



DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



DENTAL BOARD OF CALIFORNIA

REVISED NOTICE OF TELECONFERENCE MEETING **November 7-8, 2024**

Board Members

Alan Felsenfeld, MA, DDS, President
Joanne Pacheco, RDH, MAOB, Vice President
Lilia Larin, DDS, Secretary
Steven Chan, DDS
Kevin R. Cheng, JD, Public Member
Robert P. David, Public Member
Joni Forge, DDS
Meredith McKenzie, Esq., Public Member
Angelita Medina, MHS, Public Member
Sonia Molina, DMD, MPH
Rosalinda Olague, PhD(c), RDA
Yogita Thakur, DDS, MS
James Yu, DDS, MS

Action may be taken on any item listed on the agenda.

The Dental Board of California (Board) will meet by teleconference in accordance with Government Code section 11123.2 approximately at, but no earlier than, 10:00 a.m., on Thursday, November 7, 2024, and 8:30 a.m., on Friday, November 8, 2024, with the following location available for Board and public member participation:

Department of Consumer Affairs
2005 Evergreen Street, Hearing Room #1150
Sacramento, CA 95815

This meeting will be held via WebEx Events. Instructions to connect to the meeting can be found [HERE](#).

To participate virtually in the WebEx Events meeting on Thursday, November 7, 2024, please log on to this website the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=ma72f43df57f0157b89d653cecb632058>

Event number: 2483 952 8859
Event password: DBC117 (322117 from phones)

To participate virtually in the WebEx Events meeting on Friday, November 8, 2024, please log on to this website the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=md67942b381ebdeaa4d475c57c17882bb>

Event number: 2482 201 9608
Event password: DBC118 (3322118 from phones)

Due to potential technical difficulties, please consider submitting written comments by October 29, 2024, to dentalboard@dca.ca.gov for consideration.

AGENDA

10:00 a.m., Thursday, November 7, 2024

1. Call to Order/Roll Call/Establishment of a Quorum
2. Public Comment on Items Not on the Agenda **[6]**
Note: The Board may not discuss or take action on any matter raised during this Public Comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11125 and 11125.7(a).)
3. Discussion and Possible Action on August 15, 2024 Board Meeting Minutes **[7-37]**
4. Board President Report **[38]**
5. Executive Officer Report **[39]**
 - a. Introduction of New Board Staff
6. Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters **[40]**
7. Report on Dental Hygiene Board of California Activities **[41]**
8. Budget Report **[42-48]**
9. Licensing, Certifications, and Permits
 - a. Update on Dental Licensure and Permit Statistics **[49-60]**
 - b. Update on the Office of Professional Examination Services Occupational Analysis of the Dentist Profession **[61-212]**

10. Anesthesia and Sedation **[213-247]**
 - a. General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics
 - b. Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators
11. Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee October 23, 2024 Meeting Report **[248-249]**
 - a. Discussion and Possible Action on Recommendations on EFCS Permit Applications
12. Update and Discussion from the Board's Access to Care Committee **[250-251]**
 - a. Analysis of Registered Dental Assistant General Written and Law and Ethics Examinations Preparation vs. Pass Rate Statistics
13. Dental Assisting Council Meeting Report **[252]**
14. Update, Discussion, and Possible Action on Proposed Regulations
 - a. Status Update on Pending Regulations **[253-255]**
 - b. Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control **[256]**
15. Update, Discussion, and Possible Action on the Table of Permitted Dental Auxiliary Duties Delegable by Supervising Dentist as Required by CCR, Title 16, Section 1068 **[257-268]**
16. Enforcement
 - a. Review of Statistics and Trends **[269-276]**
 - b. Presentation from the Board's Enforcement Committee and Discussion on the Department of Consumer Affairs' Enlighten Enforcement Project **[277]**
17. Substance Use Awareness **[278]**
 - a. Diversion Program Report and Statistics
18. Election of 2025 Board Officers **[279-280]**
19. Recess Open Session Until November 8, 2024, at 8:30 a.m.

CLOSED SESSION (WILL NOT BE WEBCAST)
20. Convene Closed Session
21. Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions

~~22. Pursuant to Government Code Section 11126(a)(1), the Board Will Meet in Closed Session to Discuss and Take Possible Action on the Appointment of an “Acting” Executive Officer~~

22. Adjourn Closed Session

8:30 a.m., Friday, November 8, 2024

23. Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

24. Board President’s Report on Closed Session Items **[281]**

25. Presentation, Discussion, and Possible Action Regarding Business and Professions Code (BPC) Section 853 Regarding Licensed Physicians and Dentists from Mexico Pilot Program **[282-283]**

26. Update, Discussion, and Possible Action Regarding Accreditation of Foreign Dental Schools **[284-285]**

- a. Presentation from the Commission on Dental Accreditation of the American Dental Association on the Accreditation Process for Dental Education Program
- b. Presentation from the Dolores Huerta Foundation: Creating a Pipeline of Dental Practitioners through Approval of Foreign Dental School Program

27. Update, Discussion, and Possible Action on Legislative Proposals

- a. Legislative Proposal to Amend BPC Sections 1628 and 1633 Regarding Dentist Licensure Requirements **[286-291]**
- b. Legislative Proposal to Amend BPC Section 1635.5 Regarding Licensure by Credential Pathway Requirements **[292-300]**
- c. Legislative Proposal to Amend BPC Section 1638.1 Regarding EFCS Permit Credentialing Committee Member Removal **[301-308]**
- d. Legislative Proposal to Amend BPC Section 1725 Regarding Dental Auxiliary Course and Educational Program Fees **[309-312]**
- e. Potential Legislative Proposal to Amend BPC Section 1755 Regarding Infection Control Courses **[313-321]**

28. Update on Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Dental Profession

- a. 2025 Tentative Legislative Calendar – Information Only **[322]**
- b. 2023-2024 End of Session Legislative Summary Report **[323-335]**

29. Public Comment on Future Agenda Items **[336]**

Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future meeting.

30. Adjournment

Information regarding the meeting is available by contacting the Board at (916) 263-2300 or (877) 729-7789, email: DentalBoard@dca.ca.gov, or send a written request to the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815. This agenda can be found on the Dental Board of California website at dbc.ca.gov. The time and order of agenda items are subject to change at the discretion of the Board President and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

In accordance with Government Code section 11123.2(j)(1), the teleconference locations from which Board members may participate in the meeting may not be identified in the notice and agenda of the meeting.

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit thedcapage.wordpress.com/webcasts/. The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session. Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. (Government Code section 11124.)

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at their discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

This meeting is being held via teleconference through WebEx Events. The meeting location is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting Tracy Montez, Executive Officer, at Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (877) 729-7789

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MEMORANDUM

DATE	October 14, 2024
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 2.: Public Comment on Items Not on the Agenda

Notes



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DENTAL BOARD OF CALIFORNIA MEETING MINUTES August 15, 2024

Pursuant to Government Code section 11213.2, the Dental Board of California (Board) met by teleconference/WebEx Events on August 15, 2024, with the following location available for Board and public member participation:

Department of Consumer Affairs
1625 N. Market Blvd., Hearing Room #102
Sacramento, CA 95834

Board Members Present:

Alan Felsenfeld, MA, DDS
Joanne Pacheco, RDH, MAOB, Vice President
Lilia Larin, DDS, Secretary
Steven Chan, DDS
Kevin R. Cheng, JD, Public Member
Robert P. David, Public Member
Joni Forge, DDS (remote participant)
Meredith McKenzie, Esq., Public Member
Angelita Medina, MHS, Public Member
Sonia Molina, DMD, MPH
Rosalinda Olague, RDA, BA
Yogita Thakur, DDS, MS
James Yu, DDS, MS

Staff Present:

Tracy A. Montez, Ph.D., Executive Officer
Carlos Alvarez, Enforcement Chief (South)
Jodi Ortiz, Chief of Licensing and Examination Division
Paige Ragali, Chief of Administration and Compliance
Ricky Eaddy, Licensing Manager
Jessica Olney, Anesthesia Unit Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
Mirela Taran, Administrative Analyst
Joseph Tippins, Investigator
Jerry Fuhrman, Investigator
Melissa Gear, Deputy Director, Board and Bureau Relations, Department of Consumer Affairs (DCA)
David Bouilly, Moderator, SOLID, DCA
Bryce Penney, Television Specialist, Office of Public Affairs, DCA

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Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

10:00 a.m., Thursday, August 15, 2024

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

The Board President, Dr. Alan Felsenfeld, called the meeting to order at 10:05 a.m. The Board Secretary, Dr. Lilia Larin, called the roll; 13 Board Members were present, and a quorum was established. Board Member Joni Forge, DDS, participated remotely and confirmed there were no individuals present in the room at the remote location with her in compliance with Government Code section 11123.2, subdivision (j)(4).

Agenda Item 2: Public Comment on Items Not on the Agenda

The Board received public comment on this item.

Ana Maria Quintana, Councilmember of the City of Bell, noted that she attended the last Board meeting to talk about the foreign dental school program. Her group, which has been working toward bringing discussion and validity and talk about the success of the program, came before the Board. She added that they were under the impression that this topic was going to come up for discussion. When they looked at the agenda, they realized that it was not. Therefore, she reached out to one Board Member and was told that she was not allowed to communicate with them. Ms. Quintana expressed that she wants us to give thought as to what our roles are as public servants. She added that she is an elected official who has been tasked with the duty of advocating for the needs of her community. She conveyed that is what she has been doing by: (1) taking on this task because this program has served the community needs; and (2) reaching out to the Board Members, as they are the policy makers on the Board. She voiced her surprise to be told that the Board Members were not permitted to speak to the public. She stated councilmembers have an obligation to be as fully informed as possible and be involved with stakeholders so that when decisions come before them, they are better informed. She encouraged the Board Members to take on that role for the betterment of the profession.

Francisco Leal, speaking on behalf of De La Salle University, School of Dentistry and Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova (SUMP), voiced his intention to be at the meeting in person to participate in a discussion regarding the possibility that the Board would consider recommending approval of these schools while they go through the Commission on Dental Accreditation (CODA) accreditation process as a pilot program. He noted that Board Member Sonia Molina specifically requested that this issue be placed on the agenda. He was disappointed to learn that President Felsenfeld refused, citing that the Board does not have the authority to consider this issue. Mr. Leal expressed that it was back in 2019 that the Board voted to terminate the program. He noted that the current Board Members who were on the Board back then he believes in good faith voted but did so relying on misinformation regarding the time frame for CODA accreditation. He affirmed that the CODA accreditation is not two to four years but 10 to 12 years or more. During

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this time, schools cannot admit students. Mr. Leal stated that other members who were not part of the decision naturally have questions; he tried to reach out to those members to explain the facts, so they could personally hear his message. Mr. Leal indicated that it is disturbing that the Board Members are prohibited or at least discouraged from meeting with stakeholders on the basis that there may be a conflict of interest where no such conflict of interest clearly exists. He pointed out it was disturbing that Board Counsel admonishes Board Member Molina to guard her words as she may have a conflict of interest due to the fact that her daughter graduated from SUMP; he asserted there was no legal basis for that. He conveyed that through the process for over four years they have attempted in good faith to communicate with Board staff, requesting a thorough assessment of the value of this program and addressing access to care dental issues. He stated that over 800 dentists have graduated from these schools; many, including Board Secretary Larin's children, are practicing in underserved communities. Mr. Leal asserted Board staff has not been helpful, and now they cannot even have a discussion with Board members.

Dr. Howard Kim, one of the Regional Dental Directors for Via Care Community Health Center in Southern California, spoke in support of having this topic of a possible reinstatement of the Board's ability to approve foreign dental schools as an agenda item for the future or next Board meeting, as this is a step in the right direction towards finding solutions for the shortage of dentists in rural and low-income and minority communities. He conveyed that it is well known that California has a shortage of healthcare professionals that include dentists, and the lack of healthcare providers has a more significant negative impact on rural and low income and minority communities. Dr. Kim disclosed that it has been difficult to attract and retain dentists, even in the East Los Angeles area, where he practices. Dr. Kim stated he could only imagine how difficult it can be to hire and retain dentists in more rural areas of California. He stated having a pipeline of dentists from more foreign dental schools will be very helpful in hiring culturally competent dentists that can communicate better with patients and serve patients better.

Jessica Shoemaker expressed that it surprises her that the several requests Board Member Molina made at the last Board meeting, which she was told that the agenda item regarding foreign dental schools would need to be agendized later for discussion, was not on this meeting's agenda. She added that they are finally seeing that the Board has looked into the CODA International dental program issue and may be starting to realize that the timeline that has been stated since the effective elimination of the program in 2019 was incorrect. She stated the documents given to the Legislature from the Board has been incorrect, and the information given to the Board Members of the Board has been incorrect. She communicated that she was looking forward to the opportunity for an agenda item to actually address the misinformation that the Board has been given so that there could possibly be a way to agree on how to move forward. Ms. Shoemaker expressed that she has yet to see the Board address the maldistribution of dentists, address how it is going to replace the dentists that these programs graduated into California, and also address what the actual CODA process is

and how California may help in fixing some of the issues to make CODA efficient and a viable solution as an accrediting agency for these schools. She added that she hoped to see it on the next Board meeting agenda.

Dr. Tom Tu, one of the Regional Directors for Via Care Community Health Center in Los Angeles, voiced that he supports the previous comments. He stated that having a guaranteed pipeline for culturally competent and willing dentists to serve low-income patients is important to the community he serves and would address the pain points that he faces as a dental director at his health center. He implored the Board to add it to the next agenda item for the next meeting so that the public can have open discussion on it.

Dr. Mohlab Al Sammarraie, Dental Director at AltaMed Health Services, expressed that AltaMed is one of the largest federally qualified health centers (FQHC) in California providing critical care to over half a million patients for more than 50 cities in Los Angeles and Orange counties, including oral and dental health. He requested to include the foreign dental schools as an agenda item to discuss at the next Board meeting. He voiced that he has firsthand knowledge about the exceptional qualities of education provided by the foreign dental school that have been accredited by the Board, especially De La Salle University, School of Dentistry, where he graduated from. Dr. Mohlab Al Sammarraie expressed that at AltaMed, they have the privilege of hiring highly skilled graduates from these international programs who have consistently demonstrated their excellence as practitioners within the organization. He stated many of these professionals have advanced into leadership and senior leadership roles where they contribute to the delivery of high quality care to patients. Dr. Mohlab Al Sammarraie stated their contribution has been significantly enhanced by the quality and accessibility of dental service not only at AltaMed but across the board for healthcare landscape in the United States. As a graduate from De La Salle University, School of Dentistry, Dr. Mohlab Al Sammarraie noted that he is honored to be recognized among the American Dental Association's (ADA) top 10 dentists and also alternate delegates for the House of Delegates. He voiced that he has also served as a subject matter expert in law and ethics for the Board. Together with his colleagues, he believes they are actively driving positive change and delivering tangible results with the communities they serve, regardless of the practice setting in which they operate. Dr. Al Sammarraie indicated that he is seeking the Board's support to continue the conversation on foreign trained dentists.

Due to technical difficulties, Juanita Chávez typed her comment into the WebEx Question and Answer feature and commented "I am from the Dolores Huerta Foundation. I concur with those who have spoken".

Agenda Item 3: Discussion and Possible Action on May 14-15, 2024 Board Meeting Minutes

Mirela Taran requested an amendment to the meeting minutes on page 8, Agenda Item 12(c), first paragraph, to strike the text "Arrendando" and replace it with "Arredondo".

(M/S/C) (Yu/Pacheco) to approve the May 14-15, 2024 meeting minutes as corrected.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: David.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 4: Board President Report

President Felsenfeld reported that Dr. Tracy Montez and he attended the DCA Board Leadership meeting in June as well as the Dental Hygiene Board of California (DHBC) meeting in July, and he recently had a telephone meeting with the new State Dental Director, Dr. Shakalpi Pendurkar.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 5: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Melissa Gear provided a departmental update, which included the following. In regard to Budget Letter (BL) 24-20 regarding vacancy saving position elimination, the Department of Finance issued this letter implementing the Governor's proposal to reduce the workforce by 10,000 positions and \$1.5 billion. DCA's Budget Office is working closely with each board and bureau to identify appropriate reductions while maintaining consumer protection. The final budget reduction plan will need to be approved by [the Business, Consumer Services, and Housing Agency] and ultimately the Department of Finance. The budget reduction will be starting in 2024/25 and ongoing, while the position elimination will be effective starting 2025/26 and ongoing. The reductions will impact DCA boards and bureaus, and DCA will share further information and guidance from the Department of Finance once it becomes available.

Ms. Gear discussed SB 553 [Cortese, Chapter 289, Statutes of 2023], which amended the California Labor Code to require California employers to develop and implement a workplace violence prevention plan and train employees by January 1, 2024. As a

result, DCA updated its workplace violence prevention policy to include all elements of SB 553. Training is mandatory for all DCA employees and Board members; training must be completed by August 30, 2024. Ms. Gear noted that training completed by Board members through California employers will not satisfy the DCA-specific training requirement.

Ms. Gear noted that on July 31, 2024, DCA participated in a virtual military licensing webinar hosted by Navy Region Southwest. The webinar showcased DCA military licensing resources to active military veterans and military spouses throughout California and navy bases. DCA's Deputy Director of Communications provided an overview of licensing resources, and DCA's Deputy Director of Information Services provided a demonstration of the Federal Professional License Portability and State Registration online portal. DCA received positive feedback and looks forward to continuing its partnerships with the military community.

Ms. Gear disclosed that DCA's Diversity, Equity, and Inclusion (DEI) Steering Committee met on July 26, 2024. The meeting included information on DEI training, development, and workforce development survey from a DEI perspective, expanding language access, and DEI activities for inclusion in the DCA annual report. She added the DEI Steering Committee is memorializing the Department's DEI activities in a report, which is provided to the Administration and the Legislature. This year's report will include DCA specific updates on training, outreach, language access, and tools and resources for staff and will also highlight board and bureau accomplishments.

She shared a reminder that boards are urged continue to be vigilant and cautious of potential phishing attempts and deceptive emails and calls which trick individuals into revealing sensitive information or installing malicious software. If Board Members suspect any phishing attempt or get a suspicious email, she urged them to report it immediately to their executive officer or DCA's Office of Information Security, as this will help them take swift actions to protect everyone.

Board Member Robert David encouraged Board staff to push back on the Department of Finance drill related to position cuts mainly due to the fact that the Board is a special funded agency. He added that dental professionals are paying fees for the Board to provide them a service, and there will be the potential for Board service levels to be diminished. He noted there will be no impact to the General Fund if those positions are cut as the Board is special funded.

Secretary Larin noted that she is curious to find out how the approval process works for the Mexico Pilot Program. Dr. Montez responded that someone will briefly go over that during the meeting, and there will be some information on that during the legislative update of the Board meeting.

Board Member Molina asked whether the Board will have a discussion on the dental part as she is aware that the physician part going is ahead but not the dental. Dr. Montez responded that will be addressed in the legislative item.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 6.: Discussion and Possible Action on Board, Council, and Committee Member Administrative Policy and Procedure Manual

Dr. Montez provided the report, which is available in the meeting materials.

Board Member David expressed support for the amendments to the manual as long as it is an exception not the standard, and he does think the Board should be involved in discussing legislation whenever possible.

(M/S/C) (Chan/Olague) to adopt the revised Board, Council, and Committee Member Administrative Policy and Procedure Manual to include the amended language on page 16 of the Manual, in Chapter 5.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Mr. Leal voiced that Board policy appears to state that all communications go through the President and wanted to clarify what that means with regard to whether someone like himself can reach out to a Board Member and have a conversation about issues that he cares about. Dr. Montez advised Mr. Leal to refer to page 16 of the manual under “Communications with Other Organizations and Individuals,” which is the guidance given to Board Members and clarified that this manual is modeled after policy manuals of other DCA boards and bureaus. She conveyed that the Board is a regulatory board and functions differently than other public entities. Therefore, the Board does have guidance that is given specifically to its Board Members to ensure that their roles are defined and appropriate protocols are followed.

Mr. Leal voiced that on page 21 of the manual, the Conflict of Interest Code is recited, based on the Government Code; this mostly goes through general counsel. As he has read it thoroughly, there have been some insinuations that the public reaching out to the Board Members on issues is or may be a conflict of interest. He asked for clarification so that the public or members do not venture into an area where they may be essentially violating this rule.

Ms. Shoemaker verbalized that in meeting with Board Members, she would not be expecting them to be speaking on behalf of the Board and generally that is what these policies are and that they do not prohibit individual members from meeting with stakeholders as an individual member. Ms. Shoemaker inquired why the Board Members have to go through President Felsenfeld to speak to a member or stakeholder

as an individual Board Member with the understanding they are not speaking on behalf of the Board in general. She asked whether she should send an email requesting clarification on why an individual Board Member cannot speak to stakeholders as an individual Board Member.

President Felsenfeld advised Ms. Shoemaker to email her question to the Board.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Ologue, Pacheco, Thakur, Yu.

Nays: Molina.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 7: Update, Discussion, and Possible Action on 2023/2024 Legislation Impacting the Board, the Department of Consumer Affairs, and/or the Dental Profession
Agenda Item 7.a.: 2024 Tentative Legislative Calendar – Information Only

Dr. Montez provided an overview of the 2024 Tentative Legislative Calendar, which is available in the meeting materials. Dr. Montez pointed out that September 30, 2024, is the last day for the Governor to sign or veto bills passed by the Legislature before September 1, 2024.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 7.b.: Update Regarding the Board's 2024 Sunset Review Oversight Hearing

Dr. Montez provided the report, which is available in the meeting materials.

Tara Welch noted that agenda item 7.b. is informational only, and if the Board Members want to discuss the text of the sunset bill itself, which is Senate Bill (SB) 1453, that is agenda item 7.d.

President Felsenfeld requested public comment on this item. The Board received public comment.

Tooka Zokaie, representing California Dental Association (CDA), applauded Dr. Montez on her comments at the legislative committee hearing and the collaboration to make these equitable pathways, understanding that there is the different time for the pathway

programs to come six months after everything. She reiterated that it is a great bill and thanked the Board for their work.

Agenda Item 7.c.: Legislative Proposal to Amend Business and Professions Code Section 1680, Subdivision (z), Regarding Patient Death or Hospitalization Reports
Dr. Montez provided the report, which is available in the meeting materials.

Board Member Steven Chan noted, on page 101 of the meeting materials, in Business and Professions Code (BPC) section 1680, subparagraphs (6) and (7), there is conversation with a different board and asked how that works.

Ms. Welch pointed out this is actually existing law, and these provisions are not technically being added because they currently exist under the strikethrough text [meeting materials, p. 100, paragraph (D)]. However, if there is another licensed professional involved, a licensee of the DHBC, the licensee has to submit a report to that board as well, so that board can review the actions of the hygienist. She added that boards frequently communicate between themselves; the Board will communicate with the Medical Board of California and the DHBC to interact. When the Board receives a complaint or a report such as this and it is not within the jurisdiction of the Board, it will get transferred to the other board, that likely has jurisdiction. Regarding complaints that have no bearing on licensure, the Board would not send it to another board and would likely recommend to the complainant a different state agency where they would send that complaint. As far as these reports go, the two boards communicate internally to ensure that each board that has jurisdiction over the license is informed of the situation.

Board Member David asked whether this legislation is to be proposed next session or whether the Board is amending a bill and asked if an author has been found. President Felsenfeld responded that it will be next session.

(M/S/C) (Chan/Thakur) to approve submission to the California State Legislature the legislative proposal to amend Business and Professions Code section 1680, subdivision (z).

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

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The motion passed.

Agenda Item 7.d.: Legislation of Interest

Dr. Montez provided the report, which is available in the meeting materials, and went over the eight bills, Assembly Bill (AB) 2269, AB 2630, AB 2860, AB 2862, SB 1067, SB 1453, SB 1468, and SB 1526. She commended the Board on the positions that it took at the May 2024 Board meeting. Dr. Montez stated she had the opportunity to see a legislator at a public event and noted that he made a comment that he appreciated the Board's thoughtful letter. She added that he clearly articulated what the Board had put in the opposition letter and appreciated that.

Regarding AB 2860, Dr. Montez noted that she had been in some communications with the sponsor and an individual involved in this program and conveyed that the Board has not participated in it because it required funding that the Board does not have. It is something that has sort of been there, but the Board has never been able to implement as it does not have the funding for it. She articulated that the Medical Board of California has been able to proceed with their program, and they are now where they have actual data of the success of this program. This bill is currently being amended to split off the two pilot programs and make some amendments to the positions. There is interest now in taking what has been learned from the physician piece of it, how to apply it, to the Board. Dr. Montez declared that she is excited about this because she believes this appears to be more of what the Board would like to get access to care.

Board Member Molina inquired how the Board would go about not having funding. Dr. Montez responded that she would be happy to explore that and would get back to Board Member Molina on that.

President Felsenfeld requested public comment on this item. The Board received public comment.

Arnoldo Torres, consultant to Clinicas de Salud del Valle de Salinas (CSVS) and author of the legislation that started the pilot, verbalized that on the dental issue, they did not move and amend the original bill, AB 1045, which is still in AB 2860. Mr. Torres stated the focus has been the doctors because the shortage is so phenomenally worsened every year. The problem is very severe with dentists as well, but the community health centers that they work with have prioritized health, and their bill this time includes psychiatry, which is a significant improvement as there are virtually no Spanish speaking psychiatrists that are up out there willing recruited to come and work. Mr. Torres indicated that they have never expected the federal government to fund any of this and do not want state money to fund administration and the creation this program. Their concern from the very beginning was California consumers would query why money was being spent on the undocumented population. They have spent general fund dollars and secured money from foundations. As this program is expanding, it will be financed by the health centers that they are recruiting. He added this is a

phenomenal program and has grown beyond what anybody thought, and there is no reason to believe that the dental program, as they will structure it, will be different. He voiced that in 1980, it was said to be the decade of the Hispanic. The state of California had more Hispanics in the state at that time than any other state. However, the medical and dental schools in the State of California did nothing to prepare and dentists to be culturally linguistically confident to see the population that was continuing to grow. Mr. Torres pointed out that it has now gotten to a point where the state cannot deal with this on its own and must involve Mexico in some form or another. Rather than focus on one bill, he strongly recommended the Board, as the Medical Board of California will be doing, to hold a hearing that focuses on what it is going to do as a Board to address the phenomenal diversity that California has and the ability of its academic institutions.

Dr. Montez responded that she has scheduled a meeting with the DCA Director discuss to the Medical Board of California and its role with the Mexico Pilot Program.

At 11:30 a.m., the Board recessed for a break.

At 12:04 p.m., the Board reconvened.

Dr. Montez addressed two letters the Board received. She disclosed that a letter was received by the Dental Assisting Alliance on July 28, 2024, and they expressed general support for SB 1453. They did have some concerns about the unlicensed dental assistant having no prior work experience other than the 8-hour infection control, CPR, and the 12-hour coronal polishing course. Additionally, they wanted the Board to reconsider the coronal polishing, putting back in that requirement with regard to the work experience and so forth. Dr. Montez verbalized that the [Senate Business, Professions and Economic Development Committee did not seek to include that amendment, so that was not included in the latest version. She reminded the Board that although this is the Board's Sunset bill, this is really the bill of [Senator Ashby and the Senate Business, Professions and Economic Development Committee]; the Board can support or take positions on the bill and collaborate as a stakeholder on various amendments.

The other letter received by the Board was from the California Association of Orthodontists (CAO), dated August 13, 2024. Dr. Montez noted that CAO expressed appreciation for the majority of SB 1453 and did have comments and questions on the six-month Registered Dental Assistant (RDA) work requirement before an application is submitted, as well as some issues regarding the time frames for taking the course, sitting for the exam, and so forth. She added that the actual Board, at the time, did support a reduction from 12 months to six months on work experience requirements. However, on further amendments from the Senate Business, Professions and Economic Development Committee, they asked the Board to remove the work experience requirement for both the class and taking exam.

Board Member Yogita Thakur commented that for the orthodontic assistant program, she noticed that the Board is taking away the six-month requirement completely and asked if the work experience would also be taken away. Dr. Montez responded that both of those have been removed.

President Felsenfeld requested public comment on this item. The Board received public comment.

Melodi Randolph, representing the Dental Assisting Alliance, indicated that they are surprised and do not understand how at the last Board meeting, the Board unanimously voted to keep the work experience requirement, yet two or three people in an Executive Committee can overturn a decision by the full Board. Dr. Montez responded that this is not the Board's bill, and [Senator Ashby] is the author of the bill, and therefore they are working with various stakeholders, which includes the Board. Dr. Montez added that there are additional conversations and discussions that take place, and the Executive Committee is allowed to offer their opinion and involve their input in those discussions. Ultimately, it is [Senator Ashby and the] Senate Business, Professions and Economic Development Committee that makes the decision. Ms. Randolph responded that she hopes it was communicated that when the Board voted on this, it was a unanimous decision, and that the Board's Executive Committee spoke by themselves, not representing what the Board had said, as this is a big issue to dental assistants, and they are extremely disappointed.

Shari Becker, representing the Dental Assisting Alliance, agreed with and supported Ms. Randolph's comments. Regarding the Alliance's letter that they had submitted regarding the coronal polish concern with the work experience and eliminating that language that had been previously approved and agreed upon and having that stricken is a great grievance for them as well for the work experience.

Dr. Sheetal Patil, presenting CAO, conveyed that she appreciates the Board being flexible and streamlining the licensing processes for RDA, removal of the 6-month work requirement, and orthodontic assistant application submission will be made easier. She emphasized that orthodontic assistants have a lot narrower scope of duties compared to the RDA and taking the experience in the workforce being there for a longer duration delays the processes in applying to these programs. Regarding ultrasonic scaling requirements, she noted that she cannot fathom that any other orthodontic office uses ultrasonic scaling in their offices to remove the band cement. Currently, the band cements have changed, and it is rare for an ultrasonic scaler to be in an office. Dr. Patil verbalized that it is crucial to have more orthodontic assistants quickly.

Ms. Becker, representing herself as an RDA, expressed that as she is listening and going through this process, it is feeling as if the criteria is getting watered down for permits for licensure and noted that it is difficult to think of someone coming off the streets and being able to do certain duties and things with no work experience. Ms. Becker noted that saying they have to do an educational pathway per se by taking away

any work experience at all is contributing to watering down parts and pieces of the dental assisting profession.

Agenda Item 8: Status Update on Pending Regulations

Dr. Montez provided the report, which is available in the meeting materials.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 9: Dental Assisting Council Meeting Report

Agenda Item 9.a.: Discussion and Possible Action to Evaluate the Dental Anesthesia Assistant National Certification Examination for Use in the California Dental Sedation Assistant Permit Process

Dental Assisting Council (DAC) Chair, Cara Miyasaki, introduced the report, which is available in the meeting materials. Dr. Montez mentioned that the Board administers this exam and had difficulty with ongoing exam development and occupational analysis as per BPC section 139. Therefore, the Office of Professional Examination Services (OPES) has recommended that the Board consider using a national exam possibly as a replacement or in an addition. She added that Board staff would like the Board to authorize that the Board expend funds to move forward with the project and then report back for further discussion as whether this would be viable for the Board in terms of access to care and portability.

Board Member Thakur conveyed that during the August 15, 2024 DAC meeting, it was brought up that scope would be a little bit limited, but she could not find what would be the limitations on the scope from what they are currently. She inquired what dental assistants who have the sedation assisting certification can do that they will not be able to do with the national examination. Dr. Montez responded that would be part of the report. At this point, it is merely saying research to see if the exam is fair, valid, and legally defensible and how does it link up with the Board's exam and requirements. Afterwards, they would then produce a comprehensive report that lays it all out for the Board then to vet.

President Felsenfeld disclosed that he was a member of the AAOMS and the committee that put this together and noted that he was there eight years. He voiced that he wrote many of the questions and disclosed that the exam is incredibly psychometrically driven. Every year they go through it to see whether questions are working or not working, and they obtain all the data. President Felsenfeld voiced that the Board should look at it and vet it to see if it could be used.

(M/S/C) (Olague/Felsenfeld) to approve the request to have OPES conduct a comprehensive review of the AAOMS DAANCE.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

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President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 9.b.: Discussion and Possible Action to Evaluate the Dental Assisting National Board's Certified Orthodontic Assistant Examination for Use in the California Orthodontic Assistant Permit Process

DAC Chair Miyasaki introduced the report, which is available in the meeting materials.

(M/S/C) (Olague/Medina) to approve the request to have OPES conduct a comprehensive review of the Dental Assisting National Board's (DANB) Certified Orthodontic Assistant (COA) Examination.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 9.c.: Discussion and Possible Action to Translate the Registered Dental Assistant General Written and Law and Ethics Examination

Dr. Montez introduced the report, which is available in the meeting materials. DAC Chair Miyasaki expressed that the DAC is not making a formal recommendation but wanted to convey observations mentioned during the DAC meeting. Arguments for translation include student textbooks are available electronically in other languages, and DANB has had success with the dental assisting examination translated in Spanish. However, the exam has only been available for a few months, and it would be helpful to monitor the

data to see if pass rates continue to track with the English exam. Arguments against translation for the exam include: the Spanish version for an examination, which is administered by the California Board of Barbering and Cosmetology (BBC), has had the lowest pass rates. It was also noted in one program that dental hygiene students who are taught in English will be able to pass the licensing exam in English successfully.

Board Member Molina asked for clarification on the BBC exam in Spanish having a lower passing rate. Ms. Miyasaki responded that the exam is in English and there are four different languages that include Chinese, Vietnamese, Korean, and Spanish. Out of those four, Spanish had the lowest pass rates.

Board Member Molina asked whether BBC had made any correlation; is the exam given in English and Spanish and then in Spanish they have a lower pass rate, or just the individuals who take it in Spanish are not as successful and they have a lower pass rate.

Dr. Montez responded that BBC has been evaluating this issue for years ;and they put a task force together to better evaluate this. They have worked with OPES and with their other test vender. She added that they started simple adaptation, have added dictionaries at one point, and now they have the English version next to the Spanish version. It continues to have a very low pass rate, and OPES has not been able to pin down what is happening other than the dialects and challenges with having to adapt an exam. It can be very difficult, depending on the extent of the individual's version of Spanish and what they are most comfortable with. BBC has been looking at this for years; it was a Sunset issue for them, and BBC has been unable to find a specific reason for the low pass rate, but they continue to look at the issue.

Secretary Larin expressed that she would like to see the Board explore translating the exam, but she was not sure about translating. She suggested some sort of possibility of the individual being able to have a translator if they wanted. She recommended exploring every option. Dr. Montez responded that if the Board wishes, it can certainly explore different options. She added that using translators is tricky because it goes into security issues and comes with an expense. As there have been other boards in the past do that, she voiced that she can gather information if the Board does not want to make a particular decision at the moment, other than to gather more information. She can talk to other boards and get more information about what those boards are doing.

Board Member Rosalinda Olague noted there was a comment during the DAC meeting about how DANB translated their exam to Spanish. That exam has been out for a few months, and their [English and Spanish] pass rates are very similar. She recommended continued discovery and the Board reach out to DANB to see what that looks like.

Board Member Kevin Cheng asked if there have been any specific advocacy groups or interest groups that have requested this be researched specifically. Dr. Montez responded that it pops up under access to care, and stakeholders approach her on a

regular basis asking for this. She added that looking at DANB's exam is a good idea because one of her questions as a trained psychometrician is whether they are doing full range of adaptation, are they doing translate and then retranslate on all their forms, and do they have subject matter experts.

Board Member Joni Forge asked whether the discussion was merely about translating into Spanish or looking into other languages, as well. Dr. Montez responded that at this point, only Spanish because that tends to be the largest population. There are some parameters about 5% of the candidate population and how decisions are made on translating.

(M/S/C) (Larin/Olague) to further explore translating the RDA General Written and Law and Ethics Examination into Spanish.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Ms. Miyasaki reported that the DAC met on August 15, 2024. She reported the DAC discussed DAC Agenda items 1-7 and 9-10, which included establishment of a quorum, approval of past meeting minutes, information items, and customary updates.

President Felsenfeld requested public comment on the DAC Report. There were no public comments made on the DAC Report.

Agenda Item 10.: Update from the Access to Care Committee

Secretary Larin provided a verbal report on this item.

Board Member Thakur asked to further look at how these survey responses relate to pass or fail, if that is possible, because what the Committee is really trying to figure out is should people be aided to pass the tests and become licensed.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

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Agenda Item 11: Enforcement

Agenda Item 11.a.: Review of Statistics and Trends

Carlos Alvarez provided the report, which is available in the meeting materials. Mr. Alvarez expressed that on page 128 of the meeting materials, there was a typing error on the number of investigative cases that were closed. The number that was reported was 53 but should be 73. On page 129, there was a typing error on the number of citations issued. The number that was reported was 9 but should be 15. Mr. Alvarez pointed out that bi-weekly, all the enforcement managers meet with Dr. Montez to provide updates on the enforcement program and statistics. He added that more recently, different societies and dental schools throughout California have contacted the Board and have been requesting a presentation on the Board's enforcement program. His experience presenting the enforcement program has been positive, and he has been receiving very positive feedback on that. He added that there are licensees that genuinely want to know what the enforcement program does. Mr. Alvarez disclosed that the Board was contacted by Univision to conduct an interview in Spanish regarding the Board's enforcement program. He noted that he presented on behalf of the Board on the enforcement program and provided information on how consumers could reach out to the Board for assistance.

Dr. Montez thanked Mr. Alvarez for conducting the interview and conveyed that Board staff coordinated with the DCA Communications Division. She added that Board staff consistently work with them on any media request as they are the experts.

Secretary Larin thanked Mr. Alvarez for his presentation to the San Diego County Dental Society and voiced that they immensely liked the presentation and want him back for a longer presentation.

Board Member Molina asked Mr. Alvarez to keep the Board Members posted when the Univision episode is aired.

Board Member David asked that of the complaints that the Board receives every month or quarterly, what percentage come in via the Board's website. Mr. Alvarez responded that the majority come in via mail but as far as the percentages, he could present those at a future meeting.

Board Member Chan inquired whether there is an advantage, or is it within the Board's scope, to look at trends or categories on what to watch out for. Mr. Alvarez responded that the Board's newsletter has a section, Did You Know?—Notes from the Enforcement Program, where information is provided on the Board's laws and regulations.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 11.b.: Diversion Program Report and Statistics

Dr. Montez provided the report, which is available in the meeting materials.

Board Member Chan noted that in the past, the Board has had the Chair of the Diversion Evaluation Committee give compelling testimony and presentation and voiced that it is worthwhile to relook at.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 12: Anesthesia and Sedation

Agenda Item 12.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics

Jessica Olney provided the report, which is available in the meeting materials.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 12.b.: Discussion and Possible Action on Recommendation from the Board's Anesthesia Committee Regarding Renewal of Moderate Sedation Permit Following Failure of Onsite Inspection and Evaluation

Ms. Olney provided the report, which is available in the meeting materials.

Board Member David asked why the Board could have not voted on the online system like the other cases. President Felsenfeld responded that it is because it is a second denial and not enforcement.

(M/S/C) (Chan/Felsenfeld) to adopt the Anesthesia Committee recommendation to deny renewal of the MS permit; if permitholder K.K. seeks to apply for a new Moderate Sedation Permit, the permitholder shall submit for prior Board approval and successfully complete, prior to applying for a new Moderate Sedation Permit, remedial education of 8 hours in recognizing and managing medical emergencies in the administration of moderate sedation to dental patients in an outpatient setting and 8 hours of patient evaluation for administration of moderate sedation to dental patients in an outpatient setting, and submit to and pass an onsite inspection and evaluation.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

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Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

Agenda Item 12.c.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators
Ms. Olney provided the report, which is available in the meeting materials.

(M/S/C) (Felsenfeld/Yu) to appoint Dr. Alexander McMahon as an evaluator for the general anesthesia onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Cheng) to appoint Dr. Aldrich Sy as an evaluator for the general anesthesia onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

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(M/S/C) (Felsenfeld/Yu) to appoint Dr. Rajvir Bhogal as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Medina) to appoint Dr. Donald Clem as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/McKenzie) to appoint Dr. Omar Dyab as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Pacheco) to appoint Dr. Bijan Eshagh Zadeh as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Olague) to appoint Dr. Shawn Fox as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

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(M/S/C) (Felsenfeld/Larin) to appoint Dr. Rene Ghotanian as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Medina) to appoint Dr. Daniel Guindi as an evaluator for the moderate sedation onsite inspection and evaluation program.

Member Molina voiced that Dr. Guindi has checked prosthodontics and oral pathology on his application and asked whether that means he practices all those specialties.

Ms. Olney responded that Dr. Guindi thought that it meant that those were the offices that he would volunteer to go evaluate and did not understand that he had to identify his own specialty.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Olague) to appoint Dr. Razan Hamzeh as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (/Felsenfeld/Medina) to appoint Dr. Mohamed Hassan as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. The Board received public comment.

Dr. Guy Acheson, general dentist, representing himself, regarding all these new moderate evaluators asked if there is a standardization course or class for these new individuals so that stakeholders know whether the evaluators are conducting this examination in a standardized way.

President Felsenfeld responded that most of these are conscious sedation evaluators merely switching to become moderate sedation evaluators.

Dr. Acheson voiced that this is a new license and a new permit with new standards compared to conscious sedation. Dr. Montez responded that if Dr. Acheson would like to send an email to the Board, Board staff can clarify that.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

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The motion passed.

(M/S/C) (Felsenfeld/David) to appoint Dr. George M. Morarasu as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Olague) to appoint Dr. Charles Tozzer as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/McKenzie) to appoint Dr. Kiet Tran as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Cheng) to appoint Dr. Ngoc-Nhung Tran as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/Medina) to appoint Dr. Nelson Yen as an evaluator for the moderate sedation onsite inspection and evaluation program.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

Agenda Item 13: Licensing, Certifications, and Permits

Agenda Item 13.a.: Update on Dental Licensure and Permit Statistics

Ricky Eaddy provided the report, which is available in the meeting materials.

Board Member Chan voiced that the portfolio exam is going through a life cycle and asked whether there is an end date the Board looks at. Dr. Montez responded that it is hopefully going to end January 1, 2025, when the Board's Sunset bill would go into effect.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 14: Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee July 17, 2024 Meeting Report

Agenda Item 14.a.: Discussion and Possible Action on Recommendations on EFCS Permit Applications

Jodi Ortiz provided the report, which is available in the meeting materials. A brief background on the EFCS Permit and EFCS Permit Credentialing Committee was provided.

President Felsenfeld indicated that this is intended for oral and maxillofacial surgeons only and for oral and maxillofacial surgeons who have a dental degree but do not have a medical degree. If a single degree oral surgeon wants to do cosmetic surgery either osteocartilaginous hard or soft tissues, they apply and show that they have the training to do that, and they are granted the ability to do soft tissues or hard tissues or whatever they need to do. If an individual has a double degree and are operating and have a medical license that is licensed in the state, they can do what they want.

(M/S/C) (Felsenfeld/Chan) to grant the EFCS permit application of S.M., DDS, for unlimited Category I privileges only.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

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August 15, 2024 Meeting Minutes

Recusals: None.

The motion passed.

(M/S/C) (Felsenfeld/McKenzie) to grant the EFCS permit application of J.Z., DDS, for unlimited Category I and II privileges.

President Felsenfeld requested public comment before the Board acted on the motion. There were no public comments made on the motion.

President Felsenfeld called for the vote on the motion. Secretary Larin took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Larin, McKenzie, Medina, Molina, Olague, Pacheco, Thakur, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 15: Executive Officer Report

Dr. Montez shared that the goal was to have a somewhat lighter meeting this quarter in gearing up for November. She added that Board staff try to do their best to answer questions and get additional information as requested in future meetings. Board staff do not always have the ability to respond to the public but do follow up as they can. She verbalized that the Board receives requests for agenda items, and they are put on a list kept by Board staff. Before each meeting, Board staff do a debrief to discuss what items should be included on the agenda, take it to the Board President, and then organize how items should be presented. She disclosed that it is important for the public and Board Members to recognize that there is a lot going on, and things are always shifting. While the Board may get a request for an item, it has to fall along the items of priority. Dr. Montez affirmed that Board staff have a running list that gets reshuffled as Board meetings are agendaized, and she always appreciates feedback from the Board Members and the public.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 16: Budget Report

Wilbert Rumbaoa provided a report on the Board's budget for fiscal year (FY) 2023-2024 and 2024-2025. Mr. Rumbaoa conveyed that as of fiscal month 11 for 2023/24, the Board has collected approximately \$18.9 million in revenue and are projected to receive \$19.6 by the end of the fiscal year when the books close. In terms of projections for expenditures, the Board has currently expended \$16.9 million in expenditures and is projected to expend \$18.5 by the end of the FY. For FY 2024/25, in the Budget Act of 2024, the Board's allotted amount for the year is \$20,627,000, and the projected revenue amount is \$18,941,000. Mr. Rumbaoa voiced that Budget Letter (BL) 24-20, which controls section 4.12, discusses the cost savings for associated vacant position reductions. Board staff is currently working with the DCA Executive Office and Budget Office on that item. BL 24-10, which controls section 4.05 and ongoing reduction to state operations. Mr. Rumbaoa added that the Department of Finance has asked the programs to reduce their budgets by 7.95%.

Dr. Montez commented that DCA is working on vacancies, and the Board is required to provide information about vacant positions. There is some guidance, and DCA, on behalf of all of the boards and bureaus, is working closely with Finance as well as Agency to remind them that the Board is special fund. However, general fund and special fund are unfortunately treated the same, but sometimes there are opportunities for exemptions; additional paperwork and steps would have to be taken. She added that the Board has not had to reduce its vacancies at this point. DCA is merely looking at positions and number crunching. Dr. Montez voiced that the Board is continuing to fill all of its vacancies as quickly as possible until given instruction to stop. As far as the ongoing reductions, those are generally known, but how it is going to come to the Board has yet to be reported. She disclosed the Board is working on those two drills with DCA, and the Board is funded from licensing fees and has public protection mandates. Therefore, if the Board loses positions, it loses the ability to process applications and investigations timely and conduct inspections. As a result, it has a ripple effect on consumer protection. Dr. Montez verbalized that one of the things the Board will be discussing in November is fee increases as the Board needs to address its structural imbalance; that is a long-term goal that needs to be corrected. In the midst of budget reductions, the Board will likely be talking about fee increases and how to do this in a thoughtful manner that does not impact our licensees but allows the Board to keep performing its operations.

Member David noted the Board is scheduled to be repaid \$5 million next June, and that needs to be built into the Board's calculations.

Dr. Montez commented that before the Board can do a fee increase, Board staff have been advised that the loan has to be repaid.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

Agenda Item 17: 2025 Meeting Dates

Dr. Montez led the discussion on the selection of Board meeting dates for 2025.

Dr. Montez proposed the following meeting dates for 2025:

- February 6-7, 2025
- May 13-14, 2024; May 14-15, 2025
- August 14-15, 2025
- November 6-7, 2025

Board Member Molina expressed that not overlapping the May Board meetings with CDA Presents is beneficial because it allowed the Board Members the opportunity to participate in activities with CDA and still be present at the Board meeting.

Board Member James Yu suggested having the May 2025 Board meeting from the 14th to the 15th, as the Board meeting typically ends on the second scheduled day in the afternoon, giving the Board Members time to sign up and partake in CDA Presents courses.

Board Member David disclosed that it is his assumption that more licensees would come to the Board meeting if it was during CDA Presents. Dr. Montez responded unfortunately, that is not the case.

Board Member Molina conveyed that she believes that consumers may not realize they have the option to attend Board Meetings. Dr. Montez responded that she would like to have a booth at the 2025 CDA Presents convention due to the questions that come up.

Board Member Forge voiced that if the Board let people know that the Board is meeting is during CDA Presents, more individuals from the public would attend.

Board Member Chan declared that the leadership at CDA is aware that they are going to invite the public members of the Board to their meeting so they can see what the marketplace looks.

Secretary Larin stated she is on board with having the meeting from May 14 to 15 to avoid separation, and she supported Board Member Molina's comment that the Board should promote the May meeting more.

President Felsenfeld requested public comment on this item. The Board received public comment.

Ms. Zokaie, representing CDA, responding to the comments about CDA advertising the event, commented that it would depend on what is on the agenda and how much time there is once the agenda is shared. She voiced that it is always great to have members of the Board be able to attend CDA Presents and noted that some of their classes are

offered twice during the weekend. Ms. Zokaie reiterated that it depends what is on the agenda, and CDA is always happy to share with its dental members what is happening with the Board.

Ms. Becker, representing herself, commented that she liked that it was separate this year; as she serves as a table clinic judge, she would not be able to be in two places at once. She voiced that she could see there being more attendance if the Board meeting was advertised.

Agenda Item 18: Public Comment on Future Agenda Items

Dr. Montez invited the Board Members to share their requests for future agenda items.

Board Member Molina disclosed that at the last Board meeting, she requested the Board look into creating a pilot program with both the De La Salle University, School of Dentistry, and SUMP so that they can look into getting accreditation with CODA. She requested that this item be put on the agenda for the next Board meeting that will take place in November.

Dr. Montez asked for clarification on what is meant by a pilot program. Board Member Molina responded that it is basically allowing the schools that as of June no longer have students registering in September to continue their program so that they can pursue accreditation with CODA. If they do not have students, they cannot get accreditation.

Board Member David asked to have a discussion or a presentation on strategies to increase access in underserved communities, as this issue is not going to go away, in order to show leadership and have a good conversation about it.

President Felsenfeld requested public comment on this item. There were no public comments made on this item.

At 2:30 p.m., the Board recessed for a break.

At 2:45 p.m., the Board reconvened.

Agenda Item 19: Convene Closed Session

At 2:45 p.m., the Board convened Closed Session.

Agenda Item 20: Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions

The Board convened in Closed Session to discuss disciplinary matters.

Agenda Item 21: Adjourn Closed Session

President Felsenfeld adjourned Closed Session at 3:00 p.m.

Agenda Item 22: Reconvene Open Session

President Felsenfeld reconvened Open Session at 3:05 p.m.

Agenda Item 23: Board President's Report on Closed Session Items

President Felsenfeld provided a verbal report regarding Closed Session items. He reported that the Board adopted a proposed decision on a petition for early termination of probation.

Agenda Item 24: Adjournment

President Felsenfeld adjourned the meeting at 3:06 p.m.



MEMORANDUM

DATE	October 14, 2024
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 4.: Board President Report

Background

Dr. Alan Felsenfeld, President of the Dental Board of California, will provide a verbal report.

Action Requested

No action requested.



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 14, 2024
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 5.: Executive Officer Report

Background

Dr. Tracy Montez, Executive Officer of the Dental Board of California, will provide a verbal report.

Action Requested

No action requested.



MEMORANDUM

DATE	October 14, 2024
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 6.: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Background

Ms. Judie Bucciarelli, Board and Bureau Relations of the Department of Consumer Affairs representative, will provide a verbal report.

Action Requested

No action requested.

Agenda Item 6.: Report on Department of Consumer Affairs Activities, which may include updates on the Department's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters
Dental Board of California Meeting
November 7-8, 2024



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 14, 2024
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 7.: Report on Dental Hygiene Board of California Activities

Background

Dr. Carmen Dones, President, and Mr. Anthony Lum, Executive Officer of the Dental Hygiene Board of California, will provide a verbal report.

Action Requested

No action requested.



MEMORANDUM

DATE	October 16, 2024
TO	Members of the Dental Board of California
FROM	Yvette Ramirez, Budget and Contract Analyst Dental Board of California
SUBJECT	Agenda Item 8.: Budget Report

Background

The Dental Board of California (Board) administers the State Dentistry Fund (Fund), which derives revenues (primarily) through licensing-related fees to fund the Board's administrative, licensing, and enforcement activities.

The Board receives the legislated annual budget appropriation upon the chaptering of the Budget Act. The Board is statutorily required to remain within its appropriation spending limit and to ensure the Fund's ongoing solvency.

2024-25 Budget Act Summary

The following chart provides an overview of [AB 107](#), Budget Act of 2024 (Chapter 22, Statutes of 2024) as it pertains to the Board.

2024-25 Budget Act		
Fund	Revenue	Expenditures*
State Dentistry Fund	\$18,941,000	\$20,627,000

*\$283,000 (net) reimbursements – probation monitoring and fingerprints

Analysis of Fund Condition Statement (see Attachment 3):

The attached fund condition statement (FCS) is based on the 2024-25 Budget Act and 2023-24 Fiscal Month 13 Revenue and Expenditure final data. It has been updated with 2023-24 actual revenues and expenditures, which resulted in a fund balance reserve of \$18.8 million (10.2 months). Other adjustments have also been included.

Revenues (see Attachments 2 & 3) – The Board began 2023-24 with a fund balance of \$17.6 million and collected approximately \$19.8 million in revenues with \$3.5 million

Agenda Item 8.: Budget Report
Dental Board of California Meeting
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from initial license fees and \$14.7 million from license renewals.

The Board notes, [SB 501](#), Dentistry: anesthesia and sedation: report (Chapter 929, Statutes of 2018), created additional anesthesia permit and certificate types and fees. The Office of Administrative Law approved this regulatory action in August of 2022. The first two years of implementation earned \$172,000 and \$284,000 of permit applicant revenue. Revenue fluctuates the first two years of implementation as existing permit holders transition to the new permit types but permit applicant revenues are estimated at \$234,000 per year.

Expenditures (see Attachment 1) – The Board’s 2023-24 appropriation was \$21.0 million, and final expenditures were \$18.0 million. The FCS projects ongoing expenditures in the future with a three percent (growth factor) increase per year. The FCS also shows the Board fully expending its appropriation ongoing which has not been the trend in recent years. To the extent the Board does not fully expend its appropriation, any savings remains in the Fund for future use.

Overall expenditures are projected to rise in future years. Personnel services, investigation costs, and statewide contributions make up the largest portion of the increases in out years.

The Board notes, future legislation or other events could require the Board to request additional resources through the annual budget process, which would increase cost pressure on the Fund.

2024 Budget Act – The 2024 Budget Act puts the state, including the Board, on a long-term plan of budgetary reductions in 2024-25 and beyond. According to Budget Letter (BL) 24-10, the Department of Finance (Finance) will work with all state agencies in the coming months, to implement the two required budgetary reductions described below:

- **Control Section 4.12: Vacant Positions Funding reduction and Elimination of Positions** – Beginning in 2024-25 and continuing in 2025-26, agency budgets will be reduced by \$1.5 billion (\$762.5 million General Fund [GF]) for savings associated with vacant positions. Participation by all agencies and departments is encouraged. In 2025-26, Finance will also adjust the position authority to eliminate approximately 10,000 positions statewide.

Per updated information from the Business, Consumer Services, and Housing Agency (Agency) and the Department of Finance (DOF), further direction has been provided on the vacancy elimination drill. The Board was tasked with identifying 4.0 authorized positions for elimination. We are working with the Department of Consumer Affairs (DCA) Budget Office to address concerns with the elimination of mission critical positions.

- **Control Section 4.05: Ongoing Reduction to State Operations** – Beginning in 2024-25 and ongoing, agency budgets will be reduced by 7.95 percent, which includes, personal services, operating expenses and equipment, and consulting and professional services funded through General Fund and/or Other Funds.

The Board's budget reduction will be a \$147,000 permanent budget cut beginning in 2024-25. The cut would come from expenditure categories with historically significant savings in the past three fiscal years including: travel, communications, exam proctor, expert examiner, and interdepartmental services. The final budget reduction is dependent on DOF's review and approval.

General Fund Loan – Item 1111-011-0741, Budget Act of 2020, authorizes a \$5 million loan transfer from the Fund to the GF. The loan is required to be repaid with interest in the event the Board needs the funds, or if the GF no longer needs the funds.

The interest rate for the Budget Act of 2020 loan will be .67% and is scheduled to be repaid on June 30, 2025.

Board staff notes, the \$5 million repayment will be coordinated as part of any future regulatory and/or statutory fee increase proposals.

Fund Balance Months in Reserve – The fund balance reserve reports the dollar amount remaining in the Fund at the end of any given fiscal year. This is used to calculate the Months in Reserve balance based on projected expenditures for the next fiscal year. Typically, a healthy fund has about 3 to 6 months in reserve.

The fund balance reserve is currently stable but does show a declining balance in future years due to a structural imbalance caused by the fund's revenues projected to stay stationary, and the fund's expenditures to increase by 3%. The fund should remain healthy through 2027-28, although, unforeseen expenditures can cause this to change.

Structural Imbalance – A structural imbalance occurs when projected revenues are less than anticipated expenditures.

Action Required (future) – The Board will continue to monitor the Fund and work with DCA Budget Office to ensure solvency.

The Board had significant 2022-23 prior-year savings of approximately \$2.7 million related to vacant positions. However, the Board is actively recruiting to fill these positions and any savings will likely be reduced in the future as the positions are filled. As of October 2024, the Board has a 5% vacancy rate.

The Board further notes, most existing license fee types currently being assessed are set below their statutory maximums and will be increased through regulations, which

could eliminate the existing structural imbalance. Proposals for regulatory fee changes typically take 18 to 24 months to promulgate.

Board staff will be working with the DCA Budget Office to identify possible actions to reduce or eliminate the structural imbalance to ensure the Board remains solvent and able to fully meet its licensing and enforcement mandates.

Board staff will present the findings and recommendations at future board meetings to allow for public input and Board Member consideration.

Action Requested

This item is informational only. No action requested.

Attachment 1

Department of Consumer Affairs

Expenditure Report

Dental Board of California

Reporting

Structure(s):

Fiscal Month: 13

Fiscal Year: 2023 - 2024

Run Date: 09/11/2024

PERSONAL SERVICES

Fiscal Code	Line Item	Budget	Current Month	YTD + Encumbrance	Balance
5100	PERMANENT POSITIONS	\$7,333,000	\$536,841	\$6,202,335	\$1,130,665
5100	TEMPORARY POSITIONS	\$284,000	\$0	\$13,362	\$270,638
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$130,000	\$4,107	\$19,561	\$110,439
5150	STAFF BENEFITS	\$4,405,000	\$285,921	\$3,753,409	\$651,591
	PERSONAL SERVICES	\$12,152,000	\$826,870	\$9,988,668	\$2,163,332

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	Budget	Current Month	YTD + Encumbrance	Balance
5301	GENERAL EXPENSE	\$167,000	\$21,744	\$150,827	\$16,173
5302	PRINTING	\$85,000	\$17,098	\$156,201	-\$71,201
5304	COMMUNICATIONS	\$47,000	\$7,320	\$33,343	\$13,657
5306	POSTAGE	\$54,000	\$16,855	\$60,464	-\$6,464
5308	INSURANCE	\$2,000	\$0	\$19,301	-\$17,301
53202-204	IN STATE TRAVEL	\$170,000	\$13,119	\$59,207	\$110,793
5322	TRAINING	\$12,000	\$1,418	\$7,822	\$4,178
5324	FACILITIES	\$855,000	\$61,747	\$728,517	\$126,483
5326	UTILITIES	\$1,000	\$0	\$0	\$1,000
53402-53403	C/P SERVICES (INTERNAL)	\$2,564,000	\$282,555	\$1,812,856	\$751,144
53404-53405	C/P SERVICES (EXTERNAL)	\$1,024,000	\$173,396	\$1,573,826	-\$549,826
5342	DEPARTMENT PRORATA	\$3,405,000	-\$322,723	\$2,965,277	\$439,723
5342	DEPARTMENTAL SERVICES	\$36,000	\$69,707	\$229,837	-\$193,837
5344	CONSOLIDATED DATA CENTERS	\$42,000	\$42,509	\$54,226	-\$12,226
5346	INFORMATION TECHNOLOGY	\$304,000	\$4,902	\$32,934	\$271,066
5362-5368	EQUIPMENT	\$112,000	\$711	\$24,572	\$87,428
5390	OTHER ITEMS OF EXPENSE	\$5,000	\$8,370	\$50,186	-\$45,186
54	SPECIAL ITEMS OF EXPENSE	\$0	\$1,375	\$9,504	-\$9,504
	OPERATING EXPENSES & EQUIPMENT	\$8,885,000	\$400,102	\$7,968,902	\$916,098
	OVERALL TOTALS	\$21,037,000	\$1,226,972	\$17,957,569	\$3,079,431

Attachment 2

Department of Consumer Affairs

Revenue Report

Dental Board of California

Reporting

Structure(s):

Fiscal Month: 13

Fiscal Year: 2023 - 2024

Run Date: 09/11/2024

Revenue

Fiscal Code	Line Item	Budget	YTD
	Delinquent Fees	\$297,000	\$360,637
	Other Regulatory Fees	\$173,000	\$309,935
	Other Regulatory License and Permits	\$3,225,000	\$3,473,758
	Other Revenue	\$250,000	\$899,296
	Renewal Fees	\$14,807,000	\$14,741,158
	Revenue	\$18,752,000	\$19,784,784

Attachment 3

0741 - Dental Board of California Fund Analysis of Fund Condition
(Dollars in Thousands)
2024-25 Governor's Budget With 2023-24 Actuals

Prepared 9.17.24

	Actuals 2023-24	CY 2024-25	BY 2025-26	BY +1 2026-27	BY +2 2027-28
BEGINNING BALANCE	\$ 17,639	\$ 18,814	\$ 20,657	\$ 17,200	\$ 13,045
Prior Year Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 17,639	\$ 18,814	\$ 20,657	\$ 17,200	\$ 13,045
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 361	\$ 310	\$ 310	\$ 310	\$ 310
4127400 - Renewal fees	\$ 14,741	\$ 14,951	\$ 14,951	\$ 14,951	\$ 14,951
4129200 - Other regulatory fees	\$ 310	\$ 177	\$ 177	\$ 177	\$ 177
4129400 - Other regulatory licenses and permits	\$ 3,474	\$ 3,298	\$ 3,298	\$ 3,298	\$ 3,298
4143500 - Miscellaneous Services to the Public	\$ -	\$ 15	\$ 15	\$ 15	\$ 15
4163000 - Income from surplus money investments	\$ 859	\$ 176	\$ 254	\$ 193	\$ 121
4171400 - Escheat of unclaimed checks and warrants	\$ 19	\$ 12	\$ 12	\$ 12	\$ 12
4172500 - Miscellaneous revenues	\$ 14	\$ 2	\$ 2	\$ 2	\$ 2
Totals, Revenues	\$ 19,778	\$ 18,941	\$ 19,019	\$ 18,958	\$ 18,886
Transfers to/from Other Funds					
Loan repayment from the General Fund (0001) to the State Dentistry Fund (0741) per Item 1111-011-0741, Budget Act of 2020	\$ -	\$ 5,000	\$ -	\$ -	\$ -
Revenue Transfer from the State Dental Assistant Fund (3142) to the State Dentistry Fund (0741) per Business and Professions Code Section 205.2	\$ -	\$ -	\$ -	\$ -	\$ -
Totals, Transfers and Other Adjustments	\$ -	\$ 5,000	\$ -	\$ -	\$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 19,778	\$ 23,941	\$ 19,019	\$ 18,958	\$ 18,886
TOTAL RESOURCES	\$ 37,417	\$ 42,755	\$ 39,676	\$ 36,158	\$ 31,931
Expenditures:					
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 17,201	\$ 20,627	\$ 21,246	\$ 21,883	\$ 22,540
9892 Supplemental Pension Payments (State Operations)	\$ 351	\$ 241	\$ -	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 1,051	\$ 1,230	\$ 1,230	\$ 1,230	\$ 1,230
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 18,603	\$ 22,098	\$ 22,476	\$ 23,113	\$ 23,770
FUND BALANCE					
Reserve for economic uncertainties	\$ 18,814	\$ 20,657	\$ 17,200	\$ 13,045	\$ 8,161
Months in Reserve	10.2	11.0	8.9	6.6	4.0

NOTES:
1. Assumes workload and revenue projections are realized in BY +1 and ongoing.
2. Expenditure growth projected at 3% beginning BY +1.



MEMORANDUM

DATE	October 3, 2024
TO	Members of the Dental Board of California
FROM	Ricky Eaddy, Licensing and Examination Unit Manager Dental Board of California
SUBJECT	Agenda Item 9.a.: Update on Dental Licensure and Permit Statistics

Dental License Application Statistics

The following are monthly dental license application statistics by pathway for fiscal year 2021–22, 2022–23, 2023–24 and 2024–25 as of October 1, 2024.

***NOTE: Canceled and Withdrawn applications have been removed from reporting as they are used internally for cleanup and not pertinent to DBC reporting.**

Dental Applications Received by Month													
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 21/22	138	85	75	22	28	27	38	31	71	83	109	123	830
WREB 22/23	71	58	42	35	29	28	38	26	31	41	48	80	527
WREB 23/24	38	32	21	14	8	7	10	9	15	8	10	7	179
WREB 24/25	5	6	5	0	0	0	0	0	0	0	0	0	16
Residency 21/22	93	23	12	5	1	6	3	8	8	6	3	14	182
Residency 22/23	13	5	1	2	4	1	2	4	4	6	3	12	57
Residency 23/24	11	2	0	0	1	1	3	0	5	3	3	3	32
Residency 24/25	8	2	0	0	0	0	0	0	0	0	0	0	10
Credential 21/22	45	51	44	20	8	17	19	19	23	14	19	27	306
Credential 22/23	20	17	18	20	12	20	28	17	30	20	28	20	250
Credential 23/24	27	26	19	19	17	16	25	17	21	19	36	18	260
Credential 24/25	25	19	27	0	0	0	0	0	0	0	0	0	71
Portfolio 21/22	0	0	0	0	0	1	0	0	0	0	1	1	3
Portfolio 22/23	0	0	0	0	0	0	0	0	1	0	0	1	2
Portfolio 23/24	0	1	1	0	0	0	0	0	0	0	0	0	2
Portfolio 24/25	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX 21/22	82	34	17	11	5	9	17	20	19	22	78	117	431
ADEX 22/23	69	51	23	22	17	12	30	18	55	118	137	188	740
ADEX 23/24	56	34	32	36	32	33	41	31	64	140	200	213	912
ADEX 24/25	89	74	53	0	0	0	0	0	0	0	0	0	216

Agenda Item 9.a.: Update on Dental Licensure and Permit Statistics
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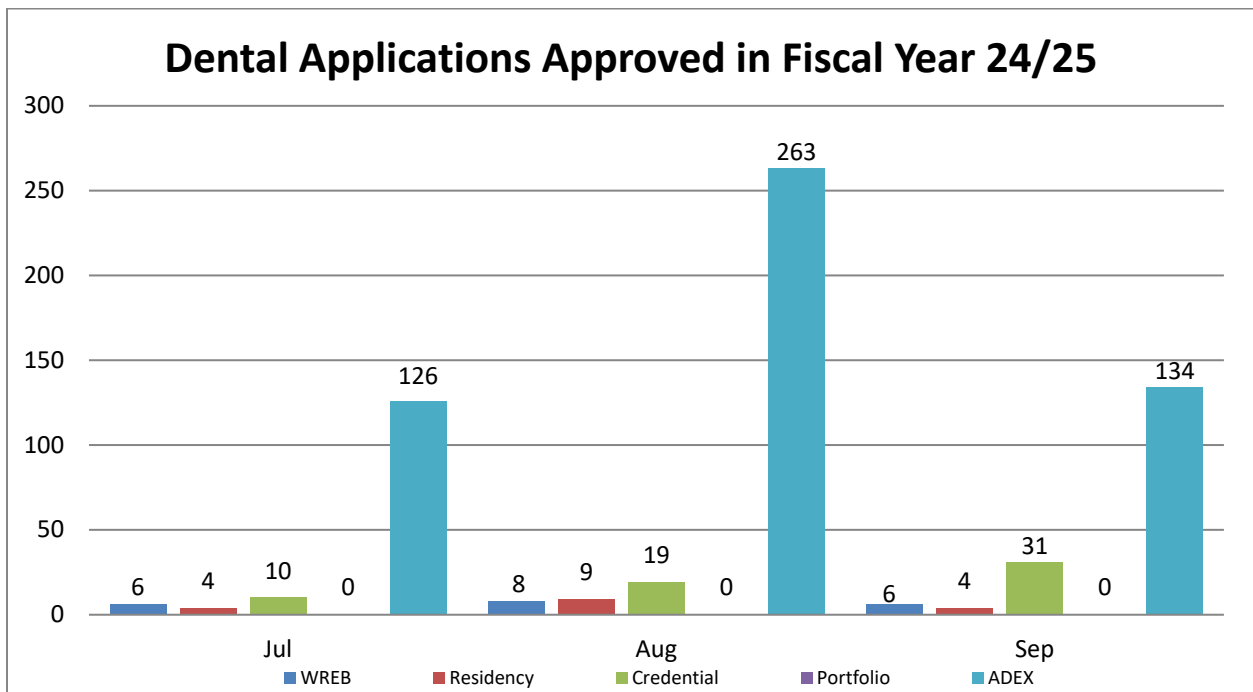
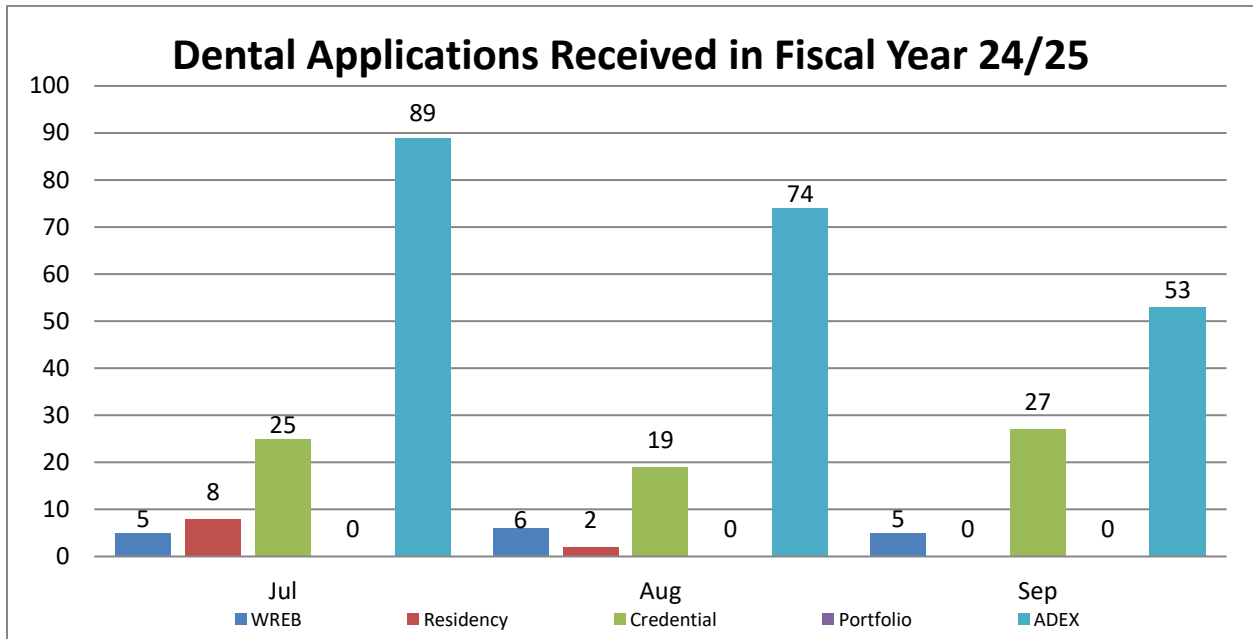
Dental Applications Approved by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 21/22	367	128	98	29	12	48	44	35	21	20	29	48	879
WREB 22/23	79	134	135	58	18	43	35	39	17	20	25	18	621
WREB 23/24	10	27	44	13	5	10	6	18	12	12	8	8	173
WREB 24/25	6	8	6	0	0	0	0	0	0	0	0	0	20
Residency 21/22	110	54	27	12	6	7	2	4	0	1	7	5	235
Residency 22/23	2	18	14	5	1	1	3	2	3	1	4	1	55
Residency 23/24	0	2	18	4	0	1	2	4	1	2	3	1	38
Residency 24/25	4	9	4	0	0	0	0	0	0	0	0	0	17
Credential 21/22	36	60	38	20	9	19	9	13	14	4	24	5	251
Credential 22/23	11	18	24	21	13	29	13	28	13	17	16	12	215
Credential 23/24	1	18	27	23	28	4	17	15	22	11	16	9	191
Credential 24/25	10	19	31	0	0	0	0	0	0	0	0	0	60
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 23/24	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 24/25	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX 21/22	189	79	43	21	4	7	13	5	3	5	16	31	416
ADEX 22/23	43	95	98	40	14	23	23	25	16	22	34	52	485
ADEX 23/24	91	199	228	58	36	37	18	59	32	35	39	126	958
ADEX 24/25	126	263	134	0	0	0	0	0	0	0	0	0	523
Dental Licenses Issued by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 21/22	198	71	48	35	14	42	35	28	22	20	24	51	588
WREB 22/23	71	127	131	58	27	39	30	40	18	16	32	20	609
WREB 23/24	14	26	46	11	5	9	9	15	12	9	8	11	175
WREB 24/25	6	9	6	0	0	0	0	0	0	0	0	0	21
Residency 21/22	51	30	15	12	6	5	4	2	1	3	7	5	141
Residency 22/23	3	15	12	6	2	2	3	2	1	1	3	2	52
Residency 23/24	1	2	18	4	0	1	0	2	2	3	2	2	37
Residency 24/25	3	10	5	0	0	0	0	0	0	0	0	0	18
Credential 21/22	8	16	22	19	10	19	11	9	9	4	18	10	155
Credential 22/23	8	19	23	23	12	18	18	25	12	16	18	18	210
Credential 23/24	4	14	22	24	25	13	17	9	23	11	21	8	191
Credential 24/25	14	22	22	0	0	0	0	0	0	0	0	0	58
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0

Portfolio 23/24	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 24/25	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX 21/22	107	40	22	23	6	7	9	5	5	5	17	26	272
ADEX 22/23	39	94	96	40	20	22	19	24	17	23	33	53	480
ADEX 23/24	80	190	217	57	43	38	28	60	35	29	44	117	938
ADEX 24/25	123	249	141	0	0	0	0	0	0	0	0	0	513
Denied Dental Applications by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 21/22	0	1	0	0	0	0	0	0	0	0	0	0	1
WREB 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
WREB 23/24	0	0	0	0	0	0	0	0	0	0	0	0	0
WREB 24/25	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 23/24	0	0	0	0	0	0	0	0	0	0	0	0	0
Residency 24/25	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 22/23	0	0	0	0	1	0	0	0	0	1	0	0	2
Credential 23/24	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential 24/25	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 23/24	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio 24/25	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX 21/22	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX 22/23	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX 23/24	0	0	0	0	0	0	0	0	0	0	0	0	0
ADEX 24/25	0	0	0	0	0	0	0	0	0	0	0	0	0

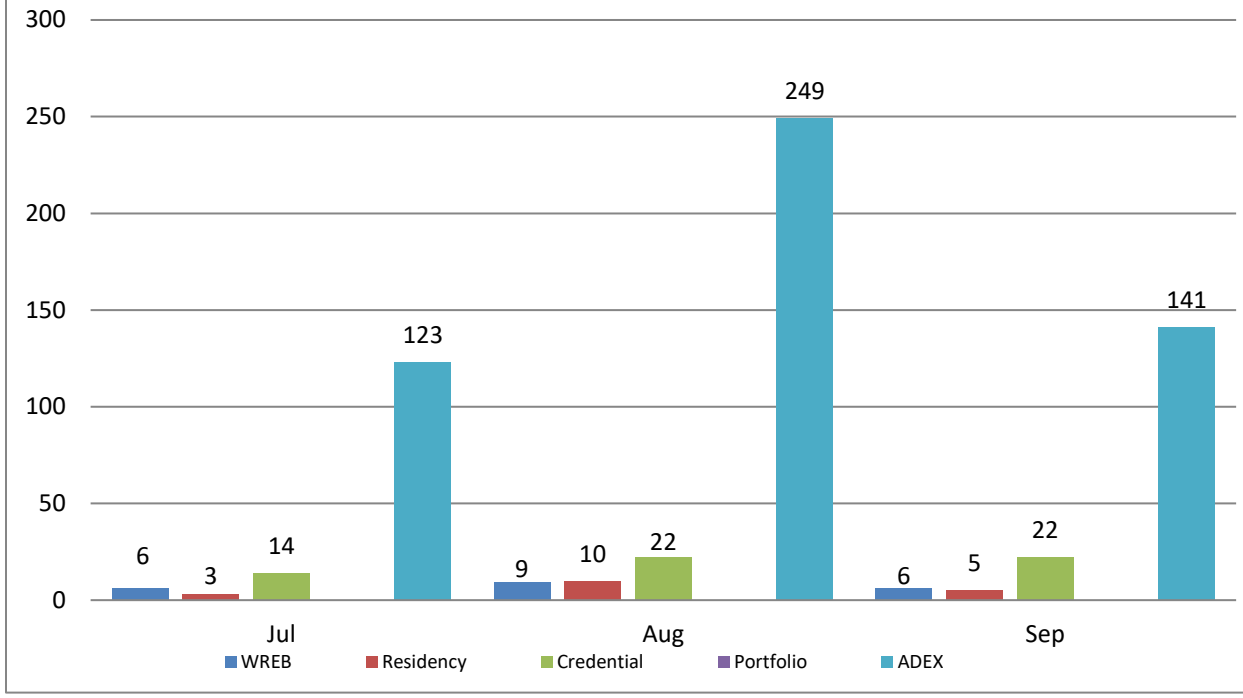
Application Definitions	
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Denied	The Board denies an application on the on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline; in accordance with Business and Professions Code, Division 1.5, Chapter 2, Denial of Licenses.

Dental License Application Statistic Graphs

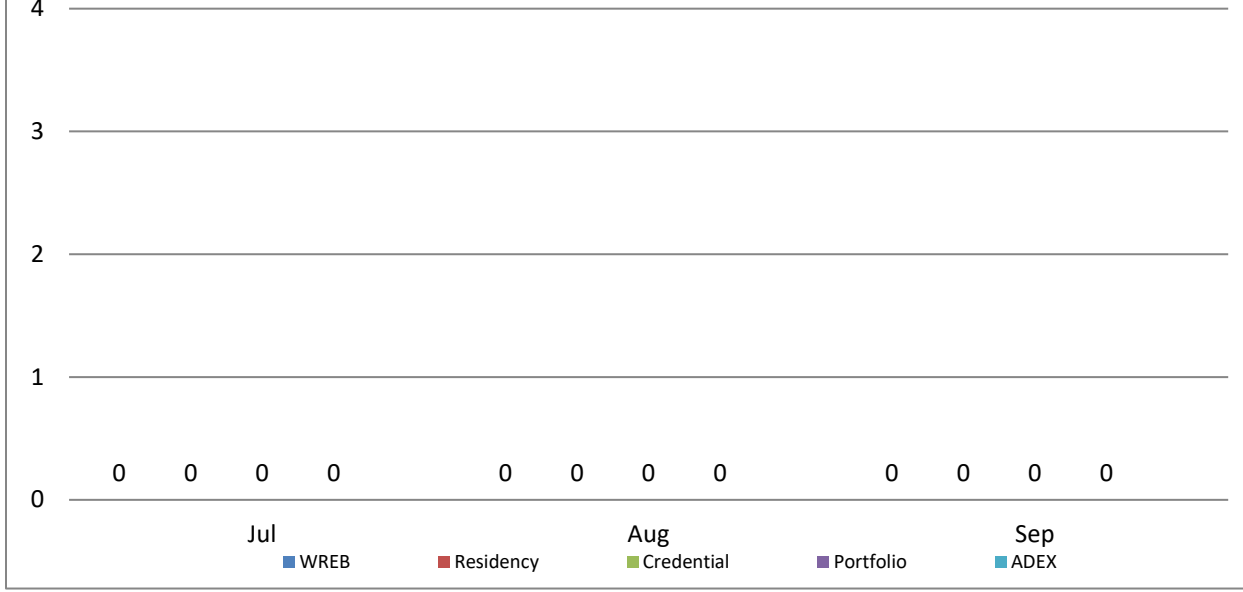
The following graphs represent monthly dental license application statistics by pathway for fiscal year 2024–25 as of October 1, 2024.



Dental Licenses Issued in Fiscal Year 24/25



Denied Dental Applications in Fiscal Year 24/25



Dental Law and Ethics Written Examination Statistics

License Type	DDS					
Exam Title	Dental Law and Ethics Examination					
Licensure Pathway		WREB	LBR	PORT	ADEX	*Pathway not chosen
2021/22	# of 1 st Time Candidates	551	85	0	271	73
	Pass %	70.60%	81.18%	N/A	74.17%	71.23%
2022/23	# of 1 st Time Candidates	444	52	N/A	761	199
	Pass %	74.55%	88.46%	N/A	83.57%	69.35%
2023/24	# of 1 st Time Candidates	90	18	N/A	587	563
	Pass %	91.11%	94.44%	N/A	90.12%	82.42%
2024/25	# of 1 st Time Candidates	9	1	N/A	195	146
	Pass %	88.89%	100.00%	N/A	91.28%	90.41%
Date of Last Occupational Analysis: 2024						
Name of Developer: Office of Professional Examination Services						
Target Occupational Analysis Date: 2029						

*Pathway not chosen denotes applicants who have tested, but not yet chosen a pathway to licensure.

Dental License and Permits Statistics

The following table provides statistics on dental licenses issued by pathway to licensure by fiscal year 2021–22, 2022–23, 2023–24 and 2024–25 as of October 1, 2024.

Dental Licenses Issued via Pathway	Total Issued in 21/22	Total Issued 22/23	Total Issued 23/24	Total Issued 24/25	Total Issued to Date	Date Pathway Implemented
WREB Exam	588	609	175	21	12,870	January 1, 2006
Licensure by Residency	141	52	38	18	2,422	January 1, 2007
Licensure by Credential	155	210	191	58	3,893	July 1, 2002
(LBC Clinic Contract)	14	13	16	2	83	July 1, 2002
(LBC Faculty Contract)	1	5	4	1	27	July 1, 2002
Portfolio	0	0	0	0	79	November 5, 2014
ADEX	272	480	958	513	2,900	November 15, 2019
Total	1,156	1,351	1,362	610	22,164	

The following table provides statistics on dental license and permit status statistics by fiscal year 2021–22, 2022–23, 2023–24 and 2024–25 as of October 1, 2024.

License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Dental License	Active	34,619	34,710	35,078	35,309
	Inactive	1,727	1,691	1,661	1,615
	Retired/ReducedFee	1,251	1,168	1,132	1,115
	Disabled	95	87	94	94
	Delinquent	6,002	6,180	6,069	6,338
	Cancelled	19,604	20,703	21,735	21,931
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Additional Office Permit	Active	2,556	2,375	2,522	2,536
	Delinquent	1,204	1,390	1,285	1,333
	Cancelled	7,418	7,726	7,979	8,006
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Conscious Sedation	Active	554	380	126	1,332
	Delinquent	63	219	0	422
	Cancelled	606	625	1,098	2,708
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Continuing Education Registered Provider Permit	Active	744	746	724	742
	Delinquent	776	660	625	614
	Cancelled	2,471	2,663	2,782	2,804

License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Elective Facial Cosmetic Surgery Permit	Active	29	27	27	29
	Delinquent	6	6	6	6
	Cancelled	3	4	5	5
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Extramural Facility Registration*	Active	205	60	67	73
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Fictitious Name Permit	Active	6,782	6,485	6,877	6,973
	Delinquent	2,394	2,855	2,731	2,801
	Cancelled	7,808	8,350	8,875	8,946
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
General Anesthesia Permit	Active	925	949	941	943
	Delinquent	38	41	49	49
	Cancelled	1,067	1,095	1,131	1,143
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Mobile Dental Clinic Permit	Active	44	45	50	54
	Delinquent	44	39	40	40
	Cancelled	81	88	96	97
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Medical General Anesthesia	Active	156	153	150	160
	Delinquent	27	32	39	36
	Cancelled	226	242	267	275
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Moderate Sedation Permit	Active	N/A	192	445	522
	Delinquent	N/A	1	4	3
	Cancelled	N/A	3	10	23
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Oral Conscious Sedation Certificate (Adult Only 1,208; Adult & Minors 131)	Active	2,352	1,971	1,460	1,332
	Delinquent	702	386	412	422
	Cancelled	1,185	1,960	2,562	2,708
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Oral and Maxillofacial Surgery Permit	Active	94	96	96	93
	Delinquent	10	9	10	13
	Cancelled	25	27	27	27
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Pediatric Minimal Sedation Permit	Active	N/A	102	309	354
	Delinquent	N/A	1	3	5
	Cancelled	N/A	0	0	0

License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Referral Service Registration*	Active	161	7	7	6
	Delinquent	N/A	0	0	1
	Cancelled	N/A	2	2	2
License Type	License Status	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Special Permit	Active	35	34	38	38
	Delinquent	7	6	8	8
	Cancelled	195	203	207	210
Status Definitions					
Active	Current and can practice without restrictions (<i>BPC §1625</i>)				
Inactive	Current but cannot practice, continuing education not required (<i>CCR §1017.2</i>)				
Retired/Reduced Fee	Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (<i>BPC §1716.1a</i>)				
Disabled	Current with disability but cannot practice (<i>BPC §1716.1b</i>)				
Delinquent	Renewal fee not paid within one month after expiration date (<i>BPC §163.5</i>)				
Cancelled	Renewal fee not paid 5 years after its expiration and may not be renewed (<i>BPC §1718.3a</i>) Total number of licenses / permits cancelled to date.				

The following table provides statistics on population, current and active dental licenses by County, and population (Pop.) per dental license by County for fiscal years 2022–23, 2023–24 and 2024–25 as of October 1, 2024. These statistics represent the licensee’s address of record and not necessarily the licensee’s workplace address.

County	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2022/23	DDS per County in 2024/25	Pop. In 2024/25	Pop. per DDS in 2024/25
Alameda	1,485	1,651,979	1,112	1,472	1,651,979	1,112	1,487	1,641,869	1,104
Alpine	0	1,200	0	0	1,200	0	0	1,179	0
Amador	21	40,297	1,918	23	40,297	1,918	23	39,611	1,722
Butte	124	201,608	1,625	118	201,608	1,625	117	205,928	1,760
Calaveras	21	45,049	2,145	21	45,049	2,145	20	44,842	2,242
Colusa	6	21,807	3,634	4	21,807	3,634	4	21,743	5,435
Contra Costa	1,103	1,156,555	1,048	1,092	1,156,555	1,048	1,103	1,146,626	1,039
Del Norte	11	27,218	2,474	11	27,218	2,474	14	26,345	1,881
El Dorado	152	190,465	1,253	148	190,465	1,253	148	188,583	1,274
Fresno	620	1,011,273	1,631	625	1,011,273	1,631	636	1,017,431	1,599
Glenn	7	28,750	4,107	7	28,750	4,107	7	28,736	4,105
Humboldt	63	135,168	2,145	66	135,168	2,145	67	133,100	1,986
Imperial	39	179,329	4,598	40	179,329	4,598	40	182,881	4,572
Inyo	5	18,978	3,795	7	18,978	3,795	7	18,856	2,693
Kern	341	909,813	2,668	350	909,813	2,668	356	910,300	2,557
Kings	61	152,023	2,492	58	152,023	2,492	57	152,627	2,677
Lake	39	67,407	1,728	37	67,407	1,728	39	67,001	1,717
Lassen	22	30,274	1,376	18	30,274	1,376	19	28,197	1,484
Los Angeles	8,416	9,861,224	1,171	8,464	9,861,224	1,171	8,488	9,824,091	1,157
Madera	44	157,396	3,577	47	157,396	3,577	49	159,328	3,251
Marin	290	257,135	886	279	257,135	886	276	252,844	916
Mariposa	7	17,045	2,435	6	17,045	2,435	6	16,966	2,827
Mendocino	49	89,999	1,836	45	89,999	1,836	45	89,476	1,988
Merced	92	284,338	3,090	98	284,338	3,090	99	287,303	2,902

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County	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2022/23	DDS per County in 2024/25	Pop. In 2024/25	Pop. per DDS in 2024/25
Modoc	3	8,690	2,896	5	8,690	1,738	5	8,484	1,696
Mono	5	13,379	2,675	5	13,379	2,675	5	12,861	2,572
Monterey	248	433,716	1,748	244	433,716	1,777	246	437,614	1,778
Napa	110	136,179	1,237	106	136,179	1,284	103	135,029	1,310
Nevada	72	101,242	1,406	69	101,242	1,467	67	100,177	1,495
Orange	4,073	3,162,245	776	4,183	3,162,245	755	4,227	3,150,835	745
Placer	472	409,025	866	482	409,025	848	484	412,844	852
Plumas	13	18,942	1,457	13	18,942	1,457	12	18,841	1,570
Riverside	1,142	2,435,525	2,132	1,163	2,435,525	2,094	1,177	2,442,378	2,075
Sacramento	1,176	1,576,618	1,340	1,207	1,576,618	1,306	1,215	1,578,938	1,299
San Benito	23	65,479	2,846	26	65,479	2,518	26	65,853	2,532
San Bernardino	1,398	2,187,665	1,564	1,403	2,187,665	1,559	1,435	2,181,433	1,520
San Diego	2,820	3,287,306	1,165	2,853	3,287,306	1,152	2,849	3,291,101	1,155
San Francisco	1,151	842,754	732	1,127	842,754	747	1,143	843,071	737
San Joaquin	376	784,298	2,085	393	784,298	1,995	392	791,408	2,018
San Luis Obispo	210	280,721	1,336	217	280,721	1,293	214	278,469	1,301
San Mateo	843	744,662	883	829	744,662	898	830	741,565	893
Santa Barbara	307	445,164	1,450	312	445,164	1,426	318	443,623	1,395
Santa Clara	2,289	1,894,783	827	2,283	1,894,783	829	2,291	1,903,198	830
Santa Cruz	168	255,564	1,586	171	255,564	1,494	169	262,572	1,553
Shasta	100	180,531	1,805	109	180,531	1,656	111	179,195	1,614
Sierra	0	3,229	0	0	3,229	0	0	3,171	0
Siskiyou	23	43,830	1,905	23	43,830	1,905	23	43,409	1,887
Solano	279	447,241	1,603	277	447,241	1,614	273	446,426	1,635
Sonoma	382	482,404	1,262	374	482,404	1,289	384	478,152	1,245
Stanislaus	274	549,466	2,005	277	549,466	1,983	279	548,744	1,966
Sutter	51	99,145	1,944	49	99,145	2,023	49	100,110	2,043

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County	DDS per County in 2022/23	Pop. in 2022/23	Pop. per DDS in 2022/23	DDS per County in 2023/24	Pop. in 2023/24	Pop. per DDS in 2022/23	DDS per County in 2024/25	Pop. In 2024/25	Pop. per DDS in 2024/25
Tehama	31	65,052	2,194	28	65,052	2,323	29	64,308	2,217
Trinity	3	16,023	5,341	2	16,023	8,011	2	15,915	7,957
Tulare	217	475,014	2,131	218	475,014	2,178	222	478,918	2,157
Tuolumne	47	55,291	1,209	45	55,291	1,228	45	54,407	1,209
Ventura	627	833,652	1,265	634	833,652	1,314	630	823,863	1,307
Yolo	122	221,165	1,874	125	221,165	1,769	123	221,666	1,802
Yuba	7	82,275	11,653	10	82,275	8,227	10	83,721	8,372
Out of State/Country	2,343	N/A	N/A	28	N/A	N/A	29	64,308	2,217
Total	34,168	39,185,605	N/A	32,298	39,174,605	N/A	32,495	39,128,162	N/A

*Population data obtained from Department of Finance, Demographic Research Unit as of 7/1/2023.

*The counties with the highest Population per DDS are:	Yuba County (1:8,372)	*The counties with the lowest Population per DDS are:	Sierra County (No DDS)
	Trinity County (1:7,957)		Alpine County (No DDS)
	Colusa County (1:5,435)		San Francisco County (1:737)
	Imperial County (1:4,572)		Orange County (1:745)
	Glenn County (1:4,105)		Santa Clara (1:830)

Action Requested

No action is requested.



MEMORANDUM

DATE	October 16, 2024
TO	Members of the Dental Board of California
FROM	Tracy Montez, Ph.D., Executive Officer Dental Board of California
SUBJECT	Agenda Item 9.b.: Update on the Office of Professional Examination Services Occupational Analysis of the Dentist Profession

Background

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 the dentist profession in California. The purpose of the OA is to define dentist practice in terms of critical tasks that dentists must be able to perform competently at the time of licensure. The results of this OA (see Attachment) provide a description of practice for the dentist profession that can be used to evaluate national examinations and to provide the basis for the California Law and Ethics examination (LEX).

OPES test specialists began by researching the profession and conducting telephone interviews with licensed dentists working throughout California. The purpose of these interviews was to identify the tasks performed by dentists and 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 by dentists in their profession, along with statements representing the knowledge needed to perform those tasks.

In October 2023, OPES test specialists convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing dentist practice in California. Dentists participated in the workshop as subject matter experts (SMEs). The SMEs were from diverse backgrounds in the profession (e.g., work settings, geographic location of practice, years licensed). These SMEs also linked the tasks and knowledge statements and reviewed demographic questions to be used on the OA questionnaire.

Agenda Item 9.b.: Update on the Office of Professional Examination Services Occupational Analysis of the Dentist Profession
Dental Board of California Meeting
November 7-8, 2024

Page 1 of 3

After the workshop, OPES test specialists developed a two-part OA questionnaire to be completed by dentists statewide. Development of the OA questionnaire included a pilot study that was conducted with a group of dentists who participated in either the interviews or the October 2023 workshop. The pilot study was completed in November 2023. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered in February 2024.

In the first part of the OA questionnaire, dentists were asked to provide demographic information related to their practice and work settings. In the second part of the questionnaire, dentists were asked to rate how often they perform each task in their current practice (Frequency) and how important the task is to effective performance of their current practice (Importance).

In February 2024, on behalf of the Board, OPES sent an email to approximately 30,000 licensed dentists, inviting them to complete the online OA questionnaire. The email invitation was sent to dentists for whom the Board had an email address on file. Respondents were offered 2 hours of continuing education credit for completing all areas of the questionnaire.

Of the 30,000 email invitations sent, a total of 15,329 email invitations were opened, and 2,014 respondents completed the OA questionnaire (13%). The final number of respondents included in the data analysis was 1,355 (9%). The final response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and working as a dentist in California. Second, OPES excluded questionnaires containing a large portion of incomplete responses.

OPES test specialists then performed data analyses on the task ratings obtained from the questionnaire respondents. The task importance and frequency ratings were combined to derive an overall criticality index for each task.

Once the data were analyzed, OPES test specialists conducted another workshop with dentists in April 2024. The SMEs evaluated the criticality indices and determined whether any tasks should be eliminated. The SMEs in this group also established the final linkage between tasks and knowledge statements, reviewed the task and knowledge statement content areas, and defined those content areas. An additional workshop was held in June 2024 to review the final description of practice and the final examination outline for the LEX.

The description of practice is structured into 15 content areas that are weighted relative to the other content areas. This description of practice provides a description of the scope of practice for dentists, and it also identifies the tasks and knowledge critical to safe and competent practice in California at the time of licensure.

The description of practice developed as a result of this OA provides a basis for evaluating the degree to which the content of any licensure examination in use or considered for use measures content critical to dentist practice in California. Additionally, the OA results were used to develop a separate California Law and Ethics examination outline that provides the basis for developing the LEX.

Action Requested

No action is requested.

Attachment: Occupational Analysis of the Dentist Profession



OCCUPATIONAL ANALYSIS OF THE DENTIST PROFESSION



DENTAL BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE
DENTIST PROFESSION



June 2024



OFFICE OF PROFESSIONAL EXAMINATION SERVICES

Robert Calvert, PhD, Senior Statistician
Heidi Lincer, PhD, Chief

This occupational analysis report is mandated by California Business and Professions Code §139 and by DCA *OPES 22-01 Licensure Examination Validation Policy*.

EXECUTIVE SUMMARY

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 the dentist profession in California. The purpose of the OA is to define dentist practice in terms of critical tasks that dentists must be able to perform competently at the time of licensure. The results of this OA provide a description of practice for the dentist profession that can be used to evaluate national examinations and to provide the basis for the California Law and Ethics examination (LEX).

OPES test specialists began by researching the profession and conducting telephone interviews with licensed dentists working throughout California. The purpose of these interviews was to identify the tasks performed by dentists and 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 by dentists in their profession, along with statements representing the knowledge needed to perform those tasks.

In October 2023, OPES test specialists convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing dentist practice in California. Dentists participated in the workshop as subject matter experts (SMEs). The SMEs were from diverse backgrounds in the profession (e.g., work settings, geographic location of practice, years licensed). These SMEs also linked the tasks and knowledge statements and reviewed demographic questions to be used on the OA questionnaire.

After the workshop, OPES test specialists developed a two-part OA questionnaire to be completed by dentists statewide. Development of the OA questionnaire included a pilot study that was conducted with a group of dentists who participated in either the interviews or the October 2023 workshop. The pilot study was completed in November 2023. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered in February 2024.

In the first part of the OA questionnaire, dentists were asked to provide demographic information related to their practice and work settings. In the

second part of the questionnaire, dentists were asked to rate how often they perform each task in their current practice (Frequency) and how important the task is to effective performance of their current practice (Importance).

In February 2024, on behalf of the Board, OPES sent an email to approximately 30,000 licensed dentists, inviting them to complete the online OA questionnaire. The email invitation was sent to dentists for whom the Board had an email address on file. Respondents were offered 2 hours of continuing education credit for completing all areas of the questionnaire.

Of the 30,000 email invitations sent, a total of 15,329 email invitations were opened, and 2,014 respondents completed the OA questionnaire (13%). The final number of respondents included in the data analysis was 1,355 (9%). The final response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and working as a dentist in California. Second, OPES excluded questionnaires containing a large portion of incomplete responses.

OPES test specialists then performed data analyses on the task ratings obtained from the questionnaire respondents. The task importance and frequency ratings were combined to derive an overall criticality index for each task.

Once the data were analyzed, OPES test specialists conducted another workshop with dentists in April 2024. The SMEs evaluated the criticality indices and determined whether any tasks should be eliminated. The SMEs in this group also established the final linkage between tasks and knowledge statements, reviewed the task and knowledge statement content areas, and defined those content areas. An additional workshop was held in June 2024 to review the final description of practice and the final examination outline for the LEX.

The description of practice is structured into 15 content areas that are weighted relative to the other content areas. This description of practice provides a description of the scope of practice for dentists, and it also identifies the tasks and knowledge critical to safe and competent practice in California at the time of licensure.

The description of practice developed as a result of this OA provides a basis for evaluating the degree to which the content of any licensure examination in use

or considered for use measures content critical to dentist practice in California. Additionally, the OA results were used to develop a separate California Law and Ethics examination outline that provides the basis for developing the LEX.

OVERVIEW OF THE DENTIST DESCRIPTION OF PRACTICE

CONTENT AREA	CONTENT AREA DESCRIPTION	PERCENT WEIGHT
1. Patient Evaluation	This area assesses the candidate's knowledge of conducting patient medical and dental evaluations to develop comprehensive dental treatment plans.	12
2. Endodontics	This area assesses the candidate's knowledge of diagnosing patient endodontic conditions, developing treatment plans, and performing endodontic therapy.	5
3. Indirect Restoration	This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plans, and performing indirect restorations.	7
4. Direct Restoration	This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plans, and performing direct restorations.	8
5. Oral Disease and Education	This area assesses the candidate's knowledge of performing oral disease prevention procedures and patient education.	6
6. Periodontics	This area assesses the candidate's knowledge of diagnosing patient periodontal condition, developing treatment plans, and performing periodontal therapy.	5
7. Fixed Partial Dentures	This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plans, and preparing fixed partial dentures.	5
8. Removable Partial Dentures	This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plans, and designing and delivering removable partial dentures.	4
9. Complete Dentures	This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plans, and designing and delivering complete dentures.	4
10. Implant Restoration	This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plans, and delivering implant restorations.	4

CONTENT AREA	CONTENT AREA DESCRIPTION	PERCENT WEIGHT
11. Oral Surgery	This area assesses the candidate's knowledge of diagnosing patient oral conditions, developing treatment plans, and performing oral surgical procedures.	5
12. Removable Appliance Therapy	This area assesses the candidate's knowledge of procedures to determine patient need for removable appliance therapy and to deliver appliances with instructions to patients.	4
13. Safety and Sanitation	This area assesses the candidate's knowledge of procedures to prevent injury and the spread of diseases in dental services by following regulations on safety, sanitation, and sterilization.	11
14. Law	This area assesses the candidate's knowledge of legal obligations, including patient confidentiality, professional conduct, and information management.	10
15. Ethics	This area assesses the candidate's knowledge of ethical standards for dentistry, including scope of practice and professional conduct.	10
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 the dentist profession in California. The purpose of the OA is to identify critical activities performed by dentists in California. The results of this OA provide a description of practice for the dentist profession that can then be used to review licensure examinations in use or considered for use in California, and to develop the California Dentist Law and Ethics Examination (LEX).

Currently, California licensure as a dentist is granted by meeting the educational and experience requirements and passing the Integrated National Board Dental Examination and the LEX, and completing one of the following four pathways:

1. Pass the Dental Board of California Dental Portfolio Examination
2. Pass the CDCA-WREB-CITA Dental ADEX Examination (ADEX)
3. Obtain Licensure by Credential
4. Obtain Licensure by Residency

PARTICIPATION OF SUBJECT MATTER EXPERTS

California dentists participated as subject matter experts (SMEs) during the OA to ensure that the description of practice directly reflects current dentist practice in California. These SMEs represented the profession in terms of work settings, geographic location of practice, and years licensed. The SMEs provided technical expertise and information regarding different aspects of practice through interviews and workshops. During interviews, the SMEs provided information about the tasks involved in dentist practice and the knowledge required to perform those tasks safely and competently. During workshops, the SMEs developed and reviewed the tasks and knowledge statements describing dentist practice, organized the tasks and knowledge statements into content

areas, evaluated the results of the OA, and developed the description of practice and the LEX outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purposes of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code (BPC) § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), 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 dentist occupation is described as follows in BPC § 1625:

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.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of dentists to contact for telephone interviews. During the semi-structured interviews, 15 dentists were asked to identify the major content areas of practice and the tasks performed in each area. The SMEs were also asked to identify the knowledge necessary to perform each task safely and competently.

TASKS AND KNOWLEDGE STATEMENTS

To develop a preliminary list of tasks and knowledge statements, OPES test specialists integrated the information gathered from literature reviews of profession-related sources (e.g., previous OA reports, articles, industry publications, laws, and regulations) and from interviews with SMEs.

In October 2023, OPES test specialists facilitated a workshop to review and refine the tasks and knowledge statements. Eight SMEs from diverse backgrounds (e.g., work settings, geographic location of practice, years licensed) participated in the workshop. During the workshop, the SMEs evaluated the tasks and knowledge statements for technical accuracy, level of specificity, and comprehensiveness. In addition, the SMEs evaluated the organization of tasks within content areas to ensure that the content areas were independent and non-overlapping.

During the workshop, the SMEs also performed a linkage between the tasks and knowledge statements. The linkage was performed to identify the knowledge required for performance of each task, and to verify that each knowledge statement is important for safe and competent practice as a dentist. Additionally, the linkage ensured that all tasks were linked to at least one knowledge statement, and that each knowledge statement was linked to at least one task statement.

During this workshop, the SMEs also reviewed proposed demographic questions and evaluated the scales that would be used for rating tasks in an online OA questionnaire to be sent to dentists statewide. To reduce the number of

statements on the questionnaire, and therefore the time burden on respondents, OPES test specialists decided to include only the tasks on the questionnaire.

OPES test specialists used the final lists of tasks, demographic questions, and rating scales to develop the online OA questionnaire.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed the online OA questionnaire designed to solicit ratings of the tasks by dentists. The dentists surveyed were instructed to rate how often they perform each task in their current practice (Frequency) and how important each task is to the effective performance of their current practice (Importance). The OA questionnaire also included a demographic section to obtain relevant professional background information about responding dentists. The OA questionnaire is Appendix D.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire in November 2023. The draft questionnaire was reviewed by the Board and then sent to 8 SMEs who had participated in either the interviews or workshops. OPES received feedback on the pilot study from all 8 SMEs. The SMEs reviewed the tasks in the questionnaire for technical accuracy and for whether they comprehensively reflected dentist practice. The SMEs also provided the estimated time for completion of the questionnaire, as well as information about online navigation and ease of use. OPES test specialists used this feedback to refine the final questionnaire.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In February 2024, on behalf of the Board, OPES sent an email to approximately 30,000 licensed dentists for whom the Board had an email address on file, inviting them to complete the online OA questionnaire. Respondents were offered 2 hours of continuing education credit for completing all areas of the questionnaire. The email invitation is Appendix C.

Of the 30,000 email invitations sent, a total of 15,329 email invitations were opened, and 2,014 respondents completed the OA questionnaire (13%). The final number of respondents included in the data analysis was 1,355 (9%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and working as a dentist in California. Second, OPES excluded questionnaires containing a large portion of incomplete responses.

Respondents who did not complete the entire survey did not receive continuing education credit; however, the data the respondents provided was used in the analysis. The final respondent sample appears to represent the California dentist profession based on the sample's demographic composition.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, the responding dentists reported a range of years licensed. Of the respondents, 21.7% reported that they had been licensed as a dentist for 5 years or less, 11.4% reported being licensed as a dentist for 6–10 years, 22.8% reported having been licensed dentist for 11–20 years, and 44% reported that they had been licensed as a dentist for more than 20 years.

When asked to identify their primary work setting, 58% of the respondents reported that they work in an urban setting, while 34.9% reported a suburban setting. The remaining 7% of respondents reported a rural or other setting (Table 2 and Figure 2).

Table 3 and Figure 3 show that the majority of respondents (57.1%) reported that they work 21–39 hours per week, 30.4% reported that they work more than 40 hours per week, while 7.3% reported that they work 11–20 hours per week, and 5.2% reported that they work 0–10 hours per week.

When asked to identify their practice specialty, approximately 80% of respondents reported that they work as a general dentist. The remaining specialties represented ranged from .05% (Oral and Maxillofacial Pathology) to 4.6% (Pediatric Dentistry). A detailed breakdown of respondent specialties is provided in Table 4. Additional demographic information is provided in Tables 5–7 and Figures 5 and 6.

TABLE 1 – YEARS LICENSED

YEARS	NUMBER (N)	PERCENT
0–5 years	405	21.69
6–10 years	213	11.41
11–20 years	426	22.82
More than 20 years	823	44.08
Total	1,867	100

FIGURE 1 – YEARS LICENSED

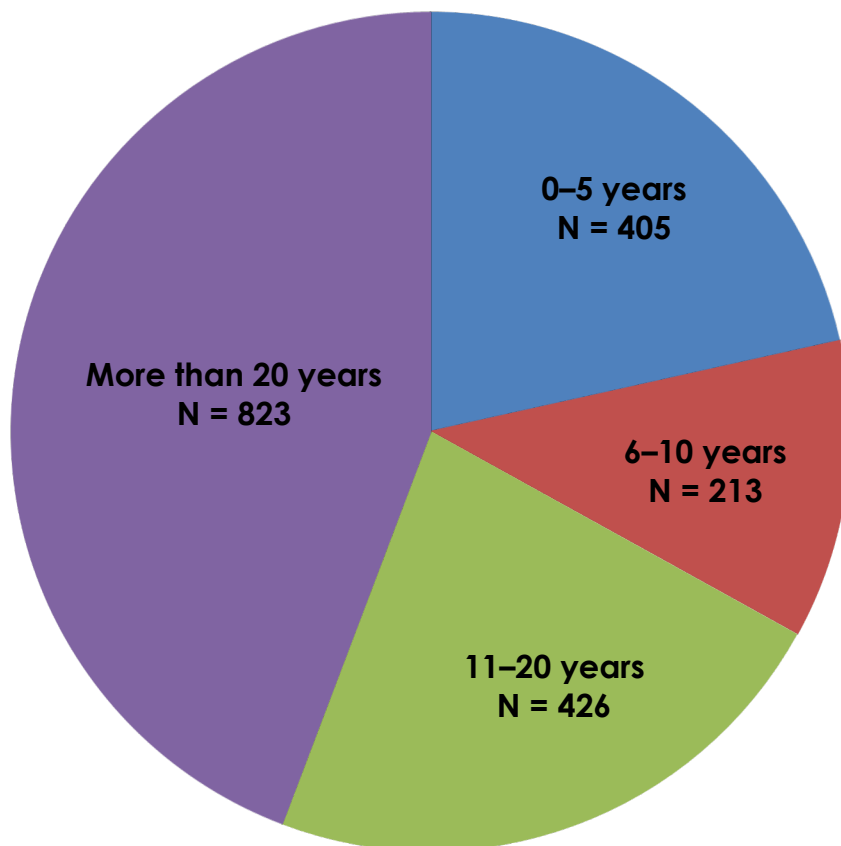


TABLE 2 – PRIMARY WORK SETTING

WORK SETTING	NUMBER (N)	PERCENT
Urban	1,084	58.06
Suburban	652	34.92
Rural	81	4.34
Other	50	2.68
Total	1,867	100

FIGURE 2 – PRIMARY WORK SETTING

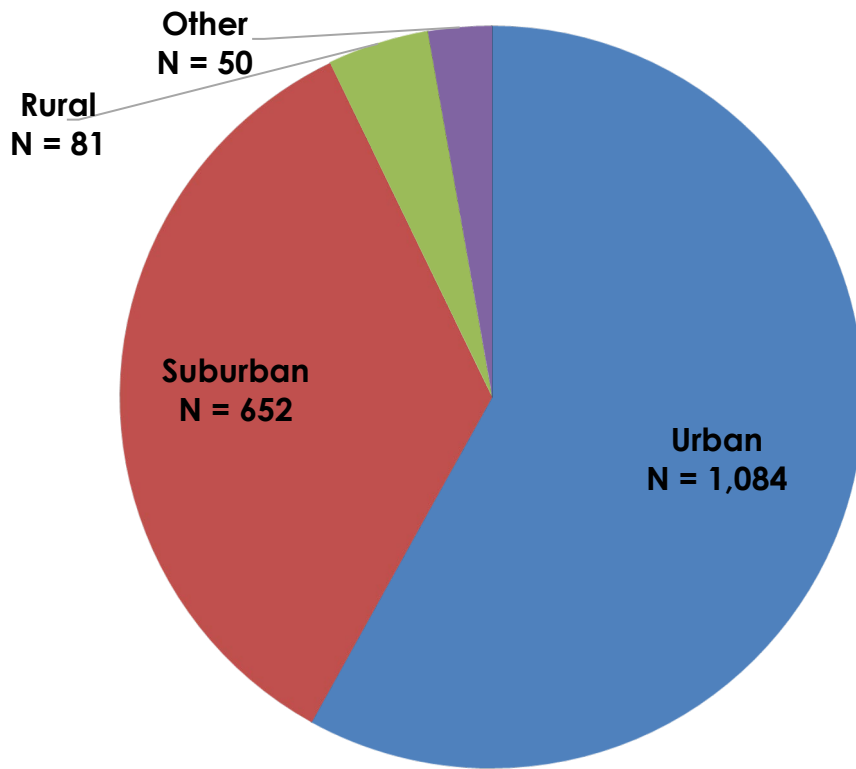


TABLE 3 – HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
0–10 hours	97	5.20
11–20 hours	137	7.34
21–39 hours	1,066	57.10
More than 40 hours	567	30.37
Total*	1,867	100.01

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

FIGURE 3 – HOURS WORKED PER WEEK

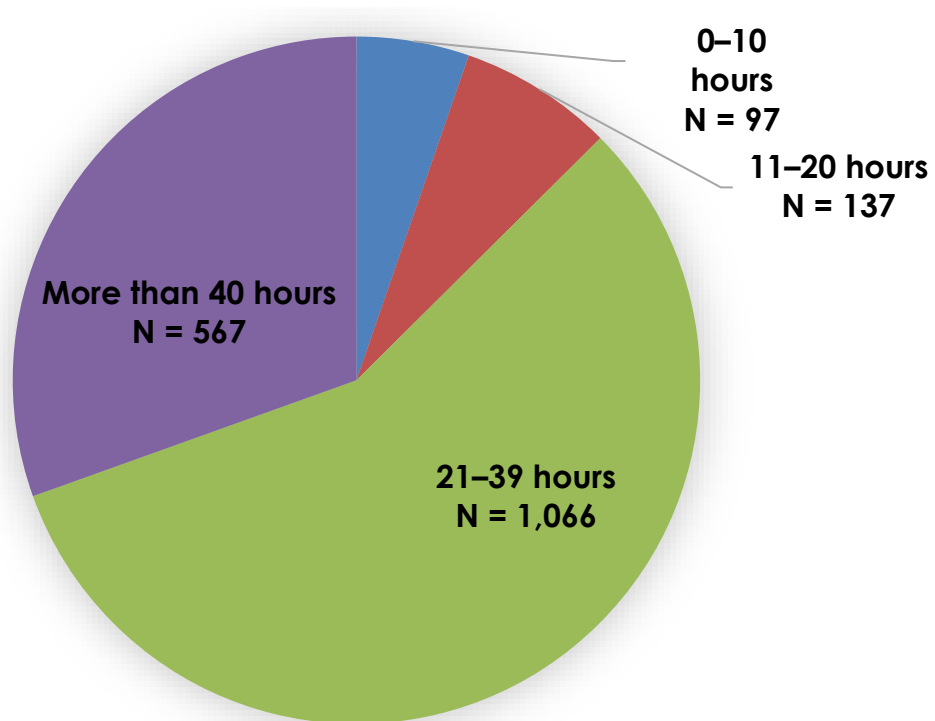


TABLE 4 – PRACTICE SPECIALTY

TYPE	NUMBER (N)	PERCENT
General Dentist	1,481	79.33
Specialist - Dental Anesthesiology	5	0.27
Specialist - Dental Public Health	4	0.21
Specialist - Endodontics	44	2.36
Specialist - Oral and Maxillofacial Pathology	1	0.05
Specialist - Oral and Maxillofacial Radiology	4	0.21
Specialist - Oral and Maxillofacial Surgery	44	2.36
Specialist - Oral Medicine	1	0.05
Specialist - Orofacial Pain	8	0.43
Specialist - Orthodontics and Dentofacial Orthopedics	87	4.66
Specialist - Pediatric Dentistry	85	4.55
Specialist - Periodontics	53	2.84
Specialist - Prosthodontics	24	1.29
Other	26	1.39
Total	1,867	100

FIGURE 4 – PRACTICE SPECIALTY

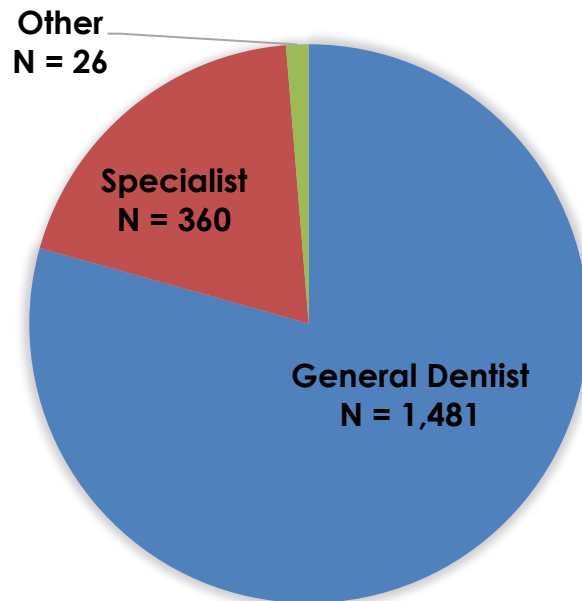


TABLE 5 – WORK LOCATIONS

LOCATIONS	NUMBER (N)	PERCENT
1 location	1,234	66.10
2–4 locations	561	30.05
5 or more locations	72	3.85
Total	1,867	100

FIGURE 5 – WORK LOCATIONS

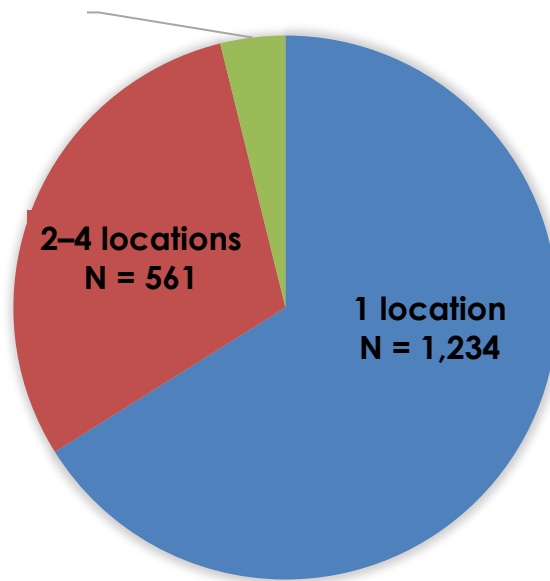


TABLE 6 – WORK SETTING

SETTING	NUMBER (N)	PERCENT
Sole practitioner	970	51.96
Independent contractor/associate	530	28.39
Multidisciplinary group	198	10.61
Hospital	39	2.09
Other	130	6.96
Total*	1,867	100.01

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

FIGURE 6 – WORK SETTING

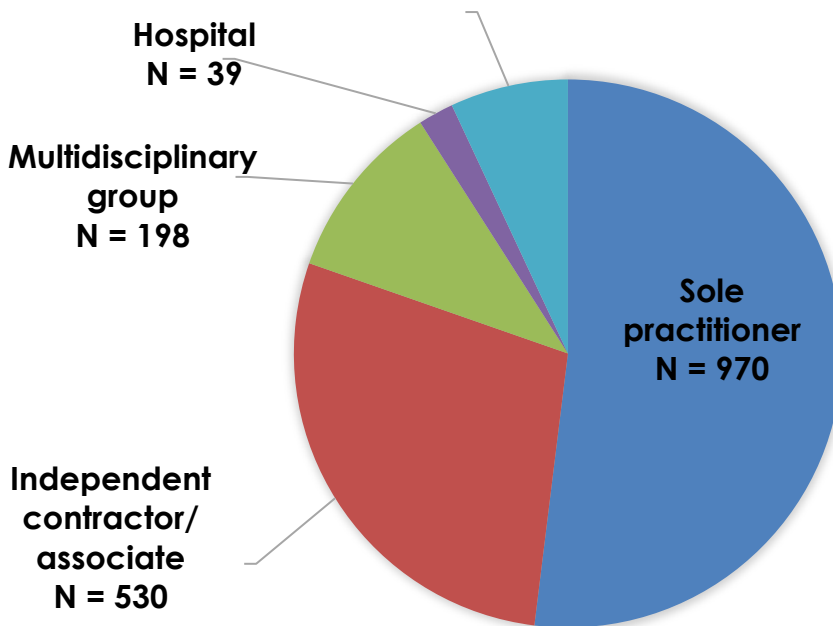


TABLE 7 – RESPONDENTS BY REGION

REGION NAME*	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	706	34.8
North Coast	11	.54
Riverside and Vicinity	175	8.6
Sacramento Valley	137	6.8
San Diego County and Vicinity	186	9.2
San Francisco Bay Area	463	22.8
San Joaquin Valley	172	8.5
Shasta–Cascade	16	0.8
Sierra Mountain Valley	42	2.0
South Coast and Central Coast	120	5.9
Total**	2,028	99.9

*NOTE: Appendix A shows a more detailed breakdown of the frequencies by region. Respondents were asked to check all that apply.

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

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CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

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

Table 8 shows the reliability coefficients for the task rating scale in each content area. The ratings of task frequency and task importance across content areas were highly reliable. These results indicate that the responding dentists rated the tasks consistently throughout the questionnaire.

TABLE 8 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. Patient Evaluation	12	0.89	0.88
2. Endodontics	9	0.96	0.96
3. Indirect Restoration	10	0.98	0.98
4. Direct Restoration	6	0.97	0.97
5. Oral Disease Prevention and Education	8	0.90	0.91
6. Periodontics	6	0.96	0.96
7. Fixed Partial Dentures	10	0.99	0.99
8. Removable Partial Dentures	8	0.99	0.99
9. Complete Dentures	7	0.99	0.99
10. Implant Restoration	8	0.97	0.97
11. Oral Surgery	7	0.96	0.96
12. Removable Appliance Therapy	14	0.97	0.96
13. Safety and Sanitation	9	0.91	0.91
14. Law	18	0.93	0.93
15. Ethics	17	0.92	0.93
Total	149		

TASK CRITICALITY INDICES

To calculate the criticality indices of the tasks, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (Fi) and the importance rating (Ii) for each task. Next, OPES averaged the multiplication products across respondents as shown below:

$$\text{Task criticality index} = \text{mean} [(Fi) \times (Ii)]$$

The tasks included in the survey are Appendix B, which includes mean frequency and importance ratings and their associated criticality indices.

OPES test specialists convened a workshop of 7 SMEs in April 2024. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and competent dentist practice at the time of licensure. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index to determine whether to establish a cutoff value below which tasks should be eliminated. Based on their review of the relative importance of tasks to dentist practice, the SMEs determined that no cutoff value should be set and that all the tasks should be retained.

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the April 2024 workshop reviewed the preliminary assignments of the tasks and knowledge statements to content areas from the October 2023 workshop. The SMEs then confirmed the final linkage between tasks and knowledge statements.

CHAPTER 5 | DESCRIPTION OF PRACTICE

CONTENT AREAS AND WEIGHTS

The SMEs in the April 2024 workshop were also asked to finalize the weights of the content areas for the dentist description of practice. OPES test specialists presented the SMEs with preliminary weights of the content areas, which were calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

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

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry level practice of dentistry in California. Through discussion, the SMEs determined that adjustments to the preliminary weights were necessary to reflect the relative importance of each area to dentist practice more accurately.

TABLE 9 – CONTENT AREA WEIGHTS

CONTENT AREA	PRELIMINARY PERCENT WEIGHT	FINAL PERCENT WEIGHT
1. Patient Evaluation	11	12
2. Endodontics	5	5
3. Indirect Restoration	7	7
4. Direct Restoration	5	8
5. Oral Disease Prevention and Education	4	6
6. Periodontics	4	5
7. Fixed Partial Dentures	5	5
8. Removable Partial Dentures	4	4
9. Complete Dentures	3	4
10. Implant Restoration	4	4
11. Oral Surgery	5	5
12. Removable Appliance Therapy	4	4
13. Safety and Sanitation	11	11
14. Law	14	10
15. Ethics	14	10
Total	100	100

The SMEs reviewed the content areas and wrote descriptions for each area. A second group of 6 SMEs reviewed and approved the description of practice in June 2024. The final California Dentist Description of Practice is presented in Table 10.

TABLE 10 – CALIFORNIA DENTIST DESCRIPTION OF PRACTICE

Content Area 1. PATIENT EVALUATION (12%)

This area assesses the candidate's knowledge of conducting patient medical and dental evaluations to develop comprehensive dental treatment plans.

Tasks	Associated Knowledge Statements
T101. Conduct patient medical history assessment to determine whether treatment can be performed.	K1. Knowledge of methods used to elicit information from patient during medical history assessment. K2. Knowledge of conditions that require a medical referral. K3. Knowledge of medical conditions that prevent dental services from being performed. K4. Knowledge of conditions that require in office accommodation in order to proceed with treatment.
T102. Conduct patient dental history assessment to determine whether treatment can be performed.	K5. Knowledge of dental services within scope of practice. K6. Knowledge of methods used to elicit information from patient during dental history assessment. K7. Knowledge of conditions that require a dental referral. K8. Knowledge of conditions that require a medical referral.
T103. Refer patient to specialists when dental treatment needs exceed practitioner abilities.	K9. Knowledge of procedures for making a dental referral. K10. Knowledge of procedures for making a medical referral. K11. Knowledge of dental specialties and their scopes of practice.
T104. Review patient history and expectations with patient to inform treatment planning.	K12. Knowledge of methods to identify discrepancies or omissions in patient health history. K13. Knowledge of common pharmaceuticals and associated conditions. K14. Knowledge of methods used to determine if patient expectations for dental treatment can be achieved.
T105. Take patient vital signs to determine whether treatment can be performed.	K15. Knowledge of vital sign conditions that require a medical referral. K16. Knowledge of instruments and procedures used to take vital signs.

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Content Area 1. PATIENT EVALUATION (12%), continued

This area assesses the candidate's knowledge of conducting patient medical and dental evaluations to develop comprehensive dental treatment plans.

Tasks	Associated Knowledge Statements
T106. Take radiographs of oral cavity and associated structures to determine treatment plan.	K17. Knowledge of types of radiographs and their applications. K18. Knowledge of instruments and procedures used to take radiographs.
T107. Interpret radiographs of oral cavity and associated structures to assess oral condition.	K19. Knowledge of oral pathologies and their appearance in a radiograph. K20. Knowledge of appearance of defective dental restorations in a radiograph. K21. Knowledge of representation of abnormal oral anatomy in a radiograph. K22. Knowledge of methods used to interpret radiograph results.
T108. Perform patient periodontal examination to assess periodontal condition.	K23. Knowledge of instruments and procedures used to perform periodontal examinations. K24. Knowledge of methods used to interpret results from periodontal examinations. K25. Knowledge of different stages and presentation of periodontal disease.
T109. Perform patient extraoral and intraoral examinations to detect anomalies and pathologies.	K26. Knowledge of methods used to detect oral cancer. K27. Knowledge of instruments and procedures used to perform extraoral and intraoral examinations. K28. Knowledge of methods used to interpret results from extraoral and intraoral examinations. K29. Knowledge of methods used to detect anomalies. K30. Knowledge of methods used to detect pathologies.
T110. Assess patient temporomandibular joint (TMJ) to identify TMJ disorders.	K31. Knowledge of instruments and procedures used to perform temporomandibular joint examinations. K32. Knowledge of methods used to interpret results from temporomandibular joint examinations. K33. Knowledge of instruments and procedures used to evaluate orofacial anatomy during facial oral examinations.
T111. Assess patient dentition by performing an oral examination.	K34. Knowledge of methods used to evaluate patient caries risk assessment. K35. Knowledge of criteria used for classification of orthodontic condition during oral examinations.

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Content Area 1. PATIENT EVALUATION (12%), continued

This area assesses the candidate's knowledge of conducting patient medical and dental evaluations to develop comprehensive dental treatment plans.

Tasks	Associated Knowledge Statements
T112. Inform patient of alternatives, risks, benefits, and limitations of treatment options.	K36. Knowledge of education resources used to explain different treatment options to patients. K37. Knowledge of types of alternatives, risks, benefits, and limitations associated with dental instruments and procedures.

Content Area 2. ENDODONTICS (5%)

This area assesses the candidate's knowledge of diagnosing patient endodontic conditions, developing treatment plans, and performing endodontic therapy.

Tasks	Associated Knowledge Statements
T113. Assess endodontic condition of patient by performing endodontic examination and diagnosis.	<p>K38. Knowledge of contraindications and potential complications arising from root canal therapy.</p> <p>K39. Knowledge of instruments and procedures used to perform endodontic examinations.</p> <p>K40. Knowledge of methods used to interpret results from endodontic examinations.</p> <p>K41. Knowledge of methods used to assess whether a root fracture exists.</p> <p>K42. Knowledge of methods used to assess whether a tooth perforation exists.</p> <p>K43. Knowledge of methods used to assess whether canals have been filled.</p> <p>K44. Knowledge application of radiographs to root canal therapy.</p> <p>K45. Knowledge of indications for endodontic therapy.</p>
T114. Prepare for performing root canal therapy by administering anesthetics for pain control.	<p>K46. Knowledge of types of anesthetics used while performing root canal therapy.</p> <p>K47. Knowledge of techniques used to administer anesthetics during root canal therapy.</p> <p>K48. Knowledge of anesthetic pharmacology relating to root canal therapy.</p>
T115. Isolate tooth before performing root canal therapy to prevent contamination and injury to patient.	<p>K49. Knowledge of procedures and instruments used to isolate a tooth during root canal therapy</p> <p>K50. Knowledge of tooth morphology for root canal therapy.</p>
T116. Access pulp chamber and root canals to begin root canal therapy.	<p>K51. Knowledge of tooth morphology.</p> <p>K52. Knowledge of instruments and procedures used to access root canals.</p>
T117. Shape and clean canals to continue root canal therapy.	<p>K53. Knowledge of tooth morphology.</p> <p>K54. Knowledge of instruments and procedures used to shape and clean canals during root canal therapy.</p> <p>K55. Knowledge of instruments and procedures used to measure and determine the length of canals.</p> <p>K56. Knowledge of instruments and techniques used to irrigate root canals.</p>
T118. Obturate root canals by sealing canals to complete root canal filling.	<p>K57. Knowledge of tooth morphology.</p> <p>K58. Knowledge of instruments and procedures used to measure and determine the length of canals.</p> <p>K59. Knowledge of instruments and procedures used to fill root canals.</p> <p>K60. Knowledge of materials used to fill root canals.</p> <p>K61. Knowledge of methods used to assess whether canals have been filled.</p>

Content Area 2. ENDODONTICS (5%), continued

This area assesses the candidate's knowledge of diagnosing patient endodontic conditions, developing treatment plans, and performing endodontic therapy.

Tasks	Associated Knowledge Statements
T119. Seal coronal access to prevent contamination of root canal.	K62. Knowledge of instruments and procedures used to seal coronal access. K63. Knowledge of restorative materials used for sealing coronal access.
T120. Prepare tooth for final restoration.	K64. Knowledge of methods to place final restoration. K65. Knowledge of materials used to build up internal structure. K66. Knowledge of indications for placement of root canal posts and core. K67. Knowledge of instruments and procedures used to build up internal structure.
T121. Prescribe medication to patients for root canal therapy to control or prevent complications.	K68. Knowledge of medications to prescribe relating to root canal therapy. K69. Knowledge of pharmacology of medications used relating to root canal therapy.

Content Area 3. INDIRECT RESTORATION (7%)

This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plans, and performing indirect restorations.

Tasks	Associated Knowledge Statements
T122. Evaluate restorative condition, dentition, and associated structures of patient to assist in indirect restorative treatment planning.	K70. Knowledge of contraindications and potential complications arising from indirect restoration instruments and procedures. K71. Knowledge of procedures used to evaluate patient for indirect restorations. K72. Knowledge of indications for indirect restorations.
T123. Prepare for indirect restoration by administering anesthetics for pain control.	K73. Knowledge of techniques used to administer anesthetics during indirect restorations. K74. Knowledge of anesthetic pharmacology relating to indirect restorations. K75. Knowledge of techniques used during placement of pharmacologic agents for indirect restorations.
T124. Prepare tooth for indirect restoration to accommodate final restoration.	K76. Knowledge of instruments and procedures used to prepare teeth for indirect restorations. K77. Knowledge of techniques used during preparation of indirect restorations.
T125. Take impression of teeth to facilitate process of fabricating final restoration.	K78. Knowledge of instruments and procedures used to take impressions for final restorations. K79. Knowledge of methods used to assess accuracy of impressions for final restorations. K80. Knowledge of materials used to take impressions for final restorations. K81. Knowledge of methods used to take impressions for final restorations. K82. Knowledge of pharmacology of medications used during fixed partial denture instruments and procedures.
T126. Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating indirect final restoration.	K83. Knowledge of instruments and procedures used to take records (e.g., bite registration, facebow) for final restorations. K84. Knowledge of instruments and procedures used to assess accuracy of records (e.g., bite registration, facebow) while preparing for final restorations. K85. Knowledge of methods used to take records for final restorations (e.g., digital bite registration). K86. Knowledge of materials used to take records (e.g., bite registration, facebow) for final restorations. K87. Knowledge of instruments used during provisional restorations.
T127. Fabricate provisional restoration to restore tooth.	K88. Knowledge of techniques used for constructing provisional restorations. K89. Knowledge of materials used to construct provisional restorations. K90. Knowledge of instruments used during provisional restorations.

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Content Area 3. INDIRECT RESTORATION (7%), continued

This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plans, and performing indirect restorations.

Tasks	Associated Knowledge Statements
T128. Place provisional restoration to temporarily restore tooth.	K91. Knowledge of techniques used for placing provisional restorations. K92. Knowledge of temporary luting agents used for placement of provisional restorations. K93. Knowledge of methods used to check integrity (e.g., contacts, contours, margins, occlusion) of provisional restoration. K94. Knowledge of instruments used during provisional restorations.
T129. Remove provisional restoration from tooth.	K95. Knowledge of methods used to remove provisional restorations. K96. Knowledge of methods used to check integrity (e.g., contacts, contours, margins, occlusion) of indirect restorations.
T130. Assess indirect restoration by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	K97. Knowledge of radiographs as a tool to confirm seating of indirect restorations.
T131. Place indirect restoration on tooth to restore tooth form and function.	K98. Knowledge of methods used to check integrity (e.g., contacts, contours, margins, occlusion) of indirect restorations. K99. Knowledge of luting agents used for placement of indirect restorations. K100. Knowledge of techniques used for placing indirect restorations.

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Content Area 4. DIRECT RESTORATION (8%)

This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plans, and performing direct restorations.

Tasks	Associated Knowledge Statements
T132. Evaluate restorative condition, dentition, and associated structures of patient to assist in direct restorative treatment planning.	K101. Knowledge of contraindications and potential complications arising from direct restoration instruments and procedures. K102. Knowledge of procedures used to evaluate patient for direct restorations. K103. Knowledge of criteria used to identify carious lesions K104. Knowledge of direct restoration restorative materials. K105. Knowledge of indications for direct restorations.
T133. Prepare tooth for direct restoration by administering anesthetics for pain control.	K106. Knowledge of types of anesthetics to use on patient while performing direct restorations. K107. Knowledge of techniques used to administer anesthetics during direct restorations. K108. Knowledge of anesthetic pharmacology relating to direct restorations.
T134. Isolate tooth before performing direct restoration to prevent contamination and injury to patient.	K109. Knowledge of techniques used to isolate teeth during direct restorations. K110. Knowledge of instruments and procedures used to isolate teeth for direct restorations.
T135. Prepare tooth for placing direct restoration by removing carious lesions and compromising features (e.g., decalcifications, unsupported enamel) from tooth.	K111. Knowledge of criteria used to identify carious lesions. K112. Knowledge of techniques used to remove carious lesions and prepare teeth for direct restorations.
T136. Place direct restorative material in tooth to restore form and function.	K113. Knowledge of techniques used to place direct restorations. K114. Knowledge of materials used during placement of direct restorations.
T137. Adjust and polish direct restoration to restore form and function.	K115. Knowledge of instruments used to adjust and polish direct restorations. K116. Knowledge of techniques used to adjust and polish direct restorations. K117. Knowledge of materials used to polish direct restorations.

Content Area 5. ORAL DISEASE PREVENTION AND EDUCATION (6%)

This area assesses the candidate's knowledge of performing oral disease prevention procedures and patient education.

Tasks	Associated Knowledge Statements
T138. Perform prophylaxis procedures by removing deposits from tooth surfaces to improve periodontal health.	K118. Knowledge of instruments and procedures used to debride teeth. K119. Knowledge of techniques used to polish teeth. K120. Knowledge of instruments and procedures to determine the presence of deposits. K121. Knowledge of methods used to floss teeth. K122. Knowledge of instruments used during prophylaxis. K123. Knowledge of medicaments and pharmacology used during prophylaxis.
T139. Apply fluoride to protect teeth after prophylaxis procedures.	K124. Knowledge of instruments and procedures used to apply fluoride to teeth.
T140. Apply sealants to teeth to prevent dental carious lesions.	K125. Knowledge of instruments and procedures used to apply sealants to teeth.
T141. Educate patients on oral hygiene and nutrition to assist patients in maintaining dental health.	K126. Knowledge of information to educate patients regarding oral hygiene and nutrition.
T142. Assess oral cavity to create a design for space maintainers.	K127. Knowledge of indications and contraindications for placement of space maintainers. K128. Knowledge of methods used to assess oral cavity to determine need for space maintainers. K129. Knowledge of types of space maintainers. K130. Knowledge of criteria for the placement of space maintainers. K131. Knowledge of materials used for space maintainers.
T143. Deliver space maintainers to prevent teeth migration.	K132. Knowledge of techniques to fit and deliver space maintainers.
T144. Remove space maintainers to allow for permanent teeth eruption.	K133. Knowledge of techniques to remove space maintainers. K134. Knowledge of criteria for the removal of space maintainers.
T145. Educate patients and guardians on postoperative instructions about space maintainers.	K135. Knowledge of postoperative complications arising from space maintainers. K136. Knowledge of postoperative care instructions for space maintainers.

Content Area 6. PERIODONTICS (5%)

This area assesses the candidate's knowledge of diagnosing patient periodontal condition, developing treatment plans, and performing periodontal therapy.

Tasks	Associated Knowledge Statements
T146. Develop treatment plan to treat periodontal disease.	K143. Knowledge of contraindications and potential complications arising from periodontal therapy. K144. Knowledge of methods used to develop treatment plans for patients with periodontal disease. K145. Knowledge of types of treatment used for patients with periodontal disease. K146. Knowledge of conditions that require periodontal therapy.
T147. Prepare patients for periodontal therapy by administering anesthetics for pain control.	K147. Knowledge of types of anesthetics to use on patients while performing periodontal therapy. K148. Knowledge of instruments and procedures used to administer anesthetics during periodontal therapy. K149. Knowledge of anesthetic pharmacology relating to periodontal therapy.
T148. Perform non-surgical periodontal therapy to improve periodontal health.	K150. Knowledge of instruments and procedures to determine the presence of deposits during periodontal therapy. K151. Knowledge of instruments and procedures used to remove deposits during periodontal therapy. K152. Knowledge of pharmacological agents used for periodontal therapy. K154. Knowledge of methods used to evaluate patient periodontal condition after periodontal treatment.
T149. Reevaluate patient periodontal condition after periodontal therapy to determine whether additional treatment is needed.	K153. Knowledge of techniques used to polish teeth to complete periodontal therapy. K155. Knowledge of conditions that indicate the need for a referral to a periodontist.
T150. Develop protocol for periodontal maintenance.	K156. Knowledge of methods used to educate patients about periodontal disease and prevention.

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Content Area 6. PERIODONTICS (5%), continued

This area assesses the candidate's knowledge of diagnosing patient periodontal condition, developing treatment plans, and performing periodontal therapy.

Tasks	Associated Knowledge Statements
T151. Assess periodontal condition of patient by performing periodontal examination and diagnosis.	K137. Knowledge of contraindications and complications arising from periodontal condition. K138. Knowledge of instruments and procedures used to perform periodontal examinations. K139. Knowledge of methods used to interpret results from periodontal examinations. K140. Knowledge of periodontal conditions that require surgical intervention. K141. Knowledge of indications for periodontal therapy. K142. Knowledge application of radiographs to periodontal condition.

Content Area 7. FIXED PARTIAL DENTURES (5%)

This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plans, and preparing fixed partial dentures.

Tasks	Associated Knowledge Statements
T152. Evaluate patient restorative condition, dentition, and associated structures to assist in fixed partial denture restorative treatment planning.	K177. Knowledge of contraindications and complications associated with fixed partial denture procedures. K178. Knowledge of methods used to perform examinations for fixed partial dentures. K180. Knowledge of indications for fixed partial dentures. K181. Knowledge of design and application of fixed partial dentures. K184. Knowledge of anesthetic pharmacology relating to indirect restorations. K187. Knowledge of methods used to assess preparation design of abutment teeth.
T153. Prepare teeth for fixed partial denture preparation by administering anesthetics for pain control.	K68. Knowledge of techniques used to administer anesthetics during indirect restorations. K69. Knowledge of anesthetic pharmacology relating to indirect restorations. K75. Knowledge of techniques used during placement of pharmacologic agents for indirect restorations.
T154. Prepare abutments for fixed partial dentures to accommodate final restorations.	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 used for preparation of abutment teeth. K182. Knowledge of techniques used during placement of pharmacologic agents for fixed partial dentures.
T155. Take impressions of teeth to facilitate process of fabricating fixed partial dentures.	K190. Knowledge of techniques used to take impressions for fixed partial dentures. K178. Knowledge of methods used to perform examinations for fixed partial dentures. K192. Knowledge of materials used to take impressions for fixed partial dentures.
T156. Take bite registration records of oral cavity to facilitate process of fabricating fixed partial dentures.	K194. Knowledge of instruments and procedures used to take bite registration records for fixed partial dentures. K195. Knowledge of methods used to assess accuracy of bite registration records while preparing fixed partial dentures. K198. Knowledge of materials used to construct fixed partial dentures for provisional restorations.
T157. Fabricate provisional restorations to restore teeth before placement of fixed partial dentures.	K197. Knowledge of techniques used for constructing fixed partial dentures for provisional restorations. K198. Knowledge of materials used to construct fixed partial dentures for provisional restorations.

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Content Area 7. FIXED PARTIAL DENTURES (5%), continued

This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plans, and preparing fixed partial dentures.

Tasks	Associated Knowledge Statements
T158. Place provisional restorations to temporarily restore teeth before placement of fixed partial dentures.	K199. Knowledge of purposes of placing provisional restorations before placing fixed partial dentures. K200. Knowledge of instruments and procedures used to place provisional restorations. K201. Knowledge of materials used for placement of provisional fixed partial dentures. K202. Knowledge of methods used to assess fit of provisional fixed partial dentures before placement.
T159. Remove provisional restorations from mouth and assess condition of oral tissues.	K203. Knowledge of techniques used to remove provisional restorations from mouth before fitting fixed partial dentures. K204. Knowledge of instruments and procedures used to remove provisional restorations.
T160. Assess fixed partial dentures before final placement by checking fit of restorations.	K205. Knowledge of methods used to check integrity (e.g., pontics, connectors, contacts, contours, margins, occlusion) of fixed partial dentures. K206. Knowledge of radiographs as a tool to confirm seating of indirect restorations.
T161. Place fixed partial dentures on abutments to restore form and function of oral cavity.	K207. Knowledge of instruments and procedures used during fixed partial denture placement. K208. Knowledge of materials used for placement of final fixed partial dentures.

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Content Area 8. REMOVABLE PARTIAL DENTURES (4%)

This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plan, and designing and delivering removable partial dentures.

Tasks	Associated Knowledge Statements
T162. Assess oral tissues to create design for removable partial dentures.	K209. Knowledge of contraindications and complications associated with removable partial dentures. K210. Knowledge of criteria used to identify teeth modifications in preparation for fabrication of removable partial dentures. K211. Knowledge of indications for removable partial dentures. K212. Knowledge of design and application of removable partial dentures.
T163. Prepare remaining dentition (e.g., rest seats, guide planes) and oral tissues for fabrication of removable partial dentures.	K213. Knowledge of instruments and procedures used to prepare oral tissues for removable partial dentures. K214. Knowledge of anesthetic pharmacology relating to removable partial dentures. K215. Knowledge of criteria for the use of anesthetic for removable partial dentures procedures.
T164. Take impressions of oral tissues to facilitate process of fabricating removable partial dentures.	K216. Knowledge of techniques used to take impressions for removable partial dentures. K217. Knowledge of methods used to assess accuracy of impressions for removable partial dentures. K218. Knowledge of methods used to take impressions for removable partial dentures.
T165. Take bite registration records to facilitate process of fabricating removable partial dentures.	K219. Knowledge of instruments and procedures used to take bite registration records for removable partial dentures. K220. Knowledge of methods used to assess accuracy of bite registration records for removable partial dentures. K221. Knowledge of materials used to take bite registration records for removable partial dentures.
T166. Perform trial fit of removable partial denture components.	K222. Knowledge of methods used to assess fit of removable partial denture components. K223. Knowledge of criteria for assessing the quality of constructed partial denture framework and teeth setup.
T167. Deliver removable partial dentures to restore form and function.	K224. Knowledge of methods used to assess fit of removable partial denture components. K225. Knowledge of instruments and procedures used to deliver removable partial dentures.
T168. Reevaluate removable partial denture fit and function and perform adjustments.	K227. Knowledge of methods used to assess fit of removable partial denture components. K228. Knowledge of instruments and procedures used to adjust removable partial dentures.

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Content Area 8. REMOVABLE PARTIAL DENTURES (4%), continued

This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plan, and designing and delivering removable partial dentures.

Tasks	Associated Knowledge Statements
T169. Review home care instructions with patient for use and care of removable partial dentures.	K226. Knowledge of home care instructions for patients using removable partial dentures.

Content Area 9. COMPLETE DENTURES (4%)

This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing a treatment plans, and designing and delivering complete dentures.

Tasks	Associated Knowledge Statements
T170. Assess oral tissues to create designs for removable complete dentures.	K229. Knowledge of contraindications and complications associated with removable complete dentures. K230. Knowledge of methods used to create designs for complete dentures. K231. Knowledge of criteria used to assess patient oral conditions that affect design of complete dentures. K232. Knowledge of indications for removable complete dentures. K233. Knowledge of design and application of complete dentures.
T171. Deliver removable complete dentures to restore form and function.	K242. Knowledge of methods used to assess fit of removable complete denture components. K243. Knowledge of instruments and procedures used to deliver removable complete dentures.
T172. Reevaluate removable complete denture fit and function and perform adjustments.	K245. Knowledge of methods used to assess fit of removable complete denture components. K246. Knowledge of instruments and procedures used to adjust removable complete dentures.
T173. Take impression of oral tissues to facilitate process of fabricating complete dentures.	K237. Knowledge of instruments and procedures used to take facebow and bite registration records for complete dentures. K238. Knowledge of methods used to assess accuracy of facebow and bite registration records for complete dentures. K239. Knowledge of materials used to take facebow and bite registration records for complete dentures.
T174. Take facebow and bite registration records to facilitate process of fabricating complete dentures.	K240. Knowledge of methods used to assess fit of complete dentures. K241. Knowledge of criteria for assessing the quality of constructed complete denture and teeth setup.
T175. Perform trial fit of complete dentures to determine whether lab processing of complete dentures can be performed.	K234. Knowledge of criteria used to assess accuracy of impressions for complete dentures. K235. Knowledge of methods used to take impressions for complete dentures. K236. Knowledge of materials used to take impressions for complete dentures.

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Content Area 9. COMPLETE DENTURES (4%), continued

This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing a treatment plans, and designing and delivering complete dentures.

Tasks	Associated Knowledge Statements
T176. Review home care instructions with patient for use and care of complete dentures.	K244. Knowledge of home care instructions for patients using removable complete dentures.

Content Area 10. IMPLANT RESTORATION (4%)

This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plans, and delivering implant restorations.

Tasks	Associated Knowledge Statements
T177. Evaluate existing implants and oral tissues for implant restorations.	K247. Knowledge of contraindications and potential complications arising from implant instruments and procedures. K248. Knowledge of indications for implant restoration. K249. Knowledge of methods used for designing implant restorations. K250. Knowledge of instruments and procedures used to perform examinations for implants. K251. Knowledge of methods used to interpret results from examinations for implant restorations. K252. Knowledge of types of radiographs used during implant instruments and procedures.
T178. Take impressions of implant and oral tissues to facilitate process of fabricating implant restorations.	K253. Knowledge of materials used for implant impressions. K254. Knowledge of techniques used to take impressions for implant restorations. K255. Knowledge of criteria used to assess accuracy of impressions for implant restorations.
T179. Take bite registration records for the fabrication of implant restorations.	K256. Knowledge of criteria used to assess accuracy of records for implant restorations. K257. Knowledge of instruments and procedures used to take records for implant restorations. K258. Knowledge of materials used to take records for implant restorations.
T180. Fabricate provisional restorations to restore implants.	K259. Knowledge of design and application of provisional restoration. K260. Knowledge of materials used to construct provisional restorations.
T181. Place provisional restorations to temporarily restore implants.	K261. Knowledge of instruments and procedures used to place provisional restorations. K266. Knowledge of instruments used for placing implant restorations in oral cavity.
T182. Assess integrity of implant restorations.	K263. Knowledge of radiographs as a tool to confirm seating of implant restorations. K264. Knowledge of methods used to check integrity (e.g., contacts, contours, margins, occlusion) of implant restorations. K265. Knowledge of methods used to perform adjustments on implant restorations. K266. Knowledge of instruments used for placing implant restorations in oral cavity.
T183. Place implant restorations to restore form and function.	K267. Knowledge of instruments and procedures used to place implant restorations. K268. Knowledge of methods used to perform adjustments on implant restorations.

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Content Area 10. IMPLANT RESTORATION (4%), continued

This area assesses the candidate's knowledge of diagnosing patient restorative needs, developing treatment plans, and delivering implant restorations.

Tasks	Associated Knowledge Statements
T184. Review home care instructions with patient for use and care of implant restorations.	K269. Knowledge of home care instructions for patients using implant restorations.

Content Area 11. ORAL SURGERY (5%)

This area assesses the candidate's knowledge of diagnosing patient oral conditions, developing treatment plans, and performing oral surgical procedures.

Tasks	Associated Knowledge Statements
T185. Evaluate patient oral condition, dentition, and associated structures to assist in oral surgery treatment planning.	K270. Knowledge of contraindications and complications associated with oral surgery treatment. K271. Knowledge of indications for oral surgery. K272. Knowledge of instruments and procedures used to perform examinations for oral surgery. K273. Knowledge of criteria used to interpret results from examinations for oral surgery. K274. Knowledge of types of radiographs used for oral surgery procedures. K275. Knowledge of pharmacology of medications used for oral surgery.
T186. Prepare patient for oral surgery by administering anesthetics for pain control.	K276. Knowledge of types of anesthetics used for oral surgery. K277. Knowledge of techniques used to administer anesthetics for oral surgery. K278. Knowledge of anesthetic pharmacology relating to oral surgery.
T187. Perform oral surgery procedures.	K279. Knowledge of timeout protocol for oral surgery. K280. Knowledge of instruments and procedures used to perform oral surgery. K281. Knowledge of techniques used to perform oral surgery.
T188. Place sutures in surgical area after oral surgery to facilitate healing process.	K282. Knowledge of instruments and procedures used for placing sutures. K283. Knowledge of techniques used to place sutures. K284. Knowledge of materials for placing sutures.
T189. Perform postoperative procedures and address complications associated with oral surgery.	K285. Knowledge of instruments and procedures used to address complications associated with oral surgery. K286. Knowledge of indications of complications associated with oral surgery. K287. Knowledge of instruments and post operative procedures associated with oral surgery.
T190. Prescribe medication to patient for oral surgery to control pain and prevent postoperative complications.	K288. Knowledge of types of medications to prescribe for oral surgery. K289. Knowledge of pharmacology of medications used for oral surgery.
T191. Review home care instructions with patient after oral surgery.	K290. Knowledge of home care instructions for patients associated with oral surgery.

Content Area 12. REMOVABLE APPLIANCE THERAPY (4%)

This area assesses the candidate's knowledge of procedures to determine patient need for removable appliance therapy and to deliver appliances with instructions to patients.

Tasks	Associated Knowledge Statements
T192. Evaluate patient to establish suitability for teeth whitening treatments.	K291. Knowledge of contraindications and potential complications arising from teeth whitening instruments and procedures. K292. Knowledge of indications for teeth whitening treatment. K293. Knowledge of teeth whitening systems and their applications.
T193. Take impressions of teeth to fabricate whitening trays.	K294. Knowledge of techniques used to take impressions for whitening trays. K295. Knowledge of methods used to assess accuracy of impressions for whitening trays. K296. Knowledge of instruments and materials used to take impressions for whitening trays.
T194. Fabricate whitening trays to facilitate delivery of whitening agent to teeth.	K297. Knowledge of materials used for teeth whitening trays. K298. Knowledge of techniques used for constructing whitening trays. K299. Knowledge of instruments and materials used to construct whitening trays.
T195. Deliver whitening trays and whitening agent to facilitate teeth whitening process.	K300. Knowledge of potential complications arising from teeth whitening. K301. Knowledge of instruments and procedures used to perform teeth whitening.
T196. Prepare for in-office teeth whitening procedures by isolating teeth to protect face and oral cavity.	K302. Knowledge of methods used to isolate teeth during in-office teeth whitening. K303. Knowledge of instruments and procedures used to isolate teeth during teeth whitening.
T197. Perform in-office teeth whitening procedures by applying whitening agents to improve patient aesthetics.	K301. Knowledge of instruments and procedures used to perform teeth whitening. K304. Knowledge of materials used for teeth whitening. K306. Knowledge of methods used to evaluate effectiveness of teeth whitening agents.
T198. Review home care instructions with patient for teeth whitening.	K307. Knowledge of potential complications arising from teeth whitening. K308. Knowledge of patient home care instructions to use teeth whitening systems. K309. Knowledge of patient home care instructions to achieve optimal results.
T199. Evaluate patient condition, dentition, and associated structures of patient to assist in occlusal appliance therapy treatment planning.	K157. Knowledge of complications arising from occlusal appliance therapy. K158. Knowledge of indications for occlusal appliance therapy. K159. Knowledge of instruments and procedures used to perform examinations for occlusal appliance therapy. K160. Knowledge of methods used to design occlusal appliances. K161. Knowledge of indications for occlusal splint therapy. K162. Knowledge of methods used to interpret results from examination for occlusal appliance therapy.

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Content Area 12. REMOVABLE APPLIANCE THERAPY (4%), continued

This area assesses the candidate's knowledge of procedures to determine patient need for removable appliance therapy and to deliver appliances with instructions to patients.

Tasks	Associated Knowledge Statements
T200. Take impression of oral cavity to facilitate process of fabricating occlusal appliance.	K164. Knowledge of methods used to assess accuracy of impressions for occlusal appliances. K166. Knowledge of instruments used while constructing occlusal appliances.
T201. Take bite registration records to facilitate process of fabricating occlusal appliance.	K167. Knowledge of instruments and procedures used to take bite registration records for occlusal appliances. K159. Knowledge of instruments and procedures used to perform examinations for occlusal appliance therapy. K169. Knowledge of materials and methods used to take bite registration records for occlusal appliances. K170. Knowledge of instruments and procedures used while constructing occlusal appliances.
T202. Fabricate occlusal appliance to facilitate treatment of patient parafunctional habits.	K171. Knowledge of materials used to construct occlusal appliances. K170. Knowledge of instruments and procedures used while constructing occlusal appliances.
T203. Deliver occlusal appliance to facilitate treatment of patient parafunctional habits.	K173. Knowledge of instruments and procedures used to deliver occlusal appliances. K174. Knowledge of instruments and procedures to perform adjustments of occlusal appliances.
T204. Review home care instructions with patient for use and care of occlusal appliances.	K175. Knowledge of home care instructions for patients using occlusal appliances.
T205. Reevaluate fit and function of occlusal appliances and perform adjustments.	K174. Knowledge of instruments and procedures to perform adjustments of occlusal appliances.

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Content Area 13. SAFETY AND SANITATION (11%)

This area assesses the candidate's knowledge of procedures used to prevent injury and the spread of diseases in dental services by following regulations on safety, disinfection, and sterilization.

Tasks	Associated Knowledge Statements
T206. Follow safety precautions to protect patients throughout dental treatment.	K310. Knowledge of methods used to prepare patients before dental treatments. K311. Knowledge of materials used to facilitate patient safety precautions.
T207. Sanitize hands in preparation for dental treatment by washing with soap and water.	K312. Knowledge of methods used to sanitize hands before performing dental treatments. K313. Knowledge of methods used to minimize contamination and spread of infection.
T208. Protect exposed areas by wearing personal protective equipment to prevent contamination and injury.	K314. Knowledge of personal protective equipment used in dental settings. K315. Knowledge of procedures to prevent contamination or injury in dental settings. K313. Knowledge of methods used to minimize contamination and spread of infection.
T209. Sterilize dental instruments to prepare for dental treatment.	K317. Knowledge of methods and materials used to sterilize dental instruments. K318. Knowledge of methods used to assess sterilization of dental instruments. K313. Knowledge of methods used to minimize contamination and spread of infection.
T210. Disinfect dental equipment to prevent contamination.	K320. Knowledge of methods and materials used to disinfect dental equipment. K313. Knowledge of methods used to minimize contamination and spread of infection.
T211. Disinfect work area to prevent contamination.	K322. Knowledge of methods and materials used to disinfect work area. K313. Knowledge of methods used to minimize contamination and spread of infection.
T212. Discard disposable items after dental treatment to prevent spread of infection.	K315. Knowledge of procedures to prevent contamination or injury in dental settings. K325. Knowledge of procedures used to dispose of items after dental treatments.
T213. Store medications in secure area to protect against unauthorized access.	K326. Knowledge of methods used to securely store medications.
T214. Maintain emergency protocol within dental office to ensure patient and staff safety.	K327. Knowledge of emergency protocol used in dental office to ensure patient and staff safety.

Content Area 14. LAW (10%)

This area assesses the candidate's knowledge of legal obligations, including patient confidentiality, professional conduct, and information management.

Tasks	Associated Knowledge Statements
T301. Comply with legal requirements regarding the release of patient information.	K1011. Knowledge of laws related to sharing HIV status of patients. K1012. Knowledge of laws related to sharing patient information with guardians. K1013. Knowledge of laws related to sharing patient information with financially responsible parties. K1014. Knowledge of laws related to sharing patient information with collection agencies. K1015. Knowledge of laws related to sharing patient information when records are audited. K1016. Knowledge of laws related to sharing patient information when records are subpoenaed. K1017. Knowledge of criteria to determine if information is confidential according to HIPAA.
T304. Comply with legal requirements when documenting dental treatment.	K1021. Knowledge of laws related to documentation of patient prescriptions. K1022. Knowledge of laws related to alterations of medical and dental records.
T305. Comply with legal requirements for storage and disposal of patient records.	K1031. Knowledge of laws related to storage and disposal of records when closing a dental practice. K1032. Knowledge of laws related to the security of stored records.
T306. Comply with legal requirements in the event of suspected unauthorized access to patient medical or dental records.	K1041. Knowledge of obligation to inform patients in the event of suspected unauthorized access to their records. K1042. Knowledge of required information to disclose to patients in the event of suspected unauthorized access to their records.

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Content Area 14. LAW (10%), continued

This area assesses the candidate's knowledge of legal obligations, including patient confidentiality, professional conduct, and information management.

Tasks	Associated Knowledge Statements
T307. Respond to requests for records in accordance with legal requirements.	K1051. Knowledge of legal criteria which prohibit dentists from sharing records. K1052. Knowledge of criteria which require dentists to share records. K1053. Knowledge of laws that define timelines to comply with records requests. K1054. Knowledge of methods for sharing dental records.
T309. Comply with legal requirements for advertisement of services and professional qualifications.	K1061. Knowledge of laws related to advertisement of specialization. K1062. Knowledge of laws related to the use of patients in advertising. K1063. Knowledge of laws related to fees in advertisements. K1064. Knowledge of required disclosures in advertisements. K1065. Knowledge of laws related to the use of fictitious names.
T310. Comply with legal requirements regarding scope of practice in the provision of services.	K1071. Knowledge of laws and regulations that define dentist scope of practice. K1072. Knowledge of procedures general dentists can perform that require additional certification.
T312. Supervise dental auxiliaries in accordance with regulations.	K1081. Knowledge of laws and regulations defining the scope of practice for auxiliaries. K1082. Knowledge of procedures used to supervise auxiliaries.
T313. Comply with OSHA standards regarding management of hazardous and biohazardous materials.	K1091. Knowledge of laws related to the disposal of hazardous waste. K1092. Knowledge of laws related to the disposal of bio-hazardous waste. K1093. Knowledge of laws and regulations related to disinfection and sanitation in the dental setting. K1094. Knowledge of methods for disposing of amalgam.
T318. Prepare for medical emergencies in accordance with the law.	K1111. Knowledge of laws establishing the requirements for a dental patient emergency kit. K1112. Knowledge of OSHA requirements for employee emergency kits. K1113. Knowledge of training requirements to prepare for medical emergencies.

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Content Area 14. LAW (10%), continued

This area assesses the candidate's knowledge of legal obligations, including patient confidentiality, professional conduct, and information management.

Tasks	Associated Knowledge Statements
T308. Record and report suspected abuse, neglect, or exploitation in accordance with mandated reporting laws.	K1121. Knowledge of laws and regulations related to mandated reporting of suspected abuse. K1122. Knowledge of methods for recording evidence of abuse.
T314. Comply with legal requirements regarding sexual harassment.	K1131. Knowledge of laws related to allegations of sexual harassment.
T315. Comply with legal requirements involving protected classes (e.g., race, gender) when providing dental care.	K1141. Knowledge of laws establishing protected classes and their application to accepting new patients and ending patient-dentist relationships. K1142. Knowledge of laws requiring accommodation (e.g., sign language interpreter) for protected classes.
T316. Comply with legal requirements when estimating fees and billing patients for dental treatments.	K1151. Knowledge of laws that require an estimate of fees prior to dental treatment. K1152. Knowledge of laws that limit the fee based on the initial estimate. K1153. Knowledge of laws related to fees for dental treatment.
T302. Comply with legal standards regarding guidelines for consent to treat patients.	K1161. Knowledge of legal criteria that allow a minor to give consent for dental treatment. K1162. Knowledge of legal criteria to acquire consent for the treatment of patients with cognitive impairment. K1163. Knowledge of laws and regulations regarding consent to treat patients.
T303. Comply with telehealth laws and regulations when providing dental treatment or consultations remotely.	K1171. Knowledge of criteria for accepting new patient using telehealth. K1172. Knowledge of laws related to acquiring consent for telehealth consultation and treatment. K1173. Knowledge of laws and regulations establishing security requirements for telehealth dental treatment and consultations.

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Content Area 14. LAW (10%), continued

This area assesses the candidate's knowledge of legal obligations, including patient confidentiality, professional conduct, and information management.

Tasks	Associated Knowledge Statements
T311. Prescribe medications to patients in accordance with laws and regulations.	K1181. Knowledge of laws for using Controlled Substance Utilization Review and Evaluation System (CURES). K1182. Knowledge of laws regarding the prescription of opioids to minors. K1183. Knowledge of laws that limit prescriptions to conditions within the dentist's scope of practice.
T317. Comply with laws requiring posted documentation in dental settings.	K1101. Knowledge of laws defining the documents that must be posted in a dental setting.

Content Area 15. ETHICS (10%)

This area assesses the candidate's knowledge of ethical standards for dentistry, including scope of practice and professional conduct.

Tasks	Associated Knowledge Statements
T405. Confirm understanding of risks, benefits, and alternatives to treatment by all interested parties.	K2011. Knowledge of methods for communicating with patients with barriers to understanding their treatment plan.
T408. Inform patients of current oral conditions.	K2021. Knowledge of ethical guidelines that apply to the presentation of treatment options. K2022. Knowledge of ethical obligation to notify patients of iatrogenic changes in their oral health.
T409. Inform patients of oral health conditions that require future dental care.	K2031. Knowledge of obligation to share associated risk of non-treatment. K2032. Knowledge of obligation to educate patients on dental conditions and their associated risks. K2033. Knowledge of methods to educate patients concerning common misconceptions regarding dental materials and treatments. K2034. Knowledge of obligation to manage patient expectations regarding the outcome of dental treatments.
T411. Manage communications between dentist, patient, and previous dentist in accordance with ethical standards.	K2041. Knowledge of ethical concerns when discussing the treatment from another dentist with patients.
T413. Provide information about alternative treatments.	K2051. Knowledge of obligation to educate patient about alternative treatments. K2052. Knowledge of methods to involve the patient in treatment planning when multiple parties are involved in the decision-making process.

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Content Area 15. ETHICS (10%), continued

This area assesses the candidate's knowledge of ethical standards for dentistry, including scope of practice and professional conduct.

Tasks	Associated Knowledge Statements
T404. Comply with telehealth ethical guidelines when providing dental treatment or consultations.	K2061. Knowledge of criteria to determine when telehealth is clinically appropriate. K2062. Knowledge of methods for providing telehealth treatment and consultations. K2063. Knowledge of ethical requirements related to date of treatment when billing insurance.
T406. Follow ethical principles related to managing referred patients.	K2071. Knowledge of ethical guidelines that promote continuity of care for referred patients. K2072. Knowledge of ethical guidelines that prioritize patient autonomy for referred patients. K2073. Knowledge of ethical guidelines related to accepting gifts or compensation for referrals.
T415. Refer patients to another professional when patient welfare will be safeguarded or advanced.	K2081. Knowledge of obligation to refer when patient needs exceed dentist level of competence. K2082. Knowledge of medical conditions that necessitate additional medical information or referral. K2083. Knowledge of obligation to establish network of professional support. K2084. Knowledge of ethical guidelines related to offering gifts or compensation for referrals.
T401. Acknowledge and address dentist impairment that could endanger patients or dental staff.	K2091. Knowledge of the ethical obligation to seek physician advice when dentist ability to practice has been impaired. K2092. Knowledge of obligation to modify activities of practice based on dentist impairment to ensure patient and staff safety. K2093. Knowledge of conditions that require dentist enrollment in a diversion program.
T402. Comply with ethical guidelines when billing insurance for services.	K2101. Knowledge of ethical requirements related to accuracy of information when billing insurance.

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Content Area 15. ETHICS (10%), continued

This area assesses the candidate's knowledge of ethical standards for dentistry, including scope of practice and professional conduct.

Tasks	Associated Knowledge Statements
T407. Inform dental community of observations of serious adverse reactions to drugs or dental materials and devices.	K2111. Knowledge of requirements to inform community when serious adverse reactions are observed.
T410. Maintain continuity of care for dental patients.	K2121. Knowledge of protocol for discontinuing a dentist-patient relationship. K2122. Knowledge of methods for promoting continuity of care when there is an interruption in the dentist's ability to provide care. K2123. Knowledge of ethical guidelines regarding patient records when accepting a new patient. K2124. Knowledge of ethical guidelines relating to continuity of care when a dental provider relocates.
T412. Promote a respectful workplace to encourage collaboration with and optimal outcomes for patients.	K2131. Knowledge of methods for fostering a healthy work environment.
T416. Report other professionals to enforcement agencies to protect patient health.	K2142. Knowledge of situations that require dentists to report professionals to enforcement agencies.
T403. Comply with requirements associated with possible patient exposure to bloodborne pathogens or other infectious material.	K2151. Knowledge of ethical guidelines regarding possible exposure of patients to bloodborne pathogens or other infectious materials. K2152. Knowledge of conditions in which a dentist must disclose their test results and medical history with patients who were possibly exposed to bloodborne pathogens.
T414. Provide patients access to emergency treatment.	K2161. Knowledge of ethical obligations in the event of a dental emergency during business hours. K2162. Knowledge of methods for providing access to emergency treatment outside of business hours.

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Content Area 15. ETHICS (10%), continued

This area assesses the candidate's knowledge of ethical standards for dentistry, including scope of practice and professional conduct.

Tasks	Associated Knowledge Statements
T417. Treat patients at or above the standard of care for diagnosed conditions.	K2171. Knowledge of criteria used to evaluate new or experimental treatment. K2172. Knowledge of ethical guidelines that define overtreatment. K2173. Knowledge of ethical guidelines that define unnecessary treatment. K2174. Knowledge of criteria for evaluation of patient reactions.

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CHAPTER 6 | CALIFORNIA DENTIST LAW AND ETHICS EXAMINATION OUTLINE

Currently, California licensure as a dentist is granted by meeting the education and experience requirements and passing the Integrated National Board Dental Examination and the California Dentist Laws and Ethics Examination (LEX), and completing one of the following four pathways:

1. Pass the Dental Board of California Dental Portfolio Examination
2. Pass the CDCA-WREB-CITA Dental ADEX Examination (ADEX)
3. Obtain Licensure by Credential
4. Obtain Licensure by Residency

The SMEs who participated in the April 2024 workshop were also asked to develop an examination outline for the LEX. The SMEs were provided a description, format, and purpose of the LEX.

CONTENT AREAS AND WEIGHTS

The SMEs in the April 2024 workshop reviewed the tasks and associated knowledge statements in the Law and Ethics content areas. The SMEs were asked to determine the weights for the two major content areas on the LEX. After thorough discussion, the SMEs determined that the LEX should be 50% Law and 50% Ethics. The SMEs also determined the subareas and subarea weights. In June 2024, a second group of 6 SMEs reviewed and approved the final law and ethics examination outline.

A summary of content area and subarea weights for the LEX is presented in Table 11. The LEX examination outline is presented in Table 12. The tasks and knowledge statements have been renumbered.

TABLE 11 – CALIFORNIA DENTIST LAW AND ETHICS EXAMINATION OUTLINE

CONTENT AREA	AREA WEIGHTS	SUBAREA WEIGHTS
1. Law	50%	
1A. Patient Information		15%
1B. Dental Practice Owners		20%
1C. Patient Care		15%
2. Ethics	50%	
2A. Patient Education		16%
2B. Continuity of Care		12%
2C. Emergency Treatment		4%
2D. Community Welfare		18%
	Total	100%
		100%

TABLE 12 – EXAMINATION OUTLINE: CALIFORNIA DENTIST LAW AND ETHICS EXAMINATION

Content Area 1. LAW (50%)

This area assesses the candidate's knowledge of legal obligations, including patient confidentiality, professional conduct, and information management.

Tasks	Associated Knowledge Statements
1A. Patient Information	
T101. Comply with legal requirements regarding the release of patient information.	K1011. Knowledge of laws related to sharing HIV status of patients. K1012. Knowledge of laws related to sharing patient information with guardians. K1013. Knowledge of laws related to sharing patient information with financially responsible parties. K1014. Knowledge of laws related to sharing patient information with collection agencies. K1015. Knowledge of laws related to sharing patient information when records are audited. K1016. Knowledge of laws related to sharing patient information when records are subpoenaed. K1017. Knowledge of criteria to determine if information is confidential according to HIPAA.
T102. Comply with legal requirements when documenting dental treatment.	K1021. Knowledge of laws related to documentation of patient prescriptions. K1022. Knowledge of laws related to alterations of medical and dental records.
T103. Comply with legal requirements for storage and disposal of patient records.	K1031. Knowledge of laws related to storage and disposal of records when closing a dental practice. K1032. Knowledge of laws related to the security of stored records.
T104. Comply with legal requirements in the event of suspected unauthorized access to patient medical or dental records.	K1041. Knowledge of obligation to inform patients in the event of suspected unauthorized access to their records. K1042. Knowledge of required information to disclose to patients in the event of suspected unauthorized access to their records.
T105. Respond to requests for records in accordance with legal requirements.	K1051. Knowledge of legal criteria which prohibit dentists from sharing records. K1052. Knowledge of criteria which require dentists to share records. K1053. Knowledge of laws that define timelines to comply with records requests. K1054. Knowledge of methods for sharing dental records.

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Content Area 1. LAW (50%), continued

This area assesses the candidate's knowledge of legal obligations, including patient confidentiality, professional conduct, and information management.

Tasks	Associated Knowledge Statements
1B. Dental Practice Owners	
T106. Comply with legal requirements for advertisement of services and professional qualifications.	K1061. Knowledge of laws related to advertisement of specialization. K1062. Knowledge of laws related to the use of patients in advertising. K1063. Knowledge of laws related to fees in advertisements. K1064. Knowledge of required disclosures in advertisements. K1065. Knowledge of laws related to the use of fictitious names.
T108. Supervise dental auxiliaries in accordance with regulations.	K1081. Knowledge of laws and regulations defining the scope of practice for auxiliaries. K1082. Knowledge of procedures used to supervise auxiliaries.
T109. Comply with OSHA standards regarding management of hazardous and biohazardous materials.	K1091. Knowledge of laws related to the disposal of hazardous waste. K1092. Knowledge of laws related to the disposal of bio-hazardous waste. K1093. Knowledge of laws and regulations related to disinfection and sanitation in the dental setting. K1094. Knowledge of methods for disposing of amalgam.
T110. Comply with laws requiring posted documentation in dental settings.	K1101. Knowledge of laws defining the documents that must be posted in a dental setting.
T111. Prepare for medical emergencies in accordance with the law.	K1111. Knowledge of laws establishing the requirements for a dental patient emergency kit. K1112. Knowledge of OSHA requirements for employee emergency kits. K1113. Knowledge of training requirements to prepare for medical emergencies.
T112. Record and report suspected abuse, neglect, or exploitation in accordance with mandated reporting laws.	K1121. Knowledge of laws and regulations related to mandated reporting of suspected abuse. K1122. Knowledge of methods for recording evidence of abuse.
T113. Comply with legal requirements regarding sexual harassment.	K1131. Knowledge of laws related to allegations of sexual harassment.

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Content Area 1. LAW (50%), continued

This area assesses the candidate's knowledge of legal obligations, including patient confidentiality, professional conduct, and information management.

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Tasks	Associated Knowledge Statements
1C. Patient Care	
T107. Comply with legal requirements regarding scope of practice in the provision of services.	K1071. Knowledge of laws and regulations that define dentist scope of practice. K1072. Knowledge of procedures general dentists can perform that require additional certification.
T114. Comply with legal requirements involving protected classes (e.g., race, gender) when providing dental care.	K1141. Knowledge of laws establishing protected classes and their application to accepting new patients and ending patient-dentist relationships. K1142. Knowledge of laws requiring accommodation (e.g., sign language interpreter) for protected classes.
T115. Comply with legal requirements when estimating fees and billing patients for dental treatments.	K1151. Knowledge of laws that require an estimate of fees prior to dental treatment. K1152. Knowledge of laws that limit the fee based on the initial estimate. K1153. Knowledge of laws related to fees for dental treatment.
T116. Comply with legal standards regarding guidelines for consent to treat patients.	K1161. Knowledge of legal criteria that allow a minor to give consent for dental treatment. K1162. Knowledge of legal criteria to acquire consent for the treatment of patients with cognitive impairment. K1163. Knowledge of laws and regulations regarding consent to treat patients.
T117. Comply with telehealth laws and regulations when providing dental treatment or consultations remotely.	K1171. Knowledge of criteria for accepting new patient using telehealth. K1172. Knowledge of laws related to acquiring consent for telehealth consultation and treatment. K1173. Knowledge of laws and regulations establishing security requirements for telehealth dental treatment and consultations.
T118. Prescribe medications to patients in accordance with laws and regulations.	K1181. Knowledge of laws for using Controlled Substance Utilization Review and Evaluation System (CURES). K1182. Knowledge of laws regarding the prescription of opioids to minors. K1183. Knowledge of laws that limit prescriptions to conditions within the dentist's scope of practice.

Content Area 2. ETHICS (50%)

This area assesses the candidate's knowledge of ethical standards for dentistry, including scope of practice and professional conduct.

Tasks	Associated Knowledge Statements
2A. Patient Education	
T201. Confirm understanding of risks, benefits, and alternatives to treatment by all interested parties.	K2011. Knowledge of methods for communicating with patients with barriers to understanding their treatment plan.
T202. Inform patients of current oral conditions.	K2021. Knowledge of ethical guidelines that apply to the presentation of treatment options. K2022. Knowledge of ethical obligation to notify patients of iatrogenic changes in their oral health.
T203. Inform patients of oral health conditions that require future dental care.	K2031. Knowledge of obligation to share associated risk of non-treatment. K2032. Knowledge of obligation to educate patients on dental conditions and their associated risks. K2033. Knowledge of methods to educate patients concerning common misconceptions regarding dental materials and treatments. K2034. Knowledge of obligation to manage patient expectations regarding the outcome of dental treatments.
T205. Provide information about alternative treatments.	K2051. Knowledge of obligation to educate patient about alternative treatments. K2052. Knowledge of methods to involve the patient in treatment planning when multiple parties are involved in the decision-making process.
T206. Comply with telehealth ethical guidelines when providing dental treatment or consultations.	K2061. Knowledge of criteria to determine when telehealth is clinically appropriate. K2062. Knowledge of methods for providing telehealth treatment and consultations. K2063. Knowledge of ethical requirements related to date of treatment when billing insurance.

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Content Area 2. ETHICS (50%), continued

This area assesses the candidate's knowledge of ethical standards for dentistry, including scope of practice and professional conduct.

Tasks	Associated Knowledge Statements
2B. Continuity of Care	
T204. Manage communications between dentist, patient, and previous dentist in accordance with ethical standards.	K2041. Knowledge of ethical concerns when discussing the treatment from another dentist with patients.
T207. Follow ethical principles related to managing referred patients.	K2071. Knowledge of ethical guidelines that promote continuity of care for referred patients. K2072. Knowledge of ethical guidelines that prioritize patient autonomy for referred patients. K2073. Knowledge of ethical guidelines related to accepting gifts or compensation for referrals.
T212. Maintain continuity of care for dental patients.	K2121. Knowledge of protocol for discontinuing a dentist-patient relationship. K2122. Knowledge of methods for promoting continuity of care when there is an interruption in the dentist's ability to provide care. K2123. Knowledge of ethical guidelines regarding patient records when accepting a new patient. K2124. Knowledge of ethical guidelines relating to continuity of care when a dental provider relocates.

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Content Area 2. ETHICS (50%), continued

This area assesses the candidate's knowledge of ethical standards for dentistry, including scope of practice and professional conduct.

Tasks	Associated Knowledge Statements
2C. Emergency Treatment	
T216. Provide patients access to emergency treatment.	K2161. Knowledge of ethical obligations in the event of a dental emergency during business hours. K2162. Knowledge of methods for providing access to emergency treatment outside of business hours.

Content Area 2. ETHICS (50%), continued

This area assesses the candidate's knowledge of ethical standards for dentistry, including scope of practice and professional conduct.

Tasks	Associated Knowledge Statements
2D. Community Welfare	
T208. Refer patients to another professional when patient welfare will be safeguarded or advanced.	K2081. Knowledge of obligation to refer when patient needs exceed dentist level of competence. K2082. Knowledge of medical conditions that necessitate additional medical information or referral. K2083. Knowledge of obligation to establish network of professional support. K2084. Knowledge of ethical guidelines related to offering gifts or compensation for referrals.
T209. Acknowledge and address dentist impairment that could endanger patients or dental staff.	K2091. Knowledge of the ethical obligation to seek physician advice when dentist ability to practice has been impaired. K2092. Knowledge of obligation to modify activities of practice based on dentist impairment to ensure patient and staff safety. K2093. Knowledge of conditions that require dentist enrollment in a diversion program.
T211. Inform dental community of observations of serious adverse reactions to drugs or dental materials and devices.	K2111. Knowledge of requirements to inform community when serious adverse reactions are observed.
T210. Comply with ethical guidelines when billing insurance for services.	K2101. Knowledge of ethical requirements related to accuracy of information when billing insurance.
T213. Promote a respectful workplace to encourage collaboration with and optimal outcomes for patients.	T213. Promote a respectful workplace to encourage collaboration with and optimal outcomes for patients.
T214. Report other professionals to enforcement agencies to protect patient health.	K2141. Knowledge of situations that require dentists to report professionals to enforcement agencies.
T215. Comply with requirements associated with possible patient exposure to bloodborne pathogens or other infectious material.	K2151. Knowledge of ethical guidelines regarding possible exposure of patients to bloodborne pathogens or other infectious materials. K2152. Knowledge of conditions in which a dentist must disclose their test results and medical history with patients who were possibly exposed to bloodborne pathogens.

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Content Area 2. ETHICS (50%), continued

This area assesses the candidate's knowledge of ethical standards for dentistry, including scope of practice and professional conduct.

Tasks	Associated Knowledge Statements
T217. Treat patients at or above the standard of care for diagnosed conditions.	K2171. Knowledge of criteria used to evaluate new or experimental treatment. K2172. Knowledge of ethical guidelines that define overtreatment. K2173. Knowledge of ethical guidelines that define unnecessary treatment. K2174. Knowledge of criteria for evaluation of patient reactions.

CHAPTER 7 | CONCLUSION

The OA of the dentist profession in this report provides a comprehensive description of current dentist practice in California. The procedures employed to perform the OA were based on a content validation strategy to ensure that the results accurately represent dentist practice. Results of this OA provide information regarding current practice that can be used to evaluate licensure examinations used or considered for use in California.

Use of the LEX outline contained in this report ensures that the Board is compliant with BPC § 139.

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

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	496
Orange	210
TOTAL	706

NORTH COAST

County of Practice	Frequency
Del Norte	3
Humboldt	4
Mendocino	4
Sonoma	0
TOTAL	11

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	86
San Bernardino	89
TOTAL	175

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	16
Glenn	1
Lake	4
Sacramento	96
Sutter	3
Yolo	13
Yuba	4
TOTAL	137

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	5
San Diego	181
TOTAL	186

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	92
Contra Costa	67
Marin	17
Napa	7
San Francisco	69
San Mateo	54
Santa Clara	126
Santa Cruz	17
Solano	14
TOTAL	463

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	53
Kern	28
Kings	5
Madera	13
Merced	7
San Joaquin	25
Stanislaus	18
Tulare	23
TOTAL	172

SHASTA-CASCADE

County of Practice	Frequency
Plumas	3
Shasta	8
Siskiyou	0
Tehama	5
TOTAL	16

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Amador	3
Calaveras	1
El Dorado	10
Nevada	2
Placer	23
Tuolumne	3
TOTAL	42

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	19
San Benito	1
San Luis Obispo	26
Santa Barbara	31
Ventura	43
TOTAL	120

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APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

Content Area 1: Patient Evaluation

Task	Task Description	Frequency	Importance	Criticality
107	Interpret radiographs of oral cavity and associated structures to assess oral condition.	4.68	4.72	22.43
101	Conduct patient medical history assessment to determine whether treatment can be performed.	4.59	4.66	21.75
106	Take radiographs of oral cavity and associated structures to determine treatment plan.	4.47	4.66	21.35
111	Assess patient dentition by performing an oral examination.	4.53	4.53	21.20
112	Inform patient of alternatives, risks, benefits, and limitations of treatment options.	4.51	4.47	20.83
102	Conduct patient dental history assessment to determine whether treatment can be performed.	4.48	4.41	20.28
104	Review patient history and expectations with patient to inform treatment planning.	4.45	4.44	20.24
109	Perform patient extraoral and intraoral examinations to detect anomalies and pathologies.	4.30	4.38	19.45
108	Perform patient periodontal examination to assess periodontal condition.	4.10	4.24	18.10

Task	Task Description	Frequency	Importance	Criticality
103	Refer patient to specialists when dental treatment needs exceed practitioner abilities.	3.80	4.27	16.84
105	Take patient vital signs to determine whether treatment can be performed.	3.53	3.82	14.97
110	Assess patient temporomandibular joint (TMJ) to identify TMJ disorders.	3.74	3.73	14.79

Content Area 2: Endodontics

Task	Task Description	Frequency	Importance	Criticality
120	Prepare tooth for final restoration.	3.34	3.53	14.92
113	Assess endodontic condition of patient by performing endodontic examination and diagnosis.	3.40	3.73	14.40
119	Seal coronal access to prevent contamination of root canal.	2.58	3.05	11.61
115	Isolate tooth before performing root canal therapy to prevent contamination and injury to patient.	2.53	2.93	11.47
114	Prepare for performing root canal therapy by administering anesthetics for pain control.	2.54	2.96	11.31
116	Access pulp chamber and root canals to begin root canal therapy.	2.38	2.89	10.59
117	Shape and clean canals to continue root canal therapy.	2.30	2.82	10.31
118	Obturate root canals by sealing canals to complete root canal filling.	2.28	2.81	10.20
121	Prescribe medication to patients for root canal therapy to control or prevent complications.	2.31	2.72	8.97

Content Area 3: Indirect Restoration

Task	Task Description	Frequency	Importance	Criticality
122	Evaluate restorative condition, dentition, and associated structures of patient to assist in indirect restorative treatment planning.	3.84	3.87	17.14
130	Assess indirect restoration by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	3.53	3.72	16.25
131	Place indirect restoration on tooth to restore tooth form and function.	3.49	3.68	16.02
123	Prepare for indirect restoration by administering anesthetics for pain control.	3.52	3.64	15.93
124	Prepare tooth for indirect restoration to accommodate final restoration.	3.48	3.63	15.75
125	Take impression of teeth to facilitate process of fabricating final restoration.	3.34	3.55	15.06
128	Place provisional restoration to temporarily restore tooth.	3.09	3.34	13.12
127	Fabricate provisional restoration to restore tooth.	3.08	3.33	13.09
129	Remove provisional restoration from tooth.	3.13	3.30	13.03
126	Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating indirect final restoration.	2.98	3.22	12.61

Content Area 4: Direct Restoration

Task	Task Description	Frequency	Importance	Criticality
132	Evaluate restorative condition, dentition, and associated structures of patient to assist in direct restorative treatment planning.	4.06	4.07	18.50
135	Prepare tooth for placing direct restoration by removing carious lesions and compromising features (e.g., decalcifications, unsupported enamel) from tooth.	3.95	4.04	18.47
136	Place direct restorative material in tooth to restore form and function.	3.93	4.02	18.26
133	Prepare tooth for direct restoration by administering anesthetics for pain control.	3.88	3.94	17.73
137	Adjust and polish direct restoration to restore form and function.	3.90	3.92	17.65
134	Isolate tooth before performing direct restoration to prevent contamination and injury to patient.	3.34	3.50	14.28

Content Area 5: Oral Disease Prevention and Education

Task	Task Description	Frequency	Importance	Criticality
141	Educate patients on oral hygiene and nutrition to assist patients in maintaining dental health.	4.02	4.11	17.69
138	Perform prophylaxis procedures by removing deposits from tooth surfaces to improve periodontal health.	3.32	3.77	14.70
139	Apply fluoride to protect teeth after prophylaxis procedures.	2.85	3.15	11.25
140	Apply sealants to teeth to prevent dental carious lesions.	2.63	2.97	10.23
145	Educate patients and guardians on postoperative instructions about space maintainers.	2.05	2.64	8.10
142	Assess oral cavity to create a design for space maintainers.	2.01	2.60	7.81
144	Remove space maintainers to allow for permanent teeth eruption.	1.77	2.58	6.88
143	Deliver space maintainers to prevent teeth migration.	1.74	2.48	6.73

Content Area 6: Periodontics

Task	Task Description	Frequency	Importance	Criticality
151	Assess periodontal condition of patient by performing periodontal examination and diagnosis.	3.73	3.92	16.80
146	Develop treatment plan to treat periodontal disease.	3.58	3.85	16.17
150	Develop protocol for periodontal maintenance.	3.41	3.63	14.90
149	Reevaluate patient periodontal condition after periodontal therapy to determine whether additional treatment is needed.	3.24	3.59	14.12
148	Perform non-surgical periodontal therapy to improve periodontal health.	2.97	3.45	13.12
147	Prepare patients for periodontal therapy by administering anesthetics for pain control.	2.98	3.39	13.02

Content Area 7: Fixed Partial Dentures

Task	Task Description	Frequency	Importance	Criticality
152	Evaluate patient restorative condition, dentition, and associated structures to assist in fixed partial denture restorative treatment planning.	3.00	3.36	12.98
160	Assess fixed partial dentures before final placement by checking fit of restorations.	2.76	3.33	12.44
161	Place fixed partial dentures on abutments to restore form and function of oral cavity.	2.72	3.31	12.20
153	Prepare teeth for fixed partial denture preparation by administering anesthetics for pain control.	2.69	3.16	11.69
155	Take impressions of teeth to facilitate process of fabricating fixed partial dentures.	2.64	3.21	11.69
154	Prepare abutments for fixed partial dentures to accommodate final restorations.	2.63	3.20	11.53
156	Take bite registration records of oral cavity to facilitate process of fabricating fixed partial dentures.	2.63	3.17	11.53
157	Fabricate provisional restorations to restore teeth before placement of fixed partial dentures.	2.52	3.06	10.79

Task	Task Description	Frequency	Importance	Criticality
158	Place provisional restorations to temporarily restore teeth before placement of fixed partial dentures.	2.51	3.06	10.71
159	Remove provisional restorations from mouth and assess condition of oral tissues.	2.57	3.03	10.67

Content Area 8: Removable Partial Dentures

Task	Task Description	Frequency	Importance	Criticality
169	Review home care instructions with patient for use and care of removable partial dentures.	2.64	3.17	11.14
162	Assess oral tissues to create design for removable partial dentures.	2.54	3.13	10.88
167	Deliver removable partial dentures to restore form and function.	2.50	3.14	10.86
168	Reevaluate removable partial denture fit and function and perform adjustments.	2.52	3.12	10.80
165	Take bite registration records to facilitate process of fabricating removable partial dentures.	2.47	3.11	10.76
166	Perform trial fit of removable partial denture components.	2.49	3.11	10.76
164	Take impressions of oral tissues to facilitate process of fabricating removable partial dentures.	2.43	3.12	10.64
163	Prepare remaining dentition (e.g., rest seats, guide planes) and oral tissues for fabrication of removable partial dentures.	2.28	2.98	9.62

Content Area 9: Complete Dentures

Task	Task Description	Frequency	Importance	Criticality
176	Review home care instructions with patient for use and care of complete dentures.	2.45	3.03	10.29
175	Perform trial fit of complete dentures to determine whether lab processing of complete dentures can be performed.	2.31	2.99	10.00
170	Assess oral tissues to create designs for removable complete dentures.	2.32	3.03	9.99
172	Reevaluate removable complete denture fit and function and perform adjustments.	2.33	2.99	9.91
173	Take impression of oral tissues to facilitate process of fabricating complete dentures.	2.25	3.02	9.87
171	Deliver removable complete dentures to restore form and function.	2.27	3.01	9.77
174	Take facebow and bite registration records to facilitate process of fabricating complete dentures.	1.97	2.67	8.12

Content Area 10: Implant Restoration

Task	Task Description	Frequency	Importance	Criticality
177	Evaluate existing implants and oral tissues for implant restorations.	2.83	3.26	12.32
184	Review home care instructions with patient for use and care of implant restorations.	2.75	3.24	12.25
182	Assess integrity of implant restorations.	2.59	3.11	11.42
178	Take impressions of implant and oral tissues to facilitate process of fabricating implant restorations.	2.35	2.98	10.46
183	Place implant restorations to restore form and function.	2.33	2.95	10.42
179	Take bite registration records for the fabrication of implant restorations.	2.31	2.89	10.13
180	Fabricate provisional restorations to restore implants.	1.66	2.18	6.15
181	Place provisional restorations to temporarily restore implants.	1.60	2.14	5.90

Content Area 11: Oral Surgery

Task	Task Description	Frequency	Importance	Criticality
185	Evaluate patient oral condition, dentition, and associated structures to assist in oral surgery treatment planning.	3.48	3.88	15.48
191	Review home care instructions with patient after oral surgery.	3.20	3.71	14.35
186	Prepare patient for oral surgery by administering anesthetics for pain control.	3.03	3.64	13.88
187	Perform oral surgery procedures.	2.79	3.48	12.21
189	Perform postoperative procedures and address complications associated with oral surgery.	2.69	3.46	11.75
190	Prescribe medication to patient for oral surgery to control pain and prevent postoperative complications.	2.67	3.27	11.25
188	Place sutures in surgical area after oral surgery to facilitate healing process.	2.52	3.18	10.46

Content Area 12: Removable Appliance Therapy

Task	Task Description	Frequency	Importance	Criticality
199	Evaluate patient condition, dentition, and associated structures of patient to assist in occlusal appliance therapy treatment planning.	2.76	3.21	11.35
204	Review home care instructions with patient for use and care of occlusal appliances.	2.64	3.09	10.68
203	Deliver occlusal appliance to facilitate treatment of patient parafunctional habits.	2.51	3.08	10.27
205	Reevaluate fit and function of occlusal appliances and perform adjustments.	2.50	3.05	10.05
200	Take impression of oral cavity to facilitate process of fabricating occlusal appliance.	2.39	3.04	9.86
201	Take bite registration records to facilitate process of fabricating occlusal appliance.	2.38	2.97	9.67
202	Fabricate occlusal appliance to facilitate treatment of patient parafunctional habits.	2.29	2.88	9.40
198	Review home care instructions with patient for teeth whitening.	1.99	2.43	7.52
192	Evaluate patient to establish suitability for teeth whitening treatments.	2.15	2.21	6.89

Task	Task Description	Frequency	Importance	Criticality
195	Deliver whitening trays and whitening agent to facilitate teeth whitening process.	1.68	1.95	5.40
193	Take impressions of teeth to fabricate whitening trays.	1.64	1.95	5.33
194	Fabricate whitening trays to facilitate delivery of whitening agent to teeth.	1.59	1.90	5.20
196	Prepare for in-office teeth whitening procedures by isolating teeth to protect face and oral cavity.	1.28	1.77	4.62
197	Perform in-office teeth whitening procedures by applying whitening agents to improve patient aesthetics.	1.23	1.62	4.22

Content Area 13: Safety and Sanitation

Task	Task Description	Frequency	Importance	Criticality
206	Follow safety precautions to protect patients throughout dental treatment.	4.72	4.77	22.87
208	Protect exposed areas by wearing personal protective equipment to prevent contamination and injury.	4.71	4.73	22.64
207	Sanitize hands in preparation for dental treatment by washing with soap and water.	4.63	4.69	22.14
212	Discard disposable items after dental treatment to prevent spread of infection.	4.53	4.71	22.13
209	Sterilize dental instruments to prepare for dental treatment.	4.43	4.69	21.85
210	Disinfect dental equipment to prevent contamination.	4.43	4.68	21.77
211	Disinfect work area to prevent contamination.	4.44	4.68	21.77
214	Maintain emergency protocol within dental office to ensure patient and staff safety.	4.44	4.66	21.34
213	Store medications in secure area to protect against unauthorized access.	3.69	3.99	17.70

Content Area 14: Law

Task	Task Description	Frequency	Importance	Criticality
304	Comply with legal requirements when documenting dental treatment.	4.70	4.70	22.36
302	Comply with legal standards regarding guidelines for consent to treat patients.	4.64	4.67	22.08
313	Comply with OSHA standards regarding management of hazardous and biohazardous materials.	4.57	4.64	21.70
301	Comply with legal requirements regarding the release of patient information.	4.51	4.61	21.32
305	Comply with legal requirements for storage and disposal of patient records.	4.35	4.45	20.50
318	Prepare for medical emergencies in accordance with the law.	4.27	4.63	20.31
312	Supervise dental auxiliaries in accordance with regulations.	4.37	4.41	20.30
310	Comply with legal requirements regarding scope of practice in the provision of services.	4.34	4.48	20.27
315	Comply with legal requirements involving protected classes (e.g., race, gender) when providing dental care.	4.33	4.47	20.08

Task	Task Description	Frequency	Importance	Criticality
314	Comply with legal requirements regarding sexual harassment.	4.27	4.51	20.00
317	Comply with laws requiring posted documentation in dental settings.	4.21	4.24	19.29
311	Prescribe medications to patients in accordance with laws and regulations.	4.04	4.50	19.11
316	Comply with legal requirements when estimating fees and billing patients for dental treatments.	4.01	4.15	18.67
306	Comply with legal requirements in the event of suspected unauthorized access to patient medical or dental records.	3.62	4.21	17.09
307	Respond to requests for records in accordance with legal requirements.	3.43	4.19	15.88
309	Comply with legal requirements for advertisement of services and professional qualifications.	3.40	3.76	15.52
308	Record and report suspected abuse, neglect, or exploitation in accordance with mandated reporting laws.	2.78	4.40	13.05
303	Comply with telehealth laws and regulations when providing dental treatment or consultations remotely.	2.37	2.84	10.95

Content Area: 15: Ethics

Task	Task Description	Frequency	Importance	Criticality
417	Treat patients at or above the standard of care for diagnosed conditions.	4.64	4.68	22.08
408	Inform patients of current oral conditions.	4.61	4.62	21.72
409	Inform patients of oral health conditions that require future dental care.	4.60	4.58	21.43
412	Promote a respectful workplace to encourage collaboration with and optimal outcomes for patients.	4.57	4.54	21.14
405	Confirm understanding of risks, benefits, and alternatives to treatment by all interested parties.	4.49	4.55	20.91
413	Provide information about alternative treatments.	4.49	4.47	20.55
410	Maintain continuity of care for dental patients.	4.45	4.49	20.52
406	Follow ethical principles related to managing referred patients.	4.36	4.45	20.07
414	Provide patients access to emergency treatment.	4.19	4.48	19.34
403	Comply with requirements associated with possible patient exposure to bloodborne pathogens or other infectious material.	4.03	4.65	19.29
402	Comply with ethical guidelines when billing insurance for services.	4.02	4.16	18.64

Task	Task Description	Frequency	Importance	Criticality
415	Refer patients to another professional when patient welfare will be safeguarded or advanced.	3.92	4.44	18.13
411	Manage communications between dentist, patient, and previous dentist in accordance with ethical standards.	3.94	4.25	17.82
407	Inform dental community of observations of serious adverse reactions to drugs or dental materials and devices.	2.61	3.85	11.82
401	Acknowledge and address dentist impairment that could endanger patients or dental staff.	2.56	3.87	11.79
404	Comply with telehealth ethical guidelines when providing dental treatment or consultations.	2.12	2.76	9.87
416	Report other professionals to enforcement agencies to protect patient health.	2.10	3.85	9.47

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APPENDIX C | QUESTIONNAIRE EMAIL INVITATION

Sent invitation

Dentist OA 2024

Dear Doctor

The Dental Board of California (Board) is conducting an occupational analysis (OA) of the profession of dentistry in California. You have been selected to complete an important survey.

The survey is a part of the OA, which identifies competencies that will provide the basis for developing future licensure examinations in California.

We understand that your time is valuable. However, your participation in the survey is essential to this process. Your responses will be aggregated and individual responses will not be analyzed or shared. You will receive 2 continuing education credits for completing the survey.

The survey weblink will be available 24/7. Please complete it by February 29, 2024. It will take approximately 60-120 minutes to complete.

We value your contributions and appreciate your dedication to the profession of dentistry in California!

[Begin Survey](#)

Please do not forward this email as its survey link is unique to you.
[Privacy](#) | [Unsubscribe](#)

Message from the Dental Board of California

Dear Licensed Dentists:

Thank you for responding to this online survey. You have been selected by the Dental Board of California (DBC) to participate in an occupational analysis of the dentist profession in California.

DBC is collecting information about the tasks currently performed by dentists, as well as the knowledge required to perform those tasks safely and effectively. This survey, which we developed with different groups of dentists, is designed to capture this information. The information will be used to ensure that DBC examinations reflect current practice in California.

The survey should take approximately one hour to complete. For your convenience, you are not required to complete the survey in a single session. You may resume where you stopped but must reopen the survey from the same computer, using the same browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages. The weblink is available 24 hours a day, 7 days a week.

If you have questions or need assistance completing the survey, please contact Robert Calvert with the Office of Professional Examination Services at robert.calvert@dca.ca.gov

Please submit your completed survey by 2-29-24.

To begin the survey, click the "Next" button below.

We welcome your feedback and appreciate your time!

Thank you!

Dental Board of California

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APPENDIX D | QUESTIONNAIRE

Part I - Personal Data

Complete this survey only if you are currently licensed and have worked as a dentist in California within the last 12 months.

DBC recognizes that every licensed dentist may not perform all of the tasks and use all of the knowledge contained in this survey. However, your participation is essential to the success of this study.

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

Yes

No

* 2. Please provide your license number. It will be used to award continuing education credits for the completion of this survey.

Part I - Personal Data

* 3. How many years have you practiced as a licensed dentist in California?

- 0-5 years
- 6-10 years
- 11-20 years
- More than 20 years

* 4. What describes the location of your primary work setting?

- Urban (more than 100,000 people), highly dense population within city limits
- Suburban, less densely populated areas (typically bordering the city)
- Rural (fewer than 10,000 people) sparsely populated areas further outside of city (e.g., countryside, farmlands)
- Other (please specify)

* 5. In how many practice settings/clinical locations do you work as a dentist?

- 1
- 2-4
- 5 or more

6. How would you describe your primary practice setting?

- Sole practitioner
- Independent contractor/associate
- Multidisciplinary group
- Hospital
- Other (please specify)

* 7. How many hours per week do you work as a licensed dentist?

- 0-10 hours
- 11-20 hours
- 21-39 hours
- 40 or more hours

* 8. What type of dentist are you?

- General Dentist
- Specialist - Dental Anesthesiology
- Specialist - Dental Public Health
- Specialist - Endodontics
- Specialist - Oral and Maxillofacial Pathology
- Specialist - Oral and Maxillofacial Radiology
- Specialist - Oral and Maxillofacial Surgery
- Specialist - Oral Medicine
- Specialist - Orofacial Pain
- Specialist - Orthodontics and Dentofacial Orthopedics
- Specialist - Pediatric Dentistry
- Specialist - Periodontics
- Specialist - Prosthodontics
- Other (please specify)

Part I - Personal Data

* 9. In what California county do you perform the majority of your work? (Check all that apply.)

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

Part II - Rating Job Tasks

INSTRUCTIONS FOR RATING TASKS

This part of the survey lists 105 tasks. Please rate each task as it relates to your current job as a licensed dentist.

Rate the tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance). The boxes for rating the Frequency and Importance of each task have drop-down lists. Click the down arrow in each box to see the rating options, and then select the value that applies to your current job. Your Frequency and Importance ratings should be separate and independent. The ratings that you assign on one rating scale should not influence the ratings that you assign on the other rating scale. If the task is not part of your current job, rate the task "0" (zero) Frequency and "0" (zero) Importance. Use the following scales to rate each task.

FREQUENCY SCALE

HOW OFTEN do you perform this task in your current job? Consider all of the tasks you have performed over the past year and make your judgment relative to all other tasks you perform.

- 0 - DOES NOT APPLY. I do not perform this task in my current job.**
- 1 - RARELY. I perform this task the least often in my current job relative to other tasks I perform.**
- 2 - SELDOM. I perform this task less often than most other tasks I perform in my current job.**
- 3 - REGULARLY. I perform this task as often as other tasks I perform in my current job.**
- 4 - OFTEN. I perform this task more often than most other tasks I perform in my current job.**
- 5 - VERY OFTEN. This task is one of the tasks I perform most often in my current job relative to other tasks I perform.**

IMPORTANCE RATING

HOW IMPORTANT are these tasks in the performance of your current job?

- 0 - NOT IMPORTANT; DOES NOT APPLY TO MY JOB. I do not perform this task in my current job.**
- 1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance in my current job.**
- 2 - FAIRLY IMPORTANT. This task is fairly important for effective performance in my current job.**
- 3 - MODERATELY IMPORTANT. This task is moderately important for effective performance in my current job.**
- 4 - VERY IMPORTANT. This task is very important for effective performance in my current job.**
- 5 - CRITICALLY IMPORTANT. This task is extremely important for effective**

performance in my current job.

Part II - Task Ratings

Content Area 1: Patient Evaluation

* 10. 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 current job (Importance).

	Frequency	Importance
T101. Conduct patient medical history assessment to determine whether treatment can be performed.	<input type="text"/>	<input type="text"/>
T102. Conduct patient dental history assessment to determine whether treatment can be performed.	<input type="text"/>	<input type="text"/>
T103. Refer patient to specialists when dental treatment needs exceed practitioner abilities.	<input type="text"/>	<input type="text"/>
T104. Review patient history and expectations with patient to inform treatment planning.	<input type="text"/>	<input type="text"/>
T105. Take patient vital signs to determine whether treatment can be performed.	<input type="text"/>	<input type="text"/>
T106. Take radiographs of oral cavity and associated structures to determine treatment plan.	<input type="text"/>	<input type="text"/>
T107. Interpret radiographs of oral cavity and associated structures to assess oral condition.	<input type="text"/>	<input type="text"/>
T108. Perform patient periodontal examination to assess periodontal condition.	<input type="text"/>	<input type="text"/>

T109. Perform patient extraoral and intraoral examinations to detect anomalies and pathologies.

T110. Assess patient temporomandibular joint (TMJ) to identify TMJ disorders.

Part II - Task Ratings

Content Area 2: Endodontic Treatment

* 11. 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 current job (Importance).

	Frequency	Importance
T111. Assess patient dentition by performing an oral examination.	<input type="text"/>	<input type="text"/>
T112. Inform patient of alternatives, risks, benefits, and limitations of treatment options.	<input type="text"/>	<input type="text"/>
T113. Assess endodontic condition of patient by performing endodontic examination and diagnosis.	<input type="text"/>	<input type="text"/>
T114. Prepare for performing root canal therapy by administering anesthetics for pain control.	<input type="text"/>	<input type="text"/>
T115. Isolate tooth before performing root canal therapy to prevent contamination and injury to patient.	<input type="text"/>	<input type="text"/>
T116. Access pulp chamber and root canals to begin root canal therapy.	<input type="text"/>	<input type="text"/>
T117. Shape and clean canals to continue root canal therapy.	<input type="text"/>	<input type="text"/>

T118.
Obturate root
canals by
sealing canals
to complete
root canal
filling.

T119. Seal
coronal access
to prevent
contamination
of root canal.

T120. Prepare
tooth for final
restoration.

T121.
Prescribe
medication to
patients for
root canal
therapy to
control or
prevent
complications.

Part II - Task Ratings

Content Area 3: Indirect Restorations

* 12. 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 current job (Importance).

	Frequency	Importance
T122. Evaluate restorative condition, dentition, and associated structures of patient to assist in indirect restorative treatment planning.	<input type="text"/>	<input type="text"/>
T123. Prepare for indirect restoration by administering anesthetics for pain control.	<input type="text"/>	<input type="text"/>
T124. Prepare tooth for indirect restoration to accommodate final restoration.	<input type="text"/>	<input type="text"/>
T125. Take impression of teeth to facilitate process of fabricating final restoration.	<input type="text"/>	<input type="text"/>
T126. Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating indirect final restoration.	<input type="text"/>	<input type="text"/>
T127. Fabricate provisional	<input type="text"/>	<input type="text"/>

restoration to restore tooth.

T128. Place provisional restoration to temporarily restore tooth.

T129. Remove provisional restoration from tooth.

T130. Assess indirect restoration by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.

T131. Place indirect restoration on tooth to restore tooth form and function.

Part II - Task Ratings

Content Area 4: Direct Restorations

* 13. 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 current job (Importance).

	Frequency	Importance
T132. Evaluate restorative condition, dentition, and associated structures of patient to assist in direct restorative treatment planning.	<input type="text"/>	<input type="text"/>
T133. Prepare tooth for direct restoration by administering anesthetics for pain control.	<input type="text"/>	<input type="text"/>
T134. Isolate tooth before performing direct restoration to prevent contamination and injury to patient.	<input type="text"/>	<input type="text"/>
T135. Prepare tooth for placing direct restoration by removing carious lesions and compromising features (e.g., decalcifications, unsupported enamel) from tooth.	<input type="text"/>	<input type="text"/>
T136. Place direct restorative material in tooth to restore form and function.	<input type="text"/>	<input type="text"/>
T137. Adjust and polish direct restoration to restore form and function.	<input type="text"/>	<input type="text"/>

Part II - Task Ratings

Content Area 5: Preventative Care

* 14. 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 current job (Importance).

	Frequency	Importance
T138. Perform prophylaxis procedures by removing deposits from tooth surfaces to improve periodontal health.	<input type="text"/>	<input type="text"/>
T139. Apply fluoride to protect teeth after prophylaxis procedures.	<input type="text"/>	<input type="text"/>
T140. Apply sealants to teeth to prevent dental carious lesions.	<input type="text"/>	<input type="text"/>
T141. Educate patients on oral hygiene and nutrition to assist patients in maintaining dental health.	<input type="text"/>	<input type="text"/>
T142. Assess oral cavity to create a design for space maintainers.	<input type="text"/>	<input type="text"/>
T143. Deliver space maintainers to prevent teeth migration.	<input type="text"/>	<input type="text"/>
T144. Remove space maintainers to allow for permanent teeth eruption.	<input type="text"/>	<input type="text"/>
T145. Educate patients and guardians on postoperative instructions about space maintainers.	<input type="text"/>	<input type="text"/>

Part II - Task Ratings

Content Area 6: Periodontics

* 15. 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 current job (Importance).

	Frequency	Importance
T146. Develop treatment plan to treat periodontal disease.	<input type="text"/>	<input type="text"/>
T147. Prepare patients for periodontal therapy by administering anesthetics for pain control.	<input type="text"/>	<input type="text"/>
T148. Perform non-surgical periodontal therapy to improve periodontal health.	<input type="text"/>	<input type="text"/>
T149. Reevaluate patient periodontal condition after periodontal therapy to determine whether additional treatment is needed.	<input type="text"/>	<input type="text"/>
T150. Develop protocol for periodontal maintenance.	<input type="text"/>	<input type="text"/>
T151. Assess periodontal condition of patient by performing periodontal examination and diagnosis.	<input type="text"/>	<input type="text"/>

Part II - Task Ratings

Content Area 7: Fixed Partial Dentures

* 16. 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 current job (Importance).

	Frequency	Importance
T152. Evaluate patient restorative condition, dentition, and associated structures to assist in fixed partial denture restorative treatment planning.	<input type="text"/>	<input type="text"/>
T153. Prepare teeth for fixed partial denture preparation by administering anesthetics for pain control.	<input type="text"/>	<input type="text"/>
T154. Prepare abutments for fixed partial dentures to accommodate final restorations.	<input type="text"/>	<input type="text"/>
T155. Take impressions of teeth to facilitate process of fabricating fixed partial dentures.	<input type="text"/>	<input type="text"/>
T156. Take bite registration records of oral cavity to facilitate process of fabricating fixed partial dentures.	<input type="text"/>	<input type="text"/>

T157. Fabricate provisional restorations to restore teeth before placement of fixed partial dentures.

T158. Place provisional restorations to temporarily restore teeth before placement of fixed partial dentures.

T159. Remove provisional restorations from mouth and assess condition of oral tissues.

T160. Assess fixed partial dentures before final placement by checking fit of restorations.

T161. Place fixed partial dentures on abutments to restore form and function of oral cavity.

Part II - Task Ratings

Content Area 8: Removable Partial Dentures

* 17. 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 current job (Importance).

	Frequency	Importance
T162. Assess oral tissues to create design for removable partial dentures.	<input type="text"/>	<input type="text"/>
T163. Prepare remaining dentition (e.g. rest seats, guide planes) and oral tissues for fabrication of removable partial dentures.	<input type="text"/>	<input type="text"/>
T164. Take impressions of oral tissues to facilitate process of fabricating removable partial dentures.	<input type="text"/>	<input type="text"/>
T165. Take bite registration records to facilitate process of fabricating removable partial dentures.	<input type="text"/>	<input type="text"/>
T166. Perform trial fit of removable partial denture components.	<input type="text"/>	<input type="text"/>
T167. Deliver removable partial dentures to restore form	<input type="text"/>	<input type="text"/>

and function.

T168. Reevaluate removable partial denture fit and function and perform adjustments.

T169. Review home care instructions with patient for use and care of removable partial dentures.

Part II - Task Ratings

Content Area 9: Removable Complete Dentures

* 18. 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 current job (Importance).

	Frequency	Importance
T170. Assess oral tissues to create designs for removable complete dentures.	<input type="text"/>	<input type="text"/>
T171. Deliver removable complete dentures to restore form and function.	<input type="text"/>	<input type="text"/>
T172. Reevaluate removable complete denture fit and function and perform adjustments.	<input type="text"/>	<input type="text"/>
T173. Take impression of oral tissues to facilitate process of fabricating complete dentures.	<input type="text"/>	<input type="text"/>
T174. Take facebow and bite registration records to facilitate process of fabricating complete dentures.	<input type="text"/>	<input type="text"/>
T175. Perform trial fit of complete dentures to determine whether lab processing of complete dentures can	<input type="text"/>	<input type="text"/>

be
performed.

T176. Review
home care
instructions
with patient
for use and
care of
complete
dentures.

Part II - Task Ratings

Content Area 10: Implant Restorations

* 19. 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 current job (Importance).

	Frequency	Importance
T177. Evaluate existing implants and oral tissues for implant restorations.	<input type="text"/>	<input type="text"/>
T178. Take impressions of implant and oral tissues to facilitate process of fabricating implant restorations.	<input type="text"/>	<input type="text"/>
T179. Take bite registration records for the fabrication of implant restorations.	<input type="text"/>	<input type="text"/>
T180. Fabricate provisional restorations to restore implants.	<input type="text"/>	<input type="text"/>
T181. Place provisional restorations to temporarily restore implants.	<input type="text"/>	<input type="text"/>
T182. Assess integrity of implant restorations.	<input type="text"/>	<input type="text"/>
T183. Place implant restorations to restore form and function.	<input type="text"/>	<input type="text"/>
T184. Review home care instructions with patient for use and care of implant restorations.	<input type="text"/>	<input type="text"/>

Part II - Task Ratings

Content Area 11: Oral Surgery

* 20. 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 current job (Importance).

	Frequency	Importance
T185. Evaluate patient oral condition, dentition, and associated structures to assist in oral surgery treatment planning.	<input type="text"/>	<input type="text"/>
T186. Prepare patient for oral surgery by administering anesthetics for pain control.	<input type="text"/>	<input type="text"/>
T187. Perform oral surgery procedures.	<input type="text"/>	<input type="text"/>
T188. Place sutures in surgical area after oral surgery to facilitate healing process.	<input type="text"/>	<input type="text"/>
T189. Perform postoperative procedures and address complications associated with oral surgery.	<input type="text"/>	<input type="text"/>
T190. Prescribe medication to patient for oral surgery to control pain and prevent postoperative complications.	<input type="text"/>	<input type="text"/>
T191. Review home care instructions with patient after oral surgery.	<input type="text"/>	<input type="text"/>

Part II - Task Ratings

Content Area 12: Teeth Whitening

* 21. 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 current job (Importance).

	Frequency	Importance
T192. Evaluate patient to establish suitability for teeth whitening treatments.	<input type="text"/>	<input type="text"/>
T193. Take impressions of teeth to fabricate whitening trays.	<input type="text"/>	<input type="text"/>
T194. Fabricate whitening trays to facilitate delivery of whitening agent to teeth.	<input type="text"/>	<input type="text"/>
T195. Deliver whitening trays and whitening agent to facilitate teeth whitening process.	<input type="text"/>	<input type="text"/>
T196. Prepare for in-office teeth whitening procedures by isolating teeth to protect face and oral cavity.	<input type="text"/>	<input type="text"/>
T197. Perform in-office teeth whitening procedures by applying	<input type="text"/>	<input type="text"/>

whitening
agents to
improve
patient
aesthetics.

T198. Review
home care
instructions
with patient
for teeth
whitening.

Part II - Task Ratings

Content Area 12: Occlusal Appliance Therapy

* 22. 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 current job (Importance).

	Frequency	Importance
T199. Evaluate patient condition, dentition, and associated structures of patient to assist in occlusal appliance therapy treatment planning.	<input type="text"/>	<input type="text"/>
T200. Take impression of oral cavity to facilitate process of fabricating occlusal appliance.	<input type="text"/>	<input type="text"/>
T201. Take bite registration records to facilitate process of fabricating occlusal appliance.	<input type="text"/>	<input type="text"/>
T202. Fabricate occlusal appliance to facilitate treatment of patient parafunctional habits.	<input type="text"/>	<input type="text"/>
T203. Deliver occlusal appliance to facilitate treatment of patient parafunctional habits.	<input type="text"/>	<input type="text"/>
T204. Review		

home care
instructions
with patient
for use and
care of
occlusal
appliances.

T205.
Reevaluate fit
and function
of occlusal
appliances and
perform
adjustments.

Part II - Task Ratings

Content Area 13: Safety and Sanitation

* 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 current job (Importance).

	Frequency	Importance
T206. Follow safety precautions to protect patients throughout dental treatment.	<input type="text"/>	<input type="text"/>
T207. Sanitize hands in preparation for dental treatment by washing with soap and water.	<input type="text"/>	<input type="text"/>
T208. Protect exposed areas by wearing personal protective equipment to prevent contamination and injury.	<input type="text"/>	<input type="text"/>
T209. Sterilize dental instruments to prepare for dental treatment.	<input type="text"/>	<input type="text"/>
T210. Disinfect dental equipment to prevent contamination.	<input type="text"/>	<input type="text"/>
T211. Disinfect work area to prevent contamination.	<input type="text"/>	<input type="text"/>
T212. Discard disposable items after dental treatment to prevent spread of infection.	<input type="text"/>	<input type="text"/>
T213. Store		

medications in
secure area to
protect against
unauthorized
access.

T214. Maintain
emergency
protocol within
dental office to
ensure patient
and staff
safety.

Part II - Task Ratings

Content Area 14: Law

* 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 current job (Importance).

	Frequency	Importance
T301. Comply with legal requirements regarding the release of patient information.	<input type="text"/>	<input type="text"/>
T302. Comply with legal standards regarding guidelines for consent to treat patients.	<input type="text"/>	<input type="text"/>
T303. Comply with telehealth laws and regulations when providing dental treatment or consultations remotely.	<input type="text"/>	<input type="text"/>
T304. Comply with legal requirements when documenting dental treatment.	<input type="text"/>	<input type="text"/>
T305. Comply with legal requirements for storage and disposal of patient records.	<input type="text"/>	<input type="text"/>
T306. Comply with legal requirements in the event of suspected unauthorized access to patient medical or dental records.	<input type="text"/>	<input type="text"/>

T307. Respond to requests for records in accordance with legal requirements.	<input type="text"/>	<input type="text"/>
T308. Record and report suspected abuse, neglect, or exploitation in accordance with mandated reporting laws.	<input type="text"/>	<input type="text"/>
T309. Comply with legal requirements for advertisement of services and professional qualifications.	<input type="text"/>	<input type="text"/>
T310. Comply with legal requirements regarding scope of practice in the provision of services.	<input type="text"/>	<input type="text"/>
T311. Prescribe medications to patients in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
T312. Supervise dental auxiliaries in accordance with regulations.	<input type="text"/>	<input type="text"/>
T313. Comply with OSHA standards regarding management of hazardous and biohazardous materials.	<input type="text"/>	<input type="text"/>
T314. Comply with legal requirements regarding sexual harassment.	<input type="text"/>	<input type="text"/>
T315. Comply with legal	<input type="text"/>	<input type="text"/>

requirements involving protected classes (e.g. race, gender) when providing dental care.

T316. Comply with legal requirements when estimating fees and billing patients for dental treatments.

T317. Comply with laws requiring posted documentation in dental settings.

T318. Prepare for medical emergencies in accordance with the law.

Part II - Task Ratings

Content Area 15: Ethics

* 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 current job (Importance).

	Frequency	Importance
T401. Acknowledge and address dentist impairment that could endanger patients or dental staff.	<input type="text"/>	<input type="text"/>
T402. Comply with ethical guidelines when billing insurance for services.	<input type="text"/>	<input type="text"/>
T403. Comply with requirements associated with possible patient exposure to bloodborne pathogens or other infectious material.	<input type="text"/>	<input type="text"/>
T404. Comply with telehealth ethical guidelines when providing dental treatment or consultations.	<input type="text"/>	<input type="text"/>
T405. Confirm understanding of risks, benefits, and alternatives to treatment by all interested parties.	<input type="text"/>	<input type="text"/>
T406. Follow ethical principles related to managing referred patients.	<input type="text"/>	<input type="text"/>
T407. Inform		

dental community of observations of serious adverse reactions to drugs or dental materials and devices.	<input type="text"/>	<input type="text"/>
T408. Inform patients of current oral conditions.	<input type="text"/>	<input type="text"/>
T409. Inform patients of oral health conditions that require future dental care.	<input type="text"/>	<input type="text"/>
T410. Maintain continuity of care for dental patients.	<input type="text"/>	<input type="text"/>
T411. Manage communications between dentist, patient, and previous dentist in accordance with ethical standards.	<input type="text"/>	<input type="text"/>
T412. Promote a respectful workplace to encourage collaboration with and optimal outcomes for patients.	<input type="text"/>	<input type="text"/>
T413. Provide information about alternative treatments.	<input type="text"/>	<input type="text"/>
T414. Provide patients access to emergency treatment.	<input type="text"/>	<input type="text"/>
T415. Refer patients to another professional when patient welfare will be safeguarded or advanced.	<input type="text"/>	<input type="text"/>
T416. Report other professionals to enforcement	<input type="text"/>	<input type="text"/>

agencies to
protect patient
health.

T417. Treat
patients at or
above the
standard of
care for
diagnosed
conditions.

Thank you!

Thank you for taking the time to complete this survey! The Dental Board of California values your contribution. You can expect to receive confirmation and CE credit in early March.



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

Table with 2 columns: Field (DATE, TO, FROM, SUBJECT) and Content (October 9, 2024, Members of the Dental Board of California, John Tran, Associate Governmental Program Analyst Dental Board of California, Agenda Item 10.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics)

Background

General Anesthesia (GA), Medical General Anesthesia (MGA), and Moderate Sedation (MS) permitholders are subject to an onsite inspection and evaluation prior to the issuance or renewal of a permit at the discretion of the Dental Board of California (Board). The Board must conduct an inspection and evaluation for GA and MGA permitholders at least once every five years, and for MS permitholders at least once every six years. An inspection and evaluation are required to keep a permit active and in good standing.

Effective January 1, 2022, Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) repealed Business and Professions Code (BPC) sections 1647–1647.9.5 (Conscious Sedation). As a result, the Board no longer issues or renews Conscious Sedation (CS) permits. To implement SB 501, the Board promulgated a rulemaking that became effective on August 16, 2022. Among other things, the rulemaking amended California Code of Regulations (CCR), title 16, sections 1043.2–1043.7 (concerning inspections and evaluations) to remove and replace each mention of conscious sedation with moderate sedation.

After enactment of SB 501 and the implementing regulations, the Board may no longer conduct onsite inspections and evaluations for CS permitholders. In September 2022, Board staff stopped scheduling and conducting inspections and evaluations of CS permitholders. A CS permitholder who was issued a permit before January 1, 2022 may follow the terms of that existing permit until it expires, even if the CS permitholder was due to complete an inspection and evaluation. As the CS permits expire, Board staff will continue to monitor and investigate grievances related to permitting for the administration of conscious sedation.

The first MS permit (MS 1) was issued on September 15, 2022. Onsite inspections and evaluations may be conducted within one year of issuance of a new MS permit, and new permit holders are allowed to practice within the scope of their permit until the inspection and evaluation. Between September 2022 and March 2023, Board staff contacted newly licensed MS permit holders to schedule their inspections and evaluations. The first series of MS inspections and evaluations were conducted during April 2023.

Onsite Inspection and Evaluation Statistics

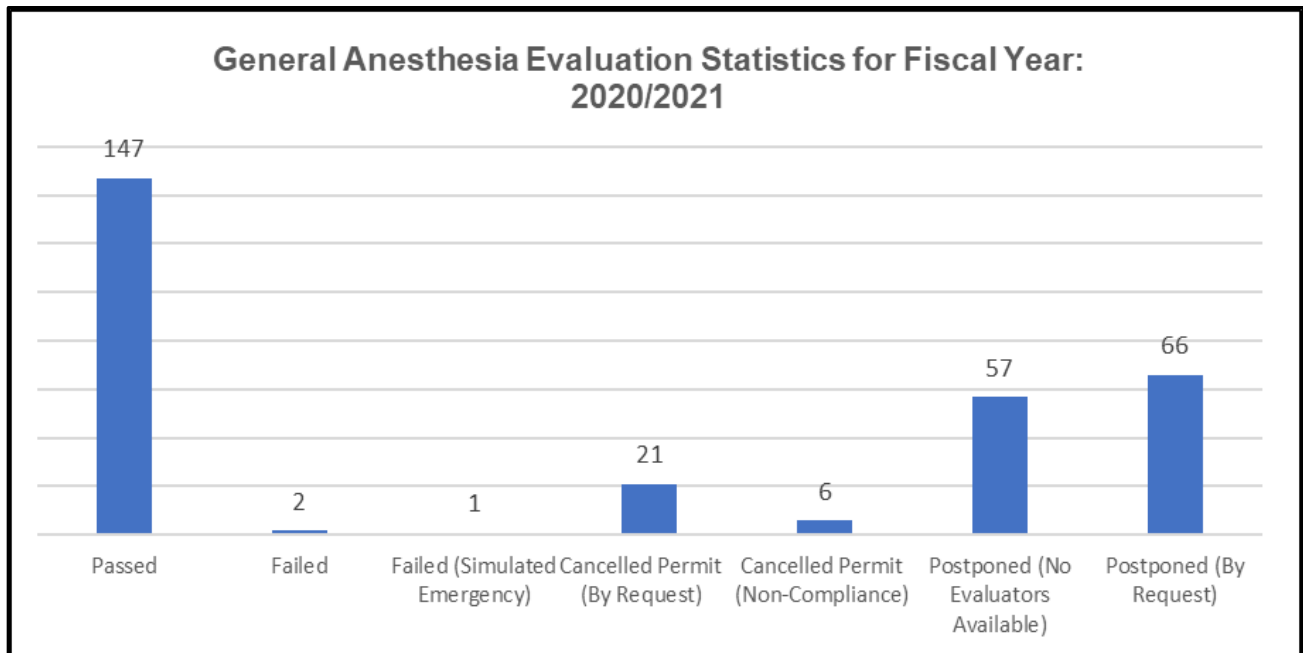
This memo provides a statistical overview of onsite inspections and evaluations administered by the Board for GA, MGA, and MS permits.

General Anesthesia Evaluation Statistics for Fiscal Year 2024–25

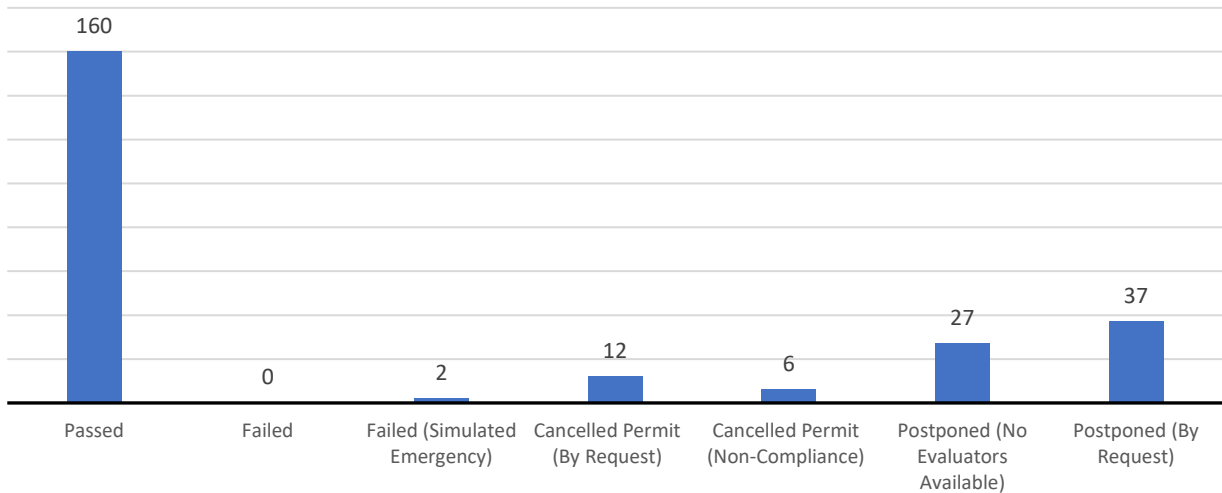
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2024	12	0	0	0	0	0	3
Aug 2024	12	0	0	2	2	0	0
Sep 2024	20	0	0	1	3	0	0
Oct 2024							
Nov 2024							
Dec 2024							
Jan 2025							
Feb 2025							
Mar 2025							
Apr 2025							
May 2025							
Jun 2025							
Total	44	0	0	3	5	0	3

General Anesthesia Evaluation Statistics for Fiscal Years, 2020–21, 2021–22, 2022–23, 2023–24, and 2024–25

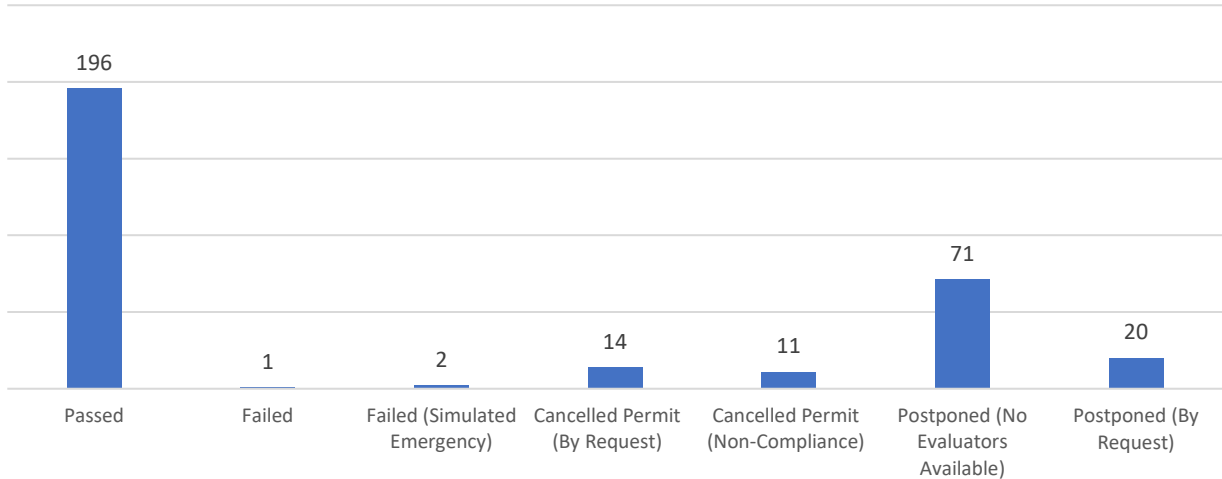
	20–21	21–22	22–23	23–24	24–25
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	147	160	196	202	44
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	2	0	1	0	0
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	1	2	2	3	0
Cancelled Permit by Request – Permitholder no longer wanted permit.	21	12	14	13	3
Cancelled Permit for Noncompliance – Permitholder did not complete required onsite evaluation.	6	6	11	20	5
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	57	27	71	16	0
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	66	37	20	18	3



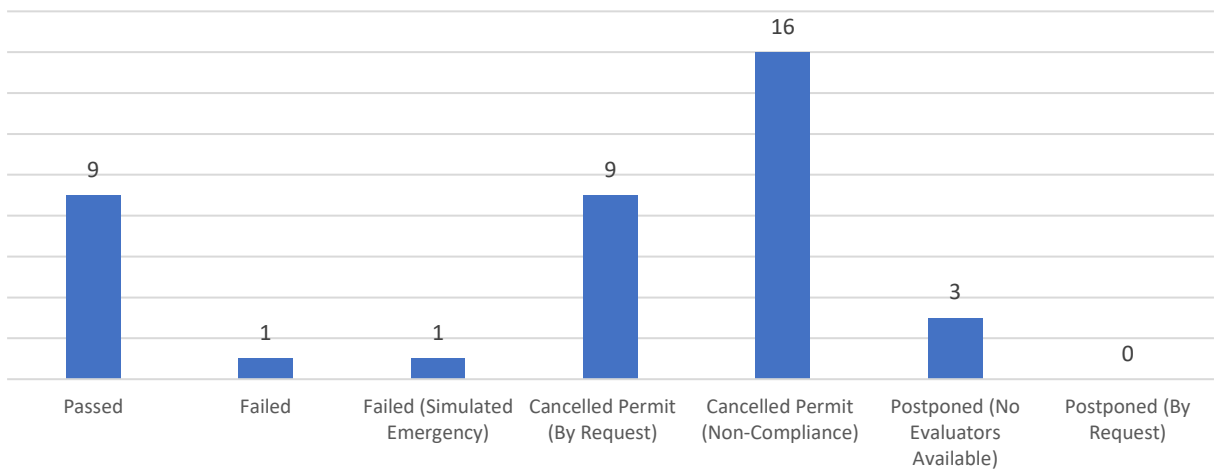
**General Anesthesia Evaluation Statistics for Fiscal Year:
2021/2022**



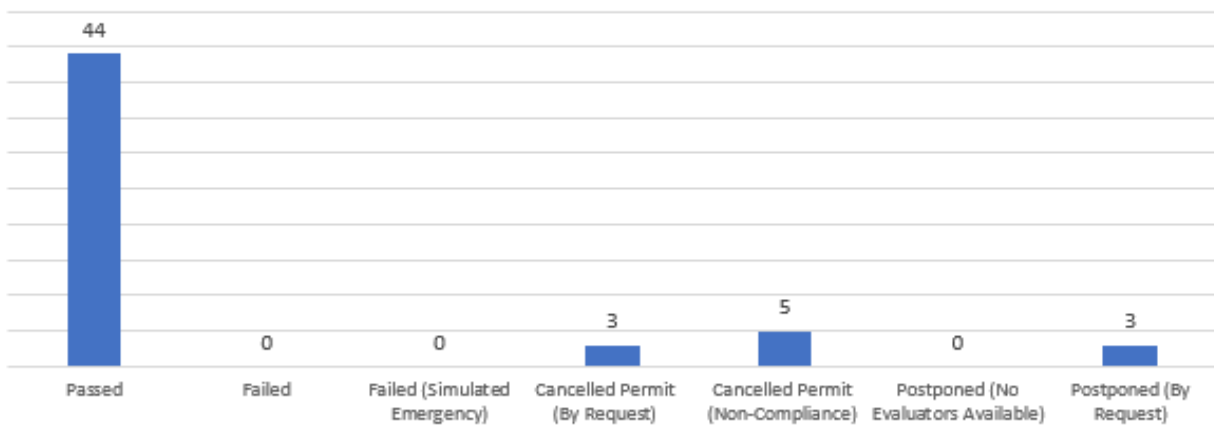
**General Anesthesia Evaluation Statistics for Fiscal Year:
2022/2023**



**General Anesthesia Evaluation Statistics for Fiscal Year:
2023/2024**



**General Anesthesia Evaluation Statistics for Fiscal Year:
2024/2025**



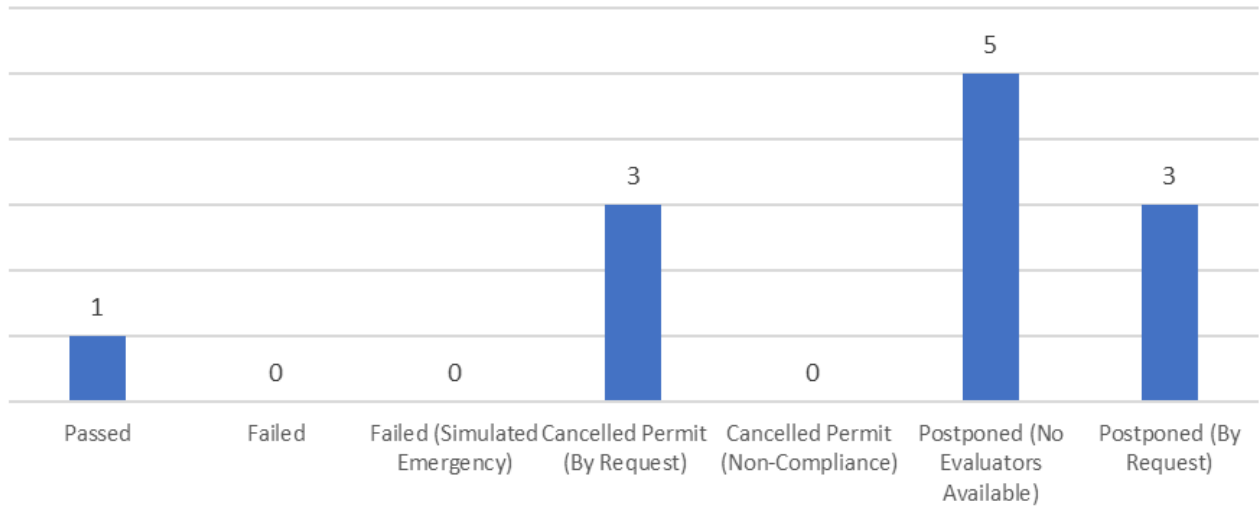
Medical General Anesthesia Evaluation Statistics for Fiscal Year 2024–25

	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2024	1	0	0	1	0	0	1
Aug 2024	2	0	0	0	2	0	0
Sep 2024	2	0	0	0	2	0	0
Oct 2024							
Nov 2024							
Dec 2024							
Jan 2025							
Feb 2025							
Mar 2025							
Apr 2025							
May 2025							
Jun 2025							
Total	5	0	0	1	4	0	1

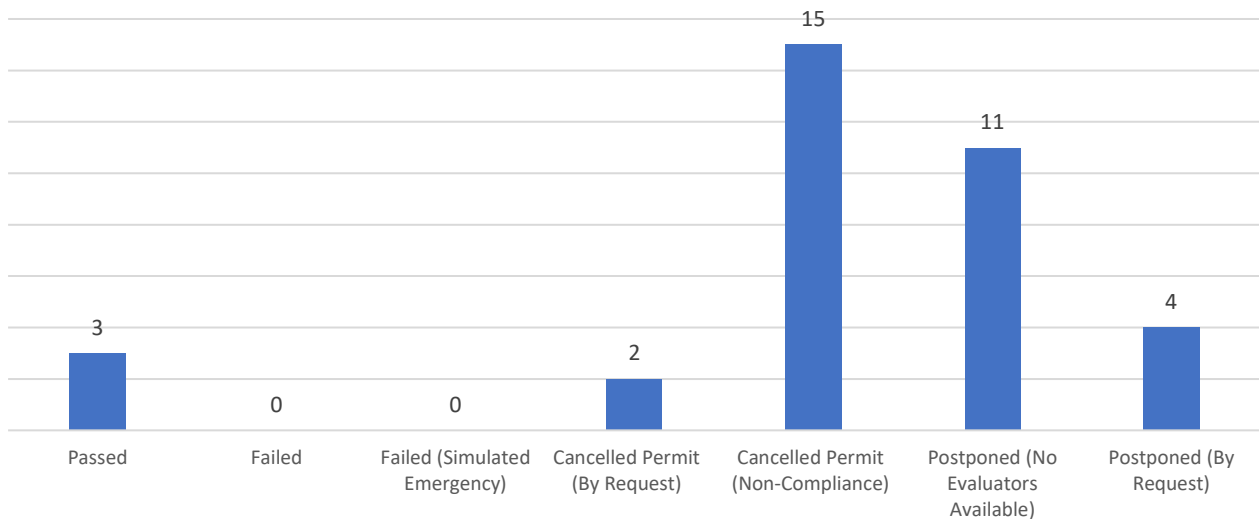
Medical General Anesthesia Evaluation Statistics for Fiscal Years 2020–21, 2021–22, 2022–23, 2023–24, and 2024–25

	20–21	21–22	22–23	23–24	24–25
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	1	3	5	9	5
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	0	1	1	0
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	0	0	0	1	0
Cancelled Permit by Request – Permitholder no longer wanted permit.	3	2	11	9	1
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	0	15	9	16	4
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	5	11	3	3	0
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	3	4	1	0	1

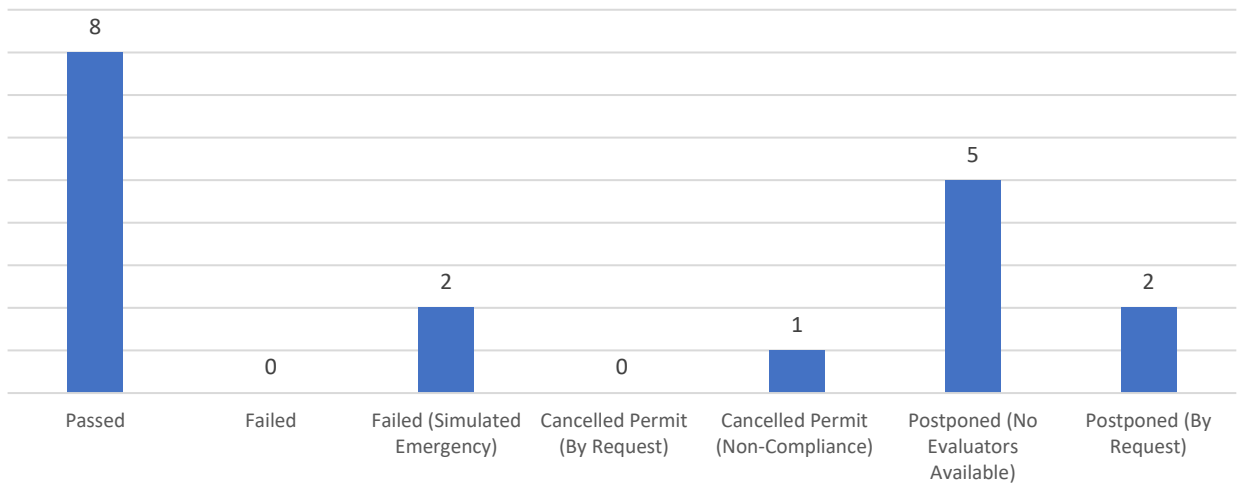
**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2020/2021**



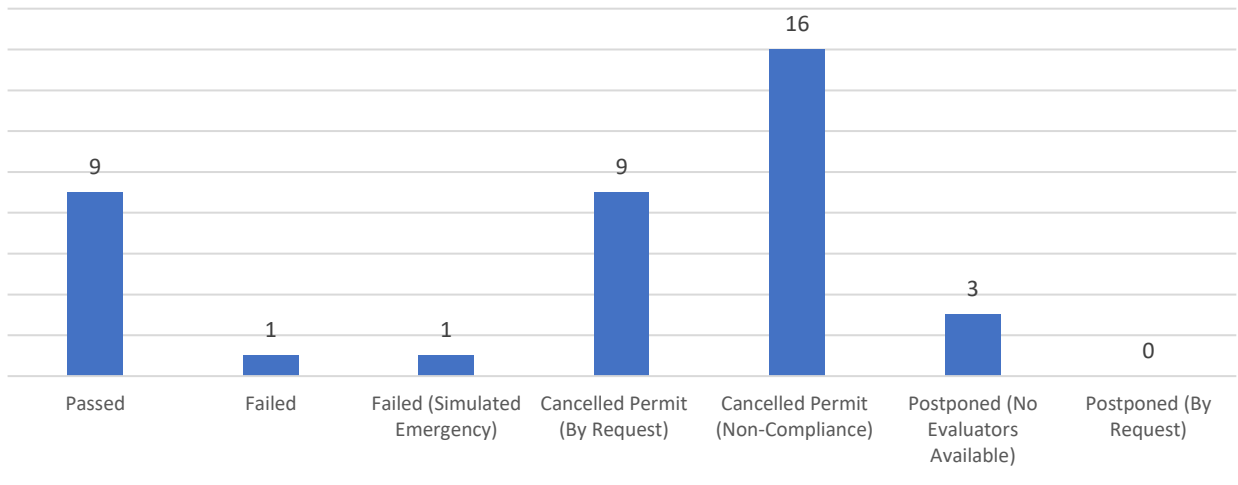
**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2021/2022**

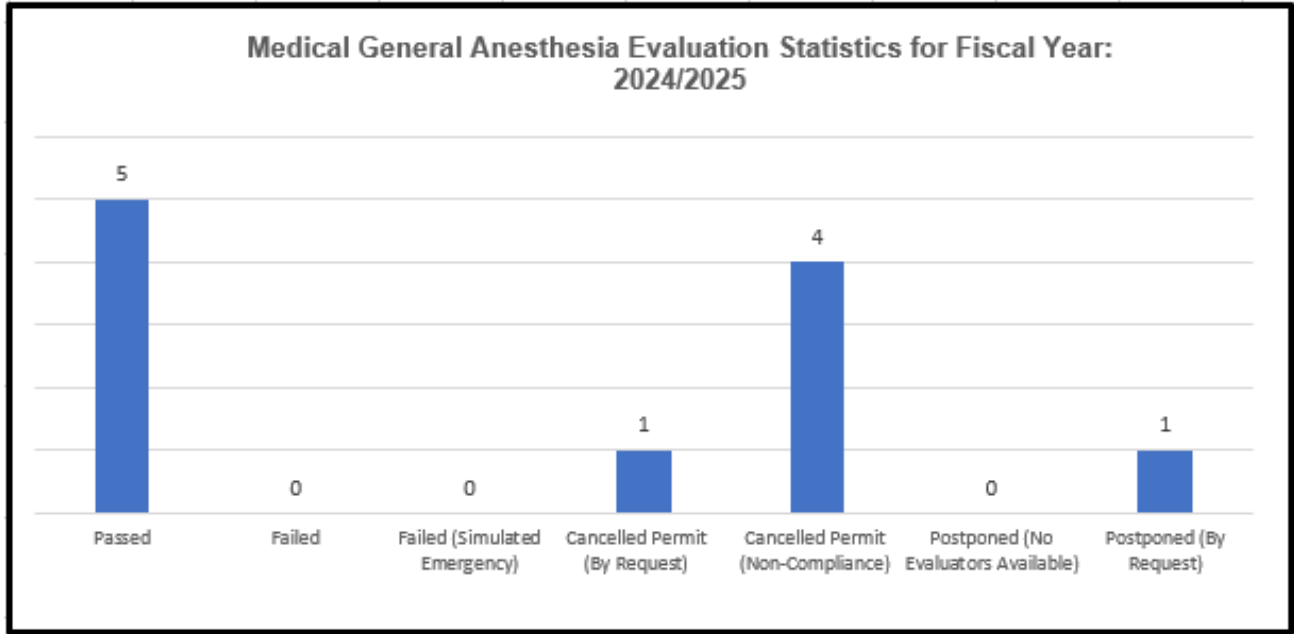


**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2022/2023**



**Medical General Anesthesia Evaluation Statistics for Fiscal Year:
2023/2024**



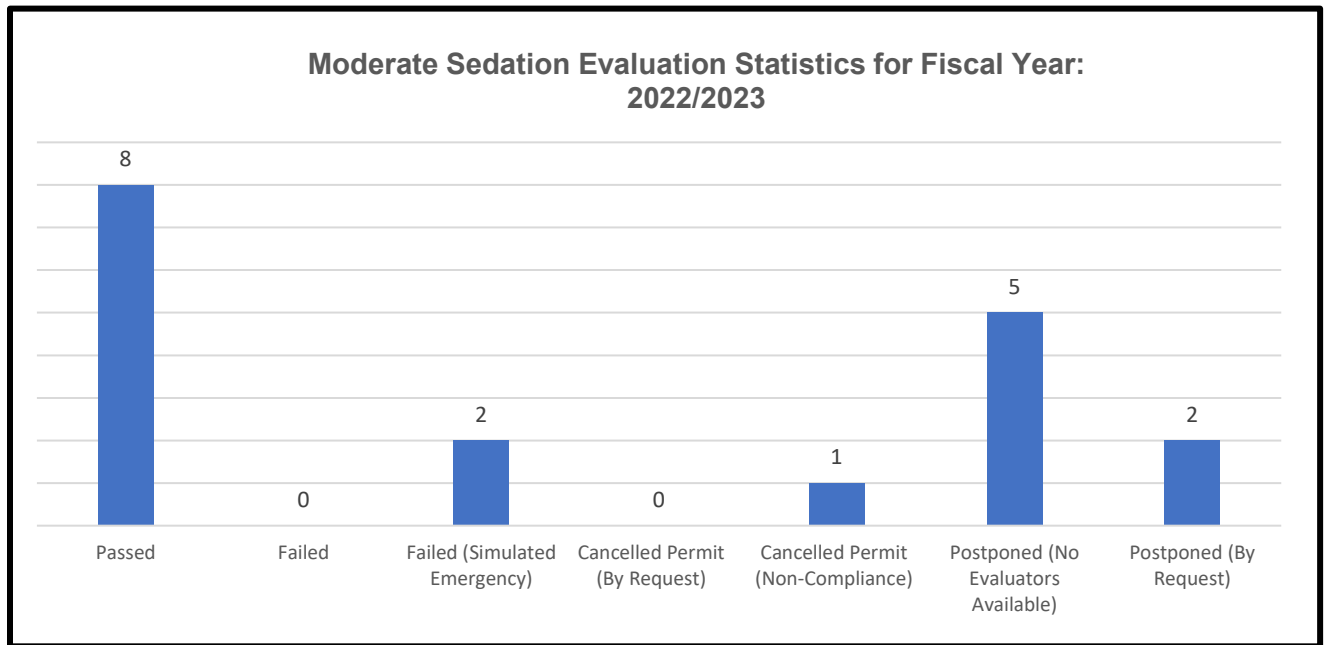


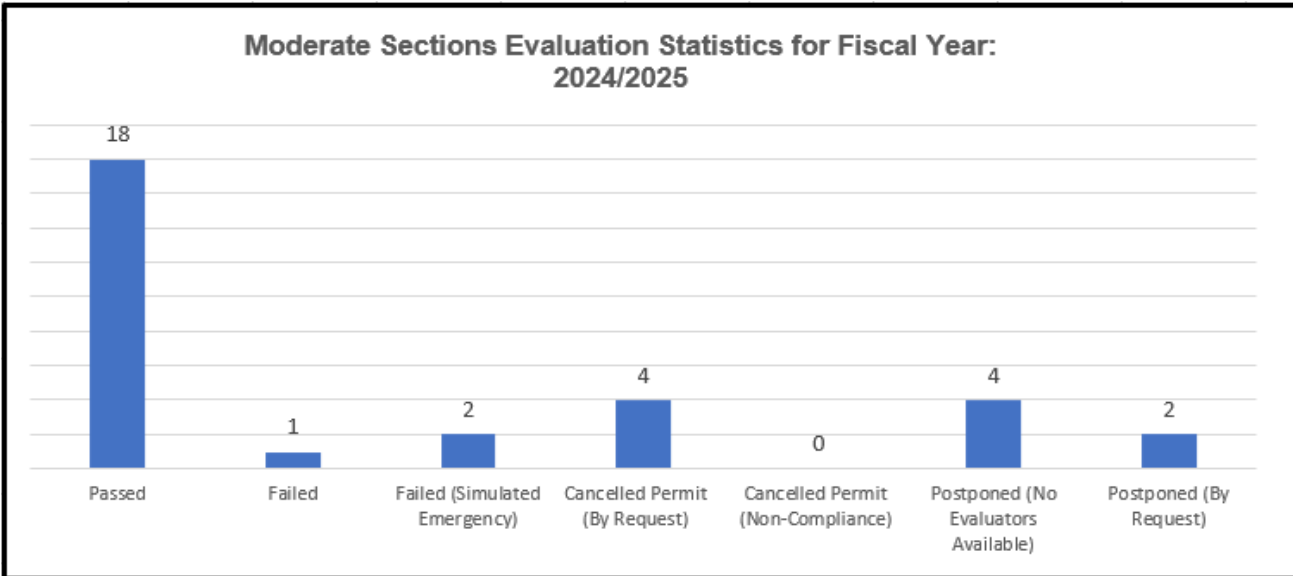
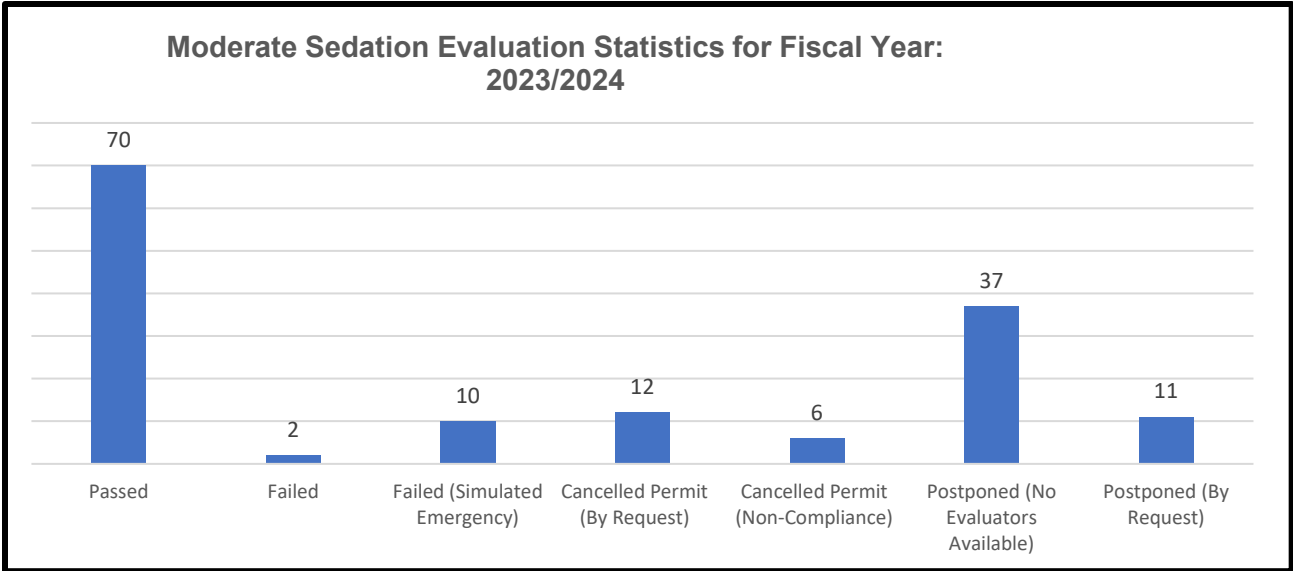
Moderate Sedation Evaluation Statistics for Fiscal Year 2024–25

	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2024	5	0	1	0	0	1	2
Aug 2024	7	0	0	2	0	3	0
Sep 2024	6	1	1	2	0	0	0
Oct 2024							
Nov 2024							
Dec 2024							
Jan 2025							
Feb 2025							
Mar 2025							
Apr 2025							
May 2025							
Jun 2025							
Total	18	1	2	4	0	4	2

Moderate Sedation Evaluation Statistics for Fiscal Year 2022–23, 2023–24, and 2024–25

	22–23	23–24	24–25		
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	8	70	18		
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	2	1		
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	2	10	2		
Cancelled Permit by Request – Permitholder no longer wanted permit.	0	12	4		
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	1	6	0		
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	5	37	4		
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, emergencies, or COVID-related issues.	2	11	2		





Current Evaluators per Region

Region	GA	MGA	MS
Northern California	121	17	23
Southern California	158	17	26

Action Requested

No action is requested.



MEMORANDUM

DATE	October 9, 2024
TO	Members of the Dental Board of California
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 10.b.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators

Background

Business and Professions Code (BPC) sections 1646.4, 1646.9, and 1647.7 authorize the Dental Board of California (Board) to conduct onsite inspections and evaluations of existing General Anesthesia (GA) and Medical General Anesthesia (MGA) permit holders, as well as of new Moderate Sedation (MS) permit holders. Onsite inspections and evaluations are conducted by a team of one or more evaluators, who are contracted by the Board as subject matter experts. The evaluators provide an independent evaluation and recommend a grade on a pass-fail system per California Code of Regulations (CCR), title 16, section 1043.6.

Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) changed existing provisions that govern the administration of minimal, moderate, and deep sedation and general anesthesia on dental patients. The subsequent SB 501 rulemaking, which implemented SB 501 provisions and became operative on August 16, 2022, amended CCR, title 16, section 1043.2 regarding the composition of teams performing onsite inspection and evaluation of GA, MGA, and MS permits. That section now provides that the onsite inspection and evaluation team consist of two or more persons for the first evaluation, or if an applicant has failed an evaluation. For each subsequent evaluation, only one evaluator is required. In addition, the evaluators must meet the following criteria:

1. The evaluators must meet one of the listed criteria in the Application for General Anesthesia Permit (Form GAP-1 New 05/2021) for general anesthesia, or the criteria in BPC 1647.3 for moderate sedation, and must have utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of three years immediately preceding their application to be an evaluator, exclusive of any training.

Agenda Item 10.b.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators
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November 7-8, 2024

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2. At least one of the evaluators must have experience in evaluation of dentists administering general anesthesia, deep sedation, or moderate sedation. At least one member of the evaluation team must have substantial experience in the administration of the method of delivery of general anesthesia, deep sedation, or moderate sedation used by the dentist being evaluated.
3. Evaluators shall possess a current, active, and unrestricted license from the Board or the Medical Board of California for applicants qualifying under BPC section 1646.9. "Unrestricted" means not subject to any disciplinary action such as revocation, suspension, or probation.
4. The Board may appoint a licensee member of the Board to serve as a consultant at any evaluation.

To implement SB 501, amendments were made to the terms for onsite inspections (CCR, title 16, section 1043.3). Pursuant to BPC section 1646.11, a holder of a GA or MGA permit issued or renewed on or before January 1, 2022, may follow the terms of that existing permit until it expires, and any permit issued or renewed on or after January 1, 2022, requires the permitholder to follow the new statutory requirements. Therefore, holders of GA and MGA permits issued or renewed on or after January 1, 2022, are required to comply with the amended terms for onsite inspections.

To increase the pool of available evaluators for the onsite inspection and evaluation program, Board staff post a continuous recruitment notice on the Board's website.

To increase the number of available evaluators specifically for the MS permit program, Board staff contacted MS permitholders who previously held Conscious Sedation (CS) permits for at least three years to assess their interest in becoming evaluators.

Appointment of Onsite Inspection and Evaluation Program Evaluators

The permitholders below have applied to become evaluators for the general anesthesia and moderate sedation onsite inspection and evaluation program. Board staff have reviewed the applications and recommend approval of their appointment as evaluators.

1. Dr. Ricardo Lugo, Dental License No. 63027, and General Anesthesia Permit No. 2038. Dr. Lugo has held an active GA permit since June 30, 2021. Dr. Lugo practices as an oral and maxillofacial surgeon in Oakland, CA. If approved, Dr. Lugo will conduct evaluations in northern California for GA permits.
2. Dr. Dean Ahmad, Dental License 52964, Moderate Sedation Permit No. 546. Dr. Ahmad has held an active MS permit since September 24, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Ahmad practices as a periodontist in Roseville, CA. If approved, Dr. Ahmad will conduct evaluations in northern California for MS permits.

Agenda Item 10.b.: Discussion and Possible Action Regarding Appointment of General Anesthesia, Medical General Anesthesia, and Moderate Sedation Permit Evaluators
Dental Board of California Meeting
November 7-8, 2024

Page 2 of 5

3. Dr. Derik Alexanians, Dental License 51319, Moderate Sedation Permit No. 294. Dr. Alexanians has held an active MS permit since October 19, 2023, and previously held a Conscious Sedation (CS) permit. Dr. Alexanians practices as a general dentist in Anaheim, CA. If approved, Dr. Alexanians will conduct evaluations in southern California for MS permits.
4. Dr. Jeffrey Allred, Dental License 58336, Moderate Sedation Permit No. 223. Dr. Allred has held an active MS permit since August 11, 2023, and previously held a Conscious Sedation (CS) permit. Dr. Allred practices as a general dentist in San Marcos, CA. If approved, Dr. Allred will conduct evaluations in southern California for MS permits.
5. Dr. Rajiv Anand, Dental License 46548, Moderate Sedation Permit No. 513. Dr. Anand has held an active MS permit since August 20, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Anand practices as a general dentist in Novato, CA. If approved, Dr. Anand will conduct evaluations in northern California for MS permits.
6. Dr. Pengjen Kevin Chen, Dental License 46767, Moderate Sedation Permit No. 520. Dr. Chen has held an active MS permit since August 27, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Chen practices as a periodontist in Elk Grove, CA. If approved, Dr. Chen will conduct evaluations in northern California for MS permits.
7. Dr. Maziyar Ebrahimi, Dental License 53208, Moderate Sedation Permit No. 515. Dr. Ebrahimi has held an active MS permit since August 22, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Ebrahimi practices as an endodontist in Beverly Hills, CA. If approved, Dr. Ebrahimi will conduct evaluations in southern California for MS permits.
8. Dr. Tyler Hendry, Dental License 55384, Moderate Sedation Permit No. 101. Dr. Hendry has held an active MS permit since March 17, 2023, and previously held a Conscious Sedation (CS) permit. Dr. Hendry practices as a periodontist in Glendale, CA. If approved, Dr. Hendry will conduct evaluations in southern California for MS permits.
9. Dr. Michael Holm, Dental License 28938, Moderate Sedation Permit No. 360. Dr. Holm has held an active MS permit since February 1, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Holm practices as a general dentist in Rancho Cordova, CA. If approved, Dr. Holm will conduct evaluations in northern California for MS permits.
10. Dr. Kayvon Javid, Dental License 48617, Moderate Sedation Permit No. 485. Dr. Javid has held an active MS permit since July 19, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Javid practices as a general dentist in Lomita, CA. If approved, Dr. Javid will conduct evaluations in southern California for MS permits.

11. Dr. Guo-Hao Lin, Dental License 103656, Moderate Sedation Permit No. 196. Dr. Lin has held an active MS permit since June 30, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Lin practices as a periodontist in San Francisco, CA. If approved, Dr. Lin will conduct evaluations in northern California for MS permits.
12. Dr. Nathan Kalinowski, Dental License 104299, Moderate Sedation Permit No. 482. Dr. Kalinowski has held an active MS permit since July 16, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Kalinowski practices as a general dentist in Palo Alto, CA. If approved, Dr. Kalinowski will conduct evaluations in northern California for MS permits.
13. Dr. Mahdad Nassiri, Dental License 100289, Moderate Sedation Permit No. 503. Dr. Nassiri has held an active MS permit since August 8, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Nassiri practices as a periodontist in Petaluma, CA. If approved, Dr. Nassiri will conduct evaluations in southern California for MS permits.
14. Dr. Raihan Nazir, Dental License 45156, Moderate Sedation Permit No. 367. Dr. Nazir has held an active MS permit since February 6, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Nazir practices as a general dentist in Anaheim, CA. If approved, Dr. Nazir will conduct evaluations in southern California for MS permits.
15. Dr. Eric Oakley, Dental License 52529, Moderate Sedation Permit No. 505. Dr. Oakley has held an active MS permit since August 8, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Oakley practices as a periodontist in Yuba City, CA. If approved, Dr. Oakley will conduct evaluations in northern California for MS permits.
16. Dr. Periklis Proussaefs, Dental License 45310, Moderate Sedation Permit No. 390. Dr. Proussaefs has held an active MS permit since March 5, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Proussaefs practices as a prosthodontist in Ventura, CA. If approved, Dr. Proussaefs will conduct evaluations in southern California for MS permits.
17. Dr. Bryan Randolph, Dental License 41779, Moderate Sedation Permit No. 298. Dr. Randolph has held an active MS permit since October 24, 2023, and previously held a Conscious Sedation (CS) permit. Dr. Randolph practices as a general dentist in Folsom, CA. If approved, Dr. Randolph will conduct evaluations in northern California for MS permits.
18. Dr. Jeremy Starr, Dental License 64374, Moderate Sedation Permit No. 344. Dr. Starr has held an active MS permit since January 9, 2024, and previously held a Conscious Sedation (CS) permit. Dr. Starr practices as a general dentist in Rocklin, CA. If approved, Dr. Starr will conduct evaluations in northern California for MS permits.

19. Dr. Eric Sung, Dental License 38370, Moderate Sedation Permit No. 114. Dr. Sung has held an active MS permit since March 28, 2023, and previously held a Conscious Sedation (CS) permit. Dr. Sung practices as a general dentist in Los Angeles, CA. If approved, Dr. Sung will conduct evaluations in Southern California for MS permits.

Action Requested

The Board is asked to consider Board staff’s recommendations and make a motion to appoint each of the 19 applicants as evaluators for the onsite inspection and evaluation program.




**GENERAL ANESTHESIA / MODERATE SEDATION
 EVALUATOR APPLICATION**

<p>QUALIFICATIONS AS AN EVALUATOR</p> <p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> General Anesthesia (GA)</p> <p><input checked="" type="checkbox"/> Deep Sedation (DS)</p> <p><input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>EVALUATION PREFERENCES</p> <p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North</p> <p><input type="checkbox"/> South</p> <p><input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input checked="" type="checkbox"/> GADS</p> <p><input type="checkbox"/> MS</p> <p><input type="checkbox"/> BOTH</p>	<p>TYPE OF PRACTICE</p> <p><input type="checkbox"/> Dental Anesthesia</p> <p><input type="checkbox"/> Endodontics</p> <p><input type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Dental Public Health</p> <p><input type="checkbox"/> Pediatric Dentistry</p> <p><input type="checkbox"/> Periodontics</p> <p><input type="checkbox"/> General Dentist</p> <p><input checked="" type="checkbox"/> OMS</p> <p><input type="checkbox"/> Other</p>
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APPLICANT NAME: Ricardo Lugo	LICENSE NO.: 63027
PERMIT HELD: General Anesthesia	PERMIT NO.: 2038
MAILING ADDRESS: [REDACTED]	
EMAIL ADDRESS: [REDACTED]	
TELEPHONE (INCLUDING AREA CODE): [REDACTED]	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant: 

Date: 08/05/2024



**GENERAL ANESTHESIA / MODERATE SEDATION
 EVALUATOR APPLICATION**

<p>QUALIFICATIONS AS AN EVALUATOR</p> <p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>EVALUATION PREFERENCES</p> <p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p>TYPE OF PRACTICE</p> <p><input type="checkbox"/> Dental Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Dental Public Health <input type="checkbox"/> Pediatric Dentistry <input checked="" type="checkbox"/> Periodontics <input type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>
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APPLICANT NAME: DEAN AHMAD	LICENSE NO.: 52964
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PERMIT HELD: CALIFORNIA	PERMIT NO.: MS 546
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MAILING ADDRESS: [REDACTED]

EMAIL ADDRESS: [REDACTED]

TELEPHONE (INCLUDING AREA CODE): [REDACTED]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant *[Signature]* Date **10/2/24**



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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

<p>QUALIFICATIONS AS AN EVALUATOR</p> <p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> General Anesthesia (GA)</p> <p><input type="checkbox"/> Deep Sedation (DS)</p> <p><input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>EVALUATION PREFERENCES</p> <p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North</p> <p><input checked="" type="checkbox"/> South</p> <p><input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS</p> <p><input checked="" type="checkbox"/> MS</p> <p><input type="checkbox"/> BOTH</p>	<p>TYPE OF PRACTICE</p> <p><input type="checkbox"/> Dental Anesthesia</p> <p><input type="checkbox"/> Endodontics</p> <p><input checked="" type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Dental Public Health</p> <p><input type="checkbox"/> Pediatric Dentistry</p> <p><input type="checkbox"/> Periodontics</p> <p><input checked="" type="checkbox"/> General Dentist</p> <p><input type="checkbox"/> OMS</p> <p><input type="checkbox"/> Other</p>
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APPLICANT NAME: Derik Alexanians	LICENSE NO.: 51319
PERMIT HELD: Moderate Sedation	PERMIT NO.: MS294
MAILING ADDRESS: <div style="background-color: black; height: 20px; width: 100%;"></div>	
EMAIL ADDRESS: <div style="background-color: black; height: 20px; width: 100%;"></div>	
TELEPHONE (INCLUDING AREA CODE): <div style="background-color: black; height: 20px; width: 100%;"></div>	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant Date

Derik Alexanians 10/01/2024



GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

<p>QUALIFICATIONS AS AN EVALUATOR</p> <p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>EVALUATION PREFERENCES</p> <p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p>TYPE OF PRACTICE</p> <p><input type="checkbox"/> Dental Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Dental Public Health <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Periodontics <input checked="" type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>
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APPLICANT NAME: Jeffrey Allred	LICENSE NO.: 58336
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PERMIT HELD: Moderate Sedation	PERMIT NO.: MS223
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MAILING ADDRESS:
 [REDACTED]

EMAIL ADDRESS:
 [REDACTED]

TELEPHONE (INCLUDING AREA CODE):
 [REDACTED]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant Jeffrey Glen Allred <small>Digitally signed by Jeffrey Glen Allred Date: 2024.10.01 12:02:28 -0700</small>	Date 10/01/2024
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**GENERAL ANESTHESIA / MODERATE SEDATION
 EVALUATOR APPLICATION**

<p>QUALIFICATIONS AS AN EVALUATOR</p> <p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>EVALUATION PREFERENCES</p> <p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p>TYPE OF PRACTICE</p> <p><input type="checkbox"/> Dental Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Dental Public Health <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Periodontics <input checked="" type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>
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<p>APPLICANT NAME: <i>Rajiv Anand</i></p>	<p>LICENSE NO.: <i>46548</i></p>
<p>PERMIT HELD: <i>MS</i></p>	<p>PERMIT NO.: <i>MS 513</i></p>
<p>MAILING ADDRESS: [REDACTED]</p>	
<p>EMAIL ADDRESS: [REDACTED]</p>	
<p>TELEPHONE (INCLUDING AREA CODE): [REDACTED]</p>	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant *[Signature]* Date *10/1/24*



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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

<p>QUALIFICATIONS AS AN EVALUATOR</p> <p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>EVALUATION PREFERENCES</p> <p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p>TYPE OF PRACTICE</p> <p><input type="checkbox"/> Dental Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Dental Public Health <input type="checkbox"/> Pediatric Dentistry <input checked="" type="checkbox"/> Periodontics <input type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>
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APPLICANT NAME: PENGJEN KEVIN CHEN DMD MCI	LICENSE NO.: 46767
PERMIT HELD: MS	PERMIT NO.: 477-520-SW

MAILING ADDRESS: [REDACTED]

EMAIL ADDRESS: [REDACTED]

TELEPHONE (INCLUDING AREA CODE): [REDACTED]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant Date 10/1/24



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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> General Anesthesia (GA)</p> <p><input type="checkbox"/> Deep Sedation (DS)</p> <p><input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North</p> <p><input checked="" type="checkbox"/> South</p> <p><input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS</p> <p><input checked="" type="checkbox"/> MS</p> <p><input type="checkbox"/> BOTH</p>	<p><input type="checkbox"/> Dental Anesthesia</p> <p><input checked="" type="checkbox"/> Endodontics</p> <p><input type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Dental Public Health</p> <p><input type="checkbox"/> Pediatric Dentistry</p> <p><input type="checkbox"/> Periodontics</p> <p><input type="checkbox"/> General Dentist</p> <p><input type="checkbox"/> OMS</p> <p><input checked="" type="checkbox"/> Other</p> <p style="padding-left: 20px;">Implantology</p>

APPLICANT NAME: Mazyar Ebrahimi	LICENSE NO.: 53208
PERMIT HELD: MS Permit	PERMIT NO.: MS 515
MAILING ADDRESS: <div style="background-color: black; height: 20px; width: 100%;"></div>	
EMAIL ADDRESS: <div style="background-color: black; height: 20px; width: 100%;"></div>	
TELEPHONE (INCLUDING AREA CODE): <div style="background-color: black; height: 20px; width: 100%;"></div>	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant Mazyar Ebrahimi <small>Digitally signed by Mazyar Ebrahimi Date: 2024.10.01 15:52:20 -0700</small>	Date 10/01/2024
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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

<p>QUALIFICATIONS AS AN EVALUATOR</p> <p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>EVALUATION PREFERENCES</p> <p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p>TYPE OF PRACTICE</p> <p><input type="checkbox"/> Dental Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Dental Public Health <input type="checkbox"/> Pediatric Dentistry <input checked="" type="checkbox"/> Periodontics <input type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>
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APPLICANT NAME: Tyler Hendry DDS	LICENSE NO.: DDS55384
PERMIT HELD: Moderate Sedation	PERMIT NO.: MS101
MAILING ADDRESS: [REDACTED]	
EMAIL ADDRESS: [REDACTED]	
TELEPHONE (INCLUDING AREA CODE): [REDACTED]	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant:  Date: 10/1/2024



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**GENERAL ANESTHESIA / MODERATE SEDATION
 EVALUATOR APPLICATION**

<p>QUALIFICATIONS AS AN EVALUATOR</p> <p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>EVALUATION PREFERENCES</p> <p>In which California region are you able to conduct evaluations?</p> <p><input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p>TYPE OF PRACTICE</p> <p><input type="checkbox"/> Dental Anesthesia <input checked="" type="checkbox"/> Endodontics <input checked="" type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Dental Public Health <input type="checkbox"/> Pediatric Dentistry <input checked="" type="checkbox"/> Periodontics <input checked="" type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>
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<p>APPLICANT NAME: <i>MICHAEL BURTON HOLM</i></p>	<p>LICENSE NO.: <i>DDS 28938</i></p>
<p>PERMIT HELD: <i>Moderate sedation</i></p>	<p>PERMIT NO.: <i>MS360</i></p>
<p>MAILING ADDRESS: [REDACTED]</p>	
<p>EMAIL ADDRESS: [REDACTED]</p>	
<p>TELEPHONE (INCLUDING AREA CODE): [REDACTED]</p>	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant *MBH* Date *10-1-24*



GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

<p>QUALIFICATIONS AS AN EVALUATOR</p> <p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p><input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS)</p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>EVALUATION PREFERENCES</p> <p>In which California region are you able to conduct evaluations?</p> <p><input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p><input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH</p>	<p>TYPE OF PRACTICE</p> <p><input type="checkbox"/> Dental Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Dental Public Health <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Periodontics <input checked="" type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other</p>
--	--	--

APPLICANT NAME: Kayvon Javid	LICENSE NO.: DDS48617
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PERMIT HELD: MS	PERMIT NO.: MS485
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MAILING ADDRESS:
 [REDACTED]

EMAIL ADDRESS:
 [REDACTED]

TELEPHONE (INCLUDING AREA CODE):
 [REDACTED]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant: Date: 10/2/2024



GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

QUALIFICATIONS AS AN EVALUATOR	EVALUATION PREFERENCES	TYPE OF PRACTICE
<p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p> <input type="checkbox"/> NO <input type="checkbox"/> General Anesthesia (GA) <input type="checkbox"/> Deep Sedation (DS) <input checked="" type="checkbox"/> Moderate Sedation (MS) </p> <p>Do you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO </p>	<p>In which California region are you able to conduct evaluations?</p> <p> <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> BOTH </p> <p>What kind of cases would you like to evaluate?</p> <p> <input type="checkbox"/> GA/DS <input checked="" type="checkbox"/> MS <input type="checkbox"/> BOTH </p>	<p>TYPE OF PRACTICE</p> <p> <input type="checkbox"/> Dental Anesthesia <input type="checkbox"/> Endodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral Pathology <input type="checkbox"/> Orthodontics <input type="checkbox"/> Dental Public Health <input type="checkbox"/> Pediatric Dentistry <input checked="" type="checkbox"/> Periodontics <input type="checkbox"/> General Dentist <input type="checkbox"/> OMS <input type="checkbox"/> Other </p>

APPLICANT NAME: Guo-Hao Lin	LICENSE NO.: DDS103656
PERMIT HELD: Moderate sedation	PERMIT NO.: 196
MAILING ADDRESS: <div style="background-color: black; height: 20px; width: 100%;"></div>	
EMAIL ADDRESS: <div style="background-color: black; height: 20px; width: 100%;"></div>	
TELEPHONE (INCLUDING AREA CODE): <div style="background-color: black; height: 20px; width: 100%;"></div>	

Certification

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Signature of Applicant	Date
Guo-Hao Lin <small>Digitally signed by Guo-Hao Lin Date: 2024.10.01 13:14:23 -07'00'</small>	10/01/2024



GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

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APPLICANT NAME: Nathan Kalinowski	LICENSE NO.: 104299
PERMIT HELD: Moderate Sedation	PERMIT NO.: 482
MAILING ADDRESS: <div style="background-color: black; height: 20px; width: 100%;"></div>	
EMAIL ADDRESS: <div style="background-color: black; height: 20px; width: 100%;"></div>	
TELEPHONE (INCLUDING AREA CODE): <div style="background-color: black; height: 20px; width: 100%;"></div>	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant Date

Nathan Kalinowski 10/2/24



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**GENERAL ANESTHESIA / MODERATE SEDATION
 EVALUATOR APPLICATION**

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<p>APPLICANT NAME: MAHDAD NASSIRI</p>	<p>LICENSE NO.: DDS100289</p>
<p>PERMIT HELD: MODERATE SEDATION</p>	<p>PERMIT NO.: MS503</p>
<p>MAILING ADDRESS: [REDACTED]</p>	
<p>EMAIL ADDRESS: [REDACTED]</p>	
<p>TELEPHONE (INCLUDING AREA CODE): [REDACTED]</p>	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

[Handwritten Signature]

Date

08/08/2024



GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

<p>QUALIFICATIONS AS AN EVALUATOR</p> <p>Have you utilized general anesthesia, deep sedation, or moderate sedation in a dental practice setting for a minimum of 3 years preceding the date of this application? If YES, indicate the type of sedation utilized.</p> <p>NO</p> <p><input type="checkbox"/> General Anesthesia (GA)</p> <p><input type="checkbox"/> Deep Sedation (DS)</p> <p><input type="checkbox"/> Moderate Sedation (MS)</p> <p><input checked="" type="checkbox"/> you have substantial experience in the administration of methods of delivery of general anesthesia, deep sedation, or moderate sedation?</p> <p>YES</p> <p>NO</p> <p><input checked="" type="checkbox"/></p>	<p>EVALUATION PREFERENCES</p> <p>In which California region are you able to conduct evaluations?</p> <p>North</p> <p><input type="checkbox"/> South</p> <p><input checked="" type="checkbox"/> BOTH</p> <p>What kind of cases would you like to evaluate?</p> <p>GA/DS</p> <p>MS</p> <p><input type="checkbox"/> BOTH</p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>TYPE OF PRACTICE</p> <p><input type="checkbox"/> Dental Anesthesia</p> <p><input type="checkbox"/> Endodontics</p> <p><input checked="" type="checkbox"/> Prosthodontics</p> <p><input type="checkbox"/> Oral Pathology</p> <p><input type="checkbox"/> Orthodontics</p> <p><input type="checkbox"/> Dental Public Health</p> <p><input type="checkbox"/> Pediatric Dentistry</p> <p><input checked="" type="checkbox"/> Periodontics</p> <p><input checked="" type="checkbox"/> General Dentist</p> <p><input checked="" type="checkbox"/> OMS</p> <p><input type="checkbox"/> Other</p>
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APPLICANT NAME: Raihan Nazir	LICENSE NO.: 45156
PERMIT HELD: Moderate sedation	PERMIT NO.: 367
MAILING ADDRESS: <div style="background-color: black; height: 20px; width: 100%;"></div>	
EMAIL ADDRESS: <div style="background-color: black; height: 20px; width: 100%;"></div>	
TELEPHONE (INCLUDING AREA CODE): <div style="background-color: black; height: 20px; width: 100%;"></div>	
<p>Certification</p> <p>I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.</p> <p>Signature of Applicant Date</p> <p> 10/1/2024</p>	

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9/30/24



CALIFORNIA DEPARTMENT OF
CONSUMER
AFFAIRS

STATE OF CALIFORNIA DEPARTMENT OF PROFESSIONAL REGULATION AND LICENSING

DENTAL BOARD OF CALIFORNIA

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**GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION**

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<p>APPLICANT NAME: <i>ERIC OAKLEY</i></p>	<p>LICENSE NO.: <i>52529</i></p>
<p>PERMIT HELD: <i>Moderate Sedation</i></p>	<p>PERMIT NO.: <i>MS 505</i></p>
<p>MAILING ADDRESS: [REDACTED]</p>	
<p>EMAIL ADDRESS: [REDACTED]</p>	
<p>TELEPHONE (INCLUDING AREA CODE): [REDACTED]</p>	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant

Date *9/30/2024*



BUSINESS CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

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GENERAL ANESTHESIA / MODERATE SEDATION
EVALUATOR APPLICATION

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<p>APPLICANT NAME: PERIKLIS PROUSSAEFS</p>	<p>LICENSE NO.: 45310</p>
<p>PERMIT HELD: MODERATE SEDATION</p>	<p>PERMIT NO.: 390</p>

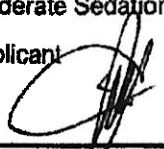
MAILING ADDRESS: [REDACTED]

EMAIL ADDRESS: [REDACTED]

TELEPHONE (INCLUDING AREA CODE): [REDACTED]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant:  Date: 10/4/2024



DENTAL BOARD OF CALIFORNIA
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**GENERAL ANESTHESIA / MODERATE SEDATION
 EVALUATOR APPLICATION**

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<p>APPLICANT NAME: Bryan Randolph, DDS</p>	<p>LICENSE NO.: 41779</p>
<p>PERMIT HELD: Moderate Sedation</p>	<p>PERMIT NO.: MS 298</p>
<p>MAILING ADDRESS: [REDACTED]</p>	
<p>EMAIL ADDRESS: [REDACTED]</p>	
<p>TELEPHONE (INCLUDING AREA CODE): [REDACTED]</p>	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant: *Bryan Randolph* Date: 10-1-24



DENTAL BOARD OF CALIFORNIA

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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION


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<p>APPLICANT NAME: Jeremy Starr</p>	<p>LICENSE NO.: 64374</p>
<p>PERMIT HELD: Moderate Sedation</p>	<p>PERMIT NO.: 344</p>
<p>MAILING ADDRESS: [REDACTED]</p>	
<p>EMAIL ADDRESS: [REDACTED]</p>	
<p>TELEPHONE (INCLUDING AREA CODE): [REDACTED]</p>	

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant Date

 07/24/2024



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GENERAL ANESTHESIA / MODERATE SEDATION EVALUATOR APPLICATION

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<p>APPLICANT NAME: Eric Sung</p>	<p>LICENSE NO.: 38370</p>
<p>PERMIT HELD: MS</p>	<p>PERMIT NO.: 114</p>

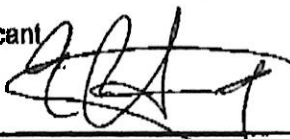
MAILING ADDRESS:
[Redacted]

EMAIL ADDRESS:
[Redacted]

TELEPHONE (INCLUDING AREA CODE):
[Redacted]

Certification

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct, and I hereby request appointment as an Evaluator for the General Anesthesia / Moderate Sedation program.

Signature of Applicant  Date **07/13/2024**



MEMORANDUM

DATE	October 24, 2024
TO	Members of the Dental Board of California
FROM	Jodi Ortiz, Division Chief Elective Facial Cosmetic Surgery Permit Program Coordinator Dental Board of California
SUBJECT	Agenda Item 11.: Elective Facial Cosmetic Surgery Permit Credentialing Committee October 23, 2024 Meeting Report

Background

The Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee (Committee) met on October 23, 2024, via teleconference, with one noticed public location. Four members of the Committee were present at the meeting and participated from remote locations, and a quorum was established. Andre Guerrero-Fernandes, MD, DDS was absent.

Committee Chair Robert Gramins, DDS, requested public comment on items not on the agenda. There were no members of the public present for the meeting.

The Committee discussed the July 17, 2024, Meeting Minutes. Committee Member Peter Scheer, DDS, moved to adopt the July 17, 2024, Meeting Minutes, and Committee Member Robert Gramins, DDS, Chair, seconded the motion. Before a vote on the motion, public comment was requested, and no public comment was made on the motion. The motion passed on a vote of 4-0.

The Committee recessed open session and convened in closed session pursuant to Government Code section 11126, subdivision (c)(2), to consider two EFCS permit applications submitted to the Dental Board of California (Board) pursuant to Business and Professions Code (BPC) section 1638.1, subdivision (c)(2)(A)(iii)(I) and (II) for privileges to perform cosmetic contouring of the osteocartilaginous facial structure (Category I) and cosmetic soft tissue contouring or rejuvenation (Category II).

The Committee reconvened in open session, and Committee Chair Gramins reported that two applications were considered by the Committee in closed session. The Committee approved recommendations to the Dental Board of California (Board) to grant the EFCS permit applications as described further below.

The Committee meeting adjourned at 4:09 p.m.

Agenda Item 11.: Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee
October 23, 2024 Meeting Report
Dental Board of California Meeting
November 7-8, 2024

Discussion and Possible Action on Recommendations on EFCS Permit Applications

Applicant T.S., DDS, applied for an EFCS permit with unlimited privileges under BPC section 1638.1, subdivision (c)(2)(A)(iii)(II), which would authorize the applicant to perform cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation (Category II).

On October 23, 2024, the Committee approved a recommendation to the Board to grant the EFCS permit application of T.S., DDS for limited privileges of Category II procedures.

Applicant H.H.S., DDS, applied for an EFCS permit with unlimited privileges under BPC section 1638.1, subdivision (c)(2)(A)(iii)(I) and (II), which would authorize the applicant to perform cosmetic contouring of the osseocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty (Category I), and cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation (Category II).

On October 23, 2024, the Committee approved a recommendation to the Board to grant the EFCS permit application of H.H.S., DDS for unlimited privileges in Category I and limited privileges in Category II procedures.

Action Requested

If the Board agrees with the Committee's recommendation, the Board is asked to consider and approve two separate motions as follows.

Motion 1: Move to grant the EFCS permit application of T.S., DDS, for limited Category II privileges.

Motion 2: Move to grant the EFCS permit application for H.H.S., DDS, for unlimited Category I privileges and limited Category II privileges.



MEMORANDUM

DATE	October 16, 2024
TO	Members of the Dental Board of California
FROM	Access to Care Committee Lilia Larin, DDS Yogita Thakur, DDS, MS
SUBJECT	Agenda Item 12.: Update and Discussion from the Board's Access to Care Committee

Background

In early 2023, the Dental Board of California (Board) reestablished the Access to Care Committee (Committee). The Board President appointed Dr. Lilia Larin and Dr. Yogita Thakur to the Committee.

Committee Actions

To generate ideas on improving access to dental service care across California, Drs. Larin and Thakur met with the State Dental Director on June 20, 2023. The State Dental Director at that time, Dr. Jayanth Kumar, directs the Oral Health Program at the California Department of Public Health (CDPH), where he is responsible for the [California Oral Health Plan](#).

The Committee presented the following four recommendations to the Board at its November 8-9, 2023 meeting.

1. Explore strategies to improve licensure examination transparency. For example, add more content to candidate information bulletins to assist with examination preparation.
2. Evaluate the impact of examination administration time on candidates whose second language is English.
3. Survey candidates to determine how they study for examinations and why they are failing them.
4. Analyze the pathways to licensure for Registered Dental Assistants (RDAs) to determine if the pathways are facilitating access to practice in a fair and valid manner.

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Specifically, the Committee requested that the Board move to authorize the Committee to take the four actions listed so that the Committee can work with Board staff and provide status reports at future Board meetings. The Board approved the request.

As of November 2023, Board staff have worked with the Department of Consumer Affairs, Office of Professional Examination Services (OPES) to address the Committee’s items 1, 3, and 4 above.

Specifically, the RDA Candidate Information Bulletin (CIB) has been reviewed, and efforts are being made to ensure a better understanding of their use. The new examination plan for RDA license applicants went into effect May 1, 2024. Both the CIB and examination plan have been posted to the Board’s website.

At the August 15, 2024 Dental Assisting Council (Council) and Board meetings, a memo from OPES was presented showing statistics generated to inform pass rates for the different RDA pathways to licensure. In addition, data on four questions added to the PSI computer-based testing (CBT) survey offered at the end of each RDA applicant testing experience to gather feedback about how applicants prepare to take examinations was presented. Lastly, the Council reviewed and discussed a memo from OPES on translating the RDA General Written Law and Ethics Examination.

After Committee discussion at both meetings, it was requested that Board staff continue its efforts to develop a brief survey for addressing recruitment and retention of RDAs (related to recommendation 4) and gathering more information about translating the RDA General Written Law and Ethics Examination (related recommendation 2). Further, the Board requested an analysis on how candidates prepare for the examination versus pass rate. This data is presented below.

Question: After Completing the RDA educational or work experience requirements, how did you prepare for the RDA exam?

	<u>N</u>	<u>Pass Rate</u>
Self-study	836	74%
Additional education course(s)	51	71%
Peer study	17	65%
Examination prep course*	13	86%
On-the-job training	136	82%
Other	27	59%
I did not engage in any other preparation activities.*	11	55%

*Sample size is small, so results are not very meaningful.

Action Requested

This item is information only. No action is needed.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 14, 2024
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 13.: Dental Assisting Council Meeting Report

Background

Ms. Cara Miyasaki, Chair of the Dental Assisting Council (Council), will provide a verbal report on the November 7, 2024 meeting of the Council.

Action Requested

No action requested.



MEMORANDUM

DATE	October 22, 2024
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 14.a.: Status Update on Pending Regulations

Background

What follows are updates on rulemaking packages that have moved forward in the formal rulemaking process since the last Dental Board of California (Board) meeting.

Updates to the Board's Uniform Standards for Substance-Abusing Licensees (CCR, tit. 16, §§ 1018.01 and 1018.02)

Summary of Proposed Changes: This rulemaking would update the Board's Uniform Standards (Uniform Standards) for Substance-Abusing Licensees to reflect changes to the standards required to be adopted pursuant to Business and Profession Code (BPC) section 315 and made by the Department of Consumer Affairs' Substance Abuse Coordination Committee (SACC) since the Board's last update of this document in 2013. An update to the Board's Uniform Standards requires the Board to update the regulations that incorporate the Uniform Standards by reference. This rulemaking would also add definitions of relevant terms related to discipline for substance abusing licensees to section 1018.01. The rulemaking would adopt new section 1018.02 to describe the processes involved in the Board issuing a Cease Practice Order, and the steps for a substance-abusing licensee subject to the order to appeal the order, to petition for its removal and to be restored to full practice.

Update: The Board approved proposed text for this rulemaking at its November 2023 Board meeting. Board staff filed the initial rulemaking package with the Office of Administrative Law (OAL), and the notice was published in the Notice Register on May 31, 2024. The 45-day public comment period ended July 16, 2024. No adverse comments were received on the proposed rulemaking. OAL approved the rulemaking on September 26, 2024. The regulations, go into effect on January 1, 2025, and the updated standards are available on the Board's website in the Laws and Regulations section under Regulations.

Application for Licensure by Examination (CCR, tit. 16 §§ 1021 and 1028)

Summary of Proposed Changes: This rulemaking would update the Board's application regulations for licensure by examination to reflect changes in the dentist examination landscape. It would repeal the existing application form and place the application requirements in narrative form, updating those requirements to reflect changes in law since the regulations were last updated. The proposed rulemaking also raises the fee for application for licensure by examination from \$400 to \$500.

Update: The proposed text was approved by the Board at the November 2023 Board meeting. Board staff continue to work on this complex initial rulemaking package.

Dental Assisting Exams (CCR, tit. 16, § 1080, 1080.1, 1080.2, 1080.3, 1081, 1081.1, 1081.2, 1081.3, 1081.4, 1082, 1082.1, 1082.2, 1082.3, 1083)

Summary of Proposed Changes: This rulemaking would update the Board's dental assisting examinations to reflect changes in law and exam administration, including the elimination of the clinical and practical examinations for dental assisting licensure. The proposal would incorporate by reference the examination outlines developed for the Board by the Department of Consumer Affairs Office of Professional Examination Services for the Registered Dental Assistant (RDA), Registered Dental Assistant in Extended Functions (RDAEF), Dental Sedation Assistant (DSA) and Orthodontic Assistant (OA) examinations. The rulemaking also repeals certain sections of Board regulations that have been superseded by law and regulations established by the Dental Hygiene Board of California.

Update: The proposed text was approved by the Board at the November 2023 meeting. Board staff filed the package with OAL, which published it in the Notice Register on July 12, 2024. That started the 45-day public comment period that ended August 27, 2024. Since no adverse comments were received, the rulemaking package was filed with OAL on October 9, 2024.

Dental Assisting Regulations Working Group

The Dental Assisting Regulations Working Group, which was appointed in November 2023 to review the Board's dental assisting regulations and develop proposed updated regulatory language, last met on April 3, 2024. The working group, which consists of Dental Assisting Council (Council) Chair Cara Miyasaki and Council Vice Chair Jeri Fowler, discussed with staff possible language for revising Article 3 of the dental assisting regulations, which covers applications.

The Board's sunset bill, Senate Bill 1453, makes several changes to the Board's dental assisting statutes. This will require changes to the dental assisting regulations, and the working group will time its efforts to ensure that the next regulatory packages are timed to account for the changes required by the sunset bill as well as by other areas of

concern. The plan remains to prepare one rulemaking package for each of the remaining articles in the dental assisting regulations. They are Article 1. "General Provisions," Article 2. "Educational Programs," and Article 5. "Duties and Settings."

The Dental Assisting Regulations Working Group will be meeting in December to review the next article of regulations to modify and present at the February 2025 Council and Board meetings.

Infection Control Regulations Working Group

At its February 2024 Board meeting, the Board appointed a two-person working group to review and propose revised language for the Board's infection control regulations, CCR title 16, section 1005. The working group, consisting of Council Chair Miyasaki and Board Vice President Joanne Pacheco, has been reviewing iterations of proposed regulatory language. Board staff consulted with the Dental Hygiene Board of California staff and their subject matter expert to receive input on the proposed regulations.

Action Requested

This item is informational only, no action is requested.



MEMORANDUM

DATE	October 25, 2024
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 14.b.: Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Section 1005 Regarding Minimum Standards for Infection Control

Background

Business and Professions Code (BPC) Section 1680(ad) requires the Dental Board of California (Board) to annually review, and if necessary, adopt new regulations to facilitate minimum standards for infection control that adequately address patient safety needs.

The Board's Infection Control Advisory Working Group, consisting of Joanne Pacheco (Vice President, Board), Cara Miyaski (Chair, Dental Assisting Council), and a subject matter expert from the Dental Hygiene Board of California (DHBC), have reviewed the regulations for clarity of language, necessity for amendments, and consistency with other governing agencies, such as CAL-OSHA, CalEPA, and the Centers for Disease Control. Board staff also reviewed the Medical Board of California, the California Board of Podiatric Medicine, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians infection control documents.

The goal was to establish consensus and appropriate consistency on the proposed regulatory amendments to the minimum standards for infection control and subsequent implementation of those standards. This goal has not been met to date. Therefore, the proposed language is not included in these materials and instead will be brought to the DHBC November 15-16, 2024 meeting for review and approval. If approved, the proposed language will then be presented at the February 6-7, 2025 Dental Assisting Council and Board meetings.

Action Requested

No action is requested.

Agenda Item 14.b.: Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control

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MEMORANDUM

DATE	October 16, 2024
TO	Members of the Dental Board of California
FROM	Tina Vallery, Division Chief License and Program Compliance and Dental Assisting Dental Board of California
SUBJECT	Agenda Item 15.: Update, Discussion, and Possible Action on the Table of Permitted Dental Auxiliary Duties Delegable by Supervising Dentist as Required by CCR, Title 16, Section 1068

Background

All dentists utilizing the services of dental auxiliaries shall post a notice in a common area of the dental office that delineates duties and functions deemed by the Dental Board of California (Board) as delegable within stipulated settings and/or circumstances as required by California Code of Regulations (CCR), title 16, section 1068. Such notice shall be readily accessible to all individuals under supervision of the dentist. (Ibid.)

Attached is a table of duties that may be delegated by a supervising dentist to Dental Assistants (DA), Orthodontic Assistants (OA), Dental Sedation Assistants (DSA), Registered Dental Assistants (RDA), and Registered Dental Assistants in Extended Functions (RDAEF). This table indicates with an “X” the level of dentist supervision required for dental auxiliary performance of the duty or additional course required to perform the duty and is provided for use by dentists utilizing the services of dental auxiliaries.

This table does not indicate courses that must be completed by a DA prior to the performance of basic supportive dental procedures on dental patients, educational programs required to be completed to obtain RDA and RDAEF licenses, or courses required to be completed to obtain OA and DSA permits. “Basic supportive dental procedures” is defined under Business and Professions Code section 1741, subdivision (b). Information on the courses required to be completed for the duties indicated in the table are in the statutes and regulations cited with the corresponding duty.

Supervising dentists are responsible for ensuring completion by the dental auxiliary of all required licensure, permit, and/or courses prior to delegating such duty. All delegable duties shall be performed pursuant to the order, control, and full professional

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responsibility of a licensed dentist. Procedures performed by a DA, RDA, or RDAEF under direct supervision shall be checked and approved by the supervising dentist prior to dismissal of the patient from the dental office.

Action Requested

Board staff requests the Board discuss the information presented in the memo, including the attached table, and approve for distribution and posting.

Suggested Motions

Option 1 (support the proposed request): Move to approve the Table of Permitted Dental Auxiliary Duties Delegable by Supervising Dentist as Required by California Code of Regulations, Title 16, Section 1068 for distribution and posting.

Option 2 (support the proposed request as revised during this meeting): Move to approve the Table of Permitted Dental Auxiliary Duties Delegable by Supervising Dentist as Required by California Code of Regulations, Title 16, Section 1068, as revised during this meeting (insert specific revisions) for distribution and posting.

Option 3 (no action): If the Board does not wish to act on the request, no motion is needed.

Attachment: Table of Permitted Dental Auxiliary Duties Delegable by Supervising Dentist as Required by California Code of Regulations, Title 16, Section 1068.

DENTAL BOARD OF CALIFORNIA

TABLE OF DENTAL AUXILIARY DUTIES DELEGABLE BY SUPERVISING DENTIST

All dentists utilizing the services of dental auxiliaries shall post a notice in a common area of the dental office that delineates duties and functions deemed by the Dental Board of California (Board) as delegable within stipulated settings and/or circumstances as required by California Code of Regulations (CCR), title 16, section 1068. Such notice shall be readily accessible to all individuals under supervision of the dentist. (*Ibid.*)

The following is a table of duties that may be delegated by a supervising dentist to Dental Assistants (DA), Orthodontic Assistants (OA), Dental Sedation Assistants (DSA), Registered Dental Assistants (RDA), and Registered Dental Assistants in Extended Functions (RDAEF). This table indicates with an “X” the level of dentist supervision required for dental auxiliary performance of the duty or additional course required to perform the duty and is provided for use by dentists utilizing the services of dental auxiliaries.

This list does not indicate courses that must be completed by a DA prior to the performance of basic supportive dental procedures on dental patients,¹ educational programs required to be completed to obtain RDA and RDAEF licenses,² or courses required to be completed to obtain OA and DSA permits.³ “Basic supportive dental procedures” is defined under BPC section 1741, subdivision (b). For information on the courses required to be completed for the duties indicated below, please refer to the statutes and regulations cited with the corresponding duty in the table below.

Supervising dentists are responsible for ensuring completion by the dental auxiliary of all required licensure, permit, and/or courses prior to delegating such duty. All delegable duties shall be performed pursuant to the order, control, and full professional responsibility of a licensed dentist.⁴ Procedures performed by a DA, RDA, or RDAEF under direct supervision shall be checked and approved by the supervising dentist prior to dismissal of the patient from the dental office.⁵

Category Definitions

On the following table, there are columns that include the following acronyms: “D,” “G,” or “CR.” The following are the definitions for each acronym. Citations to the corresponding BPC and CCR sections are provided for ease of reference.

“CR” = Course Required – means a course must be completed by the dental auxiliary prior to performing the duty.

“D” = Direct Supervision - means supervision of dental procedures based on instructions given by a licensed dentist, who shall be physically present in the treatment facility during the performance of those procedures. (BPC, § 1741, subd. (k).)

“G” = General Supervision - means supervision of dental procedures based on instructions given by a

¹ See Business and Professions Code (BPC), § 1750, subd. (c), (d), (f).

² See BPC, §§ 1752.1, 1753.

³ See BPC, §§ 1750.2, 1750.4.

⁴ BPC, §§ 1750.1, subd. (a), 1750.3, subd. (a), 1750.5, subd. (a), 1752.4, sub. (a), 1753.55, subd. (a).

⁵ California Code of Regulations (CCR), tit. 16, §§ 1085, subs. (c), 1086, subs. (d), 1087, subs. (c).

licensed dentist but not requiring the physical presence of the supervising dentist during the performance of those procedures. (BPC, § 1741, subd. (l).)

ALLOWABLE DUTIES	Applicable Law	G	D	CR
DENTAL ASSISTANT (DA) Performance of duties in treatment facility				
Extraoral duties specified by the supervising licensee that meet the definition of a basic supportive dental procedure. These duties may include a procedure that requires the use of personal protective equipment, laboratory functions, and sterilization and disinfection procedures described in CCR, title 16, section 1005 and CCR, title 8, section 5193.	BPC § 1750.1(a)(1)	X		
Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of BPC section 1750(f)(4).	BPC § 1750.1(a)(2)	X		X
Perform intraoral and extraoral photography.	BPC § 1750.1(a)(3)	X		
Apply nonaerosol and noncaustic topical agents, including all forms of topical fluoride.	BPC § 1750.1(b)(1)		X	
Take intraoral impressions for all nonprosthodontic appliances.	BPC § 1750.1(b)(2)		X	
Take facebow transfers and bite registrations.	BPC § 1750.1(b)(3)		X	
Place and remove rubber dams or other isolation devices.	BPC § 1750.1(b)(4)		X	
Place, wedge, and remove matrices for restorative procedures.	BPC § 1750.1(b)(5)		X	
Remove post extraction dressings after inspection of the surgical site by the supervising licensed dentist.	BPC § 1750.1(b)(6)		X	
Perform measurements for the purposes of orthodontic treatment.	BPC § 1750.1(b)(7)		X	
Cure dental materials with a light curing device.	BPC § 1750.1(b)(8)		X	
Examine orthodontic appliances.	BPC § 1750.1(b)(9)		X	
Place and remove orthodontic separators.	BPC § 1750.1(b)(10)		X	
Remove ligature ties and archwires.	BPC § 1750.1(b)(11)		X	
After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.	BPC § 1750.1(b)(12)		X	
Remove periodontal dressings.	BPC § 1750.1(b)(13)		X	
Remove sutures after inspection of the site by the dentist.	BPC § 1750.1(b)(14)		X	
Place patient monitoring sensors.	BPC § 1750.1(b)(15)		X	
Adjust the flow of nitrous oxide and oxygen gases if deemed necessary and directed by the supervising dentist who shall be present in the operatory directly supervising the adjustment.	BPC § 1750.1(b)(16)		X	
Extraoral functions specified by the supervising dentist that meet the definition of basic supportive dental procedures. Such duties may include patient monitoring, placing monitoring sensors, taking of vital signs, or other extraoral procedures related to the scope of their practice.	BPC § 1750.1(b)(17)		X	

In response to a medical emergency and under the direct supervision, order, control, and full professional responsibility of the licensed dentist, a dental assistant may administer or assist in the administration of oxygen.	BPC § 1750(b)(18)		X	
Coronal polishing, which means a procedure limited to the removal of plaque and stain from exposed tooth surfaces (BPC § 1741(g)).	BPC § 1750(f)(4)		X	X
Hold anterior matrices	CCR, tit. 16, § 1085(c)(7)		X	
Check for loose bands	CCR, tit. 16, § 1085(c)(11)		X	
ORTHODONTIC ASSISTANT (OA) PERMIT HOLDER Performance of duties in treatment facility				
All duties that a dental assistant is allowed to perform under BPC section 1750.1(a).	BPC § 1750.3(a)	X		
All duties that a dental assistant is allowed to perform under BPC section 1750.1(b).	BPC § 1750.3(a)(1)		X	
Isolate, condition, etch, and prepare teeth for provisional attachments, bonded attachments, aligner buttons, aligner connections, orthodontic brackets, and appliances.	BPC § 1750.3(a)(2)		X	
Size, fit, and secure orthodontic bands using appropriate materials.	BPC § 1750.3(a)(3)		X	
Prepare teeth for bonding and select, preposition, and cure orthodontic brackets after their position has been approved by the supervising licensed dentist.	BPC § 1750.3(a)(4)		X	
Remove orthodontic bands, brackets, and attachments and remove excess cement from supragingival surfaces of teeth with a hand instrument, with the removal of any remaining material by the supervising licensed dentist or RDAEF licensed on or after January 1, 2010.	BPC § 1750.3(a)(5)		X	
Place and ligate archwires.	BPC § 1750.3(a)(6)		X	
Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.	BPC § 1750.3(a)(7)		X	
DENTAL SEDATION ASSISTANT (DSA) PERMIT HOLDER Each of the following duties shall only be performed in a dental office or dental clinic. (BPC § 1750.5(a), (b))				
All duties that a dental assistant is allowed to perform under BPC section 1750.1(a).	BPC § 1750.5(a)	X		
The following duties must be performed under the direct supervision and pursuant to the order, control, and full professional responsibility of a current, valid licensed dentist or other licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia in the treatment facility.				
All duties that a dental assistant is allowed to perform under BPC section 1750.1(b).	BPC § 1750.5(a)(1)		X	

Monitor patients undergoing moderate sedation, deep sedation, or general anesthesia utilizing data from noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices. Evaluation of the condition of a sedated patient shall remain the responsibility of the supervising dentist or the licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia, who shall be at the patient's chairside while moderate sedation, deep sedation, or general anesthesia is being administered.	BPC § 1750.5(a)(2)		X	
Drug identification and draw, limited to identification of appropriate medications, ampule and vial preparation, and withdrawing drugs of correct amount as verified by the supervising licensed dentist, or the licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia.	BPC § 1750.5(a)(3)		X	
Add drugs, medications, and fluids to intravenous lines using a syringe, provided that a supervising licensed dentist is present at the patient's chairside, limited to determining patency of intravenous line, selection of injection port, syringe insertion into injection port, occlusion of intravenous line and blood aspiration, line release, and injection of drugs for appropriate time interval. The exception to this duty is that the initial dose of a drug or medication shall be administered by the supervising licensed dentist or licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia.	BPC § 1750.5(a)(4)		X	
Removal of intravenous lines.	BPC § 1750.5(a)(5)	X		
REGISTERED DENTAL ASSISTANT (RDA) LICENSEE				
Unless otherwise indicated, performance of duties in treatment facility				
All duties that a dental assistant is allowed to perform.	BPC § 1752.4(a)(1)	X		
Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.	BPC § 1752.4(a)(2)	X		
Apply and activate bleaching agents using a nonlaser light-curing device. ⁶	BPC § 1752.4(a)(3)	X		
Use of automated caries detection devices and materials and recording of such findings before placement of pit and fissure sealants.	BPC § 1752.4(a)(4)	X		
Obtain intraoral images for computer-aided design (CAD), milled restorations.	BPC § 1752.4(a)(5)	X		
Pulp vitality testing and recording of findings. ⁷	BPC § 1752.4(a)(6)	X		
Place bases, liners, etch, and bonding agents for restorative procedures.	BPC § 1752.4(a)(7)	X		
Chemically prepare teeth for bonding for restorative procedures.	BPC § 1752.4(a)(8)	X		
Place, adjust, and finish direct provisional restorations.	BPC § 1752.4(a)(9)	X		

⁶ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(12), (13), (e)).

⁷ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(3), (e)).

Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration. ⁸	BPC § 1752.4(a)(10)	X		
Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.	BPC § 1752.4(a)(11)	X		
Place periodontal dressings.	BPC § 1752.4(a)(12)	X		
Dry endodontically treated canals using absorbent paper points. ⁹	BPC § 1752.4(a)(13)	X		
Perform sore-spot adjustment only of dentures extraorally.	BPC § 1752.4(a)(14)	X		
Perform tissue conditioning and soft reline of dentures.	BPC § 1752.4(a)(15)	X		
Remove excess cement from surfaces of teeth with a hand instrument. ¹⁰	BPC § 1752.4(a)(16)	X		
Polish coronal surfaces of the teeth. ¹¹	BPC § 1752.4(a)(17)	X		
Place ligature ties and archwires. ¹²	BPC § 1752.4(a)(18)	X		
Placement and removal of temporary sedative dressings. ¹³	CCR, tit. 16, § 1086(c)(2)	X		
Isolate, etch, bond, and attach composite buttons for orthodontic procedures.	BPC § 1752.4(e)(1)		X	
Size, fit, secure, and remove orthodontic bands using appropriate dental materials. ¹⁴	BPC § 1752.4(e)(2)		X	
Obtain endodontic cultures. ¹⁵	CCR, tit. 16, § 1086(d)(1)		X	
Dry canals, previously opened by the supervising dentist, with absorbent points.	CCR, tit. 16, § 1086(d)(2)		X	
Place bases and liners on sound dentin. ¹⁶	CCR, tit. 16, § 1086(d)(4)		X	

⁸ Performance of temporary cementation and removal of temporary crowns in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(8), (e)).

⁹ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(2), (e)).

¹⁰ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(5), (e)).

¹¹ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(15), (e)).

¹² Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(10), (e)).

¹³ Performance of placement of post-extraction and periodontal dressings in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(11), (e)).

¹⁴ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(8), (e)).

¹⁵ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(1), (e)).

¹⁶ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(4), (e)).

Size stainless steel crowns, temporary crowns, and bands. ¹⁷	CCR, tit. 16, § 1086(d)(6)		X	
Fabrication of temporary crowns intra-orally. ¹⁸	CCR, tit. 16, § 1086(d)(7)		X	
Placement of orthodontic separators. ¹⁹	CCR, tit. 16, § 1086(d)(9)		X	
Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.	BPC § 1752.4(b)(1), (f)		X	X
The allowable duties of an OA permit holder as specified in BPC section 1750.3. An RDA shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument.	BPC § 1752.4(b)(2), (f)		X	X
The allowable duties of a DSA permit holder as specified in BPC section 1750.5.	BPC § 1752.4(b)(3), (f)		X	X
The application of pit and fissure sealants.	BPC § 1752.4(b)(4), (f)		X	X
RDA in EXTENDED FUNCTIONS (RDAEF) BPC SECTION 1753.5 Licensed on or after January 1, 2010, pursuant to BPC sections 1753.5 and 1753.55 Unless otherwise specified, performance of duties in a treatment facility				
All duties and procedures that an RDA is authorized to perform as specified in and limited by BPC section 1752.4.	BPC § 1753.5(a)	X	X	
Perform oral health assessments, including intraoral and extraoral soft tissue evaluations to identify oral lesions, classifying occlusion, performing myofunctional evaluations, and oral cancer screenings as authorized by the supervising dentist.	BPC § 1753.5(b)(1)		X	
Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.	BPC § 1753.5(b)(2)		X	
Gingival retraction for impression and restorative procedures. ²⁰	BPC § 1753.5(b)(3)		X	
Size and fit endodontic master points and accessory points.	BPC § 1753.5(b)(4)		X	
Cement endodontic master points and accessory points.	BPC § 1753.5(b)(5)		X	
Perform post, core, and build-up procedures in conjunction with direct and indirect restorations.	BPC § 1753.5(b)(6)		X	
Take final impression for permanent indirect restorations.	BPC § 1753.5(b)(7)		X	
Take final impressions for tooth-borne removable prosthesis.	BPC § 1753.5(b)(8)		X	
Place, contour, finish, and adjust all direct restorations.	BPC § 1753.5(b)(9)		X	

¹⁷ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(6), (e)).

¹⁸ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(7), (e)).

¹⁹ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1086(d)(9), (e)).

²⁰ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(1), (d)).

Adjust and adhere all permanent indirect restorations.	BPC § 1753.5(b)(10)		X	
Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. The RDAEF shall follow protocols established by the supervising dentist.	BPC § 1753.51(a)(1) ²¹	X		X
Place interim therapeutic restorations (ITRs) to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment.	BPC § 1753.51(a)(2) ²²		X	X
Place ITRs after the supervising dentist confirms a diagnosis and provides instruction to perform the procedure in a dental office setting, under the direct or general supervision of a dentist.	BPC § 1753.51(b)(1)	X	X	X
Place ITRs after the supervising dentist confirms a diagnosis and provides instruction to perform the procedure in public health settings, using telehealth, as defined by BPC section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, Head Start and preschool programs, and community clinics, under the general supervision of a dentist.	BPC § 1753.51(b)(2)	X		X
Take impressions for cast restorations. ²³	CCR, tit. 16, § 1087(c)(2)		X	
Take impressions for space maintainers, orthodontic appliances, and occlusal guards. ²⁴	CCR, tit. 16, § 1087(c)(3)		X	
Prepare enamel by etching for bonding. ²⁵	CCR, tit. 16, § 1087(c)(4)		X	
Formulate indirect patterns for endodontic post and core castings. ²⁶	CCR, tit. 16, § 1087(c)(5)		X	
Fit trial endodontic filling points. ²⁷	CCR, tit. 16, § 1087(c)(6)		X	
Apply pit and fissure sealants. ²⁸	CCR, tit. 16, § 1087(c)(7)		X	

²¹ BPC section 1753.55(b)(1)(A) and (B) requires direct supervision of this duty in a dental office setting and general supervision of this duty in a public health setting using telehealth, as specified. The supervision conflicts will require legislative amendments; until then, the Board is applying the supervision requirements under BPC section 1753.51(a)(1) more recently enacted by the California State Legislature under Senate Bill 1453 (Ashby, Chapter 483, Statutes of 2024).

²² BPC section 1753.55(b)(2)(A)(i) and (ii) authorizes direct or general supervision of this duty in a dental office setting and general supervision of this duty in a public health setting using telehealth, as specified. The supervision conflicts will require legislative amendments; until then, the Board is applying the direct supervision requirement under BPC section 1753.51(a)(2) more recently enacted by the California State Legislature under Senate Bill 1453 (Ashby, Chapter 483, Statutes of 2024).

²³ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(2), (d)).

²⁴ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(3), (d)).

²⁵ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(4), (d)).

²⁶ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(5), (d)).

²⁷ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(6), (d)).

²⁸ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(7), (d)).

Remove excess cement from subgingival tooth surfaces with a hand instrument. ²⁹	CCR, tit. 16, § 1087(c)(8)		X	
Apply etchant for bonding restorative materials. ³⁰	CCR, tit. 16, § 1087(c)(9)		X	
RDA in EXTENDED FUNCTIONS (RDAEF) BPC SECTION 1753.6 Licensed prior to January 1, 2010, pursuant to BPC section 1753.6				
All duties and procedures that a registered dental assistant is authorized to perform as specified in and limited by Section 1752.4.	BPC § 1753.6	X	X	
Gingiva retraction for impression and restorative procedures. ³¹	BPC § 1753.6(a); CCR, tit. 16, § 1087(c)(1)		X	
Take final impressions for permanent direct and indirect restorations. ³²	BPC § 1753.6(b)	X	X	
Apply pit and fissure sealants. ³³	BPC § 1753.6(c); CCR, tit. 16, § 1087(c)(7)		X	
Remove excess cement from subgingival tooth surfaces with a hand instrument. ³⁴	BPC § 1753.6(d); CCR, tit. 16, § 1087(c)(8)		X	
Fit trial endodontic filling points. ³⁵	BPC § 1753.6(e); CCR, tit. 16, § 1087(c)(6)		X	
Formulate indirect patterns for post and core castings. ³⁶	BPC § 1753.6(f); CCR, tit. 16, § 1087(c)(5)		X	
Take impressions for cast restorations ³⁷	CCR, tit. 16, § 1087(c)(2)		X	
Take impressions for space maintainers, orthodontic appliances, and occlusal guards ³⁸	CCR, tit. 16, § 1087(c)(3)		X	
Prepare enamel by etching for bonding. ³⁹	CCR, tit. 16, § 1087(c)(4)		X	
Apply etchant for bonding restorative materials. ⁴⁰	CCR, tit. 16, § 1087(c)(9)		X	

²⁹ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(8), (d)).

³⁰ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(9), (d)).

³¹ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(1), (d)).

³² Level of supervision to be determined by supervising dentist.

³³ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(7), (d)).

³⁴ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(8), (d)).

³⁵ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(6), (d)).

³⁶ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(5), (d)).

³⁷ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(2), (d)).

³⁸ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(3), (d)).

³⁹ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(4), (d)).

⁴⁰ Performance of duty in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board (CCR, tit. 16, § 1087(c)(9), (d)).

Perform oral health assessments, including intraoral and extraoral soft tissue evaluations to identify oral lesions, classifying occlusion, performing myofunctional evaluations, and oral cancer screenings as authorized by the supervising dentist.	BPC § 1753.5(b)(1)		X	X
Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.	BPC § 1753.5(b)(2)		X	X
Size and fit endodontic master points and accessory points.	BPC § 1753.5(b)(4)		X	X
Cement endodontic master points and accessory points.	BPC § 1753.5(b)(5)		X	X
Perform post, core, and build-up procedures in conjunction with direct and indirect restorations.	BPC § 1753.5(b)(6)		X	X
Take final impressions for tooth-borne removeable prosthesis.	BPC § 1753.5(b)(8)		X	X
Place, contour, finish, and adjust all direct restorations.	BPC § 1753.5(b)(9)		X	X
Adjust and adhere all permanent indirect restorations.	BPC § 1753.5(b)(10)		X	X
In a dental office setting: Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the RDAEF shall follow protocols established by the supervising dentist.	BPC § 1753.55(a)(2), (b)(1)(A), (c)		X	X
In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, Head Start and preschool programs, and community clinics, under the general supervision of a dentist: Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the RDAEF shall follow protocols established by the supervising dentist.	BPC § 1753.55(a)(2), (b)(1)(B), (c)	X		X
In a dental office setting, under the direct or general supervision of a dentist as determined by the dentist: Place protective restorations, which for this purpose are identified as interim therapeutic restorations (ITRs), and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An ITR consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for ITR placement. After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.	BPC § 1753.55(a)(2), (b)(2)(A) (i), (B), (c)	X	X	X
In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, Head Start and preschool programs, and community clinics, under the general supervision of a dentist.	BPC § 1753.55(a)(2), (b)(2)(A) (ii), (B), (c)	X		X

<p>Place protective restorations, which for this purpose are identified as ITR, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An ITR consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for ITR placement. After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.</p>				
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MEMORANDUM

DATE	October 7, 2024
TO	Members of the Dental Board of California
FROM	Ryan Blonien, Chief, Northern California Enforcement Dental Board of California
SUBJECT	Agenda Item 16.a.: Enforcement – Review of Statistics and Trends

The following are the Enforcement Division statistics:

Complaint and Compliance Unit (CCU)

Number of Complaint Cases Received between July 1, 2024 and September 30, 2024

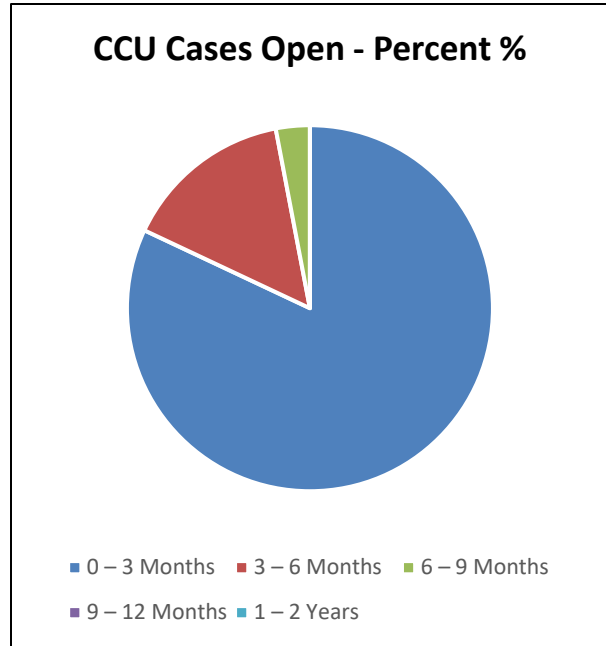
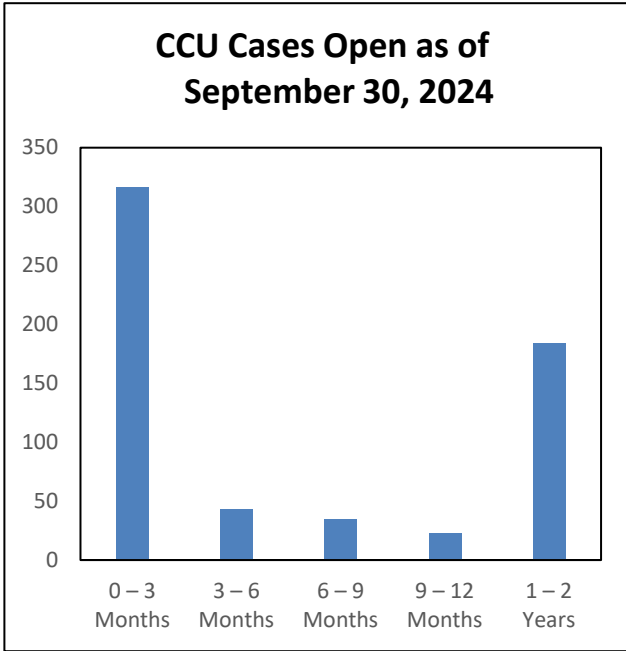
During this period, CCU received **1,302** complaints. The monthly average of complaints received was **404**.

The number of online complaints received was **523** and the number of physical complaint forms received was **386**. The remaining number of complaints fall into various categories including Subsequent Arrest Records, Hospitalization reports and Settlements.

Number of Complaint Cases Open

As of September 30, 2024, there are **516** complaint cases open in CCU. A breakdown of the case aging is as follows:

Complaint and Compliance Cases Open		
Complaint Age	As of September 30, 2024	Percent (%)
0 – 3 Months	490	93%
3 – 6 Months	20	3%
6 – 9 Months	3	1%
9 – 12 Months	1	1%
1 – 2 Years	1	1%
2 Plus Years	1	1%
Total	516	100%



Number of Complaint Cases Closed

Between July 1, 2024 and September 30, 2024, a total of **904** complaint cases were closed in CCU. The monthly average of complaints closed during this time was **301**.

Number of Complaint Cases Received

Complaints Received	
License Type	July 1, 2024 and September 30, 2024
Dentists	920
Registered Dental Assistants	169
Other*	213
Total	1,302

*All other types of Complaints

Sacramento Investigative Analysis Unit (IAU)

Number of Subsequent Arrest Report (SAR) Cases Open in IAU

As of September 30, 2024, there are **351** SAR cases are open in the IAU. A breakdown of the case aging is as follows:

SARS Cases Open		
SAR Age	As of September 30, 2024	Percent (%)
0 – 3 Months	87	25%
3 – 6 Months	60	17%
6 – 9 Months	53	15%
9 – 12 Months	51	15%
1 – 2 Years	67	19%
2 – 3 Years	25	7%
3+ Years	8	2%
Total	351	100%

*SARS are classified as investigative cases once all records requested are received and have been recommended for investigation by either Supervising Investigator or Enforcement Chief

Number of SAR Cases Closed

Between July 1, 2024 and September 30, 2024, a total of **82** SAR cases were closed in the IAU.

Enforcement Units

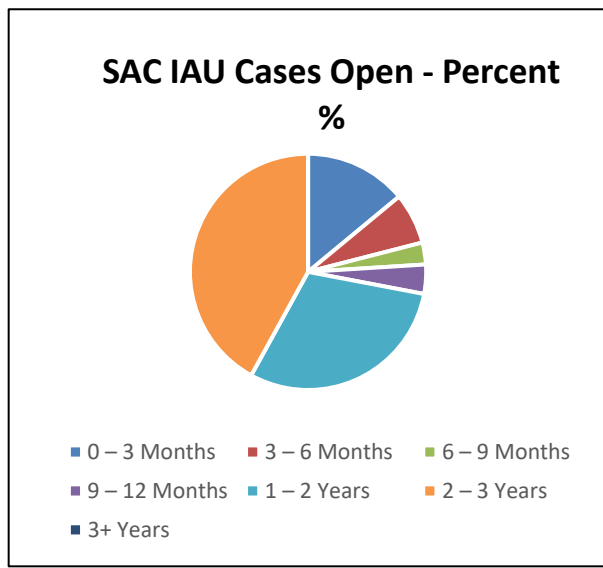
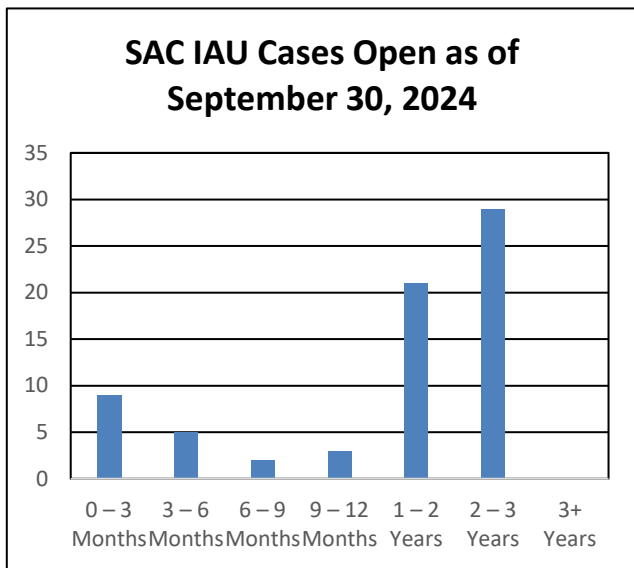
As of September 30, 2024, there **907** investigative cases open in the Board’s Enforcement Units. A breakdown of the cases is as follows:

Enforcement Cases Open	
Enforcement Units	September 30, 2024
Sacramento IAU (Non-Sworn)	69
Orange IAU (Non-Sworn)	48
Sacramento Field Office (Sworn)	51
Orange Field Office (Sworn)	165
Pending Assignment	574
Total	907

Number of Investigative Cases Open in the Sacramento IAU

As of September 30, 2024, there are **69** investigative cases open in the Sacramento IAU. A breakdown of the cases is as follows:

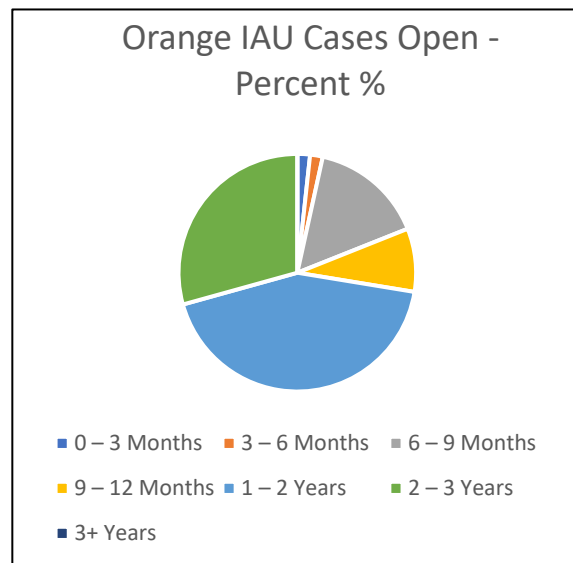
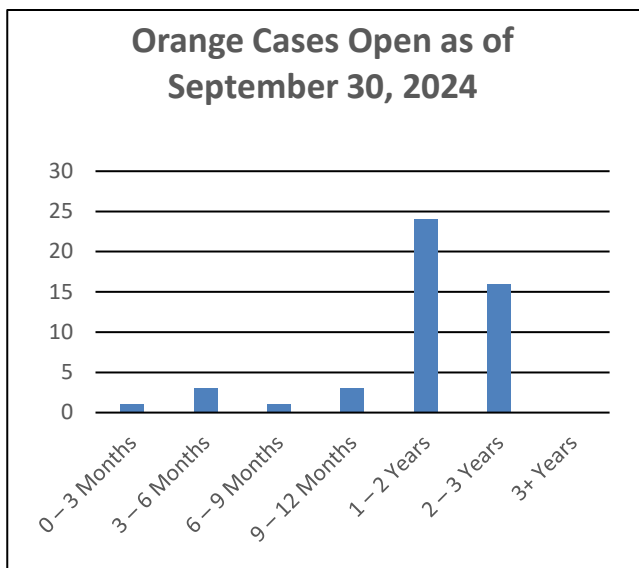
Sacramento IAU Cases Open		
Investigation Age	As of September 30, 2024	Percent (%)
0 – 3 Months	9	14%
3 – 6 Months	5	7%
6 – 9 Months	2	3%
9 – 12 Months	3	4%
1 – 2 Years	21	30%
2 – 3 Years	29	42%
3+ Years	0	0%
Total	69	100%



Number of Investigative Cases Open in the Orange IAU

As of September 30, 2024, there are **48** investigative cases open in the Orange IAU. A breakdown of the case aging is as follows:

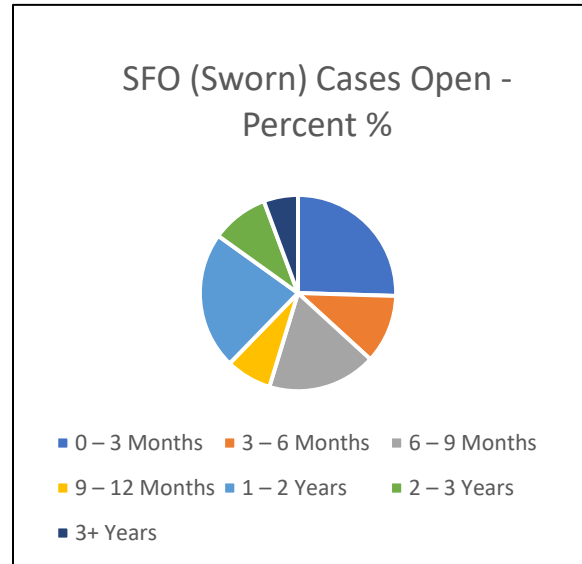
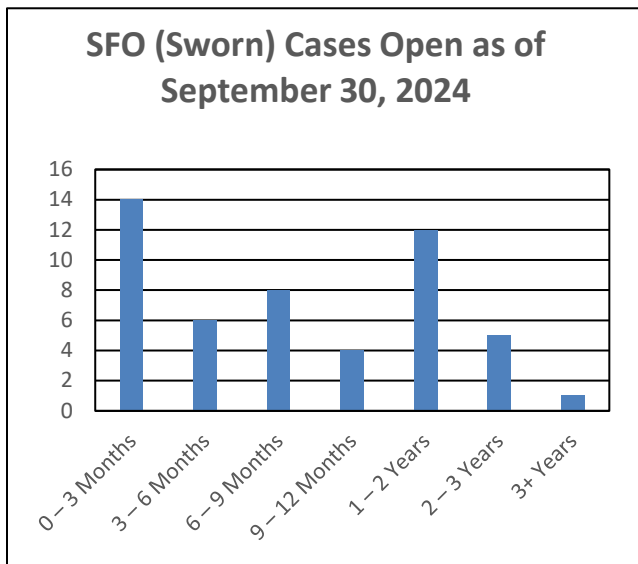
Orange IAU Cases Open		
Investigation Age	As of September 30, 2024	Percent (%)
0 – 3 Months	1	2%
3 – 6 Months	3	6%
6 – 9 Months	1	2%
9 – 12 Months	3	6%
1 – 2 Years	24	50%
2 – 3 Years	16	34%
3+ Years	0	0%
Total	48	100%



Number of Investigative Cases Open in the Sacramento Field Office (Sworn)

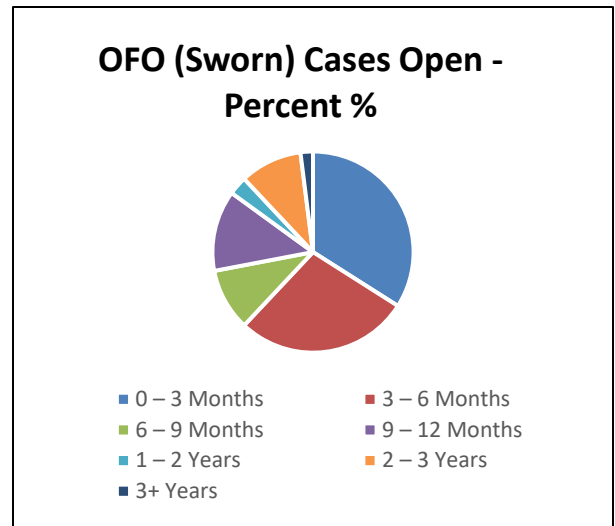
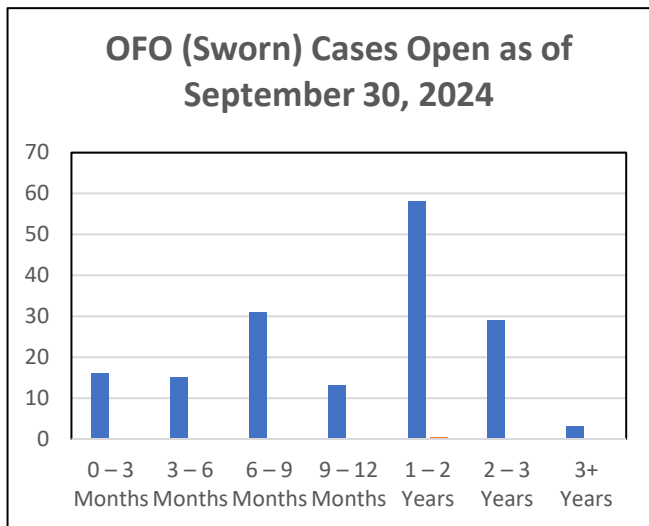
As of September 30, 2024, there are **51** investigative cases open in the Sacramento Field Office. A breakdown of the case aging is as follows:

Sacramento Field Office (Sworn) Cases Open		
Investigation Age	As of September 30, 2024	Percent (%)
0 – 3 Months	14	27%
3 – 6 Months	6	12%
6 – 9 Months	10	19%
9 – 12 Months	4	8%
1 – 2 Years	12	24%
2 – 3 Years	5	10%
3+ Years	0	0%
Total	51	100%



As of September 30, 2024, there are **165** investigative cases open in the Orange Field Office. A breakdown of the case aging is as follows:

Orange Field Office (Sworn) Cases Open		
Investigation Age	September 30, 2024	Percent (%)
0 – 3 Months	16	10%
3 – 6 Months	15	9%
6 – 9 Months	31	19%
9 – 12 Months	13	8%
1 – 2 Years	58	35%
2 – 3 Years	29	17%
3+ Years	3	2%
Total	165	100%



Number of Investigation Cases Closed

Between July 1, 2024, and September 30, 2024, a total of **210** investigative cases were closed in IAU, the Sacramento Field Office, and the Orange Field Office.

Number of Inspection Cases Open

As of September 30, 2024, there are **67** Inspection Cases open in the Sacramento and Orange Field Offices. A breakdown is as follows:

Field Office	Number of Cases
Sac IAU	35
Orange IAU	32
Total	67

Number of Inspection Cases Closed

Between July 1, 2024, to September 30, 2024, a total of **30** inspection cases were closed in the Sacramento Field Office and the Orange Field Office.

Administrative and Disciplinary Action

As of September 30, 2024, there are **191** open cases in the Discipline Coordination Unit.

Accusations

Between July 1, and September 30, 2024, there were **33** Accusations filed with the AG.

Cases Assigned to the Office of the Attorney General

Between July 1, 2024, and September 30, 2024, there were **50** cases transmitted to the AG. Of those 50 cases, 37 were referred for dentists and 13 were referred for dental auxiliaries.

As of September 30, 2024, there are **188** cases pending at the AG.

Citations

Between July 1, 2024, and September 30, 2024, there were **21** citations issued.

Number of Probation Cases Open

As of September 30, 2024, there are **124** probationer cases being monitored. Of those, **114** active probationers and **10** are tolling. A breakdown of the probation cases is as follows:

Field Office	Active Probationers	Tolling Probationers
Sacramento IAU	37	0
Sacramento Field Office	4	5
Orange IAU	65	4
Orange Field Office	8	1
Total	114	10



MEMORANDUM

DATE	October 22, 2024
TO	Members of the Dental Board of California
FROM	Joanne Pacheco, RDH, MAOB Dental Board of California
SUBJECT	Agenda Item 16.b.: Presentation from the Board's Enforcement Committee and Discussion on the Department of Consumer Affairs' Enlighten Enforcement Project

Background

In 2023, the Dental Board of California (Board) reestablished the Enforcement Committee. The Enforcement Committee is currently overseeing the Board's participation in the Department of Consumer Affairs (DCA) Enlighten Enforcement Project. The Board volunteered to be the first board to participate in the project and was selected to pilot it.

The purpose of the project is to make enforcement processes more efficient by identifying and implementing best practices. The project will produce recommendations to streamline and improve enforcement services while reducing time frames and lowering costs through more efficient workflows. The project brings together Board staff, DCA's Organizational Improvement Office (OIO), and subject matter experts (SMEs) in enforcement and IT. The Enlighten Enforcement Project follows DCA's Enlighten Licensing Project, which was launched with the participation of the Board of Registered Nursing and issued its first report in May 2022.

Over Microsoft Teams, the Enlighten Enforcement Project held numerous demonstrations during 2023-24 to complete mapping of critical complaint, enforcement, and discipline processes. As shared at the May 2023 Board meeting, when all Board enforcement processes have been demonstrated and evaluated, a report would be prepared with final recommendations.

Board staff recently received a high-level summary of the findings. These findings include, for example, using the BreZze system as it is intended to track and maintain all documents and notes for case activity; and eliminating the use of multiple paper and electronic files. The DCA Director is reviewing the final report. Once completed, Board staff will meet with DCA to review and discuss the findings.

The Enlighten Enforcement Project Report findings will then be presented and discussed at the February 2025 Board meeting.

Action Requested

No action is requested.

Agenda Item 16.b.: Presentation from the Board's Enforcement Committee and Discussion on the Department of Consumer Affairs' Enlighten Enforcement Project
Dental Board of California Meeting
November 7-8, 2024



MEMORANDUM

DATE	October 9, 2024
TO	Members of the Dental Board of California
FROM	Christy Bell, Assistant Executive Officer Dental Board of California
SUBJECT	Agenda Item 17.a.: Diversion Program Report and Statistics

Background

The Diversion Evaluation Committee (DEC) program statistics for the quarter ending on September 30, 2024 are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for informational purposes only.

These statistics were derived from reports received from MAXIMUS.

Diversion	FY 2024/2025				FY 23/24	FY 22/23	FY 21/22
	Quarter 1			YTD			
	Jul	Aug	Sep	Totals			
New Participants	0	0	1	1	2	3	3
Total Participants (Close of Qtr/FY)	4	4	4	4	4	3	3
<i>Self-Referral</i>	1	1	1	1	3	7	7
<i>Board/Enforcement Referral</i>	0	0	1	1	1	5	5
<i>Probation Referral</i>	3	3	3	3	5	2	2
Successful Completions	0	0	0	0	2	0	1
Terminations	0	0	0	0	1	2	3
Withdrawn	0	0	1	1	2	1	1
Terminations for Public Threat	0	0	0	0	0	0	0
Drug Tests Ordered	14	15	14	43	266	334	352
Positive Drug Tests	0	0	0	0	0	0	6
<i>Prescription Positive Tests</i>	0	0	0	0	0	6	5

Action Requested

No action requested.



MEMORANDUM

DATE	October 16, 2024
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 18.: Election of 2025 Board Officers

Background

Pursuant to Business and Professions Code Section 1606, the Dental Board of California (Board) is required to elect a president, vice president, and a secretary from its membership.

Pursuant to the *Board, Council, and Committee Member Administrative Policy and Procedure Manual, Adopted August 2024*, it is the Board's policy to elect officers at the final meeting of the calendar year for service during the next calendar year, unless otherwise decided by the Board. The newly elected officers shall assume the duties of their respective offices on January 1st of the new year.

Roles and Responsibilities of Board Officers

President:

- Acts as spokesperson for the Board (attends legislative hearings and testifies on behalf of the Board, attends meetings with stakeholders and Legislators on behalf of Board, and signs letters on behalf of the Board).
- Meets and/or communicates with the Executive Officer (EO) on a regular basis.
- Provides oversight to the EO in performance of their duties.
- Approves leave requests, verifies accuracy and approves timesheets, approves travel and signs travel expense claims for the EO.
- Coordinates the EO annual evaluation process including contacting Department of Consumer Affairs Office of Human Resources to obtain a copy of the EO Performance Evaluation Form, distributes the evaluation form to members, and collates the ratings and comments for discussion.
- Approves Board Meeting agendas.
- Chairs and facilitates Board Meetings.

Agenda Item 18.: Election of 2025 Board Officers
Dental Board of California Meeting
November 7-8, 2024

Page 1 of 2

- Chairs the Executive Committee.
- Signs specified full board enforcement approval orders.
- Establishes Committees and appoints Chairs and members.
- Establishes 2-person subcommittees and/or task forces to research policy questions when necessary.
- Attends Dental Hygiene Board of California meetings.

Vice President:

- Is the Back-up for the duties above in the President's absence.
- Is a member of Executive Committee.
- Coordinates the revision of the Board, Council, and Committee Member Administrative Policy and Procedure Manual.

Secretary:

- Calls the roll at each Board meeting and reports that a quorum has been established.
- Calls the roll for each action item.

Pursuant to the *Board, Council, and Committee Member Administrative Policy and Procedure Manual*, the Board's EO shall conduct the election of officers and shall set the general election procedure. The EO will ask for nominations for each office. The election of the Secretary will occur first, followed by the Vice President and President.



MEMORANDUM

DATE	October 14, 2024
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 24.: Board President's Report on Closed Session Items

Background

Dr. Alan Felsenfeld, President of the Dental Board of California, will provide a verbal report on closed session items.

Action Requested

No action requested.



MEMORANDUM

DATE	October 22, 2024
TO	Members of the Dental Board of California
FROM	Tracy Montez, Ph.D., Executive Officer Dental Board of California
SUBJECT	Agenda Item 25.: Presentation, Discussion, and Possible Action Regarding Business and Professions Code Section 853 Regarding Licensed Physicians and Dentists from Mexico Pilot Program

Background

Business and Professions Code (BPC) section 853 outlines the Licensed Physicians and Dentists from Mexico Pilot Program. Among other requirements, this program allows up to 30 licensed physicians specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology, and up to 30 licensed dentists from Mexico to practice medicine or dentistry in California for a period not to exceed three years.

However, recent legislation, Assembly Bill 2860 (Garcia, Chapter 246, Statutes of 2024), repeals BPC section 853. Specifically, it creates two separate programs, one for physicians and surgeons and one for dentists (BPC § 1645.4 for Licensed Dentists from Mexico Pilot Program). The program for physicians and surgeons pilot designation was removed.

The text of new BPC section 1645.4 is effectively identical to current BPC section 853(d). The program would be limited to 30 dentists who graduated from the National Autonomous University of Mexico School of Faculty Dentistry or from a foreign dental school that received provisional approval or certification by the Board prior to November 2003, and meet other specified criteria depending on their dental education. Each participating dentist would be eligible to work for a nonprofit community health center within the structure of an extramural dental program for no more than three years. Participants would hold a three-year nonrenewable permit from the Board.

The current program requires outside funding from philanthropic entities to handle implementation and other costs. The Medical Board of California (MBC) was able to initiate the pilot program for physicians and surgeons after obtaining the required outside funding. The Dental Board of California (Board) has not been able to initiate the pilot program due to funding.

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Discussion

As part of the Board's efforts to address access to care issues, Board staff discussed the Licensed Physicians from Mexico Pilot Program with Department of Consumer Affairs executives and Mr. Arnaldo S. Torres, Policy Consultant. Mr. Torres has worked extensively with MBC to facilitate a collaborative and constructive relationship, moving this program forward. He will be making a presentation to the Board, illustrating the success of the program and how the Board could learn from implementation of MBC's pilot program.

Action Requested

The Board may choose to have Board staff work with representatives and stakeholders on ideas or suggestions provided in the presentation.



MEMORANDUM

DATE	October 22, 2024
TO	Members of the Dental Board of California
FROM	Tracy Montez, Ph.D., Executive Officer Dental Board of California
SUBJECT	Agenda Item 26.a.: Presentation from the Commission on Dental Accreditation of the American Dental Association on the Accreditation Process for Dental Education Program

Background

Representatives from the Commission on Dental Accreditation of the American Dental Association will be presenting on the accreditation process for dental education programs.

Action Requested

No action is requested. This item is informational only.



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 22, 2024
TO	Members of the Dental Board of California
FROM	Tracy Montez, Ph.D., Executive Officer Dental Board of California
SUBJECT	Agenda Item 26.b.: Presentation from the Dolores Huerta Foundation: Creating a Pipeline of Dental Practitioners through Approval of Foreign Dental School Program

Background

Representatives from the Dolores Huerta Foundation will be presenting on Creating a Pipeline of Dental Practitioners through Approval of Foreign Dental School Program.

Action Requested

The Board may choose to have Board staff work with representatives and stakeholders on suggestions provided in the presentation.



MEMORANDUM

DATE	October 22, 2024
TO	Members of the Dental Board of California
FROM	Jodi Ortiz, Division Chief Dental Board of California
SUBJECT	Agenda Item 27.a.: Legislative Proposal to Amend BPC Sections 1628 and 1633 Regarding Dentist Licensure Requirements

Background

To obtain dentist licensure from the Dental Board of California (Board), applicants are required, among other things, to have taken and received a passing score on the portfolio exam or successfully complete the clinical and written examination administered by either the Western Regional Examining Board (WREB) or American Board of Dental Examiners, Inc. (ADEX) within five years prior to the date of the dentist license application. (Business and Professions Code (BPC), § 1632, subd. (c).) In accordance with the amendments made by Senate Bill (SB) 1453 (Ashby, Chapter 484, Statutes of 2024), the portfolio exam will no longer be an examination option beginning on January 1, 2025.

On August 3, 2021, the administrators of the WREB and ADEX exams merged to form CDCA-WREB and administer the ADEX exam as a single testing agency. On August 1, 2022, CDCA-WREB merged with CITA to become CDCA-WREB-CITA, to simplify the licensure process for dental schools, license candidates, and dental boards offering the ADEX for universal dentist licensure examination in North America.

The ADEX exam consists of computer simulations and clinical examinations performed on patients and manikins; according to CDCA-WREB-CITA, dental schools hosting the exam determine whether the exam will use patients or mannikins. ([May 12-23, 2022 Board Meeting Minutes](#), p. 5, Agenda Item 10.a.) CDCA-WREB-CITA has a blanket malpractice insurance policy that covers dentist candidates. If an applicant fails a section of the ADEX three times, the applicant must retake all parts of the ADEX. (CDCA-WREB-CITA, [Candidate Guide](#), p. 15, as of Sept. 25, 2024.) Since BPC section 1632, subdivision (c)(1) and (2), allows dentist license applicants to use WREB or ADEX exam results for up to five years prior to license application, both the WREB and ADEX exam pathways remain an option in statute.

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Pursuant to BPC section 1633, subdivision (b), an applicant who fails to pass the examination required by BPC section 1632 after three attempts is not eligible for further reexamination until the applicant has successfully completed a minimum of 50 hours of education for each subject the applicant failed in the last unsuccessful examination. The remedial coursework must be taken at a dental school approved by either the Commission on Dental Accreditation (CODA) or a comparable organization approved by the Board and must be completed within a period of one year from the date of notification of the applicants third failure. (*Ibid.*)

In October 2023, Board staff and ADEX discussed ADEX implementing a process to notify the Board when an applicant fails any portion of the ADEX examination after three attempts. The applicant would not be allowed to retake that section a fourth time prior to completing the minimum of 50 hours of remediation in the failed section(s).

Discussion

On August 6, 2024, Board staff met with ADEX to discuss recent dentist license applicants who failed portions of the ADEX exam after three attempts. In this meeting, it was discovered that ADEX allowed applicants to sit for reexamination without notifying the Board. ADEX also revealed an inability to track applicants for California licenses. ADEX informed the Board that it is their policy that if an applicant fails any portion of the ADEX examination after three attempts, the applicant is allowed reexamination without any educational remediation required by BPC section 1633, but the candidate must retake the entire exam. As a means of supporting the Board, ADEX agreed to post the requirements of BPC section 1633 on their website for applicants who seek California dentist licensure.

In response to the conflict over examination attempts, examination retake requirements, and remediation education necessary to retake examinations, Board staff recommend amending BPC sections 1628 and 1633, as reflected in the attached legislative proposal and discussed further below. This recommendation seeks to clarify the application and examination process, maintain patient protections, and reduce delays in processing time for applicants.

Proposed Amendments to BPC Section 1633

To resolve the issue of dentist license candidates automatically being allowed to retake the ADEX examination after three failures in a subject, Board staff recommend removing the remedial education requirement in BPC section 1633, subdivisions (b) and (c), to instead require the applicant to retake the entire exam after failing a portion of the exam three times. This amendment will conform to the current CDCA-WREB-CITA ADEX exam retake policy, reduce conflicting requirements between the ADEX administrator and the Dental Practice Act, and streamline the application review process.

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Board staff also recommend amending BPC section 1633, subdivision (b), to be consistent with other changes from SB 1453, related to an applicant has not failed a state, regional, or national examination for licensure to practice dentistry. If the applicant subsequently passed the examination for licensure, the prior failure shall not make the applicant ineligible to retake the entire exam after three failed attempts. To resolve this issue, the proposed legislation would apply the requirement to retake the entire exam after three failures.

In addition, to better reflect the various scoring types of each of the exams required under BPC section 1632, subdivision (a) through (c), Board staff recommend amending BPC section 1633, subdivision (a), to remove and replace the reference to passage of exams at 85 percent or above with a grading of “pass.”

Proposed Amendments to BPC Section 1628

Notably, amendments to BPC section 1633, subdivisions (b) and (c), will impact licensure requirements under BPC section 1628, subdivision (e), applicable to applicants who have been issued a dental diploma from a foreign dental school. As such, amendments to BPC section 1628, subdivision (e), would be necessary to remove the reference to the limitations set forth in BPC section 1633, subdivision (c), which would be removed by the legislative proposal.

In addition, Board staff noticed the foreign dental school Board approval provisions in BPC section 1628, subdivisions (d)(1) and (e), should be updated to reflect the provisions of AB 1519 (Low, Chapter 865, Statutes of 2019) that terminated Board approval of foreign dental schools and instead require accreditation by CODA, or a comparable accrediting body approved by the Board on or after January 1, 2024. (See BPC, §§ 1636.4, subdivision (b), 1636.5, and 1636.6.)

Finally, Board staff noted CDCA-WREB-CITA provides a general malpractice insurance for candidates taking the exam in addition to any patients receiving services, and additional limited liability is not required. As such, the insurance liability coverage requirement in BPC section 1628, subdivision (c), is no longer necessary to ensure protection of patients receiving dental services as part of the license exams. Board staff recommend removing subdivision (c) from BPC section 1628 and re-lettering the subsequent subdivisions.

Action Requested

Board staff request the Board discuss the information presented in this memo and the attached legislative proposal.

Suggested Motions

Option 1 (support the proposed recommendations): Move to approve for submission to the California State Legislature the legislative proposal to amend Business and Professions Code sections 1628 and 1633 regarding dentist licensure requirements.

Option 2 (support the proposed recommendations as revised during this meeting): Move to approve for submission to the California State Legislature the legislative proposal to amend Business and Professions Code sections 1628 and 1633 regarding dentist licensure requirements, as revised during this meeting [insert specific revisions].

Option 3 (no action): If the Board does not wish to act on the recommendations, no motion is needed.

Attachment: Legislative Proposal to Amend Business and Professions Code Sections 1628 and 1633 Regarding Dentist Licensure Requirements

DENTAL BOARD OF CALIORNIA

LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTIONS 1628 AND 1633 REGARDING DENTIST LICENSURE REQUIREMENTS

Proposed additions are indicated in single underlined text.

Proposed deletions are indicated in ~~single strikethrough~~ text.

Section 1628 of the Business and Professions Code is amended to read:

1628. Any person over 18 years of age is eligible to take an examination before the board upon making application therefor and meeting all of the following requirements:

(a) Paying the fee for applicants for examination provided by this chapter.

(b) Furnishing satisfactory evidence of having graduated from a dental college approved by the board or by the Commission on Dental Accreditation of the American Dental Association and presenting satisfactory evidence of having completed at dental school or schools the full number of academic years of undergraduate courses required for graduation. For purposes of this article, "dental college approved by the board" or "approved dental school" include a foreign dental school accredited by a body that has a reciprocal accreditation agreement with any commission or accreditation organization whose findings are accepted by the board.

~~(c) Furnishing the satisfactory evidence of financial responsibility or liability insurance for injuries sustained or claimed to be sustained by a dental patient in the course of the examination as a result of the applicant's actions.~~

~~(c)~~ If the applicant has been issued a degree of doctor of dental medicine or doctor of dental surgery by a foreign dental school, the applicant shall furnish all of the following documentary evidence to the board:

(1) That the applicant has completed, in a dental school or schools approved by the board pursuant to Section 1636.5 or accredited pursuant to Section 1636.4, a resident course of professional instruction in dentistry for the full number of academic years of undergraduate courses required for graduation.

(2) Subsequent thereto, the applicant has been issued by the dental school a dental diploma or a dental degree, as evidence of the successful completion of the course of dental instruction required for graduation.

~~(d)~~ Any applicant who has been issued a dental diploma from a foreign dental school that has not, at the time of the applicant's graduation from the school, been approved by the board pursuant to Section 1636.5 or accredited pursuant to Section 1636.4 shall not be eligible for examination until the applicant has successfully completed a minimum of two academic years of education at a dental college approved by the board pursuant to Article 1 (commencing with Section 1024) of Chapter 2 of Division 10 of Title 16 of the

California Code of Regulations and has been issued a degree of doctor of dental medicine or doctor of dental surgery or its equivalent. This subdivision shall not apply to applicants who have successfully completed the requirements of Section 1636 as it read before it was repealed on January 1, 2004, on or before December 31, 2003, or who have successfully completed the requirements of Section 1628.2 on or before December 31, 2008. An applicant who has successfully completed the requirements of Section 1636 as it read before it was repealed on January 1, 2004, on or before December 31, 2003, or who has successfully completed the requirements of Section 1628.2 on or before December 31, 2008, shall be eligible to take the examination required by Section 1632, subject to the limitations set forth in subdivisions (b) and (c) of Section 1633.

(ef) Subdivisions (cd) and (de) do not apply to a person who has been issued a degree of doctor of dental medicine or doctor of dental surgery by a foreign dental school accredited by a body that has a reciprocal accreditation agreement with any commission or accreditation organization whose findings are accepted by the board.

Section 1633 of the Business and Professions Code is amended to read:

1633. (a) When an applicant for a license has received a grading of ~~pass~~^{85 percent or above} in any given subject, the applicant shall be exempt from reexamination on that subject in subsequent examinations before the board within two years after the examination on which the applicant received the exemption.

(b) ~~Notwithstanding subdivision (a) and Section 135, if an applicant who fails a section of the examination required by Section 1632 after three attempts to successfully complete that section, the applicant shall be required to retake the entire examination on subsequent examination. shall not be eligible for further reexamination until the applicant has successfully completed a minimum of 50 hours of education for each subject which the applicant failed in the applicant's last unsuccessful examination. The coursework shall be taken at a dental school approved by either the Commission on Dental Accreditation or a comparable organization approved by the board, and shall be completed within a period of one year from the date of notification of the applicant's third failure.~~

(c) ~~The coursework described in subdivision (b) shall be required once for every three unsuccessful examination attempts. When the applicant applies for reexamination, the applicant shall furnish proof satisfactory to the board that the applicant has successfully completed the requirements of this section.~~



MEMORANDUM

DATE	September 26, 2024
TO	Members of the Dental Board of California
FROM	Jodi Ortiz, Division Chief Dental Board of California
SUBJECT	Agenda Item 27.b.: Legislative Proposal to Amend BPC Section 1635.5 Regarding Licensure by Credential Pathway Requirements

Background

The Dental Practice Act establishes several pathways for dentist license candidates to obtain licensure by the Dental Board of California (Board). One of the pathways, License by Credential (LBC), is unique in that an applicant may qualify for Board dentist licensure based on out-of-state licensure and clinical practice experience. LBC is the only pathway that does not require a Doctor of Dental Surgery (DDS) or Doctor of Medicine in Dentistry (DMD) degree from a dental school approved by the Board or accredited by the American Dental Association Commission on Dental Accreditation (CODA). Additionally, the LBC pathway does not require completion of examinations as a condition of licensure. The LBC pathway is designed to accommodate candidates with out-of-state clinical practice and/or a degree from a foreign dental school.

In 1996, the California State Legislature, Joint Legislative Sunset Review Committee recommended the LBC pathway to increase the number of dentists eligible to practice in California, especially in underserved areas. The Board subsequently considered but rejected pursuing the LBC pathway because other states would not reciprocally allow LBC to California licensed dentists who obtained their dental degrees from unaccredited foreign dental schools. (Sen. Rules Com., Off. of Sen. Floor Analyses, 3d reading analysis of AB 1428 (2001-2002 Reg. Sess.) as amended Sept. 13, 2001.)

In 2001, Assembly Bill (AB) 1428 (Aanestad, Chapter 507, Statutes of 2001), sponsored by the California Dental Association and operative on July 1, 2002, established Business and Professions Code (BPC) section 1635.5, which authorized the Board to grant a dentist license to an applicant who has not taken an examination before the Board if the applicant, among other things, provided proof of a current and active out-of-state dentist license and clinical practice experience. The stated intent of the bill was to increase access to dental care for children and adults in California, particularly in those

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areas of the state that have few or no practicing dentists. As noted in the bill, according to a January 2000, report entitled “Geographic Distribution of Dentists in California” by the Center for California Health Workforce Studies at the University of California, San Francisco, areas with few or no practicing dentists are more likely to be rural or to have higher minority populations, lower median incomes, and a higher percentage of children, compared to areas without a shortage of practicing dentists. During this time, 34 states offered a credentialing option as an alternative to a licensure examination.

AB 1428 also required the dentist license applicant be active in clinical practice for a minimum of 1,000 hours per year for at least five years. Applicants who had completed an accredited residency training program, as specified, and applicants with at least two years of out-of-state clinical practice were able to fulfill the remainder of the five-year requirement with a pending contract to either 1) practice dentistry full time in a community, free, or public health clinic, as specified, or 2) teach or practice dentistry full time in an accredited dental education program.

In 2005, Senate Bill (SB) 928 (Aanestad, Chapter 464, Statutes of 2004), among other things, extended the requirement of completing active clinical practice to a total of at least 5,000 hours in five of the seven consecutive years immediately preceding the date of the application. The amendment to BPC section 1635.5 allowed for applicants with disruptive circumstances, such as disability or medical leave or military service obligations, to be eligible for licensure despite gaps in clinical practice. However, as the Board began accepting LBC applications, staff determined the application process and corresponding requirements warranted additional clarification. It was unclear whether the clinical practice requirement needed to be completed immediately preceding the date of the application. The amended statute also did not clearly indicate if gaps in clinical practice were permissible for the purpose of licensure.

In 2006, SB 299 (Chesbro, Chapter 4, Statutes of 2006) amended BPC section 1635.5 to allow an applicant to satisfy the entire clinical practice requirement with a pending contract to work in a qualifying clinic or as faculty in an accredited dental education program but restricted the applicant to work in the specified setting.

At the February 2023 Board meeting, Board staff presented a legislative proposal with various changes to address questions and concerns regarding LBC eligibility requirements. (February 9-10, 2023 Meeting Materials, [Agenda Item 22.a.](#)) These changes were approved by the Board and the proposal was included in the Board’s Sunset Bill, [SB 1453](#) (Ashby, Chapter 483, Statutes of 2023). (February 9-10, 2023 [Meeting Minutes](#), pp. 13-14.)

While SB 1453 was moving through the legislative process, an issue was raised that BPC section 1635.5 would exclude licensees engaged in certain nonclinical practice, such as public health dentists who do not typically see patients or teach in an education program but who are actively engaged in the dental profession in other valuable ways, such as in a local oral health department. (Asm. Com. on Business and Professions,

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Analysis of SB 1453 (2023-2024 Reg. Sess.) July 2, 2024.) To allow for public health dentists and others with nonclinical practice experience in other states to qualify for DBC licensure, SB 1453 was amended on July 3, 2024, to authorize LBC licensure for applicants engaged with nonclinical practice. Recognizing the amendments did not provide sufficient parameters regarding the location or length of time of nonclinical practice and potentially opened the door for an individual to obtain out-of-state licensure under less stringent state or foreign laws and transfer to California without appropriate consumer protection skills and knowledge, the Board requested additional amendments to that language to authorize LBC licensure for applicants engaged in full-time nonclinical practice requiring an active dentist's license for federal, state, or local public health programs in another state, district, or territory of the United States for at least five years immediately preceding the application. The Board's requested amendments were included in the August 22, 2024 amendments to SB 1453.

Discussion and Recommendations

Following the hasty drafting of the LBC nonclinical experience provisions to finalize the bill prior to the end of the legislative session, Board staff identified concerns with the new structure of the LBC practice provisions. SB 1453, signed by Governor Newsom and chaptered by the Secretary of State on September 22, 2024, requires LBC applicants to provide the following:

(3) Proof that the applicant has either been in active clinical practice in another state, district, or territory of the United States, has been engaged in full-time nonclinical practice requiring an active dentist's license for federal, state, or local public health programs in another state, district, or territory of the United States for at least five years immediately preceding the application, or has been a full-time faculty member in an accredited dental education program and in active clinical practice for a total of at least 5,000 hours within the past five years immediately preceding the date of the application under this section.

Notably, due to the new structure of the provision that inserts nonclinical practice between the two active clinical practice pathways, the requirement to provide proof of having worked at least 5,000 hours within the previous five years inadvertently was separated from the first active clinical practice pathway. As such, under SB 1453, the 5,000-hour requirement now only applies to applicants using the full-time faculty member in active clinical practice pathway. As such, Board staff recommend amendments to clarify the intent of BPC section 1635.5 related specifically to the clinical practice requirement by restructuring the active clinical and nonclinical pathways. (Prop. BPC, § 1635.5, subd. (a)(3)(A)-(C).) The proposed amendments, attached, would reinstate the 5,000 hours in the past five years immediately preceding the date of the application for active clinical practice applicants. The proposed amendments also would restructure the pathways to clarify the requirements for each pathway. The new pathway restructuring also would require renumbering of the subsequent paragraphs. (Prop. BPC, § 1635.5, subd. (a)(4)-(10).)

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In addition, Board staff and applicants continue to struggle with the type of documentation required to be submitted by active clinical practice applicants. For those applicants, including out-of-state dentists who are sole practitioners, there currently is no specific documentation requirement to establish proof of practicing 5,000 hours in the five years preceding submission of the LBC application. To resolve the confusion over documentation to be submitted by the applicant and improve application review efficiencies, Board staff recommend that each pathway provision identify the documentation to be submitted to prove the practice requirements for each pathway. (Prop. BPC, § 1635.5, subd. (a)(3)(A)-(C).)

Further, Board staff noticed the nonclinical practice pathway does not specify the number of hours required to be completed in the five years immediately preceding the LBC application, even though the active clinical practice pathway applicants currently must complete 5,000 hours in the five years preceding submission of their applications. Accordingly, Board staff recommend requiring full-time nonclinical practice for a minimum of 40 hours per week for at least five years immediately preceding the date of the application. (Prop. BPC, § 1635.5, subd. (a)(3)(C).) Board staff note that the SB 1453 amendments require “full-time nonclinical practice” and, therefore, recommend the 40-hour work week, which is consistent with the definition of “full-time employment” provided under Labor Code section 515, subdivision (c).

With the new paragraph restructuring noted above, various amendments to citations to the pathways will need to be updated to follow the new statutory structure. In addition, Board staff noted a consistency problem with the provision authorizing an applicant to satisfy the active clinical practice requirement through teaching or practicing dentistry at a dental education program approved by the Board. (BPC, § 1635.5, subd. (a)(3)(C).) Notably, references in BPC section 1635.5 to residency training programs or dental education programs in other subdivisions or paragraphs of the statute refer to programs accredited by CODA. To conform all references to accredited dental education programs, Board staff recommend BPC section 1635.5, subdivision (a)(3)(C), be amended to strike the text “approved by the board” and instead refer to CODA accredited dental education programs. (Prop. BPC, § 1635.5, subd. (a)(4)(C).) This amendment also would ensure LBC licensees will teach and practice at a dental education program that meets the standards for education and learning within California.

Board staff also recommend repealing BPC section 1635.5, subdivision (c), which establishes a Board reporting requirement that passed 16 years ago, and repealing subdivision (f), which established specific requirements for LBC licenses issued before January 1, 2006. The provisions are outdated, long since passed, and otherwise make the LBC statute unnecessarily difficult to read. The proposed amendments would reletter subsequent subdivisions (d), (e), and (g) as subdivisions (c), (d), and (e).

Action Requested

Board staff request the Board discuss the information presented in this memo and the attached legislative proposal for recommendation to the California State Legislature.

Suggested Motions

Option 1 (support the proposed recommendations): Move to approve for submission to the California State Legislature the legislative proposal to amend Business and Professions Code section 1635.5 regarding Licensure by Credential pathway requirements.

Option 2 (support the proposed recommendations as revised during this meeting): Move to approve for submission to the California State Legislature the legislative proposal to amend Business and Professions Code section 1635.5 regarding Licensure by Credential pathway requirements, as revised during this meeting [insert specific revisions].

Option 3 (no action): If the Board does not wish to act on the recommendations, no motion is needed.

Attachment: Legislative Proposal to Amend Business and Professions Code Section 1635.5 Regarding Licensure by Credential Pathway Requirements

DENTAL BOARD OF CALIORNIA

LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTION 1635.5 REGARDING LICENSURE BY CREDENTIAL PATHWAY REQUIREMENTS

Proposed additions are indicated in single underlined text.

Proposed deletions are indicated in ~~single strikethrough~~ text.

Amend Section 1635.5 of Article 2 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

1635.5. (a) Notwithstanding Section 1634, the board may grant a license to practice dentistry to an applicant who has not taken an examination before the board, if the applicant submits all of the following to the board:

- (1) A completed application form and all fees required by the board.
- (2) Proof of an active and unrestricted license issued by another state, district, or territory of the United States to practice dentistry that is not subject to any current or pending disciplinary action such as revocation, suspension, or probation.
- (3) Proof ~~that the~~ of one of the following:

(A) The applicant has either been in active clinical practice in another state, district, or territory of the United States, for a total of at least 5,000 hours within the past five years immediately preceding the date of the application. ~~has been engaged in full-time nonclinical practice requiring an active dentist's license for federal, state, or local public health programs in another state, district, or territory of the United States for at least five years immediately preceding the application, or~~ The applicant shall submit written documentation, executed by a licensed dentist who has knowledge of the applicant's hours of practice or, if the applicant is in active clinical practice as a solo practitioner, executed by the applicant under penalty of perjury, verifying compliance with this requirement.

(B) The applicant has been a full-time faculty member in an accredited dental education program and in active clinical practice for a total of at least 5,000 hours within the past five years immediately preceding the date of the application ~~under this section.~~ The applicant shall submit written documentation, executed by the director, administrator, or other authorized representative of the dental education program, verifying the applicant's compliance with this requirement.

(C) The applicant has been engaged in full-time nonclinical practice requiring an active dentist's license for federal, state, or local public health programs in another state, district, or territory of the United States for a minimum average of 40 hours per week for at least five years immediately preceding the date of the application. The applicant shall submit written documentation, executed by the director,

administrator, or other authorized representative of the public health program, verifying the applicant's compliance with this requirement.

(4) The active clinical practice requirement under subparagraphs (A) and (B) of paragraph (3) may be met by submitting documentation of any of the following:

(A) If the applicant has completed a residency training program accredited by the American Dental Association Commission on Dental Accreditation, including, but not limited to, a general practice residency, an advanced education in general dentistry program, or a training program in a specialty recognized by the American Dental Association, the applicant may receive credit of 1,000 hours for each year, up to 2,000 hours, of clinical practice completed in the residency training program.

(B) The applicant agrees to practice dentistry full time for a minimum of 32 hours per week for two years in at least one primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code or primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code, or a clinic owned or operated by a public hospital or health system, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code. The applicant shall submit written documentation, executed by the authorized agent of the clinic, verifying compliance with this requirement. The board may periodically request verification of compliance with these requirements.

(C) The applicant agrees to teach or practice dentistry in California for a minimum average of 40 hours per week for two years in at least one ~~accredited~~ dental education program ~~approved by the board~~ accredited by the American Dental Association Commission on Dental Accreditation. The applicant shall submit written documentation, executed by the authorized agent of the program, verifying compliance with this requirement. The board may periodically request verification of compliance with these requirements.

(45) Proof that the applicant has not been subject to disciplinary action by any state in which the applicant is or 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.

(56) 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.

(67) Proof that the applicant has not failed a state, regional, or national examination for licensure to practice dentistry under this chapter within five years prior to the date of the application for a license under this section. If the applicant subsequently passed

the examination for licensure, the prior failure shall not make the applicant ineligible under this paragraph.

(78) An acknowledgment by the applicant executed under penalty of perjury and automatic forfeiture of license, of the following:

(A) That the information provided by the applicant to the board is true and correct, to the best of their knowledge and belief.

(B) That the applicant has not been convicted of an offense involving conduct that would violate Section 810.

(89) Documentation of 50 units of continuing education completed within two years of the date of the application under this section. The continuing education shall include the mandatory coursework prescribed by the board pursuant to subdivision (b) of Section 1645.

(910) Any other information as specified by the board to the extent it is required of applicants for licensure by examination under this article.

(b) The board shall provide in the application packet to each out-of-state dentist pursuant to this section the following information:

(1) The location of dental personnel shortage areas that exist in the state.

(2) Those not-for-profit clinics and public hospitals seeking to contract with licensees for dental services.

~~(c) (1) The board shall review the impact of this section on the availability of dentists in California and report to the appropriate policy and fiscal committees of the Legislature by January 1, 2008. The report shall include a separate section providing data specific to those dentists who intend to fulfill the alternative clinical practice requirements of subparagraph (B) of paragraph (3) of subdivision (a). The report shall include, but not be limited to, all of the following:~~

~~(A) The total number of applicants from other states who have sought licensure.~~

~~(B) The number of dentists from other states licensed pursuant to this section, as well as the number of licenses not granted and the reasons why each license was not granted.~~

~~(C) The location of the practice of dentists licensed pursuant to this section.~~

~~(D) The number of dentists licensed pursuant to this section who establish a practice in a rural area or in an area designated as having a shortage of practicing dentists or no dentists at all.~~

~~(E) The length of time dentists licensed pursuant to this section maintained their practice in the reported location. This information shall be reported separately for dentists described in subparagraphs (C) and (D).~~

~~(2) In identifying a dentist's location of practice, the board shall use medical service study areas or other appropriate geographic descriptions for regions of the state.~~

~~(3) If appropriate, the board may report the information required by paragraph (1) separately for primary care dentists and specialists.~~

(dc) The board is authorized to contract with a third party or parties to review applications filed under this section and to advise the board as to whether the applications are complete. The contracting party, its agents, and its employees shall agree to be bound by all provisions of law applicable to the board, its members, and staff, governing custody and confidentiality of materials submitted by applicants for licensure.

(ed) The board may issue a temporary, restricted license, valid for two years, to an applicant qualified under subparagraph (B) or (C) of paragraph (34) of subdivision (a), that authorizes the holder to practice dentistry only in the facilities described in subparagraph (B) of paragraph (34) of subdivision (a) or only to practice or teach dentistry at the accredited dental education programs described in subparagraph (C) of paragraph (34) of subdivision (a). The board shall immediately revoke the temporary license issued pursuant to this subdivision upon a finding that the requirements of subparagraph (B) or (C) of paragraph (34) of subdivision (a), as applicable, have not been met. Upon revocation of the license, the board shall issue a notice of revocation that shall require the licensee to immediately cease dental practice. Upon the licensee's completion of the license requirements under this section and the expiration of the two-year term, all location restrictions on the license shall be removed and an unrestricted license shall be issued.

~~(f) Notwithstanding any other provision of law, a holder of a license issued by the board before January 1, 2006, under this section who committed to complete the remainder of the five years of clinical practice requirement by a contract either to practice dentistry in a facility described in subparagraph (B) of paragraph (3) of subdivision (a) or to teach or practice dentistry in an accredited dental education program approved by the board pursuant to subparagraph (C) of paragraph (3) of subdivision (a) shall be required to complete only two years of service under the contract in order to fulfill the obligation under this section. Upon the expiration of that two-year term, all location restrictions on the license shall be removed and the holder is authorized to practice dentistry in accordance with this chapter in any allowable setting in the state.~~

(ge) A license issued pursuant to this section shall be considered a valid, unrestricted license for purposes of Section 1972.



MEMORANDUM

DATE	October 22, 2024
TO	Members of the Dental Board of California
FROM	Jodi Ortiz, Division Chief Dental Board of California
SUBJECT	Agenda Item 27.c.: Legislative Proposal to Amend BPC Section 1638.1 Regarding EFCS Permit Credentialing Committee Member Removal

Background

The Dental Board of California (Board) is authorized to issue an Elective Facial Cosmetic Surgery (EFCS) permit to individuals who meet specific qualifications. Business and Professions Code (BPC) section 1638.1, subdivision (e)(1), requires the board to appoint a credentialing committee (EFCS Permit Credentialing Committee or “Committee”) to review the qualifications of each applicant for an EFCS permit. Upon completion of the review of an applicant, the Committee shall make a recommendation to the board on whether to issue or not issue a permit to the applicant.

BPC section 1638.1, subdivision (e), establishes Committee membership of five members and member selection solicitation, meeting, and quorum requirements. However, the statute does not establish any Committee term limits or member removal provisions.

Discussion

BPC section 130 sets a four-year term limit of any Board member, and BPC section 131 provides that no Board member may serve more than two consecutive full terms. BPC sections 106 and 1605 establish the power of the appointing authority of any member of the Board to remove the member from office for continued neglect of duties required by law, incompetence, or unprofessional or dishonorable conduct. However, these statutes do not apply to the EFCS Permit Credentialing Committee.

Further, the *Board, Council, and Committee Member Administrative Policy and Procedure Manual* (Manual) is silent on removal of committee members. The Manual, in Chapter 4. Selection of Officers and Committee/Liaison Appointments, Absence of

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Officers, provides that if a committee officer is absent from two consecutive meetings, the Board may consider whether it wishes to vacate that position. However, those provisions apply only to Board members sitting on committees. There are no Board members currently appointed to the EFCS Permit Credentialing Committee.

If an EFCS Permit Credentialing Committee member exhibits continued neglect of duties, incompetence, or unprofessional or dishonorable conduct, there currently is no provision to remove the member from the Committee. If a Committee member repeatedly fails to attend Committee meetings, that may impact the three-member quorum required to hold a meeting if other Committee members have conflicting obligations and delay permit recommendations to the Board. Delayed EFCS permit recommendations ultimately impact the public's access to care when there are insufficient numbers of EFCS permit holders authorized to perform procedures. Repeated failures to attend Committee meetings demonstrate a lack of commitment to Committee obligations and the public. In addition, Committee members who exhibit incompetence or unprofessional or dishonorable conduct do not protect the public, which is the highest priority of the Board (BPC, § 1601.2).

Therefore, Board staff recommend amendments, attached hereto, to BPC section 1638.1 to add new paragraph (5) to subdivision (e). Specifically, the legislative proposal would establish statutory authority of the Board to remove an EFCS Permit Credentialing Committee member for continued neglect of duties required by law, or for incompetence, or unprofessional or dishonorable conduct. This language is modeled on BPC sections 106 and 1605 applicable to Board members, discussed above.

The legislative proposal also would authorize the Board to convene in closed session to consider any evidence relating to the removal of a member of the Committee, and limit convening such closed session to the extent that it is necessary to protect the privacy of the Committee member. This language is intended to provide appropriate limitations on closed session discussion of the Committee member's misconduct and reasons for removal and is modeled on BPC section 1696 applicable to diversion program participants.

Action Requested

Board staff request the Board discuss the information presented in this memo and the attached legislative proposal for recommendation to the California State Legislature.

Suggested Motions

Option 1 (support the proposed recommendations): Move to approve for submission to the California State Legislature the legislative proposal to amend Business and Professions Code section 1638.1 regarding removal of an EFCS Permit Credentialing Committee member.

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Option 2 (support the proposed recommendations as revised during this meeting): Move to approve for submission to the California State Legislature the legislative proposal to amend to Business and Professions Code section 1638.1 regarding removal of an EFCS Permit Credentialing Committee member, as revised during this meeting [insert specific revisions].

Option 3 (no action): If the Board does not wish to act on the recommendation, no motion is needed.

Attachment: Legislative Proposal to Amend Business and Professions Code Section 1638.1 Regarding Elective Facial Cosmetic Surgery Permit Credentialing Committee Member Removal

DENTAL BOARD OF CALIORNIA

LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTION 1638.1 REGARDING ELECTIVE FACIAL COSMETIC SURGERY PERMIT CREDENTIALING COMMITTEE MEMBER REMOVAL

Proposed additions are indicated in single underlined text.

Section 1638.1 of the Business and Professions Code is amended to read:

1638.1. (a) A dentist shall possess a current license in good standing and an elective facial cosmetic surgery permit to perform elective facial cosmetic surgical procedures authorized by this section.

(b) The board may issue an elective facial cosmetic surgery permit to perform one of the following categories of elective facial cosmetic surgical procedures:

(1) Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty.

(2) Cosmetic contouring or rejuvenation of the facial soft tissue, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

(3) Procedures under both paragraphs (1) and (2).

(c) A licensee who desires to perform elective facial cosmetic surgery shall apply to the board on an application form prescribed by the board and submit all of the following:

(1) Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.

(2) Proof that the licensee has satisfied all of the criteria specified in either subparagraph (A) or (B):

(A) (i) The licensee is certified, or is a candidate for certification, by the American Board of Oral and Maxillofacial Surgery.

(ii) A letter from the program director of the accredited residency program, or from the director of a postresidency fellowship program accredited by the Commission on Dental Accreditation of the American Dental Association, stating that the licensee has the education, training, and competence necessary to perform the surgical procedures set forth in paragraph (1), (2), or (3) of subdivision (b) that the licensee has notified the board the licensee intends to perform.

(iii) Documentation of at least 10 operative reports from residency training or proctored surgical procedures performed at minimum in the role of surgical first assistant within five years from the date of application for each category of permit set forth in paragraph (1) or (2) of subdivision (b) for which the licensee seeks a permit. If the licensee seeks a permit set forth in paragraph (3) of subdivision (b), the licensee shall submit 10 operative reports for each category specified in paragraphs (1) and (2) of subdivision (b). Each operative report shall indicate all of the following:

(I) Name of the licensee.

(II) Category of procedure and specific type of procedure performed.

(III) Date of the procedure.

(IV) The role in which the licensee participated in the procedure.

(iv) Documentation showing the surgical privileges the licensee possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.

(B) (i) The licensee has been granted privileges by the medical staff at a licensed general acute care hospital to perform the surgical procedures set forth in paragraphs (1) to (3), inclusive, of subdivision (b) at that hospital.

(ii) Documentation described in clause (iii) of subparagraph (A).

(3) Proof that the licensee is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.

(d) The application shall be accompanied by an application fee required by the board for an initial permit. The fee to renew a permit shall not exceed the maximum amount prescribed in Section 1724.

(e) (1) The board shall appoint a credentialing committee to review the qualifications of each applicant for a permit. Upon completion of the review of an applicant, the committee shall make a recommendation to the board on whether to issue or not issue a permit to the applicant. The permit may be unqualified, entitling the permit holder to perform any facial cosmetic surgical procedure authorized by this section, or it may contain limitations if the 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 to be permitted for all procedures authorized by this section.

(2) The credentialing committee shall be comprised of five members, as follows:

(A) A physician and surgeon with a specialty in plastic and reconstructive surgery who maintains active status on the staff of a licensed general acute care hospital in this state.

(B) A physician and surgeon with a specialty in otolaryngology who maintains active status on the staff of a licensed general acute care hospital in this state.

(C) Three oral and maxillofacial surgeons licensed by the board who are board certified by the American Board of Oral and Maxillofacial Surgeons, and who maintain active status on the staff of a licensed general acute care hospital in this state, at least one of whom shall be licensed as a physician and surgeon in this state. Two years after the effective date of this section, any oral and maxillofacial surgeon appointed to the committee who is not licensed as a physician and surgeon shall hold a permit pursuant to this section.

(3) The board shall solicit from the following organizations input and recommendations regarding members to be appointed to the credentialing committee:

(A) The Medical Board of California.

(B) The California Dental Association.

(C) The California Association of Oral and Maxillofacial Surgeons.

(D) The California Medical Association.

(E) The California Society of Plastic Surgeons.

(F) Any other source that the board deems appropriate

(4) The credentialing committee shall meet at a time and place directed by the board to evaluate applicants for permits. A quorum of three members shall be required for the committee to consider applicants and make recommendations to the board.

(5) Each member of the credentialing committee shall serve at the pleasure of the board, and the board may vote to remove any member of the credentialing committee for continued neglect of duties required by law, or for incompetence, or unprofessional or dishonorable conduct. Notwithstanding the provisions of Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code, relating to public meetings, the board may convene in closed session to consider any evidence relating to the removal of a member of the credentialing committee. The board shall only convene in closed session to the extent that it is necessary to protect the privacy of the member of the credentialing committee.

(f) The board may adopt regulations for the issuance of the permit that it deems necessary to protect the health, safety, and welfare of the public.

(g) A licensee may not perform any elective, facial cosmetic surgical procedure except at a general acute care hospital, a licensed outpatient surgical facility, or an outpatient surgical facility accredited by the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC), the Medicare Program, or an accreditation agency approved by the Medical Board of California pursuant to subdivision (g) of Section 1248.1 of the Health and Safety Code.

(h) For purposes of this section, the following terms shall have the following meanings:

(1) "Elective cosmetic surgery" means any procedure defined as cosmetic surgery in subdivision (d) of Section 1367.63 of the Health and Safety Code, and excludes any procedure that constitutes reconstructive surgery, as defined in subdivision (c) of Section 1367.63 of the Health and Safety Code.

(2) "Facial" means those regions of the human body described in Section 1625 and in any regulations adopted pursuant to that section by the board.

(i) A holder of a permit issued pursuant to this section shall not perform elective facial cosmetic surgical procedures unless the permitholder has malpractice insurance or other financial security protection that would satisfy the requirements of Section 2216.2 and any regulations adopted thereunder.

(j) A holder of a permit shall comply with the requirements of subparagraph (D) of paragraph (2) of subdivision (a) of Section 1248.15 of the Health and Safety Code, and the reporting requirements specified in Section 2240, with respect to any surgical procedure authorized by this section, in the same manner as a physician and surgeon.

(k) Any violation of this section constitutes unprofessional conduct and is grounds for the revocation or suspension of the person's permit, license, or both, or the person may be reprimanded or placed on probation. Proceedings initiated by the board under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.

(l) A permit issued pursuant to this section shall be valid for a period of two years and must be renewed by the permitholder at the time the dentist license is renewed.

(m) A permitholder shall be required to complete 24 hours of approved courses of study related to elective cosmetic surgery as a condition of renewal of a permit. Those courses of study shall be credited toward the total continuing education hours required by the board pursuant to Section 1645.

(n) Permits issued prior to January 1, 2025, that limit the type of procedure under the general permit category provided under paragraph (1) or (2) of subdivision (b) authorized to be performed by the permitholder shall not be renewed. This subdivision shall not apply to a permit that authorized the permitholder to practice any procedure under the general permit category specified under paragraph (1) or (2) of subdivision (b). The permitholder who seeks to continue performing the procedure previously limited

by the permit shall submit an application to the board for issuance of a new permit under paragraphs (1) to (3), inclusive, of subdivision (b) and the board may request the permitholder to submit additional documentation demonstrating the permitholder's competency for issuance of such permit. The application shall be treated as a renewal application for purposes of subdivision (m) of Section 1724.

(o) On or before January 1, 2025, and every four years thereafter, the board shall report to the appropriate committees of the Legislature on all of the following:

(1) 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 this section.

(2) The number of persons receiving a permit from the board to perform elective facial cosmetic surgery.

(3) 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.

(4) 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.

(p) As used in this section, "good standing" means the license is active and unrestricted by disciplinary action taken pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.



MEMORANDUM

DATE	October 18, 2024
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 27.d.: Legislative Proposal to Amend BPC Section 1725 Regarding Dental Auxiliary Course and Educational Program Fees

Background

As the Dental Board of California (Board) works toward implementing the new provisions of Senate Bill (SB) 1453 (Ashby, Chapter 483, Statutes of 2024), sections of law requiring clarification have been identified.

Specifically, Business and Professions Code (BPC) Section 1725 relating to dental auxiliary course and educational program fees is one example. Board staff recognized that a fee needed to be added for the review of each approval application or reevaluation for a course offered pursuant to paragraph (3) of subdivision (b) of Section 1755. In addition, other non-substantive edits were identified and are suggested. Board staff have included a legislative proposal to amend BPC Section 1725.

Action Requested

Board staff requests the Board to approve the legislative proposal presented in the attachment.

Suggested Motions

Option 1 (support the proposed request): Move to approve the legislative proposal to amend Business and Professions Code Section 1725 relating to dental auxiliary course and educational program fees.

Option 2 (support the proposed request as revised during this meeting): Move to approve the legislative proposal to amend Business and Professions Code Section

1725 relating to dental auxiliary course and educational program fees, as revised during this meeting (insert specific revisions).

Option 3 (no action): If the Board does not wish to act on the request, no motion is needed.

Attachment: Legislative Proposal to Amend Business and Professions Code Section 1725 Relating to Dental Auxiliary Course and Educational Program Fees.

DENTAL BOARD OF CALIFORNIA

LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTION 1725 RELATING TO DENTAL AUXILIARY COURSE AND EDUCATIONAL PROGRAM FEES

Proposed amendments are indicated in underline for new text and ~~striketrough~~ for deleted text.

Amend Section 1725 of Article 6 of Chapter 4 of Division 2 of the Business and Professions Code as follows:

1725. The amount of the fees prescribed by this chapter that relate to the licensing and permitting of dental assistants shall be established by regulation and subject to the following limitations:

- (a) The application fee for an original license shall not exceed two hundred dollars (\$200).
- (b) The fee for examination for licensure as a registered dental assistant shall not exceed the actual cost of the examination.
- (c) The fee for application and for the issuance of an orthodontic assistant permit or a dental sedation assistant permit shall not exceed two hundred dollars (\$200).
- (d) The fee for the written examination for an orthodontic assistant permit or a dental sedation assistant permit shall not exceed the actual cost of the examination.
- (e) The fee for the Registered Dental Assistant Combined Written and Law and Ethics Examination for a registered dental assistant shall not exceed the actual cost of the examination.
- (f) The fee for examination for licensure as a registered dental assistant in extended functions shall not exceed the actual cost of the examination.
- (g) The biennial renewal fee for a registered dental assistant license, registered dental assistant in extended functions license, dental sedation assistant permit, or orthodontic assistant permit shall not exceed two hundred dollars (\$200).
- (h) The delinquency fee shall be 50 percent of the renewal fee for the license or permit in effect on the date of the renewal of the license or permit.
- (i) The fee for issuance of a duplicate registration, license, permit, or certificate to replace one that is lost or destroyed, or in the event of a name change, shall not exceed one hundred dollars (\$100).

(j) The fee for each curriculum review and site evaluation for educational programs for registered dental assistants ~~that are not accredited by a board-approved agency, or the Chancellor's office of the California Community Colleges~~ shall not exceed seven thousand five hundred dollars (\$7,500).

(k) The fee for review of each approval application or reevaluation for a course ~~that is not accredited by a board-approved agency or the Chancellor's office of the California Community Colleges~~ shall not exceed two thousand dollars (\$2,000).

(l) The fee for review of each approval application or reevaluation for a course offered pursuant to paragraph (3) of subdivision (b) of Section 1755 shall be three hundred dollars (\$300).

(m) Fees collected pursuant to this section shall be deposited in the State Dentistry Fund.



MEMORANDUM

DATE	October 24, 2024
TO	Members of the Dental Board of California
FROM	Tina Vallery, Division Chief Dental Board of California
SUBJECT	Agenda Item 27.e.: Potential Legislative Proposal to Amend BPC Section 1755 Regarding Infection Control Courses

This memorandum discusses concerns, and requests for the Dental Board of California (Board) review and potential action on those concerns regarding the new unlicensed dental assistant infection control course requirements established under Business and Professions Code (BPC) section 1755 that will be operative on January 1, 2025, under Senate Bill (SB) 1453 (Ashby, Chapter 483, Statutes of 2024), the Board's Sunset bill. Due to the number of concerns, the Board may wish to delegate the issues to the Dental Assisting Council (Council) for review and recommendation.

Background

Under current law, the employer of an unlicensed dental assistant is responsible for ensuring that the dental assistant who has been in continuous employment for 120 days or more, has already successfully completed, or successfully completes, among other things, a Board-approved eight-hour course in infection control. (BPC, § 1750, subd. (c)(2).) Board regulations establish didactic, preclinical/laboratory, and clinical hours and instruction requirements for Board approval of infection control courses. (California Code of Regulations (CCR), tit. 16, §§ 1070, 1070.1, 1070.6.)

In 2020, during the COVID-19 pandemic, the Board began discussing the issue of unlicensed dental assistants participating in patient treatment and all facets of infection control without any infection control education or training for up to one year before needing to meet the requirement for infection control education. (See Board Meeting Materials and Minutes for July 24, 2020, August 20, 2021, and February 10, 2023, and Council Meeting Materials and Minutes for February 25, 2021, April 30, 2021, and February 9, 2023.) The Board included this issue in its [2024 Sunset Review Report](#) and recommended a legislative proposal to require an unlicensed dental assistant to complete an infection control course prior to performing any basic supportive dental procedures that would have potential exposure to infectious materials.

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In 2023, Assembly Bill (AB) 481 (Carrillo, 2023) was introduced and, among other things, would have created additional pathways for registered dental assistant (RDA) licensure, required an unlicensed dental assistant to complete a Board-approved eight-hour infection control course prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials, and established a new infection control course required to be taken by an unlicensed dental assistant, who is not enrolled in a Board-approved program for RDA or an alternative dental assisting program. The California Dental Association (CDA) sponsored AB 481.

The new infection control course would have required, among other things, six hours of didactic instruction and two hours of laboratory instruction that could be offered using video or a series of video training tools, all of which may be delivered using live, interactive, or online learning mechanisms or a combination thereof. In opposition to AB 481, the California Dental Assistants Association and California Extended Functions Association asserted that the new infection control course for unlicensed dental assistants removed the existing requirement for any hands-on training/experience and essentially created an eight-hour lecture class only. Opposition, which included the California Association of Dental Assisting Teachers, also stated the live hands-on lab requirement of the course is a critical component to ensuring that dental auxiliaries know and can perform the serious issues of infection control to keep California consumers safe; video training is not the same as hands-on, in-person learning. (Assem. Com. on Bus. & Prof., Analysis of AB 481 (2023-2024 Reg. Sess.), as amended Apr. 20, 2023.) AB 481 was held under submission in the California State Senate Appropriations Committee. The text of AB 481 was reintroduced in AB 2242 (Carrillo, 2024); AB 2242 was held in the California State Assembly Committee on Business and Professions, but the dental auxiliary provisions were included in the Board's Sunset bill, SB 1453.

SB 1453 reauthorizes continuation of the Board until January 1, 2029, and, among other things, adds to the Dental Practice Act new BPC section 1755, which establishes an eight-hour infection control course for all unlicensed dental assistants not enrolled in a Board-approved RDA or an alternative dental assisting program, as specified. The new statute, which is substantially similar to the text in AB 481 and AB 2242, will go into effect on January 1, 2025, and requires unlicensed dental assistants to take the infection control course comprised of six hours of didactic instruction and two hours of laboratory instruction. The course can be offered either in-person or using video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms or a combination thereof. The Board and Council held many discussions during their 2024 meetings regarding SB 1453 and the dental auxiliary provisions and supported the bill.

Discussion

Board staff is preparing to implement BPC section 1755 and have identified concerns with the new statute, discussed further below.

Issue 1 – Inconsistent Infection Control Instruction Requirements for Dental

Auxiliaries. SB 1453 establishes five pathways to qualify for RDA licensure: (1) graduation from an RDA educational program approved by the Board; (2) completion of satisfactory work experience, as specified; (3) certification as a certified dental assistant, as issued by the Dental Assisting National Board (DANB); (4) completion of an alternative dental assisting program, as specified; and (5) completion of a preceptorship in dental assisting, as specified (BPC, § 1741, subd. (a), (d), (q), 1752.1, subd. (a)). Further, the Board issues orthodontic assistant (OA) and dental sedation assistant (DSA) permits to unlicensed dental assistants and DSA permits to individuals already licensed as an RDA or RDA in extended functions (RDAEF) (BPC, §§ 1750.2 and 1750.4). Applicants for RDA licensure and OA and DSA permits must submit proof of completion of a Board-approved eight-hour course in infection control.

BPC section 1755, subdivision (b), provides:

(b) An unlicensed dental assistant not enrolled in a board-approved program for registered dental assisting or an alternative dental assisting program as defined in subdivision (a) of Section 1741, shall complete one of the following infection control certification courses:

(1) A board-approved eight-hour course, with six hours being didactic instruction and two hours being laboratory instruction.

(2) A board-approved eight-hour course, with six hours of didactic instruction and at least two hours of laboratory instruction using video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms or a combination thereof. [Emphasis added.]

BPC section 1755 does not require clinical instruction in infection control for any unlicensed dental assistant, including those applying for RDA licensure through the work experience pathway, mixed education and work experience pathway, and preceptorship pathway, and OA and DSA permit applicants. Yet, individuals enrolled in a Board-approved RDA educational program, or an alternative dental assisting program must take the clinical instruction component under existing law (CCR, tit. 16, § 1070.6), which creates a disparity in educational standards.

Because there is no clinical instruction component in the BPC section 1755 course, there is no instruction in equipment or armamentarium or requirements, therefore. Students enrolled in an RDA educational program will receive clinical instruction in infection control equipment and armamentarium; CCR, title 16, section 1070.6,

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

Board staff are concerned that the lack of clinical instruction and experience for BPC section 1755 course students will degrade patient protection and otherwise create a disparity in educational standards between the BPC section 1755 course and all other Board-approved educational programs and courses.

To resolve the clinical education disparity, the Board is asked to consider whether clinical instruction in infection control should be required for all dental assistants, all individuals applying for RDA licensure, including through the work experience pathway, mixed education/work experience pathway, and preceptorship pathway, and OA and DSA permits, or if clinical instruction in infection control should not be required for any dental auxiliary providing dental care to patients. If the Board determines the dental auxiliaries who should be required to take the statutory infection control course, the Board will need to submit a legislative proposal to the California State Legislature for amendments to BPC section 1755.

Issue 2 – No Existing Board-Approved Providers for BPC Section 1755 Course.

Under existing law, dental auxiliaries take an infection control course from Board-approved course providers; the requirements for infection control courses include administrative, faculty, curriculum, and specified instruction, including four hours of didactic instruction, two hours of preclinical/laboratory instruction, and two hours of clinical instruction. (CCR, tit. 16, §§ 1070, 1070.1, 1070.6.) BPC section 1755 creates a new eight-hour infection control course, requiring six hours of didactic instruction, as specified, and two hours of laboratory instruction that may be provided electronically through video instruction, and effectively replaces the infection control course unlicensed dental assistants were taking pursuant to CCR, title 16, section 1070.6.

Because the new infection control course created by BPC section 1755 differs in instruction topics and hours of such instruction, the Board's existing regulations do not readily apply to the new infection control course. As such, there currently are no Board-approved BPC section 1755 infection control course providers. Discussed further below, the statute is lacking, and no regulations to implement, laboratory and video instruction requirements and course provider application process. Thus, it is unclear how the Board would begin approving BPC section 1755 infection control courses when the statute becomes effective on January 1, 2025.

Further, existing infection control course providers approved by the Board to offer the eight-hour course under CCR, title 16, section 1070.6 would not be able to offer this course to unlicensed dental assistants as of January 1, 2025, unless the course providers amend their course content to increase the didactic hours of instruction from four hours to six hours, and inform the Board of such changes to the course content as required under CCR, title 16, section 1070, subsection (b)(2). Notably, this would have a significant impact on Board staff, as course providers are required to submit major changes to course content to the Board within 10 days of the change. Currently, there are approximately 169 Board-approved infection control course providers. The Board is asked to consider whether it would be prudent to amend BPC section 1755 to allow dental auxiliaries to take the existing infection control course offered by Board-approved course providers.

Issue 3 – Lack of Course Approval, Denial, or Withdrawal Provisions. Existing regulation, CCR, title 16, section 1070, subsection (a)(2), establishes the Board approval, provisional approval, denial, and approval withdrawal process for all RDA and RDAEF educational programs and dental assisting educational courses. As noted above, BPC section 1755 creates a new infection control course with different didactic and laboratory instruction requirements than those requirements established under the Board’s regulations. As such, there are no statutory provisions or Board regulations that establish the process for Board approval, provisional approval, denial, or withdrawal of approval for the new unlicensed dental assistant infection control course.

Accordingly, Board staff are concerned that these omissions make it unclear what Board actions can be taken when a BPC section 1755 infection control course application for Board approval is submitted or the Board actions that can be taken when a course is out of compliance. The Board is asked to consider whether BPC section 1755 should be amended to include course application and course review process actions that may be taken by Board to ensure the BPC section 1755 infection control courses properly instruct unlicensed dental assistants for patient safety.

Issue 4 – Lack of Course Operation Requirements. BPC section 1755 does not have course requirements pertaining to the operation of the infection control course. CCR, title 16, section 1070 provides standard course and program requirements that all current Board-approved RDA educational programs and courses must comply with, such as establishment at the postsecondary education level, reporting requirements to the Board when major changes to the program or course occur, facility, equipment, and armamentarium requirements, as well as written laboratory protocol requirements, policies on managing emergencies, performance objectives, evaluation criteria, and standards of performance for laboratory functions. The regulation requires the course or program director to keep of copies of curricula, program outlines, objectives, and grading criteria, faculty credentials, licenses, certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.

Board staff are concerned that these omissions create a disparity in educational standards between the BPC section 1755 course and all other Board-approved RDA educational programs and courses. The Board is asked to consider whether BPC section 1755 should be amended to include course operational requirements for consistency with all infection control courses provided to dental auxiliaries under either the statute or regulations.

Issue 5 – Lack of Laboratory Supervision Requirement. BPC section 1755 allows for the infection control course to be offered in person; however, there are no provisions for supervision of students in the course. CCR, title 16, section 1070.1, subsection (d), requires at least one instructor for every 14 students who are simultaneously engaged in instruction during laboratory instruction. Board staff are concerned there are no provisions for supervision of the BPC section 1755 course taken in-person or through video instruction. The Board is asked to consider whether BPC section 1755 should be amended to provide for student supervision during in-person laboratory instruction.

Issue 6 – Lack of Online Instruction Requirements. BPC section 1755 allows for the course to be offered via online learning; however, there are no standards or requirements for online learning courses or instructors. For example, there are no requirements as to whether course faculty should have experience in distance education techniques, experience in the content area in which they are teaching, clear standards for academic progress, student evaluations, or reliable technology.

Currently, CCR, title 16, section 1070.6 states faculty shall not be required to be licensed by the Board, but faculty shall have experience in the instruction of California Division of Occupational Safety and Health (Cal/OSHA) regulations (CCR, tit. 8, §§ 330-344.85) and the Board's Minimum Standards for Infection Control (CCR, tit. 16, § 1005). In addition, all faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation. As previously noted, the regulations do not readily apply to the new BPC section 1755 infection control course, and there is no clinical instruction requirement for the BPC section 1755 course.

As such, Board staff are concerned that these omissions create a disparity in educational standards between the BPC section 1755 course and all other Board-approved educational programs and courses. The Board is asked to consider whether BPC section 1755 should be amended to specify requirements for online learning courses and instructors.

Issue 7 – Lack of Laboratory Instruction Requirements. BPC section 1755 requires two-hours of laboratory instruction; however, the new statute does not establish laboratory instruction requirements. The current eight-hour infection control course requires that students complete three experiences in the following areas, with one used for a practical examination, during the laboratory portion of the course:

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

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

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

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

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

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

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

(8) Perform waterline maintenance, including use of water tests and purging of waterlines. (CCR, tit. 16, § 1070.6, subs. (f).)

In addition, CCR, title 16, section 1070.1, subsection (d), defines laboratory instruction as instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. CCR, title 16, section 1070.6, subsection (c), also establishes equipment and armamentaria requirements to instruct or properly demonstrate the subjects described in the course content.

BPC section 1755 has the option of offering the laboratory instruction using video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms or a combination thereof. The current laboratory regulation provision indicates student supervision, but BPC section 1755 contemplates laboratory instruction with no supervision.

As noted above, the existing regulations do not readily apply to the BPC section 1755 course. As such, Board staff are unclear what is required of BPC section 1755 course providers and students for laboratory instruction, how the video laboratory instruction would be implemented by course providers using the new delivery methods, and how students would be supervised.

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Although BPC section 1755, subdivision (g), authorizes the Board to adopt regulations to implement the statute, regulations would have to be created, reviewed, and submitted for the Office of Administrative Law process, which may take several years. Since regulations take much longer than legislation, the Board is asked to consider whether BPC section 1755 should be amended to establish in-person and online laboratory instruction requirements.

Issue 8 – No Clear Examination Requirement. BPC section 1755, subdivision (d), requires students to be provided with specific performance objections and the evaluation criteria that will be used for didactic testing, but there is no requirement for students to complete an examination in any aspect of the course. CCR, title 16, 1070.6, subsection (c), requires one experience during the laboratory component to be used for a practical examination, and CCR, title 16, section 1070.6, subsection (h), requires each student to pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

Board staff are concerned that the lack of a clear examination requirement for BPC section 1755 courses create a disparity in educational standards between the BCP section 1755 course and all other Board-approved educational programs and courses.

Potential Solutions

After identifying the issues discussed above and noting the rapidly approaching effective date of the new BPC section 1755 infection control course, Board staff began working with Board Counsel to develop a legislative proposal for infection control courses that included the following three options.

Option 1: All dental auxiliaries take the BPC section 1755 infection control course that is only 6 hours of didactic and 2 hours of laboratory with no clinical instruction; proposal would include laboratory instruction, course operation, Board application action, and video instruction requirements.

Option 2: Repeal new BPC section 1755, so all dental auxiliaries take the existing infection control course; eliminates multiple infection control course issues and resolves unlicensed dental assistants, OA and DSA permit applicants, and RDA preceptorship and other alternate pathway applicants from taking infection control course without clinical hours that would only be required for RDA educational program students.

Option 3: Create new requirements under BPC section 1755 so an unlicensed dental assistant either takes an in-person infection control course, with didactic, laboratory, and clinical instruction, provided by a current Board-approved course provider or through an electronic course with specified requirements.

However, after discussion and review, Board staff found issues with each option. Option 1 would not require any clinical instruction for dental auxiliaries, including RDA license applicants, which may put patients at risk, and would require all existing infection control courses to be reviewed for continued Board approval; also, would require creation of substantive provisions for course providers, instructors, operation, examination, and laboratory and video instruction that would necessitate Board or Council member drafting participation.

Option 2 would delay the option to offer the infection control course, or parts thereof, virtually, or online until the current infection control course requirements in the Dental Assisting Rulemaking package proceeds through the Office of Administrative Law review process and are made effective.

Option 3 would require a substantive overhaul of the new statute, which would necessitate Board or Council member drafting participation.

Given the extensive, substantive concerns with implementation of BPC section 1755, Board staff determined the Board should review the issues and determine the appropriate legislative proposal to resolve the issues raised.

Action Requested

Board staff recommend the Board refer the matter to the Council for review and recommendation by a two-person working group appointed by the Council Chair.



MEMORANDUM

DATE	October 22, 2024
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 28.a.: 2025 Tentative Legislative Calendar – Information Only

To date, the 2025 Tentative Legislative Calendars are not currently available from the California Senate or Assembly. These calendars are typically posted online sometime around October or November. If these calendars become available by November 7-8, 2024, they will be made available at the meeting.



MEMORANDUM

DATE	October 18, 2024
TO	Members of the Dental Board of California
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 28.b.: 2023-2024 End of Session Legislative Summary Report

Background

During the 2023-2024 legislative year, the Dental Board of California (Board) has tracked bills that would impact the Board and other healing arts boards in general. Board members and staff have actively participated in the legislative process by communicating with Legislators and their staff, taking positions on some of the proposed legislation. The bills that the Board has followed during the 2023-2024 legislative years include:

[ACR 10](#) (Weber, 2023) Children’s Dental Health Month.

[AB 567](#) (Ting, 2023) Criminal Records: Relief.

[AB 883](#) (Mathis, 2023) Business licenses: United States Department of Defense SkillBridge program.

[AB 936](#) (Wood, 2023) Dentistry: Exceptions.

[AB 952](#) (Wood, 2023) Dental coverage disclosures.

[AB 1048](#) (Wicks, 2023) Dental benefits and rate review.

[AB 1257](#) (Committee on Business and Professions, 2023) Dentistry: Dental Hygiene Board of California.

[AB 1395](#) (Garcia, 2023) Licensed Physicians and Dentists from Mexico Pilot Program: requirements.

[AB 1991](#) (Bonta, 2024) Licensee and Registrant Renewal: National Provider Number.

[AB 2630](#) (Bonta, 2024) Pupil Health: Oral Health Assessment.

[AB 2860](#) (Garcia, 2024) Licensed Physicians and Dentists from Mexico Programs.

[SB 143](#) (Committee on Budget and Fiscal Review, 2023) State government.

[SB 164](#) (Committee on Budget and Fiscal Review, 2024) CURES Fees.

[SB 259](#) (Seyarto, 2023) Reports submitted to legislative committees.

[SB 372](#) (Menjivar, 2023) Department of Consumer Affairs: Licensee and Registrant Records: Name and Gender Changes.

[SB 544](#) (Laird, 2023) Bagley-Keene Open Meeting Act: Teleconferencing.

[SB 607](#) (Portantino, 2024) Controlled substances.

[SB 815](#) (Roth, 2023) Healing arts.

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[SB 887](#) (Business, Professions and Economic Development Committee, 2023) Consumer affairs.

[SB 1451](#) (Ashby, 2024) Professions and vocations.

[SB 1453](#) (Ashby, 2024) Dentistry.

[SB 1468](#) (Ochoa Bogh, 1468) Healing Arts Boards: Informational and Educational Materials for Prescribers of Narcotics: Federal “Three Day Rule.”

[SB 1526](#) (Business, Professions and Economic Development Committee, 2024) Consumer Affairs.

The Board took positions on the following bills during the 2023-2024 Legislative Session:

[AB 481](#) (Wendy Carrillo, 2023) Dentistry: dental assistants. (Support if Amended, then Support)

[AB 936](#) (Wood, 2023) Dentistry: Exceptions. (Support)

[AB 1552](#) (Reyes, 2023) Healing Arts: Foreign dental schools. (Oppose)

[SB 372](#) (Menjivar, 2023) Department of Consumer Affairs: Licensee and registrant records: Name and gender changes. (Watch)

[SB 544](#) (Laird, 2023) Bagley-Keene Open Meeting Act: Teleconferencing. (Support)

[AB 2269](#) (Flora, 2024) Board membership qualifications: Public members. (Oppose unless amended)

[AB 2496](#) (Low, 2024) Dentistry: Oral conscious sedation. (Support if amended)

[AB 2526](#) (Gipson, 2024) Nurse anesthetists: General anesthesia or deep sedation. (Support if amended)

[AB 2630](#) (Bonta, 2024) Pupil health: Oral health assessment. (Support)

[AB 2862](#) (Gipson, 2024) Licenses: African-American applicants. (Oppose unless amended)

[SB 1067](#) (Smallwood-Cuevas, 2024) Healing Arts: Expedited licensure process: Medically underserved area or population. (Oppose unless amended)

[SB 1453](#) (Ashby, 2024) Dentistry. (Support)

Summaries of the chaptered legislation during 2023-2024 have been compiled into a report for the Board’s consideration and possible adoption.

Action Requested

Board staff request that the Board consider and adopt the attached *Legislative Summary for 2023-2024 Legislative Session* and direct staff to post the report on the Board’s website.

Legislative Summary for 2023-2024 Legislative Session

Compiled by
The Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, California 95815-3831
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2023-2024 LEGISLATIVE SESSION**

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[ACR 10](#) (Weber, Chapter 16, Statutes of 2023)
CHILDREN'S DENTAL HEALTH MONTH.

This Resolution, approved March 27, 2023, declared the month of February to be Children's Dental Health Month in the State of California.

[AB 567](#) (Ting, Chapter 444, Statutes of 2023)
CRIMINAL RECORDS. RELIEF.

This law amends Penal Code section 1203.425, which requires the Department of Justice to review the state criminal records database monthly to identify individuals with convictions who would qualify for conviction records relief. The provisions of the law go into effect on July 1, 2024. The law eliminates the requirement that these searches would be done subject to an appropriation by the Legislature. If requested by the subject of the records relief, the Department would have to provide written confirmation that the relief was granted.

[AB 883](#) (Mathis, Chapter 348, Statutes of 2023)
BUSINESS LICENSES: UNITED STATES DEPARTMENT OF DEFENSE SKILLBRIDGE PROGRAM.

This law amends Business and Professions Code section 115.4 to require DCA Boards to expedite processing for applicants who are active-duty service members enrolled in the Department of Defense SkillBridge program.

[AB 936](#) (Wood, Chapter 550, Statutes of 2023)
DENTISTRY: EXCEPTIONS.

This law amends Business and Professions Code section 1626.6 to exempt all dental students from violations of section 1626 (practice of dentistry without a license) for services provided under supervision at a sponsored event. As currently written this exemption only applies to final year students (which includes students of advanced education programs). The law defines dental students as those students who have started clinical training at a dental school approved by the Board. It also requires the supervising dentist to assess the patient being treated and determine if the assigned student has the necessary skill to treat the patient. The law is an urgency statute and took effect on October 8, 2023.

[AB 952](#) (Wood, Chapter 125, Statutes of 2023)
DENTAL COVERAGE DISCLOSURES.

The law adds new sections to the Health and Safety Code and to the Insurance Code requiring that in communications from a health care provider to a health care service provider or an insurer it must be disclosed whether or not the enrollee's or insured's dental coverage is subject to regulation. This disclosure can be made through an online portal or by request. Any coverage cards or similar documents showing evidence of coverage must contain this disclosure.

[AB 1048](#) (Wicks, Chapter 557, Statutes of 2023)
DENTAL BENEFITS AND RATE REVIEWS.

This law includes insurance policies and health care service plans that provide dental services in the rate increase review processes administered by the Department of Insurance and the Department of Health Care Access and Information. Starting January 1, 2024, such plans cannot have a waiting period for dental services or a pre-existing conditions provision. Providers of those plans must file annual disclosures of specified information, beginning January 1, 2025, with the Department of Health Care Access and Information or the Department of Insurance (as appropriate).

[AB 1257](#) (Committee on Business and Professions, Chapter 677, Statutes of 2023)
DENTISTRY: DENTAL HYGIENE BOARD OF CALIFORNIA.

This law extends the authority of the Dental Hygiene Board of California to January 1, 2028. It amends Section 1903 of the Business and Professions Code to allow for any Dental Hygiene Board member to be removed by their appointing authority per Code section 106. It would also amend the requirements for RDH licensure to include certification in basic life support and would allow graduation from a California approved dental hygiene college in lieu of passing the WREB or another examination approved by the DHBC (the National Board Dental Hygiene Examination is still required). The law also raises the cap on mandatory continuing education hours to 10. The law amends Health and Safety Code section 1315 to permit registered dental hygienists to provide dental hygiene training to staff at long-term health care facilities.

[AB 1395](#) (Garcia, Chapter 205, Statutes of 2023)
LICENSED PHYSICIANS AND DENTISTS FROM MEXICO PILOT PROGRAM: REQUIREMENTS.

This law amends Section 853 of the Business and Professions Code to require the Medical Board to issue a three-year nonrenewable license to an applicant who has not yet provided a taxpayer identification number or social security number and can only qualify for a license under the Licensed Physicians and

Dentists from Mexico Pilot Program, if the applicant meets other conditions. The bill also makes some non-substantive changes to other portions of this section.

[AB 1991](#) (Bonta, Chapter 369, Statutes of 2024)

LICENSEE AND REGISTRANT RENEWAL: NATIONAL PROVIDER NUMBER.

Requires all healing arts boards under the Department of Consumer Affairs (DCA) to require their licensees or registrants who electronically renews their license or registration to provide to that board the licensee's or registrant's individual National Provider Identifier, if they have one.

[AB 2198](#) (Flora, Chapter 386, Statutes of 2024)

HEALTH INFORMATION.

Requires the Department of Managed Health Care (DMHC) and California Department of Insurance (CDI), commencing January 1, 2027, or when final federal rules are implemented, whichever occurs later, to require health plans and insurers to establish and maintain patient access application programming interfaces (API), provider access API, payer-to-payer API, and prior authorization API. Authorizes DMHC and CDI, until January 1, 2027, to issue guidance not subject to the Administrative Procedure Act. Expand requirements to health plans and insurers and require DMHC and CDI to require health plans and insurers to establish and maintain patient access API, provider access API, payer-to-payer API, and prior authorization API.

[AB 2630](#) (Bonta, Chapter 838, Statutes of 2024)

PUPIL HEALTH: ORAL HEALTH ASSESSMENT.

This bill expands the definition of "kindergarten" to include transitional kindergarten (TK) and requires proof of a student's oral health assessment upon first enrollment only once during a two-year kindergarten program.

[AB 2860](#) (Garcia, Chapter 246, Statutes of 2024)

LICENSED PHYSICIANS AND DENTISTS FROM MEXICO PROGRAMS.

Reestablishes the Licensed Physicians and Dentists from Mexico Pilot Program as the distinct Licensed Physicians from Mexico Program and Licensed Dentists from Mexico Pilot Program and revises various requirements contained within the existing pilot program relating to the temporary state licensure of medical professionals from Mexico.

[SB 143](#) (Committee on Budget and Fiscal Review, Chapter 196, Statutes of 2023)
STATE GOVERNMENT.

This law reinstates the provisions of the Bagley Keene Open Meetings Act that permitted additional flexibility for meetings held by teleconference. They would remain in effect for the remainder of 2023. The law also adds language for Boards and Bureaus seeking to comply with recent changes to the federal Servicemembers Civil Relief Act concerning license portability. This federal law was amended to permit qualified spouses of servicemembers to use a license granted in one state to practice in another state for the duration of the servicemember's orders in that other state. The new language in SB 143 mirrors the federal language, providing specifics about what evidence must be submitted to the California Board to be 'registered' with the out of state license, and how such licensees should be noted on the Board's website. No fee is to be collected for such registration, but the out of state licensee would be subject to the Board's laws concerning standards of practice, discipline, and continuing education. The registration is tied to the servicemembers orders and would expire when those orders expire. The Board would have enforcement authority over such a licensee.

[SB 164](#) (Committee on Budget and Fiscal Review, Chapter 41, Statutes of 2024)
STATE GOVERNMENT.

This bill, a general government trailer bill, contains the necessary changes to implement provisions adopted as part of the Budget Act of 2024. This bill makes various statutory changes to implement the general state government provisions of the Budget Act of 2024. Among the changes, Increases the Controlled Substance Utilization Review and Evaluation System (CURES) fee from \$9 to \$15 starting April 1, 2025, in order to right-size the costs for the Department of Justice to administer the program.

[SB 259](#) (Seyarto, Chapter 148, Statutes of 2023)
REPORTS SUBMITTED TO LEGISLATIVE COMMITTEES.

The law amends the Government Code to require a state agency to post on its website any report it submits to a committee of the Legislature, as well as members of either house of the Legislature, or the Legislature as a whole. The law also covers reports identified in the Supplemental Report of the Budget Act put out by the Legislative Analyst's Office.

[SB 372](#) (Menjivar, Chapter 225, Statutes of 2023)
DEPARTMENT OF CONSUMER AFFAIRS: LICENSEE AND REGISTRANT RECORDS: NAME AND GENDER CHANGES.

The law adds Business and Professions Code section 27.5, which requires Department of Consumer Affairs boards to update their licensee and/or registrant

records, on request from the licensee and/or registrant, to reflect name and/or gender changes by licensees and/or registrants. Barring any other provision of law, if licensees or registrants provide appropriate government-issued identification as detailed in the law, then boards would need to update their records, including any records maintained in an online records system. If licensees and/or registrants request it, boards must reissue requested documents bearing the licensee's or registrant's updated legal name or gender information. A board may charge a fee for reissuing these documents, but that fee cannot be higher than what it charges for reissuing documents with other updated information.

Boards must also establish processes for disclosing a licensee's former name and gender in connection with a complaint against a licensee. Boards will remove a licensee's former name and/or gender from an online license verification system. Records with the former name and/or gender process will not be posted online, but a search of the online system that would result in such records would simply note that the individual was previously subject to disciplinary action and include a notice to contact the relevant board for additional information about those enforcement actions. Requests for that additional disciplinary information will be handled in a way consistent with the California Public Records Act, but any documents connected to a request for updating records pursuant to this bill confidential and not subject to public inspection or disclosure.

[SB 544](#)

(Laird, Chapter 216, Statutes of 2023)

BAGLEY-KEENE OPEN MEETING ACT: TELECONFERENCING.

The law amends the Bagley-Keene Open Meeting Act (which covers state agencies like the Board) with respect to meetings held by teleconference. The changes add additional tools for this kind of meeting, incorporating most of the teleconferencing procedures permitted during the COVID-19 pandemic. The bill would remove the requirement that all teleconference locations must be noticed in the agenda and available to the public. Meetings held by teleconference would have to provide to the public a means to access the meeting by audio, by video, and at least one in-person location. At least one member or staff must be physically present at the location specified in the meeting notice. There must be a process in place for addressing requests for reasonable accommodations pursuant to the federal Americans with Disabilities Act, and that process must be advertised any time a meeting is noticed. The law requires one staff member to be physically present at each teleconference location, and a quorum of the agency members must be physically present at the same teleconference location (exceptions must qualify as specified in the law). If any member is participating remotely, that fact must be noticed no later than 24-hours before the meeting. If a member is participating remotely, they must disclose if anyone 18-years or older is in the room with them and the general nature of the relationship between that person or persons and the member.

The law provides an additional set of procedures for teleconference meetings that would be in effect from January 1, 2024, until January 1, 2026.

Requirements specific to this section include that:

- A member participating remotely must be visible on camera.
- One member of the agency must be physically present at each teleconference location.
- A majority of the agency members must be present at the same physical location unless a member or members meet certain conditions.

[SB 607](#)

(Portantino, Chapter 862, Statutes of 2024)

CONTROLLED SUBSTANCES.

Expands the existing requirement for prescribers to discuss information about the risks associated with opioid use and addiction when issuing or dispensing opioids to a minor patient to require that discussion to occur regardless of the patient's age, with exceptions. Major Provisions include requiring prescribers to discuss the information regarding the risks and dangers of opioid use and addiction with adult patients in addition to the existing requirement for minors. Exempts patients currently receiving hospice care from the discussion requirement. Repeals the exemption from the discussion requirement for patients who are being treated for a diagnosis of chronic intractable pain.

[SB 815](#)

(Roth, Chapter 294, Statutes of 2023)

HEALING ARTS.

This bill makes various changes to the operations of the Medical Board of California (MBC) stemming from the joint sunset review oversight of the board and extends MBC operations until January 1, 2028. Requires the MBC to issue a three-year nonrenewable license to an applicant for participation in the Licensed Physicians and Dentists from Mexico Pilot Program who has not provided an ITIN or SSN, if the MBC determines the applicant is otherwise eligible for that license and requires that the applicant immediately seek a three-year visa and SSN within 14-days, during which time they are ineligible to practice medicine.

[SB 887](#)

(Business, Professions and Economic Development Committee, Chapter 510, Statutes of 2023)

CONSUMER AFFAIRS.

Among other things, the law amends BPC section 115.8 to change the Department of Consumer Affairs reporting requirements on military and spouse licensure. Most of the changes are to the reporting period, which would be on the fiscal year rather than the calendar year.

[SB 1451](#) (Ashby, Chapter 481, Statutes of 2024)
PROFESSIONS AND VOCATIONS.

This bill makes various changes to the operations of programs governed by practice acts in the Business and Professions Code and various professions regulated by these programs, stemming from prior sunset review oversight efforts. The bill affects several licensing boards. This bill deletes the provision requiring the Dental Board of California to approve, modify, or reject, and, if requested by the Dental Hygiene board, to provide reasons for rejecting or significantly modifying, the above-described recommendations submitted by the Dental Hygiene Board. Authorizes a registered dental hygienist in alternative practice (RDHAP) with an existing practice in a dental health professional shortage area to continue to provide dental hygiene services if certification by the department is removed and the registered dental hygienist in alternative practice annually provides specified information to certain patients.

[SB 1453](#) (Ashby, Chapter 483, Statutes of 2024)
DENTISTRY.

The Dental Board of California's sunset review bill was chaptered on September 22, 2024. The sunset review process was overseen by the Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee. In addition to reauthorizing the Board to regulate the practice of dentistry and to administer and enforce the Dental Practice Act, the sunset review bill made various changes to the operations of the Board and sections of the Act.

[SB 1468](#) (Ochoa Bogh, Chapter 488, Statutes of 2024)
HEALING ARTS BOARDS: INFORMATIONAL AND EDUCATIONAL MATERIALS FOR PRESCRIBERS OF NARCOTICS: FEDERAL "THREE DAY RULE".

Requires each health professional licensing board that licenses a prescriber to develop informational and educational material regarding the federal Drug Enforcement Administration's (DEA) "Three Day Rule" to ensure prescriber awareness of existing medication-assisted treatment pathways to serve patients with substance use disorder.

[SB 1526](#) (Business, Professions and Economic Development Committee, Chapter 497, Statutes of 2024)
CONSUMER AFFAIRS.

Makes numerous technical and clarifying provisions related to programs within the Department of Consumer Affairs (DCA). Adds language to address chaptering issues.

**NUMERIC INDEX OF CHAPTERED BILLS FOR 2023-2024
LEGISLATIVE SESSION**

BILL	AUTHOR	STATUS	CHAPTER NUMBER	STATUTE YEAR
ACR 10	Weber	Chaptered	16	2023
AB 567	Ting	Chaptered	444	2023
AB 883	Mathis	Chaptered	348	2023
AB 936	Wood	Chaptered	550	2023
AB 952	Wood	Chaptered	125	2023
AB 1048	Wicks	Chaptered	557	2023
AB 1257	Committee on Business and Professions	Chaptered	677	2023
AB 1395	Garcia	Chaptered	205	2023
AB 1991	Bonta	Chaptered	369	2024
AB 2198	Flora	Chaptered	386	2024
AB 2630	Bonta	Chaptered	838	2024
AB 2860	Garcia	Chaptered	246	2024
SB 143	Committee on Budget and Fiscal Review	Chaptered	196	2023
SB 164	Committee on Budget and Fiscal Review	Chaptered	41	2024
SB 259	Seyarto	Chaptered	148	2023
SB 372	Menjivar	Chaptered	225	2023
SB 544	Laird	Chaptered	216	2023
SB 607	Portantino	Chaptered	862	2024
SB 815	Roth	Chaptered	294	2023
SB 887	Committee on Business, Professions and Economic Development	Chaptered	510	2023
SB 1451	Ashby	Chaptered	481	2024
SB 1453	Ashby	Chaptered	483	2024
SB 1468	Ochoa Bogh	Chaptered	488	2024
SB 1526	Committee on Business, Professions and Economic Development	Chaptered	497	2024



DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	October 16, 2024
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 29.: Public Comment on Future Agenda Items

Background

Stakeholders are encouraged to submit comments on future agenda items, including proposals, in writing to the Board before, during or after the meeting for possible consideration by the Board at a future Board meeting.

Action Requested

No action requested.