



**DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL**

**NOTICE OF MEETING
February 5, 2026**

Council Members

Jeri Fowler, RDAEF, OA, Chair
De'Andra Epps-Robbins, RDA, Vice Chair
Jessica Gerlach, RDA, OA
Lilia Larin, DDS
Cara Miyasaki, RDA, RDHEF, MS
Rosalinda Olague, RDA, PhD(c)
Carie Smith, RDAEF, OA

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

**The Dental Assisting Council (Council) of the Dental Board of California (Board)
will meet in person in accordance with Government Code section 11122.5,
subdivision (a), at 8:30 a.m., on Thursday, February 5, 2026, at:**

Department of Consumer Affairs
1747 N. Market Blvd., Hearing Room #186
Sacramento, CA 95834

This meeting also will be held via WebEx Events for public participation. Instructions to connect to the meeting can be found in the WebEx QuickStart document at:

https://dbc.ca.gov/about_us/meetings/webex_instructions.pdf

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**Event number: 2496 033 3027
Event password: DBC25 (32225 from phones)**

Due to potential technical difficulties, please consider submitting written comments by January 27, 2026, to dentalboard@dca.ca.gov for consideration.

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. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will need to provide a unique

identifier such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make public comment; participants who choose not to provide their email address may utilize a fictitious email address like in the following sample format: XXXXX@mailinator.com.

AGENDA

1. Call to Order/Roll Call/Establishment of a Quorum
2. Public Comment on Items Not on the Agenda **[4]**
Note: The Council 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 November 6, 2025 Meeting Minutes **[5-12]**
4. Council Chair Report **[13]**
5. Executive Officer Report **[14]**
6. Update on Dental Assisting Examination Statistics **[15-19]**
 - a. Registered Dental Assistant General Written and Law and Ethics Examinations
 - b. Registered Dental Assistant in Extended Functions General Written Examination
 - c. Orthodontic Assistant Written Examination
 - d. Dental Sedation Assistant Written Examination
7. Update on Dental Assisting Licensing Statistics **[20-31]**
 - a. Registered Dental Assistant License
 - b. Registered Dental Assistant in Extended Functions License
 - c. Orthodontic Assistant Permit
 - d. Dental Sedation Assistant Permit
 - e. Abandoned Dental Assisting Applications
8. Update and Discussion on Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses Application Approvals and Re-Evaluations **[32-38]**
9. Update, Discussion, and Possible Recommendation to the Board on Legislative Proposal to Amend Business and Professions Code (BPC) Sections 1684.5, 1741, 1750, 1750.1, and 1752.4 Regarding Dental Auxiliaries – *Dental Assistant and Registered Dental Assistant Duties Working Group* **[39-60]**
10. Update, Discussion, and Possible Recommendation on Legislative Proposals

- a. Legislative Proposal to Amend BPC Sections 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, and 1755, and Repeal BPC Section 1632.6 Regarding Dentistry **[61-89]**
 - b. Recommendation on Legislative Proposal to Amend BPC Sections 1628.7, 1686, 1718.2, and 1718.3 Regarding Probationary Licenses, Petitions for Reinstatement, Termination, or Modification of Penalty, and Cancelled Licenses and Permits **[90-99]**
11. Update and Discussion on Proposed Regulations **[100]**
- a. Update on Rulemaking to Amend California Code of Regulations, Title 16, Section 1005 Regarding Minimum Standards for Infection Control

12. 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 Council Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Council are open to the public.

Members of the public may also view a livestream (Webcast) of this meeting at <https://thedcapage.blog/webcasts/>. Using the Webcast link will allow only for observation with closed captioning. Webcast availability cannot be guaranteed due to resource limitations or technical difficulties. Meeting adjournment may not be Webcast if it is the only item that occurs after a closed session. The meeting will not be cancelled if Webcast becomes unavailable.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Council prior to the Council taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Council, but the Council Chair may, at their discretion, apportion available time among those who wish to speak.

This meeting is being held in person and via teleconference through WebEx Events for public participation. 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 Bryce W.A. Docherty, MPA, 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	January 14, 2026
TO	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 2.: Public Comment on Items Not on the Agenda

Notes

Agenda Item 2.: Public Comment on Items Not on the Agenda
Dental Assisting Council Meeting
February 5, 2026

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**DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL
MEETING MINUTES
November 6, 2025**

Pursuant to Government Code section 11122.5, subdivision (a), the Dental Assisting Council (Council) of the Dental Board of California (Board) met in-person with additional public participation available by teleconference/WebEx Events on Thursday, November 6, 2025, with the following location available for Council and public member participation:

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

Members Present:

De'Andra Epps-Robbins, RDA, Chair
Jeri Fowler, RDAEF, OA, Vice Chair
Jessica Gerlach, RDA, OA
Lilia Larin, DDS
Cara Miyasaki, RDA, RDHEF, MS
Rosalinda Olague, RDA, PhD(c)
Carie Smith, RDAEF, OA

Staff Present:

Christy Bell, Interim Executive Officer
Ryan Blonien, Enforcement Chief
Jodi Ortiz, Chief of Licensing and Examination Division
Paige Ragali, Chief of Administration and Compliance
Tina Vallery, Chief of License and Program Compliance and Dental Assisting
Albert Law, Enforcement Program Manager
Jessica Olney, Anesthesia Unit Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
Brant Nelson, Legislative and Regulatory Specialist
Paul Corbin, Investigator
Mirela Taran, Administrative Analyst
Joseph Tippins, Investigator
Lucia Saldivar, Deputy Director, Board and Bureau Relations, Department of Consumer Affairs (DCA)
Alex Cristescu, Television Specialist, Office of Public Affairs, DCA
Ann Fisher, Facilitator and Strategic Planner, Strategic Organizational Leadership and Individual Development (SOLID), DCA
Tara Welch, Board Counsel, Attorney IV, Legal Affairs Division, DCA

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November 6, 2025 Meeting Minutes

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

Council Chair, Ms. De'Andra Epps-Robbins, called the meeting to order at 8:34 a.m.; seven members of the Council were present, and a quorum was established.

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

Debbie Heath-Bordeaux, a licensed registered dental assistant (RDA) who retired after 51 years in practice, was told that if she wanted to retire her license, she just has to not pay her RDA license renewal fee and let it go. She did not agree with that and felt like it was like not paying a bill and waiting for someone to catch up with you. She stated that she served over 30 years in practice, with 18 years of practice as an RDA, since in 1974 there was no such thing as an RDA. She was proud of her years in practice. She wants to retire her license, and she was told to come talk to the Council. She wants a conversation to see if there is a way, when someone decides to stop practicing and wants to retire their license, they should be able to retire the license, not just go out without paying the license renewal.

Agenda Item 3: Discussion and Possible Action on August 14, 2025 Meeting Minutes

Council Member Jeri Fowler requested an amendment to the Meeting Minutes on page 2, Agenda Item 4, first paragraph, in lines 16 and 17, to strike and replace "RDA statutes" with "RDAEF statutes and regulations".

Motion/Second/Call the Question (M/S/C) (Miyasaki/Fowler) to approve the August 14, 2025 Meeting Minutes as revised.

Chair Epps-Robbins requested public comment before the Council acted on the motion. There were no public comments made on the motion.

Chair Epps-Robbins called for the vote on the motion. Ms. Mirela Taran took a roll call vote on the motion.

Ayes: Epps-Robbins, Fowler, Gerlach, Larin, Miyasaki, Olague, Smith.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed and the Minutes were approved.

Agenda Item 4: Council Chair Report

Chair Epps-Robbins reported that an RDA Committee, comprised of Council Member Jessica Gerlach and Council Member Rosalinda Olague, was established. Additionally, an RDA in Extended Functions (RDAEF) Committee, comprised of Council Member Carie Smith and Vice Chair Jeri Fowler, was established. Chair Epps-Robbins Council is still working on its committees.

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Agenda Item 5: Interim Executive Officer Report

Christy Bell reported that on September 18, 2025, Board staff held a stakeholder meeting to gather feedback on the legislative proposal that was introduced at the August 14, 2025 Council meeting. She voiced that the stakeholder meeting had over 100 attendees, and Board staff look forward to collaborating with stakeholders more in the future on dental assisting related items. Ms. Bell stated that the Board met on November 5, 2025, to develop the Board's next Strategic Plan, and the Board focused on developing objectives for its four goal areas of licensing and examinations, consumer protection and enforcement, communication and customer service, and administrative services. DCA's SOLID facilitated this meeting and will create the final Strategic Plan that will be presented to the Board at its February 2026 Board meeting. Ms. Bell communicated that the Board is in various stages of recruitment for six vacant positions and currently has an 8% vacancy rate.

Chair Epps-Robbins requested public comment on this item. There were no public comments made on this item.

Agenda Item 6: Update on Dental Assisting Examination Statistics

Tina Vallery provided the report, which is available in the meeting materials.

Chair Epps-Robbins requested public comment on this item. There were no public comments made on this item.

Agenda Item 7: Update on Dental Assisting Licensing Statistics

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

Council Member Cara Miyasaki asked whether dentists have a retired license status. Ms. Bell responded that the Board currently does not have a retired status for any licenses issued by the Board.

Tara Welch added that there is a statute in the Business and Professions Code (BPC) that authorizes boards to create regulations that would authorize the board to issue retired licenses. She stated that the Board currently does not have such regulations. Alternatively, the Board could request a statute to issue retired licenses. However, at the moment, the Board does not have statutory or regulatory authority to issue retired licenses.

Council Member Lilia Larin inquired how the license status would show up on the Board's webpage when somebody retires. Ms. Vallery responded that currently the license would lapse; it would show an expired license status and eventually show a cancelled status.

Vice Chair Fowler asked if there was something the Council could do possibly right now to propose developing some kind of retired license status and then take that to the

Board. Ms. Bell responded that was something the Council could take under consideration for the future.

Council Member Miyasaki pointed out that on page 33 of the meeting materials for the RDA licenses, there are 29,108 that are active, but then there are almost 60,000 that are cancelled, and that equals about 50%. She voiced that it seems like a very disappointing number for retention and asked if there is a possibility that a stakeholder could possibly send out a survey to find out why individuals have cancelled their license.

Vice Chair Fowler wondered if the Board could track a licensee moving to an RDAEF or hygienist in relation to cancellations. Ms. Vallery responded that it would be difficult, but Board staff could try to pinpoint how many of these have other license types.

Chair Epps-Robbins requested public comment on this item. The Council received public comment.

Joan Greenfield, representing the California Extended Functions Association, voiced that she was under the impression that there is a category of inactive status where the licensee can merely pay a fee and not have to do continued education.

Shari Becker, representing herself, noted that there may be some stakeholders who would be interested in helping figure out that 60,000 number, and it would be helpful if there were a way to access emails for those people versus mailing addresses. Ms. Becker noted that if that information might be available, that might be an avenue for a survey or something to go out to take some responsibility away from the Board.

Susan McLaran commented that the Dental Hygiene Board of California (DHBC) has a retired category that was created just recently. In terms of statistics, she conveyed that she has been trying to work with the Department of Health Care Access and Information (HCAI) and noted that they could develop a re-licensure survey to ask those questions, so that the Council would have that information. She added that they were supposed to do a complete survey of the dental field, but it has not happened yet. Ms. McLaran advised the Council to look into that and press HCAI to get the kind of information that is needed.

Agenda Item 8: Update and Discussion on Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses Application Approvals and Re-Evaluations

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

Chair Epps-Robbins requested public comment on this item. There were no public comments made on this item.

Agenda Item 9.: Update and Discussion on Legislative Proposal to Amend Business and Professions Code (BPC) Sections 1741, 1750, 1750.2, 1750.4, 1752.1, 1752.6,

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1753, 1753.51, 1754.5, 1755, and 1777, and Add Sections 1752.1, 1754.5, 1755, and 1778 Relating to Board Approval of Dental Assistant Educational Programs and Courses

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

Council Member Smith asked what Board staff's plan might be for the next step of a resolution. Ms. Vallery responded that Board staff have already reached out to some of its stakeholder groups to have another meeting to discuss next steps. The meeting is to brainstorm with the stakeholder groups and increase transparency on where Board staff would like to go and give them an opportunity to start thinking about these topics and share any information and suggestions they may have so the Board can work on this collaboratively.

Council Member Larin asked if the in-office training RDA pathway is going to disappear if the Board converted to an all recognized training certification. Ms. Vallery responded that Board staff had no intention of eliminating any pathways to licensure with the proposal.

Ms. Welch conveyed there may be concerns about RDA applicants not getting any clinical experience if there is a transition away from Board approval of the educational programs. She added now there is a new pathway that came out of the Board Sunset bill that was requested by the California Dental Association (CDA) and authorizes a certified dental assistant through the Dental Assisting National Board (DANB) to apply for Board RDA licensure. Ms. Welch voiced that DANB certification just requires exams, and there is no clinical component requirement for that. On some level, that pathway with no clinical experience potentially already exists. She stated that the Board is not going back to figure out whether these applicants who have Certified Dental Assistant certifications through DANB have had any clinical experience. Ms. Welch indicated that Board staff continue to try and work through these issues and figure out what the best pathway is. She stated that it is not necessarily that Board staff are trying to get rid of the clinical component entirely; there would still be multiple pathways to obtain RDA licensure.

Council Member Miyasaki expressed that she believes a Certified Dental Assistant has two pathways, one is educational through a Commission on Dental Accreditation of the American Dental Association (CODA) approved school, and the other is if they do not go through a CODA approved school, there is a clinical requirement for hours. Ms. Vallery responded that there is a work experience pathway for the Certified Dental Assistant certification, but the Board just accepts it once the RDA license applicant has the DANB Certified Dental Assistant certification at this point. She added that as long as the RDA license applicant has obtained the DANB Certified Dental Assistant certification, there is a pathway right now to accept it.

Council Member Miyasaki verbalized that the retention rate of dental assistants is only at 50% and noted that if there was better retention and it was an RDA as a career

choice and not a transitional career that it looks like now, that there would not be so many courses to have to approve. She stated that because there are not that many people coming in to be a dental assisting, and while it is great to have new people, she believes retention is important. She suggested starting out with an assessment by hopefully one of the stakeholders about retention rates. She stated maybe it is tied to salary or portability of the license, or maybe people are choosing to be hygienists and moving out the career. She wants some sort of assessment or thoughtful proceed while proceeding to the next step.

Chair Epps-Robbins requested public comment on this item. The Council received public comment.

Tooka Zokae, representing CDA, inquired that while this may not be a public engagement, would there still be an opportunity to hear update on exploring different pathways or accreditation at the next Board meeting. She noted stakeholders, including CDA, have many creative ways to address the current challenges with accreditation and Board approval. She clarified that there currently is a pathway with the DANB examination that would be no clinical or hands on experience, and that it just differs if it is through a program or through in person clinical training in an office setting.

Dr. Guy Acheson, representing the California Academy of General Dentistry, stated a dental sedation assistant program is very small and run inside an oral surgeon's office and involves clinical and didactic components. He stated that the idea of trying to qualify an individual office or something like CODA is overwhelming in both costs and complexity. He added that the demand for dental sedation assistants (DSAs) is fairly low, where a course is really only put on probably every two or three years depending on how many assistants want to stand for a DSA. Dr. Acheson stated there is great concern for this; it is considered to be a very important position for the surgeons they were talking with over the last few weeks. He believes the program would go away if it was independent oversight on these things because of cost and complexity.

Ms. Becker, representing the Alliance, thanked the Council for the opportunity for the stakeholder meeting, and they look forward to future meetings and collaborating and assisting in whatever capacity they can.

Evelyn Butia, representing the California Society of Pediatric Dentists, thanked the Council for making time for their stakeholders to collaborate in a public setting and navigating all of these challenges. She noted that they understand that the Board is not an educational verification and understand the challenges of having reduced retention rates in the career as well as graduation from the schools. Ms. Butia expressed that she is a military spouse of 23 years and that they have a lot of interns in the practices that they work in through the step program, through clinical partnership with some of the schools, as well as exploration of the different fields. She communicated that they find that a lot of their interns will retain and stay within the program. She noted that if the

Council explored other programs that increased the retention rate, as well as exploring the barriers to staying within the profession, that that would be beneficial.

Sona Bekmezian, California Association of Orthodontists representative, echoed the other public comments and stated their desire to be involved in the next steps, discussions, and collaboration.

Agenda Item 10: Update, Discussion, and Possible Recommendations to the Board on Proposed Regulations

Agenda Item 10.a.: Status Update on Pending Regulations

Brant Nelson provided the report, which is available in the meeting materials.

Chair Epps-Robbins requested public comment on this item. The Council received public comment.

Leslie Canham, registered provider for continuing education and 8-hour infection control provider, as well as certified in dental infection prevention and control, raised concern that the language on the dental unit waterline monitoring did not have clarity on whether it would be according to the manufacturer's instructions for use of a dental unit waterline product device or whether it was a manufacturer's directions for the product that is used to monitor dental unit waterlines. She expressed the language needs to be explicit on how that dental unit water is going to be monitored.

Agenda Item 11: Election of 2026 Council Chair and Vice Chair

Ms. Bell facilitated the election. She opened the floor for nominations for the position of Council Vice Chair.

Ms. Bell received two nominations for 2026 Council Vice Chair: Chair Epps-Robbins, who accepted the nomination, and Vice Chair Fowler, who denied the nomination. There were no other nominations for Council Vice Chair

(M/S/C) (Epps-Robbins/Fowler) to elect Chair Epps-Robbins as the 2026 Council Vice Chair.

Ms. Bell requested public comment before the Council acted on the motion. There were no public comments made on the motion.

Ms. Bell called for the vote on the motion. Ms. Taran took a roll call vote on the motion.

Ayes: Epps-Robbins, Fowler, Gerlach, Larin, Miyasaki, Olague, Smith.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. Chair Epps-Robbins was elected as 2026 Council Vice Chair.

Ms. Bell opened the floor for nominations for the position of 2026 Council Chair. Vice Chair Fowler was nominated as the 2026 Council Chair, and she accepted the nomination. There were no other nominations.

(M/S/C) (Fowler/Epps-Robbins) to appoint Council Member Fowler as the 2026 Council Chair.

Ms. Bell requested public comment before the Council acted on the motion. There were no public comments made on the motion.

Ms. Bell called for the vote on the motion. Ms. Taran took a roll call vote on the motion.

Ayes: Epps-Robbins, Fowler, Gerlach, Larin, Miyasaki, Olague, Smith.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. Vice Chair Fowler was elected as 2026 Council Chair.

Ms. Bell noted the Chair and Vice Chair terms begin on January 1, 2026.

Agenda Item 12: Adjournment

Chair Epps-Robbins adjourned the meeting at 9:30 a.m.



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MEMORANDUM

DATE	January 14, 2026
TO	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 4.: Council Chair Report

Background

Ms. Jeri Fowler, Chair of the Dental Assisting Council, will provide an update on Council activities.

Action Requested

No action required.



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MEMORANDUM

DATE	January 14, 2026
TO	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 5.: Executive Officer Report

Background

Bryce W.A. Docherty, MPA, Executive Office of the Dental Board of California, will provide a verbal report.

Action Requested

No action required.

**DENTAL BOARD OF CALIFORNIA**

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DATE	January 7, 2026
TO	Members of the Dental Assisting Council
FROM	Rikki Parks, Dental Assisting Program Manager Dental Board of California
SUBJECT	Agenda Item 6.: Update on Dental Assisting Examination Statistics

Background

The following table provides the examination statistics for candidates who attempted dental assisting examinations in fiscal years (FY) 2022/23, 2023/24, 2024/25, and 2025/26 through December.

	License Type	RDA	RDAEF	OA	DSA
		Written	Written	Written	Written
FY 2025/26	Total 1st Time Candidates Tested	1,055	86	108	2
	1st Time Candidates Pass	896	75	102	2
	1st Time Candidates Pass %	85%	87%	95%	100%
	1st Time Candidates Fail	159	11	6	0
	1st Time Candidates Fail %	15%	13%	5%	0%
	Total Repeat Candidates Tested	368	22	20	0
	Repeat Candidates Pass	160	12	8	0
	Repeat Candidates Pass %	43%	53%	23%	0%
	Repeat Candidates Fail	208	10	12	0
	Repeat Candidates Fail %	57%	47%	77%	0%
	Total Candidates Tested	1,423	108	128	2
	Total Candidates Passed	1,056	87	110	2
	Total Candidates Pass %	74%	80%	82%	100%
	Total Candidates Failed	367	21	18	0
	Total Candidates Failed %	26%	20%	18%	0%
FY 2024/25	Total 1st Time Candidates Tested	2,251	166	212	3
	1st Time Candidates Pass	1,871	148	187	3
	1st Time Candidates Pass %	83%	89%	88%	%
	1st Time Candidates Fail	380	18	25	0
	1st Time Candidates Fail %	17%	11%	18%	N/A
	Total Repeat Candidates Tested	795	65	78	2

Agenda Item 6.: Update on Dental Assisting Examination Statistics
Dental Assisting Council Meeting
February 5, 2026

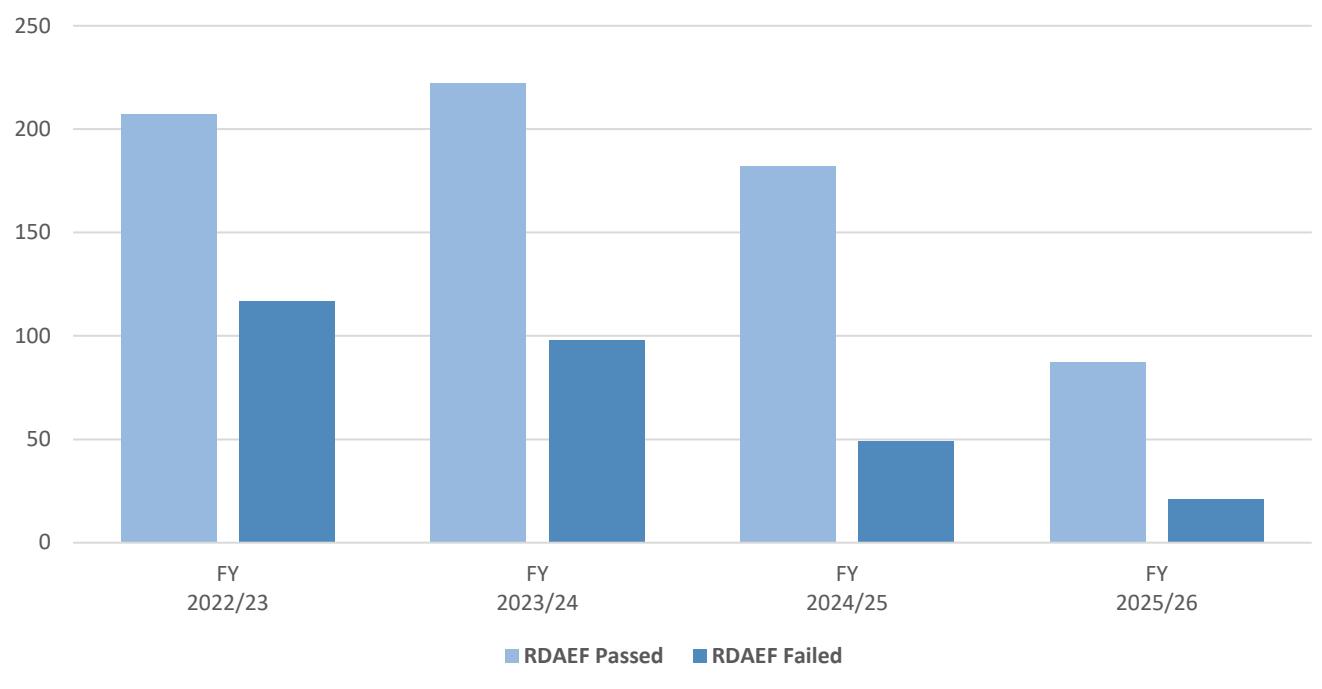
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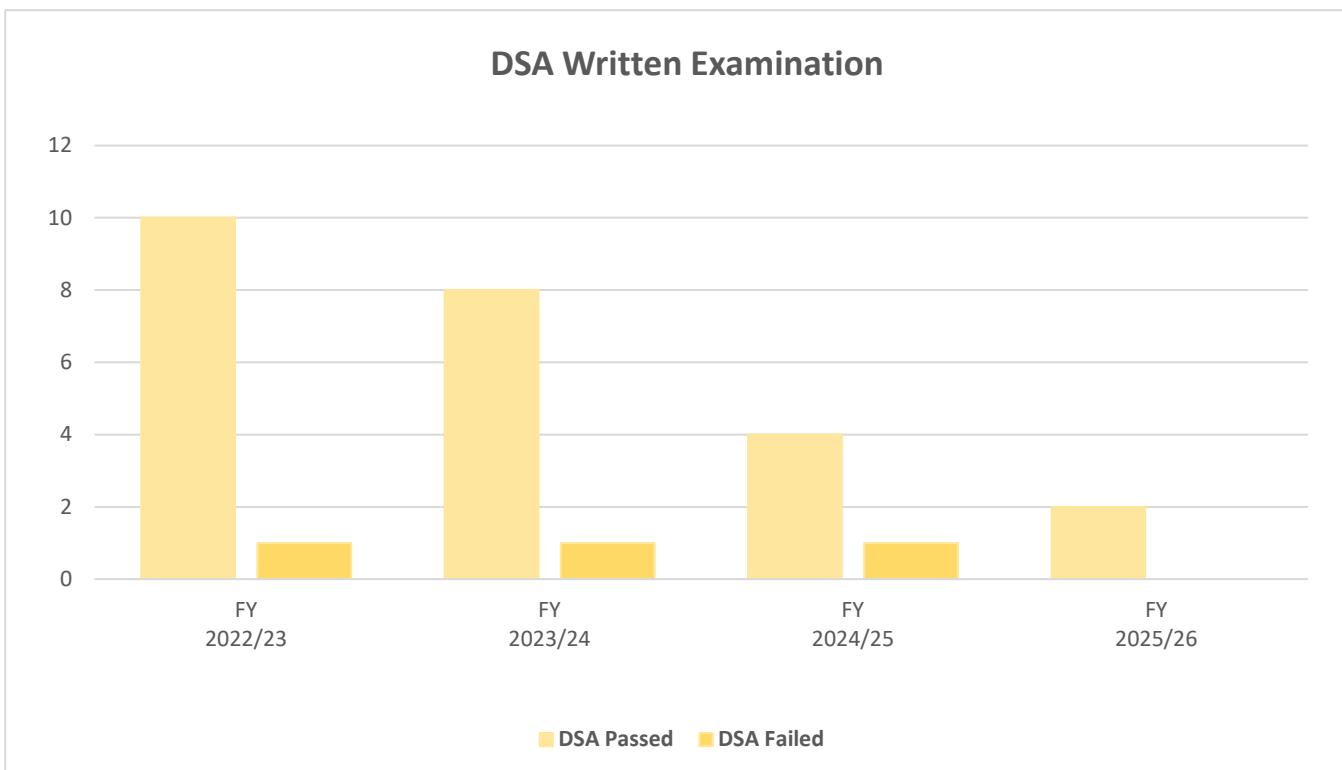
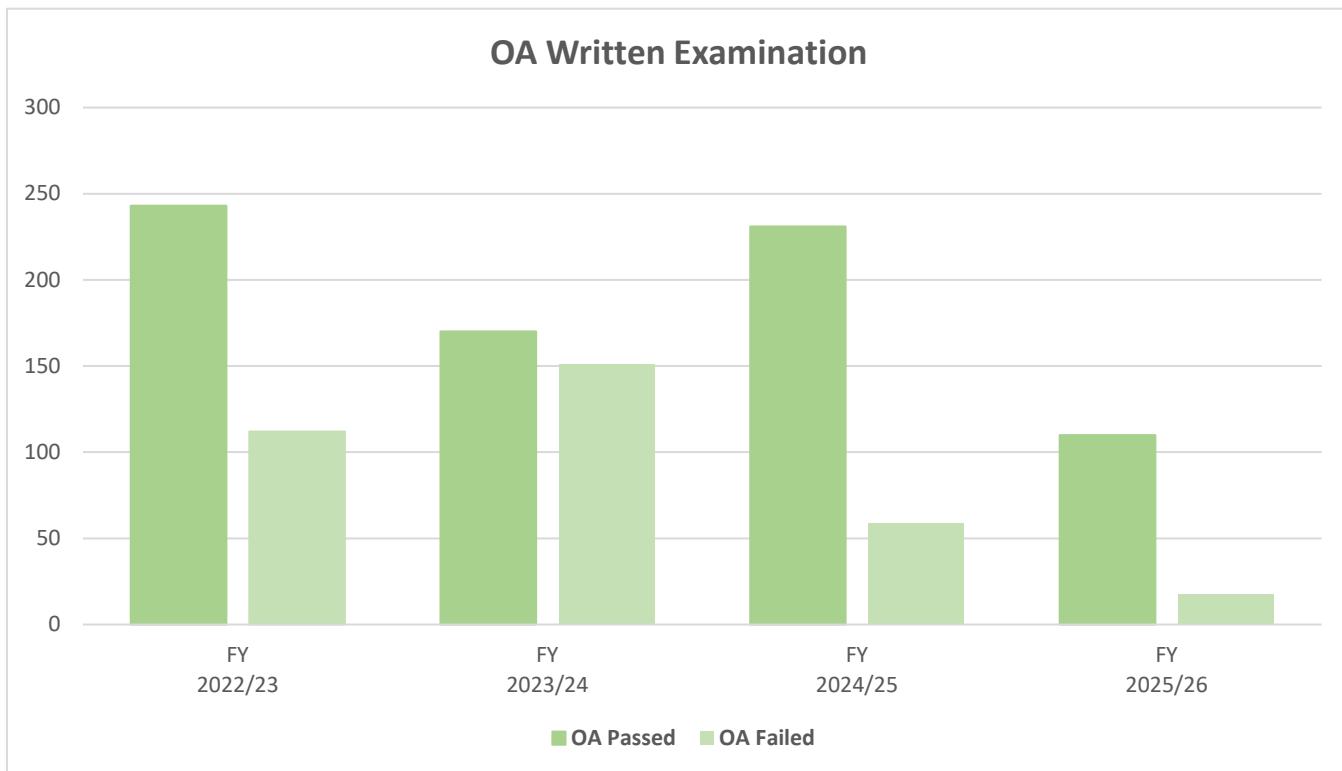
FY 2023/24	Repeat Candidates Pass	349	34	44	1
	Repeat Candidates Pass %	44%	52%	56%	50%
	Repeat Candidates Fail	446	31	34	1
	Repeat Candidates Fail %	56%	48%	44%	50%
	Total Candidates Tested	3,046	231	290	5
	Total Candidates Passed	2,220	182	231	4
	Total Candidates Pass %	73%	79%	80%	80%
	Total Candidates Failed	826	49	59	1
	Total Candidates Failed %	27%	21%	20%	20%
	Total 1st Time Candidates Tested	2,466	213	171	8
	1st Time Candidates Pass	1,973	176	123	7
	1st Time Candidates Pass %	80%	83%	72%	87.5%
	1st Time Candidates Fail	493	37	48	1
	1st Time Candidates Fail %	20%	17%	28%	12.5%
FY 2022/23	Total Repeat Candidates Tested	1,065	107	150	1
	Repeat Candidates Pass	504	46	47	1
	Repeat Candidates Pass %	47%	43%	31%	100%
	Repeat Candidates Fail	561	61	103	0
	Repeat Candidates Fail %	53%	57%	69%	0
	Total Candidates Tested	3,531	320	321	9
	Total Candidates Passed	2,477	222	170	8
	Total Candidates Pass %	70%	69%	53%	89%
	Total Candidates Failed	1,054	98	151	1
	Total Candidates Failed %	30%	31%	47%	11%
	Total 1st Time Candidates Tested	2,107	194	255	8
	1st Time Candidates Pass	1,644	155	189	7
	1st Time Candidates Pass %	78%	80%	74%	88%
	1st Time Candidates Fail	463	39	66	1
	1st Time Candidates Fail %	22%	20%	26%	12%

RDA Combined Written & Law and Ethics Examination



RDAEF Written Examination





The Office of Professional Examination Services (OPES) monitors the passing rates for the dental assistant examinations. OPES works with subject matter experts (i.e., actively practicing licensees who are in good standing) to build a bank of quality questions that adhere to professional guidelines and technical standards for use on occupational licensing examinations.

Action Requested

Informational only. No action required.



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MEMORANDUM

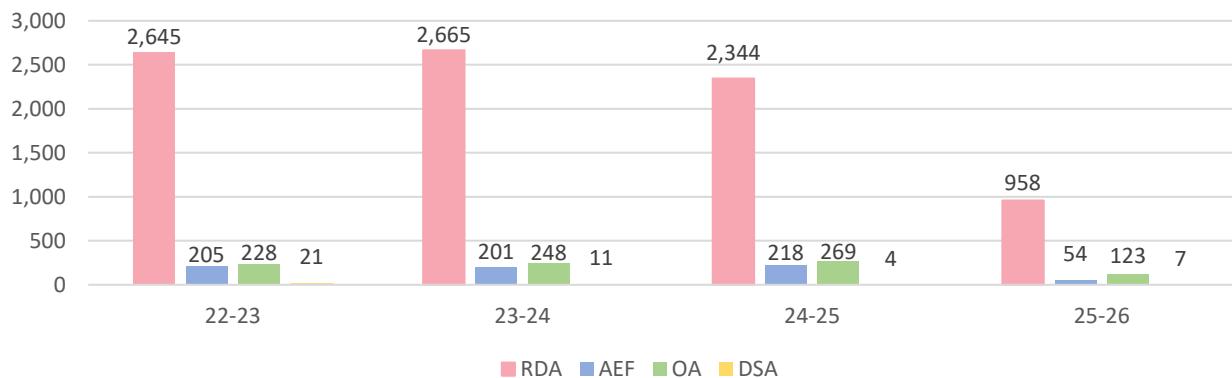
DATE	January 7, 2026
TO	Members of the Dental Assisting Council
FROM	Rikki Parks, Dental Assisting Program Manager Dental Board of California
SUBJECT	Agenda Item 7.: Update on Dental Assisting Licensing Statistics

Year Over Year Dental Assistant License Application Statistics

The following tables provide yearly dental assistant license application statistics for fiscal years (FY) 2022–2023, 2023–2024, 2024–2025, and 2025–2026 through December.

Dental Assistant Applications (1010) Received by Type Per FY					
	22-23	23-24	24-25	25-26	Totals
RDA	2,645	2,665	2,344	958	8,612
AEF	205	201	218	54	678
OA	228	248	269	123	868
DSA	21	11	4	7	43
FY Totals	3,099	3,125	2,835	1,142	10,201

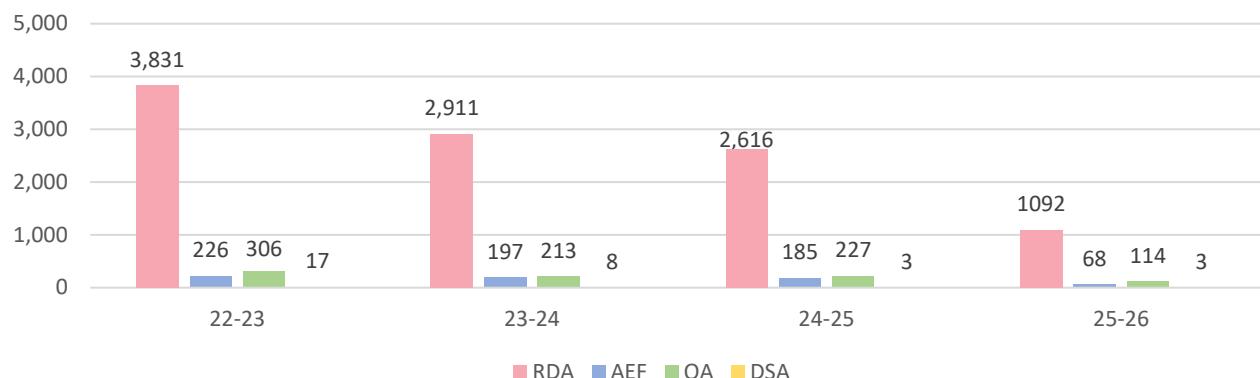
Dental Assistant Applications Received By Type Per Year



Agenda Item 7.: Update on Dental Assisting Licensing Statistics
Dental Assisting Council Meeting
February 5, 2026

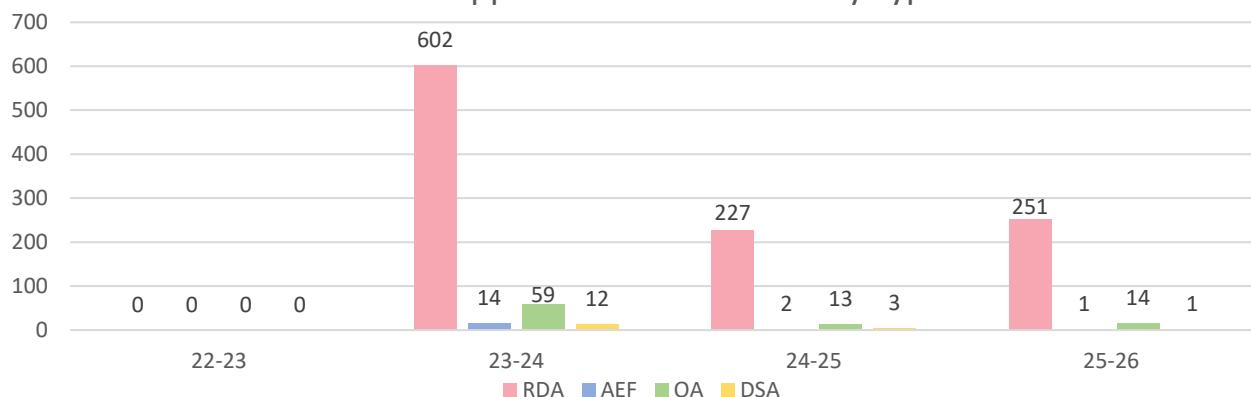
Dental Assistant Applications (1010) Approved by Type Per FY					
	22-23	23-24	24-25	25-26	Totals
RDA	3,831	2,911	2,616	1,092	10,450
AEF	226	197	185	68	676
OA	306	213	227	114	860
DSA	17	8	3	3	31
FY Totals	4,380	3,329	3,031	1,277	12,017

Dental Assistant Applications Approved By Type Per Year



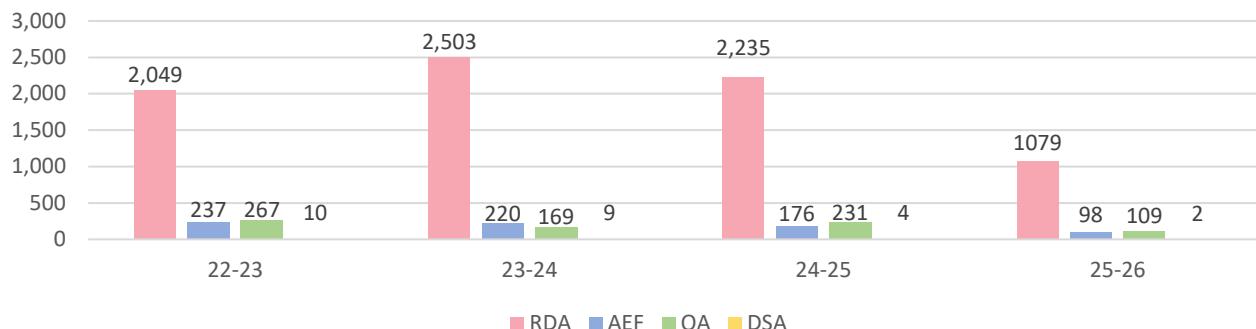
Dental Assistant Applications (1010) Abandoned by Type Per FY					
	22-23	23-24	24-25	25-26	Totals
RDA	N/A	602	227	251	1,080
AEF	N/A	14	2	1	17
OA	N/A	59	13	14	86
DSA	N/A	12	3	1	16
FY Totals	0	687	245	267	1,199

Dental Assistant Applications Abandoned By Type Per Year



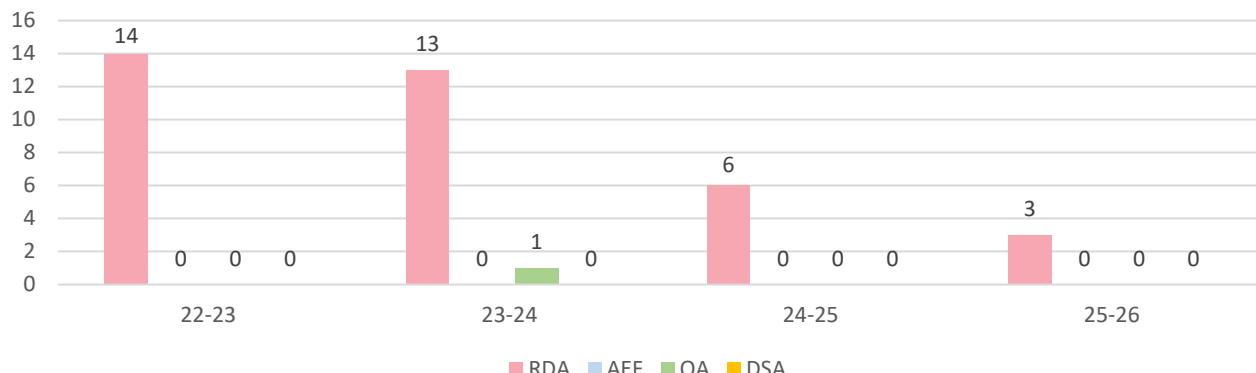
Dental Assistant Applications (1020) Approved and Licenses Issued by Type Per FY					
	22-23	23-24	24-25	25-26	Totals
RDA	2,049	2,503	2,235	1,079	7,866
AEF	237	220	176	98	731
OA	267	169	231	109	776
DSA	10	9	4	2	25
FY Totals	2,563	2,901	2,646	1,288	9,398

Dental Assistant Applications Approved and Licenses Issued By Type Per Year



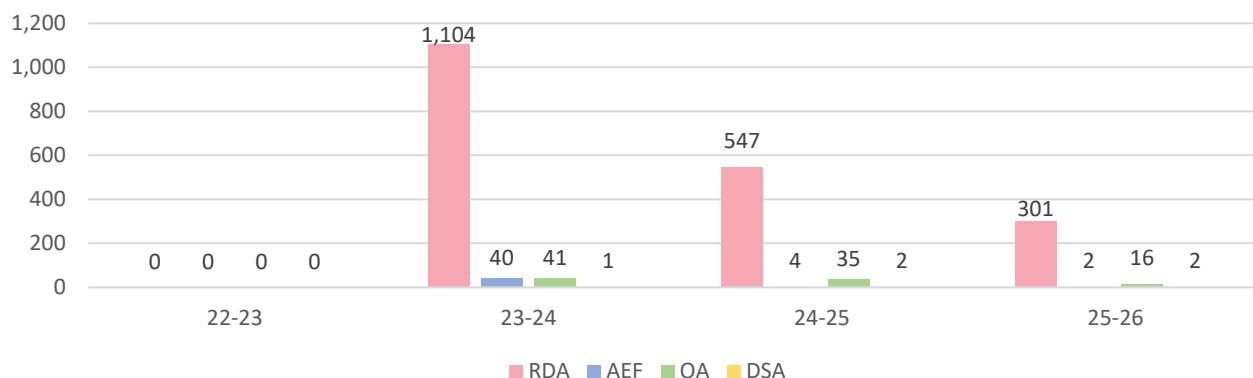
Dental Assistant Applications (1020) Denied by Type Per FY					
	22-23	23-24	24-25	25-26	Totals
RDA	14	13	6	3	36
AEF	0	0	0	0	0
OA	0	1	0	0	1
DSA	0	0	0	0	0
FY Totals	14	14	6	3	37

Dental Assistant Applications Denied By Type Per Year



Dental Assistant Applications (1020) Abandoned by Type Per FY					
	22-23	23-24	24-25	25-26	Totals
RDA	N/A	1,104	547	301	1,952
AEF	N/A	40	4	2	46
OA	N/A	41	35	16	92
DSA	N/A	1	2	2	5
FY Totals	0	1,186	588	321	2,095

Dental Assistant Applications (1020) Abandoned By Type Per Year



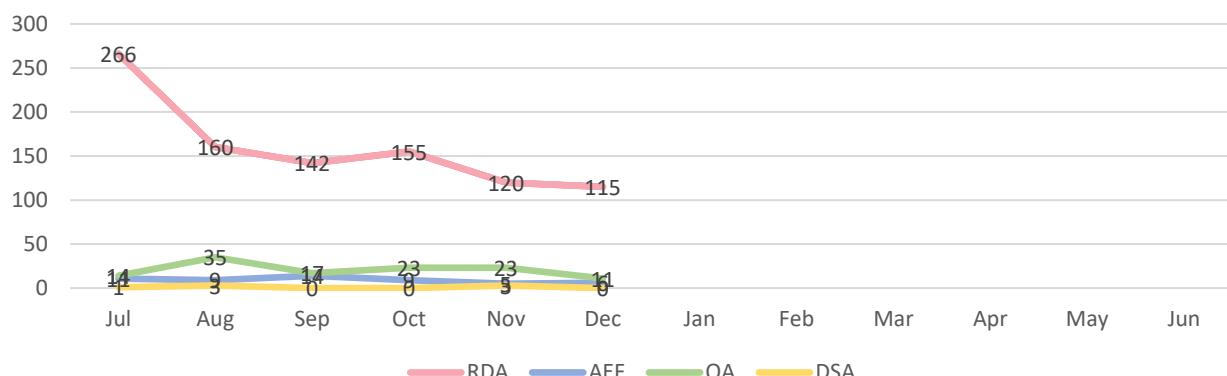
Application Definitions	
Received	Application received in paper format or electronically through BreEZe system.
Approved	Application for eligibility of licensure processed with required documentation and examination eligibility issued.
License Issued	Final application including examination results approved and license issued.
Abandoned (1010)	An applicant who fails to complete application requirements within one year after being notified by the Board of deficiencies.
Abandoned (1020)	<p>Pursuant to CCR, title 16, section 1004, an application is considered abandoned if:</p> <ol style="list-style-type: none"> 1) The applicant fails to submit the application, examination, or reexamination fee within 180 days after notification by the Board that such fee is due and unpaid. 2) The applicant fails to take the licensing examination within two years after the date their application was received by the Board. 3) ... [A]fter failing the examination, [the applicant] fails to take a reexamination within two years after the date the applicant was notified of such failure.
Denied	The Board denies an application 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.

Monthly Dental License Application Statistic Graphs

The following graphs represent monthly Dental Assistant license application statistics by license type for fiscal year 2025-26 through December.

Dental Assistant Applications (1010) Received by Month in FY 25/26														
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals	
RDA	266	160	142	155	120	115							958	
AEF	11	9	14	9	5	6							54	
OA	14	35	17	23	23	11							123	
DSA	1	3	0	0	3	0							7	
Totals	292	207	173	187	151	132	0	0	0	0	0	0	1,142	

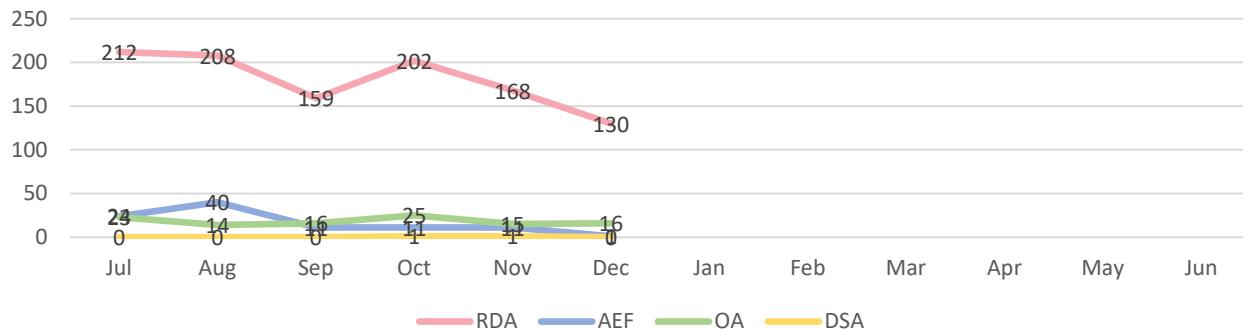
Dental Assistant Applications (1010) Received in Fiscal Year 25/26



Dental Assistant Applications (1020) Approved and Licenses Issued by Month in FY 25/26

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA	212	208	159	202	168	130							1,079
AEF	24	40	11	11	11	1							98
OA	23	14	16	25	15	16							109
DSA	0	0	0	1	1	0							2
Totals	259	262	186	239	195	147	0	0	0	0	0	0	1,288

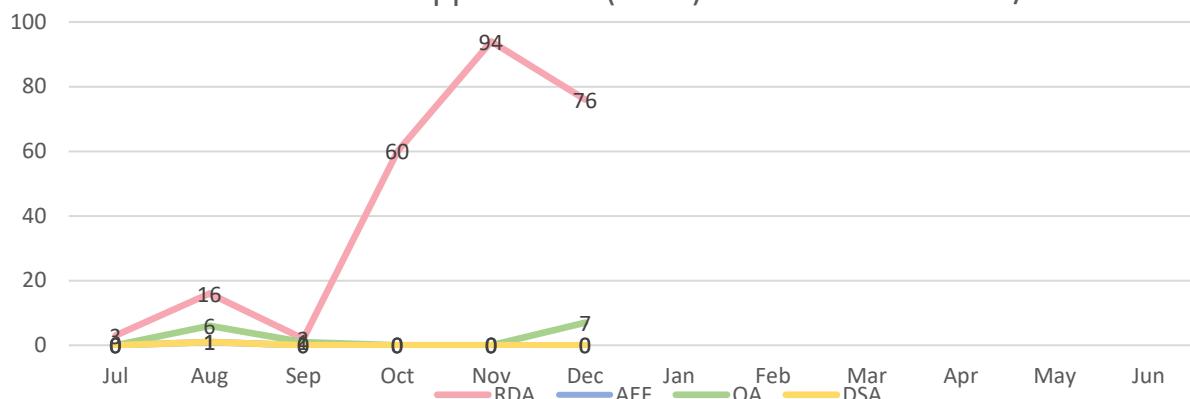
Dental Assistant Applications Approved & Licenses Issued in Fiscal Year 25/26



Dental Assistant Applications (1010) Abandoned by Month in FY 25/26

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA	3	16	2	60	94	76							251
AEF	0	1	0	0	0	0							1
OA	0	6	1	0	0	7							14
DSA	0	1	0	0	0	0							1
Totals	3	24	3	60	94	83	0	0	0	0	0	0	267

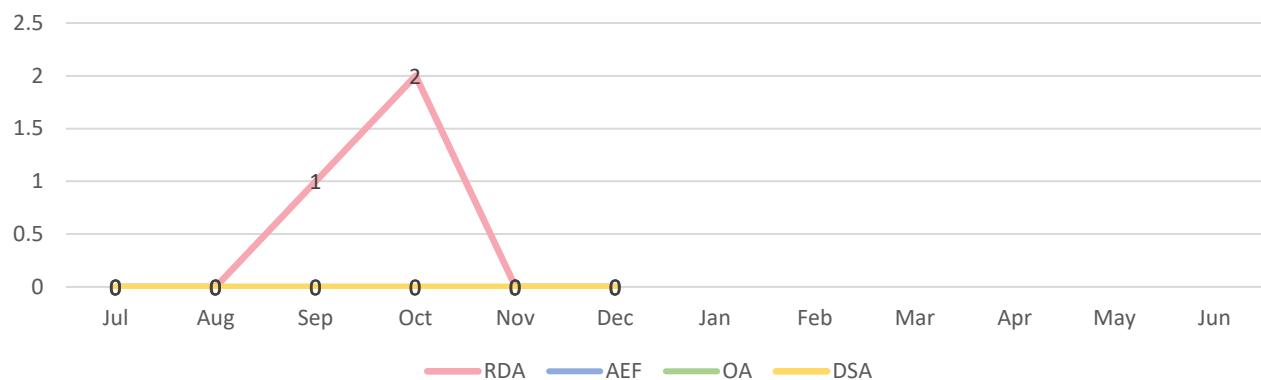
Dental Assistant Applications (1010) Abandoned in FY 25/26



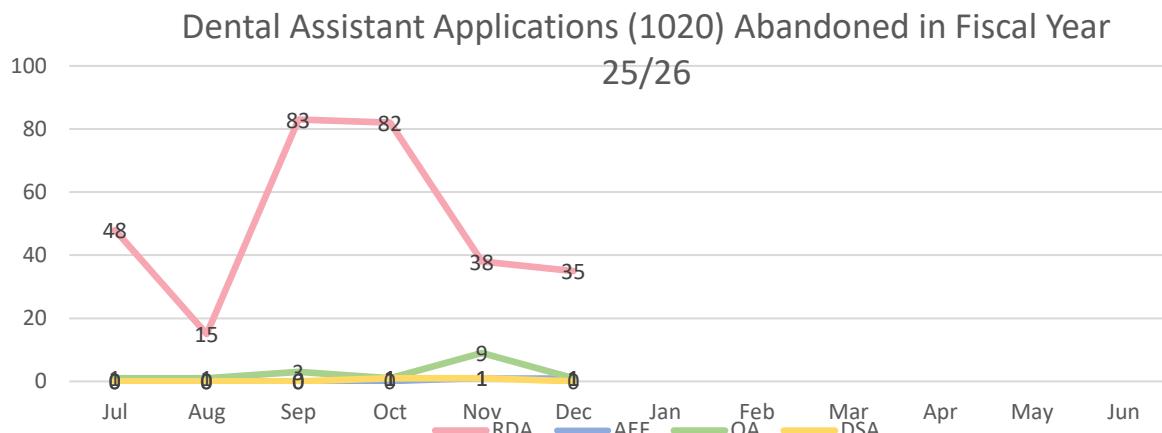
Dental Assistant Applications (1020) Denied by Month in FY 25/26

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
RDA	0	0	1	2	0	0							3
AEF	0	0	0	0	0	0							0
OA	0	0	0	0	0	0							0
DSA	0	0	0	0	0	0							0
Totals	0	0	1	2	0	3							

Dental Assistant Applications (1020) Denied in FY 25/26

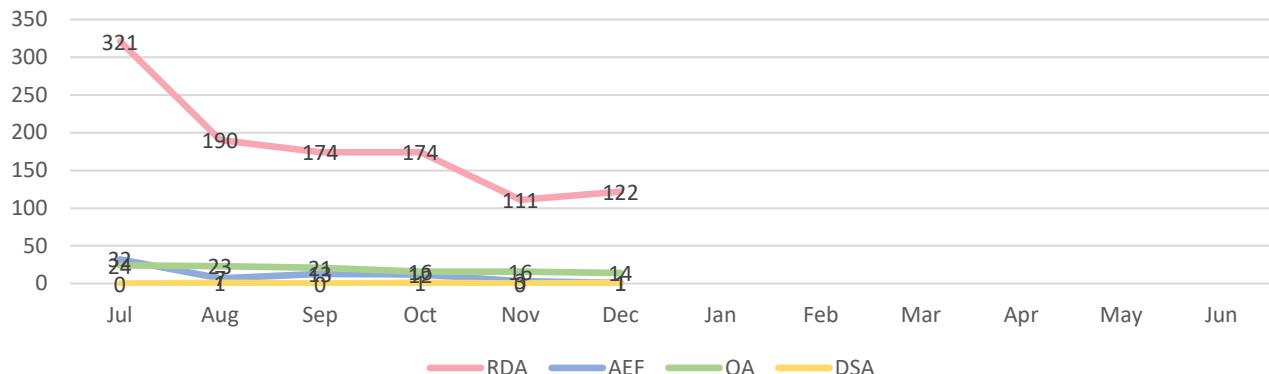


Dental Assistant Applications (1020) Abandoned by Month in FY 25/26														
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals	
RDA	48	15	83	82	38	35							301	
AEF	0	0	0	0	1	1							2	
OA	1	1	3	1	9	1							16	
DSA	0	0	0	1	1	0							2	
Totals	49	16	86	84	49	37	0	0	0	0	0	0	321	



Dental Assistant Applications (1010) Approved by Month in FY 25/26														
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals	
RDA	321	190	174	174	111	122							1,092	
AEF	32	7	13	12	3	1							68	
OA	24	23	21	16	16	14							114	
DSA	0	1	0	1	0	1							3	
Totals	377	221	208	203	130	138	0	0	0	0	0	0	1,277	

Dental Assisting Applications (1010) Approved in FY 25/26



Application Definitions	
Received	Application received in paper format or electronically through BreEZe system.
Approved	Application for eligibility of licensure processed with required documentation and examination eligibility issued.
License Issued	Final application including examination results approved and license issued.
Abandoned (1010)	An applicant who fails to complete application requirements within one year after being notified by the Board of deficiencies.
Abandoned (1020)	<p>Pursuant to CCR, title 16, section 1004, an application is considered abandoned if:</p> <ul style="list-style-type: none"> 4) The applicant fails to submit the application, examination, or reexamination fee within 180 days after notification by the Board that such fee is due and unpaid. 5) The applicant fails to take the licensing examination within two years after the date their application was received by the Board. 6) ... [A]fter failing the examination, [the applicant] fails to take a reexamination within two years after the date the applicant was notified of such failure.
Denied	The Board denies an application 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 Assistant License Status Statistics

The following table provides dental assistant license and permit status statistics for fiscal years 2022–23, 2023–24, 2024–25, and 2025–26 through December. Cancelled licenses indicates number of licenses/permits cancelled to date.

License Type	License Status	2022–23	2023–24	2024–25	2025–26
Registered Dental Assistant	Active	28,437	28,711	29,146	28,946
	Inactive	3,790	3,611	3,439	3,293
	Delinquent	13,543	13,696	13,668	14,230
	Cancelled	53,712	55,903	57,957	58,794
License Type	License Status	2022–23	2023–24	2024–25	2025–26
Registered Dental Assistant in Extended Functions	Active	1,950	2,082	2,243	2,255
	Inactive	77	78	78	80
	Delinquent	305	352	335	386
	Cancelled	462	494	536	558

License Type	License Status	2022–23	2023–24	2024–25	2025–26
Orthodontic Assistant	Active	1,602	1,678	1,843	1,867
	Inactive	46	50	53	58
	Delinquent	333	399	419	476
	Cancelled	51	78	119	143
License Type	License Status	2022–23	2023–24	2024–25	2025–26
Dental Sedation Assistant	Active	45	52	55	53
	Inactive	4	4	3	4
	Delinquent	17	12	14	16
	Cancelled	9	15	15	16

License Status Definitions	
Active	An individual who has an active status and has completed all renewal requirements.
Inactive	An individual who has an inactive status and has paid the renewal fees, but who cannot perform the duties of the license unless the license is re-activated. Continuing education units are not required for inactive license renewal.
Delinquent	An individual who does not comply with renewal requirements. This status remains until renewal requirements are met.
Cancelled	An individual who fails to comply with renewal requirements by a set deadline.

At the November 14, 2025, Dental Assisting Council meeting, Council Member Fowler mentioned that she would like to know if the RDA's that currently hold a canceled license might have another license in the field of dentistry.

The following chart provides the data for the canceled RDA license holders that have a renewable (active, inactive, or delinquent) license in another field of dentistry.

Canceled RDA License with Another Renewable License or Permit	
Current License Type	Volume
Dental License	212
Registered Dental Assistant in Extended Functions License	266
Orthodontic Assistant Permit	17
Dental Sedation Assistant Permit	1

The following table provides statistics on population, current and active Registered Dental Assistant (RDA) licenses by county, and population per RDA license by county for fiscal years 2023–24, 2024–25, and 2025–26 through December. These statistics represent the licensee's address of record and not necessarily the licensee's workplace address.

County	RDA 23-24	Pop. 23-24	Pop. per RDA 23-24	DDS 23-24	RDA to DDS Ratio 23-24	RDA 24-25	Pop. 24-25	Pop. per RDA 24-25	DDS 24-25	RDA to DDS Ratio 24-25	RDA 25-26	Pop. 25-26	Pop. per RDA 25-26	DDS 25-26	RDA to DDS Ratio 25-26
Alameda	1,106	1,636,194	1,479	1,472	0:1	1,117	1,641,869	1,469	1,472	0:1	1,111	1,662,482	1,496	1461	0:1
Alpine	0	1,184	0	0	0	0	1,179	0	0	0	1	1,177	1,177	0	0
Amador	52	39,837	766	23	2:1	55	39,611	720	24	2:1	55	39,563	719	22	2:1
Butte	271	205,592	758	118	2:1	262	205,928	785	116	2:1	259	207,525	801	111	2:1
Calaveras	59	44,890	760	21	2:1	59	44,842	760	17	3:1	60	44,722	745	16	3:1
Colusa	28	21,771	777	4	4:1	29	21,743	749	3	9:1	29	22,026	759	3	9:1
Contra Costa	1222	1,147,653	939	1,092	1:1	1,208	1,146,626	949	1,094	1:1	1,196	1,158,225	968	1110	1:1
Del Norte	28	26,599	949	11	2:1	30	26,345	878	14	2:1	30	26,544	884	12	2:1
El Dorado	202	189,006	935	148	1:1	196	188,583	962	142	1:1	195	190,770	978	144	1:1
Fresno	891	1,011,499	1,135	625	1:1	894	1,017,431	1,138	639	1:1	877	1,037,053	1,182	645	1:1
Glenn	50	28,636	572	7	7:1	47	28,736	611	7	6:1	49	29,369	599	7	7:1
Humboldt	161	134,047	832	66	2:1	164	133,100	811	67	2:1	170	133,817	787	68	2:1
Imperial	90	179,476	1,994	40	2:1	92	182,881	1,987	38	2:1	90	186,499	2,072	36	2:1
Inyo	7	18,896	2,699	7	1:1	6	18,856	3,142	7	0:1	6	18,800	3,133	7	0:1
Kern	624	907,476	1,454	350	1:1	666	910,300	1,366	352	1:1	666	923,961	1,387	353	1:1
Kings	155	151,018	974	58	2:1	166	152,627	919	58	2:1	170	154,015	905	62	2:1
Lake	84	66,800	795	37	1:1	86	67,001	779	41	2:1	81	67,254	830	45	1:1
Lassen	35	28,275	807	18	1:1	34	28,197	829	18	1:1	36	28,716	797	21	1:1
Los Angeles	4505	9,761,210	2,166	8,464	0:1	4,551	9,824,091	2,158	8,462	0:1	4,484	9,876,811	2,202	8477	0:1
Madera	155	158,148	1,020	47	3:1	147	159,328	1,083	55	2:1	146	162,599	1,113	53	2:1
Marin	172	252,959	1,470	279	0:1	170	252,844	1,487	266	0:1	166	254,550	1,533	261	0:1
Mariposa	9	16,935	1,881	6	1:1	8	16,966	2,120	7	1:1	8	16,917	2,114	7	1:1
Mendocino	94	89,164	948	45	1:1	100	89,476	894	48	2:1	99	89,827	907	47	2:1

Agenda Item 7.: Update on Dental Assisting Licensing Statistics
 Dental Assisting Council Meeting
 February 5, 2026

County	RDA 23-24	Pop. 23-24	Pop. per RDA 23-24	DDS 23-24	RDA to DDS Ratio 23-24	RDA 24-25	Pop. 24-25	Pop. per RDA 24-25	DDS 24-25	RDA to DDS Ratio 24-25	RDA 25-26	Pop. 25-26	Pop. per RDA 25-26	DDS 25-26	RDA to DDS Ratio 25-26
Merced	264	284,338	1,077	92	2:1	233	285,337	1,224	98	2:1	242	293,080	1,201	93	2:1
Modoc	3	8,690	2,896	3	0:1	3	8,527	2,842	5	0:1	3	8,491	2,122	5	0:1
Mono	5	13,379	2,675	5	1:1	5	13,156	2,631	5	1:1	5	12,684	2,536	3	1:1
Monterey	436	433,716	994	248	1:1	370	430,368	1,163	244	1:1	369	438,831	1,164	249	1:1
Napa	141	136,179	965	110	1:1	130	134,637	1,035	106	1:1	127	136,124	1,071	102	1:1
Nevada	100	101,242	1,012	72	1:1	84	100,720	1,199	69	1:1	77	100,354	1,254	63	1:1
Orange	1814	3,162,245	1,743	4,073	0:1	1632	3,137,164	1,922	4,183	0:1	1,599	3,175,427	1,945	4249	0:1
Placer	534	409,025	765	472	0:1	469	410,305	874	482	0:1	448	421,446	916	493	0:1
Plumas	18	18,942	1,052	13	1:1	14	18,996	1,356	13	1:1	17	18,885	1,180	11	1:1
Riverside	2171	2,435,525	1,121	1,142	1:1	2019	2,439,234	1,208	1,163	1:1	1,995	2,495,640	1,247	1215	1:1
Sacramento	1887	1,576,618	835	1,176	1:1	1590	1,572,453	988	1,207	1:1	1,554	1,604,745	1,021	1236	1:1
San Benito	118	65,479	554	23	4:1	98	65,666	670	26	4:1	99	66,822	648	27	3:1
San Bernardino	1688	2,187,665	1,296	1,398	1:1	1530	2,182,056	1,426	1,403	1:1	1,539	2,207,424	1,412	1429	1:1
San Diego	2808	3,287,306	1,170	2,820	0:1	2537	3,269,755	1,288	2,853	0:1	2,554	3,330,139	1,297	2878	0:1
San Francisco	452	842,754	1,864	1,151	0:1	424	831,703	1,961	1,127	0:1	424	842,027	1,971	1141	0:1
San Joaquin	873	784,298	898	376	1:1	793	786,145	991	393	1:1	809	805,856	1,004	391	2:1
San Luis Obispo	248	280,721	1,131	210	1:1	207	278,348	1,344	217	1:1	199	279,337	1,403	213	0:1
San Mateo	572	744,662	1,301	843	0:1	533	737,644	1,383	829	0:1	539	748,337	1,383	832	0:1
Santa Barbara	399	445,164	1,115	307	1:1	355	440,557	1,241	312	1:1	332	447,132	1,292	310	1:1
Santa Clara	1662	1,894,783	1,140	2,289	0:1	1517	1,886,079	1,243	2,283	0:1	1,472	1,922,259	1,297	2306	0:1
Santa Cruz	225	266,564	1,184	168	1:1	196	262,051	1,336	171	1:1	186	263,710	1,433	170	1:1
Shasta	203	180,531	889	100	1:1	164	179,436	1,094	109	1:1	158	180,201	1,140	102	1:1
Sierra	2	3,229	1,614	0	0:1	2	3,193	1,596	0	0:1	1	3,170	3,170	0	0
Siskiyou	28	43,830	1,565	23	1:1	21	43,548	2,073	23	1:1	23	43,311	1,968	21	1:1
Solano	623	447,241	717	279	2:1	562	443,749	789	277	2:1	572	449,839	801	275	2:1
Sonoma	675	482,404	714	382	1:1	607	478,174	787	374	1:1	602	482,848	802	381	1:1

Agenda Item 7.: Update on Dental Assisting Licensing Statistics
 Dental Assisting Council Meeting
 February 5, 2026

County	RDA 23-24	Pop. 23-24	Pop. per RDA 23-24	DDS 23-24	RDA to DDS Ratio 23-24	RDA 24-25	Pop. 24-25	Pop. per RDA 24-25	DDS 24-25	RDA to DDS Ratio 24-25	RDA 25-26	Pop. 25-26	Pop. per RDA 25-26	DDS 25-26	RDA to DDS Ratio 25-26
Stanislaus	665	549,466	826	274	2:1	577	545,939	946	277	2:1	555	555,765	1,001	278	1:1
Sutter	143	99,145	693	51	2:1	120	98,952	824	49	2:1	118	100,257	849	55	2:1
Tehama	95	65,052	684	31	2:1	75	64,271	856	28	2:1	73	64,827	888	27	2:1
Trinity	5	16,023	3,204	3	1:1	5	15,939	3,187	2	1:1	7	15,884	2,269	2	3:1
Tulare	491	475,014	967	217	2:1	474	475,064	1,002	218	2:1	461	487,209	1,056	224	2:1
Tuolumne	81	55,291	682	47	1:1	77	54,590	708	45	1:1	77	54,357	705	39	1:1
Ventura	590	833,652	1,412	627	0:1	512	825,653	1,612	634	0:1	517	829,005	1,603	635	0:1
Yolo	210	221,165	1,053	122	1:1	187	220,880	1,181	125	1:1	186	225,433	1,212	116	1:1
Yuba	104	82,275	791	7	13:1	97	82,677	852	10	13:1	96	85,023	885	10	9:1
TOTAL	31,499	39,185,605	66,100	32,080	N/A	28,219	38,940,231	72,942	32,298	N/A	28,019	39,529,101	76,045	32,549	0:1

*Population data obtained from Department of Finance, Demographic Research Unit.

**Ratios are rounded to the nearest whole number.

Counties with the Highest Population per RDA:	Sierra County (1:3,170)	Counties with the Lowest Population per RDA:	Glenn County (1:599)
	Inyo County (1:3,133)		San Benito County (1:674)
	Modoc County (1:2,830)		Tuolumne County (1:705)
	Mono County (1:2,536)		Amador County (1:719)
	Trinity County (1:2,269)		Calaveras County (1:745)

Action Requested

Informational only. No action required.

DENTAL BOARD OF CALIFORNIA

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MEMORANDUM

DATE	January 6, 2026
TO	Members of the Dental Assisting Council
FROM	Tina Vallery, Division Chief Dental Assisting and License and Program Compliance Dental Board of California
SUBJECT	Agenda Item 8.: Update and Discussion on Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses Application Approvals and Re-Evaluations

Background

The following table provides dental assisting (DA) educational programs and courses application statistics for fiscal years 2022–23, 2023–24, 2024–25, and 2025–26 through December 31, 2025.

RDA and RDAEF Educational Program and Course Applications Approved				
Program/Course	2022–23	2023–24	2024–25	2025–26
RDA Program	0	0	1	0
RDAEF Program	0	0	1	0
RDAEF-ITR	0	0	0	0
Radiation Safety	11	5	6	18
Coronal Polishing	9	3	4	22
Pit & Fissure Sealant	5	3	4	9
Ultrasonic Scaling	0	2	0	2
Infection Control	4	4	5	17
DSA Permit	3	0	1	0
OA Permit	19	6	4	4
Total Applications Approved	51	23	26	72
RDA and RDAEF Educational Program and Course Applications Denied				
Program/Course	2022–23	2023–24	2024–25	2025–26
RDA Program	0	1	2	0
RDAEF Program	0	1	1	1
RDAEF-ITR	0	0	0	0
Radiation Safety	0	7	11	3
Coronal Polishing	0	4	10	2
Pit & Fissure Sealant	0	0	12	5
Ultrasonic Scaling	0	1	2	1

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Infection Control	1	16	12	8
DSA Permit	1	1	1	1
OA Permit	0	2	6	2
Total Applications Denied	2	33	57	23

RDA and RDAEF Educational Program and Course Applications Deficient

Program/Course	2022–23	2023–24	2024–25	2025–26
RDA Program	0	1	0	1
RDAEF Program	0	0	0	2
RDAEF-ITR	0	0	0	0
Radiation Safety	0	2	3	13
Coronal Polishing	0	3	2	3
Pit & Fissure Sealant	0	2	3	11
Ultrasonic Scaling	0	1	0	0
Infection Control	0	3	5	7
DSA Permit	0	0	0	0
OA Permit	1	2	1	1
Total Applications Deficient	1	14	14	38

RDA and RDAEF Educational Program and Course Applications Pending

Program/Course	2022–23	2023–24	2024–25	2025–26
RDA Program	0	0	4	14
RDAEF Program	1	0	2	2
RDAEF-ITR	0	0	0	0
Radiation Safety	0	6	11	9
Coronal Polishing	0	3	14	12
Pit & Fissure Sealant	0	3	9	26
Ultrasonic Scaling	0	1	3	2
Infection Control	0	4	19	21
DSA Permit	0	0	2	1
OA Permit	0	3	4	3
Total Applications Pending	1	20	68	90

Application Definitions	
Approved	Application for Board approval of educational program/course processed with required documentation, and approval number issued.
Denied	The Board denies an application on the grounds that the application lacks documentation that the educational program/course complies with the requirements of the Dental Practice Act or California Code of Regulations.
Deficient	Application for Board approval of educational program/course processed with submitted documentation, and additional documentation requested from applicant. For completed fiscal years, this is a snapshot of the number of deficient applications on June 30. For fiscal year 2025-26, it is a snapshot on December 31, 2025. Status changes weekly.

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Pending	Board staff and/or contracted subject matter expert is reviewing an application for Board approval of an educational program/course with submitted documentation.
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The following table provides the number of Registered Dental Assistant (RDA) and RDA in Extended Functions (RDAEF) program site visits conducted in fiscal years 2022–23, 2023–24, 2024–25, and 2025–26 through December 31, 2025.

RDA and RDAEF Educational Program Site Visits					
	RDA Programs		RDAEF Programs		Grand Total
	Provisional	Full	Provisional	Full	
2022–23	0	0	0	0	0
2023–24	1	0	0	0	1
2024–25	1	3	1	0	5
2025–26	0	0	0	1	1

The following table provides approved programs and courses by name and type of program or course for fiscal year 2025–26 through December 31, 2025.

Programs and Courses Approved 2025–26 through December 31, 2025												
Provider		Approval Date	RDA	RDAEF	EF ITR	RS	CP	PF	US	IC	DSA	OA
Valley Orthodontics		7/3/2025										x
EFDA - Covina		7/28/2025					x					
EFDA - Oakland		7/28/2025					x					
EFDA - Roseville		7/28/2025					x					
EFDA - Oakland		7/28/2025								x		
EFDA - Covina		7/28/2025								x		
EFDA - Roseville		7/28/2025								x		
EFDA - Oakland		7/28/2025				x						
EFDA - Covina		7/28/2025				x						
EFDA - Sacramento		7/28/2025				x						
OceanPointe DAA of San Jacinto		8/15/2025						x				
Mt. Diablo Adult Education - Loma Vista		8/15/2025						x				
North-West College - Glendale		8/18/2025					x					
North-West College - Anaheim		8/18/2025					x					

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North-West College – West Covina	8/18/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
North-West College - West Covina	8/18/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
North-West College - Pomona	8/18/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
North-West College - Glendale	8/18/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
UEI College - Sacramento	8/25/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
UEI College - Sacramento	8/25/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
UEI College - Sacramento	8/25/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
UEI College - Gardena	8/25/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
UEI College - Gardena	8/25/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
UEI College - Gardena	8/25/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
UEI College - Gardena	8/26/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
UEI College - Sacramento	8/26/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
California DA Academy	9/5/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
California DA Academy	9/5/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Roseville Dental Academy	9/9/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Roseville Dental Academy	9/9/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Roseville Dental Academy	9/9/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Roseville Dental Academy	9/9/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Oceanpointe DAA of San Jacinto	9/11/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Rancho Cucamonga DA Academy	9/30/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
iEducations	9/30/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
OceanPointe DAA of San Jacinto	10/8/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Rancho Cucamonga DA Academy	10/16/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Central Coast College	10/17/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Blue Apple Dental Academy	10/22/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
EFDA - Oakland	10/23/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Allan Hancock College DA Program	10/23/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Oceanpointe DAA of San Jacinto	10/30/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Oceanpointe DAA of Bakersfield	10/30/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Oceanpointe DAA of San Jacinto	10/30/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
A&K Dental Assisting Academy	11/4/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Enoch S Kim DDS Inc	11/5/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Woodland Adult Education DA Careers	11/6/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
JW Elite Compliance Education	11/6/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
North-West College - Van Nuys	11/10/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
North-West College - Anaheim	11/10/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
North-West College - Riverside	11/10/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green
Coast Family Orthodontics	11/10/2025	Green	Pink	Grey	Purple	Yellow	Orange	Light Blue	Red	Brown	Light Green

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UEI College - Bakersfield	12/3/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
UEI College- Reseda	12/3/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
UEI College - Garden Grove	12/3/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
UEI College - Ontario	12/3/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
UEI College - Fresno	12/3/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
UEI College - Stockton	12/3/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
UEI College - Riverside	12/3/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
UEI College - West Covina	12/3/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
1-Ortho	12/5/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	X
iEducations	12/18/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
Oceanpointe DAA of Bakersfield	12/23/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
A&K Dental Assistant Academy	12/26/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
North-West College - West Covina	12/29/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
North-West College - Pomona	12/29/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
California Dental Institute	12/30/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
Brian Y. Kuo	12/30/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
North-West College - Anaheim	12/30/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
Smiles Dental Assistant School	12/30/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
West Los Angeles College	12/30/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
West Los Angeles College	12/30/2025	Green	Pink	Grey	Purple	Yellow	Orange	Blue	Red	Brown	Green
PROGRAM/COURSE TOTALS		0	0	0	18	22	9	2	17	0	4
TOTAL APPROVALS = 72											

The following table provides the total number of approved DA educational programs and courses in active status as of December 31, 2025.

Table 4
Total Approved DA Educational Programs and Courses in Active Status

RDA Program	RDAE Program	RDAEF ITR	Radiation Safety	Coronal Polishing	Pit & Fissure Sealant	Ultrasonic Scaling	Infection Control	DSA Permit	OA Permit
70	9	3	218	138	76	38	162	39	207

Background on Re-Evaluations

DA educational programs and courses are subject to re-evaluation and inspection by the Board to review and investigate compliance with the requirements of the Dental Practice Act and California Code of Regulations (CCR), title 16, sections 1005, 1014, 1014.1, and 1070 et seq. The Board may withdraw approval at any time that it determines that a program or course is out of compliance.

The Board is mandated to re-evaluate DA educational programs and courses every seven years. In fiscal year 2024–25, the Board reinitiated mandated, standard re-

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evaluations (SRE). The Board prioritized Pit and Fissure Sealant Courses for re-evaluation. In addition, the Board is conducting re-evaluations based on enforcement investigations (CRE). Enforcement investigations are initiated when a possible issue of non-compliance comes to the attention of the Board.

Programs and courses receive a Notice of Re-Evaluation and are asked to submit a Re-Evaluation Application to the Board documenting compliance with regulatory requirements and to pay the applicable fee. The Re-Evaluation Application is the same application used to apply for first-time Board approval. Once the Re-Evaluation Application has been received by the Board, it is reviewed by one of the Board's Subject Matter Experts (SMEs). Once the review is completed, the program or course is notified of the continuance of their approval or of any deficiencies. If deficiencies were identified, the program or course receives a Notice of Deficiencies and is asked to provide a deficiency response.

The following table provides DA educational programs and courses re-evaluation statistics for fiscal year 2025–26 through December 31, 2025.

Note on Withdrawals. The table shows that approval was withdrawn from 16 Pit and Fissure Sealant courses. The most common reason for withdrawal of approval of a Pit and Fissure Sealant course was that the course failed to respond timely to the Board's Notice of Re-Evaluation. Courses whose approval is withdrawn may reapply for Board approval by submitting a new application and paying applicable fees.

Program and Course Re-Evaluations 2025–26 through December 31, 2025								
Program/Course	SRE	CRE	Approval Continued	Reported Closed	Approval Withdrawn	Application Deficient	Application Pending	Awaiting Initial Response
RDA	0	0	0	0	0	5	6	0
RDAEF	0	0	0	0	0	0	1	0
RDAEF-ITR	0	0	0	0	0	0	0	0
RS	2	2	2	0	2	0	1	0
CP	1	1	1	0	1	0	1	0
PF	28	0	12	0	16	1	13	6
US	0	0	0	0	0	0	1	0
IC	2	1	2	0	1	0	3	0
DSA	0	0	0	0	0	0	0	0
OA	0	1	1	0	0	0	1	0
Totals	33	5	18	0	20	6	27	6

Re-Evaluation Definitions	
SRE	Standard Re-Evaluation – Initiated in fiscal year 2025-26 through December 31, 2025, based on 16 CCR § 1070 (a)(2) which requires the Board to re-evaluate educational programs and courses approximately every seven years.

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CRE	Enforcement Investigation Re-Evaluation – Initiated in fiscal year 2025-26 through December 31, 2025, when a possible issue of non-compliance comes to the attention of the Board.
Approval Continued	The program or course successfully demonstrated compliance with applicable regulations during the re-evaluation process. A Notice of Continuance was issued to the re-evaluated program or course in fiscal year 2025-26 through December 31, 2025.
Reported Closed	The Board received notification of closure from the program or course in response to a Notice of Re-Evaluation in fiscal year 2025-26 through December 31, 2025.
Approval Withdrawn	The program or course was found to be out of compliance with the applicable regulations or did not respond within the required timeframes set by the Board, and a Notice of Withdrawal of Approval was issued to the program or course. The program or course was notified to cease operation.
Deficient	The program or course was issued a Notice of Deficiency indicating the areas in which their application was missing information or was not in compliance with applicable regulations. Programs and courses are given 30 days to respond. This number is a snapshot of deficient applications on December 31, 2025. Status changes weekly.
Pending	The program or course application package is pending action by Board staff or SMEs. The pending action can be either review of program or course submissions or the drafting of notices or letters related to those submissions. This number is a snapshot of pending applications on December 31, 2025. Status changes weekly.
Awaiting Response	The Board has issued a Notice of Re-Evaluation to a Board-approved program or course and is awaiting the response from the program or course.

Action Requested

Informational only. No action required.

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MEMORANDUM

DATE	January 21, 2026
TO	Members of the Dental Assisting Council (Council) of the Dental Board of California (Board)
FROM	Dental Assistant and Registered Dental Assistant Duties Working Group (Working Group) Jessica Gerlach, RDA, OA Rosalinda Olague, RDA, Ph.D.(c)
SUBJECT	Agenda Item 9.: Update, Discussion, and Possible Recommendation to the Board on Legislative Proposal to Amend Business and Professions Code (BPC) Sections 1684.5, 1741, 1750, 1750.1, and 1752.4 Regarding Dental Auxiliaries – <i>Dental Assistant and Registered Dental Assistant Duties Working Group</i>

Introduction

This memorandum provides an update on the Working Group's review of proposed statutory updates related to Dental Assistant (DA) and Registered Dental Assistant (RDA) definitions, duties, and supervision requirements. It is submitted for Council discussion and summarizes the Working Group's review, outlines key discussion points, and presents considerations for Council deliberation.

Background

Board staff identified inconsistencies in the statutes and regulations related to the allowable DA and RDA duties. At the November 6, 2025 Council meeting, the Council Chair reported creating a two-member working group, consisting of Council Member Rosalinda Olague and Council Member Jessica Gerlach, to discuss RDA duties.

Update

On November 13, 2025, Board staff met with stakeholders to seek their assistance and collaboration in reviewing allowable duties in statute and regulation, the definitions of general and direct supervision, and identifying areas within dental assisting that require updating, as well as determining the most appropriate path forward. The stakeholder groups in attendance were the California Dental Association (CDA), California Association of Orthodontists (CAO), and the Dental Assisting Alliance of California

Agenda Item 9.: Update, Discussion, and Possible Recommendation to the Board on Legislative Proposal to Amend Business and Professions Code (BPC) Sections 1684.5, 1741, 1750, 1750.1, and 1752.4 Regarding Dental Auxiliaries – *Dental Assistant and Registered Dental Assistant Duties Working Group*

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(Alliance), which is a collective between the California Association of Dental Assisting Teachers (CADAT), California Dental Assistant's Association (CDAA), and California Expanded Functions Association (CEFA).

On November 19 and 26, and December 3 and 10, 2025, the Working Group met with Board staff and Board Counsel to conduct the same review of the regulatory and statutory language related to DA and RDA definitions, duties, and supervision requirements. These meetings were focused on clarifying statutory language and ensuring consistency in supervision requirements. Stakeholders were asked to review the regulatory and statutory language governing DA and RDA definitions, duties, and supervision requirements and to provide feedback regarding the proposed merger of regulatory duties into statute.

The Working Group reviewed, evaluated, and incorporated stakeholder feedback and comments submitted by CDA, CAO, and the Alliance to ensure minimal clarification or revisions would be necessary prior to advancing the legislation proposal to the Council.

On December 16, 2025, the Working Group, Board staff, and Board Counsel met with stakeholders to review the final proposal, which incorporated stakeholder feedback and reflected the suggested changes. The meeting was collaborative and resulted in the development of a legislative proposal supported by all parties. The Working Group acknowledges the collaborative engagement of stakeholders and notes that their input has meaningfully informed the refinement of the draft language.

On December 17, 2025, the Working Group, Board staff, and Board Counsel met to go over the final proposal and discuss next steps.

Discussion

The attached legislative proposal is presented to the Council for its consideration.

Supervision Requirements: Direct vs. General Supervision

The Working Group reviewed proposed statutory language addressing supervision levels for specific DA and RDA duties. Following discussion and stakeholder input, including feedback from CDA, there is alignment that certain procedures require direct supervision, meaning the supervising licensed dentist must be physically present in the treatment facility during performance of the procedure.

The Working Group concurs that the following duties require direct supervision for both DA and RDA classifications:

- Placement, wedging, and removal of matrices for restorative procedures
- Removal of post-extraction dressings after inspection of the surgical site by the supervising licensed dentist

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- Removal of periodontal dressings
- Removal of sutures after inspection of the site by the supervising licensed dentist

This clarification supports statutory consistency and reinforces patient safety expectations.

Specific Amendments

The proposed statutory amendments are described in detail below and incorporate revisions requested by stakeholders.

- BPC section 1684.5, subdivisions (a)(2) and (c). The legislative proposal would change the term “supervising dentist” to “supervising licensed dentist” to conform with the new defined term “supervising licensed dentist” proposed to be added in BPC section 1741.
- BPC section 1741, subdivision (e). The legislative proposal would add requirements to the “certificate of completion” issued by dental assisting educational programs and courses, in addition to the current requirements. Specifically, the certificate would be required to include: (1) the physical address of the program or course facility, or for electronic courses, the business address; (2) the instructor name and license number; and (3) the printed name of the course or program provider, director, administrator, or their designee. Additionally, the legislative proposal would remove continuing education course providers from the requirements of this subsection.
- BPC section 1741, subdivision (f). The legislative proposal would eliminate the restriction limiting a licensee to no more than eight units of continuing education per day.
- BPC section 1741, subdivision (k). The definition for “dental auxiliary” would be added from California Code of Regulations (CCR), title 16, section 1067, subsection (a), along with clarifying language.
- BPC section 1741, subdivision (l). The legislative proposal would add clarifying language from CCR, title 16, section 1085, subsection (c), and specify that “direct supervision” means procedures performed pursuant to the order, control, and full professional responsibility of a supervising licensed dentist, and align the definition with the Dental Hygiene Board of California’s (DHBC) definition of that term under BPC section 1902, subdivision (c).
- BPC section 1741, subdivision (m). The legislation proposal would add clarifying language from CCR, title 16, section 1085, subsection (c), specifying that “general

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“supervision” means procedures performed pursuant to the order, control, and full professional responsibility of a supervising licensed dentist, and align with the DHBC’s definition of that term under BPC section 1902, subdivision (d).

- BPC section 1741, subdivision (n). The legislative proposal would add the definition of “gingival” from CCR, title 16, section 1067, subsection (o).
- BPC section 1741, subdivision (p). The legislative proposal would change the term “licensed dentist” to “supervising licensed dentist” to conform with the new defined term “supervising licensed dentist” proposed to be added in BPC section 1741, subdivision (aa), described further below.
- BPC section 1741, subdivision (q). The legislative proposal would add a definition for “oral prophylaxis” from CCR, title 16, section 1067, subsection (g).
- BPC section 1741, subdivision (w). The legislative proposal would add a definition for “registered dental hygienist” from CCR, title 16, section 1067, subsection (d).
- BPC section 1741, subdivision (x). The legislative proposal would add a definition for “registered dental hygienist in alternative practice.”
- BPC section 1741, subdivision (y). The legislative proposal would add a definition for “registered dental hygienist in extended functions” from CCR, title 16, section 1067, subsection (f).
- BPC section 1741, subdivision (aa). The legislative proposal would add a definition for “supervising licensed dentist” from CCR, title 16, section 1085, subsection (c)(17) with additional language clarifying the term refers to a California licensed dentist.
- BPC section 1750, subdivision (a). The legislative proposal would change the term “licensed dentist” to “supervising licensed dentist” to conform with the new defined term “supervising licensed dentist” proposed to be added in BPC section 1741, subdivision (aa). Additionally, the definition of “basic supportive dental procedures” would be removed as it is currently located in BPC section 1741, subdivision (b).
- BPC section 1750, subdivision (d). The legislative proposal would change the term “licensed dentist” to “supervising licensed dentist” to conform with the new defined term “supervising licensed dentist” proposed to be added in BPC section 1741, subdivision (aa).

- BPC section 1750, subdivision (f)(3) and (4). These provisions would be removed and are proposed to be added to BPC section 1750.1, subdivision (e), to consolidate all allowable dental assisting duties in one location.
- BPC section 1750.1. The legislative proposal would reorder allowable duties from the highest level of supervision to the lowest.
- BPC section 1750.1, subdivision (a). The legislative proposal would add language from CCR, title 16, section 1085, subsection (a), and current BPC section 1750.1, subdivision (d), would be moved to this section to consolidate all prohibited duties in one location.
- BPC section 1750.1, subdivision (b). The legislative proposal would create a “chairside supervision” section to consolidate all allowable duties requiring the presence of the supervising licensed dentist at the patient’s chairside while the duty is being performed.
- BPC section 1750.1, subdivision (b)(1). The legislative proposal would move to subdivision (b)(1) the provision under current subdivision (b)(12).
- BPC section 1750.1, subdivision (b)(2). The legislative proposal would move to subdivision (b)(2) the provision under current subdivision (b)(16).
- BPC section 1750.1, subdivision (b)(3). The legislative proposal would move to subdivision (b)(3) the provision under subdivision (b)(18), with language “present in the operatory” revised to “chairside.”
- BPC section 1750.1, subdivision (c). The legislative proposal would move to subdivision (c) the current subdivision (b) and change the term “licensed dentist” to “supervising licensed dentist” to conform with the new defined term “supervising licensed dentist” proposed to be added in BPC section 1741, subdivision (aa). The legislative proposal would strike language from this subdivision because it is proposed to be added to the definitions in BPC sections 1741, subdivisions (l) and (m).
- BPC section 1750.1, subdivision (c)(12). The legislative proposal would add a provision specifying that periodontal dressings cannot be removed until after inspection of the surgical site by the supervising licensed dentist. This requirement mirrors the requirement under CCR, title 16, section 1085, subsection (c)(3). The Working Group believes that this language appropriately allows the dentist to inspect the site either immediately before or in connection with the procedure and does not require revision currently.

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- BPC section 1750.1, subdivision (c)(13). The legislative proposal would change the term “licensed dentist” to “supervising licensed dentist” to conform with the new defined term “supervising licensed dentist” proposed to be added in BPC section 1741, subdivision (aa).
- BPC section 1750.1, subdivision (c)(15). This provision would be moved to subdivision (b)(17).
- BPC section 1750.1, subdivision (c)(16). This provision would be moved to subdivision (c)(2).
- BPC section 1750.1, subdivision (c)(17). This provision would be moved to subdivision (a)(1).
- BPC section 1750.1, subdivision (c)(18). This provision would be included under subdivision (b)(3).
- BPC section 1750.1, subdivision (d). The legislative proposal would move language from current subdivision (a), and revise the language to remove because provisions proposed to be added to the definitions in BPC sections 1741, subdivision (l) and (m).
- BPC section 1750.1, subdivision (d)(1). The legislative proposal would revise the language to clarify supervision must be by the supervising dentist. Language from current subdivision (b)(17) was moved into this subdivision to eliminate redundancy.
- BPC section 1750.1, subdivision (d)(2). This subdivision would be moved to new subdivision (e)(1).

BPC section 1750.1, subdivision (e). The legislative proposal would move and revise the dental assisting duties requiring additional education from BPC section 1750, subdivision (f)(3) and (4), to BPC section 1750.1, new subdivision (e).

- BPC section 1750.1, subdivision (f). The legislative proposal would re-letter existing subdivision (c) as new subdivision (f) and revise the provision for conformity with other provisions authorizing the Board to prescribe provisions in regulation.
- BPC section 1752.4, subdivision (a). The legislative proposal would create a “chairside supervision” section to consolidate all allowable duties requiring the

presence of the supervising licensed dentist at the patient's chairside while the duty is being performed, based on changes made to new BPC section 1750.1, subdivision (b). The statute would reorder allowable duties from the highest level of supervision to the lowest. As such, the remaining duties under current subdivision (a) would be moved to new subdivision (c).

- BPC section 1752.4, subdivision (b). The legislative proposed would move current subdivision (e) to new subdivision (b).
- BPC section 1752.4, subdivision (b)(1). The legislative proposal would clarify dental assistant duties that registered dental assistants are allowed to perform under direct supervision, based on changes made to new BPC section 1750.1, subdivision (c).
- BPC section 1752.4, subdivision (b)(2). The legislative proposal would move current subdivision (e)(1) to new subdivision (b)(2).
- BPC section 1752.4, subdivision (b)(3). The legislative proposal would move current subdivision (e)(2) to new subdivision (b)(3).
- BPC section 1752.4, subdivision (c). The legislative proposal would move to new subdivision (c) the duties authorized to be performed under general supervision under current subdivision (a).
- BPC section 1752.4, subdivision (c)(1). The legislative proposal would clarify dental assistant duties that registered dental assistants are allowed to perform under general supervision, based on changes made to new BPC section 1750.1, subdivision (c).
- BPC section 1752.4, subdivision (c)(9). The legislative proposal would add clarifying language specifying that this duty must be performed using a hand instrument.
- BPC section 1752.4, subdivision (d). The legislative proposal would strike current subdivision (d) and move current subdivision (a)(19) to new subdivision (d). Due to the proposed restructuring of this section, current subdivision (d) would no longer be necessary. In addition, this change would allow the Board to prescribe additional duties for all levels of supervision, not only general supervision and conforms to other Board regulatory authority.
- BPC section 1752.4, subdivision (e). The legislative proposal would add clarifying language specifying that the additional duties outlined in this subdivision cannot

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be performed until a copy of the certificate of completion of a Board-approved program or course has been submitted to the Board and the duty has been added to the RDA license by the Board.

- BPC section 1752.4, subdivision (e)(1). The legislative proposal would clarify and assign a supervision level to the performance of this duty.
- BPC section 1752.4, subdivision (e)(2). The legislative proposal would move current subdivision (e)(2) to new subdivision (f).
- BPC section 1752.4, subdivision (e)(3). The legislative proposal would move current subdivision (e)(3) to new subdivision (f).
- BPC section 1752.4, subdivision (e)(4). The legislative proposal would clarify and assign a supervision level to the performance of this duty.
- BPC section 1752.4, subdivision (f). The legislative proposal would move current subdivision (b) to new subdivision (f) and add clarifying language specifying the additional duties outlined in this subdivision may be performed under direct supervision after successful completion of a Board-approved course and obtaining the required permit from the Board.
- BPC section 1752.4, subdivision (g). The legislative proposal would re-letter current subdivision (c) as new subdivision (g).
- BPC section 1752.4, subdivision (h). The legislative proposal would re-letter current subdivision (f), make revisions to conform to other changes made in the legislative proposal, and remove language that is proposed to be added to the definitions in BPC section 1741, subdivisions (l) and (m).

The Working Group believes the proposed statutory clarifications strengthen consistency, reduce ambiguity, and reinforce patient safety while supporting appropriate utilization of dental assisting personnel. Written feedback from CDA indicated support for the recommended statutory changes and alignment with the Working Group's interpretation of supervision requirements and inspection language. With Council approval, these recommendations will allow the proposal to move forward for Board review in a timely and coordinated manner.

Action Requested

The Council is asked to review and discuss the legislative proposal to amend the definitions, DA duties, and RDA duties discussed above and make one of the following motions.

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Option 1 (support the proposed recommendation): Move to recommend to the Board the legislative proposal in **Attachment 1** for submission to the California State Legislature to amend Business and Professions Code sections 1684.5, 1741, 1750, 1750.1, and 1752.4 regarding dental auxiliaries.

Option 2 (support the proposed recommendation as revised during this meeting): Move to recommend to the Board the legislative proposal in **Attachment 1**, as revised during this meeting, for submission to the California State Legislature to amend Business and Professions Code sections 1684.5, 1741, 1750, 1750.1, and 1752.4 regarding dental auxiliaries.

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

Attachment

1. Legislative Proposal to Amend Business and Professions Code Sections 1684.5, 1741, 1750, 1750.1, and 1752.4 Regarding Dental Auxiliaries

DENTAL BOARD OF CALIFORNIA

LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTIONS 1684.5, 1741, 1750, 1750.1, AND 1752.4 REGARDING DENTAL AUXILIARIES

Proposed amendments are indicated in underline for new text and ~~strikethrough~~ for deleted text.

1684.5. (a) In addition to other acts constituting unprofessional conduct under this chapter, it is unprofessional conduct for any dentist to perform or allow to be performed any treatment on a patient who is not a patient of record of that dentist. A dentist may, however, after conducting a preliminary oral examination, require or permit any dental auxiliary to perform procedures necessary for diagnostic purposes, provided that the procedures are permitted under the auxiliary's authorized scope of practice. Additionally, a dentist may require or permit a dental auxiliary to perform all of the following duties prior to any examination of the patient by the dentist, provided that the duties are authorized for the particular classification of dental auxiliary pursuant to Article 7 (commencing with Section 1740):

- (1) Expose emergency radiographs upon direction of the dentist.
- (2) If the dental auxiliary is a registered dental assistant in extended functions, a registered dental hygienist, or a registered dental hygienist in alternative practice, determine and perform radiographs for the specific purpose of aiding a dentist in completing a comprehensive diagnosis and treatment plan for a patient using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising licensed dentist pursuant to Sections 1753.55, 1910.5, and 1926.05. A dentist is not required to review patient records or make a diagnosis using telehealth.
- (3) Perform extra-oral duties or functions specified by the dentist.
- (4) Perform mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, malocclusions, existing restorations, and missing teeth.

(b) For purposes of this section, "patient of record" refers to a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist.

(c) For purposes of this section, if dental treatment is provided to a patient by a registered dental assistant in extended functions, a registered dental hygienist, or a registered dental hygienist in alternative practice pursuant to the diagnosis and treatment plan authorized by a supervising licensed dentist, at a location other than the dentist's practice location, it is the responsibility of the authorizing dentist that the patient or the patient's representative receive written notification that the care was provided at the direction of the authorizing dentist and that the notification include the authorizing dentist's name, practice location address, and telephone number. This

provision shall not require patient notification for dental hygiene preventive services provided in public health programs as specified and authorized in Section 1911, or for dental hygiene care when provided as specified and authorized in Section 1926.

(d) A dentist shall not concurrently supervise more than a total of five registered dental assistants in extended functions, registered dental hygienists, or registered dental hygienists in alternative practice providing services pursuant to Sections 1753.55, 1910.5, and 1926.05.

(e) This section shall not apply to dentists providing examinations on a temporary basis outside of a dental office in settings including, but not limited to, health fairs and school screenings.

(f) This section shall not apply to fluoride mouth rinse or supplement programs administered in a school or preschool setting.

1741. As used in this article:

(a) "Alternative dental assisting program" means a program offered by an institution of secondary or postsecondary education that has a current accreditation from the Commission on Dental Accreditation or is accredited or approved by an agency recognized by the United States Department of Education or State Department of Education, including career health and technical education programs, regional occupation centers or programs, or apprenticeship programs registered by the State Department of Education or Division of Apprenticeship Standards of the Department of Industrial Relations in allied dental programs, and whereby a certificate of completion from the program shall serve as a pathway component for licensure as a registered dental assistant.

(b) "Basic supportive dental procedures" means procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated, including extraoral tasks involving sterilization procedures and infection control and disease prevention tasks.

(c) "Board" means the Dental Board of California.

(d) "Certified dental assistant" means an individual who has successfully passed the general chairside assisting, radiation health and safety, and infection control examinations administered by the Dental Assisting National Board and has an active certification satisfactory to terms and conditions of the Dental Assisting National Board at the time of application for a dental assisting license. A current and valid certified dental assistant certificate is not required for subsequent licensure renewals.

(e) "Certificate of completion" means a certificate of completion of the program or course that shall include, at minimum, the participant's name, the name of the course or program completed, the name of the course or program provider, including the board-issued approval number, the physical address of the program/course facility or, for electronic courses, the business address, the date or date range of completion of the

course or program, the number of completed hours of the course or program, the instructor name and license number, and the printed name and signature of the course or program provider, director, administrator, or their designee, that verifies the participant has successfully completed any of the following:

- (1) A board-approved educational course or program in dental assisting.
- (2) A continuing education course provided by a board-approved continuing education provider.
- (3) An alternative dental assisting program.

(f) "Continuing education" means a course of study specific to the performance of dental-related procedures where the education is directly related to the clinical and supplemental duties and functions of dental assistants, registered dental assistants, registered dental assistants in extended functions, and dental assisting permitholders, as defined in this article. The continuing education coursework must follow the provisions outlined in board regulations. Continuing education units obtained shall be limited to no more than eight units per day. The following shall apply to the continuing education units:

- (1) Live interactive coursework units obtained shall not total more than eight units per day.
- (2) Nonlive or self-paced online coursework units shall not be more than eight units per day within a range of dates during a seminar, workshop, or educational series where more than one day is required to complete the coursework.

(g) "Coronal polishing" means a procedure limited to the removal of plaque and stain from exposed tooth surfaces.

(h) "Council" means the Dental Assisting Council of the Dental Board of California.

(i) "Course" means an educational offering, class, presentation, meeting, or other similar event.

(j) "Dental assistant" means an individual who, without a license, may perform only basic supportive dental procedures described in Sections 1750 and 1750.1.

(k) "Dental auxiliary" means a person who may perform dental procedures authorized by this article under the specified supervision of a supervising licensed dentist. For purposes of Section 1684.5, "dental auxiliary" shall include a person who may perform dental procedures authorized by Article 9.1 under the specified supervision of a supervising licensed dentist.

(l) "Direct supervision" means supervision of dental procedures based on instructions given by performed pursuant to the order, control, and full professional responsibility of

a supervising licensed dentist, who shall is required to be physically present in the treatment facility during the performance of those procedures.

(fm) "General supervision" means supervision of dental procedures based on instructions given by performed pursuant to the order, control, and full professional responsibility of a supervising licensed dentist but who is not requiring the physical presence of the supervising dentist required to be physically present in the treatment facility during the performance of those procedures.

(n) "Gingival" means pertaining to the gingivae, the mucous membrane with the supporting fibrous tissue.

(mo) "Good standing" means the licensee or permitholder has not been disciplined, is not the subject of an unresolved complaint or review procedures, and is not the subject of any unresolved disciplinary proceeding.

(np) "Interim therapeutic restoration" means a direct provisional restoration placed to stabilize the tooth until a supervising licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration 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. An interim therapeutic restoration may also be applied to a tooth with caries that has been confirmed by the treating dentist to be arrested through the use of a caries arresting agent with or without further removal of tooth structure. Local anesthesia shall not be necessary for interim therapeutic restoration placement.

(q) "Oral prophylaxis" means the preventive dental procedures including complete removal of explorer-detectable calculus, soft deposits, plaque, stains, and the smoothing of unattached tooth surfaces. The objective of this treatment shall be creation of an environment in which hard and soft tissues can be maintained in good health by the patient.

(er) "Preceptor" means an unlicensed dental assistant who is supervised by a California-licensed dentist or dentists in good standing and is participating in a preceptorship in dental assisting to learn the clinical skills and acquire procedural knowledge through work experience and supplemental dental assisting coursework.

(ps) "Preceptor" means a California-licensed dentist in good standing who directly supervises and provides on-the-job training to a preceptor in a preceptorship in dental assisting by evaluating clinical competence, documenting completion of clinical chairside work experience, learning, and clinical progress, teaching and promoting clinical reasoning, and ensuring the preceptor has completed course requirements before performing dental assisting duties pursuant to Section 1750.1. A preceptor may have more than one California-licensed dentist serve as a preceptor.

(qt) "Preceptorship in dental assisting" means supervised on-the-job training of a preceptor by a preceptor in the performance of duties specified in Section 1750.1 in a

competent manner as determined by the preceptor pursuant to the requirements set forth in paragraph (5) of subdivision (a) of Section 1752.1.

(ru) "Registered dental assistant" means a person licensed by the board to perform all procedures authorized under Section 1752.4.

(sv) "Registered dental assistant in extended functions" means a person licensed by the board to perform all procedures authorized under Section 1753.5.

(w) "Registered dental hygienist" means a person who holds a registered dental hygienist license issued by the Dental Hygiene Board of California.

(x) "Registered dental hygienist in alternative practice" means a person who holds a registered dental hygienist license issued by the Dental Hygiene Board of California.

(y) "Registered dental hygienist in extended functions" means a person who holds a registered dental hygienist in extended functions license issued by the Dental Hygiene Board of California.

(tz) "Satisfactory work experience" means performance of the duties specified in Section 1750.1 in a competent manner as determined by the supervising licensed dentist or dentists, who shall certify under penalty of perjury under the laws of the State of California the applicant's completion of the work experience.

(aa) "Supervising licensed dentist" means a California licensed dentist whose patient is receiving dental services in the treatment facility performed by a dental auxiliary under the direct control of the dentist.

1750. (a) A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by this section and Section 1750.1 and by regulations adopted by the board, under the supervision of a supervising licensed dentist. ~~Basic supportive dental procedures are those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated.~~

(b) The supervising licensed dentist shall be directly responsible for determining the competency of the dental assistant to perform the ~~basic supportive~~ dental procedures, as authorized by Section 1750.1.

(c) The employer, supervising licensed dentist, manager, or supervisor of a dental assistant shall be responsible for ensuring that the dental assistant has successfully completed a board-approved eight-hour course in infection control prior to performing any ~~basic supportive~~ dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials.

(d) During the period of dental assistant services provided by the dental assistant and for three years after termination thereof, the employer, supervising licensed dentist, manager, or supervisor shall maintain a copy of any certificate of completion evidence

~~for the length of the employment for the dental assistant at the supervising dentist's treatment facility to verify the dental assistant has met and maintained all certification requirements as dictated by statute and regulation.~~

(e) The employer shall inform the dental assistant of the educational requirements described in subdivision (f) to maintain employment as an unlicensed dental assistant.

(f) The employer of a dental assistant shall be responsible for ensuring that the dental assistant who has been employed continuously or on an intermittent basis by that employer for one year from the date of first employment provides evidence to the employer that the dental assistant has already successfully completed, or successfully completes, all of the following within one year of the first date of employment:

(1) A board-approved two-hour course in the Dental Practice Act.

(2) Current certification in basic life support issued by the American Red Cross, the American Heart Association, the American Safety and Health Institute, the American Dental Association's Continuing Education Recognition Program, or the Academy of General Dentistry's Program Approval for Continuing Education, in accordance with both of the following:

(A) The dental assistant shall be responsible for maintaining current certification in basic life support to perform duties involving patients.

(B) The employer of a dental assistant shall be responsible for ensuring that the dental assistant maintains certification in basic life support.

(3) ~~To perform radiographic procedures, a dental assistant shall complete a board-approved course in radiation safety. The original or a copy of the current, valid certificate issued by a board approved radiation safety course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services.~~

(4) ~~To perform coronal polishing prior to licensure as a registered dental assistant, an unlicensed dental assistant shall complete a board approved coronal polishing course and obtain a certificate of completion. Prior to taking the coronal polishing course, the dental assistant shall provide evidence to the course provider of having completed a board approved eight-hour course in infection control and a current, valid certification in basic life support.~~

~~(A) Coronal polishing performed pursuant to this paragraph shall be performed under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist, who shall, at minimum, evaluate each patient after coronal polishing procedures are performed by the dental assistant.~~

~~(B) The original or a copy of the current, valid certificate issued by a board-approved coronal polishing course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services.~~

1750.1. (a) Unless specifically so provided by regulation, a dental assistant may not perform the following functions or any other activity that represents the practice of dentistry or requires the knowledge, skill and training of a licensed dentist:

- (1) Diagnosis and treatment planning.
- (2) Surgical or cutting procedures on hard or soft tissue, including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
- (3) Fitting and adjusting of correctional and prosthodontic appliances.
- (4) Prescription of medicines.
- (5) Placement, condensation, carving or removal of permanent restorations, including final cementation procedures.
- (6) Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals.
- (7) Taking of impressions for prosthodontic appliances, bridges or any other structures which may be worn in the mouth;
- (8) Administration of injectable and/or general anesthesia;
- (9) Administration of local or general anesthesia or sedation.
- (10) Starting the flow of nitrous oxide and oxygen gases.
- (11) Oral prophylaxis procedures.

(b) A dental assistant may only perform the following duties while the supervising licensed dentist is present at the patient's chairside while the duty is being performed:

- (1) After adjustment by the supervising licensed dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.
- (2) Adjust the flow of nitrous oxide and oxygen gases if deemed necessary and directed by the supervising licensed dentist.
- (3) In response to a medical emergency, a dental assistant may administer or assist in the administration of oxygen.

(bc) A dental assistant may perform the following duties under the direct supervision and pursuant to the order, control, and full professional responsibility of a supervising licensed dentist:

- (1) Apply nonaerosol and noncaustic topical agents, including all forms of topical fluoride.
- (2) Take intraoral impressions for all nonprosthetic appliances.
- (3) Take facebow transfers and bite registrations.
- (4) Place and remove rubber dams or other isolation devices.
- (5) Place, wedge, and remove matrices for restorative procedures.
- (6) Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist.
- (7) Perform measurements for the purposes of orthodontic treatment.
- (8) Cure dental materials with a light curing device.
- (9) Examine orthodontic appliances.
- (10) Place and remove orthodontic separators.
- (11) Remove ligature ties and archwires.
- (12) ~~After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.~~
- (13) ~~Remove periodontal dressings after inspection of the surgical site by the supervising licensed dentist.~~
- (14) ~~Remove sutures after inspection of the site by the supervising licensed dentist.~~
- (15) ~~Place patient monitoring sensors.~~
- (16) ~~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.~~
- (17) ~~Extraoral functions specified by the supervising dentist that meet the definition of basic supportive dental procedures specified in subdivision (b) of Section 1741. Such duties may include patient monitoring, placing monitoring sensors, taking of vital signs, or other extraoral procedures related to the scope of their practice.~~
- (18) ~~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.~~

(ad) A dental assistant may perform the following duties under the general supervision and pursuant to the order, control, and full professional responsibility of a supervising licensed dentist:

- (1) Extraoral duties specified by the supervising licensee licensed dentist that meet the definition of a basic supportive dental procedure specified in subdivision (b) of Section 1741. These duties may include patient monitoring, placing and removing monitoring sensors, taking of vital signs, or other extraoral procedures related to the scope of their practice, and a procedure that requires the use of personal protective equipment, laboratory functions, and sterilization and disinfection procedures described in Section 1005 of Title 16 of the California Code of Regulations and Section 5193 of Title 8 of the California Code of Regulations.
 - (2) ~~Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of paragraph (4) of subdivision (f) of Section 1750.~~
- (32) Perform intraoral and extraoral photography.

(e) A dental assistant may perform the following additional duties after successfully completing a board-approved dental assistant educational program or board-approved course in those duties.

- (1) To perform radiographic procedures, a dental assistant shall complete a board-approved course in radiation safety. The original or a copy of the current, valid certificate issued by a board-approved radiation safety course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services. Radiographic procedures performed pursuant to this paragraph shall be performed under the general supervision of a supervising licensed dentist
- (2) To perform coronal polishing, an unlicensed dental assistant shall complete a board-approved coronal polishing course and obtain a certificate of completion. Prior to taking the coronal polishing course, the dental assistant shall provide evidence to the course provider of having completed a board-approved eight-hour course in infection control and a current, valid certification in basic life support.
 - (A) Coronal polishing performed pursuant to this paragraph shall be performed under the direct supervision of a supervising licensed dentist, who shall, at minimum, evaluate each patient after coronal polishing procedures are performed by the dental assistant.
 - (B) The original or a copy of the current, valid certificate issued by a board-approved coronal polishing course provider shall be publicly displayed at the treatment facility where the dental assistant performs dental services.

(ef) The board may specify prescribe additional allowable duties by regulation.

(d) The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation shall not include any of the following procedures unless specifically allowed by law:

- (1) Diagnosis and comprehensive treatment planning.
- (2) Placing, finishing, or removing permanent restorations.
- (3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
- (4) Prescribing medication.
- (5) Starting the flow of nitrous oxide and oxygen gases.
- (6) Administration of local or general anesthesia or sedation.

(e) Unless otherwise permitted in this section, the duties of a dental assistant do not include any duty or procedure that only a registered dental assistant, registered dental assistant in extended functions, orthodontic assistant, dental sedation assistant, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.

(f) The placement of pit and fissure sealants may only be performed by a registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice.

1752.4. (a) A registered dental assistant may perform all of the following the duties and procedures of a dental assistant as specified in subdivisions (a), (b), and (c) of Section 1750.1 while the supervising licensed dentist is present at the patient's chairside while the duty is being performed. may perform all the following duties under the general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

- (1) All duties that a dental assistant is allowed to perform.
- (2) Mouth mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.
- (3) Apply and activate bleaching agents using a nonlaser light-curing device.
- (4) Use of automated caries detection devices and materials and recording of such findings before placement of pit and fissure sealants.
- (5) Obtain intraoral images for computer-aided design (CAD), milled restorations.
- (6) Pulp vitality testing and recording of findings.
- (7) Place bases, liners, etch, and bonding agents for restorative procedures.

- ~~(8) Chemically prepare teeth for bonding for restorative procedures.~~
- ~~(9) Place, adjust, and finish direct provisional restorations.~~
- ~~(10) Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.~~
- ~~(11) Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.~~
- ~~(12) Place periodontal dressings.~~
- ~~(13) Dry endodontically treated canals using absorbent paper points.~~
- ~~(14) Perform sore spot adjustment only of dentures extraorally.~~
- ~~(15) Perform tissue conditioning and soft reline of dentures.~~
- ~~(16) Remove excess cement from surfaces of teeth with a hand instrument.~~
- ~~(17) Polish coronal surfaces of the teeth.~~
- ~~(18) Place ligature ties and archwires.~~
- ~~(19) All duties that the board may prescribe by regulation.~~

(eb) A registered dental assistant may perform the following duties under direct supervision:

- (1) The duties that a dental assistant is allowed to perform under paragraphs (5), (6), (12), and (13) of subdivision (c) of Section 1750.1.
- (2) Isolate, etch, bond, and attach composite buttons for orthodontic procedures.
- (3) Size, fit, secure, and remove orthodontic bands using appropriate dental materials.

(c) A registered dental assistant may perform the following duties under general supervision:

- (1) The duties that a dental assistant is allowed to perform under paragraphs (1) through (4) and (7) through (11) under subdivision (c) and subdivision (d) of Section 1750.1.
- (2) Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.
- (3) Apply and activate bleaching agents using a nonlaser light-curing device.

- (4) Use of automated caries detection devices and materials and recording of such findings before placement of pit and fissure sealants.
- (5) Obtain intraoral images for computer-aided design (CAD), milled restorations.
- (6) Pulp vitality testing and recording of findings.
- (7) Place bases, liners, etch, and bonding agents for restorative procedures.
- (8) Chemically prepare teeth for bonding for restorative procedures.
- (9) Place, adjust, and finish direct provisional restorations with a hand instrument.
- (10) Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.
- (11) Place post-extraction, periodontal, and temporary sedative dressings after inspection of the surgical site by the supervising licensed dentist.
- (12) Place periodontal dressings.
- (13) Dry endodontically treated canals using absorbent paper points.
- (14) Perform sore-spot adjustment only of dentures extraorally.
- (15) Perform tissue conditioning and soft reline of dentures.
- (16) Remove excess cement from supragingival surfaces of teeth with a hand instrument.
- (17) Polish coronal surfaces of the teeth.
- (18) Place ligature ties and archwires.
- (19) Perform radiographic procedures.

(d) The board may prescribe additional allowable duties by regulation.

(be) A registered dental assistant may only perform the following additional duties after successfully completing a board-approved registered dental assistant educational program or board-approved course in those duties, submitting to the Board a copy of the certificate of completion of the board-approved program or course, and the duty has been added to their Registered Dental Assistant license by the Board.

- (1) Under direct supervision of a licensed dentist, Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.

~~(2) The allowable duties of an orthodontic assistant permitholder as specified in Section 1750.3. A registered dental assistant 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.~~

~~(3) The allowable duties of a dental sedation assistant permitholder as specified in Section 1750.5.~~

~~(4) Under general supervision of a licensed dentist, ~~T~~the application and adjustment of pit and fissure sealants with a hand instrument.~~

(f) A registered dental assistant may only perform the following additional duties under direct supervision of a supervising licensed dentist after successfully completing a board-approved course in those duties and obtaining the required permit from the Board.

(1) The allowable duties of an orthodontic assistant permitholder as specified in paragraphs (1) through (5) and (7) through (8) of subdivision (a) of Section 1750.3.

(2) The allowable duties of a dental sedation assistant permitholder as specified in Section 1750.5.

~~(eq) Except as provided in Section 1777, the supervising licensed dentist shall be responsible for ensuring completion of courses to perform additional duties and determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision.~~

~~(d) The supervising dentist shall be responsible for determining whether each authorized procedure in subdivision (a) performed by a registered dental assistant should be performed under general or direct supervision.~~

~~(e) A registered dental assistant may perform the following duties under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:~~

~~(1) Isolate, etch, bond, and attach composite buttons for orthodontic procedures.~~

~~(2) Size, fit, secure, and remove orthodontic bands using appropriate dental materials.~~

~~(fh) Notwithstanding subdivision (be), a registered dental assistant may perform a duty specified in this section using contemporary techniques and materials designed for use in the performance of that duty under the direct supervision and pursuant to the order, control, and full professional responsibility of a supervising licensed dentist if the registered dental assistant has completed the appropriate education and training, and whose skill, knowledge, and education in the use of such contemporary technique or material has been determined clinically competent by the supervising licensed~~



MEMORANDUM

DATE	January 20, 2026
TO	Members of the Dental Assisting Council (Council)
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California (Board)
SUBJECT	Agenda Item 10.a.: Legislative Proposal to Amend BPC Sections 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, and 1755, and Repeal BPC Section 1632.6 Regarding Dentistry

Background

The Board approved several legislative proposals at its November 2024, February 2025, May 2025, and November 2025 meetings to resolve various issues stemming from the enactment of the Board's sunset bill, Senate Bill (SB) 1453 (Ashby, Chapter 483, Statutes of 2024).

Unable to incorporate the proposals in a committee cleanup bill or stand-alone bill last year, Board staff worked with the California Dental Association and Assemblymember Juan Alanis (R-Modesto) to incorporate the Board's legislative proposals into his [Assembly Bill \(AB\) 873 \(Alanis, 2025\)](#). A summary of the history of AB 873 can be found within the [August 14, 2025, Board materials](#). On July 14, 2025, Assemblymember Alanis pulled AB 873 from hearing, and it is now a two-year bill pending in the Senate Business, Professions and Economic Development Committee.

To advance the legislative proposals approved by the Board, staff recommend the Board sponsor a standalone Board Sunset Cleanup Bill. The legislative proposal, Attachment 1 hereto, seeks to pursue the Board's legislative changes through a consolidated legislative vehicle.

The following table sets forth the Board-approved legislative items for the Board Sunset Cleanup Bill and the date they were previously approved by the Board.

Legislative Item	Date Board Approved
27.a. Legislative Proposal to Amend BPC Sections 1628 and 1633 Regarding Dentist Licensure Requirements	November 7-8, 2024

Agenda Item 10.a.: Legislative Proposal to Amend BPC Sections 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, and 1755, and Repeal BPC Section 1632.6 Regarding Dentistry
 Dental Assisting Council Meeting
 February 5-6, 2026

27.b. Legislative Proposal to Amend BPC Section 1635.5 Regarding Licensure by Credential Pathway Requirements	<u>November 7-8, 2024</u>
27.c. Legislative Proposal to Amend BPC Section 1638.1 Regarding EFCS Permit Credentialing Committee Member Removal	<u>November 7-8, 2024</u>
25.a. Legislative Proposal to Amend BPC Section 1638.1 Regarding Elective Facial Cosmetic Surgery Permits	<u>February 6-7, 2025</u>
25.b. Legislative Proposal to Amend BPC Sections 1725, 1753.52, 1754.5 and 1755 Regarding Dental Assisting Courses	<u>February 6-7, 2025</u>
21.a. Legislative Proposal to Amend BPC Section 1724(a) to Remove Dentist Licensure Fee for Repealed Portfolio Pathway	<u>May 14-15, 2025</u>
21.d. Legislative Proposal to Amend BPC Section 1753 and 1753.5 Regarding Authorized Duties and Procedures of Registered Dental Assistants in Extended Functions	<u>May 14-15, 2025</u>
24.a. Legislative Proposal to Amend BPC Section 1621 and Repeal BPC Section 1632.6 Regarding Portfolio Examinations	<u>November 6-7, 2025</u>

Board staff also propose amending BPC section 1750.1 to correct cross-references in the dental assisting and Registered Dental Assistant in Extended Functions (RDAEF) duties that inadvertently were not updated when other amendments were made in SB 1453. Board staff also propose additional amendments to BPC section 1753 to cleanup the RDAEF examination administration language following amendments to that section in SB 1453.

While amendments to BPC sections 1754.5 and 1755 were approved by the Board, as set forth in the above table, these sections were subsequently revised in the effort to incorporate these changes into AB 873 by the Board's Executive Committee.

Accordingly, staff now request review and approval of additional amendments to clarify and implement BPC sections 1754.5 and 1755.

Action Requested

The Council is asked to consider the proposed legislative changes comprising the Board Sunset Cleanup Bill. If the Council agrees with the recommendation to amend BPC

Agenda Item 10.a.: Legislative Proposal to Amend BPC Sections 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, and 1755, and Repeal BPC Section 1632.6
Regarding Dentistry
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sections 1750.1, 1753, 1754.5, and 1755 as discussed above, the Council is asked to make one of the following motions:

- Option 1 (support the proposed recommendation): Move to recommend to the Dental Board of California for submission to the California State Legislature the legislative proposal in **Attachment 1** to amend Business and Professions Code sections 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, and 1755, and repeal Business and Professions Code section 1632.6 regarding dentistry.
- Option 2 (support the proposed recommendation as revised during this meeting): Move to recommend to the Dental Board of California for submission to the California State Legislature the legislative proposal in **Attachment 1**, a revised during this meeting, to amend Business and Professions Code sections 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, and 1755, and repeal Business and Professions Code section 1632.6 regarding dentistry.
- Option 3 (no action): If the Council does not wish to act on the recommendation, no motion is needed.

Attachment

1. Legislative Proposal to Amend Business and Professions Code Sections 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, and 1755, and Repeal Business and Professions Code Section 1632.6 Regarding Dentistry

DENTAL BOARD OF CALIFORNIA

LEGISLATIVE PROPOSAL TO AMEND SECTIONS 1621, 1628, 1633, 1635.5, 1638.1, 1724, 1750.1, 1753, 1753.5, 1754.5, AND 1755, AND REPEAL SECTION 1632.6 OF THE BUSINESS AND PROFESSIONS CODE

Proposed amendments are indicated in underline for new text and ~~strikethrough~~ for deleted text.

Amend Section 1621 of the Business and Professions Code as follows:

1621. The board shall utilize in the administration of its licensure examinations only examiners whom it has appointed and who meet the following criteria:

- (a) Possession of a valid license to practice dentistry in this state or possession of a valid license in one of the registered dental assistant categories licensed under this chapter.
- (b) Practice as a licensed dentist or in a licensure category described in subdivision (a) for at least five years preceding the examiner's appointment.
- (c) Hold no position as an officer or faculty member at any college, school, or institution that provides instruction in the same licensure category as that held by the examiner.
~~This subdivision shall not apply to a portfolio examiner.~~

Amend Section 1628 of the Business and Professions Code as follows:

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.~~

(cd) 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.

(de) 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.

Repeal Section 1632.6 of the Business and Professions Code as follows:

~~1632.6. (a) As part of the ongoing implementation of paragraph (1) of subdivision (c) of Section 1632, the board shall review the portfolio examination to ensure compliance with the requirements of Section 139 and to certify that the portfolio examination process meets those requirements. If the board determines that the portfolio examination fails to meet those requirements, paragraph (1) of subdivision (c) of Section 1632 shall cease to be implemented and the portfolio examination will no longer be an option for applicants. The board's review and certification or determination shall~~

~~be completed and submitted to the Legislature and the department by December 1, 2016.~~

~~(b) A report to the Legislature pursuant to this section shall be submitted in compliance with Section 9795 of the Government Code.~~

~~(c) This section shall become inoperative on December 1, 2020, pursuant to Section 10231.5 of the Government Code.~~

Amend Section 1633 of the Business and Professions Code as follows:

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 to pass the an~~ 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.

Amend Section 1635.5 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, 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.

(54) 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.

(65) 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.

(76) 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.

(87) 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.

(98) 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.

(109) 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.
- (e) (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.~~
- (cd) 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.
- (de) The board may issue a temporary, restricted license, valid for two years, to an applicant qualified under subparagraph (B) or (C) of paragraph (43) of subdivision (a), that authorizes the holder to practice dentistry only in the facilities described in subparagraph (B) of paragraph (43) of subdivision (a) or only to practice or teach dentistry at the accredited dental education programs described in subparagraph (C) of paragraph (43) 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 (43) 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.~~

(eg) A license issued pursuant to this section shall be considered a valid, unrestricted license for purposes of Section 1972.

Amend Section 1638.1 of the Business and Professions Code as follows:

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 permitholder to perform any facial cosmetic surgical procedure authorized by this section, or it may contain limitations if If the applicant has applied for a permit pursuant to paragraph (3) of subdivision (b) but the credentialing committee is not satisfied that the applicant has the training or competence to perform certain classes of both categories of procedures in paragraphs (1) and (2) of subdivision (b), the credentialing committee may recommend issuance of a permit limited to procedures of one category authorized by either paragraph (1) or (2) of subdivision (b), 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.

Amend Section 1724 of the Business and Professions Code as follows:

1724. The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the

responsibilities required by this chapter as it relates to dentists, subject to the following limitations:

- (a) ~~The fee for an application for licensure qualifying pursuant to paragraph (1) of subdivision (c) of Section 1632 shall not exceed one thousand five hundred dollars (\$1,500). The fee for an application for licensure qualifying pursuant to paragraph (1) or (2) of subdivision (c) of Section 1632 shall not exceed one thousand dollars (\$1,000).~~
- (b) The fee for an application for licensure qualifying pursuant to Section 1634.1 shall not exceed one thousand dollars (\$1,000).
- (c) The fee for an application for licensure qualifying pursuant to Section 1635.5 shall not exceed one thousand dollars (\$1,000).
- (d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars (\$525). On and after January 1, 2016, the fee for an initial license shall not exceed six hundred fifty dollars (\$650), and the fee for the renewal of a license shall not exceed six hundred fifty dollars (\$650). On and after January 1, 2018, the fee for an initial license shall not exceed eight hundred dollars (\$800), and the fee for the renewal of a license shall not exceed eight hundred dollars (\$800).
- (e) The fee for an application for a special permit shall not exceed one thousand dollars (\$1,000), and the renewal fee for a special permit shall not exceed six hundred dollars (\$600).
- (f) The delinquency fee shall be 50 percent of the renewal fee for such a license or permit in effect on the date of the renewal of the license or permit.
- (g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars (\$75).
- (h) The fee for an application for an additional office permit shall not exceed seven hundred fifty dollars (\$750), and the fee for the renewal of an additional office permit shall not exceed three hundred seventy-five dollars (\$375).
- (i) The fee for issuance of a replacement pocket license, replacement wall certificate, or replacement engraved certificate shall not exceed one hundred twenty-five dollars (\$125).
- (j) The fee for a provider of continuing education shall not exceed five hundred dollars (\$500) per year.
- (k) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars (\$25).
- (l) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars (\$25).

(m) The fee for an application for an elective facial cosmetic surgery permit shall not exceed four thousand dollars (\$4,000), and the fee for the renewal of an elective facial cosmetic surgery permit shall not exceed eight hundred dollars (\$800).

(n) The fee for an application for an oral and maxillofacial surgery permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an oral and maxillofacial surgery permit shall not exceed one thousand two hundred dollars (\$1,200).

(o) The fee for an application for a general anesthesia permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a general anesthesia permit shall not exceed six hundred dollars (\$600).

(p) The fee for an onsite inspection and evaluation related to a general anesthesia or moderate sedation permit shall not exceed four thousand five hundred dollars (\$4,500).

(q) The fee for an application for a moderate sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a moderate sedation permit shall not exceed six hundred dollars (\$600).

(r) The fee for an application for an adult oral conscious sedation certificate shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an adult oral conscious sedation certificate shall not exceed six hundred dollars (\$600).

(s) The fee for an application for a pediatric minimal sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a pediatric minimal sedation permit shall not exceed six hundred dollars (\$600).

(t) The fee for an application for a pediatric endorsement for a general anesthesia permit or moderate sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a pediatric endorsement shall not exceed six hundred dollars (\$600).

(u) The fee for a certification of licensure shall not exceed one hundred twenty-five dollars (\$125).

(v) The fee for an application for the law and ethics examination shall not exceed two hundred fifty dollars (\$250).

Amend Section 1750.1 of the Business and Professions Code as follows:

1750.1. (a) A dental assistant may perform the following duties under the general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Extraoral duties specified by the supervising licensee that meet the definition of a basic supportive dental procedure specified in subdivision (b) of Section 1741. These duties may include a procedure that requires the use of personal protective equipment, laboratory functions, and sterilization and disinfection procedures

described in Section 1005 of Title 16 of the California Code of Regulations and Section 5193 of Title 8 of the California Code of Regulations.

(2) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of paragraph (3)(4) of subdivision (f) of Section 1750.

(3) Perform intraoral and extraoral photography.

(b) A dental assistant may perform the following duties under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Apply nonaerosol and noncaustic topical agents, including all forms of topical fluoride.

(2) Take intraoral impressions for all nonprosthetic appliances.

(3) Take facebow transfers and bite registrations.

(4) Place and remove rubber dams or other isolation devices.

(5) Place, wedge, and remove matrices for restorative procedures.

(6) Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist.

(7) Perform measurements for the purposes of orthodontic treatment.

(8) Cure dental materials with a light curing device.

(9) Examine orthodontic appliances.

(10) Place and remove orthodontic separators.

(11) Remove ligature ties and archwires.

(12) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.

(13) Remove periodontal dressings.

(14) Remove sutures after inspection of the site by the dentist.

(15) Place patient monitoring sensors.

(16) 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.

(17) Extraoral functions specified by the supervising dentist that meet the definition of basic supportive dental procedures specified in subdivision (b) of Section 1741. Such duties may include patient monitoring, placing monitoring sensors, taking of vital signs, or other extraoral procedures related to the scope of their practice.

(18) 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.

(c) The board may specify additional allowable duties by regulation.

(d) The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation shall not include any of the following procedures unless specifically allowed by law:

(1) Diagnosis and comprehensive treatment planning.

(2) Placing, finishing, or removing permanent restorations.

(3) Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.

(4) Prescribing medication.

(5) Starting the flow of nitrous oxide and oxygen gases.

(6) Administration of local or general anesthesia or sedation.

(e) Unless otherwise permitted in this section, the duties of a dental assistant do not include any duty or procedure that only a registered dental assistant, registered dental assistant in extended functions, orthodontic assistant, dental sedation assistant, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.

(f) The placement of pit and fissure sealants may only be performed by a registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice.

Amend Section 1753 of the Business and Professions Code as follows:

1753. (a) On and after January 1, 2010, the board may license as a registered dental assistant in extended functions a person who files a completed application, pays the applicable fee, and submits written evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current, active, and valid licensure as a registered dental assistant.

(2) A full set of fingerprints for purposes of conducting a criminal history check.

(3) Successful completion of either of the following:

(A) An extended functions postsecondary program approved by the board in all of the procedures specified in Section 1753.5.

(B) An extended functions postsecondary program approved by the board to teach the duties that registered dental assistants in extended functions were allowed to perform pursuant to board regulations prior to January 1, 2010, and a course approved by the board in the procedures specified in paragraphs (1), (2), (5), (6), and (7)(8) to (11)(12), inclusive, of subdivision (b) of Section 1753.5.

(4) Current certification in basic life support issued by American Red Cross, American Heart Association, American Safety and Health Institute, American Dental Association's Continuing Education Provider Recognition Program, or Academy of General Dentistry's Program Approval for Continuing Education.

(5) Successful completion of a board-approved pit and fissure sealant course.

(6) Passage of a written examination administered by the board, or its designee. ~~The board shall designate whether the written examination shall be administered by the board.~~

(b) A registered dental assistant in extended functions with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDAEF with orthodontic assistant permit," or "RDAEF with dental sedation assistant permit," as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(c) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant in extended functions who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirement for such permit or permits.

(d) The licensee shall be responsible for complying with all applicable licensure renewal requirements, including continuing education pursuant to Section 1645.

Amend Section 1753.5 of the Business and Professions Code as follows:

1753.5. (a) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform all duties and procedures that a registered dental assistant is authorized to perform as specified in and limited by Section 1752.4, and the duties in this section.

(b) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform the following additional procedures under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

- (1) 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.
- (2) 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.
- (3) Gingival retraction for impression and restorative procedures.
- (4) Size and fit endodontic master points and accessory points.
- (5) Cement endodontic master points and accessory points.
- (6) Perform post, core, and build-up procedures in conjunction with direct and indirect restorations.
- (7) Take final impression for permanent indirect restorations.
- (8) Take final impressions for tooth-borne removable prosthesis.
- (9) Place, contour, finish, and adjust all direct restorations.
- (10) Adjust and adhere all permanent indirect restorations.
- (11) Polish and contour existing amalgam restorations.
- (11)(12) Other procedures authorized by regulations adopted by the board.

(c) A registered dental assistant in extended functions licensed on or after January 1, 2010, may perform a duty specified in this section using contemporary techniques and materials designed for use in the performance of that duty under the direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist if the registered dental assistant in extended functions has completed the appropriate education and training, and whose skill, knowledge, and education in the use of such contemporary technique or material has been determined clinically competent by the supervising licensed dentist.

Amend Section 1754.5 of the Business and Professions Code as follows:

1754.5. (a) A radiation safety course shall have the primary purpose of providing theory, laboratory, and clinical application in radiographic techniques. The board shall approve only those courses that adhere to the minimum requirements of this ~~section~~ section and applicable regulations adopted by the board.

(b) A radiation safety course provider applying for initial board approval shall submit a completed application for course approval, on a form provided by the board, accompanied by the applicable fee. The board may, in lieu of conducting its own

investigation, accept the findings of any commission or accreditation agency approved by the board, or its designee, and adopt those findings as its own. The board may approve, provisionally approve, or deny approval after it evaluates all components of the course.

(1) Provisional approval shall be limited to those courses that substantially comply with all existing standards for full approval and shall expire one year from the date of provisional approval or upon subsequent board approval or denial, whichever occurs first.

(2) A provider of a course given provisional approval shall immediately notify each student of that status.

(3) If the board provisionally approves or denies approval of a course, the board shall provide the specific reasons for the decision to the course director, in writing, within 90 days of that decision.

(c) Continuation of approval will be contingent upon continued compliance with Sections 1070 and 1070.1 of Title 16 of the California Code of Regulations and all requirements set forth in A board-approved radiation safety course shall be reevaluated at least every seven years, but may be subject to reevaluation and inspection by the board at any time to ensure compliance with this section. The board may withdraw approval at any time that if it determines that the course does not meet the requirements set forth in this subdivision. of this section.

(d) Providers shall make adequate provisions for A radiation safety course provider shall ensure the course complies with the Radiologic Technology Act (Section 27 of the Health and Safety Code) and applicable regulations. Providers shall render appropriate supervision, operation, and facilities when used for laboratory and preclinical instruction. clinical instruction, including compliance with all of the following requirements:

(1) Laboratory and clinical instruction facilities shall be equipped with supplies, materials, and equipment for instruction in radiation safety and practical work that include, for every six students, at least the following:

(A) One functioning radiography (X-ray) machine that complies with all federal and state laws, including registration with the State Department of Public Health, and is equipped with the appropriate position-indicating devices for each technique being taught.

(B) One X-ray training manikin head designed for instruction in radiographic techniques per X-ray unit.

(C) One film view box or screen for viewing digital images.

(D) Processing and viewing equipment. This facility requirement may be deemed met if computer-based equipment for digital radiographic procedures is solely or in part utilized within the program or course facility. The equipment may be located in the operatory area where exposures will occur.

(2) The choice of image receptor for laboratory and clinical experiences shall be either traditional film or digital sensor or any combination thereof as determined by the course provider.

(3) X-ray exposure areas shall provide protection to patients, students, faculty, and observers in full compliance with applicable federal and state laws.

(e) A course in radiation safety shall be of sufficient duration for the student to achieve minimum competence, but ~~in no event less than 32 hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of supervised clinical instruction. not fewer than 32 hours composed of the following:~~

(1) At least eight hours of didactic instruction.

(2) At least 12 hours of laboratory instruction in which students receive supervised experience performing procedures using study models, manikins, or other simulation models.

(3) At least 12 hours of clinical instruction in which students receive supervised experience in performing procedures in a clinical setting on patients.

(f) A course shall establish specific instructional objectives. The theoretical aspects of the course shall provide the content necessary for students to make safe and ethical judgments regarding radiation safety.

(g) Objective evaluation criteria shall be used for measuring student progress. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for all evaluation and testing procedures.

(h) Didactic instruction shall be provided in safe and educationally conducive lecture classrooms or through distance learning modalities. Areas of didactic instruction shall include, at a minimum, all of the following:

(1) Radiation physics and biology.

(2) Radiation protection and safety.

(3) Recognition of normal intraoral and extraoral anatomical landmarks.

(4) Radiograph exposure and processing techniques.

(5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity.

(6) Intraoral techniques including holding devices and image receptors.

(7) Proper use of patient protection devices and personal protective equipment for operator use.

(8) Identification and correction of faulty radiographs.

(9) Introduction to contemporary equipment and devices including the use of computerized digital radiography and extraoral imaging that may include panograms or cone-beam imaging.

(10) Techniques and exposure guidelines for a variety of patients including, but not limited to, adult, pediatric, edentulous, partially edentulous, endodontic, and patients with special needs.

(11) Radiographic record management.

(i) A provider using distance learning modalities for didactic instruction shall do all of the following:

(1) Before enrolling a student, notify the prospective student of the computer or communications technology necessary to participate in didactic instruction.

(2) Provide technological assistance to students, as needed, to participate in didactic instruction.

(3) Ensure completion of didactic instruction by the student before the student participates in laboratory instruction.

(ii) (j)(1) For the student to achieve minimum competence in the application of dental radiographic techniques and radiation safety, all the following shall be met by a board-approved course: the radiation safety course shall include all of the following:

(1)(A) Successful completion of laboratory experiences consisting of at least two bitewing radiographic series and two full mouth intraoral radiographic series using an x-ray X-ray training mannequin manikin designed for radiographic exposures utilizing any dental radiographic image receptor or device deemed appropriate by the course director. A student shall successfully complete laboratory instruction before the student participates in clinical instruction.

(2)(B) Successful completion of clinical experiences consisting of at least three full-mouth intraoral radiographic series using any dental radiographic image receptor or device deemed appropriate by the course director or supervising dentist.

(C) Written evaluations of each radiographic series identifying errors, causes of errors, correction of errors, and, if applicable, the number of reexposures necessary for successful completion of a series to clinical competency.

(j)(2) All clinical Clinical radiographs shall be made using diagnostic criteria established by the course of instruction and shall in no event exceed three reexposures per series.

(k) Before the student's performance of procedures on patients, the student shall provide evidence to the radiation safety course provider of having completed a board-approved eight-hour course in infection control and current, valid certification in basic life support.

(l) Completion of student and instructor written evaluations of each radiographic series identifying errors, causes of error, correction of errors, and, if applicable, the number of reexposures necessary for successful completion of a series to clinical competency.

~~(m)(l) The student shall successfully complete a comprehensive written exam prior to before the completion of the course. The exam shall include questions specific to items dental radiographic installations and quality assurance for dental radiography addressed in Article 4 (commencing with Section 30305) of Group 3 of Subchapter 4 of Chapter 5 of Division 1 of Title 17 of the California Code of Regulations relative to the special requirements for the use of x-ray in the healing arts. or its successor.~~

~~(n)(m) Extramural dental facilities may be utilized by a course course, in accordance with board regulations, for the purposes of clinical experiences. Clinical oversight shall be performed under the general supervision of a licensed dentist who shall authorize the student to perform, at minimum, three radiographic series. Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances. (o) Programs and courses A program or course using extramural dental faculties facilities for dental radiographic clinical experiences shall provide to the board, upon request or renewal of provider status, request, copies of all contracts of affiliation and documentation demonstrating compliance with board regulations.~~

~~(p)(n) Upon successful completion of the course, students shall receive a certificate of completion as defined in subdivision (e) of Section 1741.~~

~~(o) A radiation safety course provider previously board approved under Sections 1014 and 1014.1 of Title 16 of the California Code of Regulations shall maintain board approval until January 1, 2028. To obtain board approval to offer a radiation safety course on or after January 1, 2028, the radiation safety course provider shall apply for board approval to offer the course pursuant to subdivision (b).~~

~~(q)(p) The board may adopt regulations to implement this section.~~

Amend Section 1755 of the Business and Professions Code as follows:

1755. (a) A course in infection control is one that has as its main purpose providing theory and clinical application in infection control practices and principles where the protection of the public is its primary focus. ~~The board shall approve only those courses that adhere to the minimum requirements of this section and applicable regulations adopted by the board.~~

(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: ~~Except as provided in subdivision (i), for purposes of this article, a board-approved eight-hour course in infection control shall mean any of the following:~~

~~(1) A board approved eight hour course, with six hours being didactic instruction and two hours being laboratory instruction.~~

~~(1) A board-approved eight-hour infection control course provided by a board-approved registered dental assisting education program.~~

(2) An eight-hour infection control course approved by the board pursuant to Section 1070.6 of Title 16 of the California Code of Regulations.

(23) 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.

(c) A provider of an infection control course offered to students for compliance with paragraph (3) of subdivision (b) shall submit an application on a form furnished by the board for board approval to offer the course, the applicable fee, and documentation of all of the following:

(1) The course name, course provider name, course director name, business address, telephone number, and email address.

(2) Proof that the course director possesses a valid, active, and current license issued by the board or the Dental Hygiene Board of California.

(c3) A course shall establish A detailed course outline, in writing, that clearly states the curriculum subject matter, hours of didactic and laboratory instruction, and specific instructional objectives. Instruction shall provide the content necessary for students to make safe and ethical judgments regarding infection control and asepsis.

(d4) Objective evaluation criteria that shall be used for measuring student progress. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for didactic testing course examination.

(5) Proof that course instructors have experience in the instruction of California Division of Occupational Safety and Health (Cal/OSHA) regulations set forth in Sections 330-344.90, inclusive, of Title 8 of the California Code of Regulations, and the board's Minimum Standards for Infection Control as set forth in Section 1005 of Title 16 of the California Code of Regulations.

(e6) Documentation of didactic instruction shall that includes, at a minimum, all of the following as they relate to Cal/OSHA regulations, as set forth in Sections 300 to 344.85344.90, inclusive, of Title 8 of the California Code of Regulations, and the board's Minimum Standards for Infection Control, as set forth in Section 1005 of Title 16 of the California Code of Regulations:

(4A) Basic dental science and microbiology as they relate to infection control in dentistry.

(2B) Legal and ethical aspects of infection control procedures.

(3C) Terms and protocols specified in Section 1005 of Title 16 of the California Code of Regulations regarding the minimum standards for infection control.

(4D) Principles of modes of disease transmission and prevention.

(5E) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, instruments and devices, sterilization, sanitation, and hazardous chemicals associated with infection control.

(6F) Principles, and protocols, and procedures of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.

(7G) Principles, and protocols, and procedures associated with sharps management.

(8H) Principles, and protocols, and procedures of infection control for laboratory areas.

(9I) Principles, and protocols, and procedures of waterline maintenance.

(10J) Principles, and protocols, and procedures of regulated and nonregulated waste management.

(11K) Principles, and protocols, and procedures related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.

(7) Documentation of laboratory instruction that includes, at a minimum, demonstrations in the following areas, as they relate to Cal/OSHA regulations, as set forth in Sections 300 to 344.90, inclusive, of Title 8 of the California Code of Regulations, and the board's Minimum Standards for Infection Control, as set forth in Section 1005 of Title 16 of the California Code of Regulations:

(A) Applying hand cleansing products and performing hand cleansing techniques, protocols, and procedures.

(B) Applying, removing, and disposing of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(C) Handling instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.

(D) Applying the appropriate techniques, protocols, and procedures 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.

(E) Precleaning and disinfecting contaminated operatory surfaces and devices, and properly using, placing, and removing surface barriers.

(F) Maintaining sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.

(G) Applying work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.

(H) Applying infection control protocol and procedures for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(I) Performing waterline maintenance, including use of water tests and purging of waterlines.

(J) Performing techniques for safe handling and disposal of regulated and nonregulated medical waste.

(8) Written laboratory protocols that comply with the board's Minimum Standards for Infection Control as set forth in Section 1005 of Title 16 of the California Code of Regulations, and other federal, state, and local requirements governing infection control. The course shall provide these protocols to all students and course instructors to ensure compliance.

(9) A written examination that reflects the curriculum content, which may be administered at intervals throughout the course, as determined by the course director, that shall be successfully completed by each student prior to issuance of the certificate of completion described in subdivision (e).

(d) The board or its designee may approve, provisionally approve, or deny approval of the course after it evaluates all components of the course.

(1) Provisional approval shall be limited to those courses that substantially comply with all existing standards for full approval and shall expire one year from the date of provisional approval or upon subsequent board approval or denial, whichever occurs first.

(2) A provider of a course given provisional approval shall immediately notify each student of that status.

(3) If the board provisionally approves or denies approval of a course, the board shall provide the specific reasons for the decision to the course director in writing within 90 days of that decision.

(4) A board-approved infection control course shall be reevaluated at least every seven years, but may be subject to reevaluation and inspection by the board at any

time to ensure compliance with this section. The board may withdraw approval at any time that it determines the course does not meet the requirements of this section.

(e) The course director shall actively participate in and be responsible for the administration of the course and each of the following requirements:

(A) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of course instructor credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the course.

(B) Informing the board of any major change to the course (including closure), course provider name, course director, business contact information, or course content within 10 days of the change.

(C) Ensuring that all course instructors meet the requirements set forth in this section.

(f) The course provider shall:

(1) Prior to enrolling a student, provide notification to the prospective student of the computer or communications technology necessary to participate in didactic and laboratory instruction.

(2) Provide technological assistance to students, as needed, to participate in didactic and laboratory instruction.

(3) Ensure completion of didactic instruction by the student prior to the student's participation in laboratory instruction.

(g) Upon successful completion of the course, students shall receive a certificate of completion as defined in subdivision (e) of Section 1741. The certificate of completion shall state the statutory authority under paragraph (1), (2), or (3) of subdivision (b) for which the course has been approved.

(h) Course records shall be subject to inspection by the board at any time.

(i) A course taken pursuant to paragraph (3) of subdivision (b) shall not satisfy completion of an infection control course required for licensure as a registered dental assistant or permit as an orthodontic assistant or dental sedation assistant.

(j) The board may adopt regulations to implement this section.

SEC. XX. The Legislature finds and declares that Section XX of this act, which amends Section 1638.1 of the Business and Professions Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution.

Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

Making confidential the deliberations by the board and the personal information of the Elective Facial Cosmetic Surgery Permit Credentialing Committee member included in the records, documents, or forms reviewed by the board that lead to findings of neglect of duties, incompetence, or unprofessional or dishonorable conduct protects the Committee member's right to privacy.

**DENTAL BOARD OF CALIFORNIA**

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MEMORANDUM

DATE	January 22, 2026
TO	Members of the Dental Assisting Council (Council)
FROM	Paige Ragali, Chief of Administration and Compliance Dental Board of California (Board)
SUBJECT	Agenda Item 10.b.: Recommendation on Legislative Proposal to Amend BPC Sections 1628.7, 1686, 1718.2, and 1718.3 Regarding Probationary Licenses, Petitions for Reinstatement, Termination, or Modification of Penalty, and Cancelled Licenses and Permits

BACKGROUND

Pursuant to Business and Professions Code (BPC) section 1628.7, the Board may deny licensure to any applicant who is guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of their license. Under this statute, the Board is authorized to issue a probationary license to the applicant; the applicant subsequently may petition to the Board for early termination, or modification of a condition of, the probation. The Board's last sunset bill, Senate Bill (SB) 1453 (Ashby, Chapter 483, Statutes of 2024) substantively revised that statute to clarify the probationary license requirements.

Pursuant to BPC section 1686, a person whose license or permit has been revoked, suspended, or placed on probation, or whose license or permit was surrendered pursuant to a stipulated settlement as a condition to avoid a disciplinary administrative hearing may petition the Board for reinstatement or modification or termination of probation based on the requirements and timelines specified. Board staff have identified clarity and implementation issues with this statute.

BPC section 1718.2 establishes requirements to reinstate a revoked license after its expiration. BPC section 1718.3 establishes requirements to obtain a license after a license has been cancelled for failure to renew the license within five years. SB 1453 also substantively revised BPC section 1718.3 to clarify these requirements. However, Board staff have identified additional clarity issues.

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DISCUSSION

Board staff recommend making clarifying substantive and other non-substantive amendments described below and reflected in the attached legislative proposal. Board staff are submitting the legislative proposal to the Council for review and potential recommendation to the Board because the provisions would impact dental auxiliary licenses and permits.

Petitions for Reinstatement or Modification or Termination of Probation

Board staff have concerns regarding the interpretation of BPC section 1686 and the ability for revoked or surrendered licensees to return to practice after extended periods of time, without sufficiently establishing that they are competent and safe to practice under current standards. As it is currently written, BPC section 1686 allows a person to petition for reinstatement of a license, certificate, or permit but does not have requirements for proof of competency in alignment with the Board's licensing standards. Yet, BPC section 1718.3 requires a licensee who fails to renew a license after it has been expired for over five years to reapply for a new license and establish current competency. Board recommend BPC section 1686 be amended to require proof of competency by a licensee who has not practiced for five years or more.

Board staff also have concerns regarding the timeframes for licensees on probation to be able to request a modification of their probationary terms to allow them to successfully complete their probation. Further, at times, petitioners granted reinstatement are not satisfying the terms and conditions precedent to reinstatement in a timely manner, which may result in extended periods of time away from practice with no reinstatement provisions requiring proof of current competency to practice. Board staff believe the petition statute should be amended to clarify the petition timeframes and include an abandonment provision to require licensees who are granted reinstatement to satisfy the terms and conditions present to reinstatement in a timely manner.

Board staff propose additional amendments to BPC section 1686, reflected in the attached legislative proposal, described as follows:

1. Amend the introductory paragraph to be lettered as subdivision (a) and clarify the ability of a person whose license or permit has been revoked, surrendered, suspended, or placed on probation to petition the Board. This amendment would remove the restriction pertaining to surrender pursuant to a stipulated settlement as a condition to avoid a disciplinary administrative hearing and instead allow anyone whose license was surrendered, including pursuant to the terms and conditions of probation ordered in a decision, to petition for reinstatement.
2. Amend subdivision (a) as paragraph (1) and clarify the three-year time period from which a revoked or surrendered licensee may petition for reinstatement.
3. Amend subdivision (b) as subdivision (a)(2) and clarify the two-year time period from which a petition for early termination of probation may be submitted.

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4. Amend subdivision (c) as subdivision (a)(3) and clarify the one-year time period for petitioning for reinstatement of a license revoked for a mental or physical illness pursuant to BPC section 822 or surrendered pending proceedings initiated for mental or physical illness.
5. Add new subdivision (a)(4) to clarify the one-year time period for petitioning for early termination of a probation of less than three years.
6. Add new subdivision (a)(5) to clarify the one-year time period for modification of a condition of probation that currently exists under subdivision (c). This amendment would allow a probationer to apply for modification of a condition of probation after the passage of one year of probation, regardless of the total number of years of probation.
7. Add new subdivision (b) to require, upon request of the Board, submission of classifiable fingerprints to ensure a proper state and federal criminal history check occurs.
8. Under new subdivision (c), insert and revise the existing limitations on Board consideration of a petition when the petitioner is under sentence for any criminal offense, a complaint, investigation, or enforcement action is pending against the petitioner. The proposed amendments would reduce from two years to one year the limitation to submit a petition from the effective date of the prior decision following a petition hearing but also limit the number of petitions that could be submitted without a decision issued to resolve a petition. These amendments are important to address petitions submitted by licensees holding a probationary license issued without the full Administrative Procedure Act process and limit the number of petitions that may be submitted by licensees who, rather than successfully establishing rehabilitation, seek instead to petition over and over without proving rehabilitation.
9. Add new subdivision (d) to prohibit reinstatement of additional scope of practice permits or certificates (General Anesthesia, Moderate Sedation, Elective Facial Cosmetic Surgery, etc.) that were revoked or surrendered and require the petitioner to apply for a new permit or certificate and meet the requirements for such permit or certificate in effect at the time of re-application. This will allow Board staff to ensure compliance with all current requirements of these permits/ certificates.
10. Under new subdivision (e), clarify and update the existing petition hearing assignment provisions.
11. Under new subdivision (f), update the existing petition consideration provisions.
12. Add new subdivision (g) to establish a requirement to prove competency for a revoked or surrendered license that has been expired for five years or more prior

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to reinstatement. This will allow Board staff to ensure that the petitioner will be competent and able to practice in alignment with current licensing standards.

13. Under new subdivision (h), clarify terms and conditions that may be imposed, including payment of costs of investigation and enforcement previously awarded for reinstatement of licenses and terms and conditions that must be completed prior to reinstatement to demonstrate competency (such as completing a clinical training program) that aligns with BPC 1718.2. (BPC 1686(h))
14. Add new subdivision (i) to establish petition abandonment for failure to satisfy terms or conditions precedent to reinstatement of the license or permit by the deadlines ordered in the decision. This will allow Board staff to ensure timely compliance with terms and conditions required to establish competency for license reinstatement.

Due to the proposed restructuring amendments to BPC section 1686, Board staff propose the following conforming amendments.

Proposed Amendments to BPC Section 1628.7 (Probationary License): Make non-substantive, conforming revisions to subdivision (c) to authorize a petition for modification of either a term or condition and strike “subdivision (b) of” from the cross-reference to BPC section 1686.

Fees to Reinstate Revoked or Surrendered License

BPC section 1718.2 requires, for reinstatement of a revoked license after expiration of the license, payment of reinstatement and delinquency fees. Board staff propose to amend BPC section 1718.2 to require payment of the reinstatement and delinquency fees as a condition precedent to reinstatement. In addition, consistent with the proposed amendments to BPC section 1686 described above, Board staff propose clarifying required payment of outstanding costs of investigation and enforcement awarded in the underlying disciplinary decision. Further, Board staff propose to apply these fee requirements for reinstatement of a surrendered license.

Requirements for Licensure Following Cancelled License

BPC section 1718.3 provides that a license that has not been renewed within five years after its expiration shall be cancelled and shall not be renewed, restored, reinstated, or reissued thereafter, but the holder of the license may apply for and obtain a new license if specified requirements are met. Notably, a reinstated license means the license was revoked or surrendered. Because BPC section 1718.3 contains this provision for reinstatement, but separately, BPC section 1686 establishes the requirements to petition for reinstatement, the two statutes have created confusion as to which statute controls reinstatement of a revoked or surrendered license.

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To clarify the process for reinstatement of a license, Board staff propose striking "reinstated" from BPC section 1718.3. With this amendment, only the requirements under BPC section 1686 would apply to individuals seeking reinstatement of a license.

OPERATIONAL/FISCAL IMPACT

Board staff have made an initial determination that the proposed statutory amendments would not have a significant operational impact in regard to the demand of more staff, or higher expectancy of license holders petitioning for license reinstatement.

CRITICAL TIMEFRAMES

The proposed statutory changes do not impose any critical timeframes.

ACTION REQUESTED

Board staff requests the Council discuss the information presented in this memo and the attached legislative proposal and take one of the following actions.

Suggested Motions

Option 1 (support the proposed recommendations): Move to recommend to the Board the legislative proposal in Attachment 1 to amend Business and Professions Code sections 1628.7, 1686, 1718.2, and 1718.3 to clarify the probationary license, petition for reinstatement, termination, or modification of penalty, and cancelled license and permit processes and requirements.

Option 2 (support the proposed recommendations as revised during this meeting): Move to recommend to the Board the legislative proposal in Attachment 1 to amend Business and Professions Code sections 1628.7, 1686, 1718.2, and 1718.3 to clarify the probationary license, petition for reinstatement, termination, or modification of penalty, and cancelled license and permit processes and requirements, as revised during this meeting [insert specific revisions].

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

ATTACHMENT:

1. Legislative Proposal to Amend Business and Professions Code Sections 1628.7, 1686, 1718.2, and 1718.3 Regarding Probationary Licenses, Petitions for Reinstatement, Termination, or Modification of Penalty, and Cancelled Licenses and Permits

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DENTAL BOARD OF CALIFORNIA

LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTIONS 1628.7, 1686, 1718.2, AND 1718.3 REGARDING PROBATIONARY LICENSES, PETITIONS FOR REINSTATEMENT, TERMINATION, OR MODIFICATION OF PENALTY, AND CANCELLED LICENSES AND PERMITS

Proposed amendments are indicated in *blue italic* for new text and ~~red strikethrough~~ for deleted text.

Amend Business and Professions Code Section 1628.7 as follows:

1628.7. (a) The board may deny licensure to any applicant who is guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of their license. The board may, upon an applicant's successful completion of the board's licensure requirements, in its sole discretion, issue a probationary license to an applicant for licensure as a dentist or dental auxiliary. The board may require, as a term or condition of issuing the probationary license, the applicant to do any of the following, including, but not limited to:

- (1) Successfully complete a professional competency examination.
- (2) Submit to a medical or psychological evaluation.
- (3) Submit to continuing medical or psychological treatment.
- (4) Abstain from the use of alcohol or drugs.
- (5) Submit to random fluid testing for alcohol or controlled substance abuse.
- (6) Submit to continuing participation in a board-approved rehabilitation program.
- (7) Restrict the type or circumstances of practice.
- (8) Submit to continuing education and coursework.
- (9) Comply with requirements regarding notification to employer and changes of employment.
- (10) Comply with probation monitoring.
- (11) Comply with all laws and regulations governing the practice of dentistry.
- (12) Limit practice to a supervised structured environment in which the licensee's activities shall be supervised by another dentist.
- (13) Submit to total or partial restrictions on drug prescribing privileges.

- (b) The board shall provide the decision placing the applicant on probation in plain view on the board's internet website.
- (c) Unless otherwise specified by the board, the term of probation shall be for three years and the licensee may petition the board for early termination, or modification of a *term or* condition of, the probation in accordance with ~~subdivision (b) of~~ Section 1686.
- (d) An applicant shall not be eligible to reapply for licensure for a minimum of one year from the effective date of the denial of their application.
- (e) Upon successful completion of all terms and conditions of probation or termination of the probationary terms and conditions pursuant to subdivision (c), the board may issue an unrestricted license to the licensee.
- (f) Adjudication under the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code) shall not be required to issue a probationary license pursuant to subdivision (a).

Amend Business and Professions Code Section 1686 as follows:

1686. (a) *Except as provided under subdivision (d), a person whose license, certificate, or permit has been revoked, surrendered, or suspended, who has been or placed on probation, or whose license, certificate, or permit was surrendered pursuant to a stipulated settlement as a condition to avoid a disciplinary administrative hearing, may petition the board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum periods have elapsed from the effective date of the decision ordering disciplinary action:*

(a) (1) Except as provided under paragraph (3), at At least three years for reinstatement of a revoked or surrendered license revoked for unprofessional conduct or surrendered pursuant to a stipulated settlement as a condition to avoid an administrative disciplinary hearing.

(b) (2) At least two years for early termination, or modification of a condition, of a probation of three years or more.

(c) (3) At least one year for modification of a condition, or reinstatement of a license revoked pursuant to Section 822 or surrendered pending proceedings initiated under Article 12.5 (commencing with Section 820) for mental or physical illness, or termination, or modification of a condition, of a probation of less than three years.

(4) At least one year for early termination of a probation of less than three years.

(5) At least one year for modification of a term or condition of probation.

(b) *The petition shall state any fact required by the board, and upon request of the board, the petitioner shall submit a full set of classifiable fingerprints for purposes of conducting*

a criminal history record check and undergo a state and federal criminal offender record information search conducted through the Department of Justice, pursuant to subdivision (u) of Section 11105 of the Penal Code. The Department of Justice shall provide a state or federal response to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(c) A petition under this section shall not be considered if:

(1) The petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole.

(2) A complaint, investigation, or enforcement action is pending against the petitioner.

(3) The petition was filed within a period of one year from the effective date of the prior decision issued by the Board or the date of submission of a prior petition submitted under this section.

(d) A certificate or permit issued pursuant to Sections 1638.1, 1646.2, 1647.3, 1647.20, or 1647.32 that was revoked or surrendered shall not be reinstated. If a petitioner seeks issuance of such certificate or permit, the petitioner shall apply for a new certificate or permit once the dentist license is fully restored.

(e) The petition may be heard by the board, or ~~the board may assign the petition to~~ an administrative law judge ~~designated in~~ assigned pursuant to Section 11371~~11370~~.3 of the Government Code.

(f) In considering reinstatement or modification of penalty, the board or the administrative law judge hearing the petition may consider (1) all activities of the petitioner since the disciplinary action was taken, (2) the offense for which the petitioner was disciplined, (3) the petitioner's activities during the time the license, ~~certificate~~, or permit was in good standing, and (4) the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the board or the administrative law judge ~~as designated in Section 11371 of the Government Code~~ finds necessary.

(g) A revoked or surrendered license or permit that has been expired for five years or more shall not be reinstated unless the petitioner submits proof of competency to practice under the license or permit. Proof of competency to practice may include any or all requirements for issuance of a new license or permit, as applicable.

(h) The board or the administrative law judge may impose necessary terms and conditions on the licentiate ~~or permitholder~~ in reinstating a license, ~~certificate~~, or permit or modifying a penalty. The terms and conditions imposed for reinstatement of a license or permit shall include payment of all outstanding costs of investigation and enforcement awarded pursuant to Section 125.3 in the prior decision. If the license or permit has been expired for at least five years and proof of competency to practice has not been shown pursuant

to subdivision (g), the petitioner shall be required to satisfy terms and conditions precedent to reinstatement that demonstrate the petitioner's competency to safely practice.

(i) If the petitioner fails to satisfy any term or condition precedent to reinstating the license or permit by the deadline required in the term or condition, the petition shall be deemed abandoned, and the license or permit shall not be reinstated as ordered by the decision. The board, or its representative, may extend the deadline to satisfy the term or condition on a case-by-basis only if the petitioner requests an extension of the deadline prior to the deadline expiration. A deadline to satisfy a term or condition precedent to reinstatement of the license or permit shall not be extended for more than 180 days.

~~A petition under this section shall not be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. A petition shall not be considered while there is an accusation or petition to revoke probation pending against the person.~~ *(j) The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.*

(k) This section shall not be deemed to alter Sections 822 and 823.

Amend Business and Professions Code Section 1718.2 as follows:

1718.2. A revoked *or surrendered* license is subject to expiration as provided in this article, but it may not be renewed. If it is reinstated after its expiration, the licensee, ~~as a condition precedent to its reinstatement~~, shall *satisfy the following, as applicable:*

(a) As a condition precedent to reinstatement, pay a reinstatement fee in an amount equal to the renewal fee in effect on the last regular renewal date before the date on which it is reinstated, plus the delinquency fee, if any, accrued at the time of its revocation.

(b) Pay all outstanding costs of investigation and enforcement awarded pursuant to Section 125.3, payment of which may be required as a condition precedent to reinstatement or pursuant to a payment plan approved by the Board or its designated agent .

Amend Business and Professions Code Section 1718.3 as follows:

1718.3. A license that is not renewed within five years after its expiration shall be canceled and shall not be renewed, restored, ~~reinstated~~, or reissued thereafter, but the holder of the license may apply for and obtain a new license if the following requirements are satisfied:

(a) No fact, circumstance, or condition exists which would justify denial of licensure under Section 480.

- (b) The licenseholder pays all of the fees that would be required if the licenseholder were then applying for the license for the first time and all delinquency fees, if any, that have accrued since the date on which the licenseholder last renewed the license. Delinquency fees shall not accrue after the license has been canceled pursuant to this section.
- (c) The licenseholder applies for licensure, as a new applicant, through one of the available licensing pathways under this division and meets all the requirements for licensure outlined therein.
- (d) For purposes of subdivision (c), a licenseholder who was previously eligible for examination pursuant to subdivision (e) of Section 1628 shall be eligible to take the examination required by Section 1632 pursuant to the terms of subdivision (e) of Section 1628.



MEMORANDUM

DATE	January 21, 2026
TO	Members of the Dental Assisting Council
FROM	Brant Nelson, Legislative and Regulatory Specialist Dental Board of California
SUBJECT	Agenda Item 11.: Update and Discussion on Proposed Regulations

Background

This memo addresses rulemaking packages that have moved forward in the rulemaking process since the last Dental of California Board (Board) meeting. Rulemaking packages that require Council or Board action will be presented as separate agenda items or will be presented at a future Board meeting.

Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control

Summary of Proposed Changes:

A summary of the proposed changes can be found within the [May 14-15, 2025 Board meeting materials](#).

Update:

The proposed text was approved by the Board at its May 14-15, 2025, meeting. Board staff submitted the proposed text to the Dental Hygiene Board of California (DHBC) for review and consideration.

At its meeting on July 19, 2025, the DHBC approved the Board's approved text, and thereby reaching consensus. Board staff have taken the necessary steps to begin the rulemaking process, which includes drafting the necessary regulatory documents (i.e., Notice and Initial Statement of Reasons, etc.) and are working with Regulations Counsel to finalize the documents for departmental review.

Action Requested

This item is informational only. No action is requested.