	5	1:1
Mono	6	13,759	2,293	4	1:1
Monterey	405	442,149	1,092	264	2:1
Napa	145	141,784	978	112	1:1
Nevada	88	98,613	1,121	85	1:1

Active Licensees by County - continued

County	RDA	Population	Population per RDA	Population per DDS	RDA to DDS Ratio
Orange	1,871	3,198,968	1,710	3,835	1:2
Placer	528	383,173	726	454	1:1
Plumas	20	19,818	991	17	1:1
Riverside	1,959	2,382,640	1,216	1,055	2:1
Sacramento	1,696	1,513,415	892	1,103	2:1
San Benito	98	56,876	580	22	4:1
San Bernardino	1,553	2,155,590	1,388	1,352	1:1
San Diego	2,601	3,309,509	1,272	2,713	1:1
San Francisco	454	874,008	1,925	1,253	1:3
San Joaquin	749	747,263	998	365	2:1
San Luis Obispo	228	279,210	1,225	224	1:1
San Mateo	661	770,256	1,165	874	1:1
Santa Barbara	337	450,025	1,335	315	1:1
Santa Clara	1,700	1,937,473	1,140	2,265	1:1
Santa Cruz	221	276,504	1,251	183	1:1
Shasta	207	178,148	861	115	2:1
Sierra	4	3,203	801	1	4:1
Siskiyou	25	44,655	1,787	22	1:1
Solano	593	436,640	736	280	2:1
Sonoma	724	504,613	697	402	2:1
Stanislaus	601	549,976	915	281	2:1
Sutter	112	96,919	915	50	2:1
Tehama	75	63,949	865	25	3:1
Trinity	6	13,634	2,272	4	2:1
Tulare	425	470,716	1,108	214	2:1
Tuolumne	88	54,725	622	50	2:1
Ventura	547	855,910	1,565	674	1:1
Yolo	193	218,673	1,133	115	2:1
Yuba	96	74,645	778	12	8:1
Out of State/Country	1,753				
TOTAL	29,713	39,809,693			

*Population data obtained from Department of Finance, Demographic Research Unit
**Ratios are rounded to the nearest whole number

The counties with the highest Population per RDA are:

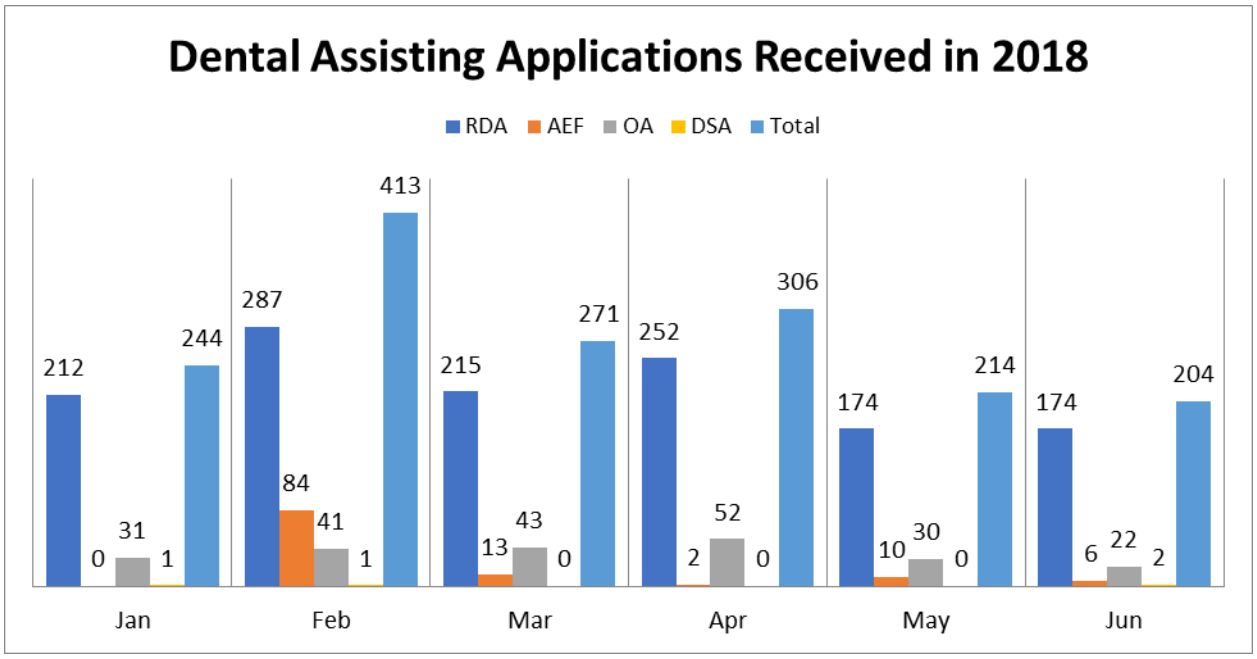
1. Mono County (1:2,293)
2. Trinity County (1:2,272)
3. Imperial County (1:2,216)
4. Los Angeles County (1:2,201)
5. San Francisco County (1:1,925)

The counties with the lowest Population per RDA are:

1. Alpine County (No RDAs)
2. San Benito County (1:580)
3. Glenn County (1:611)
4. Tuolumne County (1:622)
5. Lassen County (1:672)

The following are monthly dental statistics by license type as of June 30, 2018.

Dental Assistant Applications Received by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
RDA	212	287	215	252	174	174							**1314**
RDAEF	0	84	13	2	10	6							**115**
OA	31	41	43	52	30	22							**219**
DSA	1	1	0	0	0	2							**4**
Total	**244**	**413**	**271**	**306**	**214**	**204**	**0**	**0**	**0**	**0**	**0**	**0**	**1652**
Dental Assistant Applications Approved by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
RDA	106	115	147	189	183	155							**895**
RDAEF	0	1	0	64	11	2							**78**
OA	14	24	38	45	30	10							**161**
DSA	1	0	0	0	1	1							**3**
Total	**121**	**140**	**185**	**298**	**225**	**168**	**0**	**0**	**0**	**0**	**0**	**0**	**1137**
Dental Assistant Licenses Issued by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
RDA	150	108	101	221	155	36							**771**
RDAEF	1	0	7	0	37	5							**50**
OA	18	20	28	29	30	25							**150**
DSA	0	0	0	0	0	0							**0**
Total	**169**	**128**	**136**	**250**	**222**	**66**	**0**	**0**	**0**	**0**	**0**	**0**	**971**
Cancelled Dental Assistant Applications by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
RDA	9	0	5	1	6	1							**22**
RDAEF	0	4	0	1	2	0							**7**
OA	0	0	0	0	0	0							**0**
DSA	0	0	0	0	0	1							**1**
Total	**9**	**4**	**5**	**2**	**8**	**2**	**0**	**0**	**0**	**0**	**0**	**0**	**30**
Withdrawn Dental Assistant Applications by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
RDA	0	0	0	0	0	0							**0**
RDAEF	0	0	0	0	0	0							**0**
OA	0	0	0	0	0	0							**0**
DSA	0	0	0	0	0	0							**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Denied Dental Assistant Applications by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	**Totals**
RDA	0	0	0	1	0	0							**1**
AEF	0	0	0	0	0	0							**0**
OA	0	0	0	0	0	0							**0**
DSA	0	0	0	0	0	0							**0**
Total	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**


Dental Assisting Applications Received in 2018
RDA
AEF
OA
DSA
Total
212
0
31
1
244
287
84
41
1
413
215
13
43
0
271
252
2
52
0
306
174
10
30
0
214
174
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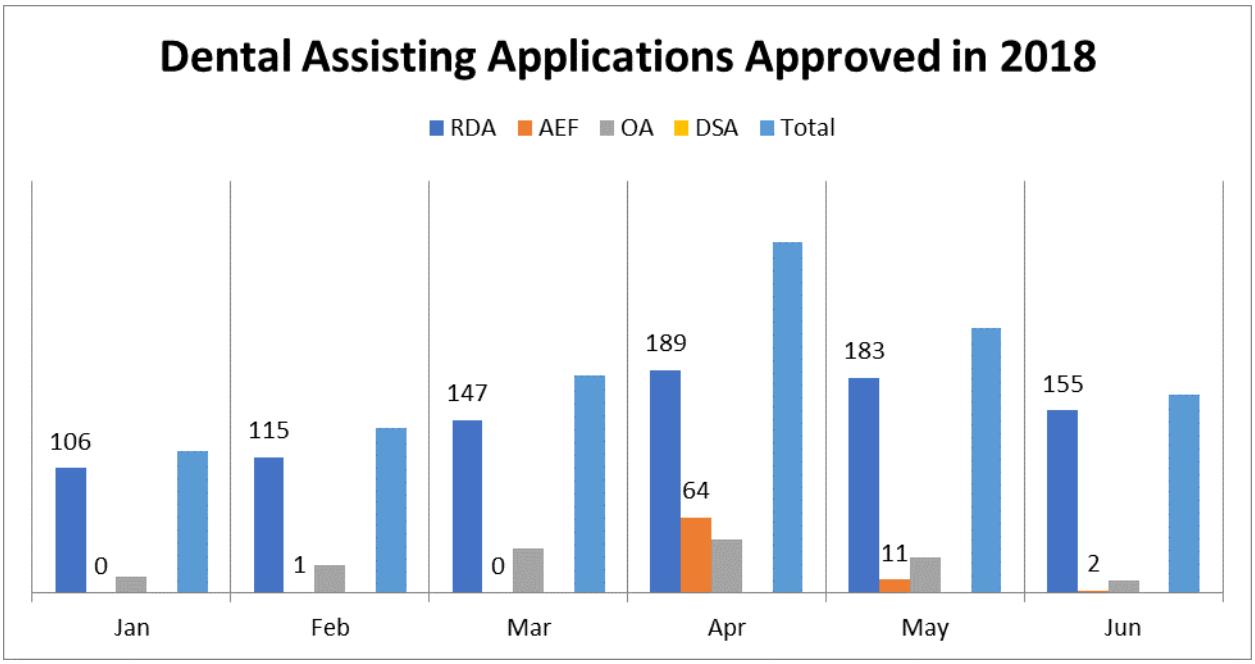
Jan
Feb
Mar
Apr
May
Jun


Dental Assisting Applications Approved in 2018
RDA
AEF
OA
DSA
Total
106
0
115
1
147
0
189
64
183
11
155
2
Jan
Feb
Mar
Apr
May
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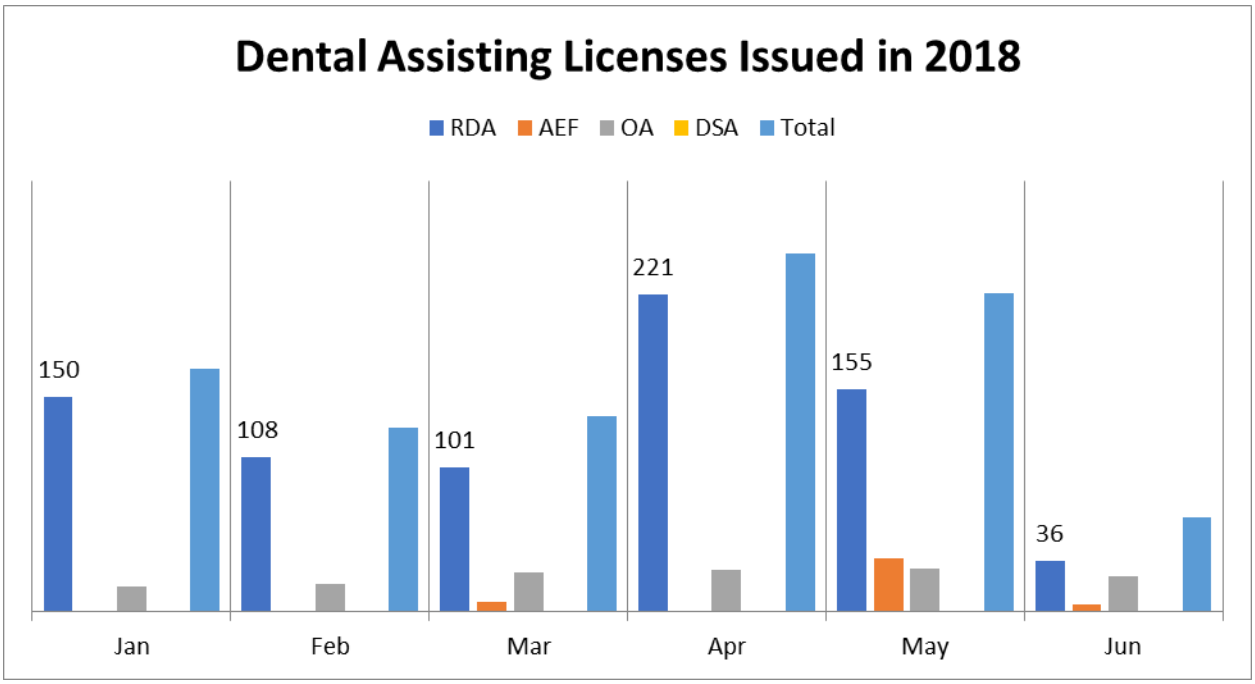
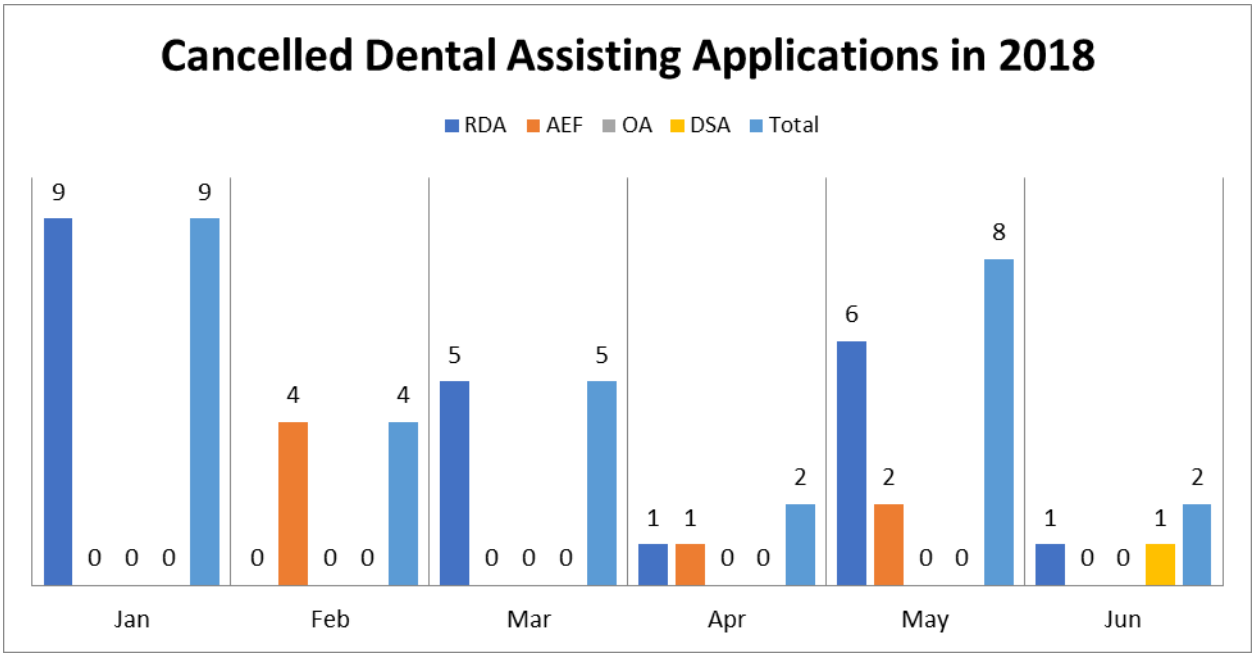
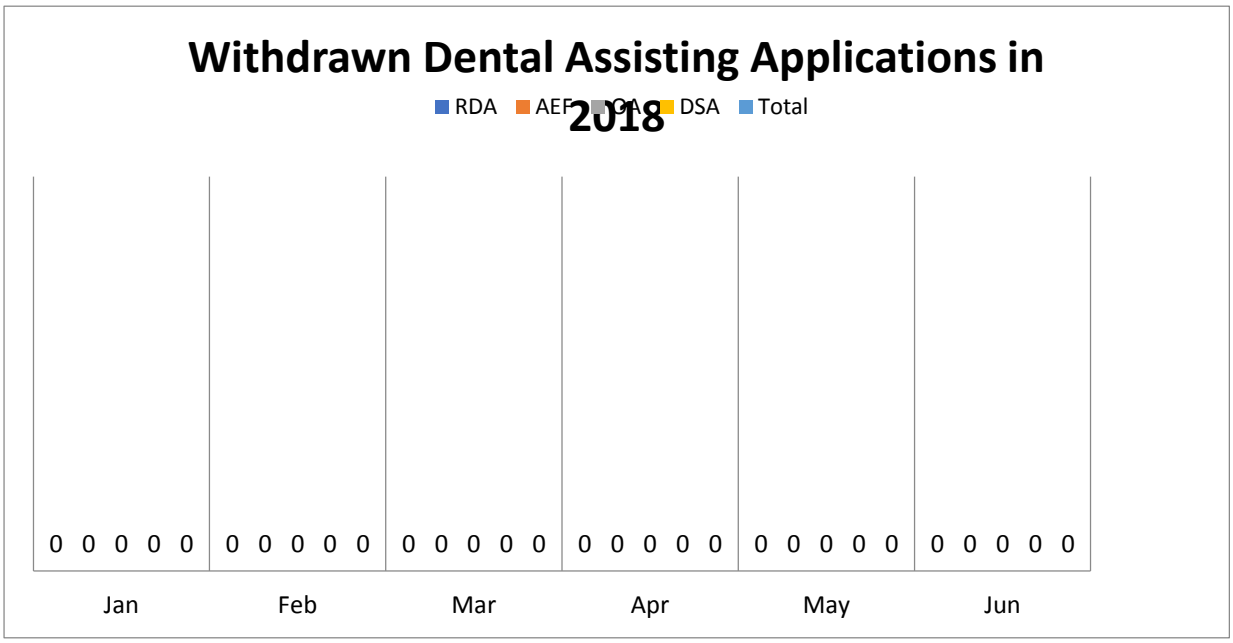

Dental Assisting Licenses Issued in 2018
RDA
AEF
OA
DSA
Total
150
108
101
221
155
36
Jan
Feb
Mar
Apr
May
Jun


Cancelled Dental Assisting Applications in 2018
RDA
AEF
OA
DSA
Total
9 0 0 0 9
0 4 0 0 4
5 0 0 0 5
1 1 0 0 2
6 2 0 0 8
1 0 0 1 2
Jan
Feb
Mar
Apr
May
Jun


Withdrawn Dental Assisting Applications in 2018
RDA
AEF
OA
DSA
Total
0 0 0 0 0
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Jan
Feb
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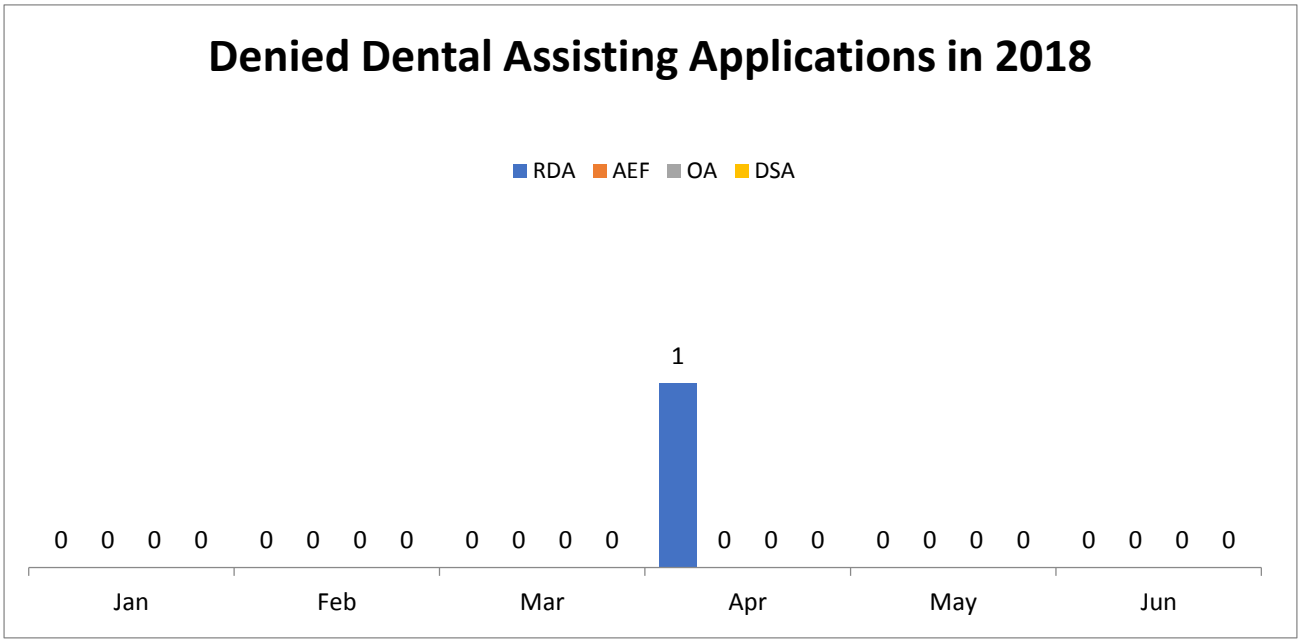
Denied Dental Assisting Applications in 2018
RDA
AEF
OA
DSA
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0 0 0 0
0 0 0 0
1
0 0 0
0 0 0 0
0 0 0 0
Jan
Feb
Mar
Apr
May
Jun

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MEMORANDUM

DATE	July 24, 2018
TO	Members of the Dental Assisting Council
FROM	Tina Vallery, Dental Assisting Unit Manager Dental Board of California
SUBJECT	**Agenda Item 8:** Update Regarding the Combining of the Registered Dental Assistant (RDA) Law and Ethics and General Written Examinations

Background:

Since the May 2018 meeting, Board staff began the implementation process for the combined RDA General Written and Law and Ethics (RDAC) Examination. Current applicants were able to schedule their RDA Law and Ethics and the RDA Written Examinations with PSI through Monday, May 14, 2018. To prepare for the conversion to the singular exam, Psychological Services Incorporated (PSI) stopped administering the separate RDA Law and Ethics and the RDA Written Examinations on Tuesday, May 15, 2018.

The RDAC examination was launched on May 24, 2018 and consists of one-hundred-fifty (150) questions. The fee for the examination is $38.50. Candidates that tested between May 24, 2018 and June 8, 2018 were issued a letter of participation, after completing their examination, that explained that their exam results were being held for a period of four to six (4-6) weeks and that they would receive their examination scores by mail, due to the Board performing a quality assurance assessment on examination items. The quality assurance assessment was completed on July 8, 2018 and applicants began receiving their scores by mail and on-site effective July 9, 2018.

Board staff encountered a slight delay in receiving the results from PSI, due to an issue with the BreEZe interface. The issue was resolved on July 16, 2018 and Board staff began issuing licenses to eligible applicants. To date, the Board has issued 241 licenses to applicants that have taken and passed the RDA General Written and Law & Ethics examination and completed all other licensing requirements.

As of June 30, 2018, there have been 299 applicants that have taken the RDAC examination. There were eight (8) applicants that tested in May and 291 in June. The pass rate for the RDAC examination remains consistent with the two previous examinations at 54%.

Board staff continues to assist the OPES in coordinating the Workshops for the RDAC Examination. Review/Item Writing Workshops have been held on February 3-4, 2017, August 4-5, 2017, October 27-28, 2017, December 8-9, 2017, February 16-17, 2018, and June 8-9, 2018, an Exam Construction Workshop was held on January 12-13, 2018, as well as, a Passing Score Workshop that was held on April 20-21, 2018. During these workshops and under the facilitation of an OPES testing specialist, licensees participated in reviewing test items, writing new test items, and developing a passing score for the examination.

Action Requested:

No action requested.

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MEMORANDUM

DATE	August 7, 2018
TO	Members of the Dental Assisting Council
FROM	Tina Vallery, Dental Assisting Unit Manager Dental Board of California
SUBJECT	**Agenda Item 9:** Discussion and Possible Action Regarding the Scope of Practice for the RDAEF2 as Submitted by Joan Greenfield, Representative of RDAEF Association and J Productions Dental Seminar's Inc.

The following information was prepared and submitted by Joan Greenfield, Representative of RDAEF Association and J Productions Dental Seminar's Inc.

1. **Local Anesthesia for the RDAEF2**

Background

In 2009, the California Legislature passed an Assembly Bill, which at the time created the most comprehensive scope of practice for performing restorative dentistry by a Non-Dentist, in the United States. Since January 1, 2010, the California Registered Dental Assistant in Extended Functions 2, have successfully completed millions of restorations. Most RDAEF2s are performing full quadrant or full arch advanced direct restorative dental treatment previously only allowed by a Dentist. In addition, they also place retraction cord, take impressions for crown and bridge, adjust and seat multiple unit indirect restorations and obtain final impressions for tooth-borne permanent prosthodontics and corresponding bite registrations.

Under state administrative and regulatory language, an Extended Functions 2 dental professional (EF2) may not give injections of local anesthesia to a patient. Essentially, this leaves the EF2 with two options when performing a potentially uncomfortable restorative dental procedure: the EF2 may ask a dentist or hygienist in the office to administer or re-administer the anesthesia or the EF2 may ask the patient to "tough it out." Neither of these options are acceptable. Pain control and patient comfort are paramount in a good, ethical dental practice. Most importantly, the patient who is being treated by the EF2 is, at best in discomfort, and perhaps significant pain and anxiety at worst, waiting for another individual to be located to administer or re-administer local anesthesia. Secondarily, in a busy office, asking the dentist or hygienist to interrupt his or her procedures and essentially abandon their own patient takes valuable time, continuity, and contact away from their own patient's.

Forty-seven years ago, hygienists in Washington state where able to convince the legislature that local anesthesia was a very important part of their scope of practice. The primary reason

hygienists sought this change was so that they could provide better delivery of dental services themselves without interrupting the dentist's schedule.

Amid much controversy and claims that only dentists had the skills and education to perform these procedures the hygienists prevailed. Forty-four states plus the District of Columbia currently authorize non-dentists to administer local anesthesia with no reported incidents of complications arising from any injections in the 47 years that non-dentists have been allowed to do so.

Rationale

The more commonly used local anesthetics only provide pulpal anesthesia for 30-60 minutes. That means that most of the procedures performed by the EF2 potentially require additional anesthesia during treatment, and/or anesthesia at the beginning of a procedure for which the dentist is not initially involved. If a patient needs additional anesthesia the patient could wait 10-15 minutes or more in discomfort until the dentist is available to administer anesthesia.

In September of 2015 the EF Association conduct a survey with currently licensed EF2s to determine how often additional local anesthesia was required. The survey results verified that 70% of respondents needed to have their patients re-injected on a daily basis. In addition, treatment such as crown and bridge adjustment and cementation that do not require the DDS for preparation most often still requires local anesthesia at the beginning of treatment. This adds to the number of patients that need local anesthesia. Unlike the hygienist who may only need local anesthesia for their patients on an occasional basis, the procedures performed by the EF2 by their very nature require local anesthesia, with rare exception.

For the last eight and a half years, the EF2 has proven themselves to be a very important component of both direct and indirect restorative procedures. They have attended Board approved programs at a post-secondary level, have passed rigorous state examination by the same team of examiners that prevail over "Boards" for dentists, and have passed a state written examination. Many have gone on to attend advanced restorative courses with their supervising dentists. The services provided by the EF2 are technical in nature, and are the same procedures routinely performed by a dentist. Because local anesthesia is the foundation for pain control and in order to provide more continuity in services and a safer and more efficient workflow, local anesthesia should become part of the scope of practice for the EF2.

Proposal

The RDAEF Association advocates the utilization of local anesthesia by the EF2 as an optional post-licensure permit, with the following conditions:

1. The individual must possess a valid, active, and current license as a Registered Dental Assistant in Extended Functions that was issued on or after January 1, 2010.
2. Must attend a board-approved competency program at a post-secondary level, with specific requirements for the administration of local anesthesia developed by the Board. (Suggested specific educational content will be provided at the Dental Board meeting.)
3. May only provide administration of local anesthesia at the discretion and direct supervision of a dentist.
4. May only administer local anesthesia for the specific oral locations contained in regulatory language developed by the Board.

2. The Administration of Nitrous Oxide/Oxygen for the RDAEF2

Background

Under current state regulatory language, a DA, RDA, and RDAEF may assist in the administration of nitrous oxide when used for analgesia or sedation with the following limitations. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.

Historically, these regulations were adopted at a time when nitrous oxide was viewed with a somewhat caviler attitude. They were primarily developed so that a DA could adjust the flow of gases while the dentist was working on the patient. Since the nitrous oxide/oxygen machines usually were placed to the side or behind the dentists view it made sense for the regulation to exist. The EF2, much like the hygienist however, is usually providing dental services without the dentist being present in the room for most of the treatment time. The current regulations regarding nitrous oxide/oxygen do not fit this scenario. Since that time the ADA has developed specific guidelines for nitrous oxide administration education. Although nitrous oxide is considered one of the safer forms of sedation, appropriate education for those utilizing the gases for sedation of their patients should be appropriately educated utilizing ADA guidelines.

Rationale

For those dental practices that utilize nitrous oxide for patient anxiety and comfort, the EF2 is presented with a dilemma. If the patient wants to receive nitrous oxide, the dentist may start the patient or instruct the EF2 to do so at chairside, but once the dentist has completed their portion of the treatment, the EF2 remains alone with the patient. As indicated in our discussion about local anesthesia, the EF2 is often providing lengthy procedures. It is common for the nitrous oxide and oxygen levels to be adjusted during lengthy treatment. The EF2 provider should have more than a cursory knowledge of patient reactions, responses, and appropriate action to take so that situations don’t escalate to the need for emergency procedures, poor patient experiences and unwanted events. The ADA has developed specific guidelines for nitrous oxide/oxygen administration education. Although nitrous oxide is considered one of the safer forms of anxiety reduction, the EF2 utilizing the gases for sedation of their patients should be appropriately educated utilizing ADA guidelines.

Proposal

The RDAEF Association advocates the utilization of the administration of nitrous oxide/oxygen by the EF2 as an optional post-licensure permit, with the following conditions:

1. The individual must possess a valid, active, and current license as a Registered Dental Assistant in Extended Functions that was issued on or after January 1, 2010.
2. Must attend a board-approved competency program at a post-secondary level with specific requirements for the administration of nitrous oxide/oxygen by the Board. (Suggested specific educational content will be provided at the Dental Board meeting including ADA guidelines.)

3. May only provide administration of nitrous oxide/oxygen at the discretion and direct supervision of a dentist.
4. May only administer defined minimal levels of nitrous oxide/oxygen contained in regulatory language developed by the Board.

Action Requested:

The Council may consider the information as presented by Ms. Joan Greenfield and may make recommendations to the Board.

cdha®

California Dental Hygienists' Association
The Voice of Dental Hygiene

July 24, 2018

Dental Board of California (DBC)
ATTN: Karen Fischer, Executive Officer
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Dear Dental Board of California,

The California Dental Hygienists' Association (CDHA) is writing in opposition to a proposal brought before the Dental Board of California (DBC) to allow Registered Dental Assistant in Expanded Functions 2s (RDAEF2s) to administer local anesthesia and nitrous oxide/oxygen sedation.

This would require a statutory scope of practice change in the Dental Practice Act by the California Legislature. It is not clear to CDHA how this would benefit the dental consumers in California and improve either the delivery of care or the healthcare outcomes.

CDHA has concerns for the health and safety of California dental consumers, both children and adults, with this proposal.

The education and clinical experience of RDAEF2s does not adequately prepare RDAEF2s for the skills necessary and required by California for these new duties. One must be a Registered Dental Assistant (RDA) prior to becoming a RDAEF. However, the On-the-Job trained (OTJ) pathway to become a RDA only requires working for a Dentist for 15 months and passage of the 150-question written RDA exam. No science education is required, nor is a high school diploma required to become a RDA. The 410 hours required in the RDAEF2 program at University of the Pacific Dental School (UOP) is less than three months of dental assisting curriculum and significantly less than that required of a Registered Dental Hygienist (RDH) for the safe and effective administration of anesthesia.

Ms. Greenfield, author of the proposal, references the local anesthesia/nitrous oxide curriculum she offers for the out-of-state dental hygienist seeking licensure in California.

All hygienists in the United States graduating from a Commission on Dental Accreditation (CODA) accredited Dental Hygiene Program, as California RDH must do, have completed

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extensive didactic coursework prior to completing the additional technical training for out-of-state hygienists referenced by Ms. Greenfield in order to meet California's stringent requirements.

We have attached a brief outline of the prerequisites and curriculum content for RDHs compared to the RDAEF2 program, along with California Code of Regulations (CCR) Section 1107 covering the local anesthesia and nitrous oxide requirements for both in state and out-of-state hygienists.

Without substantial additional scientific coursework and clinical training, administration of local anesthesia and nitrous oxide sedation by the RDAEF2 raises serious concerns for the health and safety of dental consumers in California, with no apparent improvement to the healthcare provided. We respectfully request the DBC does not agree to a lesser degree of education and clinical skill than that required of an RDH for this proposed scope of practice change.

We also request this letter, as well as the attached comparison of RDH-RDA-RDAEF2 education and CCR Section 1107, be included in the August DBC Board meeting materials packet.

Thank you for your consideration of CDHAs concerns for the well-being of children and adults during dental procedures involving administration of local anesthesia and nitrous oxide.

Respectfully submitted,

Beth Wilson

Beth Wilson. RDH BS
President, California Dental Hygienists' Association

Attachments:
- 2018 RDH-RDA-RDAEF2 Education Comparison
- CCR Section 1107

cc: Tom Stewart, DDS, President DBC

RDH AND RDAEF 2
Educational Prerequisites and Course Requirements

DENTAL HYGIENE PROGRAM PREREQUISITES

A. A high school diploma or the recognized equivalent which will permit entrance to a college or university.

B. College-level general education courses in the topic areas of:
(i) Oral and Written Communication
(ii) Psychology
(iii) Sociology
(iv) Mathematics
(v) Cultural Diversity*
(vi) Nutrition*

*This course is required prior to graduation and may be waived as an admission requirement if included within the dental hygiene program curriculum.

C. College-level biomedical science courses each of which must include a wet laboratory component in:
(i) Anatomy
(ii) Physiology
(iii) Chemistry
(iv) Biochemistry
(iv) Microbiology

DENTAL HYGIENE CURRICULUM CONTENT

NUMBER OF HOURS REQUIRED=1600

(1) Biomedical and Dental Sciences Content
(A) Cariology
(B) Dental Materials
(C) General Pathology and/or Pathophysiology
(D) Head, Neck and Oral Anatomy
(E) Immunology
(F) Oral Embryology and Histology
(G) Oral Pathology
(H) Pain management
(I) Periodontology
(J) Pharmacology
(K) Radiography
(L) Dental Anatomy and Morphology

(2) Dental Hygiene Sciences and Practice Content

(A) Community Dental Health
(B) Dental Hygiene Leadership
(C) Evidence-based Decision Making and Evidence-based Practice
(D) Health Informatics
(E) Health Promotion
(F) Infection and Hazard Control Management
(G) Legal and Ethical Aspects of Dental Hygiene Practice
(H) Medical and Dental Emergencies
(I) Oral Health Education and Preventive Counseling
(J) Patient Management
(K) Preclinical and Clinical Dental Hygiene
(L) Provision of Services for and Management of Patients with Special Needs
(M) Research

(3) Approved educational programs shall, at a minimum, specifically include instruction in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage.

(4) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:

(i) Indications and contraindications for all patients of:
1. periodontal soft tissue curettage;
2. administration and reversal of local anesthetic agents;
3. nitrous oxide-oxygen analgesia agents

(ii) Head and neck anatomy;
(iii) Physical and psychological evaluation procedures;
(iv) Review of body systems related to course topics;
(v) Theory and psychological aspects of pain and anxiety control;
(vi) Selection of pain control modalities;
(vii) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;
(viii) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;
(ix) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;
(x) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;
(xi) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;
(xii) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 1, section 1005 of the California Code of Regulations;
(xiii) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the

tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia;
(xiv) Medical and legal considerations including patient consent, standard of care, and patient privacy.

REGISTERED DENTAL ASSISTANT IN EXPANDED FUNCTIONS PREREQUISITES:

A. RDA license: On The Job Trained (OJT):

1. For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.
2. For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.

B. RDA License: Graduate of an RDA Educational program

(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on a written and practical examination administered by the board. **(See examples of RDA curriculum after RDAEF)
(2) RDA license

As of 2018 the RDA Practical Exam was eliminated

RDAEF PROGRAM REQUIREMENTS:

NUMBER OF HOURS REQUIRED=410

*Curriculum:

- Dental anatomy
- Oral health assessment, gingival structures
- Occlusion principles, TMJ and head and neck anatomy
- Primary and secondary dentition
- Beginning of bases and liners for amalgams, composites and glass ionomers
- Placement, polishing and anatomy for amalgams, composites and glass ionomers
- Oral isolation
- Dental materials and techniques for making impressions for removable partial dentures
- Dental materials for interocclusal registration, vasoconstrictors, fixed partial dentures, dental cements

- Fitting, adjusting and cementing of ceramic, all metal and ceramo-metal fixed partial dentures (crowns)
- Indirect restoration technique*
- Hemorrhage control, cord packing, vasoconstrictor use and final impressions
- Dental ergonomics
- Oral health assessment exercise with the dentl school
- Endodontics
- Pulp vitality testing, cone fitting and cementation
- Restorations in supervising dentist's office

RDAs successfully completing this program will be able to perform all the *new* procedures in extended functions which include:

- Performing patient oral health evaluations, charting and evaluating of soft tissue, classifying occlusion and myofunctional evaluation
- Performing oral health assessments in community and school-based settings under the direction of a dentist, RDH or RDHAP
- Sizing and fitting endodontic master points and accessory points
- Taking final impressions for tooth-borne removable prostheses
- Polishing and contouring existing amalgam restorations
- Placing, contouring, finishing and adjusting all direct restorations
- Adjusting and cementing permanent indirect restorations

Additionally, participants will be trained to perform:

- Cord retraction of gingiva for impressions procedures
- Cementing endodontic master points and accessory points
- Taking final impressions for permanent indirect restorations
- All other procedures authorized and adopted by the dental board*

*University of the Pacific Dental School RDAEF curriculum

RDA EDUCATIONAL PROGRAM COMMUNITY COLLEGE

**(Diablo Valley College)
Required courses:

Dental Radiography
Transitioning from Student to Dental Professional
Oral Facial Anatomy and Body Systems
Dental Operative Procedures
Dental Materials and Laboratory Procedures
Infection Control and Theories of Dental Assisting
Dental Office Management
Dental Emergencies, Pharmacology and Oral Pathology
Topics in Dental Assisting
Clinical Experience

English 1A, 1B
Psychology
College Reading Development
Freshman English: Composition
Public Speaking

RDA EDUCATIONAL PROGRAM REGIONAL OCCUPATIONAL PROGRAM (ROP)

** Butte County ROP

Curriculum:

Dental anatomy
Dental radiology
Coronal polish
Pit and fissure sealants
Dental instruments and equipment
CPR
Clinical training which includes instruction in a dental office working side by side with the dentist and staff.

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§ 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tis...
16 CA ADC § 1107
BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations Currentness
Title 16. Professional and Vocational Regulations
Division 11. Dental Hygiene Committee of California
Article 3. Educational Programs

16 CCR § 1107

§ 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage.

(a) Approval of Course. The Committee shall approve only those educational courses of instruction in local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage that continuously meet all course requirements. Continuation of approval will be contingent upon compliance with these requirements.

(1) A course in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage is a course that provides instruction in the following duties:

(A) Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity;

(B) Administration of nitrous oxide and oxygen when used as an analgesic; utilizing fail-safe machines with scavenger systems containing no other general anesthetic agents; and

(C) Periodontal soft tissue curettage.

(2) An applicant course provider shall submit an "Application for Approval of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" (DHCC SLN-01 12/2013) hereby incorporated by reference, accompanied by the appropriate fee, and shall receive approval prior to enrollment of students.

(3) All courses shall be at the postsecondary educational level.

(4) Each approved course shall be subject to review by the Committee at any time.

(5) Each approved course shall submit a biennial report "Report of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" (DHCC SLN-03 09/2013) hereby incorporated by reference.

(b) Requirements for Approval. In order to be approved, a course shall provide the resources necessary to accomplish education as specified in this section. Course providers shall be responsible for informing the Committee of any changes to the course content, physical facilities, and faculty, within 10 days of such changes.

(1) Administration. The course provider shall require course applicants to possess current certification in Basic Life Support for health care providers as required by Title 16, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations in order to be eligible for admission to the course, and one of the following:

(A) Possess a valid active license to practice dental hygiene issued by the Committee; or,

(B) Have graduated from an educational program for dental hygienists approved by the Commission on Dental Accreditation or an equivalent accrediting body approved by the Committee; or

(C) Provide a letter of certification from the dean or program director of an educational program accredited by the Commission on Dental Accreditation that the course applicant is in his or her final academic term and is expected to meet all educational requirements for graduation. The school seal must be affixed to the letter with the name of the program.

(2) Faculty. Pre-clinical and clinical faculty, including course director and supervising dentistry), shall:

(A) Possess a valid, active California license to practice dentistry or dental hygiene for at least two (2) years immediately preceding any provision of course instruction;

(B) Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective licenses.

(C) Complete an educational methodology course immediately preceding any provision of course instruction and every two years thereafter; and,

(D) Be calibrated in instruction and grading by the course provider.

(3) Facilities and Equipment. Pre-clinical and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all of the following:

(A) A lecture classroom, a patient clinic area, a sterilization facility and a radiology area for use by the students.

(B) Access for all students to equipment necessary to develop dental hygiene skills in these duties.

(C) Infection control equipment shall be provided according to the requirements of CCR Title 16, Division 10, Chapter 1, Article 1, Section 1005.

(D) At least one complete nitrous oxide-oxygen unit shall be provided for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.

(4) Health and Safety. A course provider shall comply with local, state, and federal health and safety laws and regulations.

(A) All students shall have access to the course's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.

(B) All students shall have access to the course's clinic and radiation hazardous communication plan.

(C) All students shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

(5) Clinical Education. As of January 1, 2016, each course's clinical training shall be given at a dental or dental hygiene school or facility approved by the Committee, which has a written contract for such training. Such written contract shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the course provider. A facility shall not include a dental office unless such office is an extramural facility of an educational program approved by the Committee.

(6) Recordkeeping. A course provider shall possess and maintain the following for a period of not less than 5 years:

(A) A copy of each approved curriculum, containing a course syllabus.

(B) A copy of completed written examinations, clinic rubrics, and completed competency evaluations.

(C) A copy of faculty calibration plan, faculty credentials, licenses, and certifications including documented background in educational methodology immediately preceding any provision of course instruction and every two years thereafter.

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

(E) A copy of student course evaluations and a summation thereof.

(7) Curriculum Organization and Learning Resources.

(A) The organization of the curriculum for the course shall be flexible, creating opportunities for adjustments to and research of advances in the administration of local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as provided in the section of this article on Requirements for RDH Programs.

(B) Curriculum shall provide students with an understanding of these procedures as provided in the section of this article on Requirements for RDH Programs and an ability to perform each procedure with competence and judgment.

(C) Curriculum shall prepare the student to assess, plan, implement, and evaluate these procedures as provided and in accordance with the section of this article on Requirements for RDH Programs.

(D) Curriculum shall include a remediation policy, and procedures outlining course guidelines for students who fail to successfully complete the course.

(E) Students shall be provided a course syllabus that contains:

(i) Course learning outcomes,

(ii) Titles of references used for course materials,

(iii) Content objectives,

(iv) Grading criteria which includes competency evaluations and clinic rubrics to include problem solving and critical thinking skills that reflect course learning outcomes, and

(v) A remediation policy and procedures.

(F) Students shall have reasonable access to dental and medical reference textbooks, current scientific journals, audio visual materials and other relevant resources.

(8) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:
(A)Indications and contraindications for all patients of:

(i) periodontal soft tissue curettage;

(ii) administration and reversal of local anesthetic agents;

(iii) nitrous oxide-oxygen analgesia agents

(B) Head and neck anatomy;

(C) Physical and psychological evaluation procedures;

(D) Review of body systems related to course topics;

(E) Theory and psychological aspects of pain and anxiety control;

(F) Selection of pain control modalities;

(G) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;

(H) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;

(I) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;

(J) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;

(K) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;

(L) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 4, Section 1005 of the California Code of Regulations;

(M) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia;

(N) Medical and legal considerations including patient consent, standard of care, and patient privacy;

(O) Student course evaluation mechanism.

(9) Specific Curriculum Content.

(A) Local anesthetic agents curriculum must include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction. Preclinical instruction shall include a minimum of two (2) experiences per injection, which may be on another student. Clinical instruction shall include at least four (4) clinical experiences per injection on four different patients, of which only one may be on another student. Curriculum must include maxillary and mandibular anesthesia techniques for local infiltration, field block and nerve block to include anterior superior alveolar (ASA) nerve block (infraorbital), middle superior alveolar nerve block (MSA), anterior middle superior alveolar nerve block (AMSA), posterior superior alveolar nerve block (PSA), greater palatine nerve block, nasopalatine (P-ASA) nerve block, supraperiosteal, inferior alveolar nerve block (to include Gow-Gates technique), lingual nerve block, buccal nerve block, mental nerve block, incisive nerve block and intraseptal injections. One clinical experience per injection shall be used to determine clinical competency in the course. The competency evaluation for each injection and technique must be achieved at a minimum of 75%.
Image 1 within § 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage.

(B) Nitrous oxide-oxygen analgesia curriculum must include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction. This includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. Each

clinical experience shall include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia. The competency evaluation must be achieved at a minimum of 75%.

Image 2 within § 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage.

(C) Periodontal soft tissue curettage curriculum must include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction. Education may include use of a laser approved for soft tissue curettage. This includes at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. The competency evaluation for this procedure must be achieved at a minimum of 75%.

(10) Certificate of Completion. A course provider shall issue a certificate of completion "Certification in Administration of Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage (DHCC SLN-02 09/2013), hereby incorporated by reference, only after a student has achieved clinical competency of the three procedures.

(c) Appeals.

(1) The Committee may deny or withdraw its approval of a course. If the Committee denies or withdraws approval of a course, the reasons for withdrawal or denial will be provided in writing within ninety (90) days.

(2) Any course provider whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee prior to the effective date of such action. The course provider shall be given at least ten days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

(3) The course provider may contest the denial or withdrawal of approval by either:

(A) Appearing at the informal conference. The Executive Officer shall notify the course provider of the final decision of the Executive Officer within ten days of the informal conference. Based on the outcome of the informal conference, the course provider may then request a hearing to contest the Executive Officer's final decision. A course provider shall request a hearing by written notice to the Committee within 30 calendar days of the postmark date of the letter of the Executive Officer's final decision after informal conference. Hearings shall be held pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Or;

(B) Notifying the Committee in writing the course provider's election to forego the informal conference and to proceed with a hearing pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Such notification shall be made to the Committee before the date of the informal conference.

Note: Authority cited: Sections 1905, 1906, 1909 and 1944, Business and Professions Code. Reference: Sections 1905 1909, 1917 and 1944, Business and Professions Code.

HISTORY

1. New section filed 8-4-2014; operative 8-4-2014 pursuant to Government Code section 11343.4(b)(3) (Register 2014, No. 32).

2. Change without regulatory effect amending subsections (b)(9)(A)-(B) filed 8-30-2017 pursuant to section 100, title 1, California Code of Regulations (Register 2017, No. 35).

This database is current through 7/6/18 Register 2018, No. 27

16 CCR § 1107, 16 CA ADC § 1107

END OF DOCUMENT

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
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MEMORANDUM

DATE	August 1, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	**Agenda Item 7:** Dental Assisting Council Meeting Report

Background:
A verbal report will be provided from the Dental Assisting Council Meeting.

Action Requested:
None

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
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MEMORANDUM

DATE	July 23, 2018
TO	Members of the Dental Board of California
FROM	Tina Vallery, Dental Assisting Unit Manager Dental Board of California
SUBJECT	**Agenda Item 8: Discussion and Possible Action on Appointment of Examiners Pursuant to BPC 1753.4**

Background:

As stated in the statute below, the Board must appoint grading examiners for the registered dental assistant in extended functions clinical and practical examinations.

Business and Professions Code, Section 1753.4

On and after January 1, 2010, each applicant for licensure as a registered dental assistant in extended functions shall successfully complete an examination consisting of the procedures described in subdivisions (a) and (b). On and after January 1, 2010, each person who holds a current and active registered dental assistant in extended functions license issued prior to January 1, 2010, who wishes to perform the duties specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5, shall successfully complete an examination consisting of the procedures described in subdivision (b). The specific procedures shall be assigned by the board, after considering recommendations of its Dental Assisting Council, and shall be graded by examiners appointed by the board. Each applicant shall furnish the required materials necessary to complete the examination.

(a) Successful completion of the following two procedures on a patient provided by the applicant. The prepared tooth, prior to preparation, shall have had mesial and distal contact. The preparation performed shall have margins at or below the free gingival crest and shall be one of the following: 7/8 crown, 3/4 crown, or full crown, including porcelain fused to metal. Alginate impression materials alone shall not be acceptable:
(1) Cord retraction of gingiva for impression procedures.
(2) Take a final impression for a permanent indirect restoration.
(b) Successful completion of two of the following procedures on a simulated patient head mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory:
(1) Place, condense, and carve an amalgam restoration.
(2) Place and contour a nonmetallic direct restoration.
(3) Polish and contour an existing amalgam restoration.

Ideally, the appointment or reappointment of examiners should take place annually, however, this has not been done since 2010. Currently there are eight (8) examiners participating in the RDAEF examinations that we would like to have reappointed and seven (7) that will require new appointments. To initiate the process staff has included the Curriculum Vitae (CV) for each of the examiners listed below that are participating in the RDAEF clinical and practical examinations for the Board's review.

1. Robert Bley
2. Wayne Del Carlo
3. Steven Fong
4. Richard Frieden, Chief
5. Rosellen Diehl Hong
6. Christian Kjeldsen
7. Kevin Kurio
8. William Kushner
9. Kent Madsen
10. Charles Newens
11. Norman Plotkin
12. Arthur Schultz
13. Marlene Schultz
14. Arturo Villanueva
15. Ed Weiss

Action Requested:

Staff recommends that the examiners named above be appointed/reappointed for the Registered Dental Assistant in Extended Functions clinical and practical examinations.

CURRICULUM VITAE

ROBERT M. BLEY, D.D.S.

EDUCATION: San Diego State University, B.S., Zoology, 1965

University of Pacific School of Dentistry, D.D.S., 1969

PRACTICE: Private Practice, General Dentistry

San Diego, California 1969 – 2017

STATE APPOINTMENTS: Expert Examiner,

California State Board of Dental Examiners 1982 – 1985

Examination Committee,

California State Board of Dental Examiners 1986 – present

Calibration Examiner 2001- 2014

Chief Examiner 2006 – 2014

Expert Consultant, Enforcement Division Dental Board of California 2009 – 2015

PROFESSIONAL AND COMMUNITY SERVICE:

Advisory Board Pacific College of Medical and Dental Assistants, San Diego, California, 1978 – 1989

Presented, "Tips from the Pros," California Dental Association Scientific Session, 2003

Presented, "Helpful Suggestions for Taking the Board Exam," California Dental Association Scientific Session, 2004

Regional Dental Consultant, Delta Dental of California, 2000 – 2009

San Diego State University Athletic Foundation Board of Directors, 1989 – 1999

San Diego Police Department,Retired Seniors Volunteer Patrol, 2014- present

PROFESSIONAL ORGANIZATIONS:

American Dental Association - Life Member

California Dental Association – Life Member

San Diego County Dental Society – Life Member

University of Pacific Alumni Association, 1969 – present

San Diego State University Alumni Association – Life Member

Wayne D. Del Carlo, D.D.S.
Curriculum Vitae

Personal
Home Address [redacted]

Schooling

St. Ignatius High School	1956-1960
City College San Francisco	1960-1963
University of San Francisco	1963-1964
Arthur A. Dugoni School of Dentistry, University of the Pacific	1964-1968

Military

US Navy (Fleet Marine Force)	1968-1970
Camp Pendleton, CA	1968-1969
Clinic Director	1969
Camp Courtney, Okinawa	1969-1970
Clinic Director	1970
Camp Fuji, Japan	1970
Naval Review Board, Chief Petty Officers	1970

San Francisco Dental Society

Board of Directors	1974-presently
Peer Review Committee	1973-1983
Chair	1978-1983
Executive Committee	1983-1993; 2008-2010:2017-current
Secretary	2008-2010; 2017- current
Vice President	1983-1984
President Elect	1984-1985
President	1985-1986
Committees: Office, Professional Growth, Bylaws, Finance, Nominating, School Screening, etc.	
Ethics Committee, Chair	2004-2007
Governance, Chair	2017-current
Membership	2017-current

California Dental Association

Delegate, CDA House	1982-1981; 1995-current
Ad Hoc Committee on Auxiliaries	1987-1989
Ad Hoc Committee Subsidiary Relations	1988-1989
Screening Committee	1989-1991
Standing Committee on Communications	1991-1992
Committee on the Single Standard of Care	1991-1992
Trustee, Board of Directors	1994-2000
Reference Committee on Budget & Communications, Chair	1999
CDA Holding Company, Inc. Board Member	2001-2004
Secretary	2003-2004

Finance Committee	2004
Council on Peer Review	2000-2007; 2015-current
Chair	2005-2007
Appeals, Chair	2016-current
Judicial Council	2007-2014
Investigating Panel	2008-2014
Chair	2013-2014
Hearing Officer	2016-current

American Dental Association

House of Delegates, Delegate	1989-2005
Speaker's Assistant (Sergeant at Arms)	2003-2005
Reference Committees	
"Dental Education & Related Matters"	1995
"Scientific Matters"	1997

Dental Board of California

Examining Committee, Expert Examiner	1982-2010
Committee on Dental Auxiliaries (Governor's appointee)	1995-2001
Sub Committees: RDA, RDAEF, RDHEF,	
National Board Dental Assisting Test Construction Committee	1997-2001
Subject Matter Expert	2010-current
Conference Referee	1993-2001
ADA Accreditation, RDA Program, Board Representative	1999
Ad Hoc Committee to Review New Modalities of Instrumentation	1999
Task Force, Review Allowable Duties for DA, RDA, RDAEF	1999-2001

San Francisco Medical Society Service Corporation

Board of Directors	1984-1996
Secretary/Treasurer	1989-1995
Vice President	1993-1994; 1996

Delta Dental of California

Corporate Membership Board	2002-2004
Board of Directors	2004-2010
Policy Committee	2008-2013
Chair	2012-2013
Nominating Committee	2008-2010

Miscellaneous

Introductory Speaker, American Dental Association's
National Convention, San Francisco
Media contact and spokesperson in San Francisco. on Dental Issues
Featured television spots for California Dental Association's
"Dental Patient's Bill of Rights"
Radio commentary: featured on "Independent Dental Hygiene Practice",
"Right to Choose" campaign, "Blood Borne Pathogens"(Panel
Discussion with OSHA)

Professional Memberships

Pierre Fauchard Academy, Fellow	1999-current
American College of Dentists, Fellow	1992-current
Northern California Board of Directors	2002-current
Chairman	2006-2007
International College of Dentists, Fellow	1993-current
Deputy Regent	1999-2005
Vice Regent	2005-2008
Board of Regents; Regent/Treasurer, 13th District, California	2008-2012
Bylaws Committee, Vice Chair	2008-2010
CE Committee, Chair	2008-2010
IT Committee	2008-2009
International College of Dentists USA Section Foundation	
Board of Trustees	2013-2017
Secretary	2013-2015
Vice President	2015-2017
International College of Dentists, Worldwide	
International Councilor, USA Section	2017-current
Academy of Dentistry International, Fellow	1994-current
American Institute of Oral Biology, Fellow	2003-current
Advisory Committee	2010-2017
International Domino Association	
Board of Directors	1991 -2001
President	1995, 1996, 1997, 1998

UOP, Arthur A. Dugoni, School of Dentistry

Adjunct Instructor, Dept. of Diagnostic Services	2018-current

Memberships and Supporter

California Waterfowl Assoc.
Ducks Unlimited
Guide Dogs for Blind
San Mateo PTA
San Mateo Park Home Improvement and Preservation Association
Shakespeare in the Park
University of the Pacific, Physicians and Surgeons, Alumni Association
University of California Alumni Association
S.F. Police Activities League
Founding member of Local Catholic Young People Social Organization - Vincentian Club
Cow Hollow Boys Club :(geographic social group),
San Francisco Italian Athletic Club
Navy League
San Francisco Coalition to Save Fluoridation
Committee on Biohazardous Wastes, Founding Member
Committee on Toxic Materials

Revised: April 2018

Curriculum Vitae July 2018
Steven C. Fong DDS

[redacted]

Emery High School
Emeryville, California
1961-1965 (skipped 7th grade)
GPA 4.0
Student Body Vice-President, Senior Class President 1965

Merritt College
Oakland, California
1965-1966 three semesters

University of California, Berkeley
1966-1967 four quarters - no degree
GPA 3.9

University of Pacific School of Dentistry
San Francisco, California
1967-1971 DDS degree conferred
Tao-Kappa Omega Dental Honor Society

Member of Chinese Independent Baptist Church of Oakland
1967-present
Held every lay administrative and service position at the church

Dental practice in Fremont, California since 1971
uninterrupted membership:
- Southern Alameda County Dental Society
- California Dental Association
- American Dental Association

Editor for Southern Alameda County Dental Society
1997- 2003
- Honorable Mention Award - William J. Gies Foundation 1997
- Honorable Mention Award - CDA Best Editorial 1997
- CDA Best Editorial – 1999 "The Deeper Meaning of CDA"

President Southern Alameda County Dental Society – 2005
Director-at-Large Southern Alameda County Dental Society – 2006, 2007, 2008

Treasurer for Southern Alameda County Dental Society 2008 - present

Member Interdisciplinary Affairs Committee CDA 2002

CDA House of Delegates Reference Committee Chair 2003

Trustee to the California Dental Association 2009-2015

American Dental Association, – 1971 - present

Pierre Fauchard Academy; 1997-present

Fellow of International College of Dentists; 2000-present

Fellow of American College of Dentists, 2004 to present

American Institute of Oral Biology Member
1998-present

Dental Examiner and Member of Examination Committee
Dental Board of California 1994-present
Chief Dental Examiner-North, EF Exam Committee, COMDA 2000-2007

CV for Richard A. Frieden, D.D.S.

current July, 2018

The Early Days:

Born: [redacted], Temple, Texas

Moved to Los Angeles 1946; stayed there ever since.

Elementary and High Schools, Los Angeles

Higher Education:

Pre-Dental: USC 1963-65

Dental School: USC 1965-69

Graduated from Dental School 1969

Activity as Undergraduate:

President of Tau Chapter of Alpha Omega Dental Fraternity

Activity Post-graduate:

(and continuing to present day):

Member of Tri-Partite ADA:

American Dental Association

California Dental Association

Los Angeles Dental Association

Activities iin vaious committees, and served as President LADS 1990-91

Pierre Fauchard Academy

Served as Examiner for California Board of Dental Examiners since approximately 1983.

Note: As the Examination dynamics changed approximately 2006, served as Co-Chief of the Dental Board Examination until that examination was dissolved and handed over to WREB (Western Regional…)

Meanwhile, served with COMDA's RDAEF examination program since approximately 1987 as Chief Examiner for that program, and continuing to present.

Rosellen Diehl Hong, DDS

[redacted]

[redacted]

EDUCATION:

University of California Los Angeles 1982 - 1986 DDS, Cum Laude

University of California Santa Cruz 1973 – 1977 BA, Art, Cum Laude

LICENSES, CERTIFICATION:

California [redacted] Current since 1986

Federal DEA [redacted] Current since 1986/ CURES Compliant

Basic Life Support Current since 1986

RELATED WORK EXPERIENCE:

2015 – present UCSF School of Dentistry HS Assistant Clinical Professor (20%)

2014– 2017 Staff Dentist, California Department of Corrections and Rehabilitation, Solano

2010 – 2014 Supervising Dentist, CDCR, Deuel Vocational Institution, Tracy

2007 – 2010 Chief Dentist, CDCR, Deuel Vocational Institution, Tracy (position eliminated 2010)

1988 – 2007 Staff Dentist, Department of Juvenile Justice, Stockton

1986 – 1995 Dentist in general private practice.

1986 - 1988 Lecturer, UCLA School of Dentistry, Section of Operative Dentistry

RELATED:

2015 - present Subject Matter Expert for Dental Board of California, RDAE

EXPERIENCE:

All aspects of General Dentistry including a special interest in oral diagnosis, treatment planning and management of the medically/mentally compromised patient. Very experienced and adept in all aspects of oral surgery (surgical extractions, biopsies, pre-prosthetic surgery, management of oral infections, simple alveolar fractures), minimally invasive dentistry, periodontics, endodontics, restorative, prosthetics and the treatment of special needs patients.

Managed a large group of dentists and support staff (including dental assistants, dental hygienists and other office technicians). With the CA Department of Corrections and rehabilitation, I ensured that Policies and Procedures for the delivery of constitutionally mandated dental care to inmate patients met all guidelines and requirements. These guidelines included infection control, training of staff, installation

and maintenance of equipment and collaborative work with all stakeholders in the prison including health care, custody and support staff.

I have spent much of my dental career serving the needs of the incarcerated in California. I provide care with integrity and high ethical standards to a group of patients whose care is overlooked by the public. These patients come from very diverse backgrounds and most have not had access to basic health care and dentistry (other than emergency care). Many cannot read and write, and effective communication is paramount to working with patients to accept responsibility for managing and improving their own health care.

PRESENTATIONS:

"Prosthetic Rehabilitation for a Patient with Cleft Palate" 2014, lecture given to a multi-disciplinary group of health care staff, CDCR

"Dental Considerations in the Management of a Non-Compliant Insulin Dependent Diabetic Patient" 2015, Lecture given to a multi-disciplinary group of health care staff, CDCR

"Diagnosis and Management of Inmate-Patients with Facial and Jaw Fractures" 2015, lecture given to a multi- disciplinary group of health care staff, CDCR

"Management and Treatment Planning of an Inmate-Patient with Factor VIII Deficiency—a Multi-Disciplinary Approach" 2015, CDCR

"Common Lesions of the Oral Cavity" 2015, CDCR

"An Assessment of Radiographic Quality Control Measurements Comparing D-speed Film, E-speed Film and Xeroradiography" presented at the International Association for Dental Research Meeting, Las Vegas, NV 1985

PUBLICATIONS:

Diehl, R, Gratt BM, Gould RG "Radiographic Quality Control Measurements Comparing D-speed Film, E-speed film and Xeroradiography" Journal of Oral Surgery, Oral Medicine and Oral Pathology June, 1986

AWARDS:

Omicron Kappa Upsilon, Epsilon Zeta Chapter, UCLA National Dental Honor Society

Robert B. Wolcott Section of Operative Dentistry Award, UCLA, 1986

American Academy of Dental Radiology Award, UCLA, 1986

Southern California Society of Dentistry for Children Award, UCLA, 1986

American Association of Women Dentists Award, UCLA, 1986

Alpha Omega Award for Outstanding Scholarship, UCLA, 1986

Fietta Wilken Clendenin Memorial Scholarship, UCLA

Christian Kjeldsen

[redacted]

EXPERIENCE

Christian J. Kjeldsen, D.D.S.- Owner, General Dentist

Petaluma, CA

November, 1996- Present

State of California, Contracted Dentist

Sonoma Developmental Center

October, 2014-Present

EDUCATION

University of the Pacific, School of Dentistry —D.D.S.

June, 1992 - May, 1995

Sonoma State University — *Biology*

September, 1987 - May, 1992

SKILLS

Family Dentistry
Cosmetic Dentistry

ORGANIZATIONS

ADA
CDA
Redwood Empire Dental Society
UOP ALumni

LANGUAGES

English
Some Spanish

March 12, 2018

Tina Vallery
Examination Coordinator
Dental Board of California
2005 Evergreen St., Suite 1550
Sacramento, CA 95815

Dear Ms. Vallery:

Hello, my name is Christian Kjeldsen. I am a dentist and have been in private practice for 23 years. I enjoy continuing education classes and interacting with other practicing professionals.

When I talked with Dr. Newens, a couple of weeks ago, prior to the UOP alumni meeting, he asked if I might be interested in becoming an Examiner. After thinking about the idea for a few days, I thought I could help and be a positive addition to the team. I feel I have the experience in practice working with students, DA's and RDA's. At this stage in my career, expanding my scope of influence by becoming trained to be an Examiner, is a challenge that I would like to participate in. I am ready to help the dental profession improve.

Thank you for your consideration,

Christian Kjeldsen

KEVIN M. KURIO, DDS, MAGD
[redacted]

Professional Experience:

Private Practice Kurio & Takata, DDS, Inc.
Shareholder and Director
Waipahu, Hawaii
1983 to 1993

Private Practice Dr. Arden Kwong
Associateship
Sacramento, California
1994 to 1997

Safeguard Health Plans, Inc.
Managing Doctor, North Sacramento Office
1995 to 1996

Western Dental Services, Inc.
Managing Doctor, Florin Office, Sacramento
1996 to 1998

Private Practice
Sole Proprietor
Rocklin, California
1997 to present

Dental Board of California
Expert Examiner
2005 to present

Expert Consultant
2009 to present

Education:

D.D.S. Degree, 1983
University of the Pacific, Arthur A. Dugoni School of Dentistry
San Francisco, California

B.S. Degree, 1980
Biomedical Engineering,
Northwestern University, McCormick School of Engineering
Evanston, Illinois

Honors:

Tau Kappa Omega Dental Honor Society, 1983
Graduation with honors
University of the Pacific, Arthur A. Dugoni School of Dentistry

Academy of General Dentistry
Fellowship Award, 2003
Mastership Award, 2007

Pierre Fauchard Academy
Fellowship Award, 2013

Affiliations:

American Dental Association

California Dental Association

Sacramento District Dental Society

Academy of General Dentistry
Delegate 2006, 2007

California Academy of General Dentistry
Board of Directors, 2007, 2008, and 2013

Sacramento-Sierra Academy of General Dentistry
President 2007, 2008, and 2013
Board of Directors 2003 to present

University of the Pacific Alumni Association
Hawaii Chapter President 1990 and 1991

State Licensure:

California since 1983

Hawaii since 1983

CURRICULUM VITAE

William Kushner III, DDS

[redacted]

1991-1994: University of the Pacific, School of Dentistry
Major: General Dentistry
Degree / Date: Doctor of Dental Surgery Conferred on June 19, 1994.

1987-1991: St. Mary's College of California.
Major: Biology
Degree / Date: Bachelors of Science conferred on May 25, 1991.

Work Experience:

Jan. 11, 2017-Present **Supervising Dentist CF**
California Medical Facility
CA Department of Corrections and Rehabilitation
California Prison Health Care Services
1600 California Drive
Vacaville, CA 95687

Dec. 17, 2012-Jan. 10, 2017: **Supervising Dentist CF**
California State Prison, Solano
CA Department of Corrections and Rehabilitation
California Prison Health Care Services
2100 Peabody Road
Vacaville, CA 95687

Aug. 2013- Current **Subject Matter Expert/ Examiner**
Dental Board of California
2005 Evergreen St. Ste. 1550
Sacramento, Ca 9581

Feb. 2010- Dec. 17 2012: Supervising Dentist CF, San Quentin State Prison
California Prison Health Care Services
San Quentin, CA 94964

Oct. 2007- Feb. 2010: Chief Dentist, CF, San Quentin State Prison
CA Department of Corrections and Rehabilitation
San Quentin, Ca 94964

Nov. 2005- Oct. 2007: **Dentist, CF, Deuel Vocational Institution**
CA Department of Corrections and Rehabilitation
23500 Kasson Rd, Tracy, Ca

June 2005- Jan. 2017: **General Dental Practice (4 days per month)**
William Kushner III DDS
San Ramon, Ca 94583

Dec 1998-Oct. 2005: **General Dental Practice**
William Kushner III, DDS
822 Alhambra Avenue
Martinez, Ca 94553

Aug. 1994-June 1999: **General Dental Practice**
William Kushner III, DDS
15051 Hesperian Blvd
San Leandro, Ca 94578

1997-1999: **Adjunct Faculty Member**
Dental Hygiene School Clinical Supervisor
Chabot Las Positas College
25555 Hesperian Blvd
Hayward, Ca 94545

Licenses: **Provider CPR exp. March 31, 2020**
ACLS exp. March 31, 2020
Dental License 42171 exp. 08/31/2018
DEA # FK0505644 exp. 12/31/2019
NPI# 1679762793

Professional Organizations:
Academy of General Dentistry: member # 43189 since 2012
California Academy of General Dentistry – Board of Directors
President Elect: January 2018-Present
Vice President: January 2017-January 2018
Secretary: January 2015- December 2016; Membership Chair
Sacramento Sierra Academy of General Dentistry Component
President: January 2014- December 2014,
Board of Directors: May 2012

Objective: Through my education, training, knowledge and experience, I am dedicated to providing efficient management of a quality dental team in order to deliver competent comprehensive patient care to patients in a professional setting. I am driven to instill excellence and leadership for and to my staff as necessary to bring about an adhesive partnership in the delivery of healthcare.

Kent M. Madsen, D.D.S.

[redacted]

Curriculum Vitae

1966 -	Graduated from UCSF School of Dentistry
1966-Present	Private practice full and part time.
1966-1971	Taught dentistry at UCLA School of Dentistry full and part time.
1975-2007	Served as examiner for California Dental Board Exams. Appointed as one of the first Chief Examiners.
Currently	Serve as examiner for California Dental Board RDAEF Exams.
Currently	Part-time Private Practice in Acton, CA

Charles Newens, DDS, MBA

EDUCATION

University of Phoenix, 1995-1998
Masters of Business Administration(MBA)
University of the Pacific, School of Dentistry 1992-1995
Doctor of Dental Surgery (DDS)
University of California Berkeley, 1988-1992
BS, Molecular Cell Biology

EMPLOYMENT HISTORY

Private Practice Owner, Charles Newens DDS Inc. 2006-present
Dental Board of California, Subject Matter/Expert Examiner RDAEF, 2009- present
Carrington College Dental Hygiene clinical floor instructor, 2006-present
Gentle Dental Inc., Managing Dentist, 2000-2006
US Army, Brigade Dental Surgeon, 1995-1999

COMMUNITY SERVICE

Fellow, UCSF Medical Center, May 2017- present

- Managed and coordinated community projects to improve health of Sacramento communites through policy, systems and environmental changes

Advisor, Sacramento County Public Health, January 2018- present

- Assessing the oral health needs of the community and developing policies and programs to meet those needs

PROFESSIONAL AFFILIATIONS AND HONORS

American Dental Association
California Dental Association
Sacramento District Dental Society
Top Dentist Sacramento Magazine 2011-18

Curriculum Vitae

Norman Plotkin, D.D.S.
[redacted]

Graduated Marquette University School of Dentistry - 1964
Rotating Dental Internship - Beth Israel Medical Center, N.Y., N.Y. - 1964 - 1965
Various Continuing Education Courses at UCSF, UOP, UCLA and other dental organizations

Private General Practice - 1965 to 2004

Consultant - 2004 - present

Attending Staff - Mount Zion Hospital, S.F. - 1966 to 1982

Professional Organizations:

American Society of Dentistry for Children - Northern California
- Component Treasurer 1984 - 1987

Alpha Omega Fraternity
- Served in offices of President and Treasurer

Academy of General Dentistry

American College of Dentists – Fellow
- Northern California ACD Board - 2000 - Present

International College of Dentists - Fellow

Pierre Fauchard Academy - Fellow

American Institute of Oral Biology
- Advisory Council - 1995 – 2004
- Board of Directors- 2004- Present

Heath Care Foundation of San Francisco
- Board Member - 1980 to 2007

California Dental Association
- Council on Insurance 1984 to 1991
- 1201 (TDCIS) Board Member 1994 to 2000
  - TDCIS Sec/Treas 1996 to 1999
- Trustee (Temp) 2000
- Second Alternate Delegate ADA 2000
- Delegate ADA 2001

Delta Dental of California
- Region Consultant (Quality Review) 1978 to 2005
- Corporate Board Member 2002-2008

San Francisco Dental Society (Member since 1965)
- President 2004
- President-Elect 2003
- Vice President
- Dental Care Committee
  - Chairman 1975 - 1981
- Board of Directors 1973 to 1998
- Executive Committee
- Bylaws Committee

Ethics Committee
Legislative Committee
Nominating Committee
Member and Chairman
Delegate to CDA House of Delegates (numerous years)
Liaison to San Francisco Medical Society
Local Arrangements Committee 1993 ADA Convention
Vice Chairman Social Activities
Building Committee

San Francisco Dental Care Foundation
Treasurer

Dental Board of California
Expert Examiner 1995 – 2006
Examining Committee Member
Committee on Dental Auxiliaries – Examiner
RDAEF Examiner 2012 – present

WREB
Examiner 2008 -2012

Civic Activities:

Boy Scouts of America Fund Raising
Hillsborough School Foundation
Board Member 1983 - 1986
Hillsborough Citizens Cable TV Committee
Sinai Memorial Chapel
President 2014 – 2016
Board Member 1994-Present
Chairman Sub-committees

Hebrew Free Loan Association
Board Member 2002-2013
Congregation Beth Israel-Judea
Board Member 1997-1999
Born: 1940

Married: 1965
Wife: Maxine (Deceased 2014)
Two Children: Jeffrey and Suzanne

CURRICULUM VITAE

ARTHUR WILLIAM SCHULTZ, D.D.S., J.D.

I. BIOGRAPHIC INFORMATION

Personal Information

[redacted]

[redacted]ultz

Home Address:

[redacted]

[redacted]

Employment Address:

Dental:	973 Manhattan Beach Blvd. Suite F Manhattan Beach, Ca. 90266
Legal:	FORD, WALKER, HAGGERTY & BEHAR One World Trade Center Twenty Seventh Floor Long Beach, Ca. 90831-2700

Employment Telephone:

Dental:	(310) 545-4509 (310) 545-4769 (FAX)
Legal:	(562) 983-2509 (562) 983-2776 (FAX)

University Education

1974-1977	Loyola University School of Law Los Angeles, California Juris Doctor Degree
1966-1970	University of Southern California School of Dentistry Los Angeles, California Doctor of Dental Surgery Degree
1964-1966	University of California, Los Angeles Los Angeles, California
1965, 1988	El Camino Community College Torrance, California

1966	University of Hawaii Honolulu, Hawaii
1980	Harbor Junior College San Pedro, California

Professional Organizations

American Dental Association
California Dental Association
Western Los Angeles Dental Society
California State Bar
Delta Sigma Delta Fraternity
Alumni Association, University of Southern California School of Dentistry
Alumni Association, Loyola University School of Law
Southern California Defense Counsel Association

Licensure

California State dental license # DS21337, 1970 - present
California State Bar license # 078067, 1977 - present
American Heart Association Instructor Certificate, 1977 - present

Honors, Awards

Loyola Law School, 1977 - Special Recognition at graduation for Dean's List throughout law school
Member, Mensa
Admitted to Bar, United States District Court, Central District of California, 1979 - present
Fellow, American College of Dentists, 1990 to present
Fellow, International College of Dentists, 1991 to present
Member, Pierre Fauchard Academy

Employment

General Practice of Dentistry at 973 Manhattan Beach Boulevard, Manhattan Beach, California, 90266, (213) 545-4509, in general partnership with Marlene M. Schultz, D.D.S., 1970 - present
Associate Attorney at the law firm of SHIELD & SMITH in Los Angeles, California at 1050 Wilshire Boulevard, Nineteenth floor, 90017-1902, (213) 580-1493, 1978 to 1991
Associate Attorney at the law firm of FORD, WALKER, HAGGERTY & BEHAR in Long Beach, California at One World Trade

Center, Twenty Seventh Floor, 90831-2700, 1991 to the present

Member, RDAEF Examining Committee, California Board of Dental Examiners (Dental Board of California), 1430 Howe Avenue,Suite 85B,Sacramento, California 95825, (916) 920-7451, 1987 to the present

Dentist, Centinela Valley Hospital, Children's Dental Health Center, 1970 - 1975

II. ADMINISTRATIVE AND SERVICE ACTIVITIES

Activities in Professional Organizations

Western Los Angeles Dental Society:
- President, 1981-1982
- Vice President, Membership, 1980-1981
- Vice President, Public Information, 1979-1980
- Chairman, Bylaws Committee, 1977-1982
- Chairman, Elections, Committee, 1977-1982
- Presidential Appointee, 1974-1976
- Chairman, CPR Committee, 1987 to the present
- Committees where served: Ethics, Membership, Public Information, Budget & Finance, Cardiopulmonary Resuscitation, Nominating, Executive, Dental Auxiliaries, Elections, Bylaws
- Examined School Children during National Children's Dental Health Week, 1970-1974
- Immediate Past President, 1982-1983
- Member, Board of Trustees, Western Los Angeles Dental Society, 1993-4

California Dental Association:
- Delegate, House of Delegates, 1974-1984
- Member, Reference Committee, 1978

American Dental Association:
- Alternate Delegate, House of Delegates, 1981

III. SCHOLARLY ACTIVITIES

Lectures

Legal Issues in California for Dental Hygienists, Cerritos College of Dental Hygiene, Cerritos, California 2/23/81

Prevention: It Applies to Malpractice, Too, School of Dentistry, University of Southern California, 3/18/81 and 3/18/82

Periodontal Practice for Dental Hygienists, Cerritos College of Dental Hygiene, Cerritos, California 3/1/83

Pediatric Dentists and The Law, Section of Pediatric Dentistry, School of Dentistry, University of California, Los Angeles, 3/16/83
Preventive Dental Hygiene Practices, Cerritos College of Dental Hygiene, Cerritos, California 11/3/83
Malpractice Prevention, Pediatric Dentistry Section, School of Dentistry, University of California, Los Angeles, 2/20/85
Legal Considerations of Dental Practice Administration, annual lecture to Senior Class, Loma Linda University School of Dentistry, 1984 - present
Periodontal Disease and the Law, annual lecture to Junior Class, University of Southern California School of Dentistry, 1985 - present
Dental Hygiene Practice - The New Reality, Cerritos College of Dental Hygiene, Cerritos, California, 3/12/87
Malpractice: You Need Not Be Sued, School of Dentistry, University of California, Los Angeles, 2/27/88
Practitioner Interaction in Complex Cases, Lecture at California Dental Association annual meeting, 4/25/91

Continuing Education Courses

The Confirmation Letter in Dental Practice, Table Clinic, California Dental Association Annual Meeting, 1977 - 1978
The Dentist-Dental Hygienist Team, Long Beach Dental Hygiene Society, Long Beach, California, 10/15/80
Legal and Illegal Practice of Dental Hygiene, Orange County Dental Hygiene Society, Santa Ana, California 5/18/83
Legal Aspects of Treating AIDS Victims, Fourth Annual Dental Hygiene Symposium, University of Southern California, School of Dentistry, Los Angeles, California 2/25/84
Malpractice Prevention, Kern County Dental Society, Bakersfield, California 5/14/84
Legal Considerations of Dental Charts, Kern County Dental Society, Bakersfield, California, 12/12/84
Malpractice Prevention and Litigation Legislation Update, Kern County Dental Society, Bakersfield, California 6/21/85
Measures Against Malpractice, Northern Arizona University School of Health Professions, Tucson, Arizona 9/20/85
Protection for Dentists, Kern County Dental Society, Bakersfield, California 7/13/87
1987 Dental Practice, Tulare/Kings County Dental Society, Visalia, California, 9/16/87
Liability Claims Prevention and an Update of Litigation Legislation, School of Dentistry, University of California, Los Angeles, 7/18/88
Liability Claims Prevention and Litigation Legislation Update, Kern County Dental Society, Bakersfield, California, 7/21/88

Implant Dentistry Informed Consent, London & Shepard Implant Study Club, Little Company of Mary Hospital, 12/15/88
Practical Legal Considerations in the Daily Practice of Dentistry, Southern California Filipino Dental Society, Los Angeles, California 3/7/89
Dental Hygiene Liability in 1990, Cerritos Community College, Norwalk, California, May 3, 1990
Update of Dental Malpractice, Kern County Dental Society, Fresno, California, 7/24/89 and 7/12/90
Graduate Orthodontic Perils and Pitfalls, Loma Linda University School of Dentistry, Loma Linda, California, February 27, 1991
Review of Dental Malpractice, including AIDS update, Kern County Dental Society, July 1991
Orthodontic Pitfalls, Orthodontic Graduate Program, Loma Linda University School of Dentistry, 2/27/92
Update in Dental Medicolegal Issues, Eisenhower Memorial Hospital, Rancho Mirage, California 3/4/92
Jurisprudence in Dental Hygiene Practice, Cerritos College, Norwalk, California, March 5, 1992
Ethics and Jurisprudence for the Dental Hygienist, Cypress College, Cypress, California March 19, 1992
OSHA Can You See, Kern County Dental Society, Fresno, California, July 1992
Complaints Against Orthodontists, Loma Linda University School of Dentistry, Loma Linda, California, January 1993
Dental Jurisprudence for the Dental Hygienist, Cypress College, Cypress, California, 3/11/93
Update of Liability for New Dental Hygienists, Cerritos Community College, Norwalk, California, April 29, 1993
Problems In Oral Surgery, Southern California Society of Oral and Maxillofacial Surgeons, Irvine, California 5/16/93
OSHA Can You See, 1993, Kern County Dental Society, Fresno, California, July 19, 1993
AIDS, Delta Dental, OSHA, and Denti-Cal, American-Arab Dental Association, Fullerton, California February 27, 1994.
Update on OSHA Inspections, and Related Matters, Fresno-Madera Dental Society, Fresno, California July 11, 1994
Review of Law and Dentistry, Cerritos Community College, Cerritos, California, March 23, 1995
California Law, San Gabriel Valley Dental Hygienists' Society, La Verne, California September 15, 1997

Publications

From the Podium, monthly articles, Westviews, Western Dental Society, 1981 - 1982
Informed Consent, Newsletter of The Dentists Insurance Company, 1983

Will Your Dental License Be In Jeopardy in '92?, Professional Advisor, Keeling & Company newsletter, Winter 1991

I Didn't Do It!, Professional Advisor, Keeling & Company newsletter, Spring 1992

I'd Rather Have a Root Canal, Professional Advisor, Keeling & Company newsletter, Winter 1992

CURRICULUM VITAE

MARLENE M. SCHULTZ, D.D.S.
January 2017

PERSONAL INFORMATION:
Date of Birth:
Place of Birth:
Citizenship:
Ethnic Classification:
Sex:
Marital Status:
Spouse's Name:
Home Fax:
Office Address:

Office Telephone:
Office Fax:
E-mail address:

DENTAL SCHOOL EDUCATION:
1965 - Graduate of Loma Linda University School of Dentistry (first female graduate from the School of Dentistry)

DENTAL LICENSURE:
1965 to the present: Licensed to practice in California and Washington

PROFESSIONAL ORGANIZATIONS:
Western Dental Society (WDS):

1969-71 Editor
1971-73 Treasurer
1973-74 Vice-President, Membership
1974-75 President Elect
1975-76 President
1976-77 Immediate Past President
1978-79 Presidential Appointee
1979-85 Trustee to CDA
Numerous TV appearances for WDS regarding malpractice, Dental Health Week, Women in Dentistry etc.
The project for the year as President of WDS was to set up a CPR program.
Served one or more years on the following committees:
Membership, Peer Review, Public Information, Speakers Bureau, Publications, Bylaws, Budget and Finance, Nominating, Dental Auxiliaries, Mouth Guard Program, Program Committee, CPR Committee and CPR Instructor

California Dental Association (CDA):

1975-79 Member, Council on Membership Services

1977-79 Chairman, Council on Membership Services
1979-85 Member, Board of Trustees
1969-78 Delegate
1978 and 1979 CDA Table Clinician
CDA Spokesman for Seniordent (TV and Radio)
1992 – Moderator of a Panel at the annual session entitled "Success in Dentistry: Different Perspective on How to Attain It"
2003 Speaker at Annual session: "Tips from the Pros"

American Dental Association (ADA):

1976-79 Spokesman on Illegal Dentistry (ADA film; part of Public Education Program; out of State speaking, i.e. Oregon, Utah)
1975 - Alternate Delegate from CDA
1980-82 Delegate from CDA
1980 - Member, Reference Committee
1980-81 Local Chairman of ADA's American Fund for Dental Health

Honorary:

1979 - Fellow of the International College of Dentists
1982 - Fellow of the American College of Dentists
Member, Pierre Fauchard Academy

Loma Linda University (LLU):

1976-78, 1980-86 Member, Board of Directors of Loma Linda School of Dentistry Alumni Association
1979 - Alumna of the Year
1986-87 President, Board of Directors, Loma Linda School of Dentistry Alumni Association
1965 – Judges Award LLU Alumni Student Convention Table Clinic
1979 - Guest Speaker LLU Alumni Student convention

University of Southern California:

1978 and 1980 Table Clinician

Little Company of Mary Hospital (Community service):

1980-1991 Member, Little Company of Mary Hospital Foundation Board of Trustees
1988-1990 Chairman, Little Company of Mary Hospital Foundation Board of Trustees

Women's Organizations:

Upsilon Alpha Sorority (no longer in existence)
Association of American Women Dentists (1965-2014)

California State Board of Dental Examiners:

1977-78 Expert Examiner for the State Board
1978 to July 2006: Member, Examining Committee, State Board of Dental Examiners (Dental Board of California)

1981 - Chairman of the Oral Diagnosis and Treatment Planning Section of the licensing examination
1982 - Chief Examiner of the Oral Diagnosis and Treatment Planning Section of the licensing examination
1981-82 Chairman of the Fact Finding Committee to study the formation of California's own Oral Diagnosis and Treatment Planning
2009 Consultant – Complaint and Compliance Unit
2011-2012 Board Subject Matter Expert for the Dental Board of California

Examination

1991 – Presentation for Southern California State Board Investigators
1993 to the present: Informal Conference Referee
2004 to the July 2006: Presenter of Candidate and Examiner Orientations at each licensing examination
2004 Testified before the Senate B&P Committee
2004 through July 2006: – Calibrator of Examiners prior to each State Board licensing examination

Study Groups and other Organizations:

1965 until dissolution in 2010 : Member, Odontic Seminar
2015 to present Member Osseointegration Study Club of Southern California

Other Dental Related Activities:

Court Expert Witness 1975-77
1965 - Table Clinic - Judges Award at Loma Linda
1965 - Guest Speaker Lions Club of Redlands
1979 - Guest Speaker at Loma Linda Alumi Student Convention
1992 - Success in Dentistry: Different Perspectives on How to Attain It – Panel Moderator and presentation for CDA Convention
1998 – Guest Speaker to American Association of University Women
2004 - Testified before the California State Senate Business and Professions Committee in Sacramento
2004 - Participated in Department of Consumer Affairs Occupational Analysis meeting in Sacramento

Practice:

In private dental practice in Manhattan Beach. In partnership with my brother, Dr. Arthur W. Schultz, D.D.S., J.D. since 1970. Our cousin has worked with us as an associate since 1984.

Arturo E. Villanueva

DEGREE

Doctor of Dental Medicine (D.M.D.), CUM LAUDE
University of the Philippines, 1967

CERTIFICATES

- 1975 - Present — Doctor of Dental Medicine, California License No. 24631
- 1973 – 1974 — University of California, Los Angeles
  General Dentistry
- 10/01/1973 — Registered Dental Hygienist, California License No. 5554
- 01/15/1973 — Radiation Safety Examination, California, Permit No. 34241
- 1968 – 1969 (6 months) — Tokyo Medical and Dental University Hospital, Tokyo, Japan
- 1968 – 1969 (6 months) — Osaka University of Foreign Studies, Osaka, Japan
- 1967 — Philippine Board of Dental Examiners, License

DENTAL WORK HISTORY

7 2014 - PRESENT RETIRED ; ACTIVE

- 03/2004 - 2014 [redacted] — **CDCR/DJJ – Ventura Youth Correctional Faculty**
  Dentist
- 10/2003 - 02/2004 — **CDCR/DJJ – Southern Reception Center Youth Correctional Facility**
  Dentist
- 1987 – 2003 — **Dentist – Self-employed**
  4470 De Longpre Ave. Los Angeles, CA
- 1975 – 1987 — **Dentist – Self-employed**
  1233 N. Vermont Ave. Suite #5. Los Angeles, CA
- 1983 – 2008 — **Member, Examining Committee**
  California Board of Dental Examiners
- 1981 – 1983 — **Member, Expert Examiner**
  California Board of Dental Examiners
- 09/1974 - 11/1974 — **Dentist, McQueen's Dental Clinic**
  Los Angeles, CA
- 11/1973 - 09/1974 — **Registered Dental Hygienist**
  Family Health Plan, Inc.

PROFESSIONAL SOCIETIES

- Santa Barbara, Ventura County Dental Society
- California Dental Association
- American Dental Association
- Academy of General Dentistry (Fellow FAGD)

COMPETENCE AND MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS

1963 (Degree)	**Associate Arts Degree** College of Liberal Arts, University of the Philippines
1967 (Degree)	**Doctor of Dental Medicine Degree (D.M.D.), cum laude** College of Dentistry, University of the Philippines
1967 (License)	**Doctor of Dental Medicine License** Board of Dental Examiners, Philippines
09/1967 - 10/1972	**Instructor** College of Dentistry, University of the Philippines
08/1968 - 01/1969 (Certificate)	**Japanese Language Studies** Osaka School of Foreign Languages Osaka, Japan
02/1969 - 12/1969 (Certificate)	**Hospital Dentistry, Surgical Unit** Tokyo Medical and Dental University Hospital Tokyo, Japan
10/1973 (License)	**Dental Hygienist (License No. 5554)** Dental Board of California)
10/1974 (License)	**General Dentistry Special Program** School of Dentistry, UCLA
09/1974 (License)	**Doctor of Dental Medicine (License No. 24631)** Dental Board of California
1986 - 1987 (Certificate)	**Periodontics Study Club** Conducted by Dr. Barry E. Kenny Chairman Dept. of Periodontology, UCLA
1985 - Present (Certificate)	**Academy of General Dentistry** Member
08/1997 - Present (Certificate)	**Academy of General Dentistry** Fellow – F.A.G.D.
1974 - Present	**American Dental Association** Member
1974 - Present	**California Dental Association** Member

COMPETENCE AND MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS (CONT.)

- 1974 - Present — **Los Angeles Dental Society**
  Member
- 1980 - Present — **Southern California Filipino Dental Association**
  Member
- 1981 - 1982 — **Southern California Filipino Dental Association**
  President
- 1982 - Present — **Dental Board of California**
  Examining Committee Member
- 1983 — **National Association of Filipino Dentists in America**
  Founding Member
- 1994 - 1995 (Certificate) — **Aesthetic Contemporary Restorative Dentistry**
  Center for Aesthetic Dentistry
  UCLA
- 01/08/2000 (Certificate) — **Fast Track Endodontic Course**
  Dr. L Stephen Buchanan
  University of the Pacific
- 04/2002 - Present (Certificate) — **Progressive Orthodontic Seminars**
  Clinical Orthodontia
- 1974 – 2005 — **Cosmetic and Family Dentistry Private Practice**
  Nueva Villa Dental Centre
  4470 De Longpre Ave, Los Angeles, CA

EMPLOYMENT HISTORY

- 1982 - Present — **Dental Board of California**
  Member Examining Committee – Examining and Grading of Dentists Desiring to Practice Competent Dentistry in California
- 1974 - 2005 — **Private Practice of Dentistry**
  4470 De Longpre Ave. Los Angeles, CA
- 02/1975 - 03/1976 — **Dr. Verner White – South Central Los Angeles, CA**
  Associate Dentist in Private Practice – Performing Duties of License Dentist
- 1974 - 1975 — **Hotel and Restaurant Employee Clinic – Alvarado, Los Angeles, CA**
  Dentist
- 09/1973 - 10/1974 — **Family Health Plan (F.H.P.) – Medical and Dental Health Plan**
  Dental Hygienist – Performing Duties of Licensed Dental Hygienist
- 01/1973 - 08/1973 — **Transamerica Insurance**
  Mail Room Clerk – Sorting and Delivering Office Mail and Supplies
- 12/1972 - 01/1973 — **Pic & Save Department Store**
  Store Clerk – Stocking

CV for Dr. Edward R. Weiss, D.D.S.

1962-1965 University of California, Santa Barbara. Pre-dental curriculum

1965-1969 University of California, San Francisco Medical Center. Graduated D.D.S. degree

1969-1971 Captain U. S. Air Force dental corp. stationed in Germany

1971-1978 Private practice in San Francisco, CA

1978-2013 Private practice in Auburn, CA

1993-2009 Expert Examiner for the California Dental Board responsible for grading the clinical parts of the CA dental licensure exam and the Restoration Technique exam given to foreign graduates

2007-2009 Expert Examiner for the Committee on Dental Auxiliaries responsible for grading the clinical exams given to dental assistants applying for the RDAEF license

2009-2010 Participated in the workshops to create both the written and clinical exams to be given to dental assistants applying for the new RDAEF2 license.

2010-present Expert Examiner for the clinical part of the RDAEF2 exam.

1993-present participated in approximately 35 philanthropic missions with Los Medicos Voladores (the Flying Doctors), Rotary International, and Canvasback Missions bringing medical care to remote parts of Mexico, Micronesia, Central America, South America, Nepal, and Uganda.

1971-present Member ADA, CDA, and local component dental societies. Now an ADA life member

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
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MEMORANDUM

DATE	August 1, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld Executive Assistant
SUBJECT	**Agenda Item 9:** Report on the June 19-20, 2018 Oral Health Summit hosted by the California Department of Public Health-Office of Oral Health Program Update

Background:

On June 19-20, 2018 Dental Board Members, Ms. Fran Burton and Dr. Huong Le, participated in the 2018 Oral Health Summit hosted by the California Department of Public Health-Office of Oral Health Program. Ms. Burton and Dr. Le will provide a verbal report regarding this meeting.

Action Requested:

No Board action requested.

DENTAL BOARD OF CALIFORNIA
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of August 9, 2018

Section 1
Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.[1] Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

1. Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

History and Function of the Board:

The Dental Board of California (Board) was created by the California Legislature in 1885 and was originally established to regulate dentists. The Board currently regulates approximately 89,000 licensees; consisting of approximately 43,500 dentists (DDS), 44,500 registered dental assistants (RDA), and 1,700 registered dental assistants in extended functions (RDAEF). In addition, the Board has the responsibility for setting the duties and functions of approximately 50,000 unlicensed dental assistants. Pursuant to Business and Professions Code Section 1601.2, the Board's highest priority is the protection of the public when exercising its licensing, regulatory, and disciplinary functions. The primary methods by which the Board achieves these goals are: issuing licenses to eligible applicants; investigating complaints against licensees and disciplining licensees for violations of the Dental Practice Act (Act); monitoring licensees whose licenses have been placed on probation; and managing the Diversion Program for licensees whose practice may be impaired due to abuse of dangerous drugs or alcohol.

The Board, as a whole, meets at least four times throughout each calendar year to address work completed by the various committees, and as noticed on the agenda, may meet in closed session as authorized by Government Code Section 11126 et. seq.

In concert with the Board's priority of protecting the public, it formally readopted a mission statement in its 2017-2020 Strategic Plan, as follows: "The Dental Board of California's mission is to protect and promote the oral health and safety of California consumers by ensuring the quality of dental health care within the State." Additionally, the Strategic Plan also includes a vision statement as follows: "The Dental Board of California will be a recognized leader in public protection, promotion of oral health, and access to quality care."

To meet its stated priorities, the Board implements regulatory programs and performs a variety of functions. These programs and activities include setting licensure requirements for dentists and

[1] The term "board" in this document refers to a board, bureau, commission, committee, department, division, program, or agency, as applicable. Please change the term "board" throughout this document to appropriately refer to the entity being reviewed.

dental assistants, including examination requirements, issuing and renewing licenses, and a variety of permits and certifications. The Board also has its own enforcement division (sworn and non-sworn) tasked with investigating both criminal and administrative violations of the Dental Practice Act (DPA) and other laws. As part of the disciplinary function of the Board, probationer dentists and RDAs are monitored, and the Board manages a Diversion Program for its licensees whose practice may be impaired due to abuse of dangerous drugs or alcohol.

Dental Board Composition:
The Board is composed of 15 members consisting of eight (8) practicing dentists, one (1) registered dental hygienist (RDH), one (1) RDA, and five (5) public members. The dentists, the RDH, the RDA, and three public members are appointed by the Governor. Of the remaining two public members, one is appointed by the Speaker of the Assembly and one by the Senate Rules Committee. Public membership accounts for a third of the composition of the Board. Of the eight practicing dentists, one must be a member of the faculty of any California dental school, and one is required to be a dentist practicing in a nonprofit community clinic. Our membership meets these requirements and there is currently one (1) vacancy.

Members of the Board are each appointed for a term of four years. Board members may continue to hold office beyond their term until the appointment of a successor or until one year has elapsed since the expiration of the term, whichever occurs first. Each member may serve no more than two full terms.

Board Committees, Their Make-up, and Functions:
The Board has nine (9) committees and one council; four of the committees and the council are statutorily mandated.

1. Dental Assisting Council (Business and Professions Code Section 1742)
2. Diversion Evaluation Committee (Business and Professions Code Section 1695.2)
3. Elective Facial Cosmetic Surgery Permit Credentialing Committee (Business and Professions Code Section 1638.1)
4. Enforcement Committee (Business and Professions Code Section 1601.1)
5. Examination Committee (Business and Professions Code Section 1601.1)

Other committees are established by the Board to meet specific needs. Currently, there are five (5):

6. Access to Care Committee
7. Anesthesia Committee
8. Legislative and Regulatory Committee
9. Licensing, Certification, and Permits Committee
10. Substance Use Awareness Committee`

The Dental Assisting Council (Council) has seven (7) members: two (2) Board members, one of which is the RDA member, and five (5) RDAs who represent a broad range of experience and education in dental assisting.

Committee members are Board members who are appointed by, and serve at the will of, the Board President. The Board meets as often as necessary to consider and act upon Board issues,

always providing adequate time to allow public notice to any and all interested parties, as required by law.

Committees meet on the first day of the two-day meeting and give their reports to the full Board on day two. Issues may be brought before a committee by consumers, stakeholders, and/or Board members. When necessary, staff researches the issues and reports to the committee. During the committee meeting, issues are discussed, and public comment is accepted. When appropriate, the committee brings a recommendation before the full Board for adoption or direction on proceeding.

At various times, the Board President will appoint a two-member subcommittee (both Board members) to work closely with staff on issues such as infection control, dental assisting scope of practice, dental assisting educational program and course requirements, licensure requirements, continuing education, and examination requirements.

Dental Assisting Council (Statutorily Mandated Committee – Business and Professions Code Section 1742)
Senate Bill 540 (Chapter 385, Statutes of 2011) enacted Business and Professions Code Section 1742 establishing the Council of the Board. The Council considers all matters relating to dental assistants in the State of California, on its own initiative or at the request of the Board. Such matters include, but are not limited to, the following areas:

- Requirements for dental assistant examination, licensure, permitting, and renewal,
- Standards and criteria for approval of dental assisting educational programs, courses, and continuing education,
- Allowable dental assistant duties, settings, and supervision levels,
- Appropriate standards of conduct and enforcement for dental assistants.
- Requirements regarding infection control.

The Council meets in conjunction with other Board committees and at other times as deemed necessary. Any resulting recommendations regarding scope of practice, settings, and supervision levels are made to the Board for consideration and possible further action.

The Council is composed of seven members, including the RDA member of the Board, another member of the Board, and five RDAs who represent as broad a range of dental assisting experience and education as possible. Two of the five RDA members are required to be employed as faculty members of a registered dental assisting educational program approved by the Board and must have been so employed for at least the five years prior to appointment. Three of the five RDA members, one of which must be licensed as an RDAEF, are required to be employed clinically in private dental practice or public safety net or dental health care clinics.

All five of the RDA members must have possessed a current, active RDA or RDAEF license for at least the prior five years and cannot be employed by a current member of the Board. Each member may serve no more than two full four-year terms.

Diversion Evaluation Committee (Statutorily Mandated Committee – Business and Professions Code Section 1695.2)
A 1982 legislative mandate required the Board to seek ways and means to identify and rehabilitate licensees whose competency may be impaired due to substance abuse. Given the

ability to establish one or more committees to carry out this mandate, the Board established two such committees, one in Southern California and one in Northern California.

Each committee is composed of three licensed dentists, one licensed dental auxiliary, one public member and one licensed physician or psychologist. Each must have experience or knowledge in the evaluation or management of persons who are impaired due to alcohol or drug abuse. Committee members are not members of the Board.

Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee (Statutorily Mandated Committee – Business and Professions Code Section 1638.1)
Senate Bill 438 (Chapter 909, Statutes of 2006) enacted Business and Professions Code Section 1638.1 which authorized the Board to issue EFCS permits to qualified licensed dentists and established the EFCS Permit Credentialing Committee to review the qualifications of each applicant for a permit. The Committee is composed of five members: three oral and maxillofacial surgeons, two of which are required to possess the EFCS permit, one physician and surgeon with a specialty in plastic and reconstructive surgery, and one physician and surgeon with a specialty in otolaryngology, all of whom must maintain an active status on the staff of a licensed general acute care hospital in California. Committee members are not members of the Board.

Committee members review the qualifications of an applicant for an EFCS permit in closed session at EFCS Permit Credentialing Committee meetings. The information is discussed in closed session and is confidential. Upon completion of the application review, the EFCS Permit Credentialing Committee makes a recommendation to the Board on whether or not to issue a permit to the applicant. The permit may be unlimited, entitling the permit holder to perform any facial cosmetic surgical procedure authorized by the statute, or it may contain limitations if the EFCS Permit Credentialing Committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested a permit for all procedures authorized in the statute.

Enforcement Committee (Statutorily Mandated Committee – Business and Professions Code Section 1601.1)
The Enforcement Committee is composed of five (5) members consisting of three (3) public members and two (2) dentists. The Enforcement Committee reviews complaint and compliance case aging statistics, citation and fine information, and investigation case aging statistics in order to identify trends that might require changes in policies, procedures, and/or regulations. The Enforcement Committee also receives updates on the Board's Diversion Program.

Examination Committee (Statutorily Mandated Committee – Business and Professions Code Section 1601.1)
The Examination Committee is composed of five (5) members consisting of four (4) dentists and one (1) public member. The Examination Committee reviews examination statistics and receives reports on all examinations administered by the Board. Any issues relating to examinations may be brought before the Examination Committee by consumers, stakeholders, or Board members.

Access to Care Committee
The Access to Care Committee is composed of five (5) members consisting of three (3) dentists and two (2) public members. The Access to Care Committee was established to maintain awareness of the changes and challenges within the dental community. An ongoing objective is to identify areas where the Board can assist with workforce development, such as through the

existing Dental Loan Repayment Program. A new focus on this program, may help fulfill an intent of the Legislature to recruit dentists to practice in underserved areas, and will assist with dental education loan repayment.

Anesthesia Committee
The Anesthesia Committee is composed of five (5) members consisting of four (4) dentists and one (1) public member. The Anesthesia Committee was established to consider issues concerning the administration of anesthesia to patients, review anesthesia evaluation statistics, and make recommendations to the Board regarding policy issues relating to the administration of anesthesia during dental procedures.

Legislative and Regulatory Committee
The Legislative and Regulatory Committee is composed of six (6) members consisting of four (4) dentists and two (2) public members. The Legislative and Regulatory Committee monitors legislation relative to the field of dentistry that may impact the Board, consumers, and/or licensees, and makes recommendations to the full Board whether or not to support, oppose, or watch the legislation. The Chair attends Senate and Assembly Committee hearings and may meet with legislators if the Board so directs. The Legislative and Regulatory Committee also discusses prospective legislative proposals and pending regulatory actions.

Licensing, Certification, and Permits Committee
The Licensing, Certification, and Permits Committee is composed of six (6) members consisting of three (3) dentists, one (1) RDA, and two (2) public members. The Licensing, Certification, and Permits Committee reviews licensing and permit statistics and looks for trends that might indicate efficiency and effectiveness or might identify areas in the licensing units that need modification. When necessary, the Committee meets in closed session to review applications for issuance of a new license to replace cancelled licenses and brings recommendations to re-issue or deny to the full Board.

Substance Use Awareness Committee
This committee was originally established as the Prescription Drug Abuse Committee in 2014 to examine the rise in prescription drug overdoses and to develop strategies to address the issue within the practice of dentistry. In May 2017, it was renamed to the Substance Use Awareness Committee to broaden the focus on all substance use disorders rather than only prescription drug overdoses. The Substance Use Awareness Committee is composed of five (5) members consisting of three (3) dentists and two (2) public members.

Table 1a. Attendance – Members of the Dental Board of California			
Steven Afriat, Public Member			
Date Appointed:	July 21, 2010		
Date Reappointed:	December 20, 2013		
Date Separated:	March 20, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Board Meeting - Sunset Review	October 17, 2014	Sacramento	**No**
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	**No**
Quarterly Board Meeting	May 14-15, 2015	Burlingame	**No**
Quarterly Board Meeting	August 27-28, 2015	Sacramento	**No**
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	**No**
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	**No**
Board Meeting – Strategic Plan	October 13-14, 2016	Sacramento	**No**
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes

Fran Burton, MSW, Public Member			
Date Appointed:	June 3, 2009		
Date Reappointed:	January 31, 2013 and April 19, 2017		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various locations	Yes
Quarterly Board Meeting	August 10-	Burlingame	Yes

	11, 2017		
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Stephen Casagrande, DDS			
Date Appointed:	March 27, 2009		
Date Reappointed:	July 1, 2012		
Date Separated:	March 16, 2016		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Board Meeting - Sunset Review	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	November 6 Yes November 7 **No**
Teleconference	December 9, 2014	Various location	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	**No**
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	**No**
Teleconference	January 25, 2016	Various locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Steven Chan, DDS			
Date Appointed:	October 12, 2016		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**

Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	**No**
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various locations	**No**
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Yvette Chappell-Ingram, Public Member			
Date Appointed:	April 17, 2013		
Date Reappointed:	January 11, 2016		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	**No**
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes

Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	May 11 Yes May 12 **No**
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan	October 13-14, 2016	Sacramento	**No**
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	May 16 **No** May 17 Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Katie Dawson, RDH			
Date Appointed:	April 11, 2013		
Date Reappointed:	N/A		
Date Separated:	March 14, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Board Meeting - Sunset Review	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various location	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes

Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	May 14 Yes May 15 **No**
Quarterly Board Meeting	August 27-28, 2015	Sacramento	**No**
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	**No**
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Board Meeting – Strategic Plan	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Luis Dominicis, DDS			
Date Appointed:	March 26, 2009		
Date Reappointed:	January 3, 2013		
Date Separated:	May 12, 2016		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Board Meeting - Sunset Review	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various location	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes

Teleconference	January 25, 2016	Various locations	**No**
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes

Judith Forsythe, RDA			
Date Appointed:	March 26, 2009		
Date Reappointed:	April 20, 2013		
Date Separated:	December 31, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	**No**
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Stakeholder's Meeting	July 28, 2016	Sacramento	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes

Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Locations	**No**
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Kathleen King, Public Member			
Date Appointed:	February 4, 2013		
Date Reappointed:	N/A		
Date Separated:	December 31, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	**No**
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various Locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes

Quarterly/Strategic Plan	October 13-14, 2016	Sacramento	**No**
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	**No**
Special Board Meeting	April 6, 2017	Sacramento	**No**
Quarterly Board Meeting	May 11-12, 2017	Anaheim	**No**
Teleconference	July 24, 2017	Various Locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	**No**
Ross Lai, DDS			
Date Appointed:	February 26, 2013		
Date Reappointed:	March 14, 2017		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	**No**
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12,	Garden Grove	Yes

	2016		
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	**No**
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Location	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Lilia Larin, DDS			
Date Appointed:	April 13, 2018		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Huong N. Le, DDS, MA			
Date Appointed:	March 26, 2009		
Date Reappointed:	September 24, 2016		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17,	Sacramento	Yes

	2014		
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	**No**
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Meredith M. McKenzie, Public Member			
Date Appointed:	April 15, 2013		

Date Reappointed:	January 1, 2016		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	**No**
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	**No**
Special Board Meeting	April 6, 2017	Sacramento	**No**
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	**No**
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	**No**

Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Abigail Medina, Public Member			
Date Appointed:	March 20, 2017		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	May 16 Yes May 17 **No**
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Steven Morrow, DDS, MS			
Date Appointed:	August 17, 2010		
Date Reappointed:	June 9, 2014 and February 28, 2018		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	**No**
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	**No**

Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Joanne Pacheco, RDH			
Date Appointed:	April 13, 2018		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Rosalinda Olague, RDA			
Date Appointed:	April 13, 2018		
Date Reappointed:	N/A		
Date Separated:	N/A		

Meeting Type	Meeting Date	Meeting Location	Attended?
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Thomas H. Stewart, DDS			
Date Appointed:	February 23, 2013		
Date Reappointed:	March 14, 2017		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	Yes
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	Yes

Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Bruce L. Whitcher, DDS			
Date Appointed:	March 26, 2009		
Date Reappointed:	September 23, 2015		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	**No**
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes
Teleconference	January 25, 2016	Various Locations	**No**
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes

Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
Special Board Meeting	April 6, 2017	Sacramento	Yes
Quarterly Board Meeting	May 11-12, 2017	Anaheim	Yes
Teleconference	July 24, 2017	Various Locations	Yes
Quarterly Board Meeting	August 10-11, 2017	Burlingame	Yes
Quarterly Board Meeting	November 2-3, 2017	Sacramento	Yes
Quarterly Board Meeting	February 8-9, 2018	San Diego	Yes
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	
Debra Woo, DDS			
Date Appointed:	January 29, 2014		
Date Reappointed:	March 14, 2017		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	August 25-26, 2014	Sacramento	Yes
Special Board Meeting	October 17, 2014	Sacramento	Yes
Quarterly Board Meeting	November 6-7, 2014	Studio City	Yes
Teleconference	December 9, 2014	Various locations	Yes
Quarterly Board Meeting	February 26-27, 2015	San Diego	Yes
Teleconference	March 26, 2015	Various locations	**No**
Quarterly Board Meeting	May 14-15, 2015	Burlingame	Yes
Quarterly Board Meeting	August 27-28, 2015	Sacramento	Yes
Quarterly Board Meeting	December 3-4, 2015	Los Angeles	Yes

Teleconference	January 25, 2016	Various Locations	Yes
Quarterly Board Meeting	March 3-4, 2016	San Diego	Yes
Quarterly Board Meeting	May 11-12, 2016	Garden Grove	Yes
Quarterly Board Meeting	August 18-19, 2016	Sacramento	Yes
Quarterly/Strategic Plan Meeting	October 13-14, 2016	Sacramento	Yes
Quarterly Board Meeting	December 1-2, 2016	Burlingame	Yes
Quarterly Board Meeting	February 23-24, 2017	San Diego	Yes
James Yu, DDS			
Date Appointed:	April 13, 2018		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Quarterly Board Meeting	May 16-17, 2018	Anaheim	Yes
Quarterly Board Meeting	August 23-24, 2018	San Francisco	

Table 1a. Attendance – Members of the Dental Assisting Council			
Anne Contreras, RDA			
Date Appointed:	March 26, 2012		
Date Reappointed:	March 17, 2014 and July 2, 2018		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 25, 2014	Sacramento	Yes
Dental Assisting Council Meeting	November 6, 2014	Studio City	Yes
Joint DAC and Examinations Com.	November 6, 2017	Studio City	Yes
Dental Assisting Council Meeting	December 15, 2014	Sacramento	Yes
Dental Assisting Council Meeting	February 26, 2015	San Diego	Yes
Dental Assisting Council Meeting	May 14, 2015	Burlingame	**No**
Joint DAC and Board Meeting	August 27, 2015	Sacramento	Yes
Joint DAC and Board Meeting	December 3, 2015	Los Angeles	Yes
Joint DAC and Board Meeting	March 3, 2016	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2016	Garden Grove	**No**
Joint DAC and Board Meeting	August 18, 2016	Sacramento	Yes
Joint DAC and Board Meeting	December 1, 2016	Burlingame	Yes
Joint DAC and Board Meeting	February 23, 2017	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2017	Anaheim	**No**
Joint DAC and Board Meeting	August 10, 2017	Burlingame	Yes
Joint DAC and Board Meeting	November 2, 2017	Sacramento	**No**
Dental Assisting Council Meeting	August 23, 2018	San Francisco	

Pamela Davis-Washington			
Date Appointed:	March 19, 2012		
Date Reappointed:	March 12, 2015		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 25, 2014	Sacramento	Yes
Joint DAC and Examinations Com.	November 6, 2017	Studio City	Yes
Dental Assisting Council Meeting	November 6, 2014	Studio City	Yes
Dental Assisting Council Meeting	December 15, 2014	Sacramento	Yes
Dental Assisting Council Meeting	February 26, 2015	San Diego	**No**
Dental Assisting Council Meeting	May 14, 2015	Burlingame	Yes
Joint DAC and Board Meeting	August 27, 2015	Sacramento	Yes
Joint DAC and Board Meeting	December 3, 2015	Los Angeles	Yes
Joint DAC and Board Meeting	March 3, 2016	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2016	Garden Grove	Yes
Joint DAC and Board Meeting	August 18, 2016	Sacramento	Yes
Joint DAC and Board Meeting	December 1, 2016	Burlingame	Yes
Joint DAC and Board Meeting	February 23, 2017	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2017	Anaheim	Yes
Joint DAC and Board Meeting	August 10, 2017	Burlingame	Yes
Joint DAC and Board Meeting	November 2, 2017	Sacramento	Yes
Dental Assisting Council Meeting	August 23, 2018	San Francisco	

Teresa Lua			
Date Appointed:	March 16, 2012		
Date Reappointed:	N/A		
Date Separated:	May 31, 2016		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 25, 2014	Sacramento	Yes
Dental Assisting Council Meeting	November 6, 2014	Studio City	Yes
Joint DAC and Examinations Com.	November 6, 2017	Studio City	Yes
Dental Assisting Council Meeting	December 15, 2014	Sacramento	Yes
Dental Assisting Council Meeting	February 26, 2015	San Diego	Yes
Dental Assisting Council Meeting	May 14, 2015	Burlingame	Yes
Joint DAC and Board Meeting	August 27, 2015	Sacramento	Yes
Joint DAC and Board Meeting	December 3, 2015	Los Angeles	Yes
Joint DAC and Board Meeting	March 3, 2016	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2016	Garden Grove	Yes
Tamara McNealy			
Date Appointed:	June 13, 2014		
Date Reappointed:	N/A		
Date Separated:	May 31, 2016		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 25, 2014	Sacramento	Yes
Dental Assisting Council Meeting	November 6, 2014	Studio City	Yes
Joint DAC and Examinations Com.	November 6, 2017	Studio City	Yes
Dental Assisting Council Meeting	December 15, 2014	Sacramento	Yes
Dental Assisting Council Meeting	February 26, 2015	San Diego	Yes
Dental Assisting Council Meeting	May 14, 2015	Burlingame	Yes

Joint DAC and Board Meeting	August 27, 2015	Sacramento	Yes
Joint DAC and Board Meeting	December 3, 2015	Los Angeles	**No**
Joint DAC and Board Meeting	March 3, 2016	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2016	Garden Grove	Yes
Joint DAC and Board Meeting	August 18, 2016	Sacramento	Yes
Joint DAC and Board Meeting	December 1, 2016	Burlingame	Yes
Joint DAC and Board Meeting	February 23, 2017	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2017	Anaheim	Yes
Cindy Ovard			
Date Appointed:	May 30, 2018		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 23, 2018	San Francisco	
Pamela Peacock			
Date Appointed:	May 30, 2018		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 23, 2018	San Francisco	
Emma Ramos			
Date Appointed:	March 19, 2012		
Date Reappointed:	March 12, 2015		
Date Separated:	April 25, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Dental Assisting Council Meeting	August 25, 2014	Sacramento	Yes
Dental Assisting Council Meeting	November 6, 2014	Studio City	Yes
Joint DAC and Examinations Com.	November 6,	Studio City	Yes

	2017		
Dental Assisting Council Meeting	December 15, 2014	Sacramento	Yes
Dental Assisting Council Meeting	February 26, 2015	San Diego	Yes
Dental Assisting Council Meeting	May 14, 2015	Burlingame	Yes
Joint DAC and Board Meeting	August 27, 2015	Sacramento	**No**
Joint DAC and Board Meeting	December 3, 2015	Los Angeles	Yes
Joint DAC and Board Meeting	March 3, 2016	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2016	Garden Grove	Yes
Joint DAC and Board Meeting	August 18, 2016	Sacramento	Yes
Joint DAC and Board Meeting	December 1, 2016	Burlingame	Yes
Joint DAC and Board Meeting	February 23, 2017	San Diego	Yes
Jennifer Rodriguez			
Date Appointed:	December 23, 2016		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Joint DAC and Board Meeting	February 23, 2017	San Diego	Yes
Joint DAC and Board Meeting	May 11, 2017	Anaheim	Yes
Joint DAC and Board Meeting	August 10, 2017	Burlingame	Yes
Joint DAC and Board Meeting	November 2, 2017	Sacramento	Yes
Dental Assisting Council Meeting	August 23, 2018	San Francisco	**No**

Table 1a. Attendance – Members of the Elective Facial Cosmetic Surgery Permit Credentialing Committee			
Robert Gramins, DDS, Chair			
Date Appointed:	July 2, 2009		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
EFCS Committee Meeting	July 9, 2014	Teleconference	**No**
EFCS Committee Meeting	October 1, 2014	Teleconference	Yes
EFCS Committee Meeting	January 14, 2015	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 8, 2015	Teleconference	Yes
EFCS Committee Meeting	July 8, 2015	Teleconference	Yes
EFCS Committee Meeting	October 14, 2015	Teleconference	Yes
EFCS Committee Meeting	January 20, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 20, 2016	Teleconference	**No**
EFCS Committee Meeting	July 13, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 19, 2016	Teleconference	Yes
EFCS Committee Meeting	January 25, 2017	Teleconference	Yes
EFCS Committee Meeting	April 5, 2017	Teleconference	Yes
EFCS Committee Meeting	July 19, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 4, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	January 10, 2018	Teleconference	Yes
EFCS Committee Meeting	April 18, 2018	Cancelled – No Applications to Review	N/A

Louis Gallia, DMD, MD			
Date Appointed:	June 20, 2011		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
EFCS Committee Meeting	July 9, 2014	Teleconference	Yes
EFCS Committee Meeting	October 1, 2014	Teleconference	Yes
EFCS Committee Meeting	January 14, 2015	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 8, 2015	Teleconference	Yes
EFCS Committee Meeting	July 8, 2015	Teleconference	Yes
EFCS Committee Meeting	October 14, 2015	Teleconference	Yes
EFCS Committee Meeting	January 20, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 20, 2016	Teleconference	Yes
EFCS Committee Meeting	July 13, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 19, 2016	Teleconference	Yes
EFCS Committee Meeting	January 25, 2017	Teleconference	Yes
EFCS Committee Meeting	April 5, 2017	Teleconference	Yes
EFCS Committee Meeting	July 19, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 4, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	January 10, 2018	Teleconference	Yes
EFCS Committee Meeting	April 18, 2018	Cancelled – No Applications to Review	N/A
Anil Punjabi, MD, DDS			

Date Appointed:	July 7, 2009		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
EFCS Committee Meeting	July 9, 2014	Teleconference	Yes
EFCS Committee Meeting	October 1, 2014	Teleconference	Yes
EFCS Committee Meeting	January 14, 2015	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 8, 2015	Teleconference	Yes
EFCS Committee Meeting	July 8, 2015	Teleconference	Yes
EFCS Committee Meeting	October 14, 2015	Teleconference	Yes
EFCS Committee Meeting	January 20, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 20, 2016	Teleconference	Yes
EFCS Committee Meeting	July 13, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 19, 2016	Teleconference	Yes
EFCS Committee Meeting	January 25, 2017	Teleconference	Yes
EFCS Committee Meeting	April 5, 2017	Teleconference	Yes
EFCS Committee Meeting	July 19, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 4, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	January 10, 2018	Teleconference	Yes
EFCS Committee Meeting	April 18, 2018	Cancelled – No Applications to Review	N/A
Peter Scheer, DDS			
Date Appointed:	July 20, 2009		
Date Reappointed:	N/A		
Date Separated:	N/A		

Meeting Type	Meeting Date	Meeting Location	Attended?
EFCS Committee Meeting	July 9, 2014	Teleconference	Yes
EFCS Committee Meeting	October 1, 2014	Teleconference	Yes
EFCS Committee Meeting	January 14, 2015	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 8, 2015	Teleconference	Yes
EFCS Committee Meeting	July 8, 2015	Teleconference	**No**
EFCS Committee Meeting	October 14, 2015	Teleconference	Yes
EFCS Committee Meeting	January 20, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 20, 2016	Teleconference	Yes
EFCS Committee Meeting	July 13, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 19, 2016	Teleconference	Yes
EFCS Committee Meeting	January 25, 2017	Teleconference	Yes
EFCS Committee Meeting	April 5, 2017	Teleconference	Yes
EFCS Committee Meeting	July 19, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 4, 2017	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	January 10, 2018	Teleconference	Yes
EFCS Committee Meeting	April 18, 2018	Cancelled – No Applications to Review	N/A
Brian Wong, MD			
Date Appointed:	January 18, 2012		
Date Reappointed:	N/A		
Date Separated:	January 31, 2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
EFCS Committee Meeting	July 9, 2014	Teleconference	Yes
EFCS Committee Meeting	October 1,	Teleconference	**No**

	2014		
EFCS Committee Meeting	January 14, 2015	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 8, 2015	Teleconference	**No**
EFCS Committee Meeting	July 8, 2015	Teleconference	**No**
EFCS Committee Meeting	October 14, 2015	Teleconference	**No**
EFCS Committee Meeting	January 20, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	April 20, 2016	Teleconference	**No**
EFCS Committee Meeting	July 13, 2016	Cancelled – No Applications to Review	N/A
EFCS Committee Meeting	October 19, 2016	Teleconference	**No**

Table 1a. Attendance – Members of the Northern Diversion Evaluation Committee (N-DEC)			
James W. Frier, DDS			
Date Appointed:	August 28, 2013		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
N-DEC Meeting	September 4, 2014	Sacramento	Yes
N-DEC Meeting	December 4, 2014	Sacramento	Yes
N-DEC Meeting	March 5, 2015	Sacramento	Yes
N-DEC Meeting	June 4, 2015	Sacramento	Yes
N-DEC Meeting	September 3, 2015	Sacramento	Yes
N-DEC Meeting	December 3, 2015	Sacramento	Yes
N-DEC Meeting	March 10, 2016	Sacramento	Yes
N-DEC Meeting	June 2, 2016	Sacramento	Yes
N-DEC Meeting	September 1, 2016	Sacramento	Yes
N-DEC Meeting	December 1, 2016	Sacramento	Yes
N-DEC Meeting	March 9, 2017	Cancelled – Due to low number of participants.	N/A
N-DEC Meeting	June 1, 2017	Sacramento	Yes
N-DEC Meeting	September 7, 2017	Sacramento	Yes
N-DEC Meeting	December 7, 2017	Sacramento	Yes
N-DEC Meeting	April 5, 2018	Sacramento	Yes
Lawrence Podolsky, MD			
Date Appointed:	September 14, 2014		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**

N-DEC Meeting	September 4, 2014	Sacramento	Yes
N-DEC Meeting	December 4, 2014	Sacramento	Yes
N-DEC Meeting	March 5, 2015	Sacramento	Yes
N-DEC Meeting	June 4, 2015	Sacramento	Yes
N-DEC Meeting	September 3, 2015	Sacramento	Yes
N-DEC Meeting	December 3, 2015	Sacramento	Yes
N-DEC Meeting	March 10, 2016	Sacramento	Yes
N-DEC Meeting	June 2, 2016	Sacramento	Yes
N-DEC Meeting	September 1, 2016	Sacramento	Yes
N-DEC Meeting	December 1, 2016	Sacramento	Yes
N-DEC Meeting	March 9, 2017	Cancelled – Due to low number of participants.	N/A
N-DEC Meeting	June 1, 2017	Sacramento	Yes
N-DEC Meeting	September 7, 2017	Sacramento	Yes
N-DEC Meeting	December 7, 2017	Sacramento	Yes
N-DEC Meeting	April 5, 2018	Sacramento	Yes
Michael Shaw, DDS			
Date Appointed:	September 2, 2014		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
N-DEC Meeting	September 4, 2014	Sacramento	Yes
N-DEC Meeting	December 4, 2014	Sacramento	**No**
N-DEC Meeting	March 5, 2015	Sacramento	Yes
N-DEC Meeting	June 4, 2015	Sacramento	Yes
N-DEC Meeting	September 3, 2015	Sacramento	Yes
N-DEC Meeting	December 3,	Sacramento	Yes

	2015		
N-DEC Meeting	March 10, 2016	Sacramento	Yes
N-DEC Meeting	June 2, 2016	Sacramento	Yes
N-DEC Meeting	September 1, 2016	Sacramento	Yes
N-DEC Meeting	December 1, 2016	Sacramento	Yes
N-DEC Meeting	March 9, 2017	Cancelled – Due to low number of participants.	N/A
N-DEC Meeting	June 1, 2017	Sacramento	**No**
N-DEC Meeting	September 7, 2017	Sacramento	Yes
N-DEC Meeting	December 7, 2017	Sacramento	Yes
N-DEC Meeting	April 5, 2018	Sacramento	Yes
Gregory S. Pluckhan, DDS			
Date Appointed:	March 2, 2013		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
N-DEC Meeting	September 4, 2014	Sacramento	Yes
N-DEC Meeting	December 4, 2014	Sacramento	Yes
N-DEC Meeting	March 5, 2015	Sacramento	Yes
N-DEC Meeting	June 4, 2015	Sacramento	Yes
N-DEC Meeting	September 3, 2015	Sacramento	Yes
N-DEC Meeting	December 3, 2015	Sacramento	Yes
N-DEC Meeting	March 10, 2016	Sacramento	**No**
N-DEC Meeting	June 2, 2016	Sacramento	Yes
N-DEC Meeting	September 1, 2016	Sacramento	Yes
N-DEC Meeting	December 1, 2016	Sacramento	Yes
N-DEC Meeting	March 9, 2017	Cancelled – Due to low number of	N/A

		participants.	
N-DEC Meeting	June 1, 2017	Sacramento	Yes
N-DEC Meeting	September 7, 2017	Sacramento	Yes
N-DEC Meeting	December 7, 2017	Sacramento	Yes
N-DEC Meeting	April 5, 2018	Sacramento	Yes
Dina Gillette, RDH, BA			
Date Appointed:	November 8, 2009		
Date Reappointed:	March 6, 2014		
Date Separated:	March 10, 2016		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
N-DEC Meeting	September 4, 2014	Sacramento	Yes
N-DEC Meeting	December 4, 2014	Sacramento	Yes
N-DEC Meeting	March 5, 2015	Sacramento	Yes
N-DEC Meeting	June 4, 2015	Sacramento	Yes
N-DEC Meeting	September 3, 2015	Sacramento	Yes
N-DEC Meeting	December 3, 2015	Sacramento	**No**
N-DEC Meeting	March 10, 2016	Sacramento	Yes
Lynn Zender, Public Member			
Date Appointed:	November 8, 2009		
Date Reappointed:	March 6, 2014		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
N-DEC Meeting	September 4, 2014	Sacramento	Yes
N-DEC Meeting	December 4, 2014	Sacramento	Yes
N-DEC Meeting	March 5, 2015	Sacramento	Yes
N-DEC Meeting	June 4, 2015	Sacramento	Yes
N-DEC Meeting	September 3, 2015	Sacramento	Yes

N-DEC Meeting	December 3, 2015	Sacramento	Yes
N-DEC Meeting	March 10, 2016	Sacramento	**No**
N-DEC Meeting	June 2, 2016	Sacramento	Yes
N-DEC Meeting	September 1, 2016	Sacramento	Yes
N-DEC Meeting	December 1, 2016	Sacramento	Yes
N-DEC Meeting	March 9, 2017	Cancelled	Cancelled

Table 1a. Attendance – Members of the Southern Diversion Evaluation Committee (S-DEC)			
Thomas C. Specht, MD			
Date Appointed:	August 1, 2009		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
S-DEC Meeting	July 16, 2014	Los Angeles	Yes
S-DEC Meeting	October 1, 2014	Los Angeles	Yes
S-DEC Meeting	January 7, 2015	Los Angeles	Yes
S-DEC Meeting	April 8, 2015	Los Angeles	Yes
S-DEC Meeting	July 8, 2015	Los Angeles	Yes
S-DEC Meeting	October 7, 2015	Los Angeles	Yes
S-DEC Meeting	January 6, 2016	Los Angeles	Yes
S-DEC Meeting	April 6, 2016	Los Angeles	Yes
S-DEC Meeting	July 6, 2016	Los Angeles	Yes
S-DEC Meeting	October 5, 2016	Los Angeles	Yes
S-DEC Meeting	January 11, 2017	Los Angeles	Yes
S-DEC Meeting	April 5, 2017	Los Angeles	Yes
S-DEC Meeting	July 12, 2017	Los Angeles	Yes
S-DEC Meeting	October 4, 2017	Los Angeles	**No**
S-DEC Meeting	January 3, 2018	Cancelled – Due to low number of participants.	N/A
J. Steven Supancic, Jr, DDS, MD			
Date Appointed:	August 1, 2009		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
S-DEC Meeting	July 16, 2014	Los Angeles	Yes

S-DEC Meeting	October 1, 2014	Los Angeles	Yes
S-DEC Meeting	January 7, 2015	Los Angeles	Yes
S-DEC Meeting	April 8, 2015	Los Angeles	Yes
S-DEC Meeting	July 8, 2015	Los Angeles	**No**
S-DEC Meeting	October 7, 2015	Los Angeles	Yes
S-DEC Meeting	January 6, 2016	Los Angeles	Yes
S-DEC Meeting	April 6, 2016	Los Angeles	Yes
S-DEC Meeting	July 6, 2016	Los Angeles	Yes
S-DEC Meeting	October 5, 2016	Los Angeles	Yes
S-DEC Meeting	January 11, 2017	Los Angeles	Yes
S-DEC Meeting	April 5, 2017	Los Angeles	Yes
S-DEC Meeting	July 12, 2017	Los Angeles	Yes
S-DEC Meeting	October 4, 2017	Los Angeles	**No**
S-DEC Meeting	January 3, 2018	Cancelled – Due to low number of participants.	N/A
Curtis Vixie, DDS			
Date Appointed:	August 24, 2007		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
S-DEC Meeting	July 16, 2014	Los Angeles	Yes
S-DEC Meeting	October 1, 2014	Los Angeles	Yes
S-DEC Meeting	January 7, 2015	Los Angeles	Yes
S-DEC Meeting	April 8, 2015	Los Angeles	Yes
S-DEC Meeting	July 8, 2015	Los Angeles	Yes
S-DEC Meeting	October 7, 2015	Los Angeles	Yes
S-DEC Meeting	January 6, 2016	Los Angeles	Yes

S-DEC Meeting	April 6, 2016	Los Angeles	Yes
S-DEC Meeting	July 6, 2016	Los Angeles	Yes
S-DEC Meeting	October 5, 2016	Los Angeles	Yes
S-DEC Meeting	January 11, 2017	Los Angeles	Yes
S-DEC Meeting	April 5, 2017	Los Angeles	Yes
S-DEC Meeting	July 12, 2017	Los Angeles	Yes
S-DEC Meeting	October 4, 2017	Los Angeles	Yes
S-DEC Meeting	January 3, 2018	Cancelled – Due to low number of participants.	N/A
James M. Tracy, DDS			
Date Appointed:	August 4, 2006		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
S-DEC Meeting	July 16, 2014	Los Angeles	Yes
S-DEC Meeting	October 1, 2014	Los Angeles	**No**
S-DEC Meeting	January 7, 2015	Los Angeles	Yes
S-DEC Meeting	April 8, 2015	Los Angeles	Yes
S-DEC Meeting	July 8, 2015	Los Angeles	Yes
S-DEC Meeting	October 7, 2015	Los Angeles	Yes
S-DEC Meeting	January 6, 2016	Los Angeles	**No**
S-DEC Meeting	April 6, 2016	Los Angeles	**No**
Anca Severin, RDA, CDA, MA			
Date Appointed:	March 14, 2014		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
S-DEC Meeting	July 16, 2014	Los Angeles	**No**

S-DEC Meeting	October 1, 2014	Los Angeles	Yes
S-DEC Meeting	January 7, 2015	Los Angeles	Yes
S-DEC Meeting	April 8, 2015	Los Angeles	**No**
S-DEC Meeting	July 8, 2015	Los Angeles	Yes
S-DEC Meeting	October 7, 2015	Los Angeles	**No**
S-DEC Meeting	January 6, 2016	Los Angeles	**No**
John Philip Bradford, DDS			
Date Appointed:	September 1, 2016		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
S-DEC Meeting	October 5, 2016	Los Angeles	Yes
S-DEC Meeting	January 11, 2017	Los Angeles	Yes
S-DEC Meeting	April 5, 2017	Los Angeles	Yes
S-DEC Meeting	July 12, 2017	Los Angeles	Yes
S-DEC Meeting	October 4, 2017	Los Angeles	Yes
S-DEC Meeting	January 3, 2018	Cancelled – Due to low number of participants.	N/A
George B. Shinn, Jr, DDS			
Date Appointed:	March 17, 2016		
Date Reappointed:	N/A		
Date Separated:	N/A		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
S-DEC Meeting	April 6, 2016	Los Angeles	Yes
S-DEC Meeting	July 6, 2016	Los Angeles	Yes
S-DEC Meeting	October 5, 2016	Los Angeles	Yes
S-DEC Meeting	January 11, 2017	Los Angeles	Yes
S-DEC Meeting	April 5, 2017	Los Angeles	Yes

S-DEC Meeting	July 12, 2017	Los Angeles	Yes
S-DEC Meeting	October 4, 2017	Los Angeles	Yes
S-DEC Meeting	January 3, 2018	Cancelled – Due to low number of participants.	N/A

Table 1b. Board/Committee Member Roster					
Dental Board of California Member Roster					
Member Name (Include Vacancies)	**Date First Appointed**	**Date Re-Appointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
Afriat, Steve	7/21/2010	12/20/2013	3/20/2017	Assembly Speaker	Public
Burton, Fran	6/3/2009	1/31/2013 4/19/2017	1/1/2017	Senate Rules	Public
Casagrande, Stephen	3/27/2009	7/1/2012	7/16/2016	Governor	Professional
Chan, Steven	10/12/2016	n/a	1/1/2020	Governor	Professional
Chappell-Ingram, Yvette	4/17/2013	1/11/2016	1/1/2020	Governor	Public
Dawson, Katie	4/11/2013	n/a	3/14/2017	Governor	RDH
Dominicis, Luis	3/26/2009	1/3/2013	5/12/2016	Governor	Professional
Forsythe, Judith	3/26/2009	4/20/2013	12/31/2017	Governor	RDA
King, Kathleen	2/4/2013	n/a	12/31/2017	Governor	Public
Lai, Ross	2/26/2013	3/14/2017	1/1/2021	Governor	Professional
Larin, Lilia	4/13/2018	n/a	1/1/2021	Governor	Professional
Le, Huong	3/26/2009	9/24/2015	1/1/2019	Governor	Non-Profit Community Clinic/ Professional
McKenzie, Meredith	4/15/2013	1/1/2016	1/1/2020	Governor	Public
Medina, Abigail	3/20/2017	n/a	1/1/2021	Assembly Speaker	Public
Morrow, Steven	8/17/2010	6/9/2014 2/28/2018	1/1/2022	Governor	Faculty/ Professional
Pacheco, Joanne	4/13/2018	n/a	1/1/2021	Governor	RDH
Olague, Rosalinda	4/13/2018	n/a	1/1/2021	Governor	RDA
Stewart, Thomas	2/28/2013	3/14/2017	1/1/2021	Governor	Professional
Whitcher, Bruce	3/26/2009	9/23/2015	1/1/2019	Governor	Professional
Woo, Debra	1/29/2014	n/a	3/14/2017	Governor	Professional
Yu, James	4/13/2018	n/a	1/1/2021	Governor	Professional

Vacancy	n/a	n/a	n/a	Governor	Public

Table 1b. Board/Committee Member Roster (Continued)					
Dental Assisting Council Member Roster					
Member Name (Include Vacancies)	**Date First Appointed**	**Date Re-Appointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
Contreras, Anne	3/26/2012	3/17/2014 6/1/2018	3/1/2022	Dental Board	Professional
Davis-Washington, Pamela	3/19/2012	3/12/2015	3/1/2019	Dental Board	Professional
Lua, Teresa	3/16/2012	n/a	5/31/2016	Dental Board	Professional
McNealy, Tamara	6/13/2014	n/a	5/31/2016	Dental Board	Professional
Ovard, Cindy	5/30/2018	n/a	3/1/2019	Dental Board	Professional
Peacock, Pamela	5/30/2018	n/a	3/1/2022	Dental Board	Professional
Ramos, Emma	3/19/2012	3/12/2015	5/31/2016	Dental Board	Professional
Rodriguez, Jennifer	12/23/2016	n/a	3/1/2020	Dental Board	Professional
Elective Facial and Cosmetic Surgery Permit Credentialing Committee Member Roster					
Member Name (Include Vacancies)	**Date First Appointed**	**Date Re-Appointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
Gramins, Robert	7/2/2009	n/a	n/a	Dental Board	Professional
Gallia, Louis	6/20/2001	n/a	n/a	Dental Board	Professional
Punjabi, Anil	7/7/2009	n/a	n/a	Dental Board	Professional
Scheer, Peter	7/20/2009	n/a	n/a	Dental Board	Professional
Wong, Brian	1/18/2012	n/a	1/31/2017	Dental Board	Professional
Vacancy	n/a	n/a	n/a	Dental Board	Professional

Table 1b. Board/Committee Member Roster (Continued)					
Diversion Evaluation Committee (North) Member Roster					
Member Name (Include Vacancies)	**Date First Appointed**	**Date Re-Appointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
Frier, James	8/28/2013	n/a	8/27/2017	Dental Board	Professional
Pluckhan, Gregory	3/2/2013	n/a	3/1/2017	Dental Board	Professional
Podolsky, Lawrence	9/14/2014	n/a	9/13/2018	Dental Board	Professional
Shaw, Michael	9/2/2014	n/a	9/1/2018	Dental Board	Professional
Vacancy	n/a	n/a	n/a	Dental Board	Professional
Vacancy	n/a	n/a	n/a	Dental Board	Public
Diversion Evaluation Committee (South) Member Roster					
Member Name (Include Vacancies)	**Date First Appointed**	**Date Re-Appointed**	**Date Term Expires**	**Appointing Authority**	**Type (Public or Professional)**
Bradford, John Philip	9/1/2016	n/a	9/1/2020	Dental Board	Public
George Shinn	9/1/2016	n/a	8/31/2020	Dental Board	Professional
Specht, Thomas	8/1/2009	3/20/2014	3/19/2017	Dental Board	Professional
Supancic, Steven	8/1/2009	3/22/2014	3/21/2014	Dental Board	Professional
Vixie, Curtis	8/24/2017	8/24/2011	8/23/2015	Dental Board	Professional
Vacancy	n/a	n/a	n/a	Dental Board	Public

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

   During the past four years, the Board has had a quorum present at each meeting to conduct Board business. The Board has not been impacted by irregular attendance. Board business, briefly restated, is to protect and promote the oral health and safety of California consumers. Attendance records support the dedication and commitment of its members to the mission.

3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:

   - Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)
   - All legislation sponsored by the board and affecting the board since the last sunset review.
   - All regulation changes approved by the board the last sunset review. Include the status of each regulatory change approved by the board.

   Major Changes/Internal Changes:
   The Board has been affected by the following major or internal changes since its last Sunset Review Report was submitted in October 2014:

   - Effective November 5, 2014, this rulemaking implemented the requirements of the Board's Portfolio Examination as a new pathway to dental licensure in California pursuant to Assembly Bill 1524 (Hayashi, Chapter 446, Statutes of 2010). Under portfolio licensure requirements, students build a portfolio of completed clinical experiences and clinical competency examinations in six subject areas over the normal course of their clinical training during dental school. The portfolio option gives students in California an alternative to being tested on a live patient over the course of one weekend, which is the method of assessing competency used in the Western Regional Examination Board (WREB) exam process, as well as other examinations throughout the country. The portfolio process offers multiple benefits to students and patients, including letting students extend treatment over multiple patient visits, which reduces the stress of a one-time testing event and more closely simulates real-world care; provides an opportunity for patients to receive follow-up treatment as needed; and provides a method by which students are ready for licensure upon graduation.

   - In 2014, the Board engaged Capitol Accounting Partners to prepare a detailed cost analysis of its fees. The Board's objectives for the study were to ensure that the Board is fully accounting for all of its costs and recovering adequate revenues to be reimbursed for its expenses. The Board's only sources of revenues are fees charged for each of the various licenses and permits. The Board also has a mandate to be fully self-supporting so it is vital that the fees charged to dentists and dental assistants for permits and licenses fully recover the costs of the program.

     The audit was finalized in March 2015 and in response to the audit's findings, the Board pursued legislation to amend and update the fee schedules for licensees.

In 2016, the Board started the regulatory process to increase the fees. In order to ensure that the BreEZe system could accommodate the changes, the new application fees were not implemented until October 2017. Despite the approval of the new fee schedules, renewal fees were not increased until January 2018 for the same reasons.

- Converted to the Department of Consumer Affairs' (DCA) new online licensing and enforcement BreEZe system in January 2016

- Worked in conjunction with DCA's Office of Professional Examination Services (OPES) to conduct an occupational analysis of the RDA profession.

- Worked in conjunction with the DCA OPES to conduct a review of the RDA practical examination.

- As a result of the review of the RDA practical examination, the Board held a special meeting on April 6, 2017 to discuss the findings of the review of the RDA practical examination conducted by the OPES. After reviewing the findings of the report, the Board voted to suspend the administration of the RDA practical examination effective immediately and until July 1, 2017. Pursuant to the Business and Professions Code Section 1752.1 at that time, the suspension of the practical examination could only remain in effect until July 1, 2017. After this date, the exam would have been reinstated as a requirement for RDA licensure.

  Between April 6 and July 1, 2017, the Board licensed RDA candidates who had completed all other licensing requirements except passage of the practical examination. Also during this time, the Board sought an author to carry urgency legislation that would continue the suspension of the examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented. This legislation, AB 1707, authored by Assembly Member Low was signed by Governor Brown and became effective August 8, 2017.

- Worked in conjunction with OPES to conduct an occupational analysis of the RDAEF profession.

- Worked in conjunction with the OPES to conduct a review of the RDAEF practical and clinical examinations.

- Worked in conjunction with OPES to conduct an occupational analysis of the profession of dentistry.

- Notified licensees who have an active dental license and possess a Drug Enforcement Administration license of the requirement to register with the Department of Justice for the Controlled Substance Utilization Review and Evaluation System (CURES) prior to July 1, 2016.

- The Board approved a new foreign dental school. The Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova received a two-year provisional approval in December 2016 and full approval in May 2018.

- Completed the Pediatric Anesthesia Study regarding whether California's present laws, regulations, and policies are sufficient to provide protection of pediatric patients during dental sedation and anesthesia.

- Adopted the 2017-2020 Strategic Plan on December 1, 2016. The Strategic Plan was developed by Board members and Board management staff. They used feedback from stakeholders, Board members and Board staff to help develop the plan.

- Conducted numerous enforcement presentations to local dental societies, graduating seniors of various dental programs, as well as maintaining a yearly booth at the California Dental Association convention.

- Provided educational presentations of the Board's licensing and enforcement roles to graduating students at five California universities and at the California Dental Association Annual Scientific Meetings.

- At its December 2016 meeting, the Board and the Council agreed to combine both the RDA Written and the RDA Law and Ethics examinations into one examination. The Board worked with the OPES to implement the combined test plan based on the results of the 2016 RDA Occupational Analysis to ensure that the combined examination was legally defensible and met the requirements of Business and Professions Code Section 139. The examination plan for the combined RDA Written and Law and Ethics Examination was posted on the Board's web site in November 2017 and minor revisions were made to the document in January 2018. The examination plan is posted on the Board's web site at: https://www.dbc.ca.gov/formspubs/rda_law_ethics_combined.pdf. The combined RDA Written and Law and Ethics Examination was successfully launched on Thursday, May 24, 2018.

- The Governor appointed five (5) new members and reappointed seven (7) members to the Board.

- The Assemby appointed one (1) new member to the Board.

- The Senate reappointed one (1) member to the Board.

- The Board appointed three (3) new members and reappointed two (2) members to the Dental Assisting Council

- Hired a new Chief of Enforcement in April 2017

- Existing manager vacancies were filled by hiring three (3) Staff Services Manager Is (SSM I), three (3) Supervising Investigator Is (SI I). Manager vacancies were due to retirements and promotions.

- Hired a SSM I (24-month Limited Term) to directly manage the Dental Assisting Program.

Legislation Sponsored by the Board:

The Board sponsored the following legislation since its last Sunset Review Report was submitted in October 2014:

- Assembly Bill 1707 (Chapter 174, Statutes of 2017) authored by Assembly Member Low was urgency legislation that continued the suspension of the RDA practical examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented.

  On April 6, 2017, the Board held a special meeting to discuss the findings of the review of the RDA practical examination conducted by the Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA). After reviewing the findings of the report, the Board voted to suspend the administration of the RDA practical examination effective immediately and until July 1, 2017. Pursuant to the Business and Professions Code Section 1752.1 at that time, the suspension of the practical examination could only remain in effect until July 1, 2017. After this date, the exam would have been reinstated as a requirement for RDA licensure.

  Between April 6 and July 1, 2017, the Board licensed RDA candidates who had completed all other licensing requirements except passage of the practical examination. Also during this time, the Board sought an author to carry urgency legislation that would continue the suspension of the examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented. This legislation, AB 1707, authored by Assembly Member Low was signed by Governor Brown and became effective August 8, 2017.

Legislation Affecting the Board Since Last Sunset Review:

The Board has been affected by the following legislation since its last Sunset Review Report was submitted in October 2014:

AB 186 Maienschein (Chapter 640, Statutes of 2014)
PROFESSIONS AND VOCATIONS: MILITARY SPOUSES

Establishes a temporary licensure process for an applicant who holds a current, active, or unrestricted license in another jurisdiction and supplies evidence of being married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces who is assigned to a duty station in the state under active duty military orders. Requires an applicant seeking a temporary license as an engineer, land surveyor, geologist, geophysicist or hydrogeologist to pass the state examination.

AB 1174 Bocanegra (Chapter 662, Statutes of 2014)
DENTAL PROFESSIONALS: TELEDENTISTRY UNDER MEDI-CAL

Authorizes a dental auxiliary to expose radiographs. Prohibits a dentist from supervising a specified number of dental auxiliaries. Authorizes specified registered dental assistants, a registered dental hygienist, and a registered dental hygienist in alternative practice to determine which radiographs to perform and place protective restorations. Relates to course fees. Provides that a face-to-face contact between a health care provider and a patient is

not required under Medi-Cal for teledentistry.

AB 1702 Maienschein (Chapter 410, Statutes of 2014)
PROFESSIONS AND VOCATIONS: INCARCERATION

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs, among other entities. Existing law establishes various eligibility criteria needed to qualify for a license and authorizes a board to deny a license on the grounds that the applicant has been convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

This bill provides that an individual who has satisfied any of the requirements needed to obtain a license while incarcerated, who applies for that license upon release from incarceration, and who is otherwise eligible for the license shall not be subject to a delay in processing the application or a denial of the license solely on the basis that some or all of the licensure requirements were completed while the individual was incarcerated.

AB 2396 Bonta (Chapter 737, Statutes of 2014)
CONVICTIONS: EXPUNGEMENT: LICENSES

This bill prohibits professional licensing boards from denying a license solely on the basis of a conviction that has been withdrawn, set aside, or dismissed, as specified.

SB 1159 Lara (Chapter 752, Statutes of 2014)
LICENSE APPLICANTS: FEDERAL TAX IDENTIFICATION

This bill authorizes a licensing board under the Department of Consumer Affairs (DCA), the State Bar of California and the Bureau of Real Estate to accept an application containing an individual's taxpayer identification number (TIN) for an initial or renewal license in lieu of a social security number.

SB 1416 Block (Chapter 73, Statutes of 2014)
DENTISTRY: FEES

The Dental Practice Act provides for the licensure and regulation of the practice of dentistry by the Dental Board of California. The Dental Practice Act, among other things, requires the Board to examine all applicants for a license to practice dentistry and to collect and apply all fees, as specified.

The Act requires the charges and fees for licensed dentists to be established by the Board as is necessary for the purpose of carrying out the responsibilities required by these provisions, subject to specified limitations. This bill set the fee for an initial license and for the renewal of the license at $525.

AB 179 Bonilla (Chaptered 510, Statutes of 2015)
HEALING ARTS

This bill extended the licensing, regulatory, and enforcement authority of the Dental Board of California (Board) until January 1, 2020 and made several amendments to the provisions of the Dental Practice Act including but not limited to: increase in the statutorily authorized fee maximums relating to dentist and dental assistant licensure and permitting fees, collection of email addresses, and review of the registered dental assistant practical examination. Additionally, this bill provided that it is not professional misconduct if a healing arts licensee engages in consensual sexual conduct with his or her spouse when that licensee provides medical treatment and extended the operation of the Board of Vocational Nursing and Psychiatric Technicians (BVNPT).

AB 502 Chau (Chapter 516, Statutes of 2015)
DENTAL HYGIENE

This bill amended the Dental Hygiene Practice Act and the Moscone-Knox Professional Corporation Act; authorized a registered dental hygienist in alternative practice to incorporate with licensed dentists, registered dental assistants, registered dental hygienists, registered dental hygienists in extended functions, and other registered dental hygienists in alternative practice; and required licensees to practice within their scope of license.

AB 880 Ridley-Thomas (Chapter 409, Statutes of 2015)
DENTISTRY: LICENSURE: EXEMPTION

This bill authorized students enrolled in their final year at a California dental school, approved by the Dental Board of California, to practice dentistry under the supervision of licensed dentists at free sponsored events.

AB 2235 Thurmond (Chapter 519, Statutes of 2016)
BOARD OF DENTISTRY: PEDIATRIC ANESTHESIA: COMMITTEE

“Caleb’s Law” required the Board to submit a report to the legislature by January 1, 2017 on whether current statutes and regulations for the administration and monitoring of pediatric anesthesia in dentistry provide adequate protection for pediatric dental patients. This bill required the Board to make the report publicly available on the Board’s website and to provide a report on pediatric deaths related to general anesthesia in dentistry during its sunset review. Furthermore, it requires licensees to report certain data points on Board approved form(s) when a death of a patient occurs and requires written informed consent in case of a minor.

AB 2331 Dababneh (Chapter 572, Statutes of 2016)
DENTISTRY: APPLICANTS TO PRACTICE

This bill authorizes the Board to recognize the American Dental Examining Board's (ADEX) examination as an additional pathway to licensure. Prior to recognition or acceptance of the ADEX exam, the exam itself must undergo an Occupational Analysis and a Psychometric Evaluation to determine compliance with the requirements of Business and Professions Code Section 139. Once, the Board receives approval by the Office of Professional Examination Services that the ADEX examination satisfies the requirements of Section 139, the Board is to recognize the ADEX exam as an additional pathway to licensure. Permits the Department of Finance to accept funds for the purposes of reviewing and analyzing the ADEX exam.

AB 2485 Santiago (Chapter 575, Statutes of 2016)
DENTAL CORPS LOAN REPAYMENT PROGRAM

This bill contains an urgency clause and makes various revisions to the current existing dental loan repayment program specifically relating to the timeframe of disbursement, the payee, and other provisions relating to eligibility, application, selection, and placement.

AB 2859 Low (Chapter 473, Statutes of 2016)
PROFESSIONS AND VOCATIONS: RETIRED CATEGORY: LICENSES

This bill authorizes boards to establish a retired license category by regulation for those licensees who are not actively engaged in the practice of their profession.

SB 482 Lara (Chapter 708, Statutes of 2016)
CONTROLLED SUBSTANCES: CURES DATABASE

This bill requires the licensees who are prescribers of Schedule II or Schedule III controlled substances to consult with the CURES database before prescribing controlled substance to patient for the first time and once every four months thereafter if the substance remains part of the patient's treatment. Also, it prohibits the prescriber in prescribing additional Schedule II or Schedule III controlled substances to a patient who already has an existing prescription until there is a legitimate need for it. Additionally, this bill provides that a prescriber is not in violation if he or she is unable to check the CURES system under specified circumstances.

SB 1039 Hill (Chapter 799, Statutes of 2016)
PROFESSIONS AND VOCATIONS

This was an Omnibus bill that made several amendments to provisions affecting various boards and bureaus.

SB 1348 Cannella (Chapter 174, Statutes of 2016)

LICENSURE APPLICATIONS: MILITARY EXPERIENCE

This bill requires each board that has authority to apply military experience and training towards licensure requirements, to post information on the board's internet website about the ability of veteran applicants to apply their military experience and training towards licensure requirements.

SB 1478 Senate Committee on Business, Professions, and Economic Development (Chapter 489, Statutes of 2016)
HEALING ARTS

This omnibus bill deleted the language referring to the "Part I and Part II written examinations" of the National Board of Dental Examination of the Joint Commission on National Dental Examinations.

This bill authorizes, beginning July 1, 2017, to exempt licensees issued a license that has been placed in a retired or inactive statutes per statute or regulation from the $6 annual CURES fee. This does not apply to licensees whose license has been placed in a retired or inactive status if the licensee is authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances.

AB 40 Santiago (Chapter 607, Statutes of 2017)
CURES DATABASE: HEALTH INFORMATION TECHNOLOGY SYSTEM

This bill would requires the DOJ to make the CURES (a DOJ managed database) more readily available to prescribing health care practitioners, through a Web site or software system. Additionally, this bill authorized entities that operate a Health Information Technology System (Health IT System) to submit queries to CURES if they can certify their system complies with patient privacy and information security requirements of law (state and federal) and pay a reasonable system maintenance fee. The DOJ would be prohibited from accessing patient-identifiable information in an entity's Health IT System. However, if the entity or their system does not comply with the provisions of this bill, the DOJ has the authority to prohibit integration or terminate the Health IT System's ability to retrieve information the CURES database.

AB 1277 Daly (Chapter 413, Statutes of 2017) (Urgency Legislation)
DENTISTRY: DENTAL BOARD OF CALIFORNIA: REGULATIONS

This bill required the Board to amend regulation on the minimum standards for infection control to require water or other methods use for irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp. This bill requires the Board to adopt emergency regulations and prepare an emergency rulemaking for the OAL to meet the December 31, 2018 deadline for the

final regulations. This legislation, AB 1277, authored by Assembly Member Daly was signed by Governor Brown and became effective October 2, 2017.

AB 1707 Low (Chapter 174, Statutes of 2017) (Urgency Legislation)
REGISTERED DENTAL ASSISTANTS: PRACTICAL EXAMINATION

The Dental Practice Act (Act) provides for the licensure and regulation of Registered Dental Assistants (RDA) by the Board.

On April 6, 2017, the Board held a special meeting to discuss the findings of the review of the RDA practical examination conducted by the Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA). After reviewing the findings of the report, the Board voted to suspend the administration of the RDA practical examination effective immediately and until July 1, 2017. Pursuant to the Business and Professions Code Section 1752.1 at that time, the suspension of the practical examination could only remain in effect until July 1, 2017. After this date, the exam would have been reinstated as a requirement for RDA licensure.

Between April 6 and July 1, 2017, the Board licensed RDA candidates who had completed all other licensing requirements except passage of the practical examination. Also during this time, the Board sought an author to carry urgency legislation that would continue the suspension of the examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented. This legislation, AB 1707, authored by Assembly Member Low was signed by Governor Brown and became effective August 8, 2017.

The following bills from the past four years require regulations to implement, interpret and make specific the provisions of the enacted statutes:

- Assembly Bill 1174 (Bocanegra, Chapter 662, Statutes of 2014)
- Senate Bill 1159 (Lara, Chapter 752, Statues of 2014)
- Assembly Bill 179 (Bonilla, Chapter 510, Statues of 2015)
- Assembly Bill 2235 (Thurmond, Chapter 519, Statutes of 2016)
- Assembly Bill 2331 (Dababneh, Chapter 572, Statutes of 2016)
- Assembly Bill 2485 (Santiago, Chapter 575, Statutes of 2016
- Assembly Bill 2859 (Low, Chapter 473, Statues of 2016)
- Assembly Bill 1277 (Daly, Chapter 413, Statutes of 2017)

The regulatory process can take 18 to 24 months for each proposal from inception to completion. If possible, the Board makes changes to internal business processes to implement the provisions of new bills while regulations are pending. Otherwise, Board staff is able to process three to five regulatory packages per year at the direction of the Board.

Regulations Approved by the Board

The following regulatory packages were approved by the Board, have gone through the rulemaking process, were filed with the Secretary of State, and have become effective since its last Sunset Review Report was submitted in October 2014:

- *Portfolio Examination Requirements – California Code of Regulations, Title 16, Sections 1021, 1028, 1030, 1031, 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1033, 1033.1, 1034, 1034.1, 1035, and 1036; Adopt CCR Title 16, § § 1032.7, 1032.8, 1032.9, 1032.10, 1036.01; and Repeal CCR Title 16, § § 1035.1, 1035.1, 1035.2, 1036.1, 1036.2, 1036.3, 1037, 1038, and 1039:*
  Effective November 5, 2014, this rulemaking implemented the requirements of the Board's Portfolio Examination as a new pathway to dental licensure in California pursuant to Assembly Bill 1524 (Hayashi, Chapter 446, Statutes of 2010).

- *Revocation for Sexual Misconduct – California Code of Regulations, Title 16, Sections 1018:*
  Effective January 1, 2015, this rulemaking requires an administrative law judge (ALJ) to order revocation of a license when issuing a proposed decision that contains any finding of fact that: (1) a licensee engaged in any act of sexual contact with a patient, client, or customer; or, (2) the licensee has been convicted of, or has committed, a sex offense. This regulation prohibits a proposed order staying the revocation of the license or placing the licensee on probation, under such circumstances.

- *Delegation of Authority to the Executive Officer – California Code of Regulations, Title 16, Section 1001:*
  Effective July 1, 2016, this rulemaking delegates authority to the Board's Executive Officer to approve settlement agreements for the revocation, surrender, or interim suspension of a license in the interest of expediting the Board's enforcement process.

- *Abandonment of Applications – California Code of Regulations, Title 16, Section 1004:*
  Effective January 1, 2017, this rulemaking sets forth the necessary changes relating to the abandonment of deficient applications and to provide the ability for a RDAEF candidate to only retake the failed component of the RDAEF examination.

- *Discovery and Filing – California Code of Regulations, Title 16, Sections 1001.1 and 1001.2:*
  Effective July 1, 2017, this rulemaking defines the term "discovers" to clarify when accusations are considered filed by the Board to provide a clearer understanding for both prosecutors, who have the duty to file accusations timely, and for respondents. Additionally, this rulemaking specifies that the terms "discovers" and "filing" have the same meaning as defined in California Code of Regulations Sections 1356.2(a)(1) and 1356.5 for the Medical Board of California in regard to statute of limitations set forth in Business and Professions Code Section 2230.5.

- *Fee Increase – California Code of Regulations, Title 16, Sections 1021 and 1022:*

Effective August 24, 2017, this rulemaking increased the licensure and ancillary fees assessed by the Board to correct the structural imbalance between revenue and expenditures.

The following regulatory package was approved by the Board and the rulemaking documents are pending the regulatory review process:

- *Minimum Standards for Infection Control – California Code of Regulations, Title 16, Section 1005 (Emergency Regulatios):*
  Assembly Bill 1277 (Daly, Chapter 413, Statutes of 2017) required the Board to amend regulation on the minimum standards for infection control to require water or other methods used for irrigation to be sterile or contain recognized disinfecting or antibacterial properties when performing dental procedures that expose dental pulp. This bill requires the Board to adopt emergency regulations and prepare an emergency rulemaking for the OAL to meet the December 31, 2018 deadline for the final regulations.

The following regulatory packages were approved by the Board and the rulemaking documents are being prepared to initiate the rulemaking process:

- *Citation and Fine – California Code of Regulations, Title 16, Sections 1023.2 and 1023.7:*
  This rulemaking makes amendments to existing regulations relative to citations and fines to maintain consistency with the requirements contained in Business and Professions Code Section 125.9.

- *Determination of Radiographs and Placement of Interim Therapeutic Restorations (New Regulation):*
  Assembly Bill 1174 (Bocanegra, Chapter 662, Statutes of 2014) added specified duties to registered dental assistants in extended functions. This bill required the Board to adopt regulations to establish requirements for courses of instruction for procedures authorized to be performed by a registered dental assistant in extended functions using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. Additionally, the bill required the Board to propose regulatory language for the Interim Therapeutic Restoration (ITR) for registered dental hygienists and registered dental hygienists in alternative practice.

- *Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (New Regulation):*
  This rulemaking proposal specifies the application and renewal requirements specific to the issuance of the Board's elective facial cosmetic surgery permit pursuant to Business and Professions Code Section 1638.1.

- *Minimum Standards for Infection Control – California Code of Regulations, Title 16, Section 1005 (Regular Rulemaking):*
  This rulemaking proposal updates the Board's current requirements for the minimum standards for infection control during dental procedures to maintain consistency with updated guidelines issued by the Centers for Disease Control.

- *Mobile Dental Clinic and Portable Dental Unit Registration Requirements (New Regulation):* This rulemaking proposal specifies the registration requirements specific to the issuance of the Board's mobile dental unit and portable dental unit permits pursuant to the amendments contained in Senate Bill 562 (Galgiani, Chapter 562, Statutes of 2013).

4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).

The following major studies were conducted by the Board since its last Sunset Review Report was submitted in October 2014:

- *Dental Board of California User Fee Audit – Final Report March 2015*
  In 2014, the Board engaged Capitol Accounting Partners to prepare a detailed cost analysis of its fees. The Board's objectives for the study were to ensure that the Board is fully accounting for all of its costs and recovering adequate revenues to be reimbursed for its expenses. The Board's only sources of revenues are fees charged for each of the various licenses and permits. The Board also has a mandate to be fully self-supporting so it is vital that the fees charged to dentists and dental assistants for permits and licenses fully recover the costs of the program.

  The audit was finalized in March 2015 and in response to the audit's findings, the Board pursued legislation to amend and update the fee schedules for licensees.

  In 2016, the Board started the regulatory process to increase the fees. In order to ensure that the BreEZe system could accommodate the changes, the new application fees were not implemented until October 2017. Despite the approval of the new fee schedules, renewal fees were not increased until January 2018 for the same reasons.

- *Dental Board of California Occupational Analysis of the Registered Dental Assistant Profession, April 2016*
  The Board requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the RDA practice in California. The purpose of the occupational analysis is to define practice for RDAs in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the RDA licensing examinations. The final report was completed in April 2016 and presented to the Board at its May 2016 meeting.

- *Dental Board of California Occupational Analysis of the Registered Dental Assistant in Extended Functions Profession, Revised, June 2016*
  In 2015, the Board requested that OPES conduct an occupational analysis of the RDAEF practice in California. The purpose of the occupational analysis is to define practice for RDAEFs in terms of the actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the RDAEF licensing examination. The final report was completed in June 2016 and presented to the Board at its August 2016 meeting.

- *Report on the Portfolio Examination as Provided by Business and Professions Code Section 1632.6*

Pursuant to Business and Professions Code Section 1632.6, the Board is required to review the Portfolio Examination to ensure compliance with the requirements of Business and Professions Code Section 139 and to certify that the Portfolio Examination met those requirements. The Board submitted the report to the Legislature certifying that its Portfolio Examination pathway to dental licensure is in compliance with Business and Professions Code Section 139 and recommended the continuance of the pathway as a viable option for candidates seeking dental licensure in the State of California.

- *Dental Board of California Pediatric Anesthesia Study, December 2016*
  In February 2016, Senator Jerry Hill, Chair of the Senate Committee on Business, Professions, and Economic Development, was made aware of a tragedy in which an otherwise healthy child died after receiving general anesthesia at a dentist's office. He notified the Board of his concern about the rise in the use of anesthesia for young patients and asked the Board to investigate whether California's present laws, regulations, and policies are sufficient to protect the public. In doing the research, Senator Hill asked the Board to review all incident reports collected by the Board related to pediatric anesthesia in California for the past five years.

  The Board President appointed a two-person subcommittee to work with staff to research this issue; the study was expanded to include review of incident reports related to all levels of pediatric sedation including conscious sedation, oral conscious sedation, and general anesthesia as well as administration of local anesthetic in California for the past six years (2010 2015).

  This report reflects three parts of the study: (1) the present laws, regulations, and policies in California and a comparison of these laws, regulations and policies to those of other states and dental associations, (2) review of relevant dental and medical literature, and (3) review of all incident reports in California for patients < 21 years of age.

- *Report on the Elective Facial Cosmetic Surgery Permit Program as Provided by Business and Professions Code Section 1638.1, January 1, 2017*
  The Board submitted this report on the Elective Facial Cosmetic Surgery (EFCS) Permit Program pursuant to Business and Professions Code (Code) Section 1638.1 (Senate Bill 438, Chapter 909, Statutes of 2006). The last report was submitted in January 2017 contained information on all of the following:

  - The number of persons licensed pursuant to Section 1634 who apply to receive a permit to perform elective facial cosmetic surgery from the Board pursuant to subdivision (a).
  - The recommendations of the credentialing committee to the Board.
  - The Board's action on recommendations received by the credentialing committee.
  - The number of persons receiving a permit from the Board to perform elective facial cosmetic surgery.
  - The number of complaints filed by or on behalf of patients who have received elective facial cosmetic surgery by persons who have received a permit from the Board to perform elective facial cosmetic surgery.

- Action taken by the Board resulting from complaints filed by or on behalf of patients who have received elective facial cosmetic surgery by persons who have received a permit from the Board to perform elective facial cosmetic surgery.

- *Dental Board of California Review of the Registered Dental Assistant Practical Examination, April 2017*
  The Board requested that the OPES complete a comprehensive review of the RDA Practical Examination. The review was conducted with the following goals: 1) to evaluate the psychometric properties of the examination (e.g., reliability, test security, standardization) in response to ongoing concerns from the Board and industry stakeholders; 2) to determine the necessity and accuracy of the examination in response to Assembly Bill (AB) 179 (Bonilla, Chapter 510, Statutes of 2015); and 3) to evaluate the content validity of the RDA Practical Examination in relation to the 2016 RDA OA results.

  The OPES evaluated the practical examination with regard to reliability of measurement, examiner training and scoring, test administration, test security, and fairness. Specifically, the inconsistencies in different test site conditions, deficiencies in scoring criteria, poor calibration of examiners, and the lack of a clear definition of minimum acceptable competence indicate that the examination did not meet critical psychometric standards.

  The OPES recommended that the Board immediately suspend the administration of the practical examination. The OPES believed there was a relatively low risk of harm to the public from the suspension of the examination because of the other measures in place, i.e., passing a written examination and the fact that RDAs are required to be under general or direct supervision by a licensed dentist (Business and Professions Code Section 1752.4.(c)).

  Based on the OPES' experience, correcting the problems to bring the examination into compliance with technical and professional standards would require a great deal of time, staffing and fiscal resources from the Board and the industry. Therefore, the OPES recommended that the Board initiate a process to thoroughly evaluate options other than a practical examination for ensuring the competency of RDAs to perform the clinical procedures identified as a necessary component of RDA licensure.

- *Dental Board of California Review of the Registered Dental Assistant in Extended Functions Clinical and Practical Examinations, January 2018*
  The Board requested that the OPES complete a comprehensive review of the RDAEF Clinical and Practical Examinations. The purpose of the review was to determine whether the Board's RDAEF Clinical and Practical Examinations met professional guidelines and technical standards.

  Licensing boards and bureaus within the DCA are required to ensure that their examination programs comply with psychometric and legal standards. The public must be reasonably confident that an individual passing a licensing examination has the requisite knowledge and skills to competently and safely practice in the corresponding profession.

  On October 7, 2017, OPES staff observed the RDAEF Clinical and Practical Examinations held at the University of California, Los Angeles (UCLA) School of Dentistry in Los Angeles.

On October 14, 2017, OPES staff observed the examiner training and scoring of the RDAEF Clinical and Practical Examinations held at the University of California, San Francisco (UCSF) School of Dentistry in San Francisco. The observations included discussions with Board staff, testing staff, dentists (examiners), and the RDAEF chief examiner. The purpose of the observations was to evaluate the process of the clinical and practical examinations with regard to reliability of measurement, examiner training and test scoring, administration, and test security and fairness to determine if the examinations meet professional guidelines and technical standards.

This information, coupled with OPES' observation of two test administrations at two different locations, established that the examinations meet professional guidelines and technical standards with regard to reliability of measurement, examiner training and scoring, test administration, test security, and fairness.

However, the OPES recommends that the Board include additional slides during examiner training to enhance the level of examiner calibration, and that the Board institute a few minor improvements to the testing procedures and the testing environment to further improve the test administration process for all candidates (i.e., provide additional signage and clocks, provide additional reminders about prohibited items during check-in, and check room temperature). The OPES believes that these small recommendations would increase the reliability and validity of the examinations.

Board staff is working with the OPES and the RDAEF examination team to implement the recommendations.

- *Dental Board of California Review of the Dentist Profession*
  In 2017, the Board requested that OPES conduct an occupational analysis of the practice of dentistry in California. The purpose of the occupational analysis is to define practice of dentistry in terms of the actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the dentistry licensing examination.

5. List the status of all national associations to which the board belongs.

- Does the board's membership include voting privileges?

  The DBC pays annual dues to continue its membership in the American Association of Dental Boards (AADB). Because the AADB meets out of state, Dental Board members must attend these meetings at their own expense and cannot serve as official representatives of the Board. For this reason, they are unable to obtain voting privileges.

  The Dental Board also participates as a member state with WREB. A Board member acts as a liaison but attends these meetings at their own expense. Several board members also act as WREB examiners.

- List committees, workshops, working groups, task forces, etc., on which board participates.

  The Board's staff has participated in the following:

- CURES 2.0 – This workgroup involves sworn and non-sworn users of the DOJ *Controlled Substance Utilization and Evaluation System.* Attending staff are providing input to DOJ staff as they design a system upgrade. Meetings have been conducted monthly over the past six months and are expected to continue for the next six to 12 months.

- Western States Information Network (WSIN) – This organization provides law enforcement officers with deconfliction intelligence. Sworn staff are members of WSIN and use this centralized organization as a resource prior to any undercover operations or search warrant service to reduce personnel risks.Sworn staff are participating members and share information on an as needed basis; there are no regularly scheduled meetings with this group.

- Prescription Drug Information Network (PDIN) and Prescription Drug Abuse Task Force (PDATF) – The PDIN was hosted by the FBI to share information about prescription drug fraud and related issues with law enforcement in Orange and Los Angeles counties. Beginning in 2012, one Investigator in the Southern California office attended quarterly. PDIN dissolved in late 2013 and PDATF was established; consisting of sworn and consumer stakeholders, the primary focus of this group is drug abuse prevention. Members discuss trends, safety issues and sponsor "take back days" in local communities to help combat the prescription drug abuse within San Diego County. The group also hosted a one-day symposium on emerging drugs such as synthetic marijuana and "bath salts."

- San Diego Medical Insurance Fraud Task Force – One sworn investigator attends this grant-based task force. Quarterly meetings are limited to law enforcement agencies and focus on medical or dental cases.

- San Diego Consumer Fraud Task Force – Focused on consumer scams and rip-offs, quarterly attendance with this group recently ended with the retirement of the lead District Attorney who hosted the task force.

- California Department of Public Health Symposium – The Southern California Inspector attended this one day event and discussed infection control enforcement.

- Prescription Opioid Misuse and Overdose Workgroup – This recently created workgroup consists of staff from a number of state public health agencies and stakeholders. The group is dedicated to greater education and prevention of prescription drug overdoses. The Enforcement Chief and the Board President have been attending monthly meetings for the past four months.

- Diversion Program Managers (DPM) – Consists of participants from all the Boards and Bureaus that have Diversion Programs, and the contracted vendor; meetings are held at least monthly. One DBC staff services manager attends; discussions focus on monitoring and compliance processes and best practices.

- Medical Board of CA Prescribing Task Force – Management staff (1 – 3 people) are attending these quarterly stakeholder meetings hosted by the Medical Board as they seek input to refine their existing prescribing guidelines.

- Executive Officer/Board President/Bureau Chief/Committee Chair Meetings – The Department of Consumer Affairs holds a teleconference meeting with Board/Bureau Chairs and Executive Officers/Bureau Chiefs in an effort to share departmental information. These meetings are held quarterly and are attended by the Board's Executive Officer and Board President.

- Executive Officers Meeting – Executive Officers meet quarterly to discuss issues of mutual concern and to share information.

- Dental Hygiene Committee of California (DHCC) – Executive Officer and Board President attend this meeting twice per year. An update of Dental Board activities including licensing, examinations, and enforcement is shared with the DHCC.

- BreEZe Executive Officer Meetings – Monthly meetings to update Executive Officer on the progress of designing and implementing the Departments new computer system.

- How many meetings did board representative(s) attend? When and where?

  Board representatives attended several different meetings throughout each year:
  1. Western Regional Examination Board meetings held in the month of October.

  2. Commission on Dental Competency Assessments (CDCA) ADEX examination meetings annually.

  3. California Department of Public Health, Oral Health Program Advisory Committee meetings bi-annually.

  4. Statewide Opioid Safety Workgroup meetings, which are held quarterly.

  5. Dental Hygiene Committee of California meetings, which are held bi-annually.

- If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

  At present, the Board does not use a national clinical exam as one of its pathways to licensure, but currently accepts regional examination scores from WREB. The Board is currently conducting an occupational analysis to accept the ADEX examination.

Section 2
Performance Measures and Customer Satisfaction Surveys

6. Provide each quarterly and annual performance measure report for the board as published on the DCA website

To ensure that DCA and its stakeholders can review DCA's progress in meeting its enforcement goals and targets, DCA developed an easy- to-understand, transparent system of accountability – performance measures. The performance measures are critical for demonstrating that DCA and the Board are making and will continue to make the most efficient and effective use possible of its resources. Performance measures are linked directly to an agency's mission and vision, strategic objectives, and strategic initiatives.

In some cases, each DCA board, bureau, and program was allowed to set their individual performance targets, or specific levels of performance against which actual achievement would be compared. In other cases, some standards were established by DCA. As an example, a target of an average of 540 days for the cycle time of formal discipline cases was set by the previous Director.

Data is collected quarterly and reported on the Department's website at: https://www.dca.ca.gov/enforcement/cpei/quarterly_reports.shtml.

Data collected annually and reported on the Department's website at: https://www.dca.ca.gov/publications/annual_reports.shtml.

Customer Performance surveys are collected and tabulated by SOLID and are available upon written request.

Intake Target is 10 days. Intake is considered the average cycle time from complaint receipt to the date the complaint was acknowledged and assigned to an analyst in the Complaint Unit for processing. This 10 day time frame is mandated by Business and Professions Code Section 129(b). **Between FY 2014-15 and FY 2017-18, the average intake time was seven (7) days.**

Intake and Investigation Target is 270 days. This is the average time from complaint receipt to closure of the investigative process. This target does not include cases referred to the Attorney General (AG) or other forms of formal discipline. **Between FY 2014-15 and FY 2017-18, the average time to complete all investigations was 270 days.**

Approximately 85% of the complaints received are closed in the Complaint and Compliance Unit (CCU). The average time to close these complaints is 90 days.

The remaining 15% of the Board's complaints are referred to either the non-sworn Investigative Analysis Unit (IAU) or to one of the Board's two field offices with sworn investigators. The IAU, established in 2011, has an average case closure rate of 547 days. These cases are considered more complex and may require subpoenas, field interviews, and document collection at minimum.

Investigations conducted by sworn staff have an average case closure rate of 537 days. In addition to those tasks discussed above, peace officers investigate criminal allegations in addition to the administrative components of their cases. These investigations may include undercover operations, surveillance, search warrant service, pharmacy audits and evidence collection.

Formal Discipline Target is 540 days. This tracks the average number of days to complete the entire enforcement process for cases resulting in formal discipline. The Board's average from FY 2014/15 to FY 2017/18 is 886 days.

Challenges to meet this target are attributed to factors that are not within the Board's control – including continuances and scheduling conflicts from opposing counsel, difficulty in securing hearing dates, criminal trials which may delay the subsequent administrative matter, and scheduling amongst witnesses, patients and other parties.

In an effort to address these challenges, enforcement staff have established several internal benchmarks for administrative referrals to the AG's office. Monthly reports are run to identify case exceptions, and staff are assigned to make contact with the attorney general's office and the assigned attorney to address issues that may be contributing to delays.

Probation Intake Target is 10 days. Probation intake measures the time between when the probation monitor is assigned the case file and the date the monitor meets with their assigned probationer to review monitoring terms and conditions. The four-year average between these two events is 9 days. Data outliers can be attributed to the availability of the licensee to meet with their assigned monitor (out of state applicants have not begun residing in California), conditions requiring testing before the license can be issued (physical or competency exam requirements), and in some instances, the availability of the monitor within the target window.

Probation Violation Response Target is 15 days. The target average days is 15 days and the Board's actual average days is 8 days.

In general, once a violation is discovered, the decision to take action is made immediately. However, the monitor must collect any supporting evidence (arrest/conviction records, positive drug test results) and write a report documenting the event. Once the report is referred for discipline, "appropriate action" has been initiated and the clock stops. Factors which may affect the turnaround time on this measure include how the violation is reported; (incoming complaints or arrest/conviction reports from the Department of Justice may take several days to be processed and reported to the assigned monitor) and how quickly the monitor can write up and refer the violation for administrative action.

The Board's quarterly and annual performance measures for FY 2014/15 through FY 2017/18 as published on the Department of Consumer Affairs Web site are provided in Section 12 as an attachment.

7. Provide results for each question in the board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.

Consumer Satisfaction Survey Results

Beginning in 2010, the DCA launched an online consumer satisfaction survey. The Survey is included as a web address within each closure letter which directs consumers to an online "survey monkey" with 9 questions. Overall participation has been low. During the past four years, the board has received an average survey return rate of approximately 1.6%, below the minimum level of 5% needed to be considered statistically relevant. By comparison, the Department has reported a 2.6% average participation rate from all boards and bureaus.

In consideration that consumers may not wish to participate in an online survey, the board has begun to include self-addressed, postage paid survey postcards to further encourage participation and feedback.

The table listed below provides the number of case closures within a fiscal year in comparison to the number of survey responses received.

Dental Board of California	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
Number of complaints closed by the Board	3,912	3,134	3,060	3,368
Number of surveys collected	49	68	44	28
Return rate	1.2%	2.1%	1.4%	.8%

With regard to specific survey results, the Board has identified that the participating consumers expressed dissatisfaction surrounding the Complaint Intake process, including:

- Initial Response Time
- Complaint Resolution Time, and
- Explanation regarding the outcome of the complaint.

The Performance Measure established for Initial Response Time (the period between the Board's receipt of the complaint and the time to send an acknowledgement letter) is ten (10) days, as established in Business and Professions Code Section 129. **The Board's average time to complete this task over the past four-year period has been seven (7) days, below the maximum time allowed by law.** It is possible that consumers who are dissatisfied with the outcome of their complaint have used the survey as a tool to communicate their dissatisfaction by providing all survey questions with a low rating.

Commented [WS1]: 2014 Report = 9 days

With the exception of complaints which result in discipline, the board's four-year average resolution time, 265 days, is also below the performance target of 270 days.

Commented [WS2]: 2014 Sunset Report = 164 days

The third issue involves the language in our closure letter that explains to consumers that their complaint was closed. In some instances (9%), issues are non-jurisdictional (refund requests)

and cannot be resolved by the board. In other instances, (27%), the dental issues were reviewed by a dental consultant, and although the outcome was not satisfactory for the patient, the treatment was categorized as Simple Negligence which is not a violation of the Dental Practice Act. Both of these circumstances may not be sufficiently defined for consumers, causing dissatisfaction when their complaint is closed without the desired resolution.

It is the board's practice to provide consumers with alternative resources (dental societies for low cost re-treatment or peer review, legal counsel for remuneration) to address these concerns when the complaint is first received.

The board made updates to the closure letter in May 2015 and we are currently reviewing the content of the closure letter to increase participation in our customer satisfaction survey.

Commented [WS3]: What was the outcome of the DCA focus group to draft new questions and consider alternative formats to increase participation? The questions have changed since the last report. Have we seen an impact as a result?

Customer Performance surveys are collected and tabulated by SOLID and are available upon written request. Below are the results for FY2014/15 – FY2017/18 CPEI Consumer Satisfaction Survey:

1. How did you contact our Board/Bureau?

	Response Volume by Fiscal Year			
Answer Choices:	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
Electronic Survey Link	36	48	29	18
Survey Postcard	13	17	10	6
Total	49	65	39	24

2. How well did we explain the process to you?

	Response Volume by Fiscal Year			
Answer Choices:	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
Very Poor	12	21	13	8
Poor	12	14	6	4
Good	13	15	8	7
Very Good	1	6	3	1
Skipped the Question	11	9	9	4
Total	49	65	39	24

3. How clearly was the outcome of your complaint explained to you?

Answer Choices:	Response Volume by Fiscal Year			
	2014-2015	2015-2016	2016-2017	2017-2018
Very Poor	19	24	18	10
Poor	7	16	8	5
Good	10	10	8	4
Very Good	2	6	3	1
Skipped the Question	11	9	2	4
Total	49	65	39	24

4. How well did we meet the time frame provided to you?

Answer Choices:	Response Volume by Fiscal Year			
	2014-2015	2015-2016	2016-2017	2017-2018
Very Poor	18	26	21	13
Poor	12	14	7	3
Good	8	15	7	3
Very Good	0	4	2	1
Skipped the Question	11	6	2	4
Total	49	65	39	24

5. How courteous and helpful was staff?

Answer Choices:	Response Volume by Fiscal Year			
	2014-2015	2015-2016	2016-2017	2017-2018
Very Poor	13	22	9	6
Poor	5	8	6	5
Good	19	16	13	8
Very Good	1	10	6	1
Skipped the Question	11	9	5	4
Total	49	65	39	24

6. Overall, how well did we handle your complaint?

Answer Choices:				
Skipped the Question	11	5	3	4
Total	49	65	39	24

7. If we were unable to assist you, were alternatives provided to you?

	Response Volume by Fiscal Year			
Answer Choices:	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
Yes	6	3	2	4
No	25	39	33	12
N/A	7	16	3	4
Skipped the Question	11	7	1	4
Total	49	65	39	24

8. Did you verify the provider's license prior to service?

	Response Volume by Fiscal Year			
Answer Choices:	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
Yes	14	23	14	12
No	19	22	11	5
N/A	3	13	11	3
Skipped the Question	13	7	3	4
Total	49	65	39	24

Section 3
Fiscal and Staff

Fiscal Issues

8. Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

   The Board is a special fund agency in which all revenue is generated from the collection of fees. The Board's main source of revenue is derived from applicants and licensees through the collection of the application, renewal and examination fees. The revenue that is collected enables the Board to support the licensing, examination, enforcement, inspections and the administrative programs.

9. Describe the board's current reserve level, spending, and if a statutory reserve level exists.

   The Board is a self-supporting, special fund agency that obtains its revenues from licensing and permits fees of dentists and registered dental assistants (RDAs). The revenues are deposited and maintained in two separate funds which are not comingled. The Dentistry Fund (0741) supports operations for dentists and related ancillary services, and the Dental Assisting Fund (3142) supports operations for dental assistants and related ancillary services. Although there is no statutory requirement, the Board's objective is to maintain a three-month reserve of funds for economic uncertainties and to operate with a prudent reserve in each fund. As demonstrated in the Dentistry Fund and Dental Assisting Fund Condition table, the funds are solvent with a healthy annual reserve. The funds maintain a good balance between revenues and expenditures.

10. Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

    Based on budget projections provided by the DCA, the Dentistry Fund and Dental Assisting Fund are currently healthy as a result of recent fee increases. In October 2017, the Board increased fees for all licenses and permits and it appears the Board will maintain a healthy reserve level. The Board will continue to evaluate its fund's condition in consideration of future budget modifications including augmentations and spending restrictions.

Table 2a. Fund Condition – State Dentistry Fund (0741)						
(Dollars in Thousands)	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Beginning Balance	$6,058	$5,566	$6,491	$6,389	$6,233	$6,403
Revenues and Transfers	$10,303	$11,444	$11,107	$13,224	$14,926	$14,927
Total Revenue	$16,361	$17,010	$17,598	$19,613	$21,159	$21,330
Budget Authority	$12,427	$13,016	$12,726	$13,703	$13,780	$14,056
Expenditures	$10,717	$10,660	$10,545	$12,576*	$13,780	$14,056
Loans to General Fund	$-	$-	$-	$-	$-	$-
Accrued Interest, Loans to General Fund	$-	$-	$-	$-	$-	$-
Loans Repaid From General Fund	$-	$-	$-	$-	$-	$-
Fund Balance	$5,635	$6,327	$6,389	$6,233	$6,403	$6,298
Months in Reserve	6.3	6.8	5.3	5.1	5.1	4.9

*Projected expenditures for FY 2017-18.

Table 2b. Fund Condition – State Dental Assisting Fund (3142)						
(Dollars in Thousands)	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Beginning Balance	$2,859	$2,831	$2,656	$2,120	$1,729	$1,507
Revenues and Transfers	$1,662	$1,871	$1,661	$2,023	$2,495	$2,495
Total Revenue	$4,521	$4,702	$4,317	$4,143	$4,224	$4,002
Budget Authority	$1,917	$2,564	$2,577	$2,542	$2,498	$2,548
Expenditures	$1,679	$2,065	$2,097	$2,226	$2,498	$2,548
Loans to General Fund	$-	$-	$-	$-	$-	$-
Accrued Interest, Loans to General Fund	$-	$-	$-	$-	$-	$-
Loans Repaid From General Fund	$-	$-	$-	$-	$-	$-
Fund Balance	$2,840	$2,634	$2,120	$1,729	$1,507	$1,253
Months in Reserve	16.5	14.4	9.3	7.6	6.6	5.4

11. Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?

In FY 2002-03 and FY 2003-04, loans were made to the State General Fund from the State Dentistry Fund in the amount of $5 million in each fiscal year, for a total of $10 million. The loan was repaid incrementally as shown in the following table:

Fiscal Year (FY)	Loan Repayment	Interest	Total Returned
FY 2004-05	$600,000	$17,000	$617,000
FY 2005-06	$2,500,000	$194,000	$2,694,000
FY 2006-07	$2,500,000	$248,000	$2,748,000
FY 2007-08	$-	$-	$-
FY 2008-09	$-	$-	$-
FY 2009-10	$-	$-	$-
FY 2010-11	$-	$-	$-
FY 2011-12	$1,700,000	$210,000	$1,910,000
FY 2012-13	$-	$-	$-
FY 2013-14	$2,700,000	$384,000	$3,084,000
TOTALS	$10,000,000	$1,053,000	$11,053,000

12. Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

    The Board's expenditures by program component are broken down by each FY in Tables 3a and 3c. The percentages of expenditures by program component are broken down by each FY in Tables 3b and 3d.

    The costs associated with the Board's Enforcement, Administration, and Diversion programs are expended from the State Dentistry Fund; therefore, they are not included as part of the expenditure-by-program-component break down included in Table 3c for the Board's Dental Assisting Program.

Table 3a. Expenditures by Program Component (Dental Board) (Dollars in Thousands)

	FY 2014/15		FY 2015/16		FY 2016/17		FY 2017/18	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	$3,610	$3,315	$3,613	$3,026	$4,104	$2,761	$4,849	$2,787
Examination	$0	$109	$0	$124	$0	$106	$0	$393
Licensing	$1,091	$417	$1,106	$399	$953	$247	$1,222	$357
Administration *	$779	$258	$720	$220	$664	$143	$875	$221
DCA Pro Rata	$0	$1,592	$0	$1,950	$0	$2,167	$0	$2,218
Diversion (if applicable)	$20	$8	$21	$8	$21	$5	$25	$8
TOTALS	$5,500	$5,699	$5,460	$5,727	$5,742	$5,429	$6,971	$ 5,984

*Administration includes costs for executive staff, board, administrative support, and fiscal services.
**Projected expenditures for 2017-18

Table 3b. Percentages of Expenditures by Program Component (Dental Board) (Dollars in Thousands)

	FY 2014/15		FY 2015/16		FY 2016/17		FY 2017/18	
	Total Personnel Services & OE&E	% of Total Expenditure	Total Personnel Services & OE&E	% of Total Expenditure	Total Personnel Services & OE&E	% of Total Expenditure	Total Personnel Services & OE&E	% of Total Expenditure
Enforcement	$6,925	62%	$6,639	59%	$6,865	61%	$7,636	59%
Examination	$109	1%	$124	1%	$106	1%	$393	3%
Licensing	$1,508	13%	$1,505	13%	$1200	11%	$1,579	12%
Administration *	$1,037	9%	$940	8%	$807	7%	$1,096	8%
DCA Pro Rata	$1,592	14%	$1,950	17%	$2167	19%	$2,218	17%
Diversion (if applicable)	$28	0%	$29	0%	$26	0%	$33	0%
TOTALS	$11,171	-	$11,187	-	$11,171	-	$S12,955	-

*Administration includes costs for executive staff, board, administrative support, and fiscal services.
**Projected expenditures for 2017-18

Table 3c. Expenditures by Program Component (Dental Assisting Program)

(Dollars in Thousands)

	FY 2014/15		FY 2015/16		FY 2016/17		FY 2017/18	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	0	152	0	126	0	137	0	149
Examination	0	247	0	303	0	238	0	101
Licensing	599	226	656	254	745	165	899	320
Administration *	0	0	0	0	0	0	0	0
DCA Pro Rata	0	457	0	727	0	814	0	759
Diversion (if applicable)	0	0	0	0	0	0	0	0
TOTALS	$599	$1,082	$656	$1,410	$745	$1,354	$899	$1,329

*Administration includes costs for executive staff, board, administrative support, and fiscal services.
**Projected expenditures for 2017-18

Table 3d. Percentages of Expenditures by Program Component (Dental Assisting Program)

(Dollars in Thousands)

	FY 2014/15		FY 2015/16		FY 2016/17		FY 2017/18	
	Total Personnel Services & OE&E	% of Total Expenditure	Total Personnel Services & OE&E	% of Total Expenditure	Total Personnel Services & OE&E	% of Total Expenditure	Total Personnel Services & OE&E	% of Total Expenditure
Enforcement	$152	9.0%	$126	6.1%	$137	6.5%	$149	6.7%
Examination	$247	14.7%	$303	14.7%	$238	11.3%	$101	4.5%
Licensing	$825	49.1%	$910	44.0%	$910	43.4%	$1,219	54.7%
Administration *	$0	0.0%	$0	0.0%	$0	0.0%	$0	0.0%
DCA Pro Rata	$457	27.2%	$727	35.2%	$814	38.8%	$759	34.1%
Diversion (if applicable)	$0	0.0%	$0	0.0%	$0	0.0%	$0	0.0%
TOTALS	$1,681	-	$2,066	-	$2,099	-	$2,228	-

*Administration includes costs for executive staff, board, administrative support, and fiscal services.
**Projected expenditures for 2017-18

13. Describe the amount the board has contributed to the BreEZe program. What are the anticipated BreEZe costs the board has received from DCA?

The BreEZe program was approved in 2009 and was intended to address legacy systems deficiencies. The Board was part of Release 2, which transitioned into BreEZe in January 2016. The Dentistry Fund has contributed approximately $1,758,598 and the Dental Assisting Fund has contributed approximately $1,251,522 from FY 2009-10 through FY 2016-17. The cost incurred by both funds include vendor costs, the DCA staff, and other related costs. Please see the table below for year by year contributions.

BreEZe Project Phase								
Fund	**FY 2009/10**	**FY 2010/11**	**FY 2011/12**	**FY 2012/13**	**FY 2013/14**	**FY 2014/15**	**FY 2015/16**	**FY 2016/17**
State Dentistry Fund (0741)	$9,412	$47,782	$77,332	$56,614	$144,378	$277,414	$592,338	$533,328
State Dental Assisting Fund (0342)	$3,334	$-	$57,386	$37,568	$101,409	$201,974	$439,348	$410,533

The BreEZe program transitioned from the project phase into the maintenance phase in FY 2017-18. The DCA anticipates the State Dentistry Fund will contribute approximately $1,404,000 from FY 2017-18 through FY 2019-20. The Dental Assisting Fund will contribute approximately $1,062,000 through the same period. Please see the table below for year by year contributions:

BreEZe Maintenance Phase			
Fund	**FY 2017/18**	**FY 2018/19**	**FY 2019/20**
State Dentistry Fund (0741)	$568,000	$470,000	$366,000
State Dental Assisting Fund (0342)	$410,533	$429,000	$277,00

14. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

The Dental Board is a self-supporting, special fund agency that obtains its revenues from licensing and permits fees of dentists and dental assistants. The revenues are deposited and maintained in two separate funds which are not comingled. The State Dentistry Fund (0741) supports operations for dentists and related ancillary services, and the State Dental Assisting Fund (3142) supports operations for dental assistants and related ancillary services. Although there is no statutory requirement, the Board's objective is to maintain a three-month reserve of funds for economic uncertainties and to operate with a prudent reserve in each fund.

The State Dentistry Fund is maintained by the Board and includes the revenues and expenditures related to licensing for dentists. For sixteen years, the license fee for dentists was set at $365. In 2013, for the first time in 16 years, the Board increased its license fee for dentists from $365 to its statutory cap at the time of $450. These regulations went into effect on July 1, 2014. During that time, the Board also pursued an increase in statute from $450 to $525. Senate Bill 1416 (Block, Chapter 73, Statutes of 2014) raised the Board's fee for initial and renewal licenses for dentists from $450 to $525, and set fees at that level. During that time, an analysis conducted by the DCA's Budget Office determined that the license fees should be raised to $525 to ensure solvency into the foreseeable future. While fees increased have generated additional revenue, the Board expenditures, projected to be over $12M per year, continued to outpace its revenue, projected to be less than $11M per year, thus perpetuating a structural imbalance.

Part of the reason for the increase in projected and actual expenditures was due to funding 12.5 CPEI positions; funding the diversion program; increased expenses associated with BreEZe; unexpected litigation expenses; and the general increase in the cost of doing business. While the Board expended less than what it has been authorized by the budget due to some cost savings and reimbursements, the Board emphasizes that its fund should be able to sustain expenditures without relying on estimated savings or reimbursements.

As part of its effort to manage its financial resources wisely, the Board contracted with a consultant to prepare a detailed cost analysis of its fees. The Board's objectives for the study were to ensure that the Board is fully accounting for all of its costs and recovering adequate revenues to be reimbursed for its expenses. The Board's only sources of revenues are fees charged for each of the various licenses and permits. The Board also has a mandate to be fully self-supporting so it is vital that the fees charged to dentists and dental assistants for permits and licenses fully recover the costs of the program. The scope of this study included the following objectives: calculate full cost of fee based services; determine allocation methodology for enforcement activities; develop revenue projections for 5-10 years; and pass high level audits. The process used for collecting and analyzing the data required active participation by the Board's management and staff.

As a result of the fee audit, the Board was able to pursue increases in the statutorily authorized maximum fee amounts. Assembly Bill 179 (Chapter 510, Statutes of 2015) increased the maximum fee amounts that the Board may assess so that it may establish increase licensure and ancillary fees for dentists and dental assistants to ensure a healthy program budget.

As recently as fiscal year 2016-17, the Board was projecting a growing imbalance between revenues and expenditures for both the Dentistry Fund and the Dental Assisting Fund. The Board's expenditures have continually increased due to expenses associated with BreEZe, Fi$cal, unexpected litigation expenses, and the cost of doing business in the state of California. In an effort to prevent the funds from falling into a negative balance, the Board promulgated regulations to increase the licensing and permits fees for both dentists and RDAs. The increase in initial licensure and permit fees became effective in October 2017 and the increased renewal licensure and permit fees became effective January 2018.

The Board currently charges $650 for both the DDS initial licensure application and the licensure renewal, which increased from $525. The initial licensure fee for RDA increased from $100 to $120 and the RDA licensure renewal increased from $70 to $100. The following tables provide the various fees charged by the Board for dentists and dental assistants in addition to the statutory limit, if applicable, and the legal authority for that fee. Please see Table 4a. and Table 4b. below for a full list of the fee schedules for the Dentistry and Dental Assisting Fund.

Table 4a. Fee Schedule and Revenue – State Dentistry Fund (0741)
(list revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	Statutory Authority	FY 2014/15 Revenue	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue	% of Total Revenue
Initial App Licensure By Residency	$800	$1,000	§1724 (b) §1021 (b)	$18.9	$16.9	$17.7		
Initial Application WREB	$400	$1,000	§1724 (a) §1021 (a)	$76.4	$84.2	$79.7		
Licensure by Credential App	$525	$1,000	§1724 (c) §1021 (d)	$46.1	$51.5	$62.3		
Portfolio Exam Fee	$400	$1,500	§1724 (a) §1021 (c)	$2.4	$9.8	$9.1		
Additional Office App	$350	$750	§1724 (h) §1021 (j)	$46.8	$33.5	$38.0		
Additional Office Permit Renewal Biennial	$250	$375	§1724 (h) §1021 (k)	$107.4	$106.2	$116.9		
Additional Office Permit Renewal Delinquency	$125	$188	§1724 (f)	$1.5	$1.5	$2.3		
Conscious Sedation App	$500	$1,000	§1724 (q) §1021 (q)	$6.6	$11.4	$10.0		
Conscious Sedation Renew	$325	$600	§1724 (o) §1021 (s)	$51.4	$46.8	$50.2		
Conscious Sedation Permit Delinquent	$163	$300	§1724 (f)	$-	$-	$-		
Continuing Education Provider App	$410	$500	§1724 (j) §1021 (p)	$26.0	$35.5	$31.7		
Continuing Education Renew Biennial	$325	$500	§1724 (j) §1021 (aa)	$115.2	$154.0	$105.8		
DDS Initial License	$650	$800	§1724 (d)	$321.2	$309.6	$389.1		

(Pro-rated)			§1021 (f)					
DDS Biennial Lic Renewal	$650	$800	§1724 (d) §1021 (g)	$7.9	$8.9	$9.6		
DDS Biennial Lic Delinquent	$325	$400	§1724 (f) §1021 (h)	$53.3	$52.3	$57.3		
DDS Inactive License Renewal	$650	$800	§703	$2.1	$99.7	$205.0		
DDS Biennial Lic Ren/Retired	$325	$400	§1716.1 (b)	$102.7	$235.4	$432.9		
DDS Biennial Lic Delinquent Retired	$163	$200	§1724 (f)	$9.2	$5.9	$11.3		
DDS Disabled Lic Renewal	$325	$400	1716.1 (b)	$15.7	$16.8	$17.9		
Elective Facial Cosmetic Renew	$800	$800	§1724 (m) §1021 (w)	$2.2	$2.6	$2.6		
Elective Facial Cosmetic Initial App	$850	$4,000	§1724 (m)	$1.5	$1.5	$2.0		
Elective Facial Cosmetic Delinquency	$400	$400	§1724 (f)	$-	$-	$-		
Fictitious Name Perm Initial	$650	$800	§1724.5 (a) §1021 (m)	$84.1	$253.1	$208.7		
Fictitious Name Perm-1/2 Initial	$325	$400	§1724.5 (a)	$34.9	$58.0	$114.2		
Fictitious Name Permit Renewal	$325	$800	§1724.5 (b) §1021 (n)	$446.8	$479.3	$433.9		
Fictitious Name Permit Delinq	$163	$200	§1724 (f) §1021 (o)	$17.2	$9.4	$17.8		
Foreign Dental School Regist	$1,000	$1,000	§1636.4 (f)	$1.0	$-	$-		
Foreign Dental School Renewal	$500	$500	§1636.4 (g)	$-	$-	$-		
General Anesthesia Permit App	$500	$1,000	§1724 (o) §1021 (q)	$13.2	$14.0	$11.4		
General Anesthesia Permit Renewal	$325	$600	§1724 (o) §1021 (s)	$84.4	$92.2	$86.4		
General Anesthesia Delinquent	$163	$300	§1724 (f)	$1.4	$0.8	$2.0		
Late Change Place of Practice	$50	$75	§1724 (g) §1021 (l)	$-	$-	$-		
Law and Ethics Examination	$125	$250	§1724 (t) §1021 (ac)	$-	$-	$-		
License Certification	$50	$125	§1724 (s) §1021 (ab)	$1.7	$1.7	$2.1		
Substitute Certificates	$50	$125	§1724 (i) §1021 (i)	$17.4	$16.1	$14.8		
Mobile Dental Clinic App	$100	$750	§1049 (b)	$2.0	$1.0	$0.3		
Mobile Dental Clinic Renewal	$100	$375	§1049 (e)	$0.3	$1.5	$1.5		

Mobile Dental Clinic Delinquent	$50	$188	§1724 (f)	$-	$0.1	$.02		
Onsite Inspect GA/CS Permits	$2,000	$4,500	§1724 (p) §1021 (t)	$54.7	$56.6	$54.0		
Oral Conscious Sedation Cert	$368	$1,000	§1724 (f) §1021 (ad)	$26.2	$33.5	$32.0		
Oral Conscious Sedation Renew	$168	$600	§1724 (f) §1021 (r)	$85.3	$96.1	$77.3		
Oral Conscious Sedation Delinquent	$84	$300	§1724 (f)	$-	$-	$-		
Oral/Maxillofacial Permit App	$500	$1,000	§1724 (n) §1021 (y)	$0.7	$0.6	$0.7		
Oral/Maxillofacial Permit Renewal	$650	$1,200	§1724 (n) §1021 (z)	$8.7	$22.9	$21.0		
Oral Maxillofacial Delinquent	$325	$600	§1724 (f)	$-	$-	$600		
Special Permit App	$1,000	$1,000	§1724 (e) §1021 (u)	$1.8	$1.2	$0.9		
Special Permit Annual Renewal	$125	$600	§1724 (e)	$3.7	$3.6	$4.1		
Special Permit Delinquent	$63	$300	§1724 (f)	$.05	$-	$.05		

Table 4b. Fee Schedule and Revenue – State Dental Assisting Fund (3142)
(list revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	Statutory Authority	FY 2014/15 Revenue	FY 2015/16 Revenue	FY 2016/17 Revenue	FY 2017/18 Revenue	% of Total Revenue
Coronal Polish Application Fee	$300	$2,000	§1725 (p) §1022 (s)	$3.3	$2.7	$1.8		
Dental Sedation Assist Application Fee	$120	$200	§1725 (c) §1022 (b)	$.1	$0.3	$-		
Dental Sedation Assistant Biennial Renewal Fee	$100	$200	§1725 (l) §1022 (h)	$1.1	$.77	$1.2		
Dental Sedation Assistant Delinquent Renewal Fee	$50	$100	§1725 (m) §1022 (l)	$.03	$.07	$.07		
Dental Sedation Assist Course Fee	$300	$2,000	§1725 (p) §1022 (q)	$-	$0.3	$-		
Duplicate License & Certificate Fee	$50	$100	§1725 (n) §1022 (w)	$17.9	$13.0	$10.7		
EF2 Application Fee	$120	$200	§1725 (a)	$.06	$-	$-		
Infection Control Course	$300	$2,000	§1725 (p) §1022 (r)	$2.4	$3.3	$3.0		

Application Fee								
Ortho Assistant Application Fee	$120	$200	§1725 (c) §1022 (c)	$5.6	$5.6	$6.0		
Orthodontic Assistant Biennial Renew Fee	$100	$200	§1725 (l) §1022 (i)	$7.1	$14.1	$16.0		
Orthodontic Assistant Delinquency Renewal Fee	$50	$100	§1725 (m) §1022 (m)	$.17	$.38	$.35		
Orthodontic Assistant Course Permit Application Fee	$300	$2,000	§1725 (p) §1022 (p)	$6.0	$6.3	$5.1		
Pit & Fissure Application Fee	$300	$2,000	§1725 (p) §1022 (t)	$2.4	$2.4	$1.5		
Radiation Safety Course Evaluation Fee	$300	$2,000	§1725 (p) §1022 (u)	$3.0	$3.6	$2.1		
RDA Application Fee	$120	$200	§1725 (a) §1022 (a)	$33.8	$73.7	$73.2		
RDA Biennial Renew Fee	$100	$200	§1725 (l) §1022 (f)	$1,216.8	$1,230.1	$1,178.8		
RDA Delinquency Renewal Fee	$50	$100	§1725 (m) §1022 (j)	$66.0	$50.6	$66.7		
RDA Curriculum Site Evaluation Fee	$1400	$7,500	§1725 (0)	$12.6	$8.4	$8.4		
RDAEF Application Fee	$120	$200	§1725 (g) §1022 (a)	$1.2	$1.5	$2.2		
RDAEF Biennial Renew Fee	$100	$200	§1725 (l) §1022 (g)	$49.6	$51.4	$49.1		
RDAEF Delinquency Renewal fee	$50	$100	§1725 (m) §1022 (k)	$2.8	$2.0	$1.9		
RDAEF Clinical Exam/Re-exam Fee	$500	$500	§1725 (e) §1022 (e)	$21.2	$30.4	$33.2		
RDA Practical Exam Fee (Suspended)	$60	$60	§1725 (b) §1022 (d)	$173.0	$312.73	$174.5		
RDAEF Program Application Fee	$1,400	$7,500	§1725 (o) §1022 (o)	$-	$5.6	$2.8		
Ultrasonic Scaler Course App Fee	$300	$2,000	§1725 (p) §1022 (v)	$-	$6.0	$9.0		

15. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

The Board understands that in order to meet its mandatory functions, it must have the staff and resources to perform the necessary duties. The Board is also mindful not to increase position authority unless there is justifiable increase in workload or due to new legislation. Please see Table 5 for the Board's BCPs over the last four years.

Table 5. Budget Change Proposals (BCPs) – State Dentistry Fund (0741)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved
1110-008	2014-15	Addit'l Staff to Implement SB 562	.5 SSA 3 yr Limited Term	.5 SSA 3 yr Limited Term	$34k in FY 14/15 FY 15/16 FY 16/17	$34k in FY 14/15 FY 15/16 FY16/17	20k in FY 14/15 and $2k FY15/16 FY 16/17	20k in FY 14/15 and $2k in FY15/16 FY 16/17
1111-012	16/17	Enforcement Staff Support	2.0 OT	2.0 OT	$128k in FY 16/17 and $128k Ongoing	$128k in FY 16/17 and $128k ongoing	0	0
1111-044	17/18	Pediatric Anesthesia	1.0 AGPA	1.0 AGPA	$98k in FY 17/18 And $98k ongoing	$98k in FY 17/18 And $98k ongoing	$15k in FY 17/18 and $7k ongoing	$15k in FY 17/18 and $7k ongoing
1111-045	17/18	American Board of Dental Examiners Inc (ADEX)	0	0	0	0	112k Reimb'd by ADEX	112k

Table 5. Budget Change Proposals (BCPs) – State Dental Assisting Fund (3142)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved
1110-029	15/16	Dental Professionals Chapter 662, Statutes of 2014 (AB 1174)	1.0 AGPA 1.0 MST	1.0 AGPA 1.0 MST	$180k in FY 15/16 and 164k ongoing	$180k in FY 15/16 and 164k		

						ongoing		

Staffing Issues

16. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

    The Board does not experience many staffing issues or challenges regarding turnover and vacancies. Turnover remains low; however, as vacancies arise, standard recruitment practice is initiated immediately after notification of such separation. Vacancies are typically filled within one to two months of the recruitment process, except for sworn (peace officers) that require a full background which can take up to 6 months for completion. Since the previous sunset review, many of the Board's vacancies have been due to promotional opportunity and retirement.

    The Board's recruitment and retention efforts are continuously monitored for continuity and growth of the programs. As a result, through various Budget Change Proposals (BCPs), there has been an increase in the number of authorized positions since 2014 from 69.3 to 74.3 at present. Furthermore, as the Board continues to evolve, recruitment efforts will commence.

    The Board also recognizes the value of succession planning as staff promotions and retirements affect business continuity. At present, the management team is focused on ensuring routine functions are captured in desk and procedural manuals, and that staff are trained to back-up other employee desks. Managers are performing cross-over roles between programs to avoid knowledge gaps and retiring employees are meeting with management prior to their end date to facilitate smooth transitions.

17. Describe the board's staff development efforts and how much is spent annually on staff development (cf., Section 12, Attachment D).

    To meet the Board's goals and objectives outlined in its strategic plan and to carry out its mission to protect the public, it is imperative that staff be given the tools to perform their jobs at the highest level. Time spent out of the office to attend training is an investment in a more productive employee.

    There is required management training (80 hours) for the executive officer and all supervisors. Board staff must also remain in compliance with Department training requirements including: Sexual Harassment Prevention, Information Privacy and Security, and Defensive Driving for staff that may operate a vehicle on state business.

    For all other training, the Board managers are responsible for meeting with staff and planning their training needs to meet personal and professional goals. This is accomplished annually through written evaluations documented in Individual Development Plans (IDPs). Staff is encouraged to take classes through the Department's SOLID Solutions training unit, which is offered at no cost to the employee.

    In addition to department-required and upward mobility training, the California Commission on Peace Officer Standards and Training (POST) has established minimum and continuing training

standards for the board's sworn investigators. Peace officers must attend a minimum of 24 hours of Continuing Professional Training within a two-year cycle. Of this,12 hours must include training in Arrest and Control and Tactical Firearms.

Over the past four fiscal years, the Board has spent the following amounts on training for administrative, licensing and enforcement staff:

Fiscal Year	Administrative and Licensing Staff	Enforcement Staff	Fiscal Year Totals
FY 14/15	$1,250.00	$3,369.00	$4,619.00
FY 15/16	$750.00	$7,060.00	$7,810.00
FY 16/17	$3,215.00	$400.00	$3,615.00
FY 17/18	$630.00	$3,654.54	$4,284.54
Program Totals	$5,845.00	$14,483.54	$20,328.54

Section 4
Licensing Program

Protection of the public shall be the highest priority for the Dental Board in exercising its licensing and regulatory functions. The DPA, with related statutes and regulations, establishes the requirements for licensure within dentistry. It is the responsibility of the Board's Licensing Program to ensure licenses and permits are issued only to applicants who meet the minimum requirements, and have not done anything that would warrant denial.

In addition to the licensure of dentists, the Board licenses and/or issues permits for the following:

- Registered Dental Assistant (RDA)
- Registered Dental Assistant in Extended Functions (RDAEF)
- Oral and Maxillofacial Surgery Permit (OMS)
- Elective Facial Cosmetic Surgery Permit (EFCS)
- Conscious Sedation Permit (CS)
- General Anesthesia Permit (GA)
- Medical General Anesthesia Permit (MGA)
- Mobile Dental Clinic Permit (MDC)
- Oral Conscious Sedation Certificate (OCS)
- Special Permit (SP)
- Orthodontic Assistant Permit (OA)
- Dental Sedation Assistant Permit (DSA)
- Fictitious Name Permit (FNP)
- Additional Office Permit (AO)
- Registered Provider (RP) – For Continuing Education

18. What are the board's performance targets/expectations for its licensing[2] program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

    In July of 2017 application milestones were implemented into Release 2 of the Breeze system. Application milestones is a feature that allows staff to record the date that an application is determined to be deficient as well as record the date all deficiencies have been cleared. If an application was missing one or more items, a deficiency start date was entered into BreEZe and that allowed the Board to keep track of pending applications within and outside its control as well as the cycle times for complete and incomplete applications. For renewal applications, the application milestones are not used, so the total pending renewals and combined cycle times are provided for renewal applications.

    California Code of Regulations, Title 16, Section 1061 provides for the maximum amount of time the Board must notify an applicant that their application or permit is complete or deficient, what information may be outstanding, and provides the maximum period from the filing of a completed application to a permit or licensing decision.

[2] The term "license" in this document includes a license certificate or registration.

As stated in the regulation, issuance of a dental license should be completed within 90 days of receipt of a completed application with renewal applications completed within 30 to 90 days. The Board is meeting and exceeding these expectations. Currently there are four pathways to licensure for dentists in California which include licensure by residency (LBR), licensure by WREB, (WREB), licensure by portfolio (PORT), and licensure by credential (LBC). In 2018, initial application processing for a dental license by WREB, LBR, PORT and LBC was completed on average within 27 days. Once an applicant has met all the requirements for a dental license based on the pathway applied for, a separate application for the issuance of a license number is required. Approval of the application and issuance of the license number is completed within 10 days. The processing of renewals was completed on average within 6 days.

The Dental Assisting Program has a similar regulation for processing times (California Code ofr Regulations, Title 16, Section 1069). As stated in the regulation, the Board should take no longer than 90 days to notify an applicant that their application is complete or deficient, with a licensing decision within 180 days. License renewal review should be completed within 30 days with issuance within 90 days maximum.

It should be noted that RDAEF applications may be received for different exam dates. Applications are processed in the order of the upcoming exam dates to ensure adequate space planning at the exam site and to allow adequate time for applicants to correct any deficiencies.

At present, the average time from receipt of a completed RDA, RDAEF, OA, or DSA application to approval is 42 days. Upon approval of the application a license is issued to the applicant. An incomplete application is processed in an average of 145 days; these delays are a result of the applicant not providing the necessary information to complete the application process. The processing of renewals was completed on average within 14 days.

19. Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

The volume of incoming applications has remained steady for nearly every licensing category over the previous four-year period, with a growth rate ranging from 1.0% to over 33.0%. Since 2014, the number of active dental licenses has decreased by 2.69%, with a similar decrease of 9.4% for active RDA licenses. The number of active RDAEF licenses has seen an increase of 3.8%. The greatest growth has been seen in the Orthodontic Assistant of 62%.

Though the amount of new dental licenses issued has increased by 11.9%, the number of active licensed dentist has decreased. The decrease in active dental licenses can be partly related to an aging population who no longer wish to practice, as recognized by the increase of delinquent dental licenses. Despite these changes, the licensing units (both DDS and DA) have not experienced backlogs or increases to processing times.

The Board has not experienced performance barriers as staff has worked diligently to monitor the processing of applications in Breeze. Staff have made changes to the internal business process to

transition from legacy computer systems to Breeze and have implemented changes or made corrections to Breeze when issues have been discovered.

The Board did pursue a BCP which restored the position of a Staff Services Manager 1 (SSM1) over the DA unit which has been beneficial in addressing day-to-day performance issues that were being handled by the AEO. This addition has allowed the AEO to resume their primary duties.

20. How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

    The Board is responsible for the issuance of 15 different licenses and permits while regulating the practice of approximately 107,752 licensed dental health professionals, including DDS, RDA, and RDAEF. In addition, the Board has the responsibility for setting the duties and functions of approximately 50,000 unlicensed dental assistants. Licensees renew licenses and permits/certificates every two years except for a Special Permit, which is issued for limited practice in a dental school setting, and is renewed annually.

    There are approximately 34,172 active DDS licenses, of which 17,652 (51%) renewed during FY 2017/18. There are 29,664 active RDA licenses, with 16,813 (56%) renewals processed in FY 17/18. Of the 1,447 licensed RDAEFs, 777 (54%) renewed in FY 17/18.

21. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

    The applicant must complete an application and sign it under penalty of perjury that all information contained therein is true and correct. Applicants are required by law to truthfully answer all questions asked on the application for licensure.

    Application references all convictions, including a plea of no contest and any conviction that has been set aside or deferred pursuant to sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. The applicant must submit a detailed narrative describing the events and circumstances leading to the arrest and conviction. The applicants indicating a conviction on their application, must provide certified copies of the arresting agency, certified copies of court documents, and a descriptive explanation of the circumstances surrounding the conviction and incident. B&P Code section 480 states that the commission of any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another is grounds for denial.

Failure to disclose a disciplinary action or conviction may result in the license being denied or revoked for dishonesty or fraud in the procurement of a license. All reports of criminal history, prior disciplinary actions, or other unlawful acts of the applicants are reviewed on a case by case basis and it takes into consideration the following criteria for evaluating the applicant's rehabilitation per California Code of Regulations 1020(b) to determine if an unrestricted license should be issued, or whether conditions should be imposed, i.e. probationary license Business and professions Code 1628.7. Some applicants, following a Statement of Issues hearing, and based upon the findings and

recommendation of an administrative law judge, have been issued full and unrestricted licenses. This process ensures licensees are rehabilitated and thereby enhances consumer protection.

CCR 1020 (b) When considering the denial of a license under Section 480 of the Code, the Board in evaluating the rehabilitation of the applicant and his present eligibility for a license, will consider the following criteria:
(1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
(2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.
(3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivision (1) or (2).
(4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.
(5) Evidence, if any, of rehabilitation submitted by the applicant.

When an applicant has a criminal history, staff are responsible for requesting certified copies of the arrest and conviction records for consideration by the licensing managers. In the last four years the Board has denied one applicant for a dental license, one applicant for an oral conscious sedation permit, and 22 applicants for a registered dental assistant license which have been listed

Date of Denial	Criminal History	Reason for Denial - Status of Applicant File
Dental License		
08/03/2016	○ VC 23152(A) DUI alcohol / drugs ○ Wrongful distribution / possession of a controlled substance	Applicant was denied based on drug conviction. On February 6, 2018 the applicant requested to withdraw his appeal and the Statement of Issues was denied by the Board.
Oral Conscious Sedation Permit		
01/24/2017	○ VC 23152(A) DUI alcohol / drugs ○ PC 23152(B) DUI alcohol 0.08 percent ○ HS 11377(A) Possession of a controlled substance ○ Possession of narcotic controlled substance	Applicant was denied based on drug/alcohol convictions. Applicant did not request an appeal of the denial.
Registered Dental Assistant		
08/07/2014	○ VC 14601.1(A) Drive while license suspended ○ PC 148(A) Obstruct/resist public officer ○ VC 14601.1(A) Drive while license suspended ○ VC 40508(A) Fail to appear written promise ○ PC 476 Make/pass fictitious check ○ PC 475(A) Possess bad check / money order ○ PC 594(A) Vandalism ○ PC 273.6 Violate court order to prevent domestic violence ○ PC 273.5(A) Inflict corporal injury spouse/cohabitant ○ PC 273.6 Violate court order to prevent domestic violence ○ PC 602(L) Trespass: occupy property without consent ○ PC 550(A)(4) False claim theft vehicle ○ PC 451(D) Arson: property ○ VC 10851(A) Take vehicle without owner consent ○ PC 529 False presentation of another ○ PC 1320(B) Failure to appear on felony charge	Application was denied based on multiple felony and multiple misdemeanor convictions. Statement of Issues filed by the Office of the Attorney General on December 28, 2015. License was denied by the Board on April 22, 2016.

11/15/2014	○ PC 602.5(B) trespassing ○ Disorderly conduct ○ Driving while intoxicated ○ Careless driving ○ Domestic abuse – violate order for protection ○ Disorderly conduct ○ PC 243(E)(1) Battery: Spouse / Ex SP / Date / Etc. ○ PC 593D(A)(1) Knowingly make unauth CBL / Etc. Conn	Application was denied based on multiple misdemeanor convictions. Statement of Issues filed by the Office of the Attorney General on July 14, 2015. License denied by the Board on July 6, 2016.
11/24/2014	○ PC 11378 Possess controlled substance for sale ○ PC 11379(H) Transport controlled substance ○ Simple assault ○ Burglary 2nd degree ○ Burglary 2nd degree ○ Possession of met or cocaine ○ Possession less than one-gram ice/crack cocaine ○ Possession more than one gram of meth or cocaine base ○ Possession more than one gram of meth or cocaine base	Application denied based on multiple felony drug and burglary convictions. Applicant did not request an appeal of the denial.
07/13/2015	○ PC 245(A) (1) Assault with a deadly weapon not firearm ○ VC 40508(A) Fail to appear written promise ○ PC 422(A) Threaten crime with intent to terrorize ○ Possession of drug paraphernalia ○ Possess deliver or manufacture of drug paraphernalia	Application was denied based on one felony conviction and multiple misdemeanor convictions. Applicant did not request an appeal of the denial.
07/30/2015	○ PC 191.5(B) Vehicular manslaughter while intoxicated	Applicant pled to a misdemeanor conviction. Application denied based on misdemeanor conviction. Statement of Issues filed by the Office of the Attorney General on May 16, 2016. License denied by Board on December 14, 2016
09/14/2015	○ VC 23152(B) DUI alcohol 0.08 percent ○ HS 11550(A) Use under influence of controlled substance ○ VC 14601.5(A) Drive license suspended	Application was denied based on one felony and multiple misdemeanor conviction.

	DUI refuse test ○ VC 14601.2(A) Drive license suspended DUI spec violation ○ HS 11350(A) Possess narcotic controlled substance ○ HS 11377(A) Possess controlled substance ○ HS 11350(A) Possess narcotic controlled substance ○ VC 23152(B) DUI alcohol 0.08 percent ○ VC 23578 Excess blood alcohol refuse chemical test	Applicant did not request an appeal of the denial. *continued from previous page
06/17/2016	○ VC 40508(A) Failure to appear: written promise ○ VC 40508(B) Failure to pay fine ○ VC 24250 Drive without lights at dark ○ PC 415(2) Disturb by loud unreasonable noise ○ PC 415 Fight/noise/offensive words ○ PC 647(B) Disorderly conduct, prostitution ○ PC 647(B) Disorderly conduct, prostitution ○ PC 647(B) Disorderly conduct, prostitution	Application denied based on multiple misdemeanor convictions. Statement of Issues filed by the Office of the Attorney General on May 30, 2017. License denied by the Board on July 18, 2018.
08/03/2016	○ PC 21310 Carry concealed dirk or dagger ○ PC 148(A)(1) Obstruct public officer ○ PC 280.2(A) Evade peace officer ○ PC 496(A) Receive known stolen property ○ PC 20002(A) Hit and run property damage	Application denied based on two felony convictions and three misdemeanor convictions. Applicant did not request an appeal of the denial.
08/25/2016	○ PC 40508(A) Fail to appear: written promise ○ VC 12500(A) Drive without a license ○ PC 484(A) Theft personal property / petty theft ○ HS 11377(A) Possession of a controlled substance ○ HS 11377(A) Possession of a controlled substance ○ PC 487(A) Grand theft: money/labor/property ○ HS 11377(A) Possession controlled substance ○ HS 11351Possess narcotic controlled substance for sale ○ HS 11378 Possess control substance for sale ○ HS 11351 Purchase for sale narcotic /	Application was denied based on multiple felony and misdemeanor drug convictions. Statement of Issues filed by the Office of the Attorney General December 5, 2017. License denied by Board on May 25, 2018.

	controlled substance while on bail	
03/10/2017	○ PC 484/488 Petty theft ○ PC 459 Burglary ○ PC 470(D) False checks ○ PC 459 Burglary 2nd degree ○ PC 529.3 Personate to make other liable ○ PC 484 Theft ○ PC 484F(B) Forge name: Access Card	Application denied based on multiple felony and misdemeanor convictions for burglary and theft. Statement of Issues filed by the Office of the Attorney General on February 27, 2018 and is pending.
05/17/2017	○ VC 23152(B) DUI alcohol / 0.08 percent ○ PC 273A(B) Willful cruelty to a child	Application was denied based on two misdemeanor convictions. Statement of Issues filed by the Office of the Attorney General on January 5, 2018 and is pending.
05/24/2017	○ PC 490.1 Petty theft under $50.00 without prior ○ PC 647(A) Disorderly conduct: solicit lewd act ○ PC 647(F) Disorderly conduct: intoxicated drugs/alcohol ○ PC 273.5(A) Corporal injury: spouse/cohabitant/date	Application was denied based on multiple misdemeanor convictions. Statement of Issues filed by the Office of the Attorney General on February 21, 2018 and is pending.
06/07/2017	○ PC 459 Burglary ○ VC 23152(A) DUI alcohol drugs ○ PC 470(D) Forgery ○ PC 459 2nd degree commercial burglary	Application was denied based on multiple misdemeanor convictions, and one felony conviction. Applicant did not request an appeal of the denial.
06/07/2017	○ PC 550(B)(1) Insurance fraud ○ PC 550(A)(1) Insurance fraud ○ PC459 2nd degree commercial burglary	Application was denied based on multiple felony convictions. Applicant did not request an appeal of the denial.
06/15/2017	○ PC 182A1 17B4 Conspiracy to commit crime ○ PC 245(A)(4) Assault with deadly weapon with force: Possible great bodily injury ○ PC 23152(B) DUI alcohol 0.08 percent ○ PC 14601.5(A) Drive license suspended, DUI refuse test	Application was denied based on one felony and two misdemeanor convictions. Applicant did not request an appeal of the denial.
06/27/2017	○ PC 459 Burglary 2nd degree ○ PC 459 Burglary	Application was denied based on multiple felony convictions.

	○ PC 475(C) Pass completed checks/etc. defraud ○ PC 459 Burglary ○ PC 459-460 2nd degree burglary ○ PC 487(A) Grand theft money/labor/prop ○ PC 459 Burglary 2nd degree ○ PC 459 Burglary	In-house stipulation order offered.
06/27/2017	○ PC 12031(A) Carry loaded firearm: public place ○ VC 23152(A) DUI alcohol/drugs ○ VC 36 4.23(A)(1) Operate vehicle under influence ○ VC 36 4.23(C) Under the influence alcohol/controlled substance	Application based on multiple misdemeanor convictions. File closed, applicant deceased.
06/27/2017	○ PC 470(A) Forgery ○ PC 484(A) Theft ○ PC 484G Theft by use of access card data ○ PC 484-488(A) Petty theft ○ PC 484/488/666 Petty theft with prior PT / GT / Burglary / Robbery ○ VC 23152(B) DUI 0.08 percent ○ VC 14601.2(B) Drive restricted license DUI	Application denied based on one felony and multiple misdemeanor convictions. Statement of Issues filed by the Office of the Attorney General on February 14, 2018 and is pending.
07/24/2017	○ PC 653.22(A) Loiter: intent prostitution ○ PC 653.22(A) Loiter: intent prostitution ○ PC 647(B) Disorderly conduct: prostitution ○ Possess cocaine or heroin ○ PC 647(A) Disorderly conduct: solicit lewd act ○ PC 148.9(A) False ID to a peace officer ○ PC 653.22(A) Loiter: intent prostitution ○ PC 647(B) Disorderly conduct: prostitution ○ PC 422 Threaten crime with intent to terrorize ○ VC 23152(A) DUI alcohol drugs ○ VC 23152(B) DUI Alcohol 0.08 percent ○ VC 14601.5(A) Drive license suspended DUI refuse test	Application denied due to one felony drug conviction and multiple misdemeanor convictions. Applicant did not request an appeal of the denial.
07/28/2017	○ VC 23152(A) DUI alcohol / drugs	Application denied on misdemeanor conviction. Applicant did not request an appeal of the denial.
08/27/2017	○ PC 245(A)(1) Force / assault with a deadly weapon not firearm: great bodily injury likely	Application was denied based on multiple misdemeanor convictions.

	○ VC 10852 Tamper with vehicle ○ PC 273.5(A) Inflict corporal injury on a spouse/cohabitant ○ HS 11364 Possess control substance paraphernalia ○ VC 14601.1(A) Drive while license suspended ○ PC 40508(A) Fail to appear: written promise ○ VC 14601.1(A) Drive while license suspended ○ PC 148(A) Obstruct resist public officer ○ VC 4000(A) No registration: vehicle/trailer/etc. ○ PC 415 Fight/noise/offensive words ○ PC 415(1) Fight etc. in a public place	Applicant did not request an appeal of the denial. *continued from previous page
04/30/2018	○ PC 487(A) Grand theft: money/labor/property ○ PC 666 Petty theft with a prior ○ PC 459 Burglary 2nd degree ○ VC 12500(A) Drive without a license ○ VC 4462.5 Show on vehicle / give officer unlawful registration ○ VC 23103 Reckless driving ○ PC 459 Burglary 1st degree ○ VC 16028(A) Fail to provide financial responsibility ○ VC 4000(A)(1) Registration vehicle/trailer/etc. ○ VC 14601.5(A) Drive: license suspended / DUI refuse test ○ VC 12500(A) Drive without a license ○ VC 14601.1(A) Drive while license suspended ○ VC 23152(B) DUI alcohol/0.08 ○ VC 23152(B) DUI alcohol/0.08 ○ VC 14601.5(A) Drive: license suspended / DUI refuse test ○ VC 14601.5(A) Drive: license suspended / DUI refuse test	Application denied based on felony and multiple misdemeanor convictions. Applicant did not request an appeal of the denial.

Table 6. Licensee Population					
License Type	License Status	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
Dentist (DDS)	Active	35,118	34,077	34,199	34,172
	Inactive	2,057	2,006	2,015	1,922
	Delinquent	3,504	4,452	4,762	5,183
	Retired	1,711	2,068	1,781	2,132
	Out of State	4,582	4,364	5,725	5,527
	Out of Country	344	332	318	289
Additional Office (AO)	Active	2,508	2,537	2,528	2,504
	Inactive	-	-	-	-
	Delinquent	325	434	545	767
	Retired	Not Applicable			
	Out of State	-	-	-	-
	Out of Country	-	-	-	-
Conscious Sedation (CS)	Active	506	514	519	528
	Inactive	-	-	-	-
	Delinquent	19	34	43	37
	Retired	Not Applicable			
	Out of State	30	32	25	25
	Out of Country	3	3	2	1
Elective Facial Cosmetic Surgery (EFCS)	Active	27	27	28	28
	Inactive	-	-	-	-
	Delinquent	1	2	3	4
	Retired	Not Applicable			
	Out of State	-	-	1	1
	Out of Country	-	-	-	-
Extramural Dental Facilities (EMDF)	Active	167	170	171	177
	Inactive	Not Applicable			
	Delinquent	Not Applicable			
	Retired	Not Applicable			
	Out of State	Not Applicable			
	Out of Country	Not Applicable			

Fictitious Name (FNP)	Active	6,487	6,615	6,702	6,705
	Inactive	-	-	-	-
	Delinquent	1,236	834	1,091	1,480
	Retired	Not Applicable			
	Out of State	25	24	23	22
	Out of Country	-	-	-	-
General Anesthesia (GA)	Active	848	854	866	862
	Inactive				
	Delinquent	23	35	38	37
	Retired	Not Applicable			
	Out of State	33	42	45	39
	Out of Country	1	-	1	1
General Anesthesia – M.D. (MGA)	Active	89	79	80	76
	Inactive	-	-	-	-
	Delinquent	20	33	37	42
	Retired	Not Applicable			
	Out of State	3	4	5	4
	Out of Country	-	-	-	-
Mobile Dental Clinic (MDC)	Active	44	40	41	46
	Inactive	-	-	-	-
	Delinquent	14	30	33	37
	Retired	Not Applicable			
	Out of State	-	-	-	-
	Out of Country	-	-	-	-
Oral and Maxillofacial Surgery (OMS)	Active	87	84	85	87
	Inactive	-	1	-	-
	Delinquent	6	7	6	8
	Retired	Not Applicable			
	Out of State	7	6	9	10
	Out of Country	1	1	1	-
Oral Conscious Sedation (OCS)	Active	2,462	2,380	2,455	2,427
	Inactive	-	-	-	-
	Delinquent	666	551	597	643
	Retired	Not Applicable			
	Out of State	144	135	156	138
	Out of Country	2	1	1	1

Referral Services (RS)	Active	152	153	155	156
	Inactive	Not Applicable			
	Delinquent	Not Applicable			
	Retired	Not Applicable			
	Out of State	Not Applicable			
	Out of Country	Not Applicable			
Registered Provider – Continuing Education (RP)	Active	1,367	1,166	1133	977
	Inactive	-	-	-	-
	Delinquent	830	600	610	776
	Retired	Not Applicable			
	Out of State	171	125	141	143
	Out of Country	4	4	3	4
Special Permit – Dental School Practice (SP)	Active	48	40	38	38
	Inactive	-	-	-	-
	Delinquent	9	11	9	10
	Retired	Not Applicable			
	Out of State	2	2	2	1
	Out of Country	-	-	-	-
Registered Dental Assistant (RDA)	Active	32,827	29,237	29,928	29,744
	Inactive	4,323	4,741	4,643	4,638
	Delinquent	7,669	9,567	10,169	11,074
	Retired	Not Applicable			
	Out of State	1,019	931	1,765	1,741
	Out of Country	20	15	10	12
Registered Dental Assistant in Extended Functions (RDAEF)	Active	1,397	1,338	1,383	1,452
	Inactive	64	81	76	81
	Delinquent	129	179	195	210
	Retired	Not Applicable			
	Out of State	21	21	48	51
	Out of Country	1	1	1	-
Dental Sedation Assistant (DSA)	Active	29	28	28	28
	Inactive	-	1	2	1
	Delinquent	3	6	9	12
	Retired	Not Applicable			
	Out of State	--	-	-	1
	Out of Country	-	-	-	-
Interim Therapeutic Restoration (ITR)	Active	-	-	-	2
	Inactive	Not Applicable			
	Delinquent	Not Applicable			
	Retired	Not Applicable			
	Out of State	Not Applicable			

	Out of Country	Not Applicable			
Orthodontic Assistant (OA)	Active	348	481	672	915
	Inactive	2	4	8	12
	Delinquent	6	20	47	74
	Retired	Not Applicable			
	Out of State	-	-	-	8
	Out of Country	-	-	-	-

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.

Table 7a. Licensing Data by Type

	Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	*Outside Board Control	*Within Board Control	Complete Apps	Incomplete Apps	Combined IF unable to separate out
FY 14/15	DDS (Exam)	946	1,080	N/A	-	41	-	-	-	-	3
	(Initial)	858	816	N/A	-	736	-	-	-	-	204
	(License)	816	1,080	N/A	1,080	264	-	-	-	-	183
	(Renewal)	18,461	17,754	N/A	-	6,892	-	-	-	-	71
	AO (Exam)	Not Applicable									
	(Permit)	551	476	N/A	476	238	-	-	-	-	20
	(Renewal)	1,183	1,128	N/A	-	529	-	-	-	-	95
	CS (Exam)	Not Applicable									
	(Permit)	37	33	N/A	33	45	-	-	-	-	9
	(Renewal)	254	255	N/A	-	57	-	-	-	-	68
	EFCS (Exam)	Not Applicable									
	(Permit)	3	3	N/A	3	6	-	-	-	-	1,061
	(Renewal)	-	-	N/A	-	1	-	-	-	-	-
	EMDF (Exam)	Not Applicable									
	(Permit)	3	3	N/A	3	-	-	-	-	-	-
	(Renewal)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	FNP (Exam)	Not Applicable									
	(Permit)	1,021	881	N/A	881	154	-	-	-	-	9
	(Renewal)	3,141	3,282	N/A	-	1,755	-	-	-	-	130
	GA (Exam)	Not Applicable									
	(Permit)	41	40	N/A	40	12	-	-	-	-	10
	(Renewal)	405	395	N/A	-	99	-	-	-	-	86
	MGA (Exam)	Not Applicable									
	(Permit)	14	15	N/A	15	7	-	-	-	-	6
	(Renewal)	40	35	N/A	-	29	-	-	-	-	118
	MDC (Exam)	Not Applicable									
	(Permit)	37	23	N/A	23	18	-	-	-	-	20
	(Renewal)	17	5	N/A	-	22	-	-	-	-	53
	OMS (Exam)										
	(Permit)	5	3	N/A	3	14	-	-	-	-	82
	(Renewal)	39	41	N/A	-	15	-	-	-	-	67
	OCS (Exam)	Not Applicable									
	(Certificate)	131	127	N/A	127	173	-	-	-	-	19
	(Renewal)	1,250	1,145	N/A	-	920	-	-	-	-	74
	RS (Exam)	Not Applicable									
	(Permit)	-	-	N/A	-	-	-	-	-	-	-
	(Renewal)	-	-	N/A	-	-	-	-	-	-	-
	RP (Exam)	Not Applicable									
	(Permit)	107	83	N/A	83	261	-	-	-	-	68
	(Renewal)	503	427	N/A	-	1,156	-	-	-	-	128
	SP (Exam)	6	5	-	-	1	-	-	-	-	3
	(Permit)	6	5	N/A	5	2	-	-	-	-	34
	(Renewal)	41	36	N/A	-	15	-	-	-	-	71
	RDA (Exam)	-	-	-	-	51,309	-	-	-	-	-
	(License)	1,847	1,496	N/A	1,496	10,314	-	-	-	-	-

	(Renewal)	13,338	11,815	N/A	-	12,676	-	-	-	-	-
	RDAEF (Exam)	-	-	-	-	1,218	-	-	-	-	-
	(License)	43	39	N/A	39	85	-	-	-	-	-
	(Renewal)	549	517	N/A	-	310	-	-	-	-	-
	DSA (Exam)	-	-	-	-	56	-	-	-	-	-
	(Permit)	2	3	N/A	3	15	-	-	-	-	-
	(Renewal)	13	9	N/A	-	6	-	-	-	-	-
	ITR (Exam)	Not Applicable									
	(Certificate)	-	-	-	-	-	-	-	-	-	-
	(Renewal)	Not Applicable									
	OA (Exam)	-	-	-	-	696	-	-	-	-	-
	(Permit)	208	192	N/A	192	303	-	-	-	-	-
	(Renewal)	88	55	N/A	-	41	-	-	-	-	-

Application Type		Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	*Outside Board Control	*Within Board Control	Complete Apps	Incomplete Apps	Combined IF unable to separate out
FY 15/16	DDS (Exam)	1,180	1,383	N/A	-	32	-	-	-	-	2
	(Initial)	633	1,051	N/A	-		-	-	-	-	132
	(License)	1,051	1,022	N/A	1,022	736	-	-	-	-	161
	(Renewal)	16,707	18,013	N/A	-	6,927	-	-	-	-	42
	AO (Exam)	Not Applicable									
	(Permit)	384	333	N/A	333	163	-	-	-	-	30
	(Renewal)	1,124	1,083	N/A	-	724	-	-	-	-	44

Application Type		Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	*Outside Board Control	*Within Board Control	Complete Apps	Incomplete Apps	Combined IF unable to separate out
FY 15/16 Cont'd	CS (Exam)	Not Applicable									
	(Permit)	58	51	N/A	51	7	-	-	-	-	19
	(Renewal)	238	249	N/A	-	60	-	-	-	-	31
	EFCS (Exam)										
	(Permit)	2	1	N/A	1	7	-	-	-	-	349
	(Renewal)	7	6	N/A	-	4	-	-	-	-	8
	EMDF (Exam)	Not Applicable									
	(Permit)	2	1	N/A	1	1	-	-	-	-	-
	(Renewal)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	FNP (Exam)	Not Applicable									
	(Permit)	831	703	N/A	703	248	-	-	-	-	35
	(Renewal)	3,066	3,047	N/A	-	1,429	-	-	-	-	40
	GA (Exam)	Not Applicable									
	(Permit)	75	55	N/A	55	10	-	-	-	-	29
	(Renewal)	394	439	N/A	-	82	-	-	-	-	33
	MGA (Exam)	Not Applicable									
	(Permit)	11	10	N/A	10	-	-	-	-	-	12

	(Renewal)	49	33	N/A	-	46	-	-	-	-	77
	MDC (Exam)	Not Applicable									
	(Permit)	19	15	N/A	15	19	-	-	-	-	15
	(Renewal)	30	11	N/A	-	44	-	-	-	-	105
	OMS (Exam)										
	(Permit)	6	2	N/A	2	14	-	-	-	-	53
	(Renewal)	40	36	N/A	-	15	-	-	-	-	47
	OCS (Exam)	Not Applicable									
	(Certificate)	181	165	N/A	165	23	-	-	-	-	47
	(Renewal)	1,112	1,066	N/A	-	789	-	-	-	-	52
	RS (Exam)	Not Applicable									
	(Permit)	1	1	N/A	1	-	-	-	-	-	-
	(Renewal)	n/a	n/a	N/A	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	RP (Exam)	Not Applicable									
	(Permit)	153	126	N/A	126	183	-	-	-	-	75
	(Renewal)	592	550	N/A	-	709	-	-	-	-	58
	SP (Exam)	7	7	N/A	-	42	-	-	-	-	4
	(Permit)	4	5	N/A	5	2	-	-	-	-	156
	(Renewal)	37	36	N/A	-	15	-	-	-	-	49
	RDA (Exam)	1,599	1,106	N/A	-	8,812	-	-	43	-	-
	(License)	1,103	1,601	N/A	1,601	10,980	-	-	474	-	-
	(Renewal)	9,021	7,594	N/A	-	13,664	-	-	22	-	-
	RDAEF (Exam)	46	44	N/A	-	31	-	-	64	-	-
	(License)	44	62	N/A	62	96	-	-	206	-	-
	(Renewal)	346	323	N/A	-	337	-	-	24	-	-
	DSA (Exam)	1	-	N/A	-	3	-	-	-	-	-
	(Permit)	-	4	N/A	4	14	-	-	504	-	-
	(Renewal)	6	3	N/A	-	10	-	-	13	-	-

Application Type		Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	*Outside Board Control	*Within Board Control	Complete Apps	Incomplete Apps	Combined IF unable to separate out
FY15/16 Cont'd	ITR (Exam)	NOT APPLICABLE									
	(Certificate)	-	-	-	-	-	-	-	-	-	-
	(Renewal)	NOT APPLICABLE									
	OA (Exam)	145	95	N/A	-	72	-	-	39	-	-
	(Permit)	94	159	N/A	159	361	-	-	225	-	-
	(Renewal)	121	102	N/A	-	68	-	-	16	-	-
FY 16/17	DDS (Exam)	1,224	1,196	N/A	-	22	3	5	2	31	-
	(Initial)	1,457	1,389	N/A	-	191	60	43	6	63	-
	(License)	1,389	1,183	N/A	1,183	206	-	-	-	-	3
	(Renewal)	18,748	17,721	N/A	-	7,194	989	-	-	-	6
	AO (Exam)	Not Applicable									
	(Permit)	416	322	N/A	322	198	19	7	37	59	-
	(Renewal)	1,442	1,173	N/A	-	709	184	-	-	-	8
	CS (Exam)	Not Applicable									
	(Permit)	59	46	N/A	46	6	-	-	23	44	-

	(Renewal)	270	247	N/A	-	71	11	2	-	-	5
	EFCS (Exam)	Not Applicable									
	(Permit)	4	2	N/A	2	8	1	-	89	-	-
	(Renewal)	16	12	N/A	-	5	2	-	-	-	6
	EMDF (Exam)	Not Applicable									
	(Permit)	5	1	N/A	1	4	-	-	-	-	-
	(Renewal)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	FNP (Exam)	Not Applicable									
	(Permit)	885	664	N/A	664	380	-	-	33	43	-
	(Renewal)	3,581	3,088	N/A	-	1,543	312	-	-	-	7
	GA (Exam)	Not Applicable									
	(Permit)	56	51	N/A	51	3	-	-	30	38	-
	(Renewal)	429	401	N/A	-	94	17	-	-	-	4
	MGA (Exam)	Not Applicable									
	(Permit)	10	7	N/A	7	2	-	-	13	53	-
	(Renewal)	47	46	N/A	-	41	8	-	-	-	33
	MDC (Exam)	Not Applicable									
	(Permit)	3	3	N/A	3	7	-	-	20	77	-
	(Renewal)	21	26	N/A	-	37	5	-	-	-	59
	OMS (Exam)	Not Applicable									
	(Certificate)	6	4	N/A	4	1	-	-	40	58	-
	(Renewal)	44	38	N/A	-	18	1	-	-	-	10
	OCS (Exam)	Not Applicable									
	(Certificate)	169	160	N/A	160	22	-	-	35	43	-
	(Renewal)	1,329	1,257	N/A	-	763	147	3	-	-	12
	RS (Exam)	Not Applicable									
	(Permit)	2	2	N/A	2	-	-	-	-	-	-
	(Renewal)	n/a	n/a	N/A	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Application Type		Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
						Total (Close of FY)	*Outside Board Control	*Within Board Control	Complete Apps	Incomplete Apps	Combined IF unable to separate out
FY 16/17 Cont'd	RP (Exam)	Not Applicable									
	(Permit)	142	107	N/A	107	201	-	-	52	56	-
	(Renewal)	525	340	N/A	-	776	112	-	-	-	39
	SP (Exam)	3	3	N/A	-	-	-	-	-	-	-
	(Permit)	3	3	N/A	3	-	-	-	15	42	-
	(Renewal)	43	37	N/A	-	17	1	-	-	-	13
	RDA (Exam)	3,856	2,712	N/A	-	8,607	-	-	49	83	-
	(License)	2,709	2,511	N/A	2,511	9,067	-	-	400	455	-
	(Renewal)	18,770	16,474	N/A	-	13,736	-	-	18	-	-
	RDAEF (Exam)	119	101	N/A	-	38	-	-	30	38	-
	(License)	100	95	N/A	95	97	-	-	188	45	-
	(Renewal)	763	705	N/A	-	327	-	-	13	-	-
	DSA (Exam)	7	3	N/A	-	5	-	-	-	184	-
	(Permit)	3	3	N/A	3	13	-	-	1,004	-	-

(Renewal)	21	17	N/A	-	12	-	-	43	-	-
ITR (Exam)	NOT APPLICABLE									
(Certificate)	-	-	-	-	-	-	-	-	-	-
(Renewal)	NOT APPLICABLE									
OA (Exam)	330	248	N/A		111	-	-	58	84	-
(Permit)	249	221	N/A	221	302	-	-	236	132	-
(Renewal)	248	230	N/A	-	115	-	-	12	-	-
(Initial)	1,462	1,400	N/A	-	85	14	116	2	88	-
(License)	1,400	1,192	N/A	1,192	325	-	-	-	-	2
(Renewal)	22,202	17,652	N/A	-	3,641	3,444	197	-	-	6
AO (Exam)	NOT APPLICABLE									
(Permit)	399	345	N/A	345	78	60	18	23	48	-
(Renewal)	1,556	1,025	N/A	-	452	443	9	-	-	9
CS (Exam)	NOT APPLICABLE									
(Permit)	61	51	N/A	51	5	2	3	16	61	-
(Renewal)	298	239	N/A	-	42	40	2	-	-	11
EFCS (Exam)	NOT APPLICABLE									
(Permit)	3	1	N/A	1	3	2	1	207	-	-
(Renewal)	16	12	N/A	-	3	3	-	-	-	2
EMDF (Exam)	NOT APPLICABLE									
(Permit)	6	6	N/A	6	-	-	-	-	-	-
(Renewal)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FNP (Exam)	NOT APPLICABLE									
(Permit)	911	685	N/A	685	259	160	99	23	56	-
(Renewal)	4,163	2,975	N/A	-	928	899	29	-	-	5
GA (Exam)	NOT APPLICABLE									
(Permit)	43	34	N/A	34	8	5	3	15	22	-
(Renewal)	519	420	N/A	-	64	63	1	-	-	4
MGA (Exam)	NOT APPLICABLE									
(Permit)	9	8	N/A	8	1	1	-	17	-	-
(Renewal)	45	29	N/A	-	10	13	1	-	-	10

Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
					Total (Close of FY)	*Outside Board Control	*Within Board Control	Complete Apps	Incomplete Apps	Combined IF unable to separate out
MDC (Exam)	NOT APPLICABLE									
(Permit)	14	12	N/A	12	1	1	-	17	24	-
(Renewal)	37	10	N/A	-	15	14	1	-	-	23
OMS (Exam)	NOT APPLICABLE									
(Certificate)	6	3	N/A	3	1	1	-	-	25	-
(Renewal)	56	46	N/A	-	10	9	1	-	-	8
OCS (Exam)	NOT APPLICABLE									
(Certificate)	132	121	N/A	121	10	5	5	22	32	-
(Renewal)	1,507	1,128	N/A	-	284	281	3	-	-	3
RS (Exam)	NOT APPLICABLE									
(Permit)	1	1	N/A	1	-	-	-	-	-	-
(Renewal)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

	RP (Exam)	NOT APPLICABLE									
	(Permit)	120	97	N/A	97	36	16	20	94	82	-
	(Renewal)	769	472	N/A	-	313	221	92	-	-	37
	SP (Exam)	3	3	N/A	-	-	-	-	14	43	-
	(Permit)	3	3	N/A	3	-	-	-	-	-	-
	(Renewal)	45	38	N/A	-	6	6	-	-	-	14
	RDA (Exam)	2,278	2,646	N/A	-	508	401	107	42	145	-
	(License)	2,667	1,975	N/A	1,975	1,543	1,537	6	300	711	-
	(Renewal)	22,913	16,813	N/A	-	6,012	5,542	470	14	0	-
	RDAEF (Exam)	114	97	N/A	-	7	7	-	60	59	-
	(License)	97	97	N/A	97	47	-	47	136	129	-
	(Renewal)	961	777	N/A	-	195	183	12	13	-	-
	DSA (Exam)	7	3	N/A	-	3	3	-	7	198	-
	(Permit)	3	1	N/A	1	3	3	-	27	-	-
	(Renewal)	17	13	N/A	-	6	6	-	16	-	-
	ITR (Exam)	NOT APPLICABLE									
	(Certificate)	2	2	N/A	2	-	-	-	-	-	
	(Renewal)	NOT APPLICABLE									
	OA (Exam)	373	348	N/A	-	78	54	24	32	-	-
	(Permit)	349	260	N/A	260	140	136	4	165	91	-
	(Renewal)	507	392	N/A	-	116	116	-	14	162	-

* For FY 14/15, the RDA, RDAEF, DSA and OA applications for examination and license were combined. The Board did not have separate transactions until BreEZe went live January 19, 2016.

Table 7b. Total Licensing Data

		FY 14/15	FY 15/16	FY 16/17	FY 17/18
Initial Licensing Data:					
DDS	Initial Exam Applications Received	946	1,180	1,224	987
	Initial Exam Applications Approved	1,080	1,383	1,196	883
	Initial License Applications Received	858	1,051	1,457	1,462
	Initial License Applications Approved	816	1,022	1,389	1,400
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	License Issued	1,080	1,022	1,183	1,192
AO	Initial License/Initial Exam Applications Received	551	384	416	399
	Initial License/Initial Exam Applications Approved	476	333	322	345
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	476	333	332	345
CS	Initial License/Initial Exam Applications Received	37	58	59	61
	Initial License/Initial Exam Applications Approved	33	51	46	51
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	33	51	46	51
EFCS	Initial License/Initial Exam Applications Received	3	2	4	3

	Initial License/Initial Exam Applications Approved	3	1	2	1
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	3	1	2	1
EMDF	Initial License/Initial Exam Applications Received	3	2	5	6
	Initial License/Initial Exam Applications Approved	3	1	1	6
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	3	1	1	6
FNP	Initial License/Initial Exam Applications Received	1,021	831	885	911
	Initial License/Initial Exam Applications Approved	881	703	664	685
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Certificates Issued	881	703	664	685

		FY 14/15	FY 15/16	FY 16/17	FY 17/18
Initial Licensing Data:					
GA	Initial License/Initial Exam Applications Received	41	75	56	43
	Initial License/Initial Exam Applications Approved	40	55	51	34
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	40	55	51	34
MGA	Initial License/Initial Exam Applications Received	14	11	10	9
	Initial License/Initial Exam Applications Approved	15	10	7	8
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	15	10	7	8
MDC	Initial License/Initial Exam Applications Received	37	19	3	14
	Initial License/Initial Exam Applications Approved	23	15	3	12
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	23	15	3	12
OMS	Initial License/Initial Exam Applications Received	5	6	6	6
	Initial License/Initial Exam Applications Approved	3	2	4	3
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	3	2	4	3
OCS	Initial License/Initial Exam Applications Received	131	181	169	132
	Initial License/Initial Exam Applications Approved	127	165	160	121
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	License Issued	127	165	160	121
RS	Initial License/Initial Exam Applications Received	-	1	2	1
	Initial License/Initial Exam Applications Approved	-	1	2	1
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	License Issued	-	1	2	1
RP	Initial License/Initial Exam Applications Received	107	153	142	120

	Initial License/Initial Exam Applications Approved	83	126	107	97
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	83	126	107	97
SP	Initial Exam Applications Received	6	7	3	3
	Initial Exam Applications Approved	5	7	3	3
	Initial License Applications Received	6	4	3	3
	Initial License Applications Approved	5	5	3	3
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	5	5	3	3
RDA	Initial License/Initial Exam Applications Received	1,847	1,599	3,856	2,278
	Initial License/Initial Exam Applications Approved	1,496	1,601	2,511	2,646
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	1,496	1,601	2,511	1,976
		FY 14/15	FY 15/16	FY 16/17	FY 17/18
Initial Licensing Data:					
RDAEF	Initial License/Initial Exam Applications Received	43	46	95	114
	Initial License/Initial Exam Applications Approved	39	62	101	97
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	1,847	1,599	3,856	2,278
DSA	Initial License/Initial Exam Applications Received	2	1	7	7
	Initial License/Initial Exam Applications Approved	3	4	3	3
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	3	4	3	1
ITR	Initial License/Initial Exam Applications Received	N/A	N/A	N/A	2
	Initial License/Initial Exam Applications Approved	N/A	N/A	N/A	2
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	N/A	N/A	N/A	2
OA	Initial License/Initial Exam Applications Received	208	145	330	373
	Initial License/Initial Exam Applications Approved	192	159	221	348
	Initial License/Initial Exam Applications Closed	N/A	N/A	N/A	N/A
	Permits Issued	192	159	221	260
Initial License/Initial Exam Pending Application Data:					
DDS	Pending Applications (total at close of FY)	13,462	12,331	12,519	6,665
	Pending Applications (outside of board control) *	-	-	1,872	5,711
	Pending Applications (within the board control) *	-	-	60	678
AO	Pending Applications (total at close of FY)	238	163	198	78
	Pending Applications (outside of board control) *	-	-	-	60
	Pending Applications (within the board control) *	-	-	-	18
CS	Pending Applications (total at close of FY)	45	7	6	5

	Pending Applications (outside of board control) *	-	-	-	2
	Pending Applications (within the board control) *	-	-	-	3
EFCS	Pending Applications (total at close of FY)	6	7	8	3
	Pending Applications (outside of board control) *	-	-	-	2
	Pending Applications (within the board control) *	-	-	-	1
EMDF	Pending Applications (total at close of FY)	-	1	4	-
	Pending Applications (outside of board control) *	-	-	-	-
	Pending Applications (within the board control) *	-	-	-	-
FNP	Pending Applications (total at close of FY)	154	248	380	259
	Pending Applications (outside of board control) *	-	-	-	160
	Pending Applications (within the board control) *	-	-	-	99
GA	Pending Applications (total at close of FY)	12	10	3	8
	Pending Applications (outside of board control) *	-	-	-	5
	Pending Applications (within the board control) *	-	-	-	3
		FY 14/15	FY 15/16	FY 16/17	FY 17/18
Initial License/Initial Exam Pending Application Data:					
MGA	Pending Applications (total at close of FY)	7	1	2	1
	Pending Applications (outside of board control) *	-	-	-	1
	Pending Applications (within the board control) *	-	-	-	-
MDC	Pending Applications (total at close of FY)	18	19	7	1
	Pending Applications (outside of board control) *	-	-	-	1
	Pending Applications (within the board control) *	-	-	-	-
OMS	Pending Applications (total at close of FY)	14	14	1	1
	Pending Applications (outside of board control) *	-	-	-	1
	Pending Applications (within the board control) *	-	-	-	-
OCS	Pending Applications (total at close of FY)	173	23	22	10
	Pending Applications (outside of board control) *	-	-	-	5
	Pending Applications (within the board control) *	-	-	-	5
RS	Pending Applications (total at close of FY)	-	-	-	-
	Pending Applications (outside of board control) *	-	-	-	-
	Pending Applications (within the board control) *	-	-	-	-
RP	Pending Applications (total at close of FY)	261	183	201	36
	Pending Applications (outside of board control) *	-	-	-	16
	Pending Applications (within the board control) *	-	-	-	20
SP	Pending Applications (total at close of FY)	1	42	-	-
	Pending Applications (outside of board control) *	-	-	-	-
	Pending Applications (within the board control) *	-	-	-	-
RDA	Pending Applications (total at close of FY)	51,309	8,812	8,607	508
	Pending Applications (outside of board control) *	-	-	-	401

	Pending Applications (within the board control) *	-	-	-	107
RDAEF	Pending Applications (total at close of FY)	85	31	38	7
	Pending Applications (outside of board control) *	-	-	-	7
	Pending Applications (within the board control) *	-	-	-	-
DSA	Pending Applications (total at close of FY)	56	3	5	3
	Pending Applications (outside of board control) *	-	-	-	3
	Pending Applications (within the board control) *	-	-	-	-
ITR	Pending Applications (total at close of FY)	-	-	-	-
	Pending Applications (outside of board control) *	-	-	-	-
	Pending Applications (within the board control) *	-	-	-	-
OA	Pending Applications (total at close of FY)	696	72	111	78
	Pending Applications (outside of board control) *	-	-	-	54
	Pending Applications (within the board control) *	-	-	-	24

		FY 14/15	FY 15/16	FY 16/17	FY 17/18
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):					
DDS	Average Days to Application Approval (All - Complete/Incomplete)	99	63	29	27
	Average Days to Application Approval (incomplete applications) *	-	-	43	36
	Average Days to Application Approval (complete applications) *	-	-	28	33
AO	Average Days to Application Approval (All - Complete/Incomplete)	20	30	48	36
	Average Days to Application Approval (incomplete applications) *	-	-	59	48
	Average Days to Application Approval (complete applications) *	-	-	37	23
CS	Average Days to Application Approval (All - Complete/Incomplete)	9	19	34	39
	Average Days to Application Approval (incomplete applications) *	-	-	44	61
	Average Days to Application Approval (complete applications) *	-	-	23	16
EFCS	Average Days to Application Approval (All - Complete/Incomplete)	1,061	349	89	207
	Average Days to Application Approval (incomplete applications) *	-	-	-	-
	Average Days to Application Approval (complete applications) *	-	-	89	207
EMDF	Average Days to Application Approval (All - Complete/Incomplete)	N/A	N/A	N/A	N/A
	Average Days to Application Approval (incomplete applications) *	N/A	N/A	N/A	N/A
	Average Days to Application Approval (complete applications) * -	N/A	N/A	N/A	N/A
FNP	Average Days to Application Approval (All - Complete/Incomplete)	-	35	38	40
	Average Days to Application Approval (incomplete applications) *	-	-	43	56
	Average Days to Application Approval (complete applications) *	-	-	33	23
GA	Average Days to Application Approval (All - Complete/Incomplete)	10	29	34	19
	Average Days to Application Approval (incomplete applications) *	-	-	38	22
	Average Days to Application Approval (complete applications) *	-	-	30	15
MGA	Average Days to Application Approval (All - Complete/Incomplete)	6	12	33	17
	Average Days to Application Approval (incomplete applications) *	-	-	53	-
	Average Days to Application Approval (complete applications) *	-	-	13	17
MDC	Average Days to Application Approval (All - Complete/Incomplete)	20	15	49	21
	Average Days to Application Approval (incomplete applications) *	-	-	77	24
	Average Days to Application Approval (complete applications) *	-	-	20	17
OMS	Average Days to Application Approval (All - Complete/Incomplete)	82	53	49	25
	Average Days to Application Approval (incomplete applications) *	-	-	58	-
	Average Days to Application Approval (complete applications) * -	-	-	40	25
OCS	Average Days to Application Approval (All - Complete/Incomplete)	19	47	39	27
	Average Days to Application Approval (incomplete applications) *	-	-	43	32
	Average Days to Application Approval (complete applications) *	-	-	35	22
RS	Average Days to Application Approval (All - Complete/Incomplete)	-	-	-	-
	Average Days to Application Approval (incomplete applications) *	-	-	-	-
	Average Days to Application Approval (complete applications) *	-	-	-	-

		FY 14/15	FY 15/16	FY 16/17	
RP	Average Days to Application Approval (All - Complete/Incomplete)	68	75	54	
	Average Days to Application Approval (incomplete applications) *	-	-	56	
	Average Days to Application Approval (complete applications) *	-	-	52	
RDA	Average Days to Application Approval (All - Complete/Incomplete)	-	43	58	
	Average Days to Application Approval (incomplete applications) *	-	0	82	
	Average Days to Application Approval (complete applications) *	-	43	49	
DSA	Average Days to Application Approval (All - Complete/Incomplete)	-	-	184	
	Average Days to Application Approval (incomplete applications) *	-	-	184	
	Average Days to Application Approval (complete applications) *	-	--	-	
OA		-	39	64	
	Average Days to Application Approval (incomplete applications) *	-	-	84	-
	Average Days to Application Approval (complete applications) *	-	39	58	16
License Renewal Data:					
Licenses Renewed – DDS		17,754	18,013	17,721	17,652
Permits Renewed – AO		1,128	1,083	1,173	1,025
Permits Renewed – CS		255	249	247	239
Permits Renewed – EFCS		-	6	15	12
Permits Renewed – EMDF		N/A	N/A	N/A	N/A
Permits Renewed – FNP		3,282	3,047	3,088	2,975
Permits Renewed – GA		395	439	401	420
Permits Renewed – MGA		35	33	-	29
Permits Renewed – MDC		5	11	26	10
Permits Renewed – OMS		41	45	38	46
Certificates Renewed – OCS		1,145	1,066	1,257	1,128
Permits Renewed – RS		N/A	N/A	N/A	N/A
Permits Renewed – RP		427	550	340	472

Permits Renewed – SP	36	36	37	38
Licenses Renewed – RDA	13,338	17,021	18,770	16,813
	FY 14/15	FY 15/16	FY 16/17	FY 17/18
License Renewal Data:				
Licenses Renewed – RDAEF	549	646	763	777
Permits Renewed – DSA	13	16	21	17
Certificates Renewed - ITR	N/A	N/A	N/A	N/A
Permits Renewed – OA	88	121	248	507
Note: The values in Table 7b are the aggregates of values contained in Table 7a. * Optional. List if tracked by the board.				

Note: It should be noted that Release 2 of BreEZe was implemented in January of 2016. Release 2 allowed the Board to add applications milestones to deficient applications. Application milestones is a feature that allows staff to record the date that an application is determined to be deficient as well as record the date all deficiencies have been cleared. If an application was missing one or more items, a deficiency start date was entered into BreEZe and that allowed the Board to keep track of pending applications within and outside its control as well as the cycle times for complete and incomplete applications. For renewal applications, the application milestones are not used, so the total pending applications and combined cycle times are provided for renewal applications.

The Board did not have the ability to completely track pending applications or cycle times until FY 16/17. The application milestone feature was implemented in Release 2 of BreEZe in FY 16/17 and was made fully functional in FY 17/18.

The Board has its performance measure for processing applications set at 60 days. When an application is considered deficient, then it is outside of the control of the Board. The average processing times for applications received by the Board is under 60 days.

22. How does the board verify information provided by the applicant?

a. What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?

All licensing applicants are required to provide electronic fingerprints (live scan). In addition, affirmative responses (arrests or convictions) received from the DOJ, or disclosures by the applicant may trigger the Board to require the applicant provide an explanation in writing describing the event. Similarly, if the applicant discloses any license denials, license surrenders, or prior discipline, the Board requires a full explanation in writing, pursuant to California Code of Regulations, Title 16, Section 1028.

In instances when an applicant has criminal history information, staff are responsible for requesting certified copies of the arrest and conviction records for consideration by the

licensing managers. Certified records may also be introduced in a Statement of Issues hearing if necessary.

Subsequent to any written explanation provided by an applicant, the Board will review the nature of the act(s) to determine if they may be substantially related to the qualifications, functions, or duties of the profession pursuant to California Code of Regulations, Title 16, Section 1019. This information, along with any mitigating documentation will be considered by the Board. The applicant may be denied, offered a probationary license, or approved for licensure. In any event, the Board maintains a record of the criminal action as a part of the license history.

In the last four years the Board has denied one applicant for a dental license who did not self-disclose criminal history. The applicant was convicted of several counts of Vehicle Code 23152(A) driving under the influence, alcohol / drugs. Although this crime may not prevent an applicant from receiving a license in California the applicant failed to respond to numerous request for additional information and ultimately abandoned the application. The applicant was notified by registered mail on November 20, 2017 of the denial of their application. The applicant was advised of their right to submit a written request for a hearing before an administrative law judge within 60 days of receipt of the notice. A request for a hearing from the applicant was not received and the right to a hearing was deemed as waived.

b. Does the board fingerprint all applicants?

Yes, the Board fingerprints all applicants.

c. Have all current licensees been fingerprinted? If not, explain.

Effective July 2011, the Board began the process of requiring all licensees to submit electronic fingerprints in compliance with California Code of Regulations, Title 16, Section 1008. Remaining exceptions to the fingerprint requirement include those licensees who have placed their license in an inactive status, or active duty military personnel. Inactive licensees will be required to provide electronic fingerprints upon renewal to active status. Military personnel remain exempt until they leave military service.

d. Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

The National Practitioners Data Bank (NPDB) is a confidential information clearinghouse created by Congress with the primary goals of improving health care quality, protecting the public, and reducing health care fraud and abuse in the U.S. The NPDB houses information related to medical malpractice payments and adverse actions related to licensure, clinical privileges and professional society membership of physicians, dentists, and other health care practitioners.

The statutes mandate a query of the NPDB as part of the application process for all dental license applicants. Only dental applicants that have been previously licensed in another state might have disciplinary actions included in the NPDB.

Although the Board does not access the NPDB for renewals, all applicants are required to disclose the following:

1. Prior disciplinary action(s) taken against the applicant regarding any dental license or other healing arts license;
2. Whether the applicant is currently the subject of any pending investigation by a government agency;
3. Information regarding any licensing denials or surrenders, and
4. Criminal convictions.

Applicants certify their responses under penalty of perjury.

The Board does not check the NPDB when renewing licenses, because pursuant to California Code of Regulations, Title 16, Section 1018.05, licensees are required to disclose:

1. The bringing of an indictment or information charging a felony against the licensee;
2. Convictions (including pleas of no contest) of any felony or misdemeanor, and
3. Any disciplinary action taken by another professional licensing entity or authority of this state, another state, the federal government, or the United States military.

In addition to self-disclosure, many entities (e.g. hospital and dental society peer reviews, insurance providers, government agencies, and civil courts) are required to report judgments, settlements and awards against licensees, for the Board to consider in licensing decisions.

e. Does the board require primary source documentation?

No, the Board does not require the sealed certification of completion letter to come directly from the dental schools. However, the DDS licensing program still requires the certification of completion of the educational requirement included in the application materials. The documentation by the dental school must include the school's seal and the original signature of the dean of the dental school.

For the RDA Education pathway, the Board accepts a signed and sealed verification from the school, or copies of diplomas. For the RDA Work Experience pathway, the Board requires an original signature from a licensed dentist certifying the length of employment, the hours worked per week, and that the work performed was at the dental assistant level as required.

23. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

Out of State Applicants

Pursuant to Business and Professions Code Sections 1632 and 1634.1, graduates of a Board-approved or CODA-approved dental school qualify for licensure by passing the WREB examination, or by completing at least one year of post-graduate training in an Advanced Education in General Dentistry or General Practice Residency. Applicants are also required to have passed Parts 1 and 2 of the National Board Dental Examination and must pass the California Law and Ethics examination.

Business and Professions Code Section 1635.5 allows applicants to qualify for Licensure by Credential regardless of where they graduated, provided the following requirements are met:

- Evidence that the applicant has a current license issued by another state to practice dentistry that is not revoked or suspended or otherwise restricted.

- Evidence that the applicant has either been in active clinical practice or has been a full-time faculty member in an accredited dental education program and in active clinical practice for a total of 5,000 hours in five of the seven consecutive years immediately preceding the date of his or her application.

- Credit for two of the five years will be given to applicants who complete a residency program approved by CODA.

- Applicants not meeting the 5,000-hour requirement may enter into a two year, full time contract with an approved dental school or community/public clinic.

- Evidence that the applicant has not been subject to disciplinary action by any state in which he or she has been previously licensed to practice dentistry. If the applicant has been subject to disciplinary action, the board shall review that action to determine if it presents sufficient evidence of a violation of Article 4 (commencing with Section 1670) to warrant the submission of additional information from the applicant or the denial of the application for licensure.

- Submit a signed release allowing the disclosure of information from the National Practitioner Data Bank and the verification of registration status with the federal Drug Enforcement Administration. The board shall review this information to determine if it presents sufficient evidence of a violation of Article 4 (commencing with Section 1670) to warrant the submission of additional information from the applicant or the denial of the application for licensure.

- Evidence that the applicant has not failed the examination for licensure to practice dentistry under this chapter within five years prior to the date of his or her application for a license under this section.

- Submit an acknowledgment that the applicant executed under penalty of perjury and automatic forfeiture of license, of the following:
    1. That the information provided by the applicant to the board is true and correct, to the best of his or her knowledge and belief.
    2. That the applicant has not been convicted of an offense involving conduct that would violate Section 810.

- Evidence of fifty (50) units of continuing education completed within two years of the date of his or her application under this section. The continuing education shall include the mandatory coursework prescribed by the board pursuant to subdivision (b) of Section 1645.

- Fingerprint clearance from the Department of Justice and the Federal Bureau of Investigation.

Out of Country Applicants

Business and Professions Code Section 1628 requires graduates of foreign dental schools to attend a two-year international dental studies program at a Board approved or CODA-approved program to qualify for one of the licensure pathways. If an international applicant has a valid and unrestricted license from another state for five or more years, or can secure a two-year full-time contract with an approved dental school or community/public clinic, they may apply using the Licensure by Credential pathway.

24. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

At present, the U.S. military requires dentists to already have been licensed before they can report for duty in the armed services. The Dental Licensing Unit will consider military clinical practice hours toward satisfying the 5000-hour clinical practice requirement for Licensure by Credential (LBC). The Dental Assisting Unit will consider military education, training and experience if the applicant lists this under the general work experience or education requirements.

a. Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?

The Board is complying with Business and Professions Code Section 114.5 and waives fees when an applicant identifies themselves pursuant to statute. At present, during the time of renewal, a Military Status form is sent along with the renewal packet which asks whether the licensee is currently serving or has served in the military. If the licensee indicates that they are currently serving or have served, Board staff enter a military modifier to their license within the Breeze computer system. There have been approximately 319 military responses tracked in Breeze in 2018.

b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?

The Board does not track whether an applicant uses military education, training or experience towards meeting licensing or credentialing requirements. The Board accepts military clinical practice hours toward satisfying the 5000-hour clinical practice requirement for Licensure by Credential (LBC). The Board will also accept military education, training and experience if the applicant lists this under the general work experience or education requirements for Registered Dental Assistants (RDA), Orthodontic Assistants (OA) and/or Dental Sedation Assistants (DSA).

c. What regulatory changes has the board made to bring it into conformance with BPC § 35?

As noted above, existing requirements do not hinder military personnel from having their application or license renewals processed promptly. The Board's current internal business processes are meeting the intent of the statute.

d. How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?

   In the prior fiscal year, the board has waived fees or requirements for 77 licensees. This volume of fee waivers (less than 1% of the annual licensing and renewal population) is not considered to have significant impact on the Board's licensing revenue.

e. How many applications has the board expedited pursuant to BPC § 115.5?

   Staff estimates approximately thirty-five dental licenses have been expedited in FY 2017/2018. There have been no expedite requests submitted to the Dental Assisting unit.

25. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

With the implementation of the BreEZe system, an interface with the Department of Justice (DOJ) automatically generates the No Longer Interested (NLI) form when a license status is changed to deceased, cancelled, revoked, or if an application has been abandoned within specific timeframes. The interface runs electronically and is running on an ongoing basis. To date, there are no known backlogs.

Examinations

Table 8. Examination Data

California Examination (include multiple language) if any:

License Type		DDS	RDA	RDA	RDA	RDA	OA	DSA	RDAEF	RDAEF
Exam Title		Law & Ethics Written	Practical Exam*	Law & Ethics Written**	RDA Written**	General Written and Law & Ethics	Written	Written	Clinical/Practical	Written
FY 2014/15	# of 1st Time Candidates	950	2,890	828	1,323	N/A	120	3	40	17
	Pass %	95%	56%	56%	56%	N/A	41%	100%	80%	49%
FY 2015/16	# of 1st Time Candidates	1,066	1,994	1,152	1,314	N/A	110	5	48	45
	Pass %	90%	42%	50%	57%	N/A	37%	100%	Clinical 77% Practical 71%	54%
FY 2016/17	# of 1st Time Candidates	977	698	1,440	1,817	N/A	125	2	159	59
	Pass %	80%	55%	57%	57%	N/A	42%	100%	Clinical 80% Practical 96%	57%
FY 2017/18	# of 1st time Candidates	1,014	N/A	160	1,281		159	2	69	83
	Pass %	80%	N/A	51%	49%		41%	100%	Clinical 73% Practical 74%	58%
Date of Last OA		2005	2016	2016	2016	2016	2010	2010	2016	2016
Name of OA Developer		OPES	OPES	OPES	OPES	OPES	OPES	OPES	OPES	OPES
Target OA Date		2018	Pending	Pending	Pending	Pending	Pending	Pending	Pending	Pending

National Examination (include multiple language) if any:
Both the NBDE and WREB exams are administered by external sources and as such, pass rates specific to California applicants are not reported to the Dental Board.

License Type										
Exam Title										
FY 2014/15	# of 1st Time Candidates									
	Pass %									
FY 2015/16	# of 1st Time Candidates									

	Pass %									
FY 2016/17	# of 1st Time Candidates									
	Pass %									
FY 2017/18	# of 1st time Candidates									
	Pass %									
Date of Last OA										
Name of OA Developer										
Target OA Date										

26. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

Pursuant to Business and Professions Code Section 1630, all examinations administered by the Dental Board of California for applicants applying for a license to practice dentistry are required to be written in the English language. Currently, all examinations administered by the Board are offered only in the English language. The examinations required for licensure vary by license type. The requirements are as follows:

Dentist (DDS) - Licensure by Credential (LBC)
Legislation was enacted (Assembly Bill 1428, Chapter 507, Statutes of 2001) which authorized the Board to license without examination, a dentist that is currently practicing in another state, within the United States or U.S. territory, who meet the specific requirements outlined in Business and Professions Code Section 1635.5.

There are no national or California specific examinations required if applying through the LBC pathway.

DDS - Licensure by Residency (LBR)
Senate Bill 683 (Chapter 805, Statutes of 2006) allowed the Board to begin issuing licenses by residency to dentists who complete at least one additional year of clinical training after graduating from an approved dental school, without taking a clinical examination.

- Must pass the California Law and Ethics written examination.
- Must pass the National Board Dental Examination Part I and II.

The Law and Ethics examination that is required when applying through the LBR pathway is a California specific examination. The National Board Dental Examination Part I and II is a national examination.

DDS - Licensure by WREB (WREB)
Senate Bill 1865 (Stats 2004 Chapter 670) allowed the board to accept the clinical examination results of the Western Regional Examination Board (WREB).

- Must pass the Western Regional Examination Board (WREB) clinical examination on or after January 1, 2005.
- Must pass the California Law and Ethics written examination.
- Must pass the National Board Dental Examination Part I and II.

The Law and Ethics examination that is required when applying through the WREB pathway is a California specific examination. The WREB and National Board Dental Examination Part I and II are national examinations.

DDS - Licensure by Portfolio (PORT)
AB 1524 (Stats 2010 Chapter 446) allowed dental students, while enrolled in a dental school program at a board-approved school located in California to assemble a portfolio of clinical experiences and competencies, as approved by the Board. The applicant must pass a final assessment of the portfolio examination by the end of his or her dental school program.

- Must complete the California Law and Ethics written examination.
- Must complete the National Board Dental Examination Part I and II.

The Law and Ethics examination that is required when applying through the PORT pathway is a California specific examination. The National Board Dental Examination Part I and II is a national examination.

Registered Dental Assistants (RDA):
- Must pass the RDA Combined General and Law and Ethics Examination as outlined in BPC § 1752.1, CCR §§ 1080 and 1083, and
- Must pass the RDA Practical Examination as outlined in BPC § 1752.3, CCR §§ 1080, 1080.2, 1081.1, and 1083.

On April 6, 2017, the Dental Board of California (Board) held a special meeting to discuss the findings of the review of the Registered Dental Assistant (RDA) practical examination conducted by the Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA). After reviewing the findings of the report, the Board voted to suspend the administration of the RDA practical examination effective immediately and until July 1, 2017. Pursuant to Business and Professions Code § 1752.1 at that time, the suspension of the practical examination could only remain in effect until July 1, 2017. After this date, the exam would have been reinstated as a requirement for RDA licensure.

Between April 6 and July 1, 2017, the Board licensed registered dental assistant candidates who had completed all other licensing requirements except passage of the practical exam. Also during this time, the Board sought an author to carry urgency legislation that would continue the suspension of the examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented. This legislation, Assembly Bill 1707 (Chapter 174) authored by Assembly Member Low was signed by Governor Brown and became effective on August 8, 2017.

The Board has continued licensing applicants who have met all other requirements of licensure except passage of the practical examination, including successful completion of the RDA Written Examination and the RDA Law & Ethics Examination.

The examinations required for RDA licensure are California specific examinations. A national examination is not being utilized currently.

Registered Dental Assistant in Extended Functions (RDAEF):

- Must pass the RDAEF Written Competency Examination as outlined in BPC § 1753, CCR §§ 1080 and 1083,
- Must pass a Clinical Examination as outlined in BPC §§ 1753, 1753.4, CCR §§ 1080.1, 1080.2, 1081.2, and 1083, and
- Must pass a Practical Examination as outlined in BPC §§ 1753, 1753.4, CCR §§ 1080, 1080.2, and 1083.

The examinations required for RDAEF licensure are California specific examinations. A national examination is not being utilized currently.

Orthodontic Assistant (OA)

- Must pass the OA Written Competency Examination as outlined in BPC §§1750.2, 1752.1, CCR §§ 1080, and 1083.

The examinations required for OA licensure are California specific examinations. A national examination is not being utilized currently.

Dental Sedation Assistant (DSA)

- Must pass the DSA Written Competency Examination as outlined in BPC §§ 1750.4, 1752.1, CCR §§ 1080, and 1083.

The examinations required for DSA licensure are California specific examinations. A national examination is not being utilized currently.

27. What are pass rates for first time vs. retakes in the past 4 fiscal years? *(Refer to Table 8: Examination Data)* Are pass rates collected for examinations offered in a language other than English?

As noted in Table 8, the pass rates for first-time and retake applicants for the Registered Dental Assistant (RDA) Practical exam decreased during FY 2015/16. The Board contracted with Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA) to conduct a Review of the RDA Practical examination in 2016.

On April 6, 2017, the Dental Board of California (Board) held a special meeting to discuss the findings of the review of the RDA practical examination conducted by the OPES. After reviewing the findings of the report, the Board voted to suspend the administration of the RDA practical examination effective immediately and until July 1, 2017. Pursuant to Business and Professions Code Section 1752.1 at that time, the suspension of the practical examination could only remain in effect until July 1, 2017. After this date, the exam would have been reinstated as a requirement for RDA licensure.

Between April 6 and July 1, 2017, the Board licensed registered dental assistant candidates who had completed all other licensing requirements except passage of the practical exam. Also during this time, the Board sought an author to carry urgency legislation that would continue the suspension of the examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented. This legislation, Assembly Bill 1707 (Chapter 174) authored by Assembly Member Low was signed by Governor Brown and became effective on August 8, 2017.

The RDA Written and Law & Ethics examinations were combined into one exam in May 2018. It is now referred to as the RDA General Written and Law and Ethics examination. At present, the Board does not have statistics available.

The pass rates for first-time and retake applicants for the RDAEF Clinical/Practical exam have fluctuated between 70% and 80% since the last Sunset Review in 2014. This trend has been consistent over the last four fiscal years. A review of the RDAEF Clinical/Practical exam was conducted by OPES in 2017 and were found to be valid.

The RDAEF written exam pass rates for first-time and retake applicants have increased steadily over the last four fiscal years.

The DSA and OA written exams pass rates for first-time and retake applicants have remained consistent over the last four fiscal years.

The pass rates for the Dental (DDS) Law & Ethics exam saw a change in the 2015/16 fiscal year. Before the FY 2015/16, the pass rate for the DDS Law & Ethics exam was consistently above 90%. However, an update to the format for the DDS Law & Ethics exam was implemented starting on July 23, 2015. After the implementation, the change shows the pass rate decreased to about 80%. Since the implementation of this new format, the pass rate has remained consistent for the last two fiscal years.

The pass rate for retakes is slightly higher compared to the pass rate of first-time candidates for the last four fiscal years. For example, in the FY 2016/17, the pass rate for a repeat candidate was 82%, which is slightly higher than a first-time candidate.

Both the NBDE and WREB exams are administered by external sources and as such, pass rates specific to California DDS applicants are not reported to the Dental Board.

Pursuant to Business and Professions Code Section 1630 all examinations offered by the Board of California must be completed in English. We currently do not offer examinations in any other language.

28. Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

All written exams administered as a condition of licensure are computer based. The Dental (DDS), Registered Dental Assistant (RDA), Registered Dental Assistant in Extended Functions (RDAEF), Orthodontic Assistant (OA), and Dental Sedation Assistant (DSA) Written and Law and Ethics examinations are offered by a nationwide contractor, Psychological Services Incorporated

(PSI). PSI offers the exams at twenty-two (22) locations throughout California for all license types. It also offers twenty-three (23) exam sites in other states for DDS applicants. The exam is offered six days per week, and allows applicants to schedule their exam date directly with the vendor. PSI is also able to provide reasonable accommodations upon request.

29. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

Currently, there are no statutory barriers to processing applications, or in the administration of licensing exams.

However, the Board is anticipating a possible hindrance to the efficient and effective processing of applications and examinations for those applying to become registered dental assistant. On April 6, 2017, the Dental Board of California (Board) held a special meeting to discuss the findings of the review of the Registered Dental Assistant (RDA) practical examination conducted by the Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA). After reviewing the findings of the report, the Board voted to suspend the administration of the RDA practical examination effective immediately and until July 1, 2017. Pursuant to Business and Professions Code Section 1752.1 at that time, the suspension of the practical examination could only remain in effect until July 1, 2017. After this date, the exam would have been reinstated as a requirement for RDA licensure.

Between April 6 and July 1, 2017, the Board licensed registered dental assistant candidates who had completed all other licensing requirements except passage of the practical exam. Also during this time, the Board sought an author to carry urgency legislation that would continue the suspension of the examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented. This legislation, Assembly Bill 1707 (Chapter 174) authored by Assembly Member Low was signed by Governor Brown and became effective on August 8, 2017.

If the Board does not obtain new legislation that would continue the suspension of the practical examination this will ultimately cause a delay in the Board's ability to continue licensing registered dental assistants.

School approvals

30. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

The Board is authorized to accept the findings of the American Dental Association, Commission on Dental Accreditation (CODA) when they approve or re-approve a dental school located within the United States. The California dental schools are accredited and re-evaluated by CODA every seven years.

The Board is authorized to approve international dental schools that meet the requirements of BPC § 1636.4.

The Board is also authorized to approve all Dental Assistant Educational Programs and Courses pursuant to CCR, Title 16, §§ 1070, 1070.1 to include:

- Radiation Safety Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1, 1014, 1014.1.
- Registered Dental Assistant Educational Programs that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.2.
- Pit and Fissure Sealant Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.3.
- Coronal Polishing Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.4.
- Ultrasonic Scaling Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.5.
- Infection Control Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.6.
- Orthodontic Assistant Permit Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.7.
- Dental Sedation Assistant Permit Courses that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1070.8.
- RDAEF Educational Programs that meet the requirements outlined in CCR, Title 16, §§ 1070, 1070.1 and 1071.
- Interim Therapeutic Restorations Courses that meet the requirements outlined in BPC Section 1753.55.

The Bureau for Private Postsecondary Education does not have a role in the approval of dental schools, but does provide oversight to some Dental Assisting programs (although unlicensed DAs are outside the scope of licensure by the Board).

31. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

The Board has approved six (6) dental schools in California and two (2) international dental schools, one in Mexico and one in Moldova. Below is the current list of California Board Approved Dental schools:

- Loma Linda University School of Dentistry
- University of California at Los Angeles School of Dentistry
- Herman Ostrow School of Dentistry of USC
- Western University of Health Sciences College of Dental Medicine
- University of California at San Francisco School of Dentistry
- University of the Pacific Arthur A. Dugoni School of Dentistry
- De La Salle University
- The State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova (SUMP) – Faculty of Dentistry

The board has also approved ninety-seven (97) Registered Dental Assisting Programs, eleven (11) Registered Dental Assistant in Extended Functions Programs, one hundred and forty-seven (147) Orthodontic Assistant Permit Courses, twenty-six (26) Dental Sedation Assistant Permit Courses, and numerous courses for Infection Control, Coronal Polish, Pit and Fissure Sealants, Radiation Safety, Interim Therapeutic Restorations, and Ultrasonic Scaling. A current list of the California Board Approved Educational programs and courses can be found on the following page of our website: https://www.dbc.ca.gov/applicants/rda/courses.shtml.

All courses are required to be re-evaluated approximately every seven years. The Board may withdraw approval of any program or course that does not meet the requirements of the Dental Practice Act.

32. What are the board's legal requirements regarding approval of international schools?

The Board is responsible for the approval of international dental schools based on standards established pursuant to BPC §1636.4(d). The process for application, evaluation, and approval of international dental schools is outlined in BPC §1636.4 and Title 16, CCR §§1024.3-1024.12. Foreign dental schools shall submit a renewal application every seven years in accordance with BPC §1636.4.

At present, there are two international dental schools that have been approved by the Dental Board, De La Salle School of Dentistry, located in Leon, Guanajuato, Mexico and The State of Medicine and Pharmacy "Nicolae Testemintanu" of the Republic of Moldova, located in Moldova.

Continuing Education/Competency Requirements

33. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

Continuing Education (CE)
Pursuant to BPC § 1645 (a), the Board has adopted standards for the continuing education of its licensees. CCR § 1016-1017 outline the continuing education categories and units required for renewal of a license or permit.

At the time of license renewal, the licensee must certify completion of mandatory coursework and the minimum number of units required for each license and/or permit held. Mandatory coursework includes two units of Board-approved Infection Control, two units of Board-approved Dental Practice Act, and Basic Life Support certification completed through the American Red Cross, American Heart Association, or 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).

DDS licensees are required to complete a minimum of 50 units of continuing education, including mandatory coursework, during the two-year period immediately preceding the expiration of the license.

RDA, RDAEF, OA, and DSA licensees are required to complete a minimum of 25 units of continuing education, including mandatory coursework, during the two-year period immediately preceding the expiration of the license.

Unlicensed dental assistants in California must complete a Board approved eight-hour Infection Control course, a Board approved two-hour Dental Practice Act course, and a course in Basic Life Support through the American Red Cross or the American Heart Association

In March of 2010 the Board made substantial changes to its CE requirements for licensees and course providers (CCR § 1016 and 1017). In part, the changes clarified that courses in

diagnostic protocols and procedures, charting, nutrition, disaster recovery, peer evaluation, administration of anesthesia or sedation, and courses relating to selection, use and care of dental instruments are allowed for credit toward renewals. Courses in cultural competencies, such as bilingual dental terminology, cross cultural communication, public health dentistry and management of the special-needs patient were added as allowable for credit toward the licensee's renewal, as these courses serve the needs of California's diverse population. There have been no additional changes that have been made to the requirements over the last four years.

It is anticipated that the Board will promulgate regulations to establish Basic Life Support equivalency standards to update this section in the near future.

Competency Requirements

The Dental Board has initial and ongoing competency requirements for General Anesthesia (GA) and Conscious Sedation (CS) permit holders.

Pursuant to BPC § 1646.4, GA permit holders must undergo an onsite an onsite inspection and evaluation at least once in every five years.

In accordance with BPC § 1647.7, CS permit holders must undergo an onsite an onsite inspection and evaluation at least once in every six years.

a. How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

   As part of the renewal process, licensees certify under penalty of perjury that they have completed mandatory coursework and the minimum number of units required for the active license or permit. In accordance with CCR § 1017 (n), the licensee must retain the continuing education certificates of completion for three renewal periods (six years).

   The Board also conducts random CE audits of one-twelfth of one percent of the total active licensing population for each license type (appx. thirty licensees per month, per license type).

   Currently, the Board does not work with the Department to receive primary source verification of CE completion.

b. Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

   The Board conducts random CE audits at the close of each renewal cycle. At the beginning of each month, Board staff randomly audit one-twelfth of one percent of the total active licensing population for each license type (appx. thirty licensees per month, per license type). Audited licensees are required to supply certificates of completion as proof of meeting the continuing education requirements.

   Each audited licensee is given thirty (30) calendar days to respond to the audit. Extensions are granted on a case by case basis. If the licensee fails to respond within the thirty-day timeframe, they are sent a final notice, which allows the licensee an additional fifteen-days to submit the certificates.

Coursework submitted in response to the audit will be evaluated in accordance with CCR § 1016-1017. If the licensee meets the requirements as outlined, the licensee will receive a letter stating they have passed the audit. A licensee that fails to meet the requirements as outlined will receive a citation and fine.

c. What are consequences for failing a CE audit?

If the licensee cannot provide proof of meeting the CE requirements, they are issued a citation and fine. The citation includes an abatement condition requiring the licensee to remediate the deficient CE within a specified period of time. Units required for an order of abatement are not counted toward the minimum number units required for the next renewal.

A licensee who fails to pay the fine or comply with the order of abatement may be referred to the Board's Enforcement Unit for discipline.

d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

As of 04/30/2018, approximately 1050 DDS licenses were audited for continuing education. 195 licensees, or 18.5%, failed the audit.

As of 04/30/2018, approximately 405 RDA licenses were audited for continuing education. 183 licensees, or 45%, failed the audit.

e. What is the board's course approval policy?

Following an application process, the Board approves registered providers to offer continuing education coursework. Excluding mandatory courses, the Board does not approve individual courses offered by a registered provider.

f. Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

Registered providers are approved by the Board. Course outlines, brochures, and/or summaries are required as part of the application process, but the Board does not approve each individual course offered by the provider. As part of the registered provider application process, the provider must certify that they have read CCR § 1016-1017 and BPC § 1645. The code sections provide the standards for registration as an approved provider and list courses recognized by the Board for continuing education credit.

The minimum requirements for course content for all mandated CE courses is set forth in CCR § 1016(b)(1)(A-C). Providers must adhere to the minimum requirements for course content or risk their registered provider status.

Providers are required to submit their course content outlines for Infection Control and the California Law and Ethics courses to the Board for review and approval. A board staff analyst approves the courses based upon the submitted course outline and the course requirements in regulation.

If a provider wishes to make any significant changes to the content of a previously approved mandatory course, the provider is required to submit a new course content outline to the board. A provider may not offer the course until the new course outline is approved.

In accordance with CCR 1016 (i) (1), courses completed through a provider approved by PACE or CERP may also be recognized for continuing education credit.

g. How many applications for CE providers and CE courses were received? How many were approved?

Within the last four fiscal years, the Board received approximately 523 registered provider applications. Of these applications submitted, 413 providers were approved by the Board.

The Board does not approve individual CE courses.

h. Does the board audit CE providers? If so, describe the board's policy and process.

Currently, the Board does not audit CE providers.

i. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.

The Board is not currently planning to implement performance based assessments. The Board does not have the staff resources to implement this on an ongoing basis. If a licensee's competency is questionable, there are mechanisms within the enforcement disciplinary guidelines that require the licensee to prove they are competent to practice.

The Board's continuing education regulations also delineate the types of courses that are acceptable and require continuing education providers to biennially report the courses that have been offered.

Section 5
Enforcement Program

34. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

Performance Targets / Expectations

In addition to the performance measures established with the Department, (see Section 2), The Board initiated the Breeze database system in January 2016, which integrates aggregate data to be shared among all Boards and Bureaus that have initiated Breeze, which was in transition in FY 2016/17 and had an impact on business processes. All enforcement staff had to be retrained and any consumers had to be notified by our staff or website for additional options to file complaints. A new 2017 Strategic Plan was drafted in December of 2016 that assisted in overcoming the transition into Breeze. This has been successful so far as demonstrated by the increases of closures and decrease in pending cases from FY 2016/17 to FY 2017/18. With the new Breeze online interface, the Board's Complaint and Compliance Unit (CCU) is now able to intake online complaints which was not previously possible. FY 2017/18, the Board's CCU developed an internal performance target to reduce the number of cases in its oldest categories (1-2+ years). Through focused case reviews and utility of additional dental consultants, the Enforcement Program has reduced cases in these oldest categories from 354 cases (received FY 2015/16) (22% of overall caseload), to 27 cases (2% of overall caseload) by the end of June 2018. In addition, the Enforcement Program's ongoing efforts to address unlicensed activity resulted in 16 search warrants, 17 felony arrests for unlicensed dentistry, and 51 criminal referrals.

35. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

Trends in Enforcement Data **(Tables 9a & 9b)**

The Board received an average of 3,568 complains per year. This volume has remained fairly consistent over the past 4 years. The average number of complaints originating from Public has seen an increase (8%) and Government Agencies has seen a decrease (11%) in comparison to the previous sunset report averages. After the initiation of the Breeze database system in January 2016, more cases from the Public may be due to the influx of online complaints. Also, with the decrease of cases forwarded by outside agencies possibly due to the Breeze transition, there are more cases being forwarded from other Department of Consumer Affairs entities. Comparing the FY 2016/17 and FY 2017/18 closures have slightly increased (3%). From FY 2016/17 to FY 2017/18 pending cases have decreased (10%). Efficiency of performance has gone up due to internal process efficiencies for CCU which include establishing quota referrals and closures for all consumer service analysts and a focus on reduction of response time for intake staff.

Table 9a. Enforcement Statistics

	FY 2015/16	FY 2016/17	FY 2017/18
COMPLAINT			

Intake			
Received	3103	3283	3068
Closed	3044	3171	3181
Referred to INV	1550	3280	3092
Average Time to Close	11	6	11
Pending (close of FY)	79	59	31
Source of Complaint			
Public	2542	2517	2418
Licensee/Professional Groups	137	148	132
Governmental Agencies	491	397	595
Other	392	529	407
Conviction / Arrest			
CONV Received	459	308	484
CONV Closed	437	284	393
Average Time to Close	12	3	7
CONV Pending (close of FY)	3	10	14
LICENSE DENIAL			
License Applications Denied	10	7	12
SOIs Filed	10	7	12
SOIs Withdrawn	0	3	4
SOIs Dismissed	0	1	0
SOIs Declined	0	2	0
Average Days SOI	1125	1192	1531
ACCUSATION			
Accusations Filed	76	94	75
Accusations Withdrawn	10	7	12
Accusations Dismissed	2	1	2
Accusations Declined	3	0	0
Average Days Accusations	674	481	810
Pending (close of FY)	210	228	194
DISCIPLINE			
Disciplinary Actions			
Proposed/Default Decisions	22	8	43
Stipulations	61	44	70
Average Days to Complete	1645	1613	1863
AG Cases Initiated	170	173	197
AG Cases Pending (close of FY)	210	228	262
Disciplinary Outcomes			
Revocation	19	17	16
Voluntary Surrender	11	11	12
Suspension	0	0	0
Probation with Suspension[1]	2	2	3
Probation[2]	54	58	71
Probationary License Issued	16	1	9
Other	0	0	2
PROBATION			
New Probationers	60	60	41
Probations Successfully Completed	35	35	55
Probationers (close of FY)	35	48	67
Petitions to Revoke Probation	4	4	6
Probations Revoked	9	8	3

Probations Modified	19	10	7
Probations Extended	1	1	2
Probationers Subject to Drug Testing	16	13	17
Drug Tests Ordered	273	217	164
Positive Drug Tests	27	11	11
Petition for Reinstatement Granted	12	9	2
DIVERSION			
New Participants	8	5	4
Successful Completions	3	5	3
Participants (close of FY)	20	13	21
Terminations	0	0	9
Terminations for Public Threat	1	0	0
Drug Tests Ordered	1040	899	640
Positive Drug Tests	5	8	3

The number of complaints opened in response to criminal arrests and convictions has Seen a substantial decrease (52%) from the previous reporting period. The Board has continued to make an effort to record and track a greater range of criminal events reported on its licensees, as well as the implementation of CCR 1008 which became effective in July 2011. Known as *Retroactive Fingerprinting*, this regulation required that a licensee must furnish a full set of fingerprints to the Department of Justice (DOJ) as a condition of renewal with the Dental Board if the licensee was initially licensed prior to 1999 or if an electronic record of the fingerprint submission no longer exists. This may be related to the decrease in cases forwarded by outside agencies.

The number of license denials on average have doubled. We continue using the authority under B&P Code §480, as amended in 2012, the Board has issued probationary licenses to applicants with less egregious conviction records that may have previously been denied. Some applicants, following a Statement of Issues hearing, and based upon the findings and recommendation of an administrative law judge, have been issued full and unrestricted licenses. This process ensures licensees are rehabilitated and thereby enhances consumer protection.

Table 9b. Enforcement Statistics (continued)			
	FY 2015/16	FY 2016/17	FY 2017/18
INVESTIGATION			
All Investigations			
First Assigned	3562	3591	3552
Closed	3481	3455	3574
Average days to close	246	270	322
Pending (close of FY)	1858	2360	2113
Desk Investigations			
Closed	2675	2625	2642
Average days to close	141	138	198
Pending (close of FY)	1003	1375	1279
Non-Sworn Investigation			
Closed	259	165	373
Average days to close	622	609	551
Pending (close of FY)	312	364	341
Sworn Investigation			
Closed	547	665	559
Average days to close	531	540	569
Pending (close of FY)	543	621	493
COMPLIANCE ACTION			
ISO & TRO Issued	0	0	0
PC 23 Orders Requested	4	6	0
Other Suspension Orders	4	6	0
Public Letter of Reprimand	14	34	21
Cease & Desist/Warning	0	0	0
Referred for Diversion	3	1	4
Compel Examination	1	2	3
CITATION AND FINE			
Citations Issued	47	56	64
Average Days to Complete	118	753	629
Amount of Fines Assessed	102,050	44,750	52,065
Reduced, Withdrawn, Dismissed	0	5,000	4,800
Amount Collected	37,950	38,250	34,665
CRIMINAL ACTION			
Referred for Criminal Prosecution	47	20	14

Performance Barriers

Caseloads - Average days for case closure increased for Sworn Investigations by 7% from FY 2015/16 to FY 2017/18. Average days for case closure for all investigations increased by 30% from FY 2015/16 to FY 2017/18, although the Board has received an augmentation in enforcement staffing levels from CPEI, the caseload per investigator continues to remain significantly higher than other programs within DCA. In addition to an investigation caseload, Dental Board investigators also carry a probation monitoring caseload averaging 10 per sworn investigator, Special Investigators, Associate Governmental Program Analyst and Inspectors.

In general, the enforcement time commitment to manage a probationary licensee is four times greater than an investigation due to the number of meetings and quarterly reports that may be required. The Board is studying this trend to determine if internal changes will be sufficient to address this or if a BCP will be necessary to add staff dedicated strictly to these tasks by creating a probation monitoring Unit. High caseloads can adversely affect performance when staff is diverted from their work by competing demands.

AGENCY	AVERAGE CASES PER INVESTIGATOR
Dental Board of California	**50**
Department of Investigations	**25**

With the integration of the Breeze database system in January 2016, a barrier to our performance has been the increase in pending investigations from 1858 in FY 2015/16 to 2360 in FY 2016/17. Through transition, the Board has experienced slight backlog in all sectors of the enforcement process while all staff were training in the new system. It was a department-wide decision to hand-pick several key personnel who specialized in certain areas of the enforcement process to undergo Breeze instructor training and User Acceptance Training (UAT) to find any glitches or errors that would impede the investigation process. The time that valuable staff were utilized more than likely contributed to the backlog. Also, additional duties have been added to statistical analysts to consistently audit the data entry for enforcement cases.

Improvements

The Complaint and Compliance Unit (CCU) are in place to continuously offer universal training to all staff and the implementation of desk audits are done consistently to improve the accuracy of data retrieved from the Breeze system. The improvement plans success is demonstrated by the decrease in pending cases in FY 2017/18 to 2113 which are still improving moving forward.

Efficiency of performance has gone up due to internal process efficiencies for CCU which include establishing quota referrals and closures for all consumer service analysts and a focus on reduction of response time for intake staff. The Enforcement Program has implemented several processes to accomplish these reductions including:

- Conducting (at minimum) quarterly desk audits and/or case reviews. Case reviews ensure investigative time is focused on highest priority cases, provides guidance, and provides accountability
- Providing managers with a variety of statistical information to measure individual

performance and expectations

- Increasing training for enforcement staff. In addition to attendance at the Department's Enforcement Academy, Special Investigators and analysts in the Investigative Analysis Unit (IAU) attended the National Certified Investigator and

Inspector Training provided by the Council on Licensure, Enforcement & Regulation (CLEAR). These courses provide advanced report writing skills in addition to investigative techniques and resources to staff without prior enforcement experience.

Dental Board increased its citation process and the issuance of citations have increased each Fiscal Year (36%), FY 2015/16: 47 citations, FY 2016/17: 56 citations and FY 17/18: 64. the Dental Board has expanded the scope of its use of cite and fine (beyond record production and inspections) to address a wider range of violations that can be more efficiently and effectively addressed through a cite and fine process with abatement and/or remedial education outcomes.

The number of accusations filed on behalf of the board has also remained relatively constant over the last 8 years. However, the average number of days to complete a case that has been referred to the Attorney General's Office for disciplinary action has continue o increase from 1645 days in 2015/16 to 1863 days in 2017/18 (over 13%). The table below further illustrates the days between case referral, filing of an action and case conclusion.

Table 10. Enforcement Aging						
	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	23	14	17	9	63	8%
1 - 2 Years	24	32	22	15	93	12%
2 - 3 Years	21	22	24	34	101	14%
3 - 4 Years	12	13	21	59	105	14%
Over 4 Years	70	82	68	166	386	52%
Total Attorney General Cases Closed	150	163	152	283	748	100%
Investigations (Average %)						
Closed Within:						
90 Days	1700	1191	1471	1232	5597	29%
91 - 180 Days	1031	966	432	394	2823	20%
181 - 1 Year	664	821	813	1045	3343	23%
1 - 2 Years	297	289	417	552	1555	11%
2 - 3 Years	135	109	202	173	619	4%
Over 3 Years	118	105	117	178	518	3%
Total Investigation Cases Closed	3945	3481	3455	3574	14455	100%

36. What do overall statistics show as to increases or decreases in disciplinary action since last review?

Disciplinary Action Trends

Most disciplinary outcomes have shown little change. However, Public Reprimands and Citation and Fines have increased slightly.

Enforcement Aging - The Board has placed a high priority on case aging and has made great strides in reducing the number of cases in its oldest categories. In investigations, cases over three years old were consistent and maintained throughout the transitioning to the Breeze database (4%). For AG cases, older cases for closures over three years old increased to 52% as they are also dependent on how long the AG retain each case.

37. How are cases prioritized? What is the board's compliant prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.

The Board follows the case prioritization guidelines set forth in DCA's August 31, 2009, memorandum titled, "*Complaint Prioritization for Health Care Agencies*." Those guidelines are utilized during the Board's complaint intake process, as well as during its investigation processes. However, the Board recognizes that these guidelines offer general parameters -they do not apply uniformly to each case.

As the Board's mission is to protect the health and safety of California's consumers, it uses the 2009 guidelines, but it does so *in conjunction with* the background of the complaint/allegation. The nature of the complaint and its attendant details must be taken as a whole in order to designate the complaint with the appropriate priority, and then assign the investigation to the staff person who can best work the case.

During complaint intake, the standard is for cases to be prioritized -with prime consideration assigned to those cases where there has been or is likely to be imminent consumer harm/injury. Allegations involving patient death, sexual misconduct, pharmaceutical and/or substance abuse or physical/mental incapacity, as well as unlicensed activity will receive an urgent priority, depending on the specifics of the allegation, and would be immediately referred to a sworn Investigator.

After these highest urgency cases are assigned, the investigator prioritizes it within his/her existing caseload. Factors the investigator, in turn, takes into consideration include, but are not limited to, actual or potential consumer harm, applicable criminal and/or administrative statute of limitations, and travel requirements.

Urgent cases may reveal the need for immediate action, e.g., an interim suspension order (ISO), a temporary restraining order (TRO), or compelling a licensee to undergo a mental or physical examination to determine his/her ability to practice.

Complaints and investigations evaluated as having a "high" (as opposed to "urgent") priority level includes allegations relating to actions that *do not pose an immediate threat* to the public's health, safety, or welfare. For example, cases alleging negligence and/or incompetence, physical or mental abuse (without injury), prescription-related allegations, unlicensed activity, aiding and abetting unlicensed activity, or multiple prior complaints.

Depending on the purported facts behind the allegation, high priority cases may be assigned to a sworn Investigator, or to non-sworn staff, i.e., Special Investigators. As with the aforementioned urgent cases, the sworn and non-sworn investigators prioritize them within their caseload.

Complaints deemed to be "routine" include, for example, allegations relating to general quality of care, fraud, patient abandonment, documentation/records, DOJ conviction notifications, out-of-state discipline, and malpractice settlements/judgments.

These "routine" investigations may be assigned to Investigators, non-sworn Special Investigators, or an Enforcement Analyst. After assignment, these, too, are prioritized within the assigned staff's caseload.

38. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

    a. What is the dollar threshold for settlement reports received by the board?

The Board relies on several reporting requirements to aid in identifying violations of the DPA.
BPC § 801(c) requires providers of professional liability insurance report to the Board dental malpractice settlements or arbitration awards, when the payment exceeds $10,000. Insurers are

required to notify the Board of the awards within 30 days of the signed settlement agreement, or within 30 days after service of the award. The Board's primary source for these reports is TDIC (The Dentists Insurance Company). BPC § 802 obligates licensees who are not covered by professional liability insurance to report to the Board, within 30 days, any settlement, judgment, or arbitration award over $3,000.

BPC §803 specifies that, after a judgment of more than $30,000 by a California court, the Clerk of that court must report the judgment to the Board within ten days. With reference to judgments, it should be noted that judgments do not automatically or intrinsically meet the criteria for taking disciplinary action. As with routine complaints received by the Board, before it can be decided what course of action to take as a result of a judgment, the Board must obtain patient releases; as well as dental, medical and/or legal records. If the Board is not able to get the patient's release(s), then it may have to turn to the sometimes-unwieldy subpoena process in order to obtain necessary records. BPC § 805 et seq. mandates that peer review bodies, health care service plans, dental societies, and committees that review care, report to the Board (within 15 days) whenever any of the following occurs:

A licentiate's application for staff privileges or membership is denied or rejected for a medical disciplinary cause or reason.

- A licentiate's membership, staff privileges, or employment is terminated or revoked for a medical disciplinary cause or reason.
- Restrictions are imposed, or voluntarily accepted, on a licentiate's staff privileges, membership of employment for a cumulative total of 30 days or more for any 12-month period for a medical disciplinary cause or reason.
- The imposition of summary suspension of a licentiate's staff privileges, membership, or employment, if the suspension remains in effect for more than 14 days.

BPC §1680(z) requires licensed dentists to self-report any patient death within seven days of discovery that it may be related to dental treatment. Dentists are also required to notify the Board of the removal to a hospital or emergency center for medical treatment of any patient to whom oral conscious sedation, conscious sedation or general anesthesia was administered or any patient as a result of dental treatment.

In addition to reporting treatment-related incidents, CCR § 1018.05(b) became operative on March 9, 2012. As a result, the Board's licensees are now required to report to the Board, within 30 days:

- The bringing of an indictment or information charging a felony against the licensee.
- The conviction of the licensee of any felony or misdemeanor. (This requirement excludes traffic infractions unless that conviction includes a fine of $1,000 or more, or if the conviction involves alcohol or controlled substances.)
- Any disciplinary action taken by another professional licensing entity - be it from California, another state, the federal government, or the United States military.

Under the provisions of PC §11105.2, the DOJ sends reports to the Board when licensees are arrested, convicted of a crime, violate terms of their criminal probation or have been placed in custody. The DOJ notifications are generated as a result of applicant fingerprint requirements, or arrests/convictions occurring subsequent to licensure. Despite this provision, the Board has encountered instances when local law enforcement entities and/or courts may fail to submit arrest and conviction information to the DOJ.

Consequently, it is not uncommon for the Board to receive incomplete information such as a DOJ notification of a licensee's conviction (reported from the court) without having been previously notified of the arrest information by the law enforcement agency which initiated the event.

For example, DOJ might notify the Board of a licensee's misdemeanor or felony Driving Under the Influence (DUI) conviction. Board staff initiate action to collect both the arrest information and the charging documents from the court to determine the underlying acts which resulted in the conviction. In some cases, after obtaining the necessary documents, the Board has learned the licensee may have had prescription drug charges or multiple DUI arrests that could signal a more immediate threat to public safety. Although the Enforcement Program will escalate an investigation such as this to address impaired practitioner or drug diversion allegations, a significant amount of time has already passed by the time a conviction has taken place. This historical arrest/conviction information "gap" could be corrected if law enforcement and courts were required to report all arrests and convictions to DOJ. However, imposing and implementing such a requirement may likely be cumbersome, impractical, and unfeasible.

b. What is the average dollar amount of settlements reported to the board?

BPC § 801(c) requires providers of professional liability insurance report to the Board dental malpractice settlements or arbitration awards, when the payment exceeds $10,000. Insurers are required to notify the Board of the awards within 30 days of the signed settlement agreement, or within 30 days after service of the award. The Board's primary source for these reports is TDIC (The Dentists Insurance Company). BPC § 802 obligates licensees who are not covered by professional liability insurance to report to the Board, within 30 days, any settlement, judgment, or arbitration award over $3,000.

BPC §803 specifies that, after a judgment of more than $30,000 by a California court, the Clerk of that court must report the judgment to the Board within ten days. The average judgement / Settlement reported to the board is approximately $60,000.00.

39. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

a. What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?
b. What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

c. What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

Prehearing settlements and stipulated settlements are possible in nearly all discipline cases. Prehearing stipulations are mediated by an Administrative Law Judge and stipulated settlement are mediated between the office of the Attorney General on behalf of the Board and the accused licentiates. The cost of prosecuting a case during an administrative process and the uncertain outcome of prosecuted cases causes prehearing settlement to be a sensible option for the Board. The Board's goal is to achieve prehearing settlement terms that would have been achieved in the event that the case had been considered and a proposed decision had been rendered by an Administrative Law Judge. The number of pre-accusation cases that were settled were 136 and post-accusation cases were 210. The percentage in the past four years, in cases that resulted in administrative hearing is 26% and 52% resulted in stipulated settlement.

40. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

Statute of Limitations

When it comes to prioritizing and managing its cases, the Board uses administrative and criminal statutes of limitations as one of the key components of its approach to investigation timeframes. As a result, the Board has only experienced a limited number of cases that were unable to be completed before that statute of limitations had elapsed.

Fiscal Year	FY 14/15	FY 15/16	FY 16/17	FY 17/18
Cases closed due to statute of limitations	0	1	5	5

Per PC § 799 *et seq*., California has numerous specified offenses with different statute of limitations for each. With some exceptions, the statute of limitations for misdemeanors is commonly within one year after the date of the offense, and lesser felonies generally have a three-year statute of limitations. BPC §1670.2 addresses the time limits on initiating proceedings for violations of the DPA. Administrative proceedings initiated by the Board are required to be filed within three years after the Board discovers the act or omission alleged as the grounds for disciplinary action, or within seven years after the aforesaid act or omission occurred, whicheveroccurs first.

As a safeguard, the Board uses the date the complaint is received as the initiation of the statute. However, until patient treatment records can be obtained, along with a subject response and reviewed by a Dental Consultant, the Dental Board considers the Dental Consultant's opinion as the date of "discovery."

Factors that contribute to statute problems include delays by the patient to file a complaint in a timely manner, delays in obtaining a patient release for their dental treatment records, delays by the licensee to provide a complete and diagnostic patient chart, and investigative priorities within individual caseloads.

Records and information requests, when coupled with referrals to Consultants and/or specialists, can consume up to six months on the statute of limitations "clock." In instances when licensees do not comply with the Board's repeated requests for records, (BPC §1684.1 requires that requested

records be provided within 15 days.) citations are issued to gain compliance. These obstacles (uncooperative licensees, the citation process) can delay having a case assigned to investigation and, as such, further restrict available working time before the statute of limitations becomes imminent.

Investigative staff's standard practice is to, "Work your oldest cases first", with the goal to close cases before they are 365 days old (after assignment). Board Managers and Supervisors use monthly reports to monitor case activity and aging. This enables them, when needed, to take the necessary steps to ensure their subordinates are actively working cases, and completing investigations well before they meet the statute of limitations.

With reference to administrative action, the Board's investigative staff works in conjunction with the Office of the Attorney General (OAG) for the filing of an administrative Accusation. The Board recognizes that the OAG is constrained by its own staffing, processing, and timeline issues. As such, when referring cases to the OAG for disciplinary action, the Board's strategy is to refer those cases *at least* three months before they reach statute.

41. Describe the board's efforts to address unlicensed activity and the underground economy.

The Board receives approximately 150 reports of unlicensed activity annually. These cases are generally investigated during office visits and inspections and may result in the issuance of a warning notice or citation.

Of greater concern are the true unlicensed dentistry cases that are reported. Although only compromising about 4% of the enforcement caseload, these cases often include patients with infections caused by unsanitary conditions, injections of anesthetics, and distribution of controlled substances. Frequently involving undocumented and non-English speaking patient/complainants, investigating these allegations presents numerous challenges.

Operatories have been found in run-down residences, garages, and nonmedical commercial locations (barber shops, dental labs, or spas). Suspects are often transient, moving among numerous locations to avoid detection. Patients are often reluctant to come forward due to cultural mistrust of law enforcement combined with their undocumented status. Fortunately, the Board's enforcement program has several bilingual investigators whose combined skills have allowed them to establish trust with complainants, obtain the necessary information to investigate the cases, and have resulted in many successful criminal prosecutions.

In June of 2018, to address the growing number of unlicensed activity cases in Southern California, the enforcement program established a Task Force approach. Cases were evaluated and sorted based on case age, location, and staff resources. A focused effort to visit unlicensed locations and determine whether the suspect(s) were still in operation or had moved on. Teams were developed and assigned unlicensed cases in a specific geographical area. A Supervising Investigator were assigned to oversee the operations of their team. During the five -day operation, staff from both our northern and southern offices worked collaboratively to contact as many locations as feasible. The teams performed surveillance and undercover operations to determine if the suspect(s) were still in business. Over 50 locations were targeted. The effort resulted in:

- Six (6) misdemeanor citations; Unlicensed practice of dentistry.

- Two (2) misdemeanor citations; Aiding and Abetting the unlicensed practice of dentistry.
- One (1) request for an arrest warrant for the unlicensed practice of dentistry.
- Fifteen (15) Field admonishment.

In total, 51 unlicensed activity cases were investigated in one week. Cases were closed and or pending closures referrals to the Los Angeles County District Attorney's

Cite and Fine

42. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the $5,000 statutory limit?

BPC §125.9 authorizes the Board to issue citations and fines for violations of the DPA.

BPC §1611.5 is the guiding statute in use by the Board's Inspection staff to review patient records and facilities to ensure a safe and sanitary experience for dental patients, and maintain compliance with CalOSHA and Infection Control regulations.

BPC §1684.1(a)(1) authorizes the Board to issue administrative citations to dentists who fail to produces requested patient records within the mandated 15-day time period. The Board continues to hold licensees accountable to this timeframe and issues citations with a $250/day fine, up to $5,000 maximum.

As discussed in the previous review, the Board has expanded the scope of its use of cite and fine (beyond record production and inspections) to address a wider range of violations that can be more efficiently and effectively addressed through a cite and fine process with abatement and/or remedial education outcomes.

43. How is cite and fine used? What types of violations are the basis for citation and fine?

Citations including remedial education may be used as abatement when patient harm is not found, but the quality of care provided to the consumer is substandard. The length of time before administrative discipline could result is also taken into consideration when determining whether a case is referred for an accusation or an administrative citation is more appropriate to send a swift message regarding unprofessional conduct or to achieve prompt abatement.

When issuing citations, the Board's goal is not to be punitive. Rather, the Board seeks to protect California consumers by getting the subject dentist's attention, re-educating him/her as to the DPA, and emphasizing the importance of following dental practices that fall within the community's standard of care.

When deciding whether to issue a citation and an appropriate corresponding fine, factors such as the following are taken into account:

- Nature and severity of the violation
- Length of time that has passed since the date of violation
- Consequences of the violation, e.g., potential or actual patient harm
- History of previous violations of the same, or similar, nature

- Evidence that the violation was willful
- Due process and the spirit of justice

Examples of "lesser" violations of the DPA that may not warrant referral to the OAG, but where a citation and fine may be more appropriate, include documentation issues (e.g., deficient records/recordkeeping), advertising violations, failure to keep up with continuing education requirements, unprofessional conduct for the failure to disclose or report convictions (e.g., DUI), and disciplinary actions taken by another professional licensing entity.

In addition to using citations as a tool to address less egregious violations that would not otherwise result in meaningful discipline, the Board views citation as a means of establishing a public record of an event that might otherwise have been closed without action, and thereby remain non-disclosable. Moreover, citations can address skills and training concerns promptly.

As noted above, the Board issues administrative citations to dentists who failed to produce requested patient records within the mandated 15-day time period. An emerging trend and challenge is the increase in situations where the licensee is no longer in possession of the records sought. Although this may be related to the sale of a practice, instances when the licensee has abandoned the practice and its contents are becoming more common. This issue has been identified as a future regulatory priority.

Dental Board increased its citation process and the issuance of citations have increased each Fiscal Year (36%), FY 2015/16: 47 citations, FY 2016/17: 56 citations and FY 17/18: 64.

Board deems it critical to remember that, when it issues citations, its goal is not to be punitive. Rather, the Board uses citations as a tool to protect the health and safety of California's consumers by gaining dentists' compliance and/or helping them become better dental care providers by re-educating them as to the DPA.

44. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

INFORMAL CONFERENCE REQUESTS				
	FY 14/15	FY 15/16	FY 16/17	FY 17/18
Volume of Informal Conferences	2	0	3	6
Average Fine Pre-Appeal	$7775	$3275	$1027	$760
Average Fine Post-Appeal	$5925	0	$900	$650
Administrative Procedure Act appeals	0	0	0	0

45. What are the 5 most common violations for which citations are issued?

Board's top five most common violations for which citations are Issued:

CODE SECTION	VIOLATION CHARGED
BPC §1684.1	Failure to produce patient records
BPC §1680 (ad)	Failure to follow Infection Control guidelines

BPC §1680 (dd)	Failure to comply with Blood Borne Requirements
BPC §1670	Grounds for action: Conduct of proceedings
CCR §1018.05 (b)	Unprofessional Conduct

46. What is average fine pre- and post- appeal?

47. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

Presently, the Board does not use the FTB program to collect citation fines. BPC § 125.9 authorizes the Board to add the amount of the assessed fine to the fee for license renewal. In the event that a licensee fails to pay their fine, a hold is placed on the license and it cannot be renewed without payment of the renewal fee and the fine amount. This statute also authorizes the Board to take disciplinary action for failure to pay a fine within 30 days from the date issued, unless the citation is appealed. The board uses these administrative tools for collecting outstanding fines.

Cost Recovery and Restitution

48. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

The Board's continues its policy and practice to request full cost recovery for all of its criminal cases as well as those that result in administrative discipline.

As a result of the Board's investigation and prosecution, a licensee is disciplined through the administrative process, BPC §125.3 authorizes the Board to request reimbursement for costs incurred as a result of that investigation and prosecution.

The Board's request for recovery is made to the presiding ALJ who decides how much of the Board's expenditures will be remunerated. The ALJ may award the Board full or partial cost recovery, or may reject the Board's request. In addition to cost recovery in cases that go to hearing, the Board also seeks cost recovery for its settlement cases.

When a Petition for Reinstatement is granted, and there are outstanding costs from the revocation or surrender proceeding, the ALJ may order full or partial recovery of costs for the Board.

49. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

Full cost recovery is always requested at the onset of administrative cases. In the case of revocations or surrenders, the ordered costs are pended by the Board in the event the former licensee later returns and petitions for reinstatement. These outstanding costs may be ordered as a condition prior to reinstatement (if granted), or may be incorporated into a payment plan as a probationary condition.

50. Are there cases for which the board does not seek cost recovery? Why?

The Board's authority only allows for cost recovery to be imposed against *licensees,* therefore, the Board is unable to seek cost recovery in Statement of Issues (SOI) cases. A SOI case is initiated

when the Board denies an applicant a license; and the applicant appeals the denial pursuant to BPC § 485.

51. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

The Board is currently working towards increasing our participation in this program and is identifying appropriate cases that can be enrolled. Challenges will remain in instances when the license has been surrendered or revoked, and the former licensee has employment challenges resulting in their inability to generate a taxable income.

52. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

At present BPC § 129(c) provides for the Board's ability to request appropriate relief for a complainant, including the ability to meet and confer in order to mediate a complaint. However, the Dental Board does not have the regulatory authority to order restitution to consumers in administrative cases. In some instances, an ALJ may impose restitution in addition to cost recovery and other conditions of a disciplinary order as seen in the table below. In these circumstances, when the licensee submits restitution payments, the Board will track compliance and transfer the payments to designated parties.

In unlicensed activity cases, restitution may also be ordered as a part of the criminal penalty. The Board is unable to track how much is collected for the victims because the funds are paid directly to the court.

Table 11. Cost Recovery (list dollars in thousands)

	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
Total Enforcement Expenditures				
Potential Cases for Recovery *	79	95	105	167
Cases Recovery Ordered	109	110	98	79
Amount of Cost Recovery Ordered	765,525	694,135	865,741	653,283
Amount Collected	519,020	421,548	636,715	280,875

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the dental practice act.

Table 12. Restitution (list dollars in thousands)

	FY 2014/15	FY 2015/16	FY 2016/17	FY 2017/18
Amount Ordered	0	20,536	0	0
Amount Collected	0	20,536	0	0

Section 6
Public Information Policies

53. How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

    The Board maintains an email list of all interested parties and sends out web-blasts to these individuals each time something new is posted on the website. All Board meeting materials are posted online at least one week prior to each meeting, along with draft minutes from the prior meeting. Meeting materials remain online indefinitely; final meeting minutes are posted as soon as the Board approves them and remain online indefinitely.

54. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long to webcast meetings remain available online?

    The Board has been webcasting all of the public Board and Committee meetings since 2012, and plans to continue webcasting all of its public Board and Committee meetings. Webcasts are archived online for three years.

55. Does the board establish an annual meeting calendar, and post it on the board's web site?

    The Dental Board establishes the following year's meeting dates at the August Board meeting and posts them on the website immediately.

56. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

    As the Board's mission is to protect the health and safety of California's consumers, it is committed to ensuring the public is provided with information related to enforcement actions against its licensees consistent with DCA's Consumer Complaint Disclosure policy as well as the Department's Guidelines for Access to Public Records. In addition to posting discipline documents on the licensee's verification page on the web site, the Board posts a monthly Hot Sheet that is a listing, by name, of all disciplinary actions or licensing denials initiated or finalized in that month.

57. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

    The Board provides on the internet, information on the current status of every license that has been issued, pursuant to BCP § 27. The public can view disciplinary history and can access disciplinary documents, including but not limited to accusations, suspensions, and revocations.

58. What methods are used by the board to provide consumer outreach and education?

The board has been restricted in its efforts to provide consumer outreach and education due to staffing issues and travel restrictions over the last few years. The Board strives to provide as much information to California consumers as possible via its website. The Board has informational items that are posted online including how to file a complaint and the enforcement process. The Board also has a sign-up for its online e-mail list and has Frequently Asked Questions with answers, on its home page.

When the Department sends a representative to the State or local county fairs, the Board participates by sending a staff representative, along with informational brochures, including licensing and permit application information for distribution.

Section 7
Online Practice Issues

59. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

The Board actively investigates and prosecutes violations of Business and Professions Code Sections 4067 and 2242.1, which prohibit any person or entity from dispensing or furnishing any dangerous drug or device on the internet for delivery to any person in this state without a prescription issued pursuant to an appropriate prior examination and dental/medical indication. If an individual is not licensed in the State of California, the additional charge of Business and Professions Code Section 1701.1 (practicing dentistry without a license) will be sought. The Board regularly investigates inappropriate/illegal drug prescribing, although most is unrelated to internet sales.

More frequently, the Board receives complaints regarding online advertising violations, including licensees who are claiming superiority in their treatments and products. Such complaints are appropriately dealt with by the use of cease and desist letters, and citations.

In advertising cases involving the use of neurotoxins or injectable fillers, the Board investigates whether the products are offered for treatment of a bona fide dental condition (including Temporomandibular Joint Disorders (TMJ)), or are offered for strictly cosmetic purposes. These cases may facilitate an undercover operation to confirm the illegitimate use which may result in a citation, administrative action against the licensee or criminal charges filed for unlicensed practice of dentistry or medicine.

The Board has also received complaints of unlicensed denturists advertising to create dentures for customers without a prescription from a licensed dentist. These types of complaints may result in an undercover visit to confirm whether dentistry is taking place, which could result in furtherance of a search warrant, arrest and conviction, or merely an investigator confirming that the location is a legitimate dental lab.

Although these issues have been limited in volume, if the Board were to identify a trend where problematic issues increase regarding dental practice on the internet, we would work with staff to develop a regulatory means to address it.

Section 8
Workforce Development and Job Creation

60. What actions has the board taken in terms of workforce development?

The Board is currently participating in two legislatively mandated programs to gather work force data in order to address issues relating to access to care. The requirements for this data collection are found in two pieces of legislation which were signed into law in 2007: AB 269 (Chapter 262, Statutes of 2007) and SB 139 (Chapter 522, Statutes of 2007).

AB 269

The Board has been collecting workforce data, pursuant to the requirements outlined in AB 269 (Eng) (Chapter 262, Statutes of 2007) since January 1, 2009. It was the intent of the Legislature, at that time, to determine the number of dentists and licensed or registered dental auxiliaries with cultural and linguistic competency who are practicing dentistry in California. The bill further stated that "Collecting data on dentists and dental auxiliaries serving any given area allows for the consistent determination of the areas of California that are underserved by dentists and dental auxiliaries with cultural or linguistic competency." Ironically, the ethnic background and foreign language fluency questions on the survey are optional.

In accordance with AB 269, the Board developed a work force survey, which each licensee (dentist and registered dental assistant) is required to complete upon initial licensure and at the time of license renewal. The survey questions include:

- License Number
- License Type
- Employment Status (see attached survey for detail)
- Primary Practice Location (by zip code and number of hours worked at that location)
- Secondary Practice Location (by zip code and number of hours worked at that location)
- Postgraduate Training
- Dental Practice/Specialty and Board Certifications or Permits
- Ethnic Background (which is optional)
- Foreign Language Fluency, other than English (which is also optional).

The survey does not include questions related to earnings and benefits, job satisfaction, temporary departure from practice, or future plans of working licensees.

The on-line results of the survey are combined with the survey results that are manually input by staff into one data file. The Department downloads the raw data to the Board's website, per legislation, on or before July 1 of each year.

SB 139

In accordance with SB 139 (Chapter 522, Statutes of 2007), the Office of Statewide Health Planning and Development (OSHPD) established a health care workforce clearinghouse to serve as the central source of health care workforce and educational data in the state. The clearinghouse is responsible for the collection, analysis, and distribution of information on the educational and employment trends for health care occupations in California. The activities of the

clearinghouse are funded by appropriations made from the California Health Data and Planning Fund in accordance with HSC § 127280 (h).

OSHPD works with the Employment Development Department's Labor Market Information Division, state licensing boards, and state higher education entities to collect, to the extent available, all of the following data:

- The current supply of health care workers, by specialty.
- The geographical distribution of health care workers, by specialty.
- The diversity of the health care workforce, by specialty, including, but not necessarily limited to, data on race, ethnicity, and languages spoken.
- The current and forecasted demand for health care workers, by specialty.
- The educational capacity to produce trained, certified, and licensed health care worker, by specialty and by geographical distribution, including, but not necessarily limited to, the number of educational slots, the number of enrollments, the attrition rate, and wait time to enter the program of study.

After the data is collected, OSHPD prepares an annual report to the Legislature that does all of the following:

- Identifies education and employment trends in the health care profession.
- Reports on the current supply and demand for health care workers in California and gaps in the educational pipeline producing workers in specific occupations and geographic areas.
- Recommends state policy needed to address issues of workforce shortage and distribution.

The Board, along with six other DCA healing arts boards, participated in the Clearinghouse Database design phase of the project (data collection). A Memorandum of Understanding was entered into between the Board and OSHPD in December 2011 and data is being collected, the results of which can be found in the OSHPD Facts Sheets for Dentists, RDAs, and RDHs that are available at: http://www.oshpd.ca.gov/hwdd/hwc/.

In addition, the Board has had some preliminary discussions relative to increasing workforce capacity in the light of Federal Healthcare Reform. Those discussions always include the need to increase capacity in underserved and rural areas because those are the places where there is consistently a need.

We want our vision and values to be reflective of the consumers and professionals in the state and as such they are always a work in progress. We left our Strategic Plan open-ended so that we could revisit and expand on it. That work will be accomplished in future meetings.

Additionally, Health Care reform can provide the Board with opportunities to increase access to care through our strategic goals of being proactive about legislative solutions, and conducting outreach programs to discuss public policy issues on health care. In these, we see an opportunity to impact dental health.

The Board has worked with interested parties on workforce issues such as the Healthcare Manpower Pilot Project, and has developed new pathways to licensure such as licensure by residency and licensure by credential. The Board sponsored legislation that will allow students

attending a California dental school an alternate pathway to licensure, referred to as the portfolio pathway.

61. Describe any assessment the board has conducted on the impact of licensing delays.

The Board is fortunate to not have experienced any licensing delays. The Board is currently issuing licenses within 30 days of receipt of a complete application package.

62. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The Board provides outreach presentations every year at the dental schools, professional conferences and to local dental societies. When the Board conducts presentations we educate the student population, faculty and dental community about the laws related to the profession, the Board, and its composition, purpose and the various licenses, permits and certifications the Board issues.

The Board also sends email blasts to the public and dental industry offering information that pertains to potential licensees (students) regarding the examination process and licensure. The Board has also been able to network with professional organizations such as the California Dental Association (CDA), California Association of Oral and Maxillofacial Surgeons (CALAMOS), California Academy of General Dentists, California Academy of Pediatric Dentistry, the California Association of Dental Assisting Teachers (CADAT), the California Association of Dental Assistants (CDAA), and the California Association of Orthodontists. The Board meets with the Deans of the dental schools on a regular basis to discuss the new portfolio pathway to licensure. In addition, the Board staffs an informational booth at the CDA annual convention which is held twice per year. At the convention, the Board has staff on hand to answer questions from licensees, students and applicants on the licensure pathways and the laws related to the profession.

The Board has partnered with the DHCC in conducting several outreach lectures at the local colleges and universities. We discussed the makeup of the Board, its function, licensure requirements, and the licensing process.

Additionally, the Board posts updatesfpractica pertaining to licensing requirements and the licensing process on the webpage, as well as having a link to this information. The Board has developed a newsletter that is emailed to all subscribers, potential licentiates, and all interested parties on a quarterly basis.

63. Describe any barriers to licensure and/or employment the board believes exist.

The Board is not aware of any current barriers to licensure or employment. However, the Board is anticipating a possible barrier to the efficient and effective processing of applications and examinations for those applying to become a RDA.

On April 6, 2017, the Dental Board of California (Board) held a special meeting to discuss the findings of the review of the Registered Dental Assistant (RDA) practical examination conducted by the Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA). After reviewing the findings of the report, the Board voted to suspend the administration of the RDA practical examination effective immediately and until July 1, 2017.

Pursuant to Business and Professions Code Section 1752.1 at that time, the suspension of the practical examination could only remain in effect until July 1, 2017. After this date, the exam would have been reinstated as a requirement for RDA licensure.

Between April 6 and July 1, 2017, the Board licensed registered dental assistant candidates who had completed all other licensing requirements except passage of the practical exam. Also during this time, the Board sought an author to carry urgency legislation that would continue the suspension of the examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented. This legislation, Assembly Bill 1707 (Chapter 174) authored by Assembly Member Low was signed by Governor Brown and became effective on August 8, 2017.

If the Board does not obtain new legislation that would continue the suspension of the practical examination this will ultimately cause a delay in the Board's ability to continue licensing registered dental assistants.

64. Provide any workforce development data collected by the board, such as:

a. Workforce shortages

The Board monitors reports from the OSHPD Workforce Clearinghouse, and information provided by the industry on possible workforce shortages. The Board believes it can enhance its efforts on diversity and workforce shortages in part through the collaboration it will seek to assist in the implementation of the Federal Health Care Reform. The Board also has formed the Access to Care committee to review the studies and work in collaboration with the Select Committee on Health Workforce and the various legislative caucuses as well as other interested parties, for-profit, non-profit and stakeholder organizations can bring increased diversity in the dental profession.

b. Successful training programs.

The Board does not currently have staff or the funding available to provide any training programs for our licensees.

Section 9
Current Issues

65. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

Uniform Standards for Substance Abusing Licensees

Effective April 1, 2014, the Board implemented the provisions of Senate Bill 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) by adopting the *Uniform Standards Related to Substance-Abusing Licensees with Standard Language for Probationary Orders, New February 28, 2013*. These standards will be used by administrative law judges in disciplinary proceedings after a licensee has been determined to be abusing substances. The standards relate to:

1. Notification to Employer
2. Supervised Practice
3. Drug and Alcohol Testing
4. Abstention from the Use of Alcohol, Controlled Substances, and Dangerous Drugs
5. Facilitated Group Support Meetings
6. Clinical Diagnostic Evaluations
7. Drug or Alcohol Abuse Treatment Program

To ensure successful implementation, the Board's enforcement staff have taken the following actions:

1. Provided the Attorney General liaison with the *Uniform Standards Related to Substance-Abusing Licensees with Standard Language for Probationary Orders, New February 28, 2013* to be distributed to their offices statewide. The information was also provided to the Office of Administrative Hearings.

2. Written additional probation guidelines to address the seven new monitoring conditions. This included development of additional probation forms and correspondence templates.

3. Provided staff training: Supervisors and managers have met with staff to familiarize them with the new requirements and implementation

4. Amended the contract with the Board's Diversion Program vendor to mirror the Uniform Standards requirements.

Additionally, Senate Bill 796 (Hill, Chapter 600, Statutes of 2017) requires the Department of Consumer Affairs (DCA) to reconvene the Substance Abuse Coordination Committee (SACC) to specifically review the existing criteria for Uniform Standards #4 related to drug testing and to determine whether the existing criteria in this standard should be updated. The Director of DCA is required to submit this report to the Legislature by January 1, 2019.

The Board's Executive Officer has participated in two meetings (April 23 and June 27, 2018) of the SACC where public testimony was heard about recent developments in testing research and technology related to detection of drugs and/or alcohol. Laboratory Testing and Sample Collection Vendors participated in a panel discussion. The SACC voted to recommend that Uniform Standards #4 be changed to reflect clarification of the drug testing locations and/or testing frequency during vacation or absence.

66. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

Consumer Protection Enforcement Initiative (CPEI) Regulations

The Department of Consumer Affairs developed a report (*Department of Consumer Affairs "Consumer Protection Enforcement Initiative BCP Independent Verification & Validation Report, March 2010"*) identifying legislative changes the Department thought would assist boards in improving their enforcement processes. The Department also sponsored legislation, Senate Bill 1111 (Negrete McLeod), during the 2009-2010 Legislative Session to codify many of the recommendations contained within the report. However, the bill failed to be enacted.

When the bill failed to be enacted into law, the Department encouraged the healing arts boards to pursue regulatory action to assist the boards with investigating and prosecuting complaints in a timely manner, and to provide the boards with tools to improve the enforcement process and ensure patient safety. In response to this, the Dental Board reviewed proposed regulatory amendments that would improve the Board's enforcement process in an effort to address public concern and have promulgated three rulemaking proposals.

The first rulemaking proposal became effective on March 9, 2012. Specifically, these regulations:

1. Specified that the following acts constitute unprofessional conduct:
    a. Failure to provide records requested by the Board within 15 days,
    b. Failure of a licensee to report an indictment within 30 days,
    c. Failure of a licensee to report a felony charge within 30 days,
    d. Failure of a licensee to report a conviction within 30 days, and
    e. Failure of a licensee to report disciplinary action taken by another professional licensing entity or other agency within 30 days; and

2. Authorized the Board to require an examination of an applicant who may be impaired by a physical or mental illness affecting competency.

The second rulemaking proposal became effective on January 1, 2015. Specifically, these regulations require an administrative law judge (ALJ) to order revocation of a license when issuing a proposed decision that contains any finding of fact that: (1) a licensee engaged in any act of sexual contact with a patient, client, or customer; or, (2) the licensee has been convicted of, or has committed, a sex offense. This regulation prohibits a proposed order staying the revocation of the license or placing the licensee on probation, under such circumstances.

The third rulemaking proposal became effective on July 1, 2016. Specifically, these regulations delegate authority to the Board's Executive Officer to approve settlement agreements for the revocation, surrender, or interim suspension of a license in the interest of expediting the Board's enforcement process.

The Board already has statutory or regulatory authority for the following provisions; therefore, regulatory action was not necessary:

- Denial of application for registered sex offender: Require the Board to deny a license to an applicant or revoke the license of a licensee who is registered as a sex offender.
- Failure to provide documents and failure to comply with court order:
- Define in regulation that sexual misconduct is unprofessional conduct.

Additionally, on January 1, 2013, BPC § 143.5 (AB 2570, Chapter 561, Statutes of 2012) became effective and prohibits a licensee who is regulated by the Department of Consumer Affairs or various boards, bureaus, or programs, or an entity or person acting as an authorized agent of a licensee, from including or permitting to be included a provision in an agreement to settle a civil dispute that prohibits the other party in that dispute from contacting, filing a complaint with, or cooperating with the department, board, bureau, or program, or that requires the other party to withdraw a complaint from the Department, board, bureau, or program, except as specified.

67. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

The Board has extensively participated in the development and implementation of the BreEZe computer system for Board use. Board staff has also participated in ongoing testing, updates, and training programs and exercises to identify programmatic issues. The Board will continue to test, evaluate, and communicate any issues or problems that arise to the DCA Office of Information Systems on an ongoing and as needed basis.

a. Is the board utilizing BreEZe?

Yes, the Board has been using the BreEZe computer system since the January 19, 2016 Release 2 date.

What Release was the board included in?

Release 2 (implemented on January 19, 2016).

What is the status of the board's change requests?

The Board is informed of the BreEZe change requests after submission through a list of release dates from the Office of Information Services at the Department of Consumer Affairs. The current change list has been consistent and updates occur about every month. The Board's specific change requests have been implemented on a fairly rapid pace and the cooperation between both parties on updates and any requested changes or information has been very good.

b. If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? What is the board's understanding of Release 3 boards? Is the board currently using a bridge or workaround system?

The Board has been on BreEZe since January 19, 2016.

Section 10
Board Action and Response to Prior Sunset Issues

Include the following:

1. Background information concerning the issue as it pertains to the board.
2. Short discussion of recommendations made by the Committees during prior sunset review.
3. What action the board took in response to the recommendation or findings made under prior sunset review.
4. Any recommendations the board has for dealing with the issue, if appropriate.

Following is an update on what action the Dental Board took in response to the recommendations or findings made under the prior sunset review conducted in 2014-15.

ADMINISTRATIVE ISSUES

ISSUE #1: AUTHORITY TO COLLECT EMAIL ADDRESSES. ***Should the Board be authorized to collect and disseminate information through email addresses?***

Background: In order to improve the Board's ability to communicate with licensees, the Board will be pursuing statutory authority to allow it to require email addresses on its applications and renewal forms. Web-based communications will also reduce postage costs and provide a cost savings to the Board.

Staff Recommendation: ***The Board should advise the Committees of any statutory changes necessary to enable the Board to collect email addresses and to use email as a way to communicate with licensees and applicants.***

DBC Response: Statutory language to enable the Board to collect email addresses was submitted to the Committee and it was included in AB 179 (Chapter 510, Statutes of 2015). Business & Professions Code Section 1650.1 authorizes the Board to collect email addresses for applicants and licensees.

ISSUE #2: DENTAL ASSISTING COUNCIL (COUNCIL). ***Should the Board examine ways to increase the availability of examinations? What is the Board's relationship with the Council, and how can the Council become more effective?***

Background: SB 540 (Chapter 385, Statutes of 2011) created the Council to consider all matters relating to dental assistants. The Council is composed of seven members, including the RDA member of the Board, another member of the Board, and five RDAs who represent a broad range of dental assisting experience and education. Two of the five RDA members are required to be employed as faculty members of a registered Board-approved dental assisting educational program, one must be licensed as an RDAEF, and one must be employed clinically in private dental practice or public safety net or dental health care clinics, and must be actively licensed. The Board makes all council appointments. No council appointee shall have served

previously on the dental assisting forum or have any financial interest in any registered dental assistant school. Council members serve for a term of four years, and there are no term limits. Any resulting recommendations regarding scope of practice, settings, and supervision levels are made to the Board for consideration and possible further action.

The California Association of Dental Assisting Teachers, the California Dental Assistants Association, and the Foundation for Allied Dental Education, CADAT's foundation, have raised issues relating to dental assistants, the Council, and the Board, and believe that the Council is not effectively representing the interests of the dental assisting community. Among other things, the associations assert there are not enough RDA examinations or examination sites available. According to the 2015 examination schedule, the practical examination will be offered nine times this year, with 18 possible testing dates, primarily alternating between testing sites in San Francisco and Pomona, and one scheduled test in Santa Maria. The associations also believe that the Board acted without sufficient public discussion when it recalibrated the practical examination and instituted changes relating to application processing criteria. While the Board has not changed examination criteria or any grading criteria, the Board recently instituted a new calibration process, and pass rates declined following the change. The associations also believe the Board should exercise more regulatory oversight and prevent delays associated with program approvals and regulation development, and that the Board should rely more heavily on national dental assisting standards. Lastly, the associations assert that the Board does not adequately respond to stakeholder concerns, and that Council appointees do not accurately reflect or represent the dental assistants.

Staff Recommendation: ***The Board should explain to the Committees why it recalibrated the RDA examination, and the decline in pass rates after the practical examination was recalibrated. The Board should inform the Committees about whether it has addressed, or is in the process of addressing, any of these concerns or requests, and explain any delays relating to program approvals and regulation development. The Board should explore ways to improve its relationships with stakeholders, and to empower the Council to better serve its role in vetting and making recommendations on dental assisting issues. The Committees should consider whether it would be appropriate to transfer council appointment authority from the Board to the DCA or to the Governor's Office and the Legislature, and whether term limits should be instituted.***

DBC Response: The Board is responsible for administration of the registered dental assistant (RDA) written and practical examinations. While the written examination is computer based and offered throughout the state in multiple testing facilities through an outside vendor, board staff continued to administer the practical examination until it was suspended by the Board in 2017.

Prior to 2009, when the practical examination was administered by Committee on Dental Auxillaries (COMDA), examiners were calibrated by a dentist. However, when the program came under the Dental Board in July, 2009 the procedure changed and examiners, who themselves were RDAs, were calibrating themselves. There is no documentation as to why this procedure was changed. During 2014, Board staff observed anomalies within the grading procedure and asked that a dentist come in to calibrate the examiners. Neither the examination nor the grading criteria had changed. However, since the calibration had been conducted by a dentist rather than the RDAs, the candidate pass rate declined.

In response to the fluctuating pass rates, the Board and Dental Assisting Council (DAC) determined that an occupational analysis (OA) of the RDA profession must be conducted. In March 2015, the Office of Professional Examination Services (OPES) initiated the OA of the RDA profession at the request of the

Board. Business and Professions Code (BPC) Section 139 requires that the boards and bureaus of the Department of Consumer Affairs (DCA) conduct an occupational analysis for each license classification every five to seven years. The previous OA for the RDA profession was conducted in 2010.

One purpose of the OA is to develop a description of current practice in terms of the actual job tasks that entry-level licensees must be able to perform safely and competently. The results of occupational analysis research projects are also used to ensure that the content of written, practical, and law and ethics licensing examinations reflect knowledge and skills that are critical for public protection.

While the OA was being conducted, Assembly Bill (AB)179 was passed, requiring that OPES "conduct a review to determine whether a practical examination is necessary to demonstrate competency of registered dental assistants, and if so, how this examination should be developed and administered." OPES conducted this review in conjunction with the OA. It wasn't until 2017 that OPES observed the calibration and administration of the RDA practical examination and determined that the Board should immediately suspended the practical examination until January 1, 2020 or until the Board determines an alternative way to measure competency.

On April 6, 2017, the Board held a special meeting to discuss the findings of the review of the RDA practical examination conducted by the OPES. After reviewing the findings of the report, the Board voted to suspend the administration of the RDA practical examination effective immediately and until July 1, 2017. Pursuant to Business and Professions Code Section 1752.1 at that time, the suspension of the practical examination could only remain in effect until July 1, 2017. After this date, the exam would have been reinstated as a requirement for RDA licensure.

Between April 6 and July 1, 2017, the Board licensed registered dental assistant candidates who had completed all other licensing requirements except passage of the practical exam. Also during this time, the Board sought an author to carry urgency legislation that would continue the suspension of the examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency would be implemented. This legislation, Assembly Bill 1707 (Chapter 174, Statutes of 2017) authored by Assembly Member Low was signed by Governor Brown and became effective on August 8, 2017.

The Board resumed licensing applicants who have met all other requirements of licensure except passage of the practical examination, including successful completion of the RDA Written Examination and the RDA Law & Ethics Examination.

At its August 2017 meeting, the Board and the DAC considered a memorandum that was presented by the OPES relating to alternatives for assessing the competency of RDA candidates to perform the clinical procedures necessary for licensure. After the discussion, the Board took action to appoint a subcommittee of the Board to develop alternatives, other than a practical exam, to bring back to the Board and DAC for consideration at a future meeting.

The subcommittee, consisting of Bruce Whitcher, DDS and Judith Forsythe, RDA, met and developed a preliminary subcommittee report regarding alternatives. This preliminary report was shared with stakeholders at a workshop held on Friday, October 13, 2017 in Sacramento. This workshop provided a forum for discussion regarding the subcommittee's recommendations and allowed interested parties the opportunity to provide verbal and written comments.

The workshop was attended by representatives of the California Dental Association (CDA), the California Association of Dental Assistants (CDAA), the Dental Assisting Educators Group, Board -approved educational program and course providers, and practicing RDAs. Board staff, Legal Counsel, and OPES were also in attendance.

As a result of this workshop the subcommittee recommended, for discussion and possible action by the Board and DAC, six alternative methods to measure RDA competency for licensure in California. These recommendations were discussed at the November, 2017. Consideration was given not only to public protection, but to whether or not the new eligibility requirements would eliminate overly restrictive eligibility standards, or standards of practice that unduly limit competition between professionals or place undue burdens on those who want to enter the profession.

At the November 2017 meeting, the Board and DAC voted to adopt the alternative which requires that eligibility for RDA licensure be based on completion of the current licensure requirements as established by current law and regulation and successful completion and passing of the RDA Written examination and the RDA Law & Ethics Written examination. The Board and DAC believe that this option was the most reasonable and optimal and will not introduce additional barriers to RDA licensure. The decision is supported by the fact that OPES indicated that the RDA written examinations, along with the fact that RDA duties are supervised by the dentist, places the public at little risk of harm. A practical examination would not provide additional public protection beyond that conferred by successful completion of an educational program or a written examination.

In addition to examinations, the Board is responsible for the review and approval of dental assisting educational programs and course applications. The Board receives approximately forty applications for approval from dental assisting programs and courses per year. With the transfer of responsibility for dental assisting in 2009, the board inherited a backlog of unprocessed applications for programs and courses, making it necessary for staff to direct its efforts at bringing approvals up to date. This was accomplished, and educational program and course approvals are now processed within 90 days provided there are no application deficiencies.

The Board continues to work closely with the DAC and stakeholders on the development of dental assisting educational regulations. Regulatory workshops were held during 2016 and 2017 where DAC members, stakeholders, and staff developed a working draft of proposed dental assisting educational program and course requirements that will be forwarded to the full Board for consideration.

The Board remains committed to working with the DAC and stakeholders in a supportive and collaborative manner to explore ways to improve its relationships with these groups. The Board does not believe it is necessary to transfer council appointment authority from the board to the DCA or to the Governor's Office and the Legislature. Statute already exists to limit council appointments to two full four years terms as outlined in BPC Section 1742(g).

~~ISSUE 3~~: DELAYED IMPLEMENTATION OF THE BREEZE CONTRACT. ***How does this impact the Board?***

~~Background~~: The "BreEZe Project" was designed to provide the DCA boards, bureaus, and committees with a new enterprise-wide enforcement and licensing system. The updated BreEZe system was engineered to replace the existing outdated legacy systems and multiple "work around" systems with an integrated solution based on updated technology. According to the DCA, BreEZe is intended to provide applicant tracking, licensing, renewals, enforcement, monitoring, cashiering, and data management capabilities. In

addition, BreEZe is web-enabled and designed to allow licensees to complete and submit applications, renewals, and the necessary fees through the internet when fully operational. The public also will be able to file complaints, access complaint status, and check licensee information, when the program is fully operational.

According to the original project plan, BreEZe was to be implemented in three releases. The budget change proposal that initially funded BreEZe indicated the first release was scheduled for FY 2012–13, and the final release was projected to be complete in FY 2013–14. In October 2013, after a one-year implementation delay, the first ten regulatory entities were transitioned to the BreEZe system. The Board is part of Release Two, which is scheduled to go live in March 2016, three years past the initial planned release date.

The total costs of the BreEZe project are funded by regulatory entities' special funds, and the amount each regulatory entity pays is based on the total number of licenses it processes in proportion to the total number of licenses that all regulatory entities process. To date, the Board has spent approximately $265,918 between FY 09/10 and 13/14 on pro rata and other costs to prepare for the BreEZe system transition, and is expected to spend $285,183 for FY 14/15, $541,457 for FY 15/16, and $573,193 for FY 16/17. The Dental Assisting Fund, which is also part of Release 2, has spent $199,697 on pro rata and other costs to prepare for BreEZe between FY 09/10 and FY 13/14, and is expected to spend $207,860 in FY 15/16, $401,161 in FY 215/16, and $425,365 in FY 16/17.

Some of these costs include staff costs. For example, the Board has assigned one staff services manager full time as the single point of contact for the Board's BreEZe business integration. In addition, staff has been designated as subject matter leads in different program areas, and several retired annuitants have been maintained in anticipation of the forthcoming resource demands while the system is tested, data migration is validated, and training of full time staff is conducted.

According to the Board, there are several challenges it is anticipating before successful implementation. One challenge includes the ability to schedule practical examinations for RDAs at various times and locations, because the existing off-the-shelf product that BreEZe was developed from did not contain this functionality. Another challenge is the inspection module functionality, which will be used to track the Board's inspection cases separate from its enforcement cases. Release 1 Boards chose not to use this feature, so the Board will be one of the first boards to use this module. Lastly, the Board notes that Release 2 will have an activity tracking component to track investigator time (and costs) as originally intended. In addition to these BreEZe-specific concerns, the Board noted in its report that it had existing issues with its legacy system that BreEZe was intended to solve, such as the ability to generate reports and the ability for multiple staff to have access to enforcement screens. The Board also notes that while it is in compliance with BPC § 114.5, which requires Boards to track and identify veterans, it is currently tracking this data internally while the BreEZe computer system is being developed.

Another issue of concern based on BreEZe's delayed implementation is the Board's absence of an investigative activity reporting (IAR) system. After the Board's last sunset review, it utilized the IAR, which was owned and supported by the Medical Board of California (MBC), to track the Board's cases. However, the MBC has been integrated into BreEZe and they are no longer using the IAR. In addition, the Board notes that the IAR was discontinued last spring when the Board upgraded its computers because the new operating system would not support the IAR format. As a result, investigators at the Board are manually tracking casework and supervisors are conducting regular desk audits to ensure the timeliness of casework.

Staff Recommendation: ***The Board should update the Committees on whether any of the above-mentioned concerns have been or will be addressed in Release 2. The Board should inform the Committees of any difficulties in remaining on its legacy systems, and whether any additional stop- gap technological measures are needed until BreEZe is implemented, especially in light of the loss of the IAR system and its current practice of manually tracking casework. The Board should inform the Committees of how BreEZe expenditures have affected its funds, and whether the Board will need to generate additional revenue to support BreEZe expenditures going forward.***

DBC Response: The Board went "live" on the BreEZe system on January 19, 2016. The challenges identified in the background from the prior sunset report relating to BreEZe were addressed prior to implementation. Board staff worked closely with the vendor to design a module that gave the Board the ability to schedule RDA practical examinations at various times and locations, as well as issue the results of the examination; to track inspections separate from enforcement cases; to track and identify veterans; to generate various reports; and to have the ability for multiple staff to have access to enforcement screens.

The challenge remaining is the time tracking module that was not available in Release l. The module was intended to track investigator time and costs associated with an investigation. The module has not been utilized by other boards, however, Dental Board staff is working with DCA to develop the module to be able to track board specific items such as travel time, report writing, interviews, etc. Currently board staff are manually tracking casework and supervisors are conducting regular desk audits to ensure the timeliness of casework.

During the prior sunset review period, the increased spending associated with the implementation of BreEZe and ongoing maintenance was a stress on the Board's budget. However, the Board has made the appropriate adjustments and has increased licensing fees in order accommodate this expense.

ISSUE #4: PRO RATA. ***What is the impact of pro rata on the Board's functioning?***

Background: Through its various divisions, DCA provides centralized administrative services to all boards and bureaus. Most of these services are funded through a pro rata calculation that is based on "position counts" and charged to each board or bureau for services provided by personnel, including budget, contract, legislative analysis, cashiering, training, legal, information technology, and complaint mediation. DCA reports that it calculates the pro rata share based on position allocation, licensing and enforcement record counts, call center volume, complaints and correspondence, interagency agreement, and other distributions. In 2014, DCA provided information to the Assembly Business, Professions and Consumer Protection Committee, in which the Director of DCA reported that "the majority of [DCA's] costs are paid for by the programs based upon their specific usage of these services." DCA does not break out the cost of their individual services (cashiering, facility management, call center volume, etc.).

Over the past four years, the Dental Fund has spent roughly an average of 11% of its expenditures on DCA pro rata, while the Dental Assisting Fund has spent roughly 18%. The Board receives the following services from DCA for its pro rata: accounting, budget, contracts, executive assistance, information technology, investigation, legal affairs, legislative and regulatory review, personnel, and public affairs. While it appears DCA provides assistance to the Board, it is unclear how the rates are charged and if any of those services could be handled by the Board instead of DCA for a cost savings.

Staff Recommendation: ***The Board should advise the Committees about the basis upon which pro rata is calculated, and the methodology for determining what services to utilize from DCA. In addition, the Board should discuss whether it could achieve cost savings by providing some of these***

services in-house. The Board should inform the Committees of why the Dental Assisting Fund's pro rata costs are higher than the Dentistry Fund's pro rata costs.

DBC Response: The Department's pro rata costs are allocated to each board and bureau based on authorized position counts, licensing and enforcement transactions, various IT related cost centers, and prior year workload volumes; there are no pro rata costs that are allocated based on a board or bureau's budget. The differences between the dental fund and dental assisting fund pro rata can be attributed, in some part, to the services used by each entity. For example, the dental assisting fund has an interagency agreement with the Office of Professional Examination Services, which is included in its pro rata budget, but the Dental Board does not.

In terms of achieving savings by providing services in house, the Board's management team has been participating in DCA pro rata workshops to determine what services, if any, could be eliminated. The Board is interested in hiring its own attorney; and submitted a package to DCA Human Resources to hire a 2-year limited term attorney lll. This package has been stalled in the legal department and has not moved forward.

BUDGET AND STAFFING ISSUES

ISSUE #5: DENTAL FUND CONDITION. ***Is the Board adequately funded to cover its administrative, licensing, and enforcement costs; to continue to improve its enforcement program; and to ensure it is fully staffed?***

Background: The Dentistry Fund is maintained by the Board and includes the revenues and expenditures related to licensing for dentists. For sixteen years, the license fee for dentists was set at $365. In 2013, for the first time in 16 years, the Board increased its license fee for dentists from $365 to its statutory cap at the time of $450. These regulations went into effect on July 1, 2014. During that time, the Board also pursued an increase in statute from $450 to $525. SB 1416 (Block, Chapter 73, Statutes of 2014) raised the Board's fee for initial and renewal licenses for dentists from $450 to $525, and set fees at that level. During that time, an analysis conducted by the DCA's Budget Office determined that the license fees should be raised to $525 to ensure solvency into the foreseeable future. While fees increased have generated additional revenue, the Board expenditures, projected to be over $12M per year, continue to outpace its revenue, projected to be less than $11M per year, thus perpetuating a structural imbalance.

Part of the reason for the increase in projected and actual expenditures in recent years has been due to funding 12.5 CPEI positions; funding the diversion program; increased expenses associated with BreEZe; unexpected litigation expenses; and the general increase in the cost of doing business over the past 16 years. While the Board has expended less than what it has been authorized by the budget due to some cost savings and reimbursements, the Board emphasizes that its fund should be able to sustain expenditures without relying on estimated savings or reimbursements.

Based on data from the past five fiscal years, the Board calculated that the Dentistry Fund will be able to sustain expenditures into FY 2017/18 before facing a deficit. According to budget information presented at its February 2015, Board meeting, the Board projects it will only have 0.5 months in reserve in FY 2016/17. The Board is currently undergoing a fee rate audit to determine the appropriate fee amounts to assess and to project fee levels into the future. The fee audit will also take into account the funds necessary to establish a reserve of four to six months for economic uncertainties and unanticipated expenses, such as legislative mandates and the DCA costs. In addition, while the Dental Assisting Program has its own staff for

Licensing and Examination, paid for by its fund, the rest of the functions relating to dental assisting, such as administration and enforcement, are performed by Board staff and paid for by the Dentistry Fund. As a result, the fee audit will examine the appropriate fees and costs for the Dental Assisting Fund, which currently does not pay the Dentistry Fund for any costs associated with administration or enforcement and has a very large reserve. After the results of the fee audit come out, the Board anticipates requesting an increase in the statutory fee caps, so that going forward, the Board may raise fees incrementally and within the cap, as necessary, to ensure a healthy budget. The fee audit will be available shortly.

***Staff Recommendation*: The Board should share the fee audit with the Committees as soon as that information is available to determine the appropriate fee caps for licensees. The Board should consider whether it is feasible or preferable to merge the Dentistry and Dental Assisting, and to share all staff and costs. If the Board determines that funds should remain separate, the Board should ensure that the Dental Assisting Fund reimburses the Dentistry Fund for any costs incurred.**

DBC Response: The final report on the Board's fee audit is available on the Board's website at http://www.dbc.ca.gov/formspubs/fear2015.pdf and is included in Section 12 of this report. The auditor made several recommendations which the Board implemented such as updating fees regularly and incrementally, and conducting a fee analysis every four to five years. This fee audit assisted the Board in determining the appropriate maximum fee ceilings that were amended through AB 179 (Chapter 510, Statutes of 2015) and became effective January 1, 2016. Since the Board raises fees through the regulatory process, raising the fee ceilings in statute gave the Board authority to move forward with promulgating regulations for appropriate fee increases when necessary in the future.

Board staff researched the feasibility of merging the dental and dental assisting funds and consulted with the Department of Consumer Affairs' Budget Office. Staff determined that the merging of the two funds will streamline certain processes. The combining of the two separate funds and two separate appropriations into one, will create efficiencies in budgeting and accounting processes in the long term and would make any budgeting issues simpler to understand. There would be a significant amount of work involved in making the switch, including requiring statutory amendments. However, the DCA Budget Office opined that the long-term benefits of merging the two funds outweigh the short-term concerns and increased workload.

At the May 2017 meeting, the Board voted to support the merging of the State Dentistry Fund and the State Dental Assisting Fund and directed staff to continue to research and identify the process by which the two funds may be merged; and to include a request to merge the funds as part of the Board's Sunset Review Report which will be developed in 2018.

LICENSING ISSUES

ISSUE #6: FOREIGN DENTAL SCHOOL APPROVAL. ***Is the process for approving foreign dental school sufficient? Should the Board consider heavier reliance on accrediting organizations for foreign school approvals if those options become available?***

Background: Since 1998, the Board has authority, under BPC § 1636.4, to conduct evaluations of foreign dental schools and to approve those who provide an education equivalent to that of accredited institutions in the United States and adequately prepare their students for the practice of dentistry. At present, the Dental Board has approved only one international dental school, De La Salle School of Dentistry, located in Leon, Guanajuato, Mexico.

In developing standards and procedures to be utilized in the evaluation and approval process of foreign dental schools, the Board has relied significantly on CODA standards. However, the Board has not updated its regulations to reflect changes that have been made to CODA standards over the years since the inception of this legislation. As a result, the Board may be assessing new programs using old standards. It is important to note the language under BPC § 1636.4 appears broad enough to reflect any updates, for example, by stating that foreign schools should be "equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry." To date, CODA has not approved any international dental schools, although it does recognize dental schools approved by the Commission on Dental Accreditation of Canada. However, CODA offers fee-based consultation and accreditation services to established international dental education programs. International programs seeking accreditation undergo a preliminary review and consultation process, after which they may be recommended to pursue accreditation through CODA. CODA has adopted the policy that international programs must be evaluated by, and comply with, the same standard as all US programs.

The Board is authorized to contract with outside consultants or a national professional organization to survey and evaluate foreign schools. The Board is required to establish a technical advisory group (TAG) to review and comment upon the survey and evaluation of the foreign dental school. The TAG is selected by the Board and consists of four dentists, two of whom shall be selected from a list of five recognized United States dental educators recommended by the foreign school seeking approval. None of the members of the TAG may be affiliated with the school seeking certification. After a complete application is sent, the Board has 60 days to approve or disapprove the application, and grants provisional approval if the school is substantially in compliance with dental school regulations. Unless otherwise agreed to, the Board appoints a site team to make a comprehensive, qualitative onsite review of the institution within six months receipt of a complete application. The school is required to pay all reasonable costs incurred by the Board staff and the site team relating to site inspection. The site team prepares and submits a report to the TAG, which will review the report and make a recommendation to the Board.

In October of 2014, the *Public Institution State University of Medicine and Pharmacy, "Nicolae Testemitanu," of the Republic of Moldova*, represented by Senator (ret.) Richard Polanco, submitted an application and the required fee for approval. This school's dental program would only serve students from the United States. This school is not CODA-approved, and has not applied for accreditation from any other state. At its November Board meeting, the Board appointed a subcommittee to review the application, and has since determined the application was not complete and provided guidance on how to improve the application. At the Board's February Board meeting, it appointed two of the school's candidates and two of its Board Members to the TAG. The Board is continuing to follow the process outlined in the statute and regulations relating to this approval.

Staff Recommendation: ***The Board should keep the Committees informed of any concerns relating to foreign school approvals. The Board should update its school approval standards, which were based on CODA standards in effect at the time, to reflect current CODA standards. The Board should inform the Committees of any advancements made by CODA with regards to foreign school approvals. If CODA, which is the national and soon-to-be international accrediting body for dental schools, is stepping into the realm of foreign dental school approvals, the Board may consider whether it should be involved in approving foreign dental schools, or whether it could rely on accrediting bodies like CODA to approve such schools.***

DBC Response: The Board is responsible for the approval of international dental schools based upon standards established pursuant to BPC Section 1636.4(d). The process for application, evaluations, and

approval of international dental schools is outlined in BPC 1636.4 and Title 16, CCR 1024.3-1024.12. As mentioned in the background report, the institutional standards upon which the Board evaluates foreign dental schools were initially established based upon the Commission on Dental Accreditation (CODA) standards, used for dental schools located within the United States. At that time CODA did not have a program to evaluate international dental schools. While throughout the years CODA has continued to review and revise its standards, the Board has not kept pace with these changes by updating its regulations to reflect current CODA standards in order to evaluate foreign dental schools. During the August 2016 meeting, the Board voted to move forward with updating the institutional standards via the regulation process.

Advancements have been made at CODA with regard to international dental school accreditation. Since 2007, CODA has had a rigorous and comprehensive international accreditation program for predoctoral dental education. Prior to applying for accreditation by the Commission, the international predoctoral dental education program must undergo consultative review by the Joint Advisory Committee on International Accreditation (JACIA). The JACIA is a joint advisory committee made up of CODA Commissioners and ADA members; its activities are separate from the Commission but supported by CODA staff and volunteers. Information about the JACIA process can be found at:
http://www.ada.org/en/coda/accreditation/international-accreditation/

In essence, the JACIA process requires the following steps (details of each activity are outlined in the PDF Guidelines on the website):

1. International predoctoral dental education program submits a Preliminary Accreditation Consultation Visit Survey (PACV-Survey). The PACV-Survey is reviewed by JACIA and if a consultative visit is warranted, the program is allowed to move to step 2.
2. Observation of a CODA predoctoral site visit and individual consultation with CODA staff and site visitor. Costs incurred are at the international program's expense.
3. International dental education program completes the Preliminary Accreditation Consultation Visit Self-Study (PACV-Self-Study) and consultation visit. This is a comprehensive, fee-based site visit (PACV-Site Visit) with programmatic consultation by CODA site visitors.
4. Application for CODA accreditation. The JACIA reviews the findings and recommendations of the PACV-Site Visit and determines whether the program has potential to be successful in the Commission's accreditation process. If the preliminary determinations are favorable, the program may seek CODA accreditation.

Currently there are a number of international dental schools utilizing the CODA consultative services. However to date, no international dental school has achieved accreditation from CODA.

Upon the recommendation of legislative staff, the Board agrees that approval of foreign dental schools is best achieved by organizations such as CODA.

EXAMINATION ISSUES

ISSUE #7: OCCUPATIONAL ANALYSIS (OA) FOR RDAs AND RDAEFs. ***Should the Board conduct an OA for RDAs and RDAEFs?***

Background: At the time of the Board's last sunset review, pass rates for the RDA written examination were 53%. Since then, the Board reports that it implemented a new RDA written examination, which resulted in a

pass rate that fluctuates between 62-70% depending on the candidate pool. The average pass rate for all RDA written examinees was 66% in 2012, 62.7% in 2013, and 64% in 2014. The pass rates for the RDA Practical Exam averaged roughly 83% over the past four fiscal years. However, in 2014, pass rates dropped dramatically. In August of 2014, only 47% of 498 examinees in Northern California passed, while only 24% of 486 examinees in Southern California passed. In addition, the pass rate for the RDAEF Practical Exam has shown a major decrease from
83% in FY 10/11 to just over 56% in FY 13/14. The sharp declines in pass rates occurred after the practical examinations were recalibrated, as discussed in Issue #2 above.

In FY 10/11, there was only one approved program that administered the RDAEF Practical Exam. Since that time, three additional schools have been added. Historically, retake pass rates (0% - 52%) are lower than for first time candidates. All the RDA and RDAEF schools are required to maintain the same curriculum as provided in 16 CCR Sections 1070 to 1071. The Board is authorized to determine if and when a re-evaluation is needed. Currently, the Board is looking at the need for an occupational analysis (OA) of RDA and RDAEF programs in order to validate both practical exams. The last OA for both examinations was conducted in 2009.

BPC § 139 specifies that the Legislature finds and declares that OA and examination validation studies are fundamental components of licensure programs and the DCA is responsible for the development of a policy regarding examination development and validation, and occupational analysis. Licensure examinations with substantial validity evidence are essential in preventing unqualified individuals
from obtaining a professional license. To that end, licensure examinations must be developed following an examination outline that is based on a current occupational analysis; regularly evaluated; updated when tasks performed or prerequisite knowledge in a profession or on a job change, or to prevent overexposure of test questions; and reported annually to the Legislature. According to the Department's policy, an occupational analysis and examination outline should be updated at least every five years to be considered current.

At the November 2014 Board meeting, staff reported during a joint meeting of the Council and the Board's Examination Committee (Committee) that an occupational analysis may be necessary in the near future. The Council and the Committee discussed concerns relating to the RDA practical examination and the fact that the pass rate has decreased over the last year, and staff recommended that an OA of the RDA and RDAEF professions may be appropriate, especially since the Board has not had an opportunity to conduct a complete OA for the RDA and RDAEF since their licensing programs
were brought under the umbrella of the Board in 2009. Such an OA is projected to be $60,000 and could take up to a year to complete. Board staff notes that the cost would be absorbable by the Dental Assisting budget.

Staff Recommendation: ***The Boardshould undertake the OA for the RDA and RDAEF examinations, and consider whether a practical examination is the most effective way to demonstrate minimal competency for those licensees. The Board should continue to monitorexamination passage rates, and pursue any legislative changes necessary to reflect current practices as determined by the OA.***

DBC Response: The Board determined that an occupational analysis (OA) of the RDA profession, including Registered Dental Assistants in Extended Functions (RDAEFs) must be conducted to determine how minimum competence may be best evaluated and to address concerns regarding the pass/fail rates of the currently administered RDA practical examination. An interagency agreement was made with the Department of Consumer Affairs' OPES to conduct the OA for both registered dental assistant and

registered dental assistant in extended functions. The OA for the RDA was completed in April 2016. The OA for the RDAEF was completed in January 2018. Currently the Board is starting the OA of the dental profession.

Upon completion of the OA for RDAs, OPES conducted a comprehensive review of the Practical Examination. The review was conducted with the following goals: (1) to evaluate the psychometric properties of the examination (e.g., reliability, test security, standardization) in response to ongoing concerns from the Board and industry stakeholders; (2) to determine the necessity and accuracy of the examination in response to Assembly Bill (AB) 179 (2015); and, (3) to evaluate the content validity of the RDA Practical Examination in relation to the 2016 RDA OA results.

OPES evaluated the practical examination with regard to reliability of measurement, examiner training and scoring, test administration, test security, and fairness. Specifically, OPES identified that the inconsistencies in different test site conditions, deficiencies in scoring criteria, poor calibration of examiners, and the lack of a clear definition of minimum acceptable competence indicated that the practical examination does not meet critical psychometric standards.

OPES recommended the Board immediately suspend the administration of the practical examination. OPES believed there was a relatively low risk of harm to the public from the suspension of the examination because of the other measures in place, i.e., passing a written examination and the fact that RDAs are required to be under general or direct supervision by a licensed dentist.

Based on OPES' experience, correcting the problems to bring the examination into compliance with technical and professional standards would have required a great deal of time, staffing and fiscal resources from the Board and the industry. Therefore, OPES recommended that the Board initiate a process to thoroughly evaluate options other than a practical examination for ensuring the competency of RDAs to perform the clinical procedures identified as a necessary component of RDA licensure.

On April 6, 2017, the Board voted to suspend the RDA practical examination as a result of the findings of the review of the practical examination conducted OPES until July 1, 2017, and directed staff to pursue legislation to amend Business and Professions Code (BPC) section 1752.1, subdivision (j), for the purpose of allowing the Board to keep the administration of the examination suspended until such time as the Board and OPES identify options. The suspension of the RDA practical examination commenced on April 7, 2017 and remained suspended until July 1, 2017.

Since BPC Section 1752.1 reinstated the RDA practical examination requirement as of July 1, 2017, and the Board had deemed the examination to not accurately measure the competency of RDAs and could no longer administer the RDA practical examination in its current form, the Board sought urgency legislation to extend the dates of the suspension of the examination so the Board would have adequate time to identify reasonable alternatives to measure competency and not unnecessarily create a barrier to RDA licensure in California. This urgency legislation was carried by Assembly Member Low (AB 1707) (Chapter 174, Statutes of 2017), was signed by the Governor and became effective August 7, 2017. The legislation continues the suspension of the

RDA practical examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency will be implemented.

At its August 2017 meeting, the Board and the DAC considered a memorandum that was presented by the OPES relating to alternatives for assessing the competency of RDA candidates to perform the clinical procedures necessary for licensure. After the discussion, the Board took action to appoint a subcommittee of the Board to develop alternatives to RDA licensure, other than a practical exam, to bring back to the Board and DAC for consideration at a future meeting.

The subcommittee, consisting of Bruce Whitcher, DDS and Judith Forsythe, RDA, met and developed a preliminary subcommittee report regarding alternatives. This preliminary report was shared with stakeholders at a workshop held on Friday, October 13, 2017 in Sacramento. This workshop provided a forum for discussion regarding the subcommittee's recommendations and allowed interested parties the opportunity to provide verbal and written comments.

The workshop was attended by representatives of the California Dental Association (CDA), the California Association of Dental Assistants (CDAA), the Dental Assisting Educators Group, Board -approved educational program and course providers, and practicing RDAs. Board staff, Legal Counsel, and OPES were also in attendance.

As a result of this workshop, the subcommittee recommended for discussion and possible action by the Board and DAC, six alternative methods to measure RDA competency for licensure in California. These recommendations were discussed at the November 2017 meeting. Consideration was given not only to public protection, but to whether or not the new eligibility requirements would eliminate overly restrictive eligibility standards, or standards of practice that unduly limit competition between professionals or place undue burdens on those who want to enter the profession.

At the November 2017 meeting, the Board and DAC voted to adopt the alternative which requires that eligibility for RDA licensure be based on completion of the current licensure requirements as established by current law and regulation and successful completion and passing of the RDA Written examination and the RDA Law & Ethics Written examination. The Board and DAC believe that this option was the most reasonable and optimal and will not introduce additional barriers to RDA licensure. The decision is supported by the fact that OPES indicated that the RDA written examinations, along with the fact that RDA duties are supervised by the dentist, places the public at little risk of harm. A practical examination would not provide additional public protection beyond that conferred by successful completion of an educational program or a written examination.

ISSUE #8: ACCEPTANCE OF ADDITIONAL REGIONAL EXAMINATIONS. ***Should the Board consider accepting the results of the American Board of Dental Examiners, Inc. (ADEX) examination?***

Background: In August of 2014, the Senate Business, Professions and Economic Development Committee (Committee) was contacted by Mercury, a company representing the North East Regional Board of Examiners (NERB), now known as the Commission on Dental Competency Assessments (CDCA). The CDCA inquired if the Committee would consider legislation to accept the ADEX results as a pathway to licensure in California, similar to WREB, the regional examination the Board currently accepts. On August 22, 2014, AB 2750 was amended to allow applicants to satisfy examination requirements by taking an examination administered by the former-NERB or an examination

developed by the American Board of Dental Examiners, Inc. (ADEX). The Committee recommended Mercury contact the Board to discuss the request for future consideration. Additionally, the Committee suggested that the Board review the issue of accepting the NERB examination results and other regional board examinations as a pathway to licensure in California during the upcoming Sunset Review process. AB 2750 was held in the Senate Rules Committee.

ADEX is a non-profit corporation comprised of state boards of dentistry focused on the development of uniform national dental and dental hygiene clinical licensure examination for sole use by state boards to assess competency. ADEX does not administer any examinations. ADEX is administered by the regional testing agencies, including CDCA (formerly NERB), the Southern Regional Testing Agency, and the Coalition of Independent Testing Agency. The content validity of the ADEX examination is based on a national independent occupational analysis (OA) completed in 2011. Currently the ADEX examination is accepted in 43 US states, 3 US territories, and Jamaica.

In accordance with BPC § 139, the Board would need to conduct examination validation studies and an occupational analysis to assess the feasibility of accepting the additional examination pathway. Any decision to accept an additional pathway will require legislative changes to the Dental Practice Act. At its November 2014 Board meeting, the Examination Committee discussed this issue, and the Board appointed a subcommittee of two Board Members, to work with staff in researching the feasibility of accepting other regional examinations.

Staff Recommendation: ***The Board should keep the Legislature informed about the feasibility of accepting this examination, and the extent to which accepting the ADEX examination might affect licensure in the state. The Board should consult with other stakeholders, including professional associations and California-approved dental schools to understand and prepare for any consequences relating to a new examination. The Board should inform the Legislature of the cost to validate this examination, and whether accepting another examination as a path to licensure will incur any additional costs, for example, for requiring additional staff or modifying BreEZe to accommodate a new examination for licensure.***

DBC Response: ADEX sponsored legislation, AB 2331- Dababneh (Chapter 572, Statutes of 2016) which authorizes the Board to recognize the American Dental Examining Board's (ADEX) examination as an additional pathway to licensure. Prior to recognition or acceptance of the ADEX exam, the Board must first conduct an occupational analysis of the dental profession. The Board has an interagency agreement with the DCAs Office of Professional Examination Services (OPES) to conduct this analysis and the process is currently underway. After the OA is complete, OPES will conduct a psychometric evaluation of the ADEX examination to determine compliance with the requirements of BPC Section 139. Following this review, the Board would promulgate regulations to implement this pathway to licensure. ADEX agreed to pay for the Board's occupational analysis and the psychometric evaluation. AB 2331 authorized the Department of Finance to accept funds for the purposes of reviewing and analyzing the ADEX exam.

PRACTICE ISSUES

ISSUE #9: PATIENT NOTIFICATION AND RECORD KEEPING. ***Should dentists be required to notify patients upon a change in ownership of a dental practice or upon retirement?***

Background: Consumer investigator Kurtis Ming, from "Call Kurtis," a consumer advocacy segment on Sacramento's local CBS news affiliate, reached out to the Senate Business, Professions and Economic

Development Committee and the Board to determine if there were any complaints from patients about dentists selling their practice without notifying their patients, who subsequently end up harmed by the new dentists.

According to the Board, it was not aware of a trend in these cases. Although the Board noted there are no laws that require specific actions when someone is selling their dental practice, it is considered proper standard of care for dentists to notify patients when business practices change, such as bringing on an additional associate, retirement, or selling the practice. In addition, BPC § 1680(u) defines unprofessional conduct to include, "The abandonment of the patient by the licensee, without written notice to the patient that treatment is to be discontinued and before the patient has ample opportunity to secure the services of another dentist, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions and provided the health of the patient is not jeopardized."

The Board reported that it has seen a rise in the number of cases when a licensee is no longer in possession of a patient's records. This may be related to the sale of a practice, or instances when the licensee has abandoned a practice. When a licensee fails to produce patient records within 15 days, he or she may be subject to an administrative citation. In addition, if the licensee has walked away from the practice without notifying the patients, he or she may be subject to discipline for patient abandonment. There is no general law requiring dentists to maintain records for a specific period of time. However, there may be situations when providers are required to maintain records for a certain time period, for example, for reimbursement purposes. The MBC also does not have any requirements relating to patient notification when a licensee retires or sells his or her practice, or relating to retention of patient records.

Staff Recommendation: ***The Committees should determine whether it should require dentists to notify patients upon a change in ownership or when a licensee retires. The Board should explore exactly what type of notification should be required, when that notice should be given, and whether a licensee should be required to keep or transfer patient records under those circumstances. The Committees may also consider whether patient notification requirements should be required not only for dental professionals, but also for other healing arts professionals.***

DBC Response: As was mentioned in the background, the Board has not received a significant number of complaints from patients about dentists selling their practice without notifying their patients, and who subsequently end up harmed by the new dentists.

ISSUE #10*: BPC § 726: UNPROFESSIONAL CONDUCT. *Should dental professionals be authorized to provide treatment to his or her spouse or person with whom he or she is in a domestic relationship?

Background: BPC § 726 prohibits, "The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action" for any healing arts professional. BPC § 726 exempts sexual contact between a physician and surgeon and his or her spouse, or person in an equivalent domestic relationship, when providing non-psychotherapeutic medical treatment. SB 544 (Price, 2012) would have, among other things, amended BPC § 726 to provide an exemption for all licensees who provide non- psychotherapeutic medical treatment to spouses or persons in equivalent domestic relationships, instead of only exempting physicians and surgeons. This bill was held in the Senate Business, Professions and Economic Development Committee. The California

Dental Association (CDA) and the California Academy of General Dentistry (CAGD) have both requested amending this section to also exempt dentists who are treating their spouses or person in an equivalent domestic relationship.

Staff Recommendation: ***The Committees should consider whether exempting dentists maintains the spirit of the law and determine whether additional conditions are necessary to ensure that spouses and domestic partners are protected.***

DBC Response: BPC Section 726 was amended and became effective January 1, 2016. The amendment included an exemption for all licensees who provide non-psychotherapeutic medical treatment to spouses or persons in equivalent domestic relationships.

ISSUE #11: ENSURING AN ADEQUATE AND DIVERSE DENTAL WORKFORCE. ***Does California have the workforce capacity to meet dental care needs, especially in underserved areas? Should the Board enhance its efforts to increase diversity in the dental profession?***

Background: According to the Office of Statewide Health Planning and Development (OSHPD), Dental Health Professional Shortage Areas (DHPSA), are designated based upon the availability of dentists and dental auxiliaries. To qualify for designation as a DHPSA, an area must have a general dentist practice ratio of 5,000:1, or 4,000:1 plus population features demonstrating "unusually high need" and a lack of access to dental care in surrounding areas because of excessive distance, overutilization, or access barriers. According to OSHPD, over 50% of dentists (18,659) reported residing in five California counties, while the five counties with the fewest number of dentists combined had a total of 18 dentists. Approximately 5% of Californians (nearly 2 million individuals) live in a DHPSA. As a result, while California has a large number of dentists, they are not evenly distributed across the state.

In addition, due to recent changes in California law, insurance products sold under California's Health Benefit Exchange, Covered California, are required to offer pediatric dental benefits as part of their benefits package. While the Affordable Care Act (ACA) required all insurance plans to include oral care for children, the dental benefit was an optional benefit until last year, which resulted in less than one-third of the children who bought medical coverage also purchasing the dental coverage. In addition, Covered California is also offering new family dental plans to consumers who enroll in health insurance coverage in 2015. As a result, the state can expect to see the need for dental services increase. According to a 2013 Children's Partnership report, *Fix Medi-Cal Dental Coverage: Half of California's Kids Depend on It*, an estimated 1.2 million children alone will have access to dental coverage, and child enrollment in Medi-Cal's dental program alone will total 5 million. That report also notes that according to a 2005 study, nearly a quarter of California's children between the ages of 0 and 11 have never been to the dentist.

The Board has had discussions relative to increasing workforce capacity in the light of the ACA, which always include the need to increase capacity in underserved and rural areas, and monitors OSHPD data relating to workforce capacity. Last year the Board revised its Strategic Plan to highlight access to quality care in its vision statement and include diversity in our values. One objective is to identify areas where the Board can assist with workforce development, including the dental loan repayment program, and publicize such programs to help underserved populations. The Board also established an Access to Care Committee to monitor the implementation of the Affordable Care Act and to ensure

that the goals and objectives outlined in its Strategic Plan are carried out. The Committee will work with interested parties, including for-profit, non-profit and stakeholder organizations, to bring increased diversity in the dental profession.

In addition, according to a 2008 report from OSHPD's Healthcare Workforce Diversity Council, *Diversifying California's Healthcare Workforce, an Opportunity to Address California's Health Workforce Shortages*, the underrepresentation of racial and ethnic groups in California's health workforce is a major issue, as these communities are less likely to have enough health providers, resulting in less access to care and poorer health. Research shows that underrepresented health professionals are more likely to serve in underserved communities and serve disadvantaged patients, so diversifying California's health workforce can significantly reduce disparities in healthcare access and outcomes, as well as help address workforce needs.

The Board reported that CODA accreditation standards, which the Board relies upon, require dental schools to have policies and procedures that promote diversity among students, faculty, and staff, and places a high value on diversity, including ethnic, geographic, and socioeconomic diversity. The Board also accepts courses in cultural competencies towards its CE requirements. In addition, the Board participates in the OSHPD project to create a health care workforce clearinghouse in accordance with SB 139 (Scott, Chapter 522, Statutes of 2007), which will allow OSHPD to deliver a report to the Legislature that addresses employment trends, supply and demand for health care workers, including geographic and ethnic diversity, gaps in the educational pipeline, and recommendations for state policy needed producing workers in specific occupations and geographic areas to address issues of workforce shortage and distribution. Results may be found in OSHPD facts sheets on dentists and RDAs, which include information on supply, geographical distribution, age, and sex, but do not include information on ethnic or language diversity.

The Board has also been collecting workforce data pursuant to AB 269 (Eng, Chapter 262, Statutes of 2007) since January 1, 2009. It was the intent of the Legislature, at that time, to determine the number of dentists and licensed or registered dental auxiliaries with cultural and linguistic competency who are practicing dentistry in California. The Board developed a workforce survey, which licensees are required to complete upon initial licensure and license renewal. Foreign language and ethnic background questions are both optional. The online results of the survey are manually input by staff into one data file, which is downloaded annually to the Board's Web site. The current report is approximately 299 pages and posts the raw data on its Web site, since AB 269 was not accompanied with funds for staff or a computer program to work on this project and manipulate this data. However, the Board has recently partnered with the Center for Oral Health, which will take that data and put it into a useable format, which will be presented at an Access to Care Committee meeting.

Staff Recommendation: ***The Board should continue to collaborate with interested stakeholders to assist in the implementation of the ACA and enhance efforts on diversity and workforce shortages, including targeting any outreach efforts to underserved areas or communities. The Board should continue to monitor information provided by OSHPD and the industry on possible workforce shortages, and advise the Committees on workforce issues as they arise. The Board should inform the Committees of the Center for Oral Health's findings based on AB 269 data, and whether there are ways to make this data more useful.***

DBC Response: The Board continues to collaborate with interested parties to assist in the implementation of the ACA and enhance efforts on diversity and workforce shortages, including targeting any outreach efforts to underserved areas or communities. At its February 2015 Board meeting, representatives from the Center for Oral Health (COH) gave a presentation on dental workforce data and the opportunities and

challenges associated with interpreting the data in a meaningful way to effect policy decisions. COH pointed out a number of challenges with the Board's data that if addressed, could yield more useful information; e.g., existing data sources are not linkable and not reliably accurate; not easily accessible, some data elements are not collected. COH recommended the Board enhance overall data capacity over time by modifying the data that exists to make it accurate, useful, and available; collaborate with partners for action and analyses, develop a data enhancement strategy for future workforce analyses, and utilize improved data to strategically improve access to care in California. When the Board converted to the BreEZe system in January 2016, additional challenges were identified and will need to be addressed.

ISSUE #12: DENTAL CORPS LOAN REPAYMENT PROGRAM. Over half of the money that has been available to this program for over a decade ago remains unused. How can the Board ensure greater participation in this program?

Background: AB 982 (Firebaugh, Chapter 1131, Statutes of 2002) established the California Dental Corps Loan Repayment Program. The dental corps program, which is administered by the DBC, assists dentists who practice in dentally underserved areas with repayment of their dental school loans.

Under the program, participants may be eligible for a total loan repayment of up to $105,000. A total of three million dollars ($3,000,000) was authorized to expend from the State Dentistry Fund for this program. SB 540 (Price, Chapter 385, Statutes of 2011) extended the program until all monies in the account are expended. To date, the Board has awarded funds to 19 participants. The practice locations are throughout the state. The facilities are located in Bakersfield, Chico, Compton, Corcoran, Los Angeles, Petaluma, Redding, San Diego, San Francisco, San Ysidro, Smith River, Vallejo, Ventura, Vista, Wasco and West Covina. The first cycle of applicants was received in January 2004, and the Board approved nine of 24 applicants, paying a total of $739,381 was paid over a three-year period. A second cycle of applicants was received in July 2006, and the Board approved six of 21 applicants, paying a total of $643,928 over a three-year period. In September 2010, the Board opened a third
cycle of applications and approved the only applicant. In October 2012, the Board opened a fourth cycle of applications and approved all three applicants. Approximately $1.63 million is left in the account.

The Board promotes this program on its website and includes this information in its presentation to senior students in California dental schools. In addition, the Board has worked with stakeholders and professional associations to distribute this information through their publications. Staff is continuing
to research other loan repayment programs offered by the California Dental Association, the MBC, and the OSHPD, and the Access to Care Committee is currently examining the issue to determine how to increase participation in the program.

AB 982 also established a similar program for physicians and surgeons to be administered by the MBC, which was renamed the Steven M. Thompson Physician Corps Loan Repayment Program by AB 1403 (Nunez, Chapter 367, Statutes of 2004. However, in 2005, the MBC sponsored AB 920 (Aghazarian, Chapter 317, Statutes of 2005), which transferred this program to the Health Professions Education Foundation (HPEF). At the time, the MBC noted that the transfer of the program would help both the program and the HPEF because the HPEF is better equipped to seek donations, write grants, and continuously operate the program. HPEF is the state's only non-profit foundation statutorily created to encourage persons from underrepresented communities to become health professionals and increase access to health providers in medically underserved areas. Supported by grants, donations, licensing fees, and special funds, HPEF provides scholarship, loan repayment and programs to students and graduates who agree to practice in California's medically underserved communities. Housed in OSHPD, HPEF's track record of delivering health providers to areas of need has resulted in approximately 8,776 awards totaling

more than $92 million to allied health, nursing, mental health and medical students and recent graduates practicing in 57 of California's 58 counties.

Staff Recommendation: ***The Board should inform the Committees of whether it has sought matching funds from foundations and private sources as authorized under AB 982. The Board should continue to explore ways to increase participation in the program, including whether it should transfer administration of the program to the HPEF, which may be better equipped to generate and distribute funds under the program. The Board should advise the Committees on whether any statutory changes are necessary to fully utilize this program. The Committees should ensure this money, which has been available for use for over the last 10 years, is distributed and used to increase access to care in underserved areas.***

DBC Response: In 2002, legislation established the Board's authority to spend $3 million to fund a loan repayment program to assist dentists who practice in dentally underserved areas with repayment of their dental school loans. Early on, there were as many as 24 applicants per cycle seeking these funds. For unexplained reasons, applications dropped off for three years between 2007 and 2010. Since 2010, the number of candidates seeking application to these funds has dwindled to one to three applicants per cycle. The Board has not sought matching funds from foundations and private sources as authorized under AB 982 to increase this fund.

Assembly Bill 2485 (Santiago, Chapter 575, Statutes of 2016) revises the program provisions governing eligibility, application, selection, and placement. Additionally, the bill requires the Board to develop a process for repayment of loans or grants disbursed, should the applicant be prematurely terminated or unable to complete qualifying employment. The bill was signed by the Governor and filed with Secretary of State on September 24, 2016.

As a result of the enactment of AB 2485, Board staff created an action plan outlining the proposed changes to the Loan Repayment Program. Notable changes include an updated application and agreement, as well as a new annual progress report that will be submitted by the program participant. In addition, the California Code of Regulations, Title 16, Sections 1042 – 1042.6 will be updated to match the amended Business and Professions Codes.

Board staff drafted revisions to the California Dental Corps Loan Repayment Application to reflect updated criteria regarding eligibility, selection, and placement. Eligibility criteria has been expanded to include applicants that are currently eligible for graduation from a pre-doctoral or post-doctoral education program approved by the Board or the Commission on Dental Accreditation. Selection and placement criteria were refined to allow more applicants to qualify for priority consideration with the Board.

The Board has already developed a process for repayment of loans or grants disbursed. Pursuant to California Code of Regulations, Section 1042.5, a dentist who is unable to complete the required three (3) years of service must repay the Dental Board the total amount of loan repayment paid by the program. The Board shall notify the participant in writing of any amounts to be repaid to the Board, and when the dentist shall make such a payment. The repayment is due within one (1) calendar year after written notification from the Board. California Code of Regulations, Section 1042.5, is included with the California Dental Corps Loan Repayment Program agreement.

Business and Professions Code Section 1972(f) was amended to allow the Board to contact dental organizations and educational institutions for outreach to potentially eligible applicants. The Board may also create flyers advertising the program benefits and related qualifications.

The Dental Board's website was updated to reflect the changes made to the program. An overview of the program and minimum qualifications is clearly posted on the Loan Repayment webpage. The Board included a link to the Health Professional Shortage Area (HPSA) search engine so applicants may locate qualified underserved clinics in California. In addition, links to the revised application and related code sections are provided on the webpage.

Board staff is currently developing regulations to coincide with the modifications made to the program pursuant to AB 2485. The regulations must reflect the revised eligibility criteria and priority consideration factors. The rulemaking process will last 12-18 months. As such, the Board anticipates the amended regulations will be effective in Spring 2020.

ISSUE #13: DIFFICULTY COLLECTING CITATIONS AND FINES AND COST RECOVERY. ***How can the Board enhance its efforts to collect fines and cost recovery?***

Background: BPC § 125.9 authorizes the Board to issue citations and fines for certain types of violations of the Act. Among other things, the Board is authorized to issue administrative citations to dentists who fail to produce requested patient records within the mandated 15-day time period (BPC §1684.1(a)(1)) or who fail to meet standards as evidenced through site inspections (BPC §1611.5)). The Board continues to hold licensees accountable to this timeframe and issues citations with a $250/day fine, up to $5,000 maximum. The Board also addresses a wider range of violations that can be more efficiently and effectively addressed through a cite-and-fine process with abatement or remedial education outcomes, for example, when patient harm is not found. The length of time before administrative discipline could result is also taken into consideration when determining whether a case is referred for an accusation or an administrative citation is more appropriate to send a swift message regarding unprofessional conduct or to achieve prompt abatement, and citations can address skills and training concerns promptly. The Board typically issues administrative fines up to a maximum of $2,500 per violation, with totals averaging $3,506 per citation.

When issuing citations, the Board's goal is not to be punitive; rather, the Board seeks to protect consumers by getting the dentist's attention, re-educating him or her as to the DPA, and emphasizing the importance of following dental practices that fall within the community's standard of care. When deciding whether to issue a citation and an appropriate corresponding fine, factors such as the nature and severity of the violation and the consequences of the violation (e.g., potential or actual patient harm) are taken into account. Examples of "lesser" violations of the DPA that may not warrant referral to the OAG, but where a citation and fine may be more appropriate, include documentation issues (e.g., deficient records/recordkeeping), advertising violations, failure to keep up with continuing education requirements, unprofessional conduct for the failure to disclose or report convictions (e.g., DUI), and disciplinary actions taken by another professional licensing entity. In addition to using citations as a tool to address less egregious violations that would not otherwise result in meaningful discipline, the Board

views citation as a means of establishing a public record of an event that might otherwise have been closed without action, and thereby remain undisclosed.

CITATION AND FINE	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Citations Issued	42	15	28	82
Average Days to Complete	127	339	410	272
Amount of Fines Assessed	$135,900	$28,000	$55,200	$301,150
Reduced, Withdrawn, Dismissed	0	7	4	8
Amount Collected	$15,850	$10,469	$88,026	$28,782

*The increase in citations in FY 13/14 was due to one individual to whom the Board issued 48 citations to one

individual who did not provide records based on 48 complaints received by the Board. The subject's license was revoked. Another reason for the increase in citations was based on the Board escalating the number of inspections for infection control standards.

BPC § 125.9 authorizes the Board to add the amount of the assessed fine to the fee for license renewal. In the event that a licensee fails to pay their fine, a hold is placed on the license and it cannot be renewed without payment of the renewal fee and the fine amount. This statute also authorizes the Board to take disciplinary action for failure to pay a fine within 30 days from the date issued, unless the citation is appealed. When a license is revoked, the individual's ability to secure gainful employment and reimburse the Board is diminished significantly. Presently, the Board does not use the Franchise Tax Board (FTB) Intercept program to collect citation fines. While the amount in assessed fines has increased dramatically, the amount collected has fallen and reflects only a small portion of fines assessed.

The Board, however, emphasizes that when it issues citations, its goal is not to be punitive. Rather, the Board uses citations as a tool to protect the health and safety of California's consumers by gaining dentists' compliance and/or helping them become better dental care providers by re-educating them as to the Act. In addition, the Board believes that the ability to assess a larger fine will get individuals to take the Board's citations more seriously. The Board has identified increasing the maximum fine per violation from $2,500 to $5,000 per violation as one of the Board's regulatory priorities for FY 15/16.

BPC § 125.3 specifies that in any order issued in resolution of a disciplinary proceeding before any board, the Administrative Law Judge (ALJ) may direct the licensee at fault to pay for the reasonable costs of the investigation and enforcement of the case. The Board's request for recovery is made to the presiding ALJ who decides how much of the Board's expenditures will be remunerated. The ALJ may award the Board full or partial cost recovery, or may reject the Board's request. In addition to cost recovery in cases that go to hearing, the Board also seeks cost recovery for its settlement cases.

It continues to be the Board's policy and practice to request full cost recovery for all of its criminal cases as well as those that result in administrative discipline (BPC § 125.3). The Board also has authority to seek cost recovery as a term and condition of probation. In revocation cases, where cost recovery is ordered, but not collected, the Board will transmit the case to the FTB for collection. The Board may also pend ordered costs in the event the former licensee later returns and petitions for reinstatement. The Board also experiences difficulties in collecting cost recovery, as seen below.

Cost Recovery (dollars in thousands)				
	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Total Enforcement Expenditures	6,975	6,792	6,588	7,037

Potential Cases for Recovery *	106	111	97	91
Cases Recovery Ordered	50	67	46	64
Amount of Cost Recovery Ordered	3,907	4,579	3,222	6,819
Amount Collected	1,816	2,201	2,711	3,427
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

The Board has had success utilizing the FTB Intercept Program to collect cost recovery. However, due to limited staff resources, only a few licensees have ever been referred. The Board is currently working towards increasing our participation in this program and is identifying appropriate cases that can be enrolled. Challenges will remain in instances when the license has been surrendered or revoked, and the former licensee has employment challenges resulting in their inability to generate a taxable income.

Staff Recommendation: ***The Board should inform the Committees of why it does not utilize the FTB Intercept program to collect citations. The Board should consider working with the FTB Intercept program and contracting with a collection agency for the purpose of collecting outstanding fines and to seek cost recovery. In light of the low collection rate under current fines, the Board should explain to the Committees why it believes the ability to assess larger fines will assist its enforcement efforts.***

DBC Response: Presently, the Board does not use the FTB program to collect citation fines. BPC § 125.9 authorizes the Board to add the amount of the assessed fine to the fee for license renewal. In the event that a licensee fails to pay their fine, a hold is placed on the license and it cannot be renewed without payment of the renewal fee and the fine amount. This statute also authorizes the Board to take disciplinary action for failure to pay a fine within 30 days from the date issued, unless the citation is appealed. The board uses these administrative tools for collecting outstanding fines.

ISSUE #14: CONTINUING EDUCATION. ***Should the Board conduct CE audits for RDAs?***

Background: Dentists are required to complete not less than 50 hours of approved CE during the two- year period immediately preceding the expiration of their license. RDAs are required to take 25 hours of approved CE during the two-year period immediately preceding the expiration of their license. As part of the required CE, courses in basic life support, infection control, and California law and ethics are mandatory for each renewal period for all licensees. All unlicensed dental assistants in California must complete an approved 8-hour infection control course, an approved 2-hour course in CA law and ethics, and a course in basic life support. In addition, there are initial and ongoing competency requirements for specialty permit holders.

Licensees are required to maintain documentation of successful completion of their courses, for no fewer than four years and, if audited, are required to provide that documentation to the Board upon request. As part of the renewal process, licensees are also required to certify under penalty of perjury that they have completed the requisite number of continuing education hours, including any mandatory courses, since their last renewal. Starting with the February 2011 renewal cycle, random CE audits for dentists were resumed. Staff has been auditing 5% of the dental renewals received each month. In keeping with the Board's strategic plan and succession planning efforts, staff has developed a desk manual with written procedures for the auditing process. As of September 30, 2014, staff has conducted 521 CE audits. Seven licensees, or approximately 1% of those audited, failed the

audit. Dentists who are not able to provide proof of CE units may be issued a citation and fine. Without additional resources, audits for registered dental assistants are only conducted in response to a complaint or other evidence of noncompliance. The Board also anticipates submitting a BCP for FY 2016/17 for one staff to initiate regular and ongoing audits for RDAs and RDAEFs.

Staff Recommendation: ***The Board should pursue a BCP for staff to conduct regular and ongoing audits for RDAs and RDAEFs to hold licensees accountable and promote proper standard of care.***

DBC Response: The Board anticipates submitting a BCP for staff positions to initiate regular and ongoing continuing education audits for RDAs and RDAEFs in order to hold licensees accountable and promote proper standard of care.

ISSUE #15: DISCIPLINARY CASE MANAGEMENT TIMEFRAMES ARE STILL EXCEEDING CPEI's PERFORMANCE MEASURE OF 540 DAYS. ***Will the Board be able to meet its goal of reducing the average disciplinary case timeframe from 36 months to 18 months?***

Background: The Board receives between 3,500 and 4,000 complaints per year, and refers almost all of those complaints to investigations. Over the last four fiscal years, the average time to close a desk investigation was 96 days. This timeframe represents a marked improvement from the Board's last sunset review, when the average number of days to close a complaint was 435 days. In addition, the average time to close a non-sworn investigation was 375 days, and to close a sworn investigation was 444 days. In recent years, the amount of time to close a sworn investigation has decreased and fell to 391 days in the last fiscal year. Based on these statistics, the Board completed 3,759 investigations in the last fiscal year, and average 190 days per investigation.

Enforcement Statistics				
	FY 10/11	**FY 11/12**	**FY 12/13**	**FY 13/14**
INVESTIGATION				
All Investigations				
First Assigned	3640	3570	3973	3699
Closed	3981	3496	3691	3758
Average days to close	181	173	156	187
Desk Investigations				
Closed	2987	2404	2889	2855
Average days to close	106	72	87	118
Non-Sworn Investigation				
Closed	377	593	257	320
Average days to close	278	364	384	473
Sworn Investigation				
Closed	572	492	543	584
Average days to close	505	453	421	391

The CPEI sets a target of completing formal disciplinary actions within 540. The Board is currently exceeding that target, averaging 1,084 days to complete a formal accusation over the last four fiscal years, and has increased this past fiscal year.

ACCUSATIONS				
	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Accusations Filed	89	103	75	73
Accusations Withdrawn	9	8	10	2
Accusations Dismissed	0	0	2	1
Accusations Declined	7	1	3	0
Average Days Accusations (from complaint receipt to case outcome)	1043	1087	934	1271
Pending (close of FY)	200	234	188	168

The Board notes, however, that while the total time to complete a formal disciplinary case exceeds the target and has been increasing, the longest part of the delay occurs once the case is has been referred to the AG's office, as demonstrated in the chart below, which shows the number of days for the Board to complete investigations is well within the CPEI's goal of completing investigations within 270 days.

Case Aging (Days)	FY 10/11	FY 11/12	FY 12/13	FY 13/14
Statement of Issues Cases				
Referral to Statement of Issues Filing	**114**	**119**	**204**	**102**
Statement of Issues to Case Conclusion	267	264	273	357
Total Average from Referral to Case Conclusion	381	383	477	459
Licensing Accusations				
Referral to Accusation Filing (Average Days)	**157**	**153**	**170**	**231**
Accusation to Case Conclusion	440	429	408	528
Total Average from Referral to Case Conclusion	597	582	578	759

The Board notes that the increase in FY 13/14 for completing an accusation is outside of the Board's control. According to the Board, the number of accusations filed on behalf of the Board has remained relatively constant over the last eight years and has actually dropped in recent years due to the Board's utilization of the citation process as an alternative to formal discipline in the less egregious cases. However, the average number of days to complete a case that has been referred to the AG for disciplinary action has continued to increase from 929 days in FY 09/10 to over 1185 days in 2014, an increase of over 27%. In addition, while the Board, along with many other boards, received additional positions under CPEI, which has increased its enforcement capacity and ability to investigate and bring cases forward, the AG's office and the Office of Administrative Hearings, which hears the cases, did
not receive additional staff. Additional reasons for the delays that are beyond the control of staff include delays caused by opposing counsel, suspensions while criminal matters are pending, and difficulty in scheduling amongst witnesses, patients, and other parties, as well as in scheduling hearing dates with the Office of Administrative Hearings (three months out for a one to two day hearing, eight months out for a hearing of four or more days).

Staff Recommendation: ***The Board should continue to focus on closing its oldest cases and reducing the amount of time it takes to close an investigation and to complete an accusation. The Board should continue to explore alternatives to formal discipline when appropriate, such as the use of citations, cease and desist letters, and working with licensees to agree to disciplinary terms. The Board should note whether any of these disciplinary timeframes include cases that have been adjudicated but are on appeal, which may skew the numbers. The Committees should work with the Board and other stakeholders to determine if it is feasible to increase the number of AGs and ALJ in response to the increase in enforcement staff under CPEI to truly address the ability to reduce enforcement times.***

DBC Response: CPEI sets a target of completing formal disciplinary action within 540 days; the Board is currently exceeding that target. A contributing factor to case aging occurs when a case has been concluded

and a writ petition is filed in superior court. The case is re-opened, and the aging clock on that case starts with the date the case was *first* referred to the AG. The case is finally closed when the petition decision by the court is received, or when five years have passed with no action on the petition.

The Board notes that some of the timeframes in completing an accusation are outside the Board's control. The number of accusations filed has remained relatively constant over the last eight years however the timeframes have actually dropped in recent years due to utilizing citations as an alternative to formal discipline in the less egregious cases.

The Board acknowledges that while the total time to complete a formal disciplinary case exceeds the target of 540 days, the number of days for the Board to complete its investigation is 270 days - well within CPEI's goal relative to investigation completion.

In addition, while the Board, along with many other boards, received additional positions under CPEI, which has increased its enforcement capacity and ability to investigate and bring cases forward, the AG's office and the Office of Administrative Hearings (OAH) are only now able to hire additional staff. Additional reasons for the delays that are beyond the control of staff include delays caused by opposing counsel, suspension of case activity while criminal matters are pending, and difficulty in scheduling interviews with witnesses, patients, and other parties, as well as in scheduling hearing dates with the OAH.

The Board has committed to focusing investigators' time on older cases, on exploring additional opportunities for the issuance of cease and desist orders, and has increased utilizing citations where appropriate. In addition, we are looking for alternatives to shorten time frames for completing the discipline process by including settlement terms and conditions when a signed accusation or statement of issues is returned to the Office of the Attorney General for service on the Respondent.

ISSUE #16: ENFORCEMENT STAFFING ISSUES. ***Does the Board employ an adequate number of staff to perform enforcement functions in a timely manner?***

Background: In 2011, the Board began filling the 12.5 positions allocated under the DCA's CPEI budget change proposal, and sworn investigator positions were distributed between the two Northern and Southern California field offices, and the IAU was established in the Sacramento headquarters office. The Board's enforcement managers developed case assignment guidelines, conducted an extensive case review of all open, previously unassigned cases, and distributed them among new and existing staff, resulting in the elimination of a backlog of over 200 cases. However, the success of DBC's increased enforcement efforts has resulted in a strain on the existing administrative support staff. Because CPEI did not include technical staff to perform support administrative functions generated by the increase in completed investigations, investigative staff performs these functions to avoid delays, which reduces their efficiency in working investigations. The Board has recently submitted a BCP to add two Office Technician positions to address this gap. This request was approved.

Since the 2011 sunset review of the Board, the Board has been fortunate to be able to fill the majority of its sworn and non-sworn enforcement positions. Case closure rates climbed following the addition of CPEI positions and remain steady, averaging 968 cases per year, up from 651 cases per year four years ago. Currently, the Board has 2.5 vacancies for sworn investigators and 2 vacancies for non- sworn investigators. The Board expects the candidates to be hired within the next three to four months. These hires will assist in lowering the investigative caseload and help lower case aging.

FISCAL YEAR	10/11		11/12		12/13		13/14	
Classificatio	Position	Vacant	Position	Vacan	Positions	Vacant	Positions	Vacant
Total Sworn Staff	20	4	20	3.5	20	3.5	20	2.5
Total Non-Sworn Staff	24	2	24	2	23	1.5	23	2
Total Enforcement APs	44	6	44	5.5	43	5	43	4.5

Despite an augmentation in enforcement staffing levels from CPEI, the Board notes that the caseload per investigator continues to remain significantly higher than other programs within the DCA, including the MBC and the DCA's Department of Investigation (DOI). In addition to an investigation caseload, Dental Board investigators also carry a probation-monitoring caseload averaging 10 per sworn investigator and up to 25 for Special Investigators. The Board reports that the number of licensees placed on probation has nearly doubled from 148 in FY 10/11 to 311 at the end of FY 13/14. The Board also reports that in general, the enforcement time commitment to manage a probationary licensee is four times greater than an investigation due to the number of meetings and quarterly reports that may be required.

High caseloads can adversely affect performance when staff is diverted from their work by competing demands. The Board will be studying options to determine if additional sworn or non-sworn staff will be sufficient to reduce investigative caseloads, or if the development of a probation unit will better support this challenge and adding staff dedicated strictly to probation monitoring will be necessary. Ideally, the Board would like to reduce its investigative caseloads similar to the MBC or DOI as the Board's cases are also very complex and technical in nature.

DCA – Enforcement Program	Average Caseload per
Division of Investigation	20-22 cases
Medical Board of California	20 cases
Dental Board of California	45-55 cases (plus 10 probationers)

In addition, the Enforcement Program has identified the need for an analyst dedicated to program reports, training contracts and budget support. Previously, the Enforcement Chief was responsible for many of these program-related tasks. However, with the increase in program size, more complex contract requirements for peace officer training and subject-matter experts (SMEs), and a need for greater accountability in enforcement, these tasks are better suited to an analyst position. The Board will be seeking a BCP to address this need in the next year.

Additionally, the Board notes that it is currently experiencing a shortage of available SMEs to provide case review of our completed investigations. SMEs conduct an in-depth review of the treatment provided to patients in cases alleging substandard care. Experts must be currently practicing, possess a minimum of five years' experience in their field, and cannot have had any discipline taken against their license in California or any other state where they have been licensed. The shortage of SMEs can be attributed to several factors, including the increase in the number of investigations being conducted and stagnant compensation rates. While the majority of SMEs recognize they are providing a service to consumers and their profession, the possibility of having to testify at hearing and close their practice for several days at a time can become a financial hardship to an individual licensee. The current

compensation rate, which pays $100 for written review and $150 per hour for testimony, has not been increased since 2009. By comparison, physicians at the Medical Board are compensated at $150 per hour for written review and $200 per hour for testimony. The Board has been trying to recruit experts through its Web site and outreach to dental societies. An increase in the number of experts in the resource pool will allow staff to more quickly refer their cases for review.

Staff Recommendation: ***The Board should consider conducting a staff and workload analysis after it receives the results of its fee audit to determine the appropriate level of staffing to ensure that the Board is able to perform all of its functions in a timely manner. The Board should inform the Committees of how large its current SME pool is, and the ideal ratio of cases to SMEs. The Board should continue recruitment efforts to attract more SMEs, and consider raising the compensation rate to increase participation in the program.***

DBC Response: In 2011, the Board was allotted 12.5 positions under the DCA's CPEI budget change proposal, and investigator positions were distributed between our Northern and Southern field offices. An Investigative Analytical Unit was established in the Sacramento headquarters office. The Board's enforcement managers developed case assignment guidelines, conducted an extensive case review of all open, previously unassigned cases, and distributed them among new and existing staff, resulting in the elimination of a backlog of over 200 cases. The process remains in effect.

The success of the Board's increased enforcement efforts resulted in a strain on the existing administrative support staff. CPEI did not include technical staff to perform support functions generated by the increase in completed investigations; consequently, investigative staff performs these functions to avoid delays, which reduces time spent on investigations. The Board recently was able to hire additional support staff to address this gap.

Despite an augmentation in enforcement staff levels from CPEI, the Board notes that the caseload per investigator continues to remain significantly higher than other programs within the DCA. In addition to an investigation caseload, Board investigators also carry a probation-monitoring caseload. We are looking into the possibility of adding staff dedicated strictly to probation monitoring and creating a probation unit to better support this challenge.

The Board is considering hiring an outside consultant to review the enforcement program in order to conduct a work load analysis to determine the appropriate level of staff that will be sufficient to reduce investigative caseloads and to identify where process improvements can be made.

The Board currently has over 130 available SMEs to provide case reviews of our completed investigations. The experts conduct an in-depth review of the treatment provided to patients in cases alleging substandard care and when necessary, provide testimony at hearings. The current compensation rate pays $100 per hour for written review and $150 per hour for testimony, and has not been increased since 2009. We will be looking at compensation rates for SME's used by other Boards to see if increasing the compensation to our experts might result in some continuity and a larger expert pool. The Board has been recruiting experts through its web site and outreach to dental societies. Through our recent recruitment efforts we believe we have resolved this issue for now.

OTHER ISSUES

ISSUE #17: LOW RATE OF RESPONSE TO CONSUMER SATISFACTION SURVEYS AND LOW RATE OF CONSUMER SATISFACTION WITH DBC. ***During the past four years, the Board has received an average survey return rate of approximately 2.55%, below the minimum level of 5% needed to be considered statistically relevant. In addition, the 2013/2014 Consumer Satisfaction Survey of DBC shows over 60% of complainants were dissatisfied with the way the Board handled their complaints.***

Background: In 2010, DCA launched an online Consumer Satisfaction Survey. The Board continues to survey consumers to learn about their experience with the complaint and enforcement process. The Survey is included as a web address within each closure letter, which directs consumers to an online "survey monkey" with 19 questions. Overall participation has been low. Acting on the belief that consumers may be increasingly reluctant to participate in online surveys, staff have also provided self- addressed, postage paid survey cards in closure envelopes. This has not had any discernible effect to the participation rate. During the past four years, the Board has received an average survey return rate of approximately 2.55%, below the minimum level of 5% needed to be considered statistically relevant. By comparison, DCA has reported a 2.6% average participation rate from all boards and bureaus. It should be noted that in reviewing the individual responses, consumers chose to skip or not answer a number of the questions.

With regard to specific survey results, the Board has identified that the participating consumers expressed dissatisfaction surrounding the complaint intake process; initial response time; complaint resolution time; and explanation regarding the outcome of the complaint. The Board notes that the average initial response time is nine days, which is below the maximum time allowed by law. In addition, with the exception of complaints resulting in discipline, the Board's average resolution time is 164 days, which is below the 270 day performance target. Regarding explanations regarding the outcomes of complaints, the Board notes that in 27% of complaints that were closed, dental consultants who reviewed dental issues determined that there was no violation of the Act, due to simple negligence, and 9% of those closed complaints were due to non-jurisdictional requests for refunds, and that both of those outcomes may have impacted a consumers satisfaction.

In October of 2014, Board staff has begun participating in a DCA focus group to draft new questions and consider alternative formats to increase consumer participation. In addition, Board staff is also reviewing the link on the current closure letter to determine if revisions may be necessary.

Staff Recommendation: ***The Board should continue to explore ways to increase responses to its consumer satisfaction surveys.***

DBC Response: The Board has been working with the DCA on increasing the response returns on our consumer satisfaction surveys. In an effort to solicit more responses from consumers, Board staff have placed a link on the final letters sent to the consumers/complainants, enclosed postage paid, post card survey forms and attached a link to their e-mail signature line to an on line survey.

CONTINUED REGULATION OF THE PROFESSION BY THE CURRENT PROFESSION BY THE NAME OF BOARD

ISSUE #18: CONTINUED REGULATION BY THE BOARD. ***Should the licensing and regulation of the dental profession be continued and be regulated by the current Board membership?***

Background: The health, safety and welfare of consumers are protected by the presence of a strong licensing and regulatory Board with oversight over the dental profession. The Board should be continued with a four-year extension of its sunset date so that the Legislature may once again review whether the issues and recommendations in this Background Paper have been addressed.

Staff Recommendation: ***Recommend that the licensing and regulation of the dental profession continue to be regulated by the current Board members in order to protect the interests of the public and be reviewed again in four years.***

DBC Response: The Board supports this recommendation.

New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.

   (a) Issue #3 discussed the challenges surrounding the implementation of the DCAs new computer system (BreEZe). While most of the issues have been resolved, the challenge remaining is the time tracking module that was not available in Release I. The module was intended to track investigator time and costs associated with an investigation. The module has not been utilized by other boards, however, Dental Board staff is working with DCA to develop the module to be able to track board specific items such as travel time, report writing, interviews, etc. It is anticipated that the roll-out of this module should be available by the end of 2018. Enforcement staff should be utilizing it beginning January 1, 2019. Currently board staff are manually tracking casework and supervisors are conducting regular desk audits to ensure the timeliness of casework.

   (b) Issue #4 addressed the pro-rata issue and whether the Board could achieve cost savings by providing some of the services, currently provided by the DCA, in-house. The Board's management team has been participating in DCA pro-rata workshops to determine what services, if any, could be eliminated. The Board expressed an interest in hiring its own attorney pursuant to BPC Section 1616 and submitted a package to DCA Human Resources to hire a two-year limited term attorney lll. Hiring this limited term position would allow the Board time to collect the workload data to justify moving forward with requesting a permanent position in the future. The Executive Officer had multiple discussions with DCAs Chief Legal Counsel about this issue and could not come to agreement about to whom this attorney would report. Despite the Board's authority to hire its own attorney, the recruitment package has been stalled in the legal department and has not moved forward.

   (c) Issue #5 discussed whether the Board should consider it feasible or preferable to merge the Dentistry and Dental Assisting Funds. Board staff researched the feasibility of merging the two funds and consulted with the Department of Consumer Affairs' Budget Office. Staff determined that the merging of the two funds will streamline certain processes. The combining of the two separate funds and two separate appropriations into one, will create efficiencies in budgeting and accounting processes in the long term and would make any budgeting issues simpler to understand. There would be a significant amount of work involved in making the switch, including requiring statutory amendments. However, the DCA Budget Office opined that the long-term benefits of merging the two funds outweigh the short-term concerns and increased workload. At the May 2017 meeting, the Board voted to support the merging of the State Dentistry Fund and the State Dental Assisting

Fund and directed staff to continue to research and identify the process by which the two funds may be merged; and to include a request to merge the funds as part of the Board's Sunset Review Report.

(d) Issue #6 discussed foreign dental school approvals and whether the current process for approving foreign dental schools is sufficient; or whether the Board should consider heavier reliance on accrediting organizations for foreign school approvals. The Board is responsible for the approval of international dental schools based upon standards established pursuant to BPC Section 1636.4(d). The process for application, evaluations, and approval of international dental schools is outlined in BPC 1636.4 and Title 16, CCR 1024.3-1024.12. As mentioned in the background report, the institutional standards upon which the Board evaluates foreign dental schools were initially established based upon the Commission on Dental Accreditation (CODA) standards, used for dental schools located within the United States. At that time CODA did not have a program to evaluate international dental schools. While throughout the years CODA has continued to review and revise its standards, the Board has not kept pace with these changes by updating its regulations to reflect current CODA standards in order to evaluate foreign dental schools. During the August 2016 meeting, the Board voted to move forward with updating the institutional standards via the regulation process.

Advancements have been made at CODA with regard to international dental school accreditation. Since 2007, CODA has had a rigorous and comprehensive international accreditation program for predoctoral dental education. Prior to applying for accreditation by the Commission, the international predoctoral dental education program must undergo consultative review by the Joint Advisory Committee on International Accreditation (JACIA). The JACIA is a joint advisory committee made up of CODA Commissioners and ADA members; its activities are separate from the Commission but supported by CODA staff and volunteers. Information about the JACIA process can be found at: http://www.ada.org/en/coda/accreditation/international-accreditation/

Currently there are a number of international dental schools utilizing the CODA consultative services. However to date, no international dental school has achieved accreditation from CODA. The Board agrees that approval of foreign dental schools is best achieved by organizations such as CODA.

(e) Issue #7 asked the Board to consider whether a practical examination is the most effective way to demonstrate minimal competency for RDAs. The detailed discussion of this issue can be found in Section 10, Issues #2 and #7 of the Background Report.

Upon completion of the occupational analysis (OA) for RDAs, OPES conducted a comprehensive review of the Practical Examination. The review was conducted with the following goals: (1) to evaluate the psychometric properties of the examination (e.g., reliability, test security, standardization) in response to ongoing concerns from the Board and industry stakeholders; (2) to determine the necessity and accuracy of the examination in response to Assembly Bill (AB) 179 (2015); and, (3) to evaluate the content validity of the RDA Practical Examination in relation to the 2016 RDA OA results.

OPES recommended the Board immediately suspend the administration of the practical examination. OPES believed there was a relatively low risk of harm to the public from the suspension of the examination because of the other measures in place, i.e., passing a written examination and the fact that RDAs are required to be under general or direct supervision by a licensed dentist.

On April 6, 2017, the Board voted to suspend the RDA practical examination as a result of the findings of the review of the practical examination conducted OPES until July 1, 2017 and directed staff to pursue legislation to amend Business and Professions Code (BPC) section 1752.1, subdivision (j), for the purpose of allowing the Board to keep the administration of the examination suspended until such time as the Board and OPES identify options. The suspension of the RDA practical examination commenced on April 7, 2017 and remained suspended until July 1, 2017.

Since BPC Section 1752.1 reinstated the RDA practical examination requirement as of July 1, 2017, and the Board had deemed the examination to not accurately measure the competency of RDAs and could no longer administer the RDA practical examination in its current form, the Board sought urgency legislation to extend the dates of the suspension of the examination so the Board would have adequate time to identify reasonable alternatives to measure competency and not unnecessarily create a barrier to RDA licensure in California. This urgency legislation was carried by Assembly Member Low (AB 1707) (Chapter 174, Statutes of 2017), was signed by the Governor and became effective August 7, 2017. The legislation continues the suspension of the RDA practical examination from July 1, 2017 until January 1, 2020, at which time a practical examination or an alternative means of measuring competency will be implemented.

At its August 2017 meeting, the Board and the DAC considered a memorandum that was presented by the OPES relating to alternatives for assessing the competency of RDA candidates to perform the clinical procedures necessary for licensure. After the discussion, the Board took action to appoint a subcommittee of the Board to develop alternatives to RDA licensure, other than a practical exam, to bring back to the Board and DAC for consideration at a future meeting.

The subcommittee, consisting of Bruce Whitcher, DDS and Judith Forsythe, RDA, met and developed a preliminary subcommittee report regarding alternatives. This preliminary report was shared with stakeholders at a workshop held on Friday, October 13, 2017 in Sacramento. This workshop provided a forum for discussion regarding the subcommittee's recommendations and allowed interested parties the opportunity to provide verbal and written comments.

The workshop was attended by representatives of the California Dental Association (CDA), the California Association of Dental Assistants (CDAA), the Dental Assisting Educators Group, Board - approved educational program and course providers, and practicing RDAs. Board staff, Legal Counsel, and OPES were also in attendance.

As a result of this workshop, the subcommittee recommended for discussion and possible action by the Board and DAC, six alternative methods to measure RDA competency for licensure in California. These recommendations were discussed at the November 2017 meeting. Consideration was given not only to public protection, but to whether or not the new eligibility requirements would eliminate overly restrictive eligibility standards, and/or place undue burdens on those who want to enter the profession.

At the November 2017 meeting, the Board and DAC voted to adopt the alternative which requires that eligibility for RDA licensure be based on completion of the current licensure requirements as

established by current law and regulation and successful completion and passing of the RDA Written examination and the RDA Law & Ethics Written examination. The Board and DAC believe that this option was the most reasonable and optimal and will not introduce additional barriers to RDA licensure. The decision is supported by the fact that OPES indicated that the RDA written examinations, along with the fact that RDA duties are supervised by the dentist, places the public at little risk of harm. A practical examination would not provide additional public protection beyond that conferred by successful completion of an educational program or a written examination. During the sunset review process, the Board will be seeking a statutory change to implement this recommendation of RDA licensure without a practical examination.

(f) Issue #11 addressed the data obtained through mandatory surveys required at licensure renewal and whether there are ways to make this data more useful. At its February 2015 Board meeting, representatives from the Center for Oral Health (COH) gave a presentation on dental workforce data and the opportunities and challenges associated with interpreting the data in a meaningful way to effect policy decisions. COH pointed out a number of challenges with the Board's data that if addressed, could yield more useful information; e.g., existing data sources are not linkable and not reliably accurate; not easily accessible, some data elements are not collected. COH recommended the Board enhance overall data capacity over time by modifying the data that exists to make it accurate, useful, and available; collaborate with partners for action and analyses, develop a data enhancement strategy for future workforce analyses, and utilize improved data to strategically improve access to care in California. When the Board converted to the BreEZe system in January 2016, additional challenges were identified that will need to be addressed. Board staff are working with the DCA Office of Information Services regarding this issue.

(g) Issue #14 relates to continuing education and whether the Board should conduct continuing education audits for RDAs and RDAEFs. The Board believes that continuing education is an important part of license renewal for all licensees. The Board anticipates submitting a BCP for staff positions to initiate regular and ongoing continuing education audits for RDAs and RDAEFs in order to hold licensees accountable and promote proper standard of care.

2. New issues that are identified by the board in this report.
    - No issues at this time.
3. New issues not previously discussed in this report.
    - Licensure by Residency. This section of law became operative January 1, 2007. It created a pathway to licensure in California that allows a dental student who graduated from dental school and who completes a clinically based advanced education program in general dentistry (GPR) or an advanced education program in general practice residency (AEGD) that is at minimum, one year in duration and is accredited by either the Commission on Dental Accreditation (CODA) of the American Dental Association or a national accrediting body approved by the Board, to be licensed in the state without having to take a clinical examination. Current statute does not specify a timeframe or deadline by which an applicant may apply for licensure after completing the residency. Without specifying a cutoff date, the Board is receiving applications from candidates who completed a residency more than five years ago and have not had recent clinical experience. The Board is requesting that language be included in the sunset review

legislation that would impose a two year timeframe, after completion of a GPR or AEGD program for an applicant to apply for licensure through this pathway.

- Licensure by WREB/ADEX or any other future regional examination. This section of law became operative in 2004 and requires a candidate for licensure to have taken and received a passing score on a clinical and written examination administered by the Western Regional Examining Board (WREB) on or after January 1, 2005. Current statute does not specify an expiration date for the validity of the WREB examination results. Without imposing an expiration date, the Board could potentially have an applicant applying for licensure that took the WREB examination at any point since 2005. This makes it difficult to determine if the applicant is not only up to date on the best practices in dentistry but also is safe to practice clinically. ADEX The Board is requesting that language be included in the sunset review legislation that would impose an expiration date of five years from the date a candidate passes a regional clinical examination for acceptance toward licensure.

- New License to Replace Cancelled License. Current statute states that a licensee who was licensed in California, but whose license was cancelled for non- renewal after five years, can only apply for a new license to replace a cancelled license by paying all back renewal and delinquency fees, even if the licensee could qualify by another pathway such as Licensure by Credential. The Board is requesting that language be included in sunset review legislation that would allow licensees who have held a California license which expired and therefore was cancelled, the opportunity to re-apply for licensure in California through another licensure pathway such as Licensure by Credential.

- Certification of Proof of Graduation for Dental Education – Dean or Dean Delegate Signature Authority.

- Clarification of “approved by the board” to include “or “by the Commission on Dental Accreditation of the American Dental Association”. It has come to staff’s attention that sections of statute reference “approved by the board” and there is no clear definition of what that means. For consistency, the Board is requesting that language be included in the sunset review legislation that would add the phrase, “or by the Commission on Dental Accreditation of the American Dental Association” wherever the phrase “approved by the board” appears.

4. New issues raised by the Committees.
   - AB 2235 (Chapter 519, Statutes of 2016) requires the Board to provide a report on pediatric deaths related to general anesthesia in dentistry at the time of sunset review.

     In February 2016 Senator Jerry Hill, Chair of the Senate Committee on Business, Professions, and Economic Development was made aware of a tragedy in which an otherwise healthy child died after receiving general anesthesia at a dentist’s office. He notified the Dental Board of California (Board) of his concern about the rise in the use of

anesthesia for young patients and asked the Board to investigate whether California's present laws, regulations, and policies are sufficient to protect the public. In doing the research, Senator Hill asked the Board to review all incident reports collected by the Board related to pediatric anesthesia in California for the past five years.

The Board President appointed a two-person subcommittee to work with staff to research this issue; and the study was expanded to include review of incident reports related to all levels of pediatric sedation including conscious sedation, oral conscious sedation, and general anesthesia as well as administration of local anesthetic in California for the past six years (2010-2015).

Three subcommittee meetings were held (July, August, and October) to take public comment on this important issue. The meetings were webcast and are archived for future viewing. Those in attendance included staff consultants from Senator Hill and Assembly Member Thurmond's offices, the public, the media (ABC and NBC), and representatives from the following organizations: American Academy of Pediatrics, California Association of Nurse Anesthetists, California Dental Association, California Society of Anesthesiologists, California Society of Dental Anesthesiologists, and California Association of Oral and Maxillofacial Surgeons.

The Board's research found that California dental sedation and anesthesia laws are similar to laws in other states, and differ primarily in the area of personnel requirements. Approximately half of other states specify the number of staff who must be present, in addition to the dentist, when general anesthesia or moderate sedation is administered. No state requires the presence of an individual dedicated to both the monitoring and administration of general anesthesia or moderate sedation.

California policies, laws and regulations are generally consistent with professional dental association guidelines with the exception of a recommendation in the American Academy of Pediatrics-American Academy of Pediatric Dentistry Guidelines for a person dedicated to the monitoring and administration of deep sedation and general anesthesia.

The Board concluded that California's present laws, regulations and policies are sufficient to provide protection of pediatric patients during dental sedation. However, it recommended the consideration of the following enhancements to current statute and regulations to provide an even greater level of public protection:

1. The board should continue to research the collection of high quality pediatric dental sedation and anesthesia related data to inform decision making.
2. The definitions of general anesthesia, conscious sedation, pediatric and adult oral sedation should be updated.
3. Proposed changes to the sedation and anesthesia permit system:
   a. Pediatric Minimal Sedation Permit for patients under age thirteen (13). (This permit would replace the existing Oral Conscious Sedation for Minors permit)

   b. Pediatric Moderate Sedation permit for patients under age 13. (This permit could either be a new pediatric permit or an endorsement on an existing moderate (conscious) sedation permit.)

   c. Pediatric general anesthesia permit for children under age 13. (This permit could either be a new pediatric permit or an endorsement on an existing general anesthesia permit.)
4. Requirements for records and equipment should be updated and include the use of capnography for moderate sedation.
5. The Dental Board should be provided with additional authority to strengthen the onsite inspection and evaluation program.

The Board recognizes that the manpower and economic considerations for pediatric dental sedation were beyond the scope of the report that was submitted to the Legislature. These considerations will be critical to the successful implementation of any changes to dental sedation laws. The Board therefore recommends that there be an analysis of the effects of any proposed new legislation or regulation on access to care for pediatric dental patients prior to the implementation of any changes. Factors such as whether the costs of sedation and anesthesia are reasonable depends on how cost effectiveness is defined and calculated, and on the perspective taken. For example, clinicians often view cost implications differently than would payers or society at large. There needs to be consideration of the resource constraints of the healthcare system (for example, Denti-Cal versus private insurance). Feasibility issues must be considered, including the time, skills, staff, and equipment necessary for the provider to carry out the recommendations, and the ability of patients and systems of care to implement them.

While research on the report was being conducted pursuant to Senator Hill's request, Assembly Bill 2235 (Thurmond), also known as Caleb's Law, was introduced and subsequently was signed into law by the Governor. In addition to requiring the Board to submit a Pediatric Anesthesia Report to the California State Legislature by January 1, 2017, the legislation made changes to Business & Professions Code section 1680(z) regarding the reporting requirements for hospitalizations and deaths when anesthesia was used. AB 2235 requires that reporting of deaths and/or hospitalizations be on a form approved by the board; and that the following information be included: the date of the procedure; the patient's age in years and months, weight, and sex; the patient's American Society of Anesthesiologists (ASA) physical status; the patient's primary diagnosis; the patient's coexisting diagnoses; the procedures performed; the sedation setting; the medications used; the monitoring equipment used; the category of the provider responsible for sedation oversight; the category of the provider delivering sedation; the category of the provider monitoring the patient during sedation; whether the person supervising the sedation performed one or more of the procedures; the planned airway management; the planned depth of sedation; the complications that occurred; a description of what was unexpected about the airway management; whether there was transportation of the patient during sedation; the category of the provider conducting resuscitation measures; and the resuscitation equipment utilized. AB 2235 also requires the Board to report on pediatric deaths related to general anesthesia and deep sedation in dentistry at the time of sunset review.

In response to AB 2235 which became effective January 1, 2017, and until a reporting form can be promulgated in regulation, board staff created a courtesy reporting form which includes the data points itemized in the above paragraph. The Board contacted current permit holders to notify them of the new requirements and posted the information on its website. The Board determined that an additional staff position was

necessary to track the data from these new forms and therefore submitted a budget change proposal for the position. The position was approved in the Governor's budget in June 2017. The authority to recruit to fill this position was effective July 1, 2017; and the position was filled soon thereafter.

INSERT THE DATA HERE

Section 12
Attachments

Please provide the following attachments:

A. Board's administrative manual.

B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).

C. Major studies, if any (cf., Section 1, Question 4).

D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

Section 13
Board Specific Issues

DIVERSION

Discuss the Dental Board's diversion program, the extent to which it is used, the outcomes of those who participate, the overall costs of the program compared with its successes.

In 1982, BPC § 1695 mandated the Dental Board seek ways and means to identify and rehabilitate licensees whose competency may be impaired due to their abuse of dangerous drugs and/or alcohol.

The Board acknowledges and recognizes that a professional's abilities may be impaired by alcoholism and other drug dependencies. In an effort to deal with this problem in a rehabilitative manner, the Board developed the Diversion Program.

The Diversion Program is a voluntary, confidential program that offers an alternative to traditional disciplinary actions for dental licensees whose practice may be impaired due to chemical dependency. The goal of the Diversion Program is to protect the public by early identification of impaired dentists and dental assistants and by providing licensees access to appropriate intervention programs and treatment services. Public safety is protected by suspension of practice, when needed, and by careful monitoring of the participants.

Any California licensed dental professional residing in the state and experiencing an alcohol and/or drug abuse problem is eligible for admission into the program.

Diversion Evaluation Committee (DEC)

1. **DCA contracts with a vendor to perform probation monitoring services for licensees with substance abuse problems, why does the Dental Board use DEC? What is the value of a DEC?**

   The Diversion Evaluation Committee (DEC) members consist of fellow dental professionals and experts in the field of chemical dependency; both areas of expertise that cannot be replicated by board staff. Following the guidelines established by the Board, each DEC has the authority to evaluate program participant eligibility and monitor ongoing participation.

   In conjunction with the DEC, the Board has a designated Diversion Program Manager (DPM) who acts as the liaison with the DEC members (filling vacancies, planning meeting travel, training), oversees the administration of the Diversion contract with the chosen vendor, and provides quarterly reports at Board meetings. All decisions regarding program participants are made by the DEC in consultation with the Contractor (currently MAXIMUS, Inc.) and the DPM.

   The Board has established two diversion evaluation committees, one each, in Southern and Northern California. Quarterly meetings in two regions provides for consistent access for regular in-person evaluation of participants and consideration of licensees applying for the program.

   Responsibilities of the DEC members include, but are not limited to the following:

- Attend all DEC meetings as scheduled.
- Interview and evaluate licensees requesting admission to the program to determine their eligibility to participate.
- Review information regarding program participants.
- Consider recommendations made by the program manager and any consultant to the Committee.
- Determine when a participant is a risk to the public and if/when a licensee may safely continue, or resume the practice of dentistry.
- Establish supervision and surveillance of program participants by developing formal treatment and rehabilitation contracts.
- Assess participant progress and amend contracts accordingly.
- Determine when participants are to be terminated from the program for reasons other than successful completion.
- Other related duties at the direction of the board or program manager, as the Board may establish by regulation.

What is the membership/makeup composition?
CCR § 1020.4 establishes that each committee consist of six members: three (3) licensed dentists, one (1) licensed dental auxiliary, one (1) public member and one (1) licensed physician or psychologist. All must be experienced or knowledgeable in chemical dependency either through education, training, experience or personal recovery.

2. Did the Dental Board have any difficulties with scheduling DEC meetings? If so, describe why and how the difficulties were addressed.

There were no scheduling issues during the last four fiscal years. To reduce the potential for conflicts, MAXIMUS, Inc. selects meeting dates one year in advance and provides these dates to both the DPM and committee members for approval. This allows all the involved parties sufficient time to calendar the date(s) and attend. This practice also provides the best opportunity to secure a state-rate for out-of-town meetings, which benefits the Board.

3. Does the DEC comply with the Open Meetings Act?

Yes, the DPM prepares the quarterly agenda, publicly notices each meeting at least ten calendar days before the meeting, sends the agenda via USPS to all interested parties, and sends out an email blast to subscribers. Meeting notices and the agenda are also posted on the Board's website. An open session is always scheduled at the beginning of each meeting to allow public comment.

4. How many meetings were held in each of the last three fiscal years?

Quarterly meetings were scheduled in both Southern and Northern California; the Southern DEC meets in Los Angeles and the Northern DEC meetings are held in Sacramento.

DEC Meetings	FY 15-16	FY 16-17	FY 17-18
N DEC - Sacramento	4	4	4
S DEC – Los Angeles	4	4	4

5. Who appoints the members?

When vacancies occur on either Committee, the process for appointing members to the DEC is as follows:

1) Placing a notice on the home page of the Dental Board's website,
2) Applications are screened for qualifications,
3) Selected candidates are scheduled for a face-to-face interview with the Committee having the vacancy and the DPM,
4) A recommendation is presented to the Board's Diversion Liaison for consideration,
5) The liaison conducts a telephone interview and if he/she concurs with the committee's recommendation,
6) The applicant's credentials are presented to the full Board for final consideration and action.

6. How many cases (average) at each meeting?

There are on average, 8 to 12 applicants and/or participants at each meeting.

7. How many pending? Are there backlogs?

There are no cases pending or any backlog of applicants or participants. New participants to the program are usually scheduled for the first meeting date (in their region) held after they have been accepted into the program. He/she is seen again based on the frequency determined by the Committee.

8. What is the cost per meeting? Annual Cost?

Diversion program expenses are established by the Department-wide contract with MAXIMUS, Inc. At present, the Board pays a uniform charge per participant of $369.50 per month. Approximately 27% ($100.00 per month) is offset by participants. The remaining portion ($269.50) is the Board's cost per participant to operate the program. The table below displays the Board's annual costs for the program (by fiscal year) as well as the cost per participant over the life of the current contract:

Fiscal Year	Cost Per Participant	Annual Cost
2014/15	$326.74	$77,776.78
2015/16	$343.22	$68,661.60
2016/17	$353.52	$56,239.21
2017/18	$364.12	$41,763.48
Average	**$346.90**	**$61,110.27**

Travel Expenses - Some additional minor expenses can be attributed to travel costs when the Board's DPM must attend meetings in Southern California. The cost for meeting locations and any travel/lodging expense incurred by the contractor is borne by MAXIMUS, Inc. The Board is responsible for reimbursable travel costs (meals, incidentals, and lodging) for the DEC members and the DPM.

9. How is DEC used? What types of cases are seen by the DECs?

A licensee may contact the Diversion Program as a self-referral, may be referred by enforcement staff as a result of an investigation, or may be ordered to be evaluated by the committee as a probationary condition following a disciplinary order.

CCR § 1020.7 regulates the process to evaluate licensees who apply for acceptance into the Diversion program. DEC members are responsible for reviewing the history and profiles of applying licensees for consideration into the program and determining eligibility, or if they do not meet the criteria.

Upon acceptance into the program, DEC members are responsible for developing an individual treatment plan (contract) that provides both structured support during a participant's recovery and strict monitoring to ensure California dental consumers are not at risk from impaired licensees. Careful consideration is given in designing a plan that not only includes the appropriate means of rehabilitation, but also considers the participant's ability to pay for such treatment. In more egregious cases, participants may be suspended from work with outpatient treatment and other structured support, or suspension with more costly in-patient treatment.

Upon entering the program, participants are assigned a DEC member as their case consultant. The case consultant is responsible for closely following the recovery progress of each of his/her assigned participant. The consultant leads the DEC interview when his/her assigned participant appears before the full committee.

In addition to the monthly fees, participants are required to pay the cost of all biological fluid tests ordered (approximately $62.50 per test), and the costs to attend any inpatient or outpatient treatment modalities ordered by the DEC.

Each participant must attend scheduled DEC meetings when face-to-face interviews allow the case consultant to monitor their appearance and conduct. During the meetings, DEC members will also consider participant requests for contract changes. Some examples include requests to: reduce or exchange health support group/AA/NA meetings, schedule vacation trips, increase work hours, change work site monitor(s). Depending on the progress observed, DEC members can increase or decrease biological fluid testing times, (including order back-to-back and/or additional weekend tests), temporarily suspend a participant from practice, or mandate inpatient treatment.

Decisions to terminate a participant from the program are also made by the DEC. The committee shall determine, based upon the recommendation of both the DPM and the assigned case consultant, whether to terminate participation in the program. Termination can be for any of the following reasons:

- Participant failed to comply with the treatment program,
- Participant failed to derive benefit from the treatment plan or,
- Participant tested positive on more than one occasion and is deemed a public risk.

In either event, the DEC terminates the participant from the program and refers the licensee back to the Board for formal discipline.

Successful completion of the program is granted by the DEC if the participant has demonstrated all of the following:

- The ability to refrain from the use of alcohol and drugs
- A sound understanding of addiction
- A commitment to recovery
- An acceptable relapse prevention plan, and
- A transition period of at least one year (the last year of the five year program in which the participant can choose to reduce the amount of health support group and AA/NA meetings. This is the time during transition that the participant proves to the DEC that they are in full recovery.

DIVERSION STATISTICS	**FY 15/16**	**FY 16/17**	**FY 17/18**
Participants (close of FY)	20	13	21
Program Intakes Total	4	10	3
Successful Completions	3	5	3
Program Intakes	**FY 15/16**	**FY 16/17**	**FY 17/18**
Self-Referral	0	3	0
Informal/Investigative	3	1	1
Probation	1	6	2
Terminations	**FY 15/16**	**FY 16/17**	**FY 17/18**
Public Threat	1	1	0
Non-Compliance	0	0	0
Biological Fluid Testing	**FY 15/16**	**FY 16/17**	**FY 17/18**
Drug Tests Ordered	1040	899	640
Positive Drug Tests	5	8	3

10. How many DEC recommendations have been rejected by the Dental Board in the past four fiscal years (broken down by year)?

With regards to acceptance of licensees into the Diversion program, the table below provides a breakout by fiscal year:

	FY 15/16	**FY 16/17**	**FY 17/18**	**Program to Date**
Applicant Not Accepted by DEC	0	0	0	20

In general, rejections by the DEC are rare. During the same time period, all recommendations for the appointment of new Committee member have been accepted.