BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

DENTAL BOARD OF CALIFORNIA

NOTICE OF TELECONFERENCE MEETING
November 5-6, 2026

Board Members
Lilia Larin, DDS, President
Rosalinda Olague, RDA, Vice President
John Dierking, JD, Public Member, Secretary
Steven Chan, DDS
Kevin R. Cheng, JD, Public Member
Robert P. David, Public Member
Alan Felsenfeld, MA, DDS
Joni Forge, DDS
Jaskiran Grewal, DDS
Angelita Medina, MHS, Public Member
Yogita Thakur, DDS, MS
Ram M. Vaderhobli, DDS, MS
James Yu, DDS, MS

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

The Dental Board of California (Board) will meet in person and by teleconference in accordance with Government Code section 11123.2 at 10:30 a.m., on Thursday, November 5, 2026, or upon the adjournment of the Dental Assisting Council, whichever comes later, and 9:00 a.m., on Friday, November 6, 2026, with the following location available for Board and public member participation:

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

This meeting will also be held via Webex Events. 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

To participate virtually in the Webex Events meeting on **Thursday, November 5, 2026**:

Click Here to Join Meeting
Experiencing issues joining the meeting?

Copy and paste the link text below into an internet browser:
https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mc06c443c9f208ee5e56c62ad5f4b9b57

Event number: 2495 367 2913
Event password: DBC115 (322115 from phones)

To participate virtually in the Webex Events meeting on **Friday, November 6, 2026**:

Click Here to Join Meeting
Experiencing issues joining the meeting?

Copy and paste the link text below into an internet browser:
https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m402e189c6adbd72a0c5c76fbb118bcba

Event number: 2490 373 3389
Event password: DBC116 (322116 from phones)

Due to potential technical difficulties, please consider submitting written comments by October 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

10:30 a.m., Thursday, November 5, 2026

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

2. Public Comment on Items Not on the Agenda **[7]**
   Note: The Board may not discuss or take action on any matter raised during this Public Comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11122.5, 11125, and 11125.3.)

3. Discussion and Possible Action on August 12-13, 2026, Board Meeting Minutes **[8-19]**

4. Board President Report **[20]**

5. Executive Officer Report **[21]**

6. Update on the Dental Board of California 2026-2029 Strategic Plan **[22-34]**

7. Report on Department of Consumer Affairs (DCA) Activities, which may include updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters **[35]**

8. Dental Assisting Council Meeting Report **[36]**

9. Licensing, Certifications, Permits, and Examinations
   a. Update on Dental Licensure and Permit Statistics **[37-47]**
   b. Report from American Board of Dental Examiners (ADEX) **[48-53]**
   c. Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee October 7, 2026, Meeting Report - Discussion and Possible Action on Recommendations on EFCS Permit Applications **[54-56]**

10. Anesthesia and Sedation
    a. General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics **[57-66]**
    b. Discussion and Possible Action on Recommendation from the Board's Anesthesia Committee Regarding Renewal of General Anesthesia Permit Following Failure of Onsite Inspection and Evaluation **[67-69]**

11. Enforcement
    a. Review of Enforcement Statistics and Trends **[70-73]**

12. Substance Use Awareness
    a. Diversion Program Report and Statistics **[74]**
    b. Presentation Regarding Board's Diversion Program – *Premier Health Group **[75-87]***
    c. Diversion Program Participant Testimony - Dr. Thomas Nguyen **[88]**

13. Communications and Editorial Committee Update **[89]**

14. Presentation on Initiatives to Increase Access to Oral Health Providers –
    a. *California Academy of General Dentistry (CAGD) **[90-105]***
    b. *California Society of Pediatric Dentistry (CSPD) **[106-117]***

15. Election of 2027 Board Officers **[118-119]**

16. Patrick Schenk, DDS – Excellence in Consumer Protection Award **[120-121]**

17. Recess Open Session Until November 6, 2026, at 9:00 a.m.

CLOSED SESSION (WILL NOT BE WEBCAST)

18. Convene Closed Session

19. Pursuant to Government Code Section 11126(a)(1), the Board will Meet in Closed Session to Discuss the Executive Officer Performance Appraisal

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

21. Adjourn Closed Session

9:00 a.m., Friday, November 6, 2026

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

23. Board President's Report on Closed Session Items **[122]**

24. Budget Report **[123-127]**

25. Discussion and Possible Action to Consider Initiation of a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 1021 and 1022 Regarding Fees **[128-269]**

26. Update, Discussion, and Possible Action on Proposed Regulations
    a. Status Update on Pending Regulations **[270-271]**
        i. Update on Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control
        ii. Update on Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1066 Regarding Vaccine Administration Updates
    b. Discussion and Possible Action on Proposed Regulations
        i. Discussion and Possible Action to Consider Comments Received During the 45-Day Public Comment Period and Proposed Responses Thereto for the Board's Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 Related to Applications for Dentist Licensure and Fees **[272-282]**
        ii. Discussion and Consideration of Proposed Regulations to Amend CCR, Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 Related to Applications for Dentist Licensure and Fees **[283-352]**
        iii. Discussion and Possible Action to Consider Initiation of a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 1021 and 1022, and Add New Section 1006.1 Regarding Retired License Status **[353-490]**

27. Update, Discussion, and Possible Action on Legislative Proposals
    a. 2027 Tentative Legislative Calendar – Information Only **[491]**
    b. 2025-2026 End of Session Legislative Summary Report **[492-508]**
    c. Legislative Proposal to Amend Business and Professions Code Sections 1684.5, 1741,1750, 1750.1, 1750.3, 1750.5, 1752.4, 1753.5, 1753.51, 1753.55, and 1753.6 Regarding Dental Auxiliary Duties **[509-546]**
    d. Legislative Proposal to Amend Business and Professions Code Section 1635.5, 1638, 1715.5, and 1972 Regarding Dental Specialties **[547-558]**

28. Future Agenda Items and Next Meeting Dates **[559]**

29. Adjournment

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

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

This meeting is being held via teleconference through Webex Events. This meeting may be delayed, postponed, or rescheduled if there are technological difficulties with the Webex platform.

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 Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at their discretion, apportion available time among those who wish to speak.

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	October 2, 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

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DENTAL BOARD OF CALIFORNIA
MEETING MINUTES
August 12-13, 2026

Pursuant to Government Code section 11123.2, the Dental Board of California (Board) met by teleconference/WebEx Events on August 12-13, 2026, with the following location available for Board and public member participation:

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

Board Members Present:
Lilia Larin, DDS, President
Rosalinda Olague, RDA, Vice President
John Dierking, JD, Public Member, Secretary
Steven Chan, DDS
Kevin R. Cheng, JD, Public Member
Robert P. David, Public Member
Alan Felsenfeld, MA, DDS
Joni Forge, DDS (remote participant)
Jaskiran Grewal, DDS
Angelita Medina, MHS, Public Member
Yogita Thakur, DDS, MS
Ram M. Vaderhobli, DDS, MS
James Yu, DDS, MS

Staff Present:
Bryce W.A. Docherty, MPA, Executive Officer
Christy Bell, Assistant 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
Jessica Olney, Anesthesia Unit Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
Brant Nelson, Legislative and Regulatory Specialist
Paul Corbin, Investigator
Joseph Tippins, Investigator
Mirela Taran, Administrative Analyst
Bryce Penney, Television Specialist, Office of Public Affairs, Department of Consumer Affairs (DCA)

Jorrelle Abutin, Research Data Analyst II, Organizational Improvement Office, DCA
Ileana Butu, Board Counsel, Attorney III, Legal Affairs Division, DCA

10:30 a.m., Wednesday, August 12, 2026

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum
The Board President, Lilia Larin, DDS, called the meeting to order at 10:34 a.m. Board Member Joni Forge, DDS participated remotely and confirmed there were no individuals 18 years of age or older present in the room at her remote locations in compliance with Government Code section 11123.2, subdivision (j)(4).

The Board Secretary, John Dierking, JD, called the roll; 13 Board Members were present, and a quorum was established.

Agenda Item 2: Public Comment on Items Not on the Agenda (Link to Video)
There was no Board discussion on the item.

President Larin called for public comment on items not on the agenda. The Board received the following public comments:

- Shari Becker, Dental Assisting Alliance

Agenda Item 3: Discussion and Possible Action on May 13-14, 2026 Board Meeting Minutes (Link to Video)
Motion/Second/Call the Question (M/S/C) (David/Medina) to approve the May 13-14, 2026 meeting minutes as amended on page 2, Agenda Item 2, to strike and replace “CSPA” with “CSPD”.

There was no Board discussion on the motion.

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

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

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Thakur, Vaderhobli, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

Agenda Item 4: Board President Report (Link to Video)
President Larin provided a verbal report.

There was no Board discussion on the item.

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

Agenda Item 5: Executive Officer Report (Link to Video)
Executive Officer Bryce W.A. Docherty, MPA, provided a verbal report.

There was no Board discussion on the item.

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

Agenda Item 6: Report on Department of Consumer Affairs (DCA) Activities, which may include updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters (Link to Video)
Lucia Saldivar provided a departmental update.

There was no Board discussion on the item.

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

Agenda Item 7: Dental Assisting Council Meeting Report (Link to Video)
Dental Assisting Council (DAC) Chair, Jeri Fowler, provided a verbal report on the August 12, 2026 DAC meeting.

There was no Board discussion on the item.

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

Agenda Item 8: Budget Report (Link to Video)
Administrative Services Unit Supervisor Wilbert Rumbaoa provided a report on the Board's budget for fiscal year (FY) 2025/2026 and the new budget for FY 2026/2027.

The Board discussed the General Fund Loan and fiscal trigger points that initiate the Board to take action on fee increases. Board Members Steven Chan and Ram Vaderhobli discussed the item.
President Larin requested public comment on this item. There were no public comments made on this item.

Agenda Item 9: Licensing, Certifications, Permits, and Examinations
Agenda Item 9.a.: Update on Dental Licensure and Permit Statistics (Link to Video)
Jodi Ortiz provided the report, which is available in the meeting materials.

The Board discussed the Western Regional Examining Board (WREB) examination. Board Member Alan Felsenfeld discussed the item.

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

Agenda Item 9.b.: Presentation – Licensure Pathways (Link to Video)
Licensing, Permit and Examinations Unite Manager Kelli Garcia provided the report, which is available in the meeting materials.

The Board discussed the Licensure by Residency pathway and foreign trained dentists. Board Members Alan Felsenfeld, Yogita Thakur, Ram Vaderhobli, and President Larin discussed the item.

President Larin requested public comment on this item. The Board received public comment from:

- Tooka Zokaie, California Dental Association (CDA)
- Shari Becker, Dental Assisting Alliance

Agenda Item 9.c.: Report from American Board of Dental Examiners (ADEX) (Link to Video)
Dr. Guy Shampaine, ADEX Senior Advisor, and Stephen Prisby, ADEX Regulatory and Educational Affairs Director, provided the report, which is available in the meeting materials.

The Board discussed taking the ADEX examination in an area outside of the United States and participating as an observer on the ADEX examination. Board Member Joni Forge and President Larin discussed the item.

President Larin requested public comment on this item. The Board received public comment from:

- Dr. Evelyne Vu-Tien, California Society of Pediatric Dentistry (CSPD)

At 12:08 p.m., the Board recessed for a break.

At 1:16 p.m., the Board reconvened.

Agenda Item 10: Anesthesia and Sedation (Link to Video)
Agenda Item 10.a.: General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics
Anesthesia and Customer Service and Support Unit Manager Jessica Olney provided the report, which is available in the meeting materials.

The Board discussed the postponement of onsite inspections and evaluations due to scheduling. Board Member Ram Vaderhobli discussed the item.

President Larin requested public comment on this item. The Board received public comment from:

- Dr. Evelyne Vu-Tien, CSPD

Agenda Item 11: Enforcement (Link to Video)
Agenda Item 11.a: Review of Statistics and Trends
Ryan Blonien provided the report, which is available in the meeting materials.

The Board discussed officer positions at the Board. Board Member Joni Forge discussed the item.

President Larin requested public comment on this item. The Board received public comment from:

- Shari Becker, Dental Assisting Alliance

Agenda Item 12: Substance Use Awareness
Agenda Item 12.a.: Diversion Program Report and Statistics (Link to Video)
Paige Ragali provided the report, which is available in the meeting materials. Ms. Ragali noted that the next quarterly Diversion Evaluation Committee meeting is scheduled for October 14, 2026.

The Board discussed the low number of participants in the Board's Diversion Program and feedback received on Premier Health Group. Board Members Robert David, Ram Vaderhobli, and Joni Forge discussed the item.

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

Agenda Item 12.b.: Presentation - Board Diversion Program Purpose and Overview (Link to Video)
Chief of Administration and Compliance Paige Ragali provided the report, which is available in the meeting materials.

The Board discussed the Board's Disciplinary Guidelines and treatment plans of members enrolled in the Board's Diversion Program. Board Members Robert David, Alan Felsenfeld, and Joni Forge discussed the item.

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

Agenda Item 13: Report from the American Association of Dental Boards (AADB) (Link to Video)
Kimber Cobb, AADB Executive Director, provided the report, which is available in the meeting materials.

The Board discussed the resources that AADB can provide in the areas of policy development with an eye towards consumer protection. Secretary Dierking discussed the item.

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

Agenda Item 14: Presentation – Initiatives to Increase Access to Dental Care – California Department of Health Care Services (DHCS), *Smile, California* (Link to Video)
Dana Durham Dana Durham, Chief of the Medi-Cal Dental Services Division within DHCS, provided the report, which is available in the meeting materials.

The Board discussed the acceptance of Medicare by dentists in addition to Smile, California website resources, outreach coordinators, and transportation. Board Members James Yu, Angelita Medina, Robert David, Ram Vaderhobli, Joni Forge, Yogita Thakur, and Rosalinda Olague discussed the item.

President Larin requested public comment on this item. The Board received public comment from:

- Tooka Zokaie, CDA
- Shari Becker, Dental Assisting Alliance
- Dr. Evelyne Vu-Tien, CSPD

Agenda Item 15: Recess Open Session Until August 13, 2026, at 8:30 a.m.
President Larin recessed Open Session at 3:12 p.m.

Agenda Item 16: Convene Closed Session
At 3:20 p.m., the Board convened Closed Session.

Agenda Item 17: Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions
The Board convened in Closed Session to discuss disciplinary matters.

Agenda Item 18: Pursuant to Government Code Section 11126(e), the Board will Meet in Closed Session to Receive Advice from Legal Counsel on Pending Litigation
The Board convened in Closed Session to discuss pending litigation.

a. Sean Leanidas Bullard v. Dental Board of California, San Francisco Superior Court, Case No. CPF-26-519613

b. Christy Yan-Ching Chen v. Dental Board of California, San Diego County Superior Court, Central Division, Case No. 25CU018980C

Agenda Item 19: Adjourn Closed Session
President Larin adjourned Closed Session at 4:32 p.m.

9:00 a.m., Thursday, August 13, 2026

The Board met in closed session to continue discussion on pending litigation.

At 9:17 a.m., the Board recessed for a break.

At 9:30 a.m., the Board reconvened.

Agenda Item 20: Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum
President Larin called the meeting to order at 9:34 a.m. Board Member Forge participated remotely and confirmed there were no individuals 18 years of age or older present in the room at her remote location in compliance with Government Code section 11123.2, subdivision (j)(4).

Secretary Dierking called the roll; 13 Board Members were present, and a quorum was established.

Agenda Item 21: Board President's Report on Closed Session Items (Link to Video)
President Larin provided a verbal report regarding Closed Session items.

There was no Board discussion on the item.

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

Agenda Item 22: Report on Dental Hygiene Board of California Activities (Link to Video)
Joanne Pacheco, Dental Hygiene Board of California President, provided a verbal report.

The Board discussed the ratio of hygienists per dentist in California. President Larin discussed the item.

President Larin requested public comment on this item. The Board received public comment from:

- Dr. Guy Acheson, California Academy of General Dentistry (CAGD)

- Tooka Zokaie, CDA

Agenda Item 23: Update, Discussion, and Possible Action on Proposed Regulations (Link to Video)
Agenda Item 23.a.: Status Update on Pending Regulations
Brant Nelson provided the report which is available in the meeting materials.

The Board discussed fiscal analysis of the impact on licensees for the increased infection control regulations and an applicant's status as a refugee, asylee, or special immigrant visa holder as being an optional question. Board Members Robert David and Steven Chan discussed the item.

President Larin requested public comment on this item. The Board received public comment from:

- Tooka Zokaie, CDA

- Dennis Song, Oral Surgeon and CDA liaison

Agenda Item 24: Update, Discussion, and Possible Action on Legislation Impacting the Board, DCA, and/or the Dental Profession
Agenda Item 24.a.: 2026 Tentative Legislative Calendar – Information Only (Link to Video)
Legislative and Regulatory Affairs Specialist Brant Nelson provided an overview of the 2026 Tentative Legislative Calendar, which is available in the meeting materials.

There was no Board discussion on the item.

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

Agenda Item 24.b.: Legislation of Interest (Link to Video)
Mr. Nelson provided the report which is available in the meeting materials.

Assembly Bill (AB) 1767
(M/S/C) (Yu/Thakur) to WATCH AB 1767.

There was no Board discussion on the motion.

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

President Larin called for the vote on the motion.

Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Thakur, Vaderhobli, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

AB 1811
(M/S/C) (Medina/Olague) to WATCH AB 11.

There was no Board discussion on the motion.

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

President Larin called for the vote on the motion.

Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Thakur, Vaderhobli, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

AB 1307
(M/S/C) (David/Chan) to WATCH AB 1307 and defer to the Executive Committee if that position needs to be changed as a result of negotiations with the Legislature.

The motion was discussed by Board Members Yogita Thakur, Ram Vaderhobli, Jaskiran Grewal, Alan Felsenfeld, Robert David, James Yu.

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

President Larin called for the vote on the motion.

Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Cheng, David, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Thakur, Yu.
Nays: Dierking, Vaderhobli.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed.

At 11:55 a.m., the Board recessed for a break.

At 12:06 p.m., the Board reconvened.

Board Members Kevin Cheng and Robert David left the meeting.

Senate Bill (SB) 758
(M/S/C) (Felsenfeld/Grewal) to SUPPORT SB 758.

The motion was discussed by Board Member Ram Vaderhobli.

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

President Larin called for the vote on the motion.

Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Thakur, Vaderhobli, Yu.
Nays: None.
Abstentions: None.

Absent: Cheng, David.
Recusals: None.

The motion passed.

SB 1314
(M/S/C) (Yu/Felsenfeld) to SUPPORT SB 1314.

There was no Board discussion on the motion.

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

President Larin called for the vote on the motion.

Secretary Dierking took a roll call vote on the motion.

Ayes: Chan, Dierking, Felsenfeld, Forge, Grewal, Larin, Medina, Olague, Thakur, Vaderhobli, Yu.
Nays: None.
Abstentions: None.
Absent: Cheng, David.
Recusals: None.

The motion passed.

Agenda Item 25: 2027 Meeting Dates (Link to Video)
Mr. Docherty provided the report which is available in the meeting materials.

There was no Board discussion on the item.

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

Agenda Item 26: Future Agenda Items and Next Meeting Dates (Link to Video)
Mr. Docherty provided a report on future agenda items and Board meeting dates for the rest of the year.

There was no Board discussion on the item.

President Larin requested public comment on this item. The Board received public comment from:

- Gary Cooper, CAGD

- Dr. Guy Acheson, CAGD

- Shari Becker, Dental Assisting Alliance

Agenda Item 27: Adjournment
President Larin adjourned the meeting at 12:23 p.m.

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MEMORANDUM

DATE	October 2, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 4.:** Board President Report

Background

Dr. Lilia Larin, President of the Dental Board of California, will provide a verbal report.

Action Requested

No action is requested.

BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
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MEMORANDUM

DATE	October 2, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 5.:** Executive Officer Report

Background

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

Action Requested

No action requested.

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MEMORANDUM

DATE	October 2, 2026
TO	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 6.:** Update on the Dental Board of California 2026-2029 Strategic Plan

Background

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

Action Requested

No action requested.

Dental Board of California

2026-2029 Strategic Plan

Adopted: February 5, 2026

Prepared by:

SOLID Planning Solutions

Department of Consumer Affairs

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Board Members

Lilia Larin, DDS, President

Rosalinda Olague, PhD(c), RDA, Vice President

John Dierking, JD, Secretary

Steven Chan, DDS

Kevin Cheng, JD

Robert P. David

Alan L. Felsenfeld, MA, DDS

Joni Forge, DDS

Jaskiran K. Grewal, DDS

Angelita Medina, MHS

Yogita Thakur, MS, DDS

Ram M. Vaderhobli, MS, DDS

James Yu, MS, DDS

Gavin Newsom, Governor
Tomiquia Moss, Secretary, Business, Consumer Services and Housing Agency
Christine Lally, Acting Director, Department of Consumer Affairs
Bryce W.A. Docherty, MPA, Executive Officer, Dental Board of California

About the Board

The Dental Board of California (Board) was created by the California State Legislature in 1885 and was originally established to regulate dentists. The Board licenses and regulates approximately 104,000 dental professionals. The Board licenses, monitors, and disciplines dentists, registered dental assistants (RDAs), and registered dental assistants in extended functions (RDAEFs). The Board issues many types of permits to administer general anesthesia and sedation, as well as orthodontic assistant and dental sedation assistant permits. The Board approves dental educational programs and courses required for practice, licensure, and continuing education, and sets the duties and functions of unlicensed dental assistants.

In carrying out this complex work, the Board's highest priority is the protection of the public. While working to enable dental professionals to practice in California, the Board licenses only those individuals who are qualified. The Board investigates complaints against licensed and unlicensed individuals and enforces the Dental Practice Act while addressing the needs and concerns of dentists and dental auxiliaries.

Message from the Board President

The Dental Board of California's Strategic Plan serves as a forward-looking roadmap to protect the health and safety of the public while supporting a high standard of dental care across the state.

Grounded in the Board's mission of consumer protection, the Strategic Plan outlines clear priorities that strengthen licensing and examinations, consumer protection and enforcement, public policy decision-making, communication and customer service, and administrative operations. These priorities enhance organizational effectiveness and promote transparency and engagement with stakeholders. The Board reaffirms its commitment to regulatory excellence and continuous improvement in an evolving oral health landscape by setting measurable goals and aligning resources with long-term objectives.

Thank you,

[Board President Signature]

Lilia Larin, DDS, Board President

Board Mission, Vision, and Values

Mission

To protect and promote the oral health and safety of California consumers by ensuring the quality of dental health care within the state.

Vision

A recognized leader in public protection and the promotion of quality oral health care.

Values

- Consumer Protection
- Professionalism
- Accountability
- Efficiency
- Diversity
- Fairness

Goal 1: Licensing and Examinations

Provide an efficient licensing process for timely applicant access to the workforce without compromising consumer protection. Administer timely, fair, valid, comprehensive, and relevant licensing examinations.

1.1 Review and pursue statutory and regulatory changes to dentist and dental auxiliary licensing and permit requirements to reflect current dental practice.

1.2 Evaluate dental assisting licensure requirements for any barriers to entry and license portability across states.

1.3 Review and update course provider statutes and regulations to improve clarity, reflect current practice standards and trends, and implement additional enforcement authority.

1.4 Assess examinations and factors potentially impacting pass rates to ensure fairness, validity, comprehensiveness, and relevance.

Goal 2: Consumer Protection and Enforcement

Provide timely and appropriate enforcement to ensure consumer protection.

2.1 Evaluate and refine resources and processes to improve program efficiency and effectiveness.

2.2 Refine the Enforcement Unit onboarding process to promote effective and consistent communication, resources, and training.

2.3 Cross-train staff within the Enforcement Unit to promote collaboration and a comprehensive understanding of the enforcement process.

2.4 Explore subject matter expert (SME) compensation and recruitment to increase SME diversity and quality.

Goal 3: Communication and Customer Service

Provide current information and quality customer service to the Board's stakeholders.

3.1 Review and update BreEZe functionality for an improved user experience.

3.2 Develop an Outreach and Communication Plan to promote transparency and increase stakeholder awareness of the Board's activities and processes.

3.3 Increase internal and external communication to improve transparency and knowledge of processes and provide better customer service.

Goal 4: Administrative Services

Build an excellent organization, with engaged employees, through effective leadership and responsible management.

4.1 Create an onboarding process for Board members and staff that provides comprehensive Board information to promote effective decision making, improved staff retention, and alignment with the Board's goals.

4.2 Assess and reallocate Board committees and officer positions to promote efficient and effective Board actions.

Strategic Planning Process

To understand the environment in which the Board operates as well as identify factors that could impact the Board's success in carrying out its regulatory duties, the Department of Consumer Affairs' SOLID Planning Unit (SOLID) conducted an environmental scan of the Board's internal and external environments. Information for the scan was collected through interviews and online surveys distributed to the listed stakeholder groups during June 2025:

- Internal staff[1]: interviews and online surveys.
- Board members: interviews.
- External stakeholders[2]: online survey link distributed and posted on the Board's website, social media accounts, interested parties' email subscription list, and the Department's website.

The most significant themes and trends identified from the environmental scan were discussed by board members, board leadership, and members of the public during a strategic planning session facilitated by SOLID on November 5, 2025. This information guided the Board in the development of its strategic objectives outlined in this 2026-2029 strategic plan.

[1] Executive leadership, managers, and staff

[2] Licensees, individuals preparing to be licensed, individuals who work in a related profession, retired licensees, consumers or representatives of a consumer group, members of a professional association or group, representatives of a school, representatives of a government agency, and others.

Dental Board of California

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Sacramento, CA 95815
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Strategic plan adopted on February 5, 2026.

Subsequent amendments may have been made after the adoption of this plan.



Prepared by:
SOLID Planning Solutions
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Sacramento, CA 95834

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MEMORANDUM

DATE	October 2, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 7.:** Report on Department of Consumer Affairs (DCA) Activities, which may include updates on DCA's Administrative Services, Human Resources, Enforcement, Information Technology, Communications and Outreach, as well as Legislative, Regulatory, and Policy Matters

Background
The Department of Consumer Affairs Board and Bureau Relations will provide a verbal report.

Action Requested
No action requested.

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MEMORANDUM

DATE	October 2, 2026
TO	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 8.:** Dental Assisting Council Meeting Report

Background

Ms. Jeri Fowler, Chair of the Dental Assisting Council, will provide a verbal report on the November 5, 2026 meeting.

Action Requested

No action requested.

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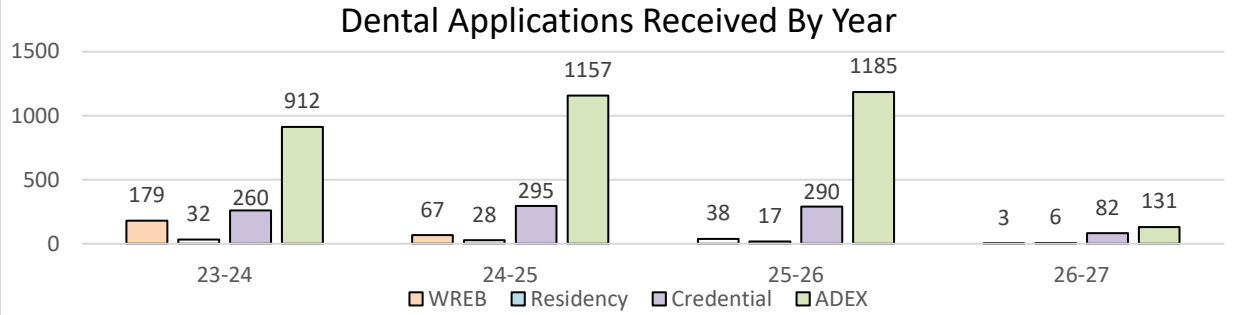
MEMORANDUM

DATE	October 6, 2026
TO	Members of the Dental Board of California
FROM	Jodi Ortiz, Chief of Licensing and Examination Dental Board of California
SUBJECT	**Agenda Item 9.a.:** Update on Dental Licensure and Permit Statistics

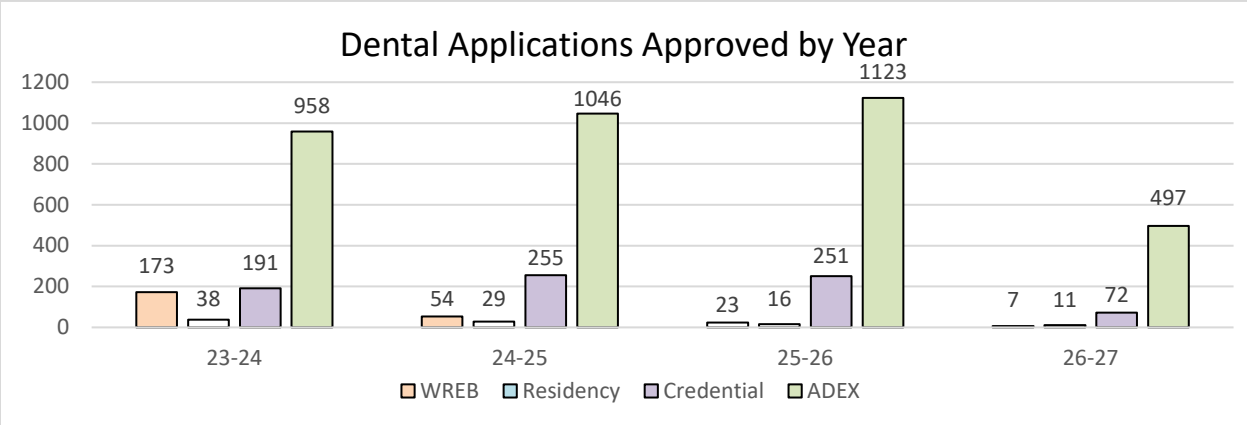
Year Over Year Dental License Application Statistics

The following are monthly dental license application statistics by pathway for fiscal year 2023-24, 2024-25, 2025-26 and 2026-27 as of September 30, 2026.

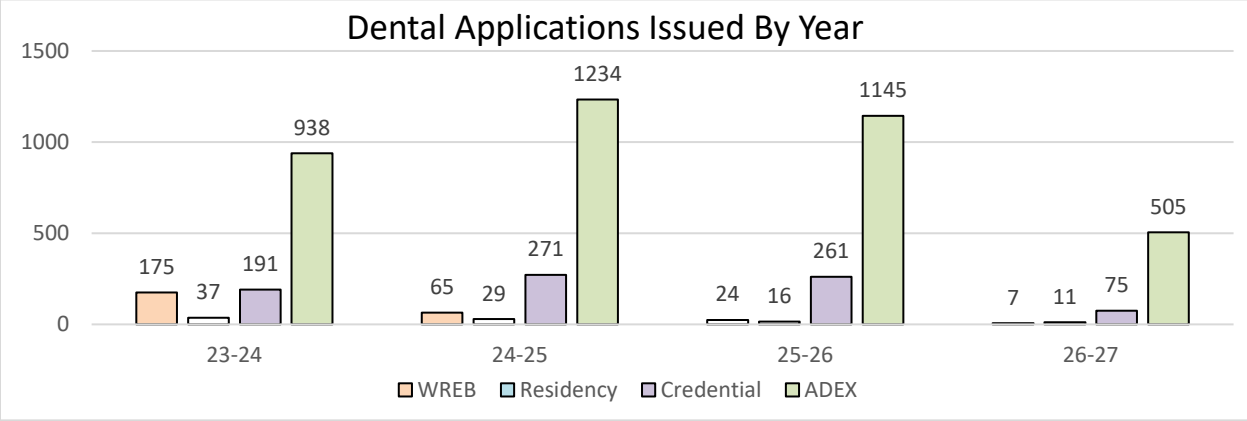
Dental Applications Received by Year					
	23-24	24-25	25-26	26-27	**Yearly Totals**
WREB	179	67	38	3	**287**
Residency	32	28	17	6	**83**
Credential	260	295	290	82	**927**
ADEX	912	1,157	1,185	131	**3,385**
Total	**1,383**	**1,547**	**1,530**	**222**	**4,460**



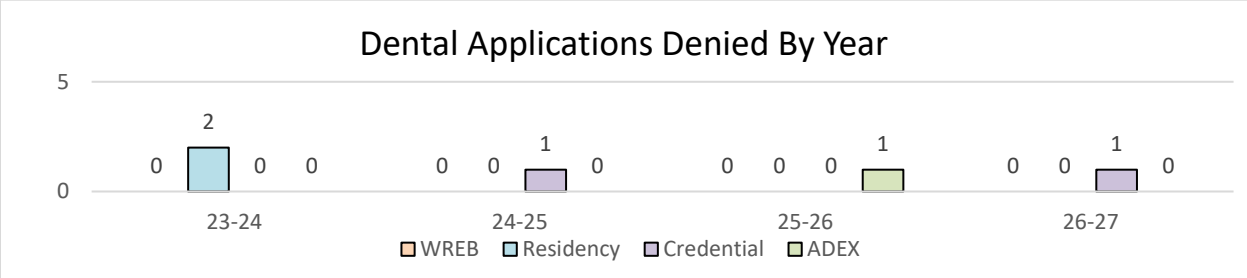
Dental Applications Approved by Year					
	23-24	24-25	25-26	26-27	**Yearly Totals**
WREB	173	54	23	7	**257**
Residency	38	29	16	11	**94**
Credential	191	255	251	72	**769**
ADEX	958	1,046	1,123	497	**3,624**
Total	**1,360**	**1,384**	**1,413**	**587**	**4,744**



Dental Licenses Issued by Year					
	23-24	24-25	25-26	26-27	**Yearly Totals**
WREB	175	65	24	7	**271**
Residency	37	29	16	11	**93**
Credential	191	271	261	75	**798**
ADEX	938	1,234	1,145	505	**3,822**
Total	**1,341**	**1,599**	**1,446**	**598**	**4,984**



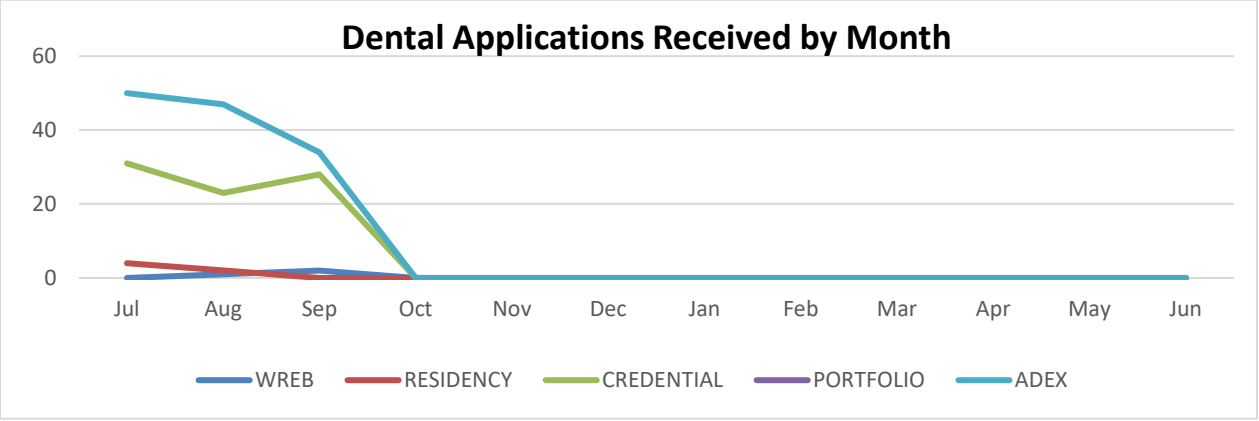
Dental Applications Denied by Year					
	23-24	24-25	25-26	26-27	**Yearly Totals**
WREB	0	0	0	0	**0**
Residency	2	0	0	0	**2**
Credential	0	1	0	1	**2**
ADEX	0	0	1	0	**1**
Total	**2**	**1**	**1**	**1**	**5**



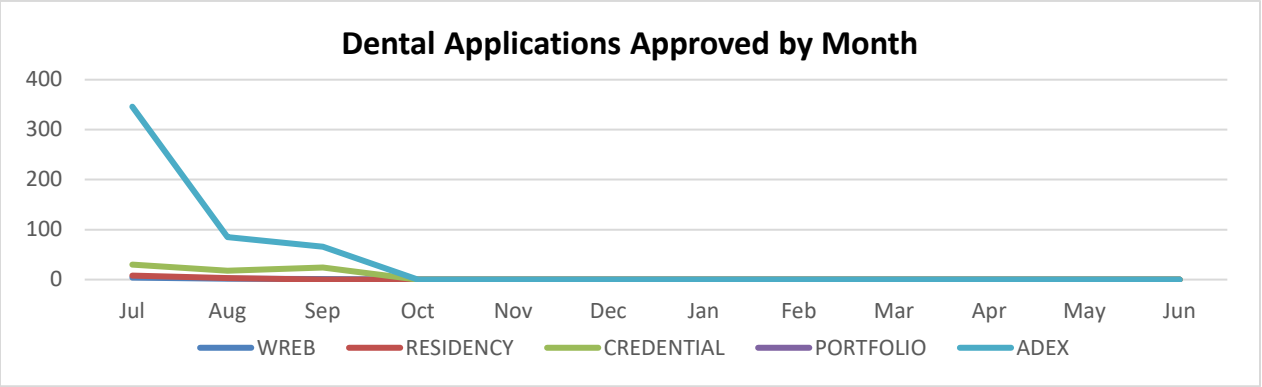
Monthly Dental License Application Statistic Graphs

The following graphs represent monthly dental license application statistics by pathway for fiscal year 2026-27 as of September 30, 2026.

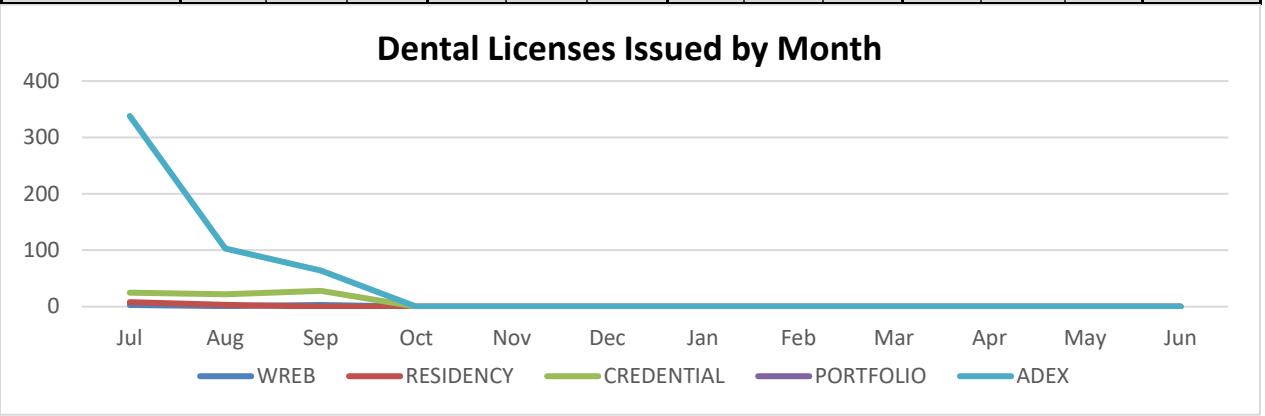
Dental Applications Received by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yearly Totals
WREB	0	1	2	0	0	0	0	0	0	0	0	0	3
Residency	4	2	0	0	0	0	0	0	0	0	0	0	6
Credential	31	23	28	0	0	0	0	0	0	0	0	0	82
ADEX	50	47	34	0	0	0	0	0	0	0	0	0	131
Total	**85**	**73**	**64**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**222**



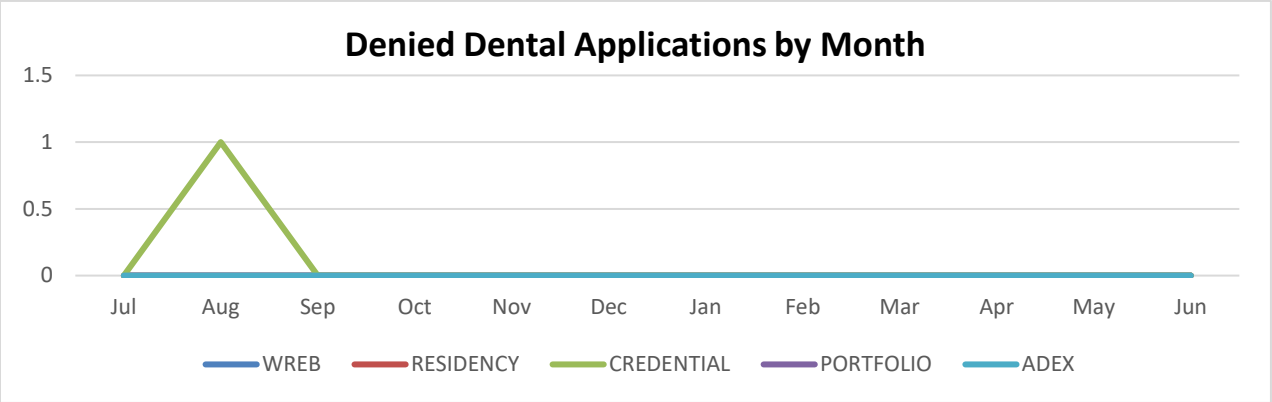
Dental Applications Approved by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Yearly Totals
WREB	4	2	1	0	0	0	0	0	0	0	0	0	7
Residency	8	3	0	0	0	0	0	0	0	0	0	0	11
Credential	30	18	24	0	0	0	0	0	0	0	0	0	72
ADEX	346	85	66	0	0	0	0	0	0	0	0	0	497
Total	**388**	**108**	**91**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**587**



Dental Licenses Issued by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	**Yearly Totals**
WREB	3	1	3	0	0	0	0	0	0	0	0	0	**7**
Residency	8	3	0	0	0	0	0	0	0	0	0	0	**11**
Credential	25	22	28	0	0	0	0	0	0	0	0	0	**75**
ADEX	338	103	64	0	0	0	0	0	0	0	0	0	**505**
Total	**374**	**129**	**95**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**598**



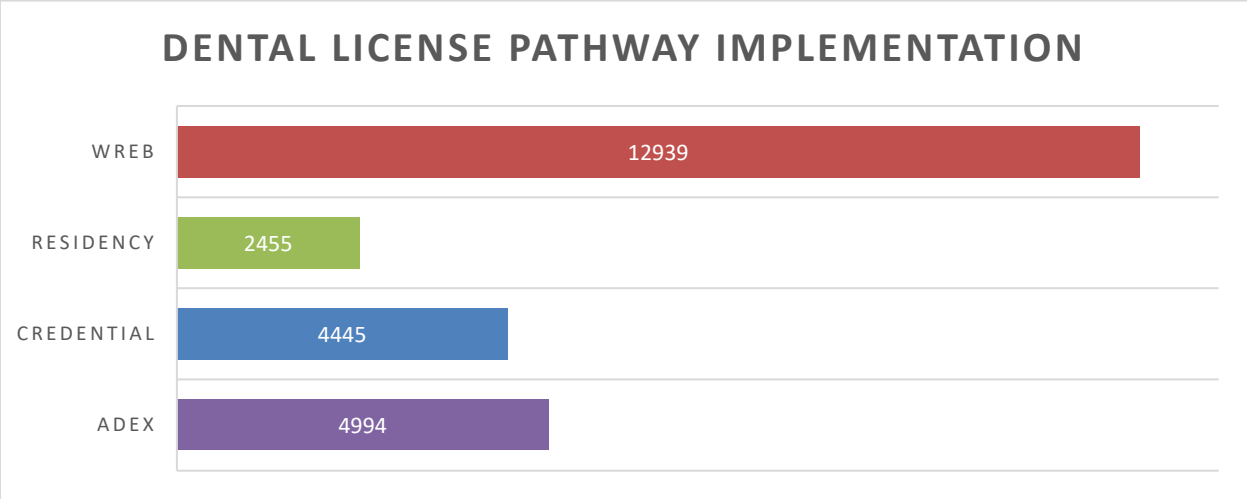
Denied Dental Applications by Month													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	**Yearly Totals**
WREB	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Residency	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Credential	0	1	0	0	0	0	0	0	0	0	0	0	**1**
ADEX	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Total	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**



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

Dental License Pathway Implementation Statistics

The following table provides statistics on dentist licenses issued by pathway to licensure from date the pathway was implemented as of September 30, 2026.



Total licenses issued 24,833.

Dental Law and Ethics Written Examination Statistics

The following table provides statistics on dental Law and Ethics written examination statistics by fiscal year 2023-24, 2024-25, 2025-26 and 2026-27 as of September 30, 2026.

License Type	Dentist License				
Exam Title	**Dental Law and Ethics Examination**				
Licensure Pathway		**WREB**	**LBR**	**ADEX**	***Pathway not chosen**
2023/24	# of 1st Time Candidates	103	31	952	211
	Pass %	87.38%	90.32%	88.87%	79.15%
2024/25	# of 1st Time Candidates	46	20	1125	247
	Pass %	93.48%	100.00%	94.46%	93.12%
2025/26	# of 1st Time Candidates	21	12	1147	271
	Pass %	95.24%	100.00%	91.98%	88.56%
2026/27	# of 1st Time Candidates	2	1	130	82
	Pass %	100.00%	100.00%	91.54%	84.15%
Date of Last Occupational Analysis: 2024					
Name of Developer: Office of Professional Examination Services					
Target Occupational Analysis Date: 2029					

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

Dental License and Permits Statistics

The following table provides statistics on dental license and permit status statistics by fiscal year 2023-24, 2024-25, 2025-26 and 2026-27 as of September 30, 2026.

License Type	License Status	FY 23/24	FY 24/25	FY 25/26	FY 26/27
Dental License	Active	35,078	35,584	35,840	36,182
	Inactive	1,661	1,582	1,576	1,555
	Reduced Renewal Fee	1,132	943	918	898
	Disabled	94	91	79	79
	Delinquent	6,069	6,199	6,276	6,252
	Cancelled	21,735	22,826	23,823	24,110
License Type	**License Status**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**
Additional Office Permit	Active	2,522	2,676	3,052	3,123
	Delinquent	1,285	1,291	1,266	1,238
	Cancelled	7,979	8,239	8,584	8,669
License Type	**License Status**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**
Continuing Education Registered Provider Permit	Active	724	764	742	741
	Delinquent	625	530	527	525
	Cancelled	2,782	2,923	3,021	3,047
License Type	**License Status**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**
Elective Facial Cosmetic Surgery Permit	Active	27	29	26	25
	Delinquent	6	7	9	9
	Cancelled	5	6	6	7
License Type	**License Status**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**
Extramural Facility Registration	Active	67	89	112	115
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
License Type	**License Status**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**
Fictitious Name Permit	Active	6,877	7,317	7,946	8,086
	Delinquent	2,731	2,737	2,704	2,685
	Cancelled	8,875	9,334	9,846	10,029
License Type	**License Status**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**
General Anesthesia Permit	Active	941	958	968	985
	Delinquent	49	40	32	34
	Cancelled	1,131	1,179	1,222	1,230
	PE Under 7	-	123	130	134
License Type	**License Status**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**
Mobile Dental Clinic Permit	Active	50	63	79	83
	Delinquent	40	40	46	47
	Cancelled	96	100	107	109
License Type	**License Status**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**
Medical General Anesthesia Permit	Active	150	154	161	166
	Delinquent	39	37	36	36

	Cancelled	267	291	306	311
	PE Under 7	-	94	105	109
License Type	**License Status**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**
Moderate Sedation Permit	Active	445	617	653	663
	Delinquent	4	5	23	24
	Cancelled	10	42	66	74
	PE Under 13	-	52	54	53
	PE Under 7	-	51	54	54
License Type	**License Status**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**
Oral Conscious Sedation Adults Certificate	Active	1,460	1,206	1,186	1,175
	Delinquent	412	439	462	464
	Cancelled	2,562	2,891	2,945	2,971
License Type	**License Status**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**
Oral and Maxillofacial Surgery Permit	Active	96	96	98	99
	Delinquent	10	12	10	9
	Cancelled	27	27	31	33
License Type	**License Status**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**
Pediatric Minimal Sedation Permit	Active	309	397	415	417
	Delinquent	3	21	47	56
	Cancelled	0	1	2	3
License Type	**License Status**	**FY 23/24**	**FY 24/25**	**FY 25/26**	**FY 26/27**
Special Permit	Active	38	39	43	40
	Delinquent	8	8	14	15
	Cancelled	207	215	216	220

Status Definitions	
Active	Current and can practice without restrictions *(BPC §1625)*
Inactive	Current but cannot practice, continuing education not required (*CCR §1017.2)*
Reduced Renewal Fee	Current, has practiced over 20 years, eligible for Social Security and can practicewith restrictions *(BPC §1716.1a)*
Disabled	Current with disability but cannot practice *(BPC §1716.1b)*
Delinquent	License or Permit renewal is not completed by expiration date *(BPC §163.5)*
Cancelled	A license that is not renewed within five years after its expiration date shall be cancelled *(BPC §1718.3)*

The following table provides statistics on population, current and active dental licenses by County, and population (Pop.) per dental license by County for fiscal years 2024-25, 2025-26 and 2026-27 as of September 30, 2026. These statistics represent the licensee's address of record and not necessarily the licensee's workplace address.

County	DDS per County in 2024/25	Pop. in 2024/25	Pop. per DDS in 2024/25	DDS per County in 2025/26	Pop. in 2025/26	Pop. per DDS in 2025/26	DDS per County in 2026/27	Pop. In 2026/27	Pop. per DDS in 2026/27
Alameda	1,486	1,641,869	1,111	1,472	1,662,482	1,129	1,491	1,666,136	1,117
Alpine	0	1,179	0	0	1,177	0	0	1,183	0
Amador	21	39,611	1,918	22	39,563	1,798	22	39,618	1,800
Butte	123	205,928	1,639	110	207,525	1,886	116	208,941	1,801
Calaveras	23	44,842	1,958	15	44,722	2,981	16	44,678	2,792
Colusa	4	21,743	5,451	4	22,026	5,506	4	22,003	5,500
Contra Costa	1,092	1,146,626	1,059	1,110	1,158,225	1,043	1,124	1,163,891	1,035
Del Norte	12	26,345	2,268	11	26,544	2,413	11	26,339	2,394
El Dorado	151	188,583	1,261	144	190,770	1,324	145	189,852	1,309
Fresno	625	1,017,431	1,618	645	1,037,053	1,607	658	1,041,676	1,583
Glenn	7	28,736	4,107	7	29,369	4,195	6	29,031	4,838
Humboldt	66	133,100	2,048	69	133,817	1,939	68	133,026	1,956
Imperial	40	182,881	4,483	35	186,499	5,328	35	185,961	5,313
Inyo	6	18,856	3,163	6	18,800	3,133	7	18,780	2,682
Kern	343	910,300	2,652	362	923,961	2,552	367	927,328	2,526
Kings	59	152,627	2,576	59	154,015	2,610	52	153,754	2,956
Lake	36	67,001	1,872	44	67,254	1,528	24	66,793	2,783
Lassen	21	28,197	1,441	19	28,716	1,511	20	27,318	1,365
Los Angeles	8,448	9,824,091	1,167	8,481	9,876,811	1,164	8,508	9,837,286	1,156
Madera	46	159,328	3,421	57	162,599	2,852	53	166,407	3,139
Marin	279	252,844	921	259	254,550	982	261	250,823	961
Mariposa	7	16,966	2,435	7	16,917	2,416	7	16,846	2,406
Mendocino	47	89,476	1,914	45	89,827	1,996	43	88,591	2,060

County	DDS per County in 2024/25	Pop. in 2024/25	Pop. per DDS in 2024/25	DDS per County in 2025/26	Pop. in 2025/26	Pop. per DDS in 2025/26	DDS per County in 2026/27	Pop. In 2026/27	Pop. per DDS in 2026/27
Merced	98	287,303	2,901	88	293,080	3,330	93	294,154	3,162
Modoc	4	8,484	2,172	4	8,491	2,122	4	8,467	2,116
Mono	5	12,861	2,675	3	12,684	4,228	3	12,482	4,160
Monterey	242	437,614	1,792	249	438,831	1,762	251	436,755	1,740
Napa	105	135,029	1,296	105	136,124	1,296	106	136,374	1,286
Nevada	70	100,177	1,446	62	100,354	1,618	60	99,983	1,666
Orange	4,165	3,150,835	759	4,242	3,175,427	748	4,267	3,163,696	741
Placer	471	412,844	868	492	421,446	856	501	434,823	867
Plumas	13	18,841	1,457	10	18,885	1,888	10	18,471	1,847
Riverside	1,163	2,442,378	2,094	1,199	2,495,640	2,081	1,224	2,506,824	2,048
Sacramento	1,210	1,578,938	1,302	1,254	1,604,745	1,279	1,278	1,628,349	1,274
San Benito	25	65,853	2,619	26	66,822	2,570	25	68,111	2,724
San Bernardino	1,410	2,181,433	1,551	1,457	2,207,424	1,515	1,458	2,216,685	1,520
San Diego	2,852	3,291,101	1,152	2,895	3,330,139	1,150	2,919	3,344,322	1,145
San Francisco	1,138	843,071	740	1,127	842,027	747	1,132	845,658	747
San Joaquin	388	791,408	2,021	404	805,856	1,994	411	820,125	1,995
San Luis Obispo	210	278,469	1,336	218	279,337	1,281	216	279,242	1,292
San Mateo	830	741,565	897	844	748,337	886	844	748,182	886
Santa Barbara	311	443,623	1,431	304	447,132	1,470	300	444,974	1,483
Santa Clara	2,296	1,903,198	825	2,312	1,922,259	831	2,331	1,932,468	829
Santa Cruz	170	262,572	1,503	175	263,710	1,506	175	261,069	1,491
Shasta	106	179,195	1,703	96	180,201	1,877	97	181,934	1,875
Sierra	0	3,171	0	0	3,170	0	0	3,153	0
Siskiyou	22	43,409	1,992	21	43,311	2,062	21	43,153	2,054
Solano	274	446,426	1,632	272	449,839	1,653	271	452,050	1,668
Sonoma	380	478,152	1,269	378	482,848	1,277	377	484,022	1,283
Stanislaus	281	548,744	1,955	274	555,765	2,028	278	557,159	2,004
Sutter	49	100,110	2,023	54	100,257	1,856	54	101,679	1,882
Tehama	28	64,308	2,323	27	64,827	2,401	25	64,764	2,590

Trinity	2	15,915	8,011	1	15,884	7,941	1	15,844	7,941
Tulare	219	478,918	2,169	226	487,209	2,155	228	489,610	2,147
Tuolumne	45	54,407	1,228	38	54,357	1,430	39	54,233	1,390
Ventura	633	823,863	1,316	635	829,005	1,305	642	824,306	1,283
Yolo	125	221,666	1,769	112	225,433	2,012	114	225,904	1,981
Yuba	10	83,721	8,227	10	85,023	8,502	9	87,692	9,743
Out of State/Country**	3,072	N/A	N/A	2,428	N/A	N/A	2,431	2,428	N/A
Total	37,846	39,128,162	N/A	35,025	39,529,101	N/A	39,595,409	39,592,978	N/A

*Population data obtained from Department of Finance, Demographic Research Unit as of 7/01/2026.
**Prior numbers updated and placed in correct columns.

*The counties with the highest Population per DDS are:	Yuba County (1:9,743)	*The counties with the lowest Population per DDS are:	Orange County (1:741)
	Trinity County (1:7,941)		San Francisco County (1:747)
	Colusa County (1:5,500)		Santa Clara (1:829)
	Imperial County (1:5,313)		Placer (1:867)
	Glenn County (1:4,838)		San Mateo (1:886)

* Alpine County (0:1,177) & Sierra County (0:3,170)
No reported address of record in county

Action Requested

No action is requested.

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MEMORANDUM

DATE	October 2, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 9.b.:** Report from American Board of Dental Examiners (ADEX)

Background

Dr. Lilia Larin, President of the Dental Board of California and Examination Committee Chair, will provide a verbal report.

Action Requested

No action requested.

AMERICAN BOARD of DENTAL EXAMINERS

Date: November 2026
Prepared by: Stephen Prisby, ADEX Regulatory and Educational Affairs Director
Prepared for: Dental Board of California

ADEX News & Updates

The American Board of Dental Examiners (ADEX) is a national, non-profit examination organization dedicated to supporting state dental boards' mission to protect the public. ADEX administers fair, valid, reliable, and standardized national licensure examinations in the oral health professions. Its examination system is built around regulator collaboration, trained and calibrated examiners, nationally coordinated scoring, quality assurance, and a governance model that includes state board and educator-examiner participation.

ADEX supports the licensure needs of state dental boards and commissions across more than 50 U.S. states and jurisdictions. In 2025, ADEX offered more than 570 examination dates at 312 testing locations and served more than 466 dental education programs nationwide. ADEX continues to support boards in all 51 jurisdictions where its examinations are accepted through direct outreach, board meeting engagement, secure score reporting, and regulator-informed examination updates.

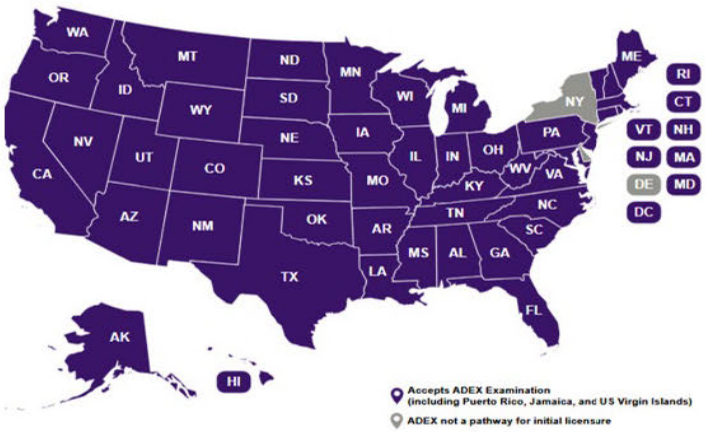
- **Board-centered expertise:** ADEX's regulatory collaboration is grounded in direct experience with state dental board operations, public protection responsibilities, rulemaking realities, and the day-to-day needs of board members and staff. Current and former state dental board members serve throughout ADEX's leadership, examiner network, and advisory structure, giving ADEX a practical and continuous connection to the boards it supports. That board-level experience strengthens ADEX's ability to develop and administer examinations that reflect real regulatory expectations and help ensure entry-level oral health practitioners are prepared to practice safely after completing required education and testing standards.

- **National reach and regulatory visibility:** ADEX has established direct engagement across all 50 states and Washington, DC, creating a strong foundation for consistent communication with boards, administrators, and regulatory stakeholders.

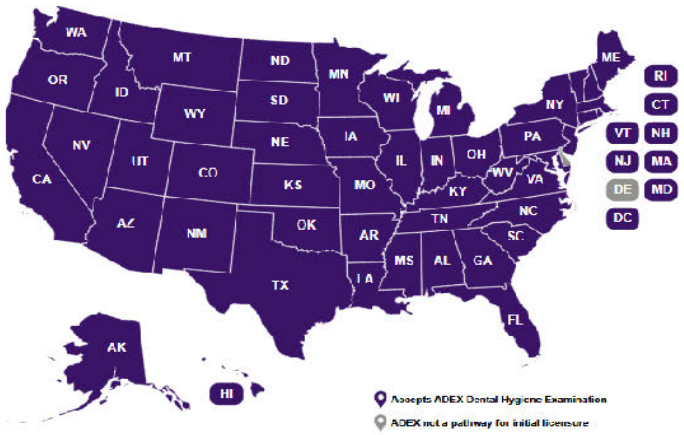
- **Modern examination strategy:** ADEX is positioned to support simulation, OSCE-based assessment, ADA DLOSCE integration, and other modern approaches that move licensure away from outdated, fragmented, and overly variable models.

- **Portability and consistency:** A national standard should reduce unnecessary barriers for qualified candidates while preserving the authority of state boards. ADEX gives boards a pathway to support mobility without weakening public protection. The ADEX Exams are the most widely accepted dental and dental hygiene exams for initial licensure in the United States.

National Dental Portability



National Dental Hygiene Portability



The Nebraska Board of Dentistry at its October 2, 2026 Board Meeting, voted unanimously to join ADEX as a full member state and to accept the ADEX Dental Hygiene Exam for initial licensure effective October 2, 2026.

Examiner and Council Participation Opportunity

State dental board members can do more than review examination outcomes; they can directly help shape the national licensure standard. Participation as an ADEX examiner gives regulators firsthand insight into candidate assessment, calibration, scoring, public protection safeguards, and the practical operation of fair and standardized licensure examinations. It also gives board members a way to contribute to national consistency while strengthening their own board's understanding of examination quality.

Through the ADEX Council on Examinations, each ADEX Member state appoints a dentist and dental hygienist to serve three-year terms. Current state dental board members, or individuals who have served within the past five years, are eligible for appointment. Council and committee participation gives state regulators a direct voice in exam development, policy discussion, professional calibration, and the continuing refinement of licensure assessments.

- **Examine:** Former and current state board members, along with educators, participate directly in examination administration and gain firsthand insight into the public-protection framework behind ADEX licensure assessments. **The ADEX examining team includes more than 1,400 calibrated and trained professionals committed to maintaining the highest testing standards and supporting safe, competent practice.**
- **Develop:** Receive training, calibration, and professional development connected to contemporary licensure assessment. Represent the state board perspective in national examination policy and governance discussions on the Council on Examinations.
- **Connect:** Collaborate with regulators, educators, and examiner colleagues across jurisdictions with the Annual Dental Testing & Regulatory Summit.

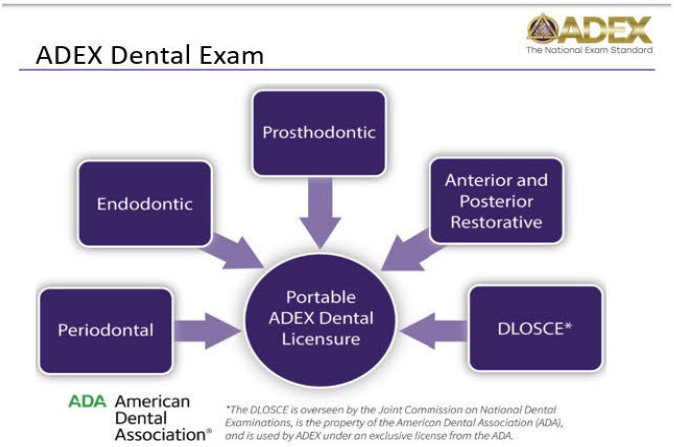
The integration of the ADA's DLOSCE as the cognitive assessment component within the ADEX Dental Examination is complete as of August 2026. This collaboration is designed to simplify pathways, reduce redundancy, and better align dental licensure with national models used across other health professions.

The ADA's **Dental Licensure Objective Structured Clinical Examination (DLOSCE)** was developed by the **Joint Commission on National Dental Examinations (JCNDE)**. It is a unique nationally standardized, case-based examination that evaluates clinical judgment, diagnosis, treatment planning, patient management, and readiness for independent practice. The examination consists of 150 multiple-choice questions based on realistic patient cases and incorporates interactive 3-D images that candidates can rotate, zoom, and manipulate to simulate the evaluation of clinical findings. The DLOSCE assesses the critical thinking and decision-making skills required for safe, competent, and independent dental practice using a valid, reliable, and modern examination format. The examination is administered over 6 hours and 45 minutes, including optional breaks.

The JCNDE is governed by an independent 16-member commission representing a broad range of stakeholders, including: dental education, dental practice, state dental boards, dental hygiene, dental students & public members – These representatives come from ADEA, ASDA, ADHA, AADB and the ADA.

The JCNDE oversees the following exams:

- Integrated National Board Dental Examination (INBDE)
- National Board Dental Hygiene Examination (NBDHE)
- Dental Licensure Objective Structured Clinical Examination (DLOSCE)
- Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE)



American Dental Association and American Board of Dental Examiners Announce Collaboration to Advance Dental Hygiene Licensure

CHICAGO, Oct. 5, 2026 – The American Dental Association (ADA), the Joint Commission on National Dental Examinations (JCNDE) and the American Board of Dental Examiners (ADEX) have begun collaborative discussions focused on advancing dental hygiene licensure assessment, in service to the public's health.

This work builds on the organizations' recent collaboration to advance dental licensure assessment through the incorporation of the ADA and JCNDE's Dental Licensure Objective Structured Clinical Examination (DLOSCE) into the ADEX Dental Examination. In the same spirit, the ADA and ADEX are exploring opportunities to support dental hygiene licensure by strengthening alignment in examination content, evaluation methods, and candidate experience, thereby advancing candidate assessment to assist state boards in their mission to protect the public.

"The ADA is committed to supporting licensure approaches that put patient safety first and are rigorous, fair, and responsive to the needs of the oral health workforce," said Richard Rosato, D.D.S., ADA President. "Our recent work with ADEX to incorporate the DLOSCE into the ADEX Dental Examination demonstrated what is possible when organizations align around public protection, candidate assessment, and licensure mobility. We look forward to continuing that collaboration in support of dental hygiene licensure."

ADEX Chair Mark Armstrong, D.D.S., added, "ADEX's responsibility to state dental boards extends across the oral health professions, including both dentistry and dental hygiene. As we have done with the ADEX Dental Examination and the DLOSCE, our goal is to advance dental hygiene licensure assessment while preserving the clinical standards and public protection priorities that are central to our mission."

The ADA and ADEX anticipate continued engagement over the coming months as both organizations explore best practices and potential opportunities to support consistent, modern, and defensible dental hygiene licensure examination standards in service to the public health.

The 3rd Annual Dental Testing and Regulatory Summit scheduled October 14-18, 2026, at the Gaylord National Harbor just outside Washington, DC. This annual regulatory and testing meeting brings together state dental board leaders, administrators, educators, exam leaders, and national stakeholders for focused discussion on licensure, examination modernization, portability, public protection, and emerging regulatory issues. The Summit includes the Annual Meetings for the American Board of Dental Examiners, the American Association of Dental Administrators, the American Association of Dental Boards and the Educators' Conference. Over 1,000 participants were registered to attend this prestigious event. A summary of the event and important information will be shared when available *(this report was submitted in mid-October).*

ADEX continues to strengthen its collaborative engagement with California and state regulatory partners nationwide. I will continue sharing updates with your Board's Executive Officer, Bryce Docherty, and remain available for future board meeting presentations and questions. These national updates may support the Board as it considers licensure policy, examination acceptance, workforce mobility, and public protection priorities.

For questions or additional information, please contact:

Stephen Prisby
Regulatory and Educational Affairs Director
sprisby@adextesting.org

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MEMORANDUM

DATE	October 8, 2026
TO	Members of the Dental Board of California (Board)
FROM	Jodi Ortiz Chief of Licensing and Examination Unit Dental Board of California (Board)
SUBJECT	**Agenda Item 9.c:** Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee October 7, 2026, Meeting Report - Discussion and Possible Action on Recommendation on EFCS Permit Applications

Report

The EFCS Permit Credentialing Committee (Committee) met on October 7, 2026, via teleconference, with one noticed public location. Four members of the Committee were present at the meeting, four of whom participated from remote locations, and a quorum was established.

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

The Committee discussed the January 14, 2026, Meeting Minutes. Committee Member Robert Gramins, DDS, moved to adopt the January 14, 2026, Meeting Minutes, and Committee Member Andre Guerrero-Fernandes, DMD, MD, seconded the motion. Before a vote on the motion, public comment was requested, and no public comment was made on the motion. The motion passed on a vote of 4–0.

The Committee reviewed the proposed 2027 Committee meeting dates. This item was presented for informational purposes only, and no action was required or taken.

The Committee recessed open session and convened in closed session pursuant to Government Code section 11126, subdivision (c)(2), to consider one EFCS permit application, discussed further below.

The Committee reconvened in open session, and Board staff reported that one application was considered by the Committee in closed session. The Committee approved a recommendation to the Board to deny the EFCS permit application as described further below.

Committee Chair Scheer adjourned the meeting at 3:24 p.m.

a. Discussion and Possible Action on Recommendation on EFCS Permit Application

EFCS Permit Application Process

Pursuant to Business and Professions Code section 1638.1, a dentist shall possess a current license in good standing and an EFCS permit to perform EFCS procedures. The Board may issue an EFCS permit to perform one of the following categories of EFCS 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).

The Board's Sunset bill, Senate Bill 1453 (Ashby, Chapter 483, Statutes of 2024), amended BPC section 1638.1 to clarify the EFCS permit categories. The EFCS permits now are not subject to further limitations under each category but instead, upon compliance with all applicable permit requirements, authorize the permit holder to perform all procedures authorized by the permit category.

The Committee considered one EFCS permit application as follows.

Applicant M.M., DDS

Applicant M.M., DDS, applied for an EFCS permit under BPC section, 1638.1(c)(2)(A) to perform EFCS under Category 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).

Recommendation

The Committee recommends denial of the Application for a Category 2 EFCS permit, as the Applicant failed to provide 10 operative reports demonstrating competency and performing procedures to qualify for the issuance of a Category 2 EFCS permit.

Action Requested

The Board is asked to consider the Committee's recommendation on the Application of M.M., DDS, for a Category 2 EFCS permit. The Board is asked to take one of the following actions:

Option 1 Move to accept the Committee's recommendation to deny the Application of M.M., DDS, for a Category 2 EFCS Permit.

Option 2 Move to grant a Category 2 EFCS permit to Applicant M.M., DDS.

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MEMORANDUM

DATE	October 8, 2026
TO	Members of the Dental Board of California
FROM	Jessica Olney, Anesthesia and Customer Service and Support Unit Manager Dental Board of California
SUBJECT	**Agenda Item 10.a.:** General Anesthesia and Sedation Permits: Inspections and Evaluations Statistics

Background

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

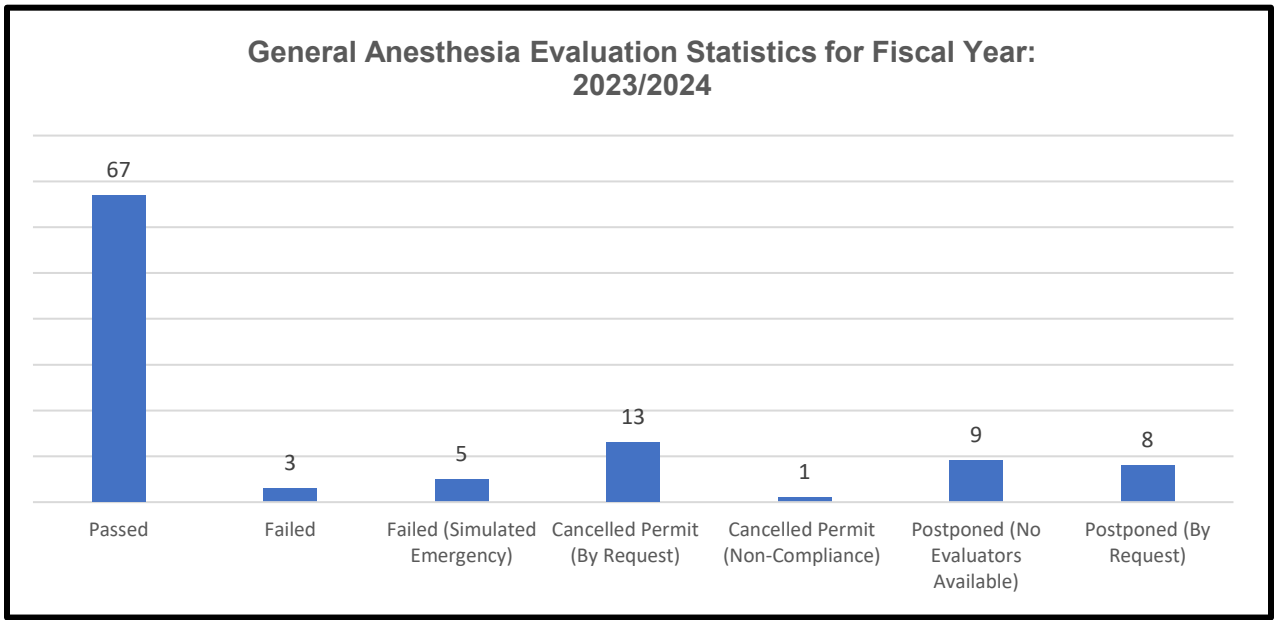
General Anesthesia Evaluation Statistics for Fiscal Year 2026/27

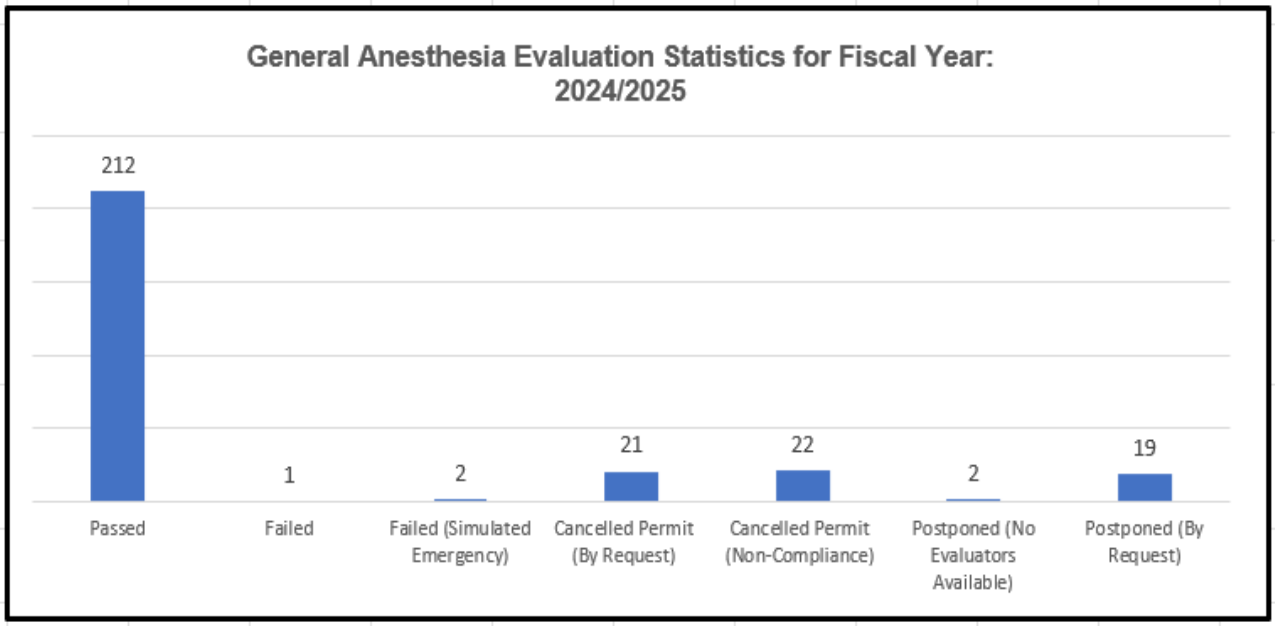
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2026	11	0	0	3	0	1	3
Aug 2026	22	0	1	0	1	1	2
Sep 2026	17	0	1	0	2	1	1
Oct 2026							
Nov 2026							
Dec 2026							
Jan 2027							
Feb 2027							
Mar 2027							

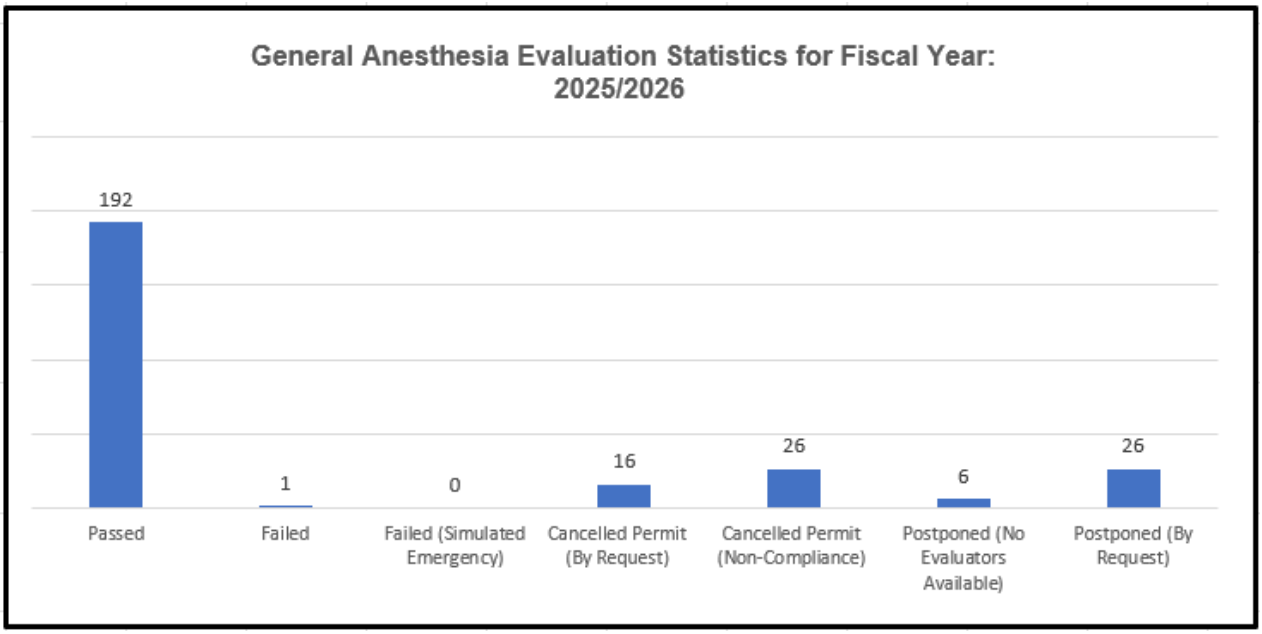
Apr 2027							
May 2027							
Jun 2027							
Total	**50**	**0**	**2**	**3**	**3**	**3**	**6**

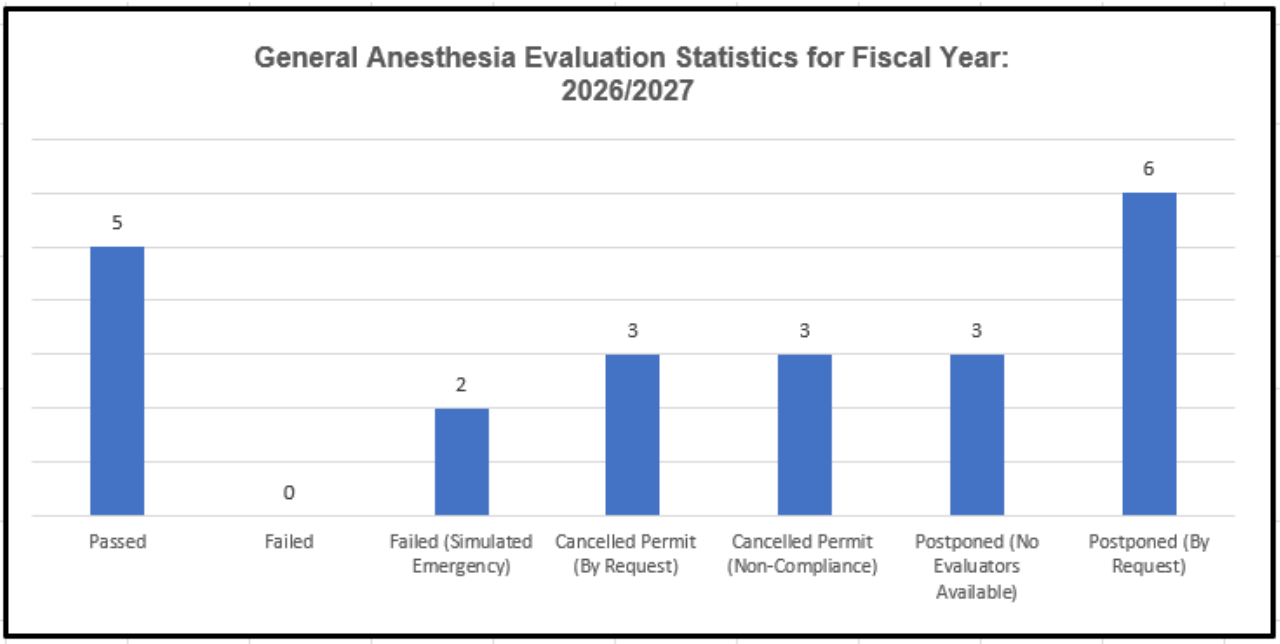
General Anesthesia Evaluation Statistics for Fiscal Years, 2023/24, 2024/25, 2025/26, and 2026/27

	23/24	24/25	25/26	26/27
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	202	212	192	50
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	0	1	1	0
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	3	2	0	2
Cancelled Permit by Request – Permitholder no longer wanted permit.	13	21	16	3
Cancelled Permit for Noncompliance – Permitholder did not complete required onsite evaluation.	20	22	26	3
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	16	2	6	3
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, or emergencies.	18	19	26	6




General Anesthesia Evaluation Statistics for Fiscal Year: 2024/2025
212
1
2
21
22
2
19
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)


General Anesthesia Evaluation Statistics for Fiscal Year: 2025/2026
192
1
0
16
26
6
26
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)

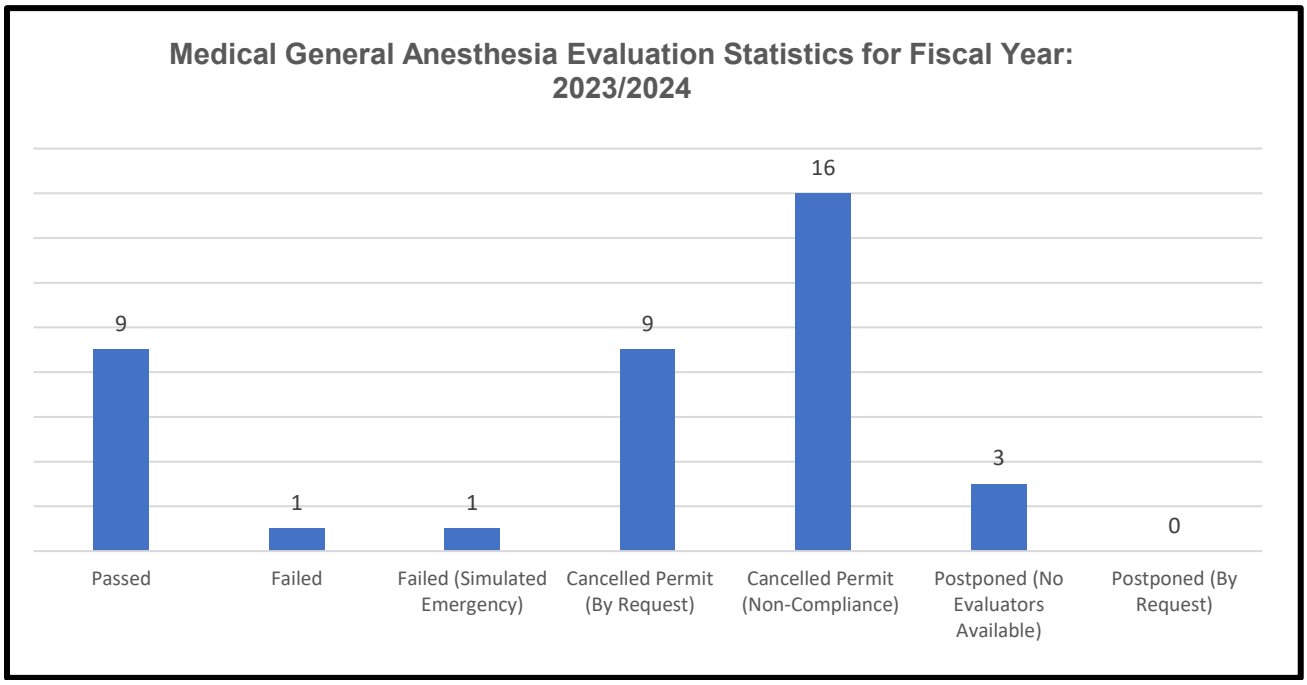


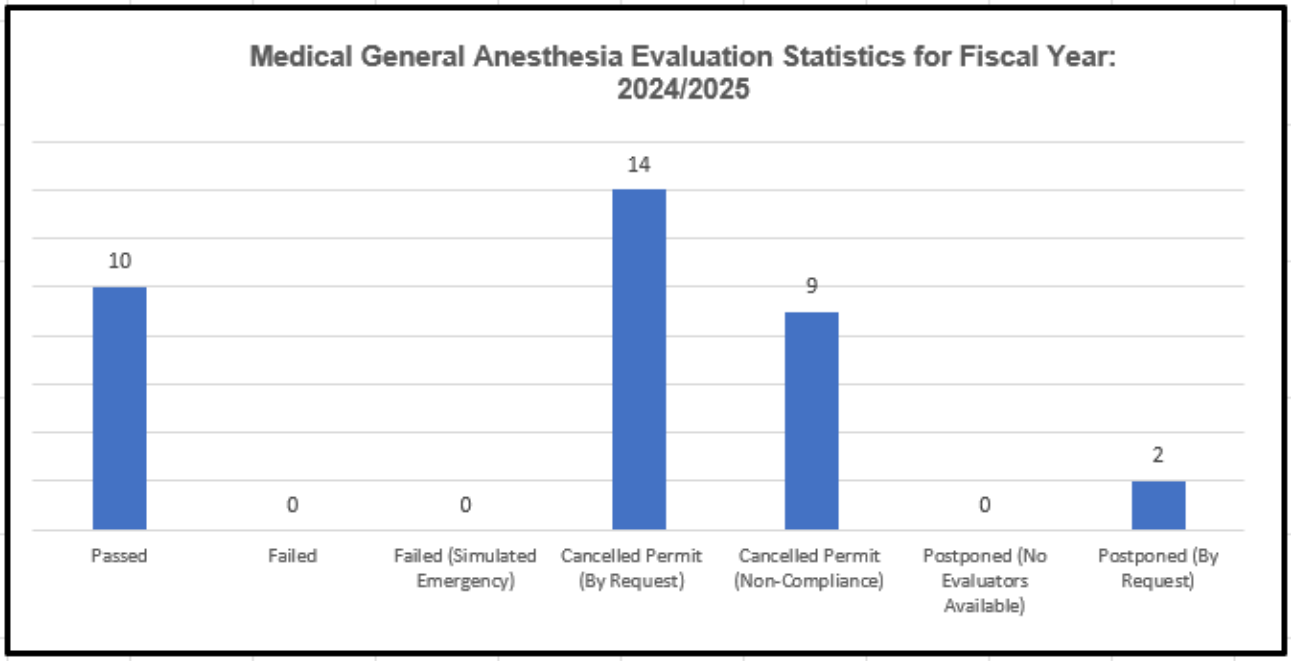
Medical General Anesthesia Evaluation Statistics for Fiscal Year 2026/27

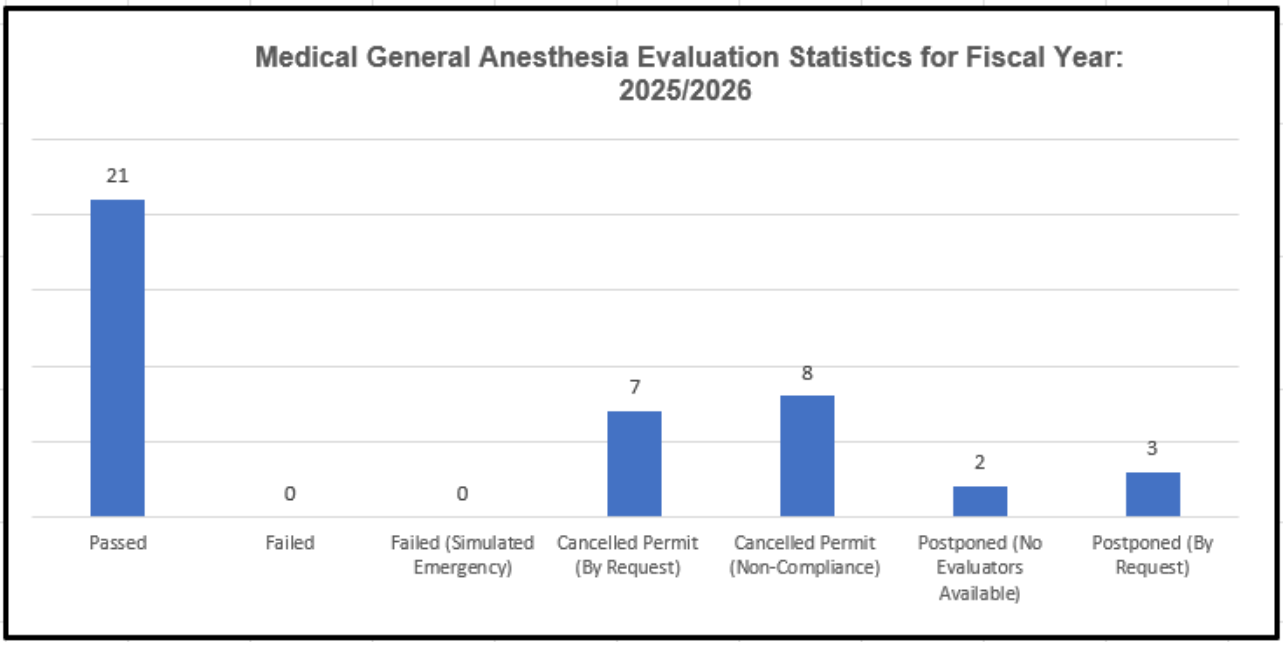
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2026	0	0	0	1	1	0	0
Aug 2026	1	0	0	0	1	0	1
Sep 2026	3	0	0	0	1	0	1
Oct 2026							
Nov 2026							
Dec 2026							
Jan 2027							
Feb 2027							
Mar 2027							
Apr 2027							
May 2027							
Jun 2027							
Total	**4**	**0**	**0**	**1**	**3**	**0**	**2**

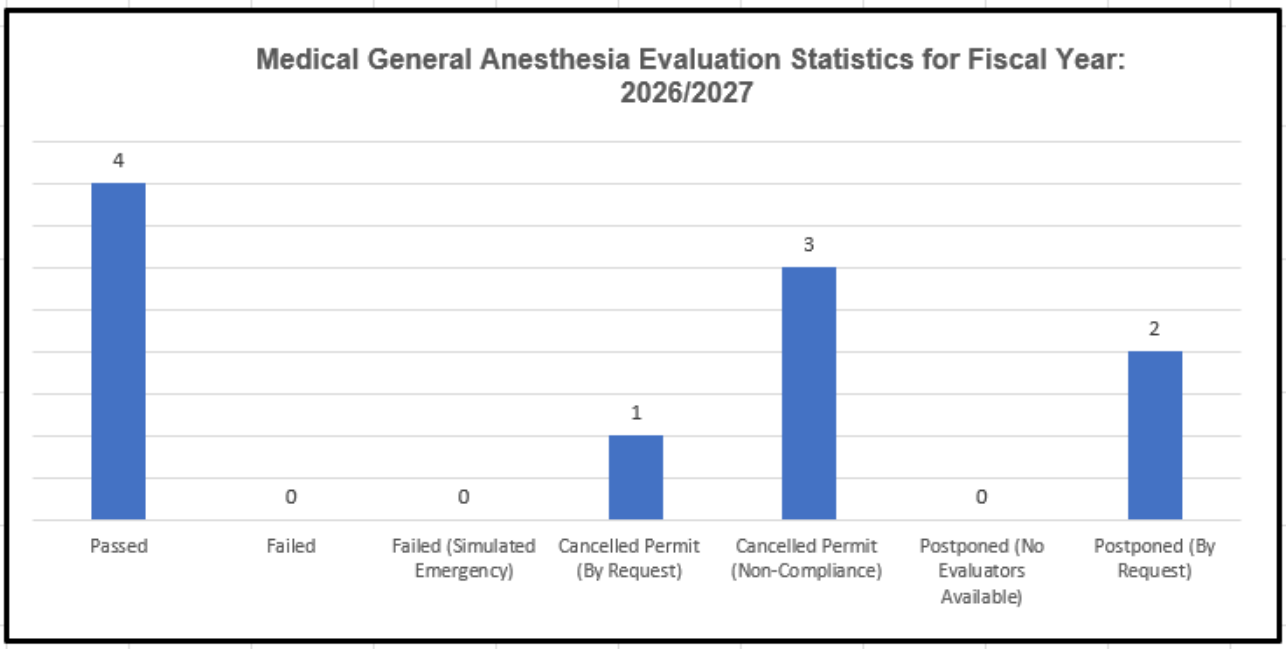
Medical General Anesthesia Evaluation Statistics for Fiscal Years 2023/24, 2024/25, 2025/26, and 2026/27

	23/24	24/25	25/26	26/27
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	9	10	21	4
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	1	0	0	0
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	1	0	0	0
Cancelled Permit by Request – Permitholder no longer wanted permit.	9	14	7	1
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	16	9	8	3
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	3	0	2	0
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, or emergencies.	0	2	3	2




Medical General Anesthesia Evaluation Statistics for Fiscal Year: 2024/2025
10
0
0
14
9
0
2
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)


Medical General Anesthesia Evaluation Statistics for Fiscal Year: 2025/2026
21
0
0
7
8
2
3
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)

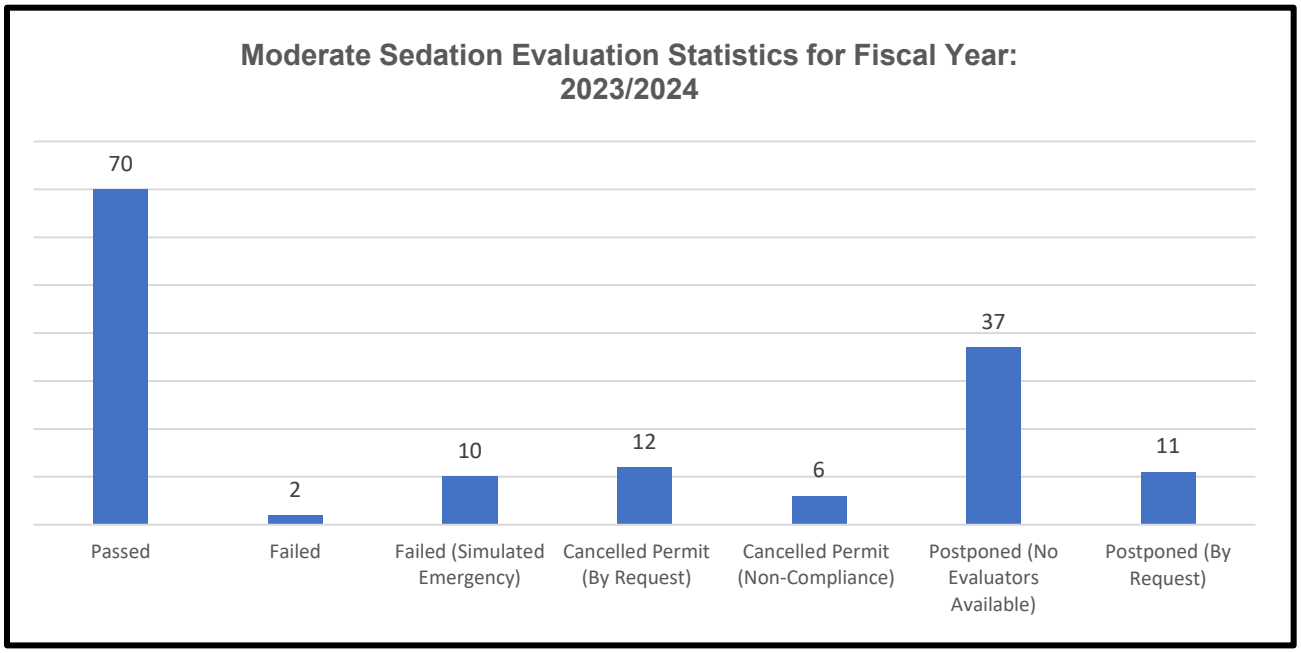


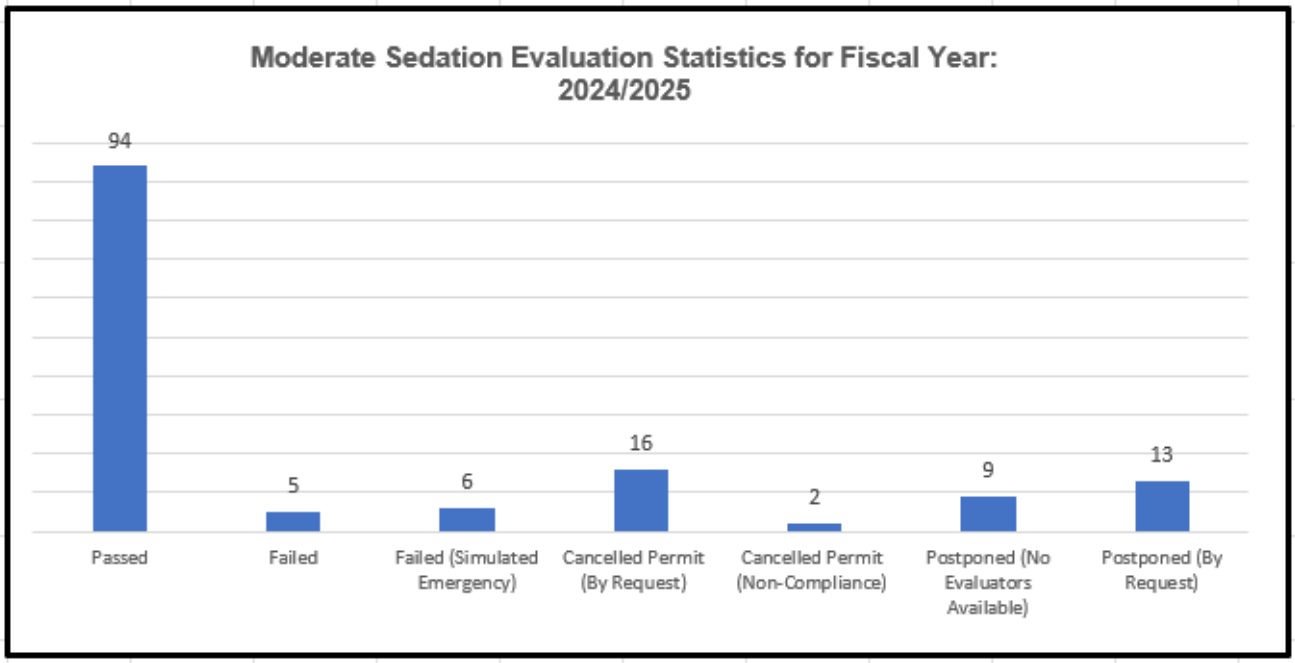
Moderate Sedation Evaluation Statistics for Fiscal Year 2026/27

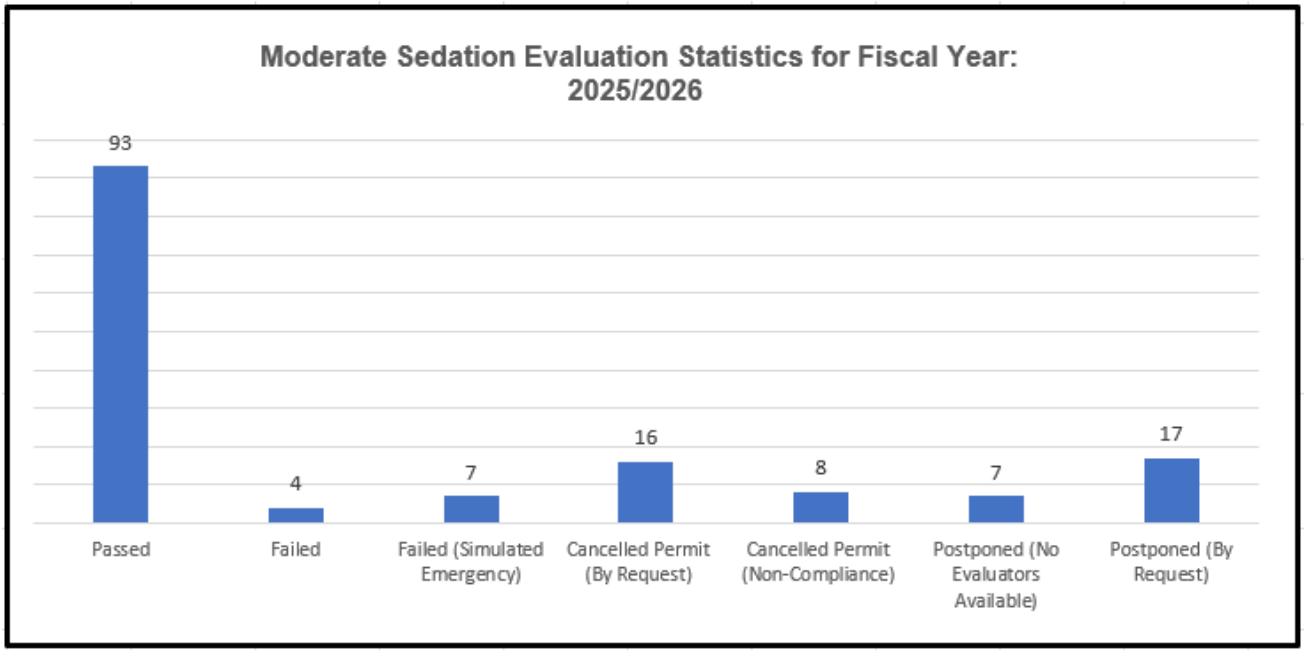
	Passed Evaluation	Failed Evaluation	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-compliance	Postponed (No Evaluators Available)	Postponed (By Request)
Jul 2026	10	0	1	1	1	0	2
Aug 2026	5	2	0	1	1	1	2
Sep 2026	12	0	0	1	1	1	1
Oct 2026							
Nov 2026							
Dec 2026							
Jan 2027							
Feb 2027							
Mar 2027							
Apr 2027							
May 2027							
Jun 2027							
Total	**27**	**2**	**1**	**3**	**3**	**2**	**5**

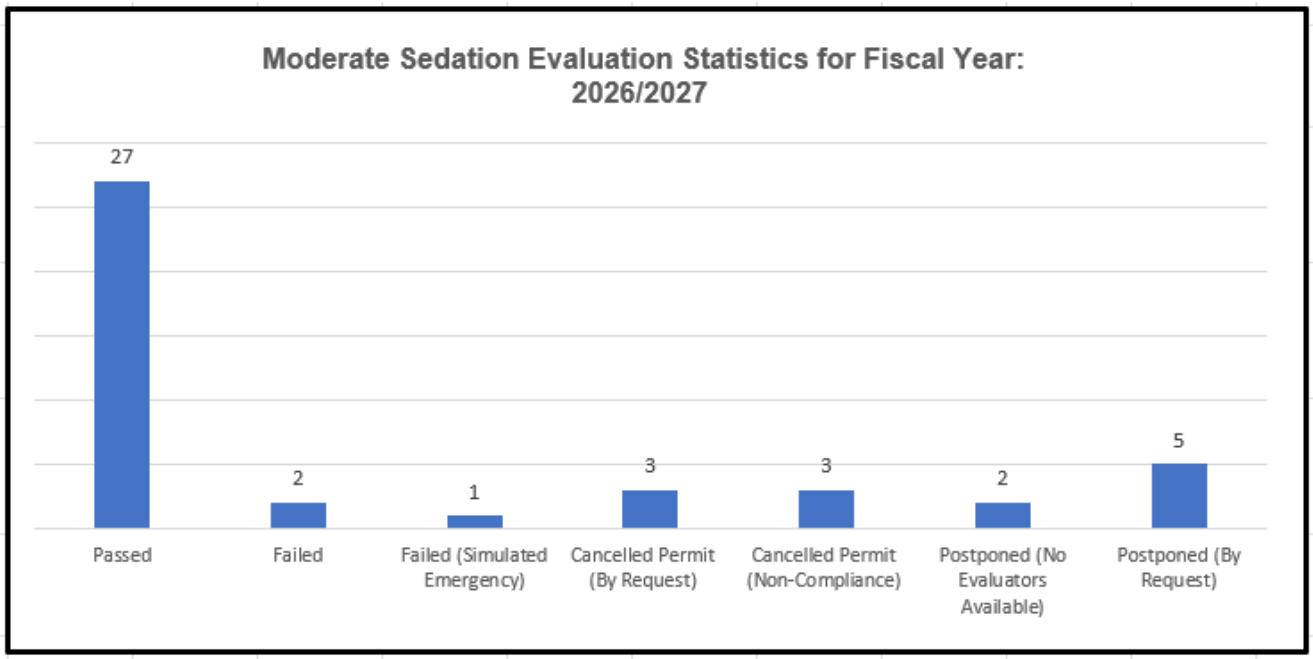
Moderate Sedation Evaluation Statistics for Fiscal Year 2023/24, 2024/25, 2025/26, and 2026/27.

	23/24	24/25	25/26	26/27
Passed Evaluation – Permitholder met all required components of the onsite evaluation.	70	94	93	27
Failed Evaluation – Permitholder failed due to multiple deficient components that were required for the onsite evaluation.	2	5	4	2
Failed Simulated Emergency – Permitholder failed one or more simulated emergency scenarios required for the onsite evaluation.	10	6	7	1
Cancelled Permit by Request – Permitholder no longer wanted permit.	12	16	16	3
Cancelled Permit for Non-Compliance – Permitholder did not complete required onsite evaluation.	6	2	8	3
Postponed (No Evaluators Available) – Permitholder evaluation was postponed due to no available evaluators.	37	9	7	2
Postponed (By Request) – Permitholder requested postponement due to scheduling conflict, or emergencies.	11	13	17	5




Moderate Sedation Evaluation Statistics for Fiscal Year: 2024/2025
94
5
6
16
2
9
13
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)


Moderate Sedation Evaluation Statistics for Fiscal Year: 2025/2026
93
4
7
16
8
7
17
Passed
Failed
Failed (Simulated Emergency)
Cancelled Permit (By Request)
Cancelled Permit (Non-Compliance)
Postponed (No Evaluators Available)
Postponed (By Request)



Current Evaluators per Region

Region	GA	MGA	MS
Northern California	143	24	60
Southern California	174	18	64

Action Requested

No action is requested.

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MEMORANDUM

DATE	October 19, 2026
TO	Members of the Dental Board of California (Board)
FROM	Jessica Olney, Anesthesia and Customer Service and Support Units Manager Dental Board of California
SUBJECT	**Agenda Item 10.b.:** Discussion and Possible Action on Recommendation from the Board's Anesthesia Committee Regarding Renewal of General Anesthesia Permit Following Failure of Onsite Inspection and Evaluation

On October 6, 2026, the Anesthesia Committee (Committee), comprised of Committee Chair, Alan Felsenfeld, DDS, MA, and Steven Chan, DDS, met to discuss two failed onsite inspections and evaluations of permitholder E.O., who holds a General Anesthesia (GA) Permit.

Background

To administer or order the administration of deep sedation or general anesthesia on an outpatient basis for a dental patient, a dentist must possess a general anesthesia permit issued by the Board. (Business and Professions Code (BPC), § 1646.1, subd. (a).) Prior to issuance or renewal of a general anesthesia permit, the Board may, at its discretion, require an onsite inspection and evaluation of the licensee and the facility, equipment, personnel, and procedures utilized by the licensee. (BPC, § 1646.4, subd. (a).) The Board is required to suspend the permit of any dentist who has failed an onsite inspection and evaluation 30 days after the date on which the Board notifies the dentist of the failure unless, within that time period, the dentist has retaken and passed an onsite inspection and evaluation. (BPC, § 1646.4, subd. (a); California Code of Regulations (CCR), tit. 16, § 1043.6, subs. (c).) Every dentist issued a general anesthesia permit is required to have an onsite inspection and evaluation at least once every five years. (BPC, § 1646.4, subd. (a).)

Board inspections and evaluations are conducted by a team of one or more evaluators, who are contracted by the Board as subject matter experts (SMEs). At the conclusion of the evaluations, the SMEs each provide an independent evaluation and recommend a grade using the following pass/fail system pursuant to CCR, title 16, section 1043.6, subsection (b):

a. Passed Evaluation. Permit holder or applicant met all required components of the onsite inspection and evaluation, as provided in CCR, title 16, sections 1043.3 and 1043.4; or

b. Conditional Approval. Permit holder failed to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping as provided in CCR, title, section 1043.3, subsection (b); or

c. Failed Simulated Emergency. Permit holder or applicant failed one or more simulated emergency scenario(s) described in CCR, title 16, section 1043.4, subsection (c); or

d. Failed Evaluation. Permit holder or applicant failed due to multiple deficient components required for the on-site inspection and evaluation or failed to comply with the conditions for issuance of a conditional approval, as provided in subsection (b)(2) of CCR, title 16, section 1043.6.

An applicant or permitholder who has failed the inspection and evaluation solely on the basis of a failure to demonstrate knowledge and ability in recognition and treatment of any or all of the simulated emergencies may be reevaluated only on the simulated emergencies provided the reevaluation is within 30 days. (CCR, tit. 16, § 1043.6, subs. (d).)

Inspection and Evaluation of Permitholder E.O.

E.O. was issued a GA Permit on May 5, 2014. An onsite inspection and evaluation of E.O. was conducted on August 25, 2026, and the SME recommended a failure in the simulated emergencies only. A notice of the failed simulated emergencies of the onsite inspection and evaluation was mailed to the permitholder on September 2, 2026. A second onsite inspection and evaluation of the simulated emergencies was conducted on September 29, 2026. The SMEs recommended a failure. A notice of the second failed onsite inspection and evaluation and suspension of the MS permit was mailed to the permitholder on October 5, 2026, citing failure to physically demonstrate knowledge of and a method of treatment of the simulated emergencies as required by CCR, title 16, section 1043.4, subsection (c). The notice further advised the permitholder that pursuant to CCR, section 1043.6, subsection (c), the Board will decide the matter and may grant or deny a permit or request further evaluation of the appellant with a Board member or other Board-appointed representative being present.

Discussion of Permit Recommendation

Board staff met with the Committee to consider renewal of the GA Permit per CCR, title 16, section 1043.6, subsection (c), which provides:

- If a permitholder or applicant has failed two evaluations, the Board will decide the matter and may grant or deny a permit or request further evaluation of the appellant with a Board member or other Board-appointed representative being present.

- The permitholder or applicant must successfully complete remedial education in a subject within the scope of the onsite inspection and evaluation as determined by the Board prior to being reevaluated if a third onsite inspection and evaluation is granted or prior to the issuance of a new permit.

The Committee recommended to deny renewal of the GA permit due to patient safety concerns during the administration of deep sedation or general anesthesia on an outpatient basis; if permitholder E.O. seeks to apply for a new GA Permit, the permitholder shall submit for prior Board approval and successfully complete, prior to applying for a new GA Permit, remedial education of 24 hours in the administration of deep sedation and general anesthesia including recognition and management of medical emergencies in the administration of deep sedation and general anesthesia to dental patients in an outpatient setting, and submit to and pass an onsite inspection and evaluation.

Action Requested:

If the Board agrees with the Committee's recommendation, the Board is asked to move to approve the Committee recommendation to deny renewal of E.O.'s GA Permit.

Potential Motions:

1. Move to adopt the Committee recommendation to deny renewal of E.O.'s General Anesthesia Permit; if E.O. seeks to apply for a new General Anesthesia Permit, E.O. shall submit for prior Board approval and successfully complete, prior to applying for a new General Anesthesia Permit, remedial education of 24 hours in the administration of deep sedation and general anesthesia including recognition and management of medical emergencies in the administration of deep sedation and general anesthesia to dental patients in an outpatient setting, and submit to and pass an onsite inspection and evaluation.

2. Move to further evaluate permitholder E.O. through a third onsite inspection and evaluation of the permitholder; prior to scheduling the third onsite inspection and evaluation, permitholder E.O. shall submit for prior Board approval and successfully complete remedial education of 24 hours in the administration of deep sedation and general anesthesia including recognition and management of medical emergencies in the administration of deep sedation and general anesthesia to dental patients in an outpatient setting.

3. Move to grant renewal of E.O.'s General Anesthesia Permit.

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MEMORANDUM

DATE	October 5, 2026
TO	Members of the Dental Board of California
FROM	Paige Ragali, Chief of Administration and Compliance Dental Board of California
SUBJECT	**Agenda Item 11.a.:** Enforcement – Review of Statistics and Trends

The Dental Board's Enforcement Division is made up of four different units with a main office in Sacramento (Northern office) and a field office located in Orange (Southern office), which all work together to help fulfill the Board's mission and vision of consumer protection. The Complaint and Compliance Unit is the first step in the complaint process, and they handle the intake of all complaints received. The Investigation and Inspection Units, comprised of both sworn investigators, special investigators and inspectors review the complaints that warrant further investigation or inspection and complete an investigation to determine if violations of the Dental Practice Act occurred and if further action is warranted, such as discipline. The Discipline Coordination Unit works with the Office of the Attorney General and refers cases, assists with settlements, and coordinates discipline against licensees. The final step in the Enforcement Division is compliance. This includes probation monitoring, compliance monitoring (Public Reprovals), and citation monitoring. Desk analysts handle the majority of the cases for monitoring and help ensure the licensees successfully comply with their requirements.

Currently, the Enforcement Division is recruiting for one Sworn Investigator position and one Special Investigator (Non-Sworn) position in the Orange office.

The following are the Enforcement Division statistics for both Northern and Southern offices:

Number of Complaint Cases Received between July 1, 2026 to September 30, 2026

Between July 1, 2026, and September 30, 2026, CCU received **1,526** complaints.

Between July 1, 2026, and September 30, 2026, there were **1,165** complaints closed without referral for investigation.

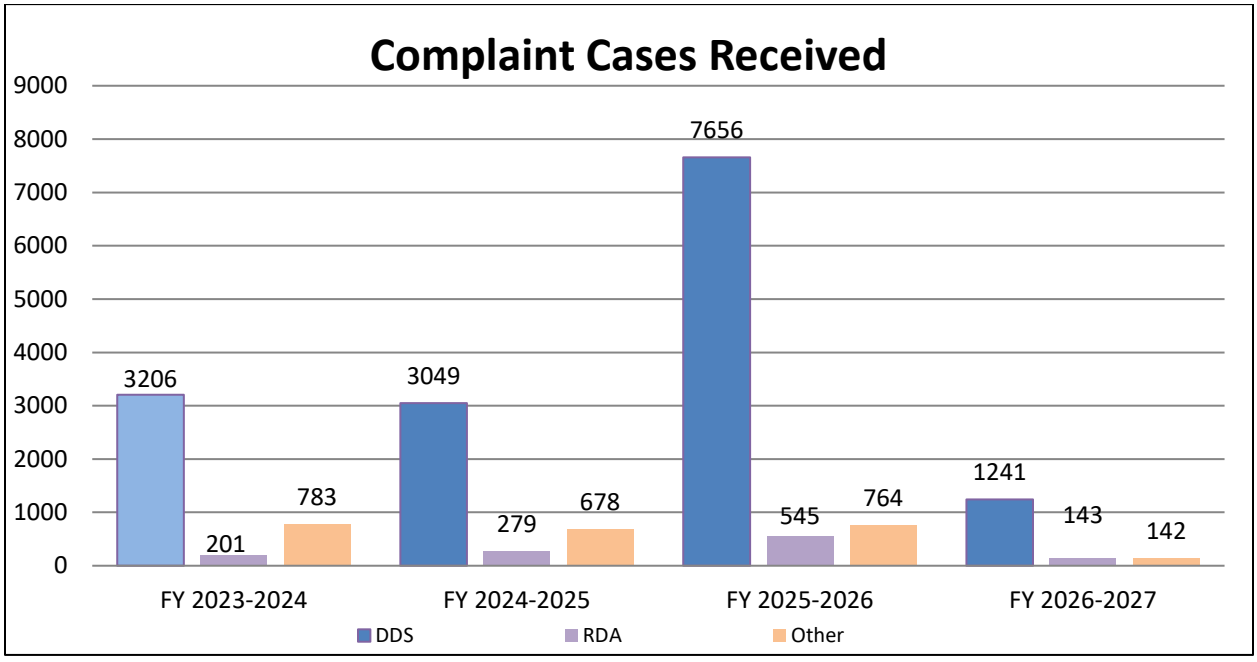
As of September 30, 2026, there are **472** open SAR cases.

Number of Complaint Cases Received

The graph below shows the number of complaint cases received by fiscal year for the previous fiscal year ending June 30, 2026 and the past three fiscal years.

Complaints Received				
Fiscal Year & Quarter	**Dentists**	**RDA**	**Other**	**Total**
FY 2023-2024	3,206	201	783	4,190
FY 2024-2025	3,049	279	678	4,006
FY 2025-2026 *	7,656	545	764	8,965
FY 2026-2027 (July-September)	1,241	143	142	1,526
Total	**15,152**	**1,168**	**2,367**	**18,687**

**Data was updated for FY 2025-2026.*



Number of Investigative Cases Open

As of September 30, 2026, there **1,195** investigative cases open in the Board's Enforcement Units. A breakdown of the cases is as follows:

Investigative Cases Open	
Enforcement Units	**September 30, 2026**
Sacramento Non-Sworn	112
Orange Non-Sworn	145
Sacramento Sworn	88
Orange Sworn	131
Pending Assignment	719
Total	**1,195**

Case Aging for Enforcement Cases

The chart below shows the case aging for all enforcement cases from inception through closure or referral to the Office of the Attorney General between July 1, 2026, and September 30, 2026. A breakdown of the case aging is as follows:

Investigative Case Aging		
Investigation Age	**As of September 30, 2026**	**Percent (%)**
0 – 3 Months (0-90 days)	36	18%
3 – 6 Months (91-180 days)	31	16%
6 – 9 Months (181-270 days)	21	11%
9 – 12 Months (271-365 days)	27	14%
1 – 2 Years (366-730 days)	31	16%
2 – 3 Years (731-1,095 days)	46	24%
3+ Years (1096+ days)	3	0.01%
Total	**195**	**100%**

***Case aging includes the time the case was received through investigation and until a closure or referral for discipline code was entered.**

Administrative and Disciplinary Action

Cases Assigned to the Office of the Attorney General

Between July 1, 2026, and September 30, 2026, there were **33** cases transmitted to the AG. Of those 33 cases, 15 were referred for dentists and 18 were referred for dental auxiliaries.

As of September 30, 2026, there are **185** cases pending at the AG.

Accusations/Petitions to Revoke/Statement of Issues/Amended Pleadings

Between July 1, 2026, and September 30, 2026, there were **30** pleadings filed with the AG.

Discipline Imposed and Cases Closed

Between July 1, 2026, and September 30, 2026, there were **38** cases closed in the Discipline Coordination Unit. The breakdown of the closures is as follows:

Discipline Coordination Unit Closed Cases			
Closure Type	**July**	**August**	**September**
Revocation	3	5	1
Surrender	3	0	3
Probation	5	4	11
Public Reproval	0	0	0
Other (withdrawal, etc.)	1	1	1
Total	**12**	**10**	**16**

**The consolidated cases closed are not represented in the chart above.*

Citations

Between July 1, 2026, and September 30, 2026, there were **102** citations issued. Citations are issued for investigative cases not rising to the level constituting formal disciplinary action, such as unprofessional conduct, failure to report convictions, compliance issues with inspections, and failure or non-compliance with continuing education audits.

Probation and Compliance Monitoring

Number of Probation Cases Open

As of September 30, 2026, there are **144** probationer cases being monitored. Of those, **140** are active probationers and **4** are tolling. A breakdown of the probation cases is as follows:

Field Office	Active Probationers	Tolling Probationers
Sacramento IAU	44	0
Sacramento Field Office	0	2
Orange IAU	87	2
Orange Field Office	1	0
DCU (currently at the AG's Office)	8	
Total	**140**	**4**

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MEMORANDUM

DATE	October 1, 2026
TO	Members of the Dental Board of California
FROM	Paige Ragali, Chief of Administration and Compliance Division Dental Board of California
SUBJECT	**Agenda Item 12.a.:** Diversion Program Report and Statistics

Background

The Diversion Evaluation Committee (DEC) program statistics for the quarter ending on September 30, 2026, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for informational purposes only.

The DEC last met on July 1, 2026 and has the next quarterly meeting scheduled on October 14, 2026.

As of January 1, 2025, Premier Health Group has assumed the administration of the Diversion (Recovery) Program.

Diversion	FY 2026/2027				FY 25/26	FY 24/25	FY 23/24
	Quarter 1			YTD			
	July	August	September	Totals			
New Participants (Close of Qtr)	0	0	0	0	1	4	2
Total Participants (Close of Qtr/FY)	4	4	4	4	4	5	4
Total Completed Cases	0	0	0	0	1	0	2
Positive Drug Tests for Current Participants	0	0	0	0			

Action Requested

None.

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MEMORANDUM

DATE	October 13, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 12.b:** Presentation Regarding Board's Diversion Program – *Premier Health Group*

Background

Representatives from *Premier Health Group* will provide a presentation on the Board's Diversion Program.

Action Requested

No action is requested.



The Recovery Program
For Licensed Dental Professionals

Department of Consumer Affairs
Dental Board of California
Premier Health Group

The Recovery Program

- For licensed dental providers whose competency may be impaired due to substance use or mental health disorders.
- The Department of Consumer Affairs, the respective licensing board, and Premier Health Group.

The Recovery Program

- Who do we serve?
  - Dental Board of California
  - California Board of Registered Nursing
  - California Board of Pharmacy
  - California Physician Assistant Board
  - Physical Therapy Board of California
  - Osteopathic Medicine Board of California
  - Veterinary Board of California
  - Dental Hygiene Board of California



Dentist and Dental Auxiliary Recovery Program

"The Dentist and Dental Auxiliary Recovery Program exists to support the rehabilitation and safe reintegration of California's licensed dentists whose wellness and ability to practice safely have been impacted by substance abuse."



Dentist and Dental Auxiliary Recovery Program

- 10-15% of healthcare professionals, including dentists, will experience a substance use disorder at some point in their careers (Decisions in Dentistry).
- Dentists
  - Symptoms of Depression – 42%
  - Anxiety – 44%
- Survey of 3500 Dentists
  - Physical or emotional exhaustion – 34%
  - Worry or anxiety – 38%

The Dentist Experience in the Recovery Program

- Confidential consultation with substance use disorder and mental health medical professionals.
- Intervention services
- Assessment of treatment needs and referral to appropriate resources.
- Ongoing creation of recovery plans.
- Monitoring of compliance.
- Encouragement and peer support.

The Dentist Experience in the Recovery Program

- Healthcare Support Groups
  - Professionally facilitated support groups made up of other medical professionals.
  - 1 – 2 x per week.
- Random Drug Testing
  - UDS, Hair, PEth, Nail tests
- Community Support Groups
  - AA, NA, SMART, Dharma, trauma, mental health
- Community-Based Sponsor

The Dentist Experience in the Recovery Program

- Medication Management
- Individual Therapy
- Worksite Monitor
  - Safeguard in the workplace to monitor and review the participant's practice.
- Workplace Restrictions
  - Hour limitations
  - Stress management

The Dentist Experience in the Recovery Program

- Cost For The Participant
  - Monthly Administrative Fee
    - $100.00
  - Drug Testing
    - UDS - ~$85.00
    - PEth - ~$120.00 (On intake, once per year, or on demand)
    - Hair - ~ $285.00 (On intake, once per year, or on demand)
  - Healthcare Support Groups
    - ~$150 monthly at one/week
    - ~$300 monthly at twice/week
  - Community Support Groups
    - No charge

Recovery Program Outcomes

- 3 – 5 Year Duration
- Less than a 5% Return to Use Rate
- Ability to continue practicing and working while in the program.

Referrals to the Program

- Voluntary Referrals
  - When primary concern is substance abuse with no other serious violations of the California Dental Practice Act.
- Disciplinary Referrals
  - A requirement as part of probation.

How to Contact The Recovery Program

- By Phone
  - 24/7 Toll-Free Support
  - 1-800-522-9198

- By E-Mail
  - recoveryprogram@premierhealthgroup.net



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MEMORANDUM

DATE	October 8, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 12.c:** Diversion Program Participant Testimony - Dr. Thomas Nguyen

Background

Dr. Thomas Nguyen, a participant of the Board's Diversion Program, will provide verbal testimony.

Action Requested

No action is requested.

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MEMORANDUM

DATE	October 22, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 13.:** Communications and Editorial Committee Update

Background

The Board's Communications and Editorial Committee will provide a verbal report.

Action Requested

No action requested.

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MEMORANDUM

DATE	October 2, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 14.a.:** Presentation on Initiatives to Increase Access to Oral Health Providers – *California Academy of General Dentistry (CAGD)*

Background

Representatives from California Academy of General Dentistry (CAGD) will provide a presentation on initiatives to increase access to oral health providers.

Action Requested

No action is requested.

CALIFORNIA ACADEMY of GENERAL DENTISTRY

Presentation to the Dental Board of California

WILLIAM KUSHNER III, DDS MAGD

NOVEMBER 5, 2026



ABOUT ME

Assistant Dean Clinical Affairs, Director of Special Needs Education CNSU CDM
Clinic Faculty UOP SF Campus 2025-2026
California Department of Correction (ret) 20 yrs
Private Practice for 22 years-
RDH clinical instructor 1997-1999

CAGD Past President 2018-2019
AGD Regional Director-Chair
2027 incoming AGD National Vice President

Experiences:
Ca Dental Board RDA RDAEF examiner 7yrs
RDH clinical instructor 1997-1999

Academy of General Dentistry- Master Award recipient
ADA
CDA
Fellow Pierre Fauchard
Fellow International College of Dentists
American Academy of Public health Dentists
American Dental Education Association
Ensign Academy of general Dentistry

Who are we

- Represents all General Dentists members and non members in Ca
- Focus on Advocacy,
- Patient Safety
- Lifelong Learning and Service

- **CAGD President:** Saro Setian, DDS, MAGD
  Setian@cagd.com

- **Executive Director:** Terri Iwamoto-Wong
  Main Contact:
  terri@cagd.com |
  Phone: 877-408-0738

CALIFORNIA ACADEMY of GENERAL DENTISTRY

Access to Care:

What have we done and what can we do?

1. Strengthen the Pipeline of New Dentists Serving Underserved Areas
2. Advocate for Practical, Dentist-Centered Medi-Cal Reforms
3. Expand CE That Directly Improves Access
4. Build Cross-Organizational Coalitions
5. Support Innovation in Care Delivery
6. Promote Public Awareness and Patient Education
7. Support Dentists Who Already Serve High-Need Populations

Strengthen the Pipeline of New Dentists Serving Underserved Areas

- **Expand mentorship programs** connecting new dentists with practices in rural and Medi-Cal–dependent communities.
- **Partner with dental schools** (all seven)through AGD Fellowtrack to promote rotations in FQHCs, correctional health, VA clinics, and community clinics.
- **Support loan-repayment awareness** by hosting CE sessions on programs like CalHealthCares program, National Health Service Corps, and state Loan Repayment Programs.
- **Create a "Pathways to Public Service Dentistry" initiative** highlighting careers in corrections, public health, and safety-net systems — areas you know exceptionally well.

Advocate for Practical, Dentist-Centered Medi-Cal Reforms

CAGD can be a powerful voice in Sacramento by pushing for reforms that make participation *feasible* for general dentists:

Increase	Streamline	Promote	Support
Increase reimbursement rates for preventive, restorative, and prosthodontic services.	Streamline authorization processes that currently discourage provider participation.	Promote value-based care pilots that reward prevention, continuity, and comprehensive care.	Support expanded adult benefits and continuity of coverage for vulnerable populations.

Expand CE That Directly Improves Access

CAGD can lead with education that equips dentists to treat more diverse and medically complex patient. These courses directly increase the number of dentists who feel confident treating underserved populations:

- **CE in special needs dentistry (CAGD Master track, and other courses)**
- **Trauma-informed care and behavioral management**
- **Medically complex patient management**
- **Pain management, addiction awareness, and SUD-related oral health**
- **Mobile dentistry and teledentistry workflows**

Build Cross-Organizational Coalitions

CAGD can take the lead for a **California Access Collaborative,** which could produce shared policy recommendations, joint CE, and unified advocacy.

- CDA
- CDHA
- CDAA
- Dental school Deans
- FQHC leadership
- Correctional health leadership
- Medi-Cal Dental Program (Denti-Cal) DHCS
- Community organization
- Regional Centers

CALIFORNIA ACADEMY of GENERAL DENTISTRY

Support Innovation in Care Delivery

CAGD can champion models that expand reach without compromising quality:

AGD's reputation for innovation makes this a natural fit.

- **Establish a Virtual Dental Home for Teledentistry triage and follow-up**
- **Support Mobile clinics for schools, senior centers, and rural communities**
- **Integration of dental care into primary care settings**
- **Expanded use of RDHs and RDHAPs** in team-based care
- **Pilot programs for after-hours or weekend access**

Promote Public Awareness and Patient Education

CAGD CAN HELP CALIFORNIANS UNDERSTAND:

- The importance of preventive care
- How to increase Medi-Cal providers
- How to navigate dental benefits
- Oral health's connection to systemic health

THIS CAN BE DONE THROUGH:

- Social media campaigns
- Partnerships with schools and community groups
- Public-facing webinars
- Collaboration with CDA Foundation's "Give Kids a Smile" and "CDA Cares"

Support Dentists Who Already Serve High-Need Populations

Retention is just as important as recruitment.

CAGD can offer:

- **Burnout-prevention CE**
- **Leadership development for FQHC and public-sector dentists**
- **Peer support networks**
- **Recognition programs** for dentists serving vulnerable communities
- **Advocacy for better working conditions** in public health and corrections



Let’s Build

- Our progression together starts now
- The more coalitions we form, the stronger we are and the faster we move.
- California needs our help



New 2027 Initiatives

What are your keys plans for the coming year?

- Collaborate on legislation with CDA
- Build relationship through our member representatives
- Advocate for our members and our patients
- Engage in the legislative process

Our People



- Gary Cooper- Lobbyist
- Guy Acheson DDS
- William Kushner III, DDS

Thank you

QUESTIONS?

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MEMORANDUM

DATE	October 2, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 14.b.:** Presentation on Initiatives to Increase Access to Oral Health Providers – *California Society of Pediatric Dentistry (CSPD)*

Background

Representatives from California Society of Pediatric Dentistry (CSPD) will provide a presentation on initiatives to increase access to oral health providers.

Action Requested

No action is requested.

Increasing Access to Safe Pediatric Dental Sedation

Presented by the CSPD Sedation Advisory Workgroup



David L. Rothman, DDS



MyLinh Ngo, DMD

California Society of Pediatric Dentistry

A specialty organization dedicated to *Optimal Oral Health for All Children*

Who we are

Largest state chapter of the American Academy of Pediatric Dentistry (AAPD)

Comprised of **> 800** pediatric dentists

Mission

Advance the oral health of children by supporting members through

1. education
2. advocacy
3. patient safety

Reach

Liaison to dental schools, health care organizations, government entities concerned with the dental health of children and individuals with Special Health Care Needs.



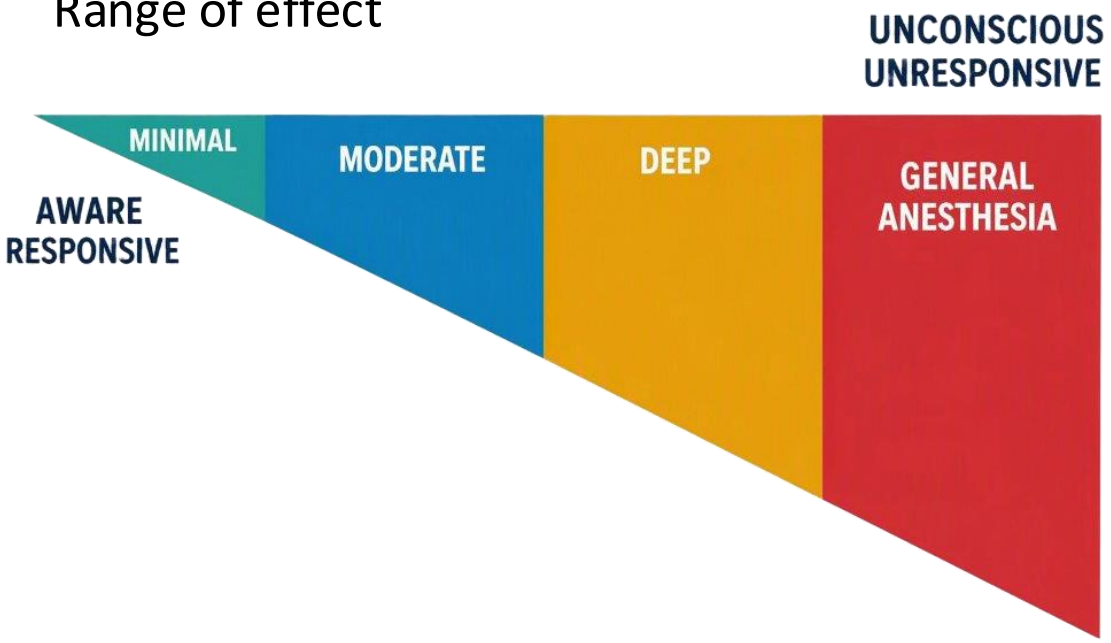
What is pediatric sedation?

The **ADA** endorses the AAPD/AAP Joint Sedation guidelines as the definitive standard for managing pediatric patients.

Goals of sedation

1. Guard patient safety and welfare
2. Minimize physical discomfort and pain
3. Control anxiety and psychological trauma
4. Modify behavior or movement for safe treatment
5. Return patient to a state of safe discharge

Range of effect



Sedation is a *continuum* – defined by depth

AAPD/AAP and **ASA** defines level of sedation by the patient's physiologic response.

MINIMAL	MODERATE	DEEP	GENERAL ANESTHESIA
Responds normally to verbal commands	**Purposeful response to verbal or tactile stimulation**	**Purposeful response after repeated painful stimulation**	**Unarousable even with painful stimulation**
Normal Airway • Normal Beathing •	Maintains Airway • Breathing adequate •	May need help with Airway • Breathing may be impaired •	Airway support often required • Unable to breathe •

Depth of sedation is defined by clinical signs – not the number of drugs or how they were administered.

Source: Practice Guidelines (2018) Anesthesiology, 128 (3)

NEW EVIDENCE

Provider perceptions under SB 501

Survey of 124 California pediatric dentists

34.5% Second PALS-trained staff member

#1 Ranked barrier for obtaining sedation permit

26.2% Cited the 20-case endorsement requirement

18.2% Reported logistical or administrative barriers

82.8% Did not hold a moderate-sedation permit for children under 7

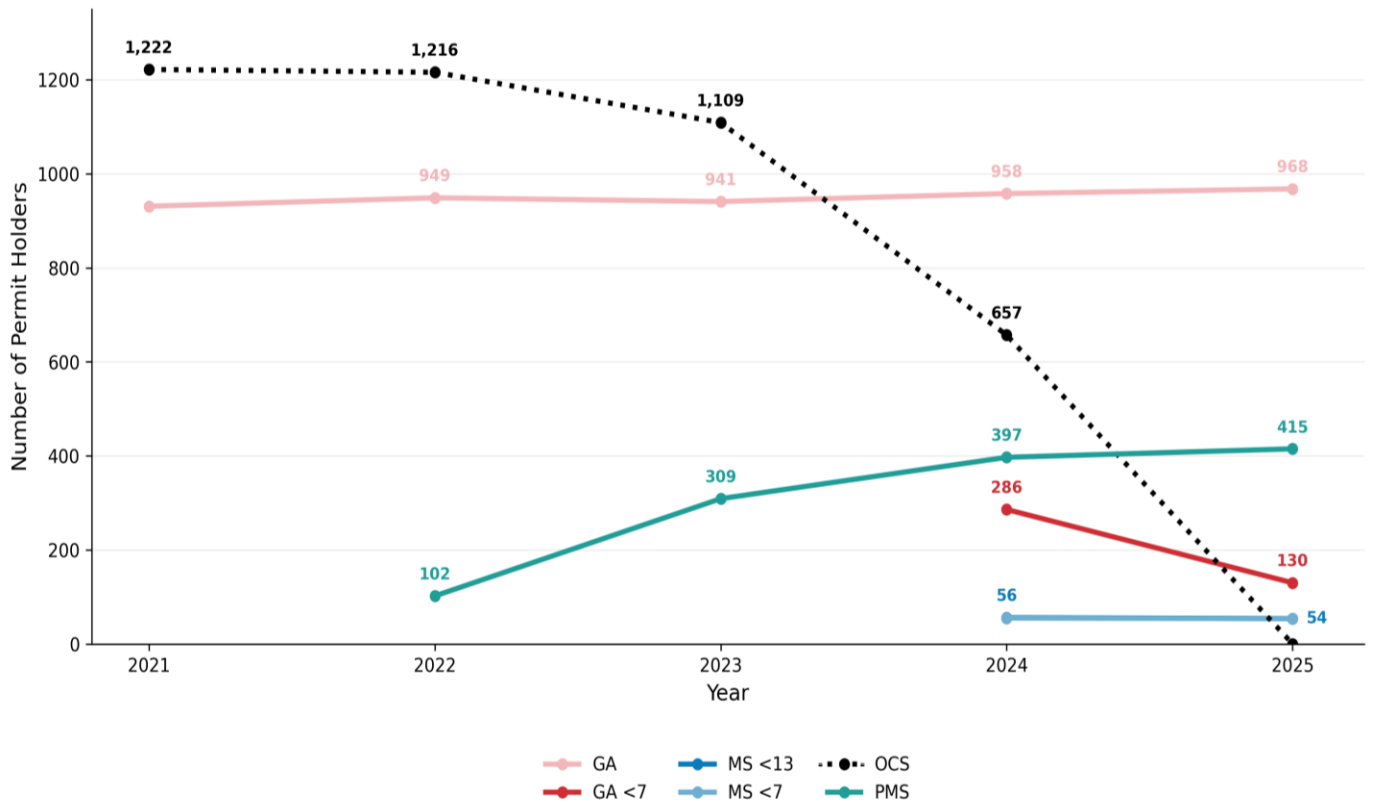
15.2% response rate

Source: Chen, JW. Pediatric Dentistry 2026;48(3)

Pediatric sedation permit data

Shift in capacity toward deeper sedation levels

OCS → **PMS / MS**



MODERATE pediatric endorsements

- PE <13 56
- PE < 7 55

GA pediatric endorsement

- PE < 7 286

DENTAL BOARD OF CALIFORNIA

Source: Dental Board of California, permit statistics, FY 2021–25.

LACK OF PROVIDERS - A PATIENT SAFETY ISSUE

THE CHILD AT THE CENTER OF THE SYSTEM

- Extensive dental disease
- Significant anxiety or limited cooperation
- Special Health Care Needs
- Developmental or behavioral challenges
- Need for comprehensive treatment in a single setting



Regulatory requirements

Fewer pediatric providers able or willing to offer sedation

↓

Fewer options for care at lower sedation levels

↓

Greater reliance on deep sedation/GA or referral

↓

Finite hospital/anesthesia capacity

↓

Greater disease burden

Minimal & moderate sedation capacity reduced

Access does not disappear — it changes where and how care is delivered.

Training

Fewer opportunities to teach and supervise pediatric sedation education

General Anesthesia queues

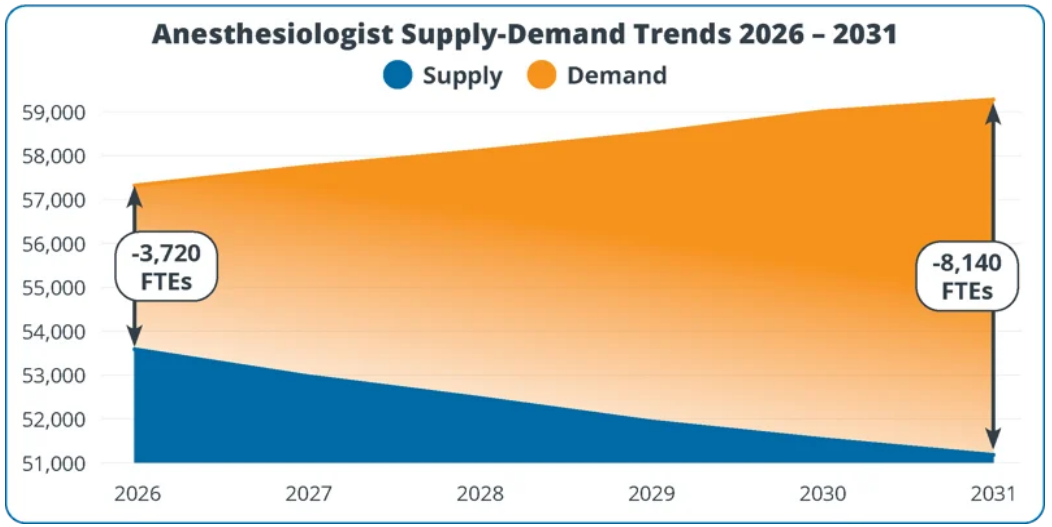
More referrals routed to deeper levels of sedation / limited OR capacity

Anesthesia provider capacity

NCHWA projects a shortage of > 8,000 anesthesia providers by 2031.

Emergency care

Delayed definitive treatment increases pain and spread of infection.



The National Center for Health Workforce Analysis estimates a current shortage of 3,720 anesthesiologists

Source: Nadir ZS Proc (Baylor Univ). 2026 Jan 20; 39 (2).

California's current educational dilemma

Generational effect on delivery of care

1. Nearly 50% reduction in faculty with Minimal and Moderate sedation permit to teach / supervise residents (program level reporting)
2. Fewer new graduates providing sedation.

   Dentists <5 years in practice 92% did not use sedation in their practice.
3. Future extinction of workforce from reduction in sedation trainee pipeline
4. Prop 56 supplemental cuts further strain ability for safety net programs to serve Denti Cal population

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY
AAPD State Chapter

CSPD initiatives to expand access and uphold safety

Prevention + Education + Legislation

1 PREVENTION

Promote First visit by the first tooth
Strengthen dental home concept with health systems
Reduce disease burden through early intervention

2 EDUCATION

Connect providers through Smile, California
Strengthen CODA-accredited training programs
Offer continuing Education courses in Pediatric Sedation
Provide simulation training for sedation emergency, rescue

3 LEGISLATION

Improve alignment with CODA and National sedation guidelines
Support monitoring requirements proportional to sedation depth
Preserve safety objectives with evidence-based standards that expand access

Thank you for partnering with the CSPD to safeguard dental care for the children of California.



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MEMORANDUM

DATE	October 2, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 15.:** Election of 2027 Board Officers

Background

Pursuant to Business and Professions Code Section 1606, the Dental Board of California (Board) is required to elect a president, vice president, and a secretary from its membership.

Pursuant to the *Board, Council, and Committee Member Administrative Policy and Procedure Manual, Adopted August 2024*, it is the Board's policy to elect officers at the final meeting of the calendar year for service during the next calendar year, unless otherwise decided by the Board. The newly elected officers shall assume the duties of their respective offices on January 1st of the new year.

Roles and Responsibilities of Board Officers

President:

- Acts as spokesperson for the Board (attends legislative hearings and testifies on behalf of the Board, attends meetings with stakeholders and legislators on behalf of Board, and signs letters on behalf of the Board).
- Meets and/or communicates with the Executive Officer (EO) on a regular basis.
- Provides oversight to the EO in performance of their duties.
- Approves leave requests, verifies accuracy and approves timesheets, approves travel and signs travel expense claims for the EO.
- Coordinates the EO annual evaluation process including contacting Department of Consumer Affairs Office of Human Resources to obtain a copy of the EO Performance Evaluation Form, distributes the evaluation form to members, and collates the ratings and comments for discussion.
- Approves Board Meeting agendas.
- Chairs and facilitates Board Meetings.
- Chairs the Executive Committee.

- Signs specified full board enforcement approval orders.
- Establishes Committees and appoints chairs and members.
- Establishes two-person subcommittees and/or work groups to research policy questions when necessary.
- Attends Dental Hygiene Board of California meetings.

Vice President:

- Is the Back-up for the duties above in the President's absence.
- Is a member of Executive Committee.
- Coordinates the revision of the Board, Council, and Committee Member Administrative Policy and Procedure Manual.

Secretary:

- Calls the roll at each Board meeting and reports that a quorum has been established.
- Calls the roll for each action item.

Pursuant to the *Board, Council, and Committee Member Administrative Policy and Procedure Manual*, the Board's EO shall conduct the election of officers and shall set the general election procedure. The EO will ask for nominations for each office. The election of the Secretary will occur first, followed by the Vice President and President.

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MEMORANDUM

DATE	October 2, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 16.:** Patrick Schenk, DDS – Excellence in Consumer Protection Award

Background

Relative to Excellence in Consumer Protection

WHEREAS, The mission of the Dental Board of California is to protect and promote the health and safety of consumers of the State of California; and

WHEREAS, Patrick William Schenk, DDS, has served the State of California with distinction for 42 years; and

WHEREAS, Dr. Schenk began his career with the Dental Board of California in 1984 as a part-time consultant while maintaining an active dental practice; and

WHEREAS, Dr. Schenk yielded his active practice and began the remainder of his career as a full-time dental consultant with the Dental Board of California in 2007; and

WHEREAS, Dr. Schenk made a tremendously long-standing commitment to improving dentistry for the oral health consumers of California,

WHEREAS, He has earned the trust, deep respect, and friendship of all who have had the pleasure of working with him; now, therefore, be it

RESOLVED, that Dental Board of California President Lilia Larin, DDS, and Dental Board of California Executive Officer Bryce W.A. Docherty, MPA, by token of the resolution commemorating his Excellence in Consumer Protection and on behalf of the Dental Board of California, congratulate Patrick William Schenk, DDS, on the occasion of his retirement, and extend best wishes for success and fulfillment in all his endeavors; and be it further

RESOLVED, that this resolution be presented to

Patrick William Scehnk, DDS
Subscribed this 5th day of November, 2026

Action Requested

No action requested.

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MEMORANDUM

DATE	October 2, 2026
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 23.:** Board President's Report on Closed Session Items

Background

Dr. Lilia Larin, President of the Dental Board of California, will provide a verbal report on closed session items.

Action Requested

No action requested.

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MEMORANDUM

DATE	October 22, 2026
TO	Members of the Dental Board
FROM	Dental Board of California
SUBJECT	**Agenda Item 24.:** Budget Report

Background

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

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

2026-27 Enacted Budget

The following chart provides an overview of the Governor's Enacted Budget for 2026-27 as it pertains to the Dental Board of California.

2026-27 Enacted Budget: Fiscal Year 2026-27		
Fund	**Revenue**	**Expenditures***
State Dentistry Fund	$20,941,000	$20,270,000

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

Expenditures (See Attachment 1) – For 2025-26, the Board's expenditures were $18.8 million. It had an available appropriation of $20.4 million.

Revenues (See Attachments 2) – The Board collected $21.2 million in revenue for 2025-26. This included $3.8 million from initial license fees and $15.4 million from license renewals.

Analysis of Fund Condition Statement (See Attachment 3):

Fiscal Year	Revenue	Expenditures	Fund Balance	Months in Reserve
2026-27	$21.1M	$21.9M	$27.3M	14.6
2027-28	$21.0M	$22.5M	$25.8M	13.4
2028-29	$20.9M	$23.1M	$23.6M	11.9

The fund condition statement (FCS) reflects the Governor's 2026-27 Enacted Budget and incorporates final fiscal year (FY) 2025-26 revenue and expenditure data. The Board ended FY 2025-26 with a fund balance reserve of $28.1 million, equivalent to 15.4 months in reserve.

While the Fund remains healthy, the FCS projects a continuing structural imbalance. Revenues are expected to remain relatively flat at approximately $21 million annually, while expenditures are projected to increase due to personnel costs, enforcement activities and statewide administrative assessments.

As a result, annual expenditures are projected to exceed revenues beginning in FY 2028-29, causing reserves to decline from $28.1 million in 2025-26 to $23.6 million by 2028-29. The Fund is projected to remain solvent throughout the forecast period; however, continued expenditure growth without corresponding revenue increases will continue to reduce reserve levels.

Fee Review – As of October 2026, the Board vacancy rate has declined to approximately 2%, significantly increasing payroll expenditures as positions are filled and maintained. As staffing and operational costs continue to rise, the projected structural imbalance is expected to persist.

To maintain long-term Fund solvency and to support the Board's licensing, enforcement, and consumer protection responsibilities, Board staff and the Department of Consumer Affairs (DCA) Budget Office are evaluating fee adjustment options. Many fee categories are currently set below their statutory maximums and could be revised through regulatory action and/or statutory changes.

A proactive fee review is necessary because the regulatory process required to implement fee adjustments typically require 18 to 24 months to complete. Recommendations regarding potential fee adjustments will be presented to the Board at its November 2026 Board Meeting for discussion and public input.

The Board will continue to monitor expenditures, revenues, and reserve levels and will work with the DCA Budget Office to maintain the long-term fiscal health of the Fund.

Action Requested

This item is informational only. No action requested.

Department of Consumer Affairs

Expenditure Projection Report

Dental Board of California
Reporting Structure(s):
11110911 Administration,
Fiscal Month: 13
Fiscal Year: 2025 - 2026
Run Date: 10/12/2026

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance
5100 PERMANENT POSITIONS		$7,109,000	$6,608,324	$7,374,000	$554,735	$6,606,247	$0	$6,606,247
5100 TEMPORARY POSITIONS		$284,000	$236,372	$228,000	$19,069	$375,684	$0	$375,684
5105-5108 PER DIEM, OVERTIME, & LUMP SUM		$130,000	$17,625	$130,000	$3,700	$18,300	$0	$18,300
5150 STAFF BENEFITS		$3,854,000	$3,490,045	$4,302,000	$287,440	$3,877,689	$0	$3,877,689
PERSONAL SERVICES		$11,377,000	$10,352,366	$12,034,000	$864,944	$10,877,920	$0	$10,877,920

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance
5301 GENERAL EXPENSE		$375,000	$127,592	$377,000	$55,273	$115,059	$7,020	$122,079
5302 PRINTING		$75,000	$151,617	$75,000	$25,745	$66,941	$74,421	$141,361
5304 COMMUNICATIONS		$36,000	$23,216	$36,000	$9,784	$34,420	$0	$34,420
5306 POSTAGE		$54,000	$87,056	$54,000	$30,357	$105,299	$4,850	$110,149
5308 INSURANCE		$2,000	$18,850	$2,000	$0	$10,487	$0	$10,487
53202-204 IN STATE TRAVEL		$102,000	$83,598	$102,000	$37,590	$134,698	$0	$134,698
53206-208 OUT OF STATE TRAVEL		$0	$1,000	$0	$0	$0	$0	$0
5322 TRAINING		$12,000	$5,606	$12,000	$1,175	$4,771	$2,118	$6,889
5324 FACILITIES		$716,000	$726,088	$716,000	$64,456	$735,925	$2,016	$737,941
5326 UTILITIES		$1,000	$0	$1,000	$69	$124	$0	$124
53402-53403 C/P SERVICES (INTERNAL)		$2,457,000	$2,299,532	$2,457,000	$213,034	$2,260,104	$3,725	$2,263,829
53404-53405 C/P SERVICES (EXTERNAL)		$1,275,000	$912,743	$1,082,000	$146,978	$844,759	$17,884	$862,643
5342 DEPARTMENT PRORATA		$3,287,000	$3,098,158	$3,259,000	$66,720	$3,065,388	$0	$3,065,388
5342 DEPARTMENTAL SERVICES		$186,000	$231,238	$186,000	$70,440	$213,024	$0	$213,024
5344 CONSOLIDATED DATA CENTERS		$42,000	$44,674	$42,000	$40,209	$40,209	$0	$40,209
5346 INFORMATION TECHNOLOGY		$32,000	$47,132	$32,000	$4,528	$43,095	$2,236	$45,331
5362-5368 EQUIPMENT		$89,000	$323,371	$173,000	$3,490	$72,428	$16,806	$89,234
5390 OTHER ITEMS OF EXPENSE		$5,000	$72,227	$5,000	$8,806	$56,338	$0	$56,338
54 SPECIAL ITEMS OF EXPENSE		$0	$4,816	$0	$745	$4,710	$0	$4,710
OPERATING EXPENSES & EQUIPMENT		$8,746,000	$8,258,514	$8,611,000	$779,400	$7,807,777	$131,076	$7,938,853

OVERALL TOTALS	$20,123,000	$18,610,880	$20,645,000	$1,644,344	$18,685,697	$131,076	$18,816,773

FINGERPRINT REPORTS	-$66,000		-$66,000				
EXTERNAL/PRIVATE/GRANT	-$217,000	-$508,136	-$217,000				
OVERALL NET TOTALS	$19,840,000	$18,102,744	$20,362,000	$1,644,344	$18,685,697	$131,076	$18,816,773

Revenue Report

Dental Board of California
Reporting Structure(s): 11110911 Administration, 11110912 Exams, 11110913 Enforcement, 11110914
Fiscal Month: 13
Fiscal Year: 2025 - 2026
Run Date: 10/12/2026

Revenue

Fiscal Code	Budget	Current Month	YTD	Balance
Delinquent Fees	**$373,000**	**$28,447**	**$347,345**	**-$347,345**
Other Regulatory Fees	**$501,000**	**$39,669**	**$454,920**	**-$454,920**
Other Regulatory License and Permits	**$3,888,000**	**$433,704**	**$3,834,316**	**-$3,834,316**
Other Revenue	**$815,000**	**$291,366**	**$1,221,663**	**-$1,221,663**
Renewal Fees	**$14,843,000**	**$259,432**	**$15,355,344**	**-$15,355,344**
Revenue	**$20,420,000**	**$1,052,617**	**$21,213,588**	**-$21,213,588**

Reimbursements

Fiscal Code	Budget	Current Month	YTD	Balance
Scheduled Reimbursements	**$66,000**	**$2,793**	**$24,598**	**-$24,598**
Unscheduled Reimbursements	**$217,000**	**$41,099**	**$606,547**	**-$606,547**
Reimbursements	**$283,000**	**$43,892**	**$631,145**	**-$631,145**

0741 - Dental Board of California Fund Analysis of Fund Condition
(Dollars in Thousands)

Prepared 10/15/2026

2027-28 Pre-Governor's Budget

	Actuals 2025-26	CY 2026-27	Pre-GB BY 2027-28	BY +1 2028-29
BEGINNING BALANCE	$ 26,439	$ 28,077	$ 27,283	$ 25,819
Prior Year Adjustment	$ 115	$ -	$ -	$ -
Adjusted Beginning Balance	$ 26,554	$ 28,077	$ 27,283	$ 25,819
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4121200 - Delinquent fees	$ 347	$ 377	$ 377	$ 377
4127400 - Renewal fees	$ 15,355	$ 15,090	$ 15,090	$ 15,090
4129200 - Other regulatory fees	$ 455	$ 481	$ 481	$ 481
4129400 - Other regulatory licenses and permits	$ 3,834	$ 3,938	$ 3,938	$ 3,938
4143500 - Miscellaneous Services to the Public	$ -	$ 15	$ 15	$ 15
4163000 - Income from surplus money investments	$ 1,201	$ 1,150	$ 1,088	$ 996
4171400 - Escheat of unclaimed checks and warrants	$ 14	$ 12	$ 12	$ 12
4172500 - Miscellaneous revenues	$ 6	$ 2	$ 2	$ 2
Totals, Revenues	$ 21,212	$ 21,065	$ 21,003	$ 20,911
Transfers to/from Other Funds	$ -	$ -	$ -	$ -
Totals, Transfers and Other Adjustments	$ -	$ -	$ -	$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 21,212	$ 21,065	$ 21,003	$ 20,911
TOTAL RESOURCES	$ 47,766	$ 49,142	$ 48,286	$ 46,730
Expenditures:				
1111 Department of Consumer Affairs (State Operations)	$ 18,186	$ 20,270	$ 20,878	$ 21,504
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	$ 1,503	$ 1,589	$ 1,589	$ 1,589
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 19,689	$ 21,859	$ 22,467	$ 23,093
FUND BALANCE				
Reserve for economic uncertainties	$ 28,077	$ 27,283	$ 25,819	$ 23,636
Months in Reserve	**15.4**	**14.6**	**13.4**	**11.9**

NOTES:
1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.
3. 2027-28 Pre-Governor's Budget.

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MEMORANDUM

DATE	October 23, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Supervisor I – Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 25.:** Discussion and Possible Action to Consider Initiation of a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 1021 and 1022 Regarding Fees

Background

The Dental Board of California (Board) establishes its fee authority and explicit fee schedules through a combination of statutory law and administrative regulations. California Business and Professions Code (BPC) Chapter 4, Article 6 (Sections 1715–1725). Specifically, the following sections provide the Board's statutory authority:

- BPC Sections 1724 and 1724.5 give the Board the specific authority to set fees for dentists and other permitholders as necessary to cover its administrative and operational costs. This section sets rigid legislative caps (maximum limits) that the Board cannot exceed.
- BPC Section 1725 outlines the fee authority related to dental assistants, including licensing and delinquency fees.

While the BPC sets statutory authority and upper limits, the exact dollar amounts charged to applicants and licensees are codified in the administrative rules in the California Code of Regulations (CCR). The official fee schedules are set forth in California Code of Regulations (CCR) Title 16, Division 10, Chapter 1, Article 4 Sections 1021 and 1022, as follows:

- 16 CCR section 1021 dictates the exact examination, permit, and licensing fees for dentists.
- 16 CCR section 1022 dictates the fee schedule for dental auxiliaries.

The Board is proposing a revised fee structure to adjust various regulatory fees, striking a balance between targeted increases and strategic decreases to better align with actual operational costs. These adjustments are critical to securing the Board's long-term fiscal health, ensuring it maintains a sufficient financial safety net to avoid insolvency. By making these adjustments, the Board safeguards its ability to fulfill its statutory mandates and

consumer protection duties, especially as intensified program and course evaluations demand greater operational resources. Ultimately, these data-driven proactive measures protect the Board from financial vulnerability, ensuring it can withstand unbudgeted legal payouts or enforcement strains while effectively maintaining minimum standards for the protection of the public.

Action Requested

The Board is asked to review staff's recommendation and discuss the proposed regulatory text and related attachments and consider making one of the following motions:

Option 1 (if the Board agrees with the staff recommendation and has no changes)

Move to approve the proposed regulatory text in **Attachment 1** and direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business and Consumer Services Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for CCR, title 16, sections 1021 and 1022.

Option 2 (The Board has suggested changes to the proposed regulatory text in **Attachment 1**.)

Move to approve the proposed regulatory text in **Attachment 1** with the following changes (Describe the proposed changes to the proposed text here). Further, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business and Consumer Services Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for CCR, title 16, sections 1021 and 1022.

Attachments

1. Proposed Regulatory Text
2. Dental Board Fee Summary Table entitled "Dental Board of California -- Fee Types"
3. Fee Workload Analyses Tables (showing workload costs for each proposed fee change)
4. Fund Projections(prepared 11/6/2026)
   (a) 2027-28 Pre-Governor's Budget Status Quo

(b) 2027-28 Pre-Governor's Budget Model V1: Fees Set at Caps & Other Adj
(c) 2027-28 Pre-Governor's Budget Model V2: V1 w/ Unanticipated Costs (Ongoing)
(d) 2027-28 Pre-Governor's Budget Model V3: V1 w/ Unanticipated Costs (One-Time)

5. PowerPoint Presentation Handout entitled “Dental Board of California Fee & Revenue Analysis” by Department of Consumer Affairs’ Senior Fiscal Advisor Matt Nishimine, dated November 6, 2026

TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA

PROPOSED REGULATORY LANGUAGE

Fees

Legend: Proposed amendments to the regulatory language are shown in single underline for new text and single ~~strikethrough~~ for deleted text.

Where the Board proposes to re-number existing paragraphs to a new paragraph within these sections, the Board has struck through the existing number of the paragraph and underlined the new proposed paragraph number to show the proposed re-ordering of paragraphs within these sections.

Amend Sections 1021 and 1022 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1021. Examination, Permit and License Fees for Dentists.

The following fees are set for dentist examination and licensure by the Board, and for other licensee, registrant, or applicant types specified below [FN**]:

(a) Initial application for those applicants qualifying pursuant to Section 1632(c)(2) of the Business and Professions Code (the Code) $400

(b) Initial application for those applicants qualifying pursuant to Section 1634.1 of the Code ~~$800~~$1,000

(c) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) of the Code $400

(d) Initial application fee for those applicants applying pursuant to Section 1635.5 of the Code ~~$525~~$1000

(e) Initial License ~~$650~~$800*

(f) Biennial License Renewal fee ~~$650~~$800

(g) Biennial License Renewal fee for those qualifying pursuant to Section 1716.1 of the Code shall be one half of the renewal fee prescribed by subsection (f).

(h) Delinquency fee -- License Renewal -- The delinquency fee for license renewal shall be the amount prescribed by Section 1724(f) of the Code.

(i) Substitute Certificate or Pocket License $111

(j) Application for an Additional Office Permit ~~$350~~$750

(k) Biennial Renewal of Additional Office Permit ~~$250~~$375

(l) Late Change of Practice Registration $50

(m) Fictitious Name Permit The fee prescribed by Section 1724.5 of the Code

(n) Fictitious Name Permit Renewal ~~$325~~$390

(o) Delinquency fee -- Fictitious Name Permit Renewal.

The delinquency fee for Fictitious Name Permits shall be one-half of the Fictitious Name Permit renewal fee

(p) Continuing Education Registered Provider fee ~~$410~~$500

(q) Application for General Anesthesia ~~or Moderate Sedation~~ Permit ~~$524~~$736

(r) Application for Moderate Sedation Permit $590
[Note: The existing application for moderate sedation permit title and fee amount would be moved to subsection (r) and the fee amount increased from $524 to $590.]

~~(r)~~(s) Application for Pediatric Minimal Sedation Permit ~~$459~~$606

~~(s)~~(t) General Anesthesia (for dentist and physician licensees) ~~or Moderate Sedation~~ Permit Renewal fee ~~$325~~$255

(u) Moderate Sedation Permit Renewal fee $119
[Note: The existing moderate sedation permit renewal fee title and fee amount would be moved to subsection (u) and the fee amount reduced from $325 to $119.]

~~(t)~~(v) Pediatric Minimal Sedation Permit Renewal fee $182

~~(u)~~(w) General Anesthesia or Moderate Sedation On-site Inspection and Evaluation fee ~~$2,000~~$1,789

~~(v)~~(x) Application for a Special Permit $1,000

~~(w)~~(y) Special Permit Renewal ~~$125~~$600

~~(x)~~(z) Initial Application for an Elective Facial Cosmetic Surgery Permit ~~$850~~$3,768

~~(y)~~(aa) Elective Facial Cosmetic Surgery Permit Renewal ~~$800~~$386

~~(z)~~(ab) Application for an Oral and Maxillofacial Surgery Permit ~~$500~~$1,000

~~(aa)~~(ac) Oral and Maxillofacial Surgery Permit Renewal ~~$650~~$893

~~(ab)~~(ad) Continuing Education Registered Provider Renewal ~~$325~~$500

~~(ac)~~(ae) License Certification ~~$50~~$125

~~(ad)~~(af) Application for Law and Ethics Examination $125

~~(ae)~~(ag) Application for Use of Oral Conscious Sedation on Adult Patients ~~$459~~$548

~~(af)~~(ah) Adult Oral Conscious Sedation Certificate Renewal ~~$168~~$77

~~(ag)~~(ai) Application for Pediatric Endorsement for General Anesthesia Permit (for dentist and physician licensees) ~~$532~~$1,000

~~(ah)~~(aj) Application for Pediatric Endorsement for Moderate Sedation Permit ~~$532~~$1,000

(ak) Extramural Dental Facility Permit Application and Renewal of Permit $25

(al) Referral Service Permit Application and Renewal of Permit $25

[FN*]
Fee pro-rated based on applicant's birth date.
[FN**]
Examination, licensure, and permit fees for dentistry may not all be included in this section, and may appear in the Code.

NOTE: Authority cited: Sections 1614, 1635.5, 1634.2(c), 1724, and 1724.5, Business and Professions Code. Reference: Sections 1632, 1634.1, 1646.2, 1646.6, 1647.3, 1647.8, 1647.20, 1647.23, 1647.32, 1647.33, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.

§ 1022. Dental Auxiliaries.

The following fees are fixed for dental auxiliaries licensed by the board:

(a) Registered Dental Assistant (RDA)/Registered Dental Assistant in Extended Functions (RDAEF) Application ~~$120~~$200

(b) Dental Sedation Assistant Permit Application ~~$120~~$200

(c) Orthodontic Assistant Permit Application ~~$120~~$200

(d) RDA Practical Examination or Reexamination $100

(e) Registered Dental Assistant in Extended Functions Examination $500

(f) RDA Biennial License Renewal ~~$100~~$200

(g) RDAEF Biennial License Renewal	~~$100~~$200
(h) Dental Sedation Assistant Permit Biennial Renewal	~~$100~~$200
(i) Orthodontic Assistant Permit Biennial Renewal	~~$100~~$200
(j) RDA Delinquency Renewal	~~$50~~$100
(k) RDAEF Delinquency Renewal	~~$50~~$100
(l) Dental Sedation Assistant Permit Delinquency Renewal	~~$50~~$100
(m) Orthodontic Assistant Permit Delinquency Renewal	~~$50~~$100
(n) RDA Program Application	~~$1400~~$7,500
(o) RDAEF Program Application	~~$1400~~$7,500
(p) Orthodontic Assistant Permit Course Application	~~$300~~$2,000
(q) Dental Sedation Assistant Permit Course Application	~~$300~~$2,000
(r) Infection Control Course Application	~~$300~~$2,000
(s) Coronal Polish Course Application	~~$300~~$2,000
(t) Pit & Fissure Sealant Course Application	~~$300~~$2,000
(u) Radiation Safety Course Application	~~$300~~$2,000
(v) Ultrasonic Scaling Course Application	~~$300~~$2,000
(w) Duplicate Registration, License, Permit or ~~/~~Certification Fee	~~$50~~$100
(x) Reevaluation of Ultrasonic Scaling Course	$2,000
(y) Reevaluation of Orthodontic Assistant Course	$2,000
(z) Reevaluation of Dental Sedation Assistant Permit Course	$2,000
(aa) Reevaluation of Infection Control Course	$2,000
(ab) Reevaluation of Coronal Polishing Course	$2,000
(ac) Reevaluation of Pit and Fissure Sealant Course	$2,000
(ad) Reevaluation of Radiation Safety Course	$2,000

(ae) Curriculum Review and Site Evaluation for RDA Educational Program $7,500

(af) Curriculum Review and Site Evaluation for RDAEF Educational Program $7,500

(ag) Interim Therapeutic Restorations and Radiographic Decisionmaking (ITR-RDM) Course Application $2,000

(ah) Reevaluation of ITR-RDM Course $2,000

NOTE: Authority cited: Sections 1614, 1753.52 and 1754.5, Business and Professions Code. Reference: Sections 464, 1656, ~~and~~ 1725, 1750.2, 1750.4, 1752.4, 1753, 1753.52, 1754.5 and 1755, Business and Professions Code.

Dental Board of California
Fee Types

Fee Type	Current Fee Amt	Statutory Maximum	Proposed Fee Amt	Audit Finding
4129200 — Other Regulatory Fees	**Current Fee Amt**	**Statutory Maximum**	**Proposed Fee Amt**	**Audit Finding**
License Certification	$50	$125	$125	$143
Duplicate License/Certificate	$50	$100	$100	$123
4129400 — Other Regulatory Fees & Permits	**Current Fee Amt**	**Statutory Maximum**	**Proposed Fee Amt**	**Audit Finding**
Initial Application for Licensure by Residency	$800	$1,000	$1,000	$1,575
Initial Application Elective Facial Cosmetic Surgery Permit	$850	$4,000	$3,768	$3,768
General Anesthesia/Conscious Sedation On-Site Inspection & Evaluation	$2,000	$4,500	$1,789	$1,789
Initial Application for Licensure by Credential	$525	$1,000	$1,000	$1,575
General Anesthesia Permit Application	$524	$1,000	$736	$736
Moderate Sedation Permit Application	$524	$1,000	$590	$590
Oral & Maxillofacial Surgery Permit Application	$500	$1,000	$1,000	$1,430
Additional Office Permit Application	$350	$750	$750	$771
Special Permit Application	$1,000	$1,000	$1,000	$1,479
Continuing Education Registered Provider	$410	$500	$500	$588
Initial License Dentist	$650	$800	$800	$885
Oral Conscious Sedation Certification Application	$459	$1,000	$548	$548
Ultrasonic Scaler Course Application	$300	$2,000	$2,000	$11,469
Re-Evaluation Ultrasonic Scaling Course	$0	$2,000	$2,000	$11,525
Orthodontic Assistant Course Permit Application	$300	$2,000	$2,000	$11,469
Re-Evaluation of Orthodontic Assistant Permit Course	$0	$2,000	$2,000	$11,469
Dental Sedation Assistant Course Permit Application	$300	$2,000	$2,000	$11,469
Re-Evaluation of Dental Sedation Assistant Permit Course	$0	$2,000	$2,000	$11,525
Infection Control Course Application	$300	$2,000	$2,000	$11,469
Re-Evaluation of Infection Control Course	$0	$2,000	$2,000	$11,525
Dental Sedation Assistant Permit Application	$120	$200	$200	$800
Orthodontic Assistant Permit Application	$120	$200	$200	$479
RDAEF Program Application	$1,400	$7,500	$7,500	$15,103
Re-Evaluation of RDAEF Program	$0	$7,500	$7,500	$15,163
Coronal Polish Course Application	$300	$2,000	$2,000	$11,469
Re-Evaluation of Coronal Polishing Course	$0	$2,000	$2,000	$11,525
Pit and Fissure Sealant Course Application	$300	$2,000	$2,000	$11,469
Re-Evaluation of Pit and Fissure Sealant Course Fee	$0	$2,000	$2,000	$11,525
RDA Program Application	$1,400	$7,500	$7,500	$15,107
Curriculum Review & Site Evaluation of RDA Education Program	$0	$7,500	$7,500	$15,163
Radiation Safety Course Application	$300	$2,000	$2,000	$11,469
Re-Evaluation of Radiation Safety Course	$0	$2,000	$2,000	$15,525
RDA Application	$120	$200	$200	$519
RDAEF Application	$120	$200	$200	$433
Pediatric Minimal Sedation Permit Application	$459	$1,000	$606	$606
Pediatric Endorsement for General Anesthesia Permit Application	$532	N/A	$1,000	$1,039
Pediatric Endorsement for Moderate Sedation Permit Application	$532	N/A	$1,000	$1,039
ITR-RDM Course Application	$0	$2,000	$2,000	$11,461
Re-Evaluation of ITR-RDM Course	$0	$2,000	$2,000	$11,517
Extramural Facility Registration Application	$25	$25	$25	$257
Referral Service Registration Application	$25	$25	$25	$257
4127400 — Renewal Fees	**Current Fee Amt**	**Statutory Maximum**	**Proposed Fee Amt**	**Audit Finding**
Elective Facial Cosmetic Surgery Permit Renewal	$800	$800	$386	$386
Special Permit Renewal	$125	$600	$600	$885
Dentist License Renewal	$650	$800	$800	$885
Oral & Maxillofacial Surgery Permit Renewal	$650	$1,200	$893	$893
Additional Office Permit Renewal	$250	$375	$375	N/A
General Anesthesia Permit Renewal	$325	$600	$255	$255
Moderate Sedation Permit Renewal	$325	$600	$119	$119
Fictitious Name Permit Renewal	$325	$800	$390	$390
Continuing Education Registered Provider Renewal	$325	$500	$500	$497
Oral Conscious Sedation Certificate Renewal Application	$168	$600	$77	$77
RDA License Renewal	$100	$200	$200	$375
RDAEF License Renewal	$100	$200	$200	$289
Dental Sedation Assistant License Renewal	$100	$200	$200	$656
Orthodontic Assistant License Renewal	$100	$200	$200	$335

Dental Board of California License Certification — CCR 1021(ac) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**SUP I**
Run exception reports & identify applications	1.0	5.0	-	5.0
Receive application and assign to staff	1.0	5.0	-	5.0
Respond to inquiries	0.5	30.0	15.0	-
Review application & research license history	1.0	10.0	10.0	-
Draft letter of certification	1.0	10.0	10.0	-
Update status in IT system	1.0	10.0	10.0	-
Manager review	1.0	5.0	-	15.0
Prepare letter for mailing, approve application IT updates	1.0	15.0	15.0	-
Minutes per Classification			**60**	**25**
Hours by Classification			**1.0**	**0.4**
Costs by Classification			**$92**	**$51**
Total Costs:			**$143**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

SUP I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Dental Auxiliaries Duplicate License/Certificate Fee — CCR 1022(w) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**SUP I**
Run exception reports & identify applications	1.0	5.0	-	5.0
Receive application & assign to staff	1.0	5.0	-	5.0
Respond to inquiries, provide IT access support & troubleshooting	1.0	30.0	30.0	-
Review application & research license history	1.0	20.0	10.0	10.0
Manager review for completeness & file application.	1.0	10.0	-	10.0
		Minutes per Classification	**40.0**	**30.0**
		Hours by Classification	**0.7**	**0.5**
		Costs by Classification	**$61**	**$62**
		Total Costs:	**$123**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California
Initial Application for Licensure by Residency — CCR 1021(b)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst I	Analyst II	SUP I
Receive & sort applications	1.0	5.0	5.0	-	-	-
Initial review, scan documents & assign to staff	1.0	60.0	-	-	60.0	-
Create folders, checklists & labels	1.0	10.0	-	10.0	-	-
Review, identify deficiencies & send deficiency notice #1	1.0	90.0	-	90.0	-	-
Review & scan deficiency responses #1	1.0	75.0	-	75.0	-	-
Identify deficiencies & send deficiency notice #2	0.5	30.0	-	15.0	-	-
Review & scan deficiency responses #2	0.5	30.0	-	15.0	-	-
Correspondence (email, phone, etc.)	1.0	75.0	-	75.0	-	-
Fingerprint background check	1.0	15.0	-	15.0	-	-
Enforcement review & approval	0.8	15.0	-	-	-	11.3
Confirm completeness of application & IT updates	1.0	20.0	-	20.0	-	-
Management review	1.0	30.0	-	-	-	30.0
Final review, approval & issuance of permit	1.0	15.0	-	15.0	-	-
File application	1.0	10.0	-	10.0	-	-
Minutes per Classification			**5.0**	**340.0**	**60.0**	**41.3**
Hours by Classification			**0.1**	**5.7**	**1.0**	**0.7**
Costs by Classification			**$8**	**$555**	**$113**	**$85**
Indirect-Cost Allocation			**$814**			
Total Costs:			**$1,575**			

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I ($98/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California
Initial Application Elective Facial Cosmetic Surgery Permit — CCR 1021(x)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	CM
Receive & sort applications	1.0	5.0	5.0	-	-	-	-
Initial review, scan documents & assign to staff	1.0	60.0	-	60.0	-	-	-
Create folders, checklists & labels	1.0	10.0	-	10.0	-	-	-
Review, identify deficiencies & send deficiency notice #1	1.0	90.0	-	90.0	-	-	-
Review & scan deficiency responses #1	1.0	75.0	-	75.0	-	-	-
Identify deficiencies & send deficiency notice #2	0.8	45.0	-	33.8	-	-	-
Review & scan deficiency responses #2	0.8	30.0	-	-	-	-	-
Correspondence (email, phone, etc.)	1.0	120.0	-	90.0	30.0	-	-
Enforcement review & approval	1.0	5.0	-	5.0	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-
Management review	1.0	30.0	-	-	30.0	-	-
Pre-EFCS Committee meeting preparation & coordination	1.0	600.0	-	600.0		-	-
Facilitate EFCS Committee meeting	1.0	330.0	-	-	165.0	165.0	-
Post-EFCS Committee meeting	1.0	120.0	-	-	120.0	-	-
Final review, approval & issuance of permit	1.0	15.0	-	15.0	-	-	-
File application	1.0	10.0	-	10.0	-	-	-
Committee Member per diem ($100 x 5)	1.0	Flat Rate	-	-	-	-	X
Minutes per Classification			**5.0**	**998.8**	**345.0**	**165.0**	-
Hours by Classification			**0.1**	**16.6**	**5.8**	**2.8**	-
Costs by Classification			**$8**	**$1,881**	**$707**	**$358**	**$500**
Indirect-Cost Allocation					**$315**		
Total Costs:					**$3,768**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Sup II - Supervisor II (Supervisory) ($130/hr - includes DCA Distributed Admin)

CM -Committee Member per diem ($100/day)

Dental Board of California
General Anesthesia/Moderate Sedation On-Site Inspection & Evaluation — CCR 1021(u)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst I	Analyst II	SUP I	SME
Download & print applications & attachments	1	5.0	5.0	-	-	-	-
Receive application & assign to staff	1	5.0	-	-	-	5.0	-
Respond to inquiries (email, phone, etc.)	1	60.0	-	60.0	-	-	-
Process application & communicate deficiencies to applicant #1	1	30.0	-	30.0	-	-	-
Schedule Onsite Inspection & Evaluation (OIE) with SMEs	1	240.0	-	240.0	-	-	-
Prepare & send OIE forms to permit holder & SMEs	1	30.0	-	30.0	-	-	-
Prepare & issue contract with SMEs	1	30.0	-	-	30.0	-	-
SME Travel ($250 x 2)	2	Flat Rate	-	-	-	-	X
SME Per Diem (average $41 per SME)	2	Flat Rate	-	-	-	-	X
Review OIE results & make recommendation to management	1	60.0	-	60.0	-	-	-
Manager review	1	15.0	-	-	-	15.0	-
Communicate deficiencies to applicant #2	0.1	30.0	-	3.0	-	-	-
Download & print applications & attachments	0.1	5.0	0.5	-	-	-	-
Receive application & assign to staff	0.1	5.0	-	-	-	0.5	-
Schedule OIE with SMEs	0.1	240.0	-	24.0	-	-	-
Prepare and send OIE forms to permit holder & SMEs	0.1	30.0	-	3.0	-	-	-
Prepare & issue contract with SMEs	0.1	30.0	-	3.0	-	-	-
SME Travel ($250 x 2)	0.1	Flat Rate	-	-	-	-	X
SME Per Diem (average $41 per SME)	0.1	Flat Rate	-	-	-	-	X
Review inspection results & make recommendation to management	0.1	60.0	-	6.0	-	-	-
Manager review	0.1	15.0	-	-	-	1.5	-
Prepare & mail final result notice	1	15.0	-	15.0	-	-	-
File & IT updates	1	10.0	-	10.0	-	-	-
		Minutes per Classification	**5.5**	**484.0**	**30.0**	**22.0**	-
		Hours by Classification	**0.1**	**8.1**	**0.5**	**0.4**	-
		Costs by Classification	**$8**	**$791**	**$57**	**$45**	**$704**
		Indirect-Cost Allocation	**$184**				
		Total Costs:	**$1,789**				

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I ($98/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California
Initial Application for Licensure By Credential — CCR 1021(d)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst I	Analyst II	SUP I
Receive & sort applications	1.0	5.0	5.0	-	-	-
Initial review, scan documents & assign to staff	1.0	60.0	-	-	60.0	-
Create folders, checklists & labels	1.0	10.0	-	10.0	-	-
Review, identify deficiencies & send deficiency notice #1	1.0	90.0	-	90.0	-	-
Review & scan deficiency responses #1	1.0	75.0	-	75.0	-	-
Identify deficiencies & send deficiency notice #2	0.5	30.0	-	15.0	-	-
Review & scan deficiency responses #2	0.5	30.0	-	15.0	-	-
Correspondence (email, phone, etc.)	1.0	75.0	-	75.0	-	-
Fingerprint background check	1.0	15.0	-	15.0	-	-
Enforcement review & approval	0.8	15.0	-	-	-	11.3
Confirm completeness of application & IT updates	1.0	20.0	-	20.0	-	-
Management review	1.0	30.0	-	-	-	30.0
Final review, approval & issuance of permit	1.0	15.0	-	15.0	-	-
File application	1.0	10.0	-	10.0	-	-
Minutes per Classification			**5.0**	**340.0**	**60.0**	**41.3**
Hours by Classification			**0.1**	**5.7**	**1.0**	**0.7**
Costs by Classification			**$8**	**$555**	**$113**	**$85**
Indirect-Cost Allocation			**$814**			
Total Costs:			**$1,575**			

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I ($98/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California General Anesthesia Permit Application — CCR 1021(q) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**
Download & print applications & attachments	1.0	5.0	5.0	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0
Respond to inquiries (email, phone, etc.)	0.5	60.0	-	30.0	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-
Initial application review & data entry	1.0	90.0	-	90.0	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-
Respond to inquiries on deficiency (email, phone, etc.)	0.75	60.0	-	45.0	-
Receive deficiency response & assign to staff	0.75	10.0	-	-	7.5
Confirm completeness of application & background check	1.0	20.0	-	20.0	-
Management final review	1.0	30.0	-	-	30.0
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-
Prepare file and send to storage	1.0	10.0	-	10.0	-
		Minutes per Classification	**5.0**	**242.5**	**42.5**
		Hours by Classification	**0.1**	**4.0**	**0.7**
		Costs by Classification	**$8**	**$457**	**$87**
		Indirect-Cost Allocation		**$184**	
		Total Costs:		**$736**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Moderate Sedation Permit Application — CCR 1021(q) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**
Download & print applications & attachments	1.0	5.0	5.0	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0
Respond to inquiries (email, phone, etc.)	0.5	60.0	-	30.0	-
Create folders, checklists & labels	1.0	10.0	-	10.0	-
Initial application review & data entry	1.0	90.0	-	90.0	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-
Respond to inquiries on deficiency (email, phone, etc.)	0.50	60.0	-	30.0	-
Receive deficiency response & assign to staff	0.75	10.0	-	-	7.5
Confirm completeness of application & background check	1.0	30.0	-	30.0	-
Management final review	1.0	30.0	-	-	30.0
Approve application, prepare notice & file application	1.0	15.0	-	15.0	-
Prepare file & send to storage	1.0	10.0	-	10.0	-
		Minutes per Classification	**5.0**	**237.5**	**42.5**
		Hours by Classification	**0.1**	**4.0**	**0.7**
		Costs by Classification	**$8**	**$447**	**$87**
		Indirect-Cost Allocation		**$48**	
		Total Costs:		**$590**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Oral or Maxillofacial Surgery Permit Application — CCR 1021(z) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**
Download & print applications & attachments	1.0	5.0	5.0	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0
Respond to inquiries (email, phone, etc.)	1.0	60.0	-	60.0	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-
Initial application review & data entry	1.0	90.0	-	90.0	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-
Respond to inquiries on deficiency (email, phone, etc.)	0.75	60.0	-	45.0	-
Receive Application and assign to staff	0.75	10.0	-	-	7.5
Confirm completeness of application & background check	1.0	20.0	-	20.0	-
Management final review	1.0	30.0	-	-	30.0
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-
Prepare file and send to storage	1.0	10.0	-	10.0	-
Minutes per Classification			**5.0**	**272.5**	**42.5**
Hours by Classification			**0.1**	**4.5**	**0.71**
Costs by Classification			**$8**	**$513**	**$87**
Indirect-Cost Allocation			**$822**		
Total Costs:			**$1,430**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Additional Office Permit Application — CCR 1021(j) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst I**	**Analyst II**
Receive & sort applications	1.0	5.0	5.0	-	-
Initial review, scan documents & assign to staff	1.0	30.0	-	-	30.0
Create folders, checklists & labels	1.0	10.0	-	10.0	-
Review, identify deficiencies & send deficiency notice #1	1.0	60.0	-	60.0	-
Review & scan deficiency responses #1	1.0	30.0	-	30.0	-
Identify deficiencies & send deficiency notice #2	0.50	30.0	-	15.0	-
Review & scan deficiency responses #2	0.50	30.0	-	15.0	-
Correspondence (email, phone, etc)	1.0	60.0	-	60.0	-
Confirm completeness of application & background check	1.0	30.0	-	-	30.0
Final review, approval & issuance of permit	1.0	15.0	-	-	15.0
File application	1.0	10.0	-	10.0	-
Minutes per Classification			**5.0**	**200.0**	**75.0**
Hours by Classification			**0.1**	**3.3**	**1.3**
Costs by Classification			**$8**	**$327**	**$141**
Indirect-Cost Allocation			**$295**		
Total Costs:			**$771**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I ($98/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

Dental Board of California Special Permit Application — CCR 1021(v) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**
Download & print applications & attachments	1.0	5.0	5.0	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0
Respond to inquiries (email, phone, etc.)	0.5	60.0	-	30.0	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-
Initial application review & data entry	1.0	90.0	-	90.0	-
Contract with CA Dental College	1.0	60.0	-	60.0	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-
Respond to inquiries on deficiency (email, phone, etc.)	0.75	60.0	-	45.0	-
Receive Application and assign to staff	0.75	10.0	-	-	7.5
Confirm completeness of application & background check	1.0	20.0	-	20.0	-
Management final review	1.0	30.0	-	-	30.0
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-
Prepare file and send to storage	1.0	10.0	-	10.0	-
		Minutes per Classification	**5.0**	**302.5**	**42.5**
		Hours by Classification	**0.1**	**5.0**	**0.7**
		Costs by Classification	**$8**	**$570**	**$87**
		Indirect-Cost Allocation		**$814**	
		Total Costs:		**$1,479**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Continuing Education Registered Provider — CCR 1021(p) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**
Receive & sort applications	1.0	5.0	5.0	-
Initial review & upload from Breeze	1.0	30.0	-	30.0
Review, identify deficiencies & send deficiency notices #1	1.0	30.0	-	30.0
Review deficiency responses #1	1.0	15.0	-	15.0
Review, identify deficiencies & send deficiency notices #2	0.8	15.0	-	12.0
Review deficiency responses #2	0.8	15.0	-	12.0
Review, identify deficiencies & send deficiency notices #3	0.3	15.0	-	4.5
Review deficiency responses #3	0.3	15.0	-	4.5
Correspondence (email, phone, etc)	1.0	15.0	-	15.0
Final review, approval & renewal of permit	1.0	15.0	-	15.0
File application	1.0	10.0	-	10.0
Minutes per Classification			**5.0**	**148.0**
Hours by Classification			**0.1**	**2.5**
Costs by Classification			**$8**	**$279**
Indirect-Cost Allocation			**$302**	
Total Costs:			**$588**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

Dental Board of California DDS Initial License — CCR 1021(e) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review application & data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$814**	
Total Costs:			**$885**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Oral Conscious Sedation Certification Application — CCR 1021(ae) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**
Download & print applications & attachments	1.0	5.0	5.0	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0
Respond to inquiries (email, phone, etc.)	0.5	60.0	-	30.0	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-
Initial application review & data entry	1.0	90.0	-	90.0	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-
Respond to inquiries on deficiency (email, phone, etc.)	0.50	60.0	-	30.0	-
Receive deficiency response & assign to staff	0.75	10.0	-	-	7.50
Confirm completeness of application & background check	1.0	30.0	-	30.0	-
Management final review	1.0	30.0	-	-	30.0
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-
Prepare file and send to storage	1.0	10.0	-	10.0	-
		Minutes per Classification	**5.0**	**237.5**	**42.5**
		Hours by Classification	**0.1**	**4.0**	**0.7**
		Costs by Classification	**$8**	**$447**	**$87**
		Indirect-Cost Allocation		**$6**	
		Total Costs:		**$548**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California
Ultrasonic Scaling Course Application — CCR 1022(v)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($1230/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Ultrasonic Scaling Course — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73**	**1,429**	**990**	**30**	**2,212**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Orthodontic Assistant Permit Course Application — CCR 1022(p)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Dental Board of California
Re-Evaluation of Orthodontic Assistant Course — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Dental Sedation Assistant Permit Course Application — 16 CCR 1022(q)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation Dental Sedation Assistant Permit Course — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Infection Control Course Application — CCR 1022(r)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Infection Course — CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California Dental Sedation Assistant Permit Application — CCR 1022(b) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst I**	**SUP I**
Receive & sort applications	1.0	5.0	5.0	-	-
Assign to staff	1.0	5.0	-	-	5.0
Create folders, checklists & labels	1.0	10.0	-	10.0	-
Review, identify deficiencies & send deficiency notice #1	1.0	25.0	-	25.0	-
Pull file, review deficiency responses #1	1.0	15.0	-	15.0	-
Review, identify deficiencies & send deficiency notice #2	0.5	15.0	-	7.5	-
Pull file, review deficiency responses #2	0.5	10.0	-	5.0	-
Enforcement review & approval	0.1	110.0	10.0	-	1.0
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0	-
Confirm completeness of application & NPDB pull	1.0	10.0	-	10.0	-
Supervisor review	1.0	5.0	-	-	5.0
Final review, approval & issuance of permit	1.0	5.0	-	-	5.0
File application	1.0	10.0	-	10.0	-
Minutes per Classification			**15.0**	**97.5**	**16.0**
Hours by Classification			**0.3**	**1.6**	**0.3**
Costs by Classification			**$23**	**$159**	**$33**
Indirect Cost Allocation			**$585**		
Total Costs:			**$800**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I - Analyst I ($98/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

NPDB - Nurse Practitioner Database

Dental Board of California Orthodontic Assistant Permit Application — 1022(c) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst I**	**SUP I**
Receive & sort applications	1.0	5.0	5.0	-	-
Assign to staff	1.0	5.0	-	-	5.0
Create folders, checklists & labels	1.0	10.0	-	10.0	-
Review, identify deficiencies & send deficiency notice #1	1.0	25.0	-	25.0	-
Pull file, review deficiency responses #1	1.0	15.0	-	15.0	-
Review, identify deficiencies & send deficiency notice #2	0.5	15.0	-	7.5	-
Pull file, review deficiency responses #2	0.5	10.0	-	5.0	-
Enforcement review & approval	0.1	110.0	10.0	-	1.0
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0	-
Confirm completeness of application & NPDB pull	1.0	10.0	-	10.0	-
Supervisor review	1.0	5.0	-	-	5.0
Final review, approval & issuance of permit	1.0	5.0	-	-	5.0
File application	1.0	10.0	-	10.0	-
Minutes per Classification			**15.0**	**97.5**	**16.0**
Hours by Classification			**0.3**	**1.6**	**0.3**
Costs by Classification			**$23**	**$159**	**$33**
Indirect Cost Allocation			**$264**		
Total Costs:			**$479**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I - Analyst I ($98/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

NPDB - Nurse Practitioner Database

Dental Board of California
Registered Dental Assistant in Extended Functions Program Application — CCR 1022(o)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	115.0	-	-	-	-	115.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	75.0	-	-	-	-	75.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	2,880.0	-	1,440.0	1,440.0	-	-	-
SME (2) - site visit	1.0	2,880.0	-	-	-	-	2,880.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	10.0	-	-	-	-	-
		Minutes per Classification	**83.0**	**1869.0**	**1470.0**	**30.0**	**3202.0**	-
		Hours by Classification	**1.4**	**31.2**	**24.5**	**0.5**	**53.4**	-
		Costs by Classification	**$127**	**$3,520**	**$3,014**	**$65**	**$5,337**	**$2,500**
		Indirect-Cost Allocation	**$541**					
		Total Costs:	**$15,103**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Registered Dental Assistant in Extended Function Program — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	115.0	-	-	-	-	115.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	75.0	-	-	-	-	75.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	2,880.0	-	1,440.0	1,440.0	-	-	-
SME (2) - site visit	1.0	2,880.0	-	-	-	-	2,880.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
		Minutes per Classification	**73.0**	**1,909.0**	**1,470.0**	**30.0**	**3,202.0**	-
		Hours by Classification	**1.2**	**31.8**	**24.5**	**0.5**	**53.4**	-
		Costs by Classification	**$112**	**$3,595**	**$3,014**	**$65**	**$5,337**	**$2,500**
		Indirect-Cost Allocation	**$541**					
		Total Costs:	**$15,163**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Coronal Polishing Course Application — CCR 1022(s)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Coronal Polishing Course — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Pit & Fissure Sealant Course Application — CCR 1022(t)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Pit and Fissure Course — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Registered Dental Assistant Program Application — CCR 1022(n)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	115.0	-	-	-	-	115.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	75.0	-	-	-	-	75.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	2,880.0	-	1,440.0	1,440.0	-	-	-
SME (2) - site visit	1.0	2,880.0	-	-	-	-	2,880.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
		Minutes per Classification	**73.0**	**1879.0**	**1470.0**	**30.0**	**3202.0**	-
		Hours by Classification	**1.2**	**31.3**	**24.5**	**0.5**	**53.4**	-
		Costs by Classification	**$112**	**$3,539**	**$3,014**	**$65**	**$5,337**	**$2,500**
		Indirect-Cost Allocation	**$541**					
		Total Costs:	**$15,107**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Curriculum Review & Site Evaluation of Registered Dental Assistant Education Program — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	115.0	-	-	-	-	115.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	75.0	-	-	-	-	75.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	2,880.0	-	1,440.0	1,440.0	-	-	-
SME (2) - site visit	1.0	2,880.0	-	-	-	-	2,880.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
		Minutes per Classification	**73.0**	**1,909.0**	**1,470.0**	**30.0**	**3,202.0**	-
		Hours by Classification	**1.2**	**31.8**	**24.5**	**0.5**	**53.4**	-
		Costs by Classification	**$112**	**$3,595**	**$3,014**	**$65**	**$5,337**	**$2,500**
		Indirect-Cost Allocation	**$541**					
		Total Costs:	**$15,163**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Radiation Safety Course Application — CCR 1022(u)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Radiation Safety Course — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California Registered Dental Assistant Application — CCR 1022(a) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst I**	**SUP I**
Receive & sort applications	1.0	5.0	5.0	-	-
Assign to staff	1.0	5.0	-	-	5.0
Create folders, checklists & labels	1.0	10.0	-	10.0	-
Review, identify deficiencies & send deficiency notice #1	1.0	25.0	-	25.0	-
Pull file, review deficiency responses #1	1.0	15.0	-	15.0	-
Review, identify deficiencies & send deficiency notice #2	0.5	15.0	-	7.5	-
Pull file, review deficiency responses #2	0.5	10.0	-	5.0	-
Enforcement review & approval	0.1	110.0	10.0	-	1.0
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0	-
Confirm completeness of application & NPDB pull	1.0	10.0	-	10.0	-
Supervisor review	1.0	5.0	-	-	5.0
Final review, approval & issuance of permit	1.0	5.0	-	-	5.0
File application	1.0	10.0	-	10.0	-
Minutes per Classification			**15.0**	**97.5**	**16.0**
Hours by Classification			**0.3**	**1.6**	**0.3**
Costs by Classification			**$23**	**$159**	**$33**
Indirect-Cost Allocation			**$304**		
Total Costs:			**$519**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I ($98/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

NPDB - Nurse Practitioner Database

Dental Board of California Registered Dental Assistant in Extended Functions Application — CCR 1022(a) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst I**	**SUP I**
Receive & sort applications	1.0	5.0	5.0	-	-
Assign to staff	1.0	5.0	-	-	5.0
Create folders, checklists & labels	1.0	10.0	-	10.0	-
Review, identify deficiencies & send deficiency notice #1	1.0	25.0	-	25.0	-
Pull file, review deficiency responses #1	1.0	15.0	-	15.0	-
Review, identify deficiencies & send deficiency notice #2	0.5	15.0	-	7.5	-
Pull file, review deficiency responses #2	0.5	10.0	-	5.0	-
Enforcement review & approval	0.1	110.0	10.0	-	1.0
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0	-
Confirm completeness of application & NPDB pull	1.0	10.0	-	10.0	-
Supervisor review	1.0	5.0	-	-	5.0
Final review, approval & issuance of permit	1.0	5.0	-	-	5.0
File application	1.0	10.0	-	10.0	-
Minutes per Classification			**15.0**	**97.5**	**16.0**
Hours by Classification			**0.3**	**1.6**	**0.3**
Costs by Classification			**$23**	**$159**	**$33**
Indirect-Cost Allocation			**$218**		
Total Costs:			**$433**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I ($98/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

NPDB - Nurse Practitioner Database

Dental Board of California Pediatric Minimal Sedation Permit Application — CCR 1021(r) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**
Download & print applications & attachments	1.0	5.0	5.0	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0
Respond to inquiries (email, phone, etc.)	0.5	60.0	-	30.0	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-
Initial application review & data entry	1.0	90.0	-	90.0	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-
Respond to inquiries on deficiency (email, phone, etc.)	0.75	60.0	-	45.0	-
Receive deficiency response & assign to staff	0.75	10.0	-	-	7.5
Confirm completeness of application & background check	1.0	30.0	-	30.0	-
Management final review	1.0	30.0	-	-	30.0
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-
Prepare file and send to storage	1.0	10.0	-	10.0	-
		Minutes per Classification	**5.0**	**252.5**	**42.5**
		Hours by Classification	**0.1**	**4.2**	**0.7**
		Costs by Classification	**$8**	**$476**	**$87**
		Indirect-Cost Allocation	**$36**		
		Total Costs:	**$606**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Pediatric Endorsement General Anesthesia Permit Application — CCR 1021(ag) (Workload Costs)						
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**	**SME**
Download & print applications & attachments	1.0	5.0	5.0	-	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0	-
Respond to inquiries (email, phone, etc.)	1.0	60.0	-	60.0	-	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-	-
Initial application review & data entry	1.0	90.0	-	90.0	-	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-	-
Respond to inquiries on deficiency (email, phone, etc.)	1.00	60.0	-	60.0	-	-
Receive deficiencies responses and assign to staff	0.75	10.0	-	-	7.5	-
Confirm completeness of application & background check	0.75	20.0	-	15.0	-	-
Prepare documents for Subject Matter Expert (SME) review.	1.0	20.0	-	20.0	-	-
Prepare & issue contract to SME	1.0	30.0	-	30.0	-	-
SME per Diem ($100 per hour)	1.0	90.0	-	-	-	90.0
Process SME review & communicate deficiencies to applicant	0.25	30.0	-	7.5	-	-
Respond to inquiries on deficiency (email, phone, etc.)	0.25	60.0	-	15.0	-	-
Receive deficiencies responses and assign to staff	0.25	10.0	-	-	2.5	-
Prepare documents for SME review.	0.25	20.0	-	5.0	-	-
SME per diem ($100 per hour)	0.25	90.0	-	-	-	22.5
Confirm completeness of application & background check	1.0	20.0	-	20.0	-	-
Management final review	1.0	30.0	-	-	30.0	-
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-	-
Prepare file & send to storage	1.0	10.0	-	10.0	-	-
Minutes per Classification			**5**	**380**	**45**	**113**
Hours by Classification			**0.1**	**6.3**	**0.8**	**1.9**
Costs by Classification			**$8**	**$716**	**$92**	**$188**
Indirect-Cost Allocation			**$36**			
Total Costs:			**$1,039**			

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SME - Subject Matter Expert ($100 per hour)

Dental Board of California
Pediatric Endorsement Moderate Sedation Permit Application — CCR 1021(ah)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SME
Download & print applications & attachments	1.0	5.0	5.0	-	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0	-
Respond to inquiries (email, phone, etc.)	1.0	60.0	-	60.0	-	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-	-
Initial application review & data entry	1.0	90.0	-	90.0	-	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-	-
Respond to inquiries on deficiency (email, phone, etc.)	1.0	60.0	-	60.0	-	-
Receive deficiencies responses and assign to staff	0.75	10.0	-	-	7.5	-
Confirm completeness of application & background check	0.75	20.0	-	15.0	-	-
Prepare documents for Subject Matter Expert (SME) review.	1.0	20.0	-	20.0	-	-
Prepare & issue contract to SME	1.0	30.0	-	30.0	-	-
SME per diem ($100 per hour)	1.0	90.0	-	-	-	90.0
Process SME review & communicate deficiencies to applicant	0.25	30.0	-	7.5	-	-
Respond to inquiries on deficiency (email, phone, etc.)	0.25	60.0	-	15.0	-	-
Receive deficiencies responses and assign to staff	0.25	10.0	-	-	2.5	-
Prepare documents for SME review.	0.25	20.0	-	5.0	-	-
SME per diem ($100 per hour)	0.25	90.0	-	-	-	22.5
Confirm completeness of application & background check	1.0	20.0	-	20.0	-	-
Management final review	1.0	30.0	-	-	30.0	-
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-	-
Prepare file & send to storage	1.0	10.0	-	10.0	-	-
Minutes per Classification			**5**	**380**	**45**	**113**
Hours by Classification			**0.1**	**6.3**	**0.8**	**1.9**
Costs by Classification			**$8**	**$716**	**$92**	**$188**
Indirect-Cost Allocation			**$36**			
Total Costs:			**$1,039**			

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SME - Subject Matter Expert ($100 per hour)

Dental Board of California
Interim Therapeutic Restoration/Radiographic Decision Making Course Application — CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$433**					
Total Costs:			**$11,461**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Interim Therapeutic Restoration/Radiographic Decision Making Course — CCR XXXX
(Workload Cost)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$433**					
Total Costs:			**$11,517**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California Extramural Facility Registration Application — CCR XXXX (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**
Open, sort, distribute mail & log checks received	1.0	5.0	5.0	-
Cashier & trial balance reconciliation	1.0	15.0	15.0	-
Initial application review	1.0	15.0	-	15.0
Create folders, checklists, & labels	1.0	10.0	-	10.0
Identify deficiencies & send deficiency notice #1	1.0	15.0	-	15.0
Review deficiency responses #1	1.0	15.0	-	15.0
Subsequent deficiency notice #2	0.5	15.0	-	7.5
Review deficiency responses #2	0.5	15.0	-	7.5
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0
Final review, approval & issuance of approval letter	1.0	15.0	-	15.0
Update data & IT systems	1.0	10.0	-	10.0
File application	1.0	10.0	-	10.0
Minutes per Classification			**20.0**	**120.0**
Hours by Classification			**0.3**	**2.0**
Costs by Classification			**$31**	**$226**
Total Costs:			**$257**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

Dental Board of California Referral Service Registration Application — CCR XXXX (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**
Open, sort, distribute mail & log checks received	1.0	5.0	5.0	-
Cashier & trial balance reconciliation	1.0	15.0	15.0	-
Initial application review	1.0	15.0	-	15.0
Create folders, checklists, & labels	1.0	10.0	-	10.0
Identify deficiencies & send deficiency notice #1	1.0	15.0	-	15.0
Review deficiency responses #1	1.0	15.0	-	15.0
Subsequent deficiency notice #2	0.5	15.0	-	7.5
Review deficiency responses #2	0.5	15.0	-	7.5
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0
Final review, approval & issuance of approval letter	1.0	15.0	-	15.0
Update data & IT systems	1.0	10.0	-	10.0
File application	1.0	10.0	-	10.0
Minutes per Classification			**20.0**	**120.0**
Hours by Classification			**0.3**	**2.0**
Costs by Classification			**$31**	**$226**
Total Costs:			**$257**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

Dental Board of California Elective Facial Cosmetic Surgery Permit Renewal — CCR 1021(y) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$315**	
Total Costs:			**$386**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Special Permit Renewal — CCR 1021(w) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$814**	
Total Costs:			**$885**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California DDS License Renewal — CCR 1021(f) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of license	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$814**	
Total Costs:			**$885**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Oral and Maxillofacial Surgery Permit Renewal — CCR 1021(aa) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**39**	**6**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$822**	
Total Costs:			**$893**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Additional Office Permit Renewal — CCR 1021(k) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	10.0	1.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	10.0	1.0	-
Final review, approval & issuance of permit	1.0	15.0	-	15.0
File application	1.0	10.0	10.0	-
Minutes per Classification			**45.0**	**20.5**
Hours by Classification			**0.8**	**0.3**
Costs by Classification			**$69**	**$42**
Indirect-Cost Allocation			**$295**	
Total Costs:			**$406**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California General Anesthesia Permit Renewal — CCR 1021(s) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**39**	**6**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$184**	
Total Costs:			**$255**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Moderate Sedation Permit Renewal — CCR 1021(s) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$48**	
Total Costs:			**$119**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Fictitious Name Permit Renewal — CCR 1021(n) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$319**	
Total Costs:			**$390**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Continuing Education Registered Provider Renewal — CCR 1021(ab) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Supervisor I**
Run IT Reports & identify deficient renewal applications	1	5.0	-	5.0
Receive application & assign to staff	1	5.0	-	5.0
Review renewal and data entry	1	30.0	30.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.75	30.0	22.5	-
Review & scan deficiency responses #1	0.75	5.0	3.75	-
Final review, approval & issuance of permit	0.75	5.0	-	3.8
File application	0.75	30.0	22.5	-
Minutes per Classification			**108.8**	**13.8**
Hours by Classification			**1.8**	**0.2**
Costs by Classification			**$167**	**$28**
Indirect-Cost Allocation			**$302**	
Total Costs:			**$497**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Oral Conscious Sedation Certificate Renewal Application — CCR 1021(af) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$6**	
Total Costs:			**$77**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Registered Dental Assistant License Renewal — CCR 1022(f) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$304**	
Total Costs:			**$375**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Registered Dental Assistant in Extended Function License Renewal — CCR 1022(g) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$218**	
Total Costs:			**$289**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Dental Sedation Assistant License Renewal — CCR 1022(h) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$585**	
Total Costs:			**$656**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Orthodontic Assistant Permit Renewal — CCR 1022(i) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$264**	
Total Costs:			**$335**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Pediatric Minimal Sedation Permit Renewal — CCR 1021(t) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$36**	
Total Costs:			**$107**	

MST - Management Services Technician ($91/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($120/hr - includes DCA Distributed Admin)

Dental Board of California Extramural Facility Registration Renewal — CCR XXXX (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**
Open, sort, distribute mail & log checks received	1.0	5.0	5.0	-
Cashier & trial balance reconciliation	1.0	15.0	15.0	-
Initial review	1.0	15.0	-	15.0
Create folders, checklists, & labels	1.0	10.0	-	10.0
Identify deficiencies & send deficiency notice #1	1.0	15.0	-	15.0
Review deficiency responses #1	1.0	15.0	-	15.0
Subsequent deficiency notice #2	0.5	15.0	-	7.5
Review deficiency responses #2	0.5	15.0	-	7.5
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0
Final review, approval & issuance of approval letter	1.0	15.0	-	15.0
Update data & IT systems	1.0	10.0	-	10.0
File application	1.0	10.0	-	10.0
Minutes per Classification			**20.0**	**120.0**
Hours by Classification			**0.3**	**2.0**
Costs by Classification			**$31**	**$226**
Total Costs:			**$257**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

Dental Board of California Referral Service Registration Renewal — CCR XXXX (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**
Open, sort, distribute mail & log checks received	1.0	5.0	5.0	-
Cashier & trial balance reconciliation	1.0	15.0	15.0	-
Initial review	1.0	15.0	-	15.0
Create folders, checklists, & labels	1.0	10.0	-	10.0
Identify deficiencies & send deficiency notice #1	1.0	15.0	-	15.0
Review deficiency responses #1	1.0	15.0	-	15.0
Subsequent deficiency notice #2	0.5	15.0	-	7.5
Review deficiency responses #2	0.5	15.0	-	7.5
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0
Final review, approval & issuance of approval letter	1.0	15.0	-	15.0
Update data & IT systems	1.0	10.0	-	10.0
File application	1.0	10.0	-	10.0
Minutes per Classification			**20.0**	**120.0**
Hours by Classification			**0.3**	**2.0**
Costs by Classification			**$31**	**$226**
Total Costs:			**$257**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

0741 - State Dentistry Fund
Analysis of Fund Condition (Dollars in Thousands)

Prepared 11/6/2026

2027-28 Pre-Governor's Budget
Status Quo

	PY 2025-26	CY 2026-27	Sunset BY 2027-28	BY +1 2028-29	BY +2 2029-30	BY +3 2030-31	Sunset BY +4 2031-32
BEGINNING BALANCE	$ 26,439	$ 28,077	$ 27,283	$ 25,819	$ 23,636	$ 20,685	$ 16,910
Prior Year Adjustment	$ 115	$ -	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 26,554	$ 28,077	$ 27,283	$ 25,819	$ 23,636	$ 20,685	$ 16,910
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS							
Revenues							
4121200 - Delinquent fees	$ 347	$ 377	$ 377	$ 377	$ 377	$ 377	$ 377
4127400 - Renewal fees	$ 15,355	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090
4129200 - Other regulatory fees	$ 455	$ 481	$ 481	$ 481	$ 481	$ 481	$ 481
4129400 - Other regulatory licenses and permits	$ 3,834	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938
4143500 - Miscellaneous Services to the Public	$ -	$ 15	$ 15	$ 15	$ 15	$ 15	$ 15
4163000 - Income from surplus money investments	$ 1,201	$ 1,150	$ 1,088	$ 996	$ 872	$ 713	$ 516
4171400 - Escheat of unclaimed checks and warrants	$ 14	$ 12	$ 12	$ 12	$ 12	$ 12	$ 12
4172500 - Miscellaneous revenues	$ 6	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2
Totals, Revenues	$ 21,212	$ 21,065	$ 21,003	$ 20,911	$ 20,787	$ 20,628	$ 20,431
Transfers to/from Other Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 21,212	$ 21,065	$ 21,003	$ 20,911	$ 20,787	$ 20,628	$ 20,431
TOTAL RESOURCES	$ 47,766	$ 49,142	$ 48,286	$ 46,730	$ 44,423	$ 41,313	$ 37,341
Expenditures:							
1111 DCA (State Ops)	$ 18,186	$ 20,270	$ 20,878	$ 21,504	$ 22,150	$ 22,814	$ 23,498
9900 Statewide Pro Rata (State Ops)	$ 1,503	$ 1,589	$ 1,589	$ 1,589	$ 1,589	$ 1,589	$ 1,589
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 19,689	$ 21,859	$ 22,467	$ 23,093	$ 23,739	$ 24,403	$ 25,087
FUND BALANCE							
Reserve for economic uncertainties	$ 28,077	$ 27,283	$ 25,819	$ 23,636	$ 20,685	$ 16,910	$ 12,253
Months in Reserve	15.4	14.6	13.4	11.9	10.2	8.1	5.9

NOTES:
1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.
3. 2027-28 Pre-Governor's Budget.

0741 - State Dentistry Fund
Analysis of Fund Condition (Dollars in Thousands)

Prepared 11/6/2026

2027-28 Pre-Governor's Budget
Model V1: Fees Set at Caps & Other Adj

	PY 2025-26	CY 2026-27	BY 2027-28 (Sunset)	BY +1 2028-29	BY +2 2029-30	BY +3 2030-31	BY +4 2031-32 (Sunset)
BEGINNING BALANCE	$ 26,439	$ 28,077	$ 27,283	$ 32,556	$ 37,408	$ 41,799	$ 45,690
Prior Year Adjustment	$ 115	$ -	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 26,554	$ 28,077	$ 27,283	$ 32,556	$ 37,408	$ 41,799	$ 45,690
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS							
Revenues							
4121200 - Delinquent fees	$ 347	$ 377	$ 377	$ 377	$ 377	$ 377	$ 377
4121200 - Delinquent fees increase (eff. 7/1/2027)	$ -	$ -	$ 179	$ 179	$ 179	$ 179	$ 179
4127400 - Renewal fees	$ 15,355	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090
4127400 - Renewal fees increase (eff. 7/1/2027)	$ -	$ -	$ 4,654	$ 4,654	$ 4,654	$ 4,654	$ 4,654
4129200 - Other regulatory fees	$ 455	$ 481	$ 481	$ 481	$ 481	$ 481	$ 481
4129200 - Other regulatory fees increase (eff. 7/1/2027)	$ -	$ -	$ 176	$ 176	$ 176	$ 176	$ 176
4129400 - Other regulatory licenses and permits	$ 3,834	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938
4129400 - Other regulatory licenses & permits increase (eff. 7/1/2027)	$ -	$ -	$ 1,444	$ 1,444	$ 1,444	$ 1,444	$ 1,444
4143500 - Miscellaneous Services to the Public	$ -	$ 15	$ 15	$ 15	$ 15	$ 15	$ 15
4163000 - Income from surplus money investments	$ 1,201	$ 1,150	$ 1,372	$ 1,577	$ 1,762	$ 1,926	$ 2,067
4171400 - Escheat of unclaimed checks and warrants	$ 14	$ 12	$ 12	$ 12	$ 12	$ 12	$ 12
4172500 - Miscellaneous revenues	$ 6	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2
Totals, Revenues	$ 21,212	$ 21,065	$ 27,740	$ 27,945	$ 28,130	$ 28,294	$ 28,435
Transfers to/from Other Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 21,212	$ 21,065	$ 27,740	$ 27,945	$ 28,130	$ 28,294	$ 28,435
TOTAL RESOURCES	$ 47,766	$ 49,142	$ 55,023	$ 60,501	$ 65,538	$ 70,093	$ 74,125
Expenditures:							
1111 DCA (State Ops)	$ 18,186	$ 20,270	$ 20,878	$ 21,504	$ 22,150	$ 22,814	$ 23,498
9900 Statewide Pro Rata (State Ops)	$ 1,503	$ 1,589	$ 1,589	$ 1,589	$ 1,589	$ 1,589	$ 1,589
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 19,689	$ 21,859	$ 22,467	$ 23,093	$ 23,739	$ 24,403	$ 25,087
FUND BALANCE							
Reserve for economic uncertainties	$ 28,077	$ 27,283	$ 32,556	$ 37,408	$ 41,799	$ 45,690	$ 49,038
Months in Reserve	**15.4**	**14.6**	**16.9**	**18.9**	**20.6**	**21.9**	**23.5**

NOTES:
1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.
3. 2027-28 Pre-Governor's Budget.
4. Fees adjusted effective 7/1/2027.

0741 - State Dentistry Fund
Analysis of Fund Condition (Dollars in Thousands)

Prepared 11/6/2026

2027-28 Pre-Governor's Budget Model V2: V1 w/ Unanticipated Costs (Ongoing)	PY 2025-26	CY 2026-27	Sunset BY 2027-28	BY +1 2028-29	BY +2 2029-30	BY +3 2030-31	Sunset BY +4 2031-32
BEGINNING BALANCE	$ 26,439	$ 28,077	$ 27,283	$ 32,556	$ 34,798	$ 36,464	$ 37,510
Prior Year Adjustment	$ 115	$ -	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 26,554	$ 28,077	$ 27,283	$ 32,556	$ 34,798	$ 36,464	$ 37,510
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS							
Revenues							
4121200 - Delinquent fees	$ 347	$ 377	$ 377	$ 377	$ 377	$ 377	$ 377
4121200 - Delinquent fees increase (eff. 7/1/2027)	$ -	$ -	$ 179	$ 179	$ 179	$ 179	$ 179
4127400 - Renewal fees	$ 15,355	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090
4127400 - Renewal fees increase (eff. 7/1/2027)	$ -	$ -	$ 4,654	$ 4,654	$ 4,654	$ 4,654	$ 4,654
4129200 - Other regulatory fees	$ 455	$ 481	$ 481	$ 481	$ 481	$ 481	$ 481
4129200 - Other regulatory fees increase (eff. 7/1/2027)	$ -	$ -	$ 176	$ 176	$ 176	$ 176	$ 176
4129400 - Other regulatory licenses and permits	$ 3,834	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938
4129400 - Other regulatory licenses & permits increase (eff. 7/1/2027)	$ -	$ -	$ 1,444	$ 1,444	$ 1,444	$ 1,444	$ 1,444
4143500 - Miscellaneous Services to the Public	$ -	$ 15	$ 15	$ 15	$ 15	$ 15	$ 15
4163000 - Income from surplus money investments	$ 1,201	$ 1,150	$ 1,372	$ 1,467	$ 1,537	$ 1,581	$ 1,597
4171400 - Escheat of unclaimed checks and warrants	$ 14	$ 12	$ 12	$ 12	$ 12	$ 12	$ 12
4172500 - Miscellaneous revenues	$ 6	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2
Totals, Revenues	$ 21,212	$ 21,065	$ 27,740	$ 27,835	$ 27,905	$ 27,949	$ 27,965
Transfers to/from Other Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 21,212	$ 21,065	$ 27,740	$ 27,835	$ 27,905	$ 27,949	$ 27,965
TOTAL RESOURCES	$ 47,766	$ 49,142	$ 55,023	$ 60,391	$ 62,703	$ 64,413	$ 65,475
Expenditures:							
1111 DCA (State Ops)	$ 18,186	$ 20,270	$ 20,878	$ 21,504	$ 22,150	$ 22,814	$ 23,498
Unanticipated Costs (Scenario #1 — Ongoing)	$ -	$ -	$ -	**$ 2,500**	**$ 2,500**	**$ 2,500**	**$ 2,500**
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 19,689	$ 21,859	$ 22,467	$ 25,593	$ 26,239	$ 26,903	$ 27,587
FUND BALANCE							
Reserve for economic uncertainties	$ 28,077	$ 27,283	$ 32,556	$ 34,798	$ 36,464	$ 37,510	$ 37,888
Months in Reserve	**15.4**	**14.6**	**15.3**	**15.9**	**16.3**	**16.3**	**16.5**

NOTES:
1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.
3. 2027-28 Pre-Governor's Budget.
4. Fees adjusted effective 7/1/2027.
5. Includes unanticipated costs beginning in 2028-29 and ongoing.

0741 - State Dentistry Fund
Analysis of Fund Condition (Dollars in Thousands)

Prepared 11/6/2026

2027-28 Pre-Governor's Budget Model V3: V1 w/ Unanticipated Costs (One-Time)	PY 2025-26	CY 2026-27	Sunset BY 2027-28	BY +1 2028-29	BY +2 2029-30	BY +3 2030-31	Sunset BY +4 2031-32
BEGINNING BALANCE	$ 26,439	$ 28,077	$ 27,283	$ 32,556	$ 26,968	$ 30,899	$ 34,310
Prior Year Adjustment	$ 115	$ -	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 26,554	$ 28,077	$ 27,283	$ 32,556	$ 26,968	$ 30,899	$ 34,310
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS							
Revenues							
4121200 - Delinquent fees	$ 347	$ 377	$ 377	$ 377	$ 377	$ 377	$ 377
4121200 - Delinquent fees increase (eff. 7/1/2027)	$ -	$ -	$ 179	$ 179	$ 179	$ 179	$ 179
4127400 - Renewal fees	$ 15,355	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090
4127400 - Renewal fees increase (eff. 7/1/2027)	$ -	$ -	$ 4,654	$ 4,654	$ 4,654	$ 4,654	$ 4,654
4129200 - Other regulatory fees	$ 455	$ 481	$ 481	$ 481	$ 481	$ 481	$ 481
4129200 - Other regulatory fees increase (eff. 7/1/2027)	$ -	$ -	$ 176	$ 176	$ 176	$ 176	$ 176
4129400 - Other regulatory licenses and permits	$ 3,834	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938
4129400 - Other regulatory licenses & permits increase (eff. 7/1/2027)	$ -	$ -	$ 1,444	$ 1,444	$ 1,444	$ 1,444	$ 1,444
4143500 - Miscellaneous Services to the Public	$ -	$ 15	$ 15	$ 15	$ 15	$ 15	$ 15
4163000 - Income from surplus money investments	$ 1,201	$ 1,150	$ 1,372	$ 1,137	$ 1,302	$ 1,446	$ 1,566
4171400 - Escheat of unclaimed checks and warrants	$ 14	$ 12	$ 12	$ 12	$ 12	$ 12	$ 12
4172500 - Miscellaneous revenues	$ 6	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2
Totals, Revenues	$ 21,212	$ 21,065	$ 27,740	$ 27,505	$ 27,670	$ 27,814	$ 27,934
Transfers to/from Other Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 21,212	$ 21,065	$ 27,740	$ 27,505	$ 27,670	$ 27,814	$ 27,934
TOTAL RESOURCES	$ 47,766	$ 49,142	$ 55,023	$ 60,061	$ 54,638	$ 58,713	$ 62,244
Expenditures:							
1111 DCA (State Ops)	$ 18,186	$ 20,270	$ 20,878	$ 21,504	$ 22,150	$ 22,814	$ 23,498
Unanticipated Costs (Scenario #2 — One-Time)	$ -	$ -	$ -	**$ 10,000**	$ -	$ -	$ -
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 19,689	$ 21,859	$ 22,467	$ 33,093	$ 23,739	$ 24,403	$ 25,087
FUND BALANCE							
Reserve for economic uncertainties	$ 28,077	$ 27,283	$ 32,556	$ 26,968	$ 30,899	$ 34,310	$ 37,157
Months in Reserve	**15.4**	**14.6**	**11.8**	**13.6**	**15.2**	**16.4**	**17.8**

NOTES:
1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.
3. 2027-28 Pre-Governor's Budget.
4. Fees adjusted effective 7/1/2027.
5. Includes unanticipated costs beginning in 2028-29 (one-time).

Dental Board of California
Fee & Revenue Analysis

Matt Nishimine
Sr. Fiscal Advisor

November 6, 2026

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

0741 - State Dentistry Fund
Analysis of Fund Condition (Dollars in Thousands)

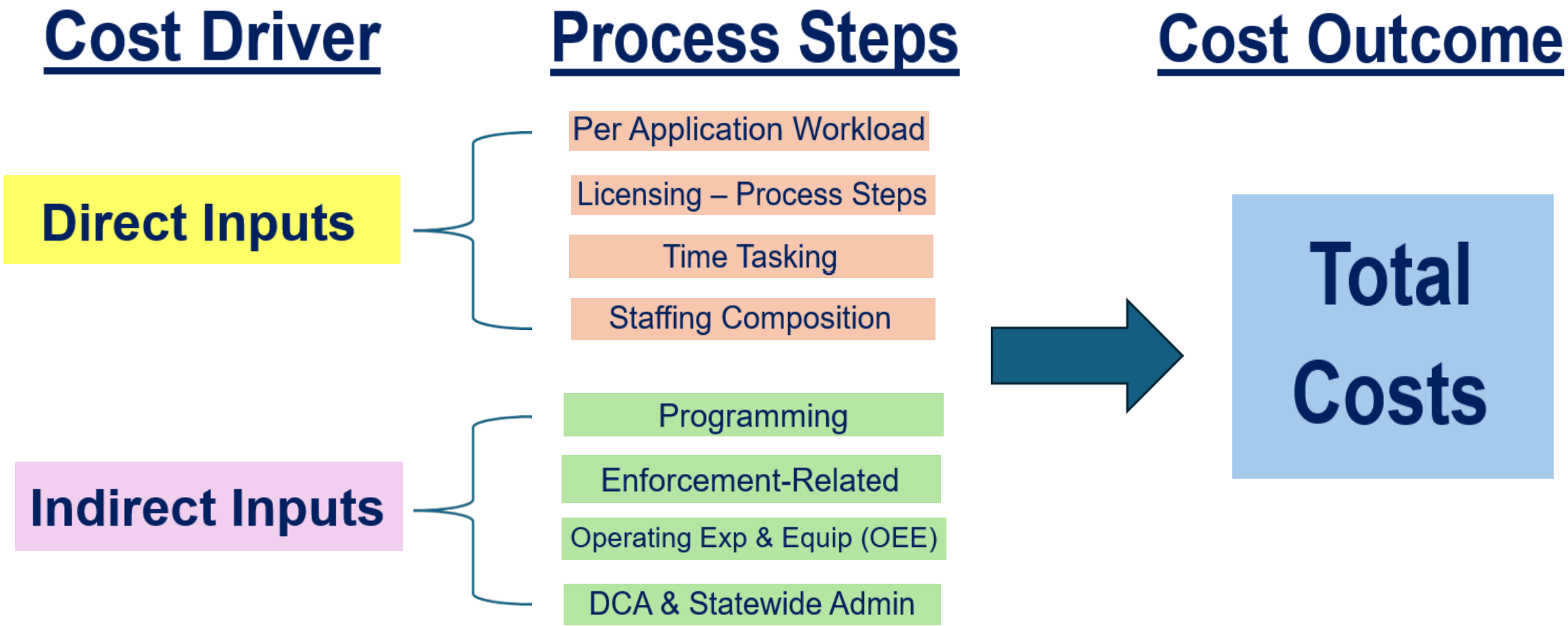
Prepared 11/6/2026

2027-28 Pre-Governor's Budget
Status Quo

	PY 2025-26	CY 2026-27	Sunset BY 2027-28	BY +1 2028-29	BY +2 2029-30	BY +3 2030-31	Sunset BY +4 2031-32
BEGINNING BALANCE	$ 26,439	$ 28,077	$ 27,283	$ 25,819	$ 23,636	$ 20,685	$ 16,910
Prior Year Adjustment	$ 115	$ -	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 26,554	$ 28,077	$ 27,283	$ 25,819	$ 23,636	$ 20,685	$ 16,910
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS							
Revenues							
4121200 - Delinquent fees	$ 347	$ 377	$ 377	$ 377	$ 377	$ 377	$ 377
4127400 - Renewal fees	$ 15,355	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090
4129200 - Other regulatory fees	$ 455	$ 481	$ 481	$ 481	$ 481	$ 481	$ 481
4129400 - Other regulatory licenses and permits	$ 3,834	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938
4143500 - Miscellaneous Services to the Public	$ -	$ 15	$ 15	$ 15	$ 15	$ 15	$ 15
4163000 - Income from surplus money investments	$ 1,201	$ 1,150	$ 1,088	$ 996	$ 872	$ 713	$ 516
4171400 - Escheat of unclaimed checks and warrants	$ 14	$ 12	$ 12	$ 12	$ 12	$ 12	$ 12
4172500 - Miscellaneous revenues	$ 6	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2
Totals, Revenues	$ 21,212	$ 21,065	$ 21,003	$ 20,911	$ 20,787	$ 20,628	$ 20,431
Transfers to/from Other Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 21,212	$ 21,065	$ 21,003	$ 20,911	$ 20,787	$ 20,628	$ 20,431
TOTAL RESOURCES	$ 47,766	$ 49,142	$ 48,286	$ 46,730	$ 44,423	$ 41,313	$ 37,341
Expenditures:							
1111 DCA (State Ops)	$ 18,186	$ 20,270	$ 20,878	$ 21,504	$ 22,150	$ 22,814	$ 23,498
9900 Statewide Pro Rata (State Ops)	$ 1,503	$ 1,589	$ 1,589	$ 1,589	$ 1,589	$ 1,589	$ 1,589
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 19,689	$ 21,859	$ 22,467	$ 23,093	$ 23,739	$ 24,403	$ 25,087
FUND BALANCE							
Reserve for economic uncertainties	$ 28,077	$ 27,283	$ 25,819	$ 23,636	$ 20,685	$ 16,910	$ 12,253
Months in Reserve	**15.4**	**14.6**	**13.4**	**11.9**	**10.2**	**8.1**	**5.9**

NOTES:
1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.
3. 2027-28 Pre-Governor's Budget.

Driver-Based Cost Model



Dental Board of California License Certification — CCR 1021(ac) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**SUP I**
Run exception reports & identify applications	1.0	5.0	-	5.0
Receive application and assign to staff	1.0	5.0	-	5.0
Respond to inquiries	0.5	30.0	15.0	-
Review application & research license history	1.0	10.0	10.0	-
Draft letter of certification	1.0	10.0	10.0	-
Update status in IT system	1.0	10.0	10.0	-
Manager review	1.0	5.0	-	15.0
Prepare letter for mailing, approve application IT updates	1.0	15.0	15.0	-
Minutes per Classification			**60**	**25**
Hours by Classification			**1.0**	**0.4**
Costs by Classification			**$92**	**$51**
Total Costs:			**$143**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

SUP I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Dental Auxiliaries Duplicate License/Certificate Fee — CCR 1022(w) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**SUP I**
Run exception reports & identify applications	1.0	5.0	-	5.0
Receive application & assign to staff	1.0	5.0	-	5.0
Respond to inquiries, provide IT access support & troubleshooting	1.0	30.0	30.0	-
Review application & research license history	1.0	20.0	10.0	10.0
Manager review for completeness & file application.	1.0	10.0	-	10.0
Minutes per Classification			**40.0**	**30.0**
Hours by Classification			**0.7**	**0.5**
Costs by Classification			**$61**	**$62**
Total Costs:			**$123**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California
Initial Application for Licensure by Residency — CCR 1021(b)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst I	Analyst II	SUP I
Receive & sort applications	1.0	5.0	5.0	-	-	-
Initial review, scan documents & assign to staff	1.0	60.0	-	-	60.0	-
Create folders, checklists & labels	1.0	10.0	-	10.0	-	-
Review, identify deficiencies & send deficiency notice #1	1.0	90.0	-	90.0	-	-
Review & scan deficiency responses #1	1.0	75.0	-	75.0	-	-
Identify deficiencies & send deficiency notice #2	0.5	30.0	-	15.0	-	-
Review & scan deficiency responses #2	0.5	30.0	-	15.0	-	-
Correspondence (email, phone, etc.)	1.0	75.0	-	75.0	-	-
Fingerprint background check	1.0	15.0	-	15.0	-	-
Enforcement review & approval	0.8	15.0	-	-	-	11.3
Confirm completeness of application & IT updates	1.0	20.0	-	20.0	-	-
Management review	1.0	30.0	-	-	-	30.0
Final review, approval & issuance of permit	1.0	15.0	-	15.0	-	-
File application	1.0	10.0	-	10.0	-	-
Minutes per Classification			**5.0**	**340.0**	**60.0**	**41.3**
Hours by Classification			**0.1**	**5.7**	**1.0**	**0.7**
Costs by Classification			**$8**	**$555**	**$113**	**$85**
Indirect-Cost Allocation			**$814**			
Total Costs:			**$1,575**			

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I ($98/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California
Initial Application Elective Facial Cosmetic Surgery Permit — CCR 1021(x)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	CM
Receive & sort applications	1.0	5.0	5.0	-	-	-	-
Initial review, scan documents & assign to staff	1.0	60.0	-	60.0	-	-	-
Create folders, checklists & labels	1.0	10.0	-	10.0	-	-	-
Review, identify deficiencies & send deficiency notice #1	1.0	90.0	-	90.0	-	-	-
Review & scan deficiency responses #1	1.0	75.0	-	75.0	-	-	-
Identify deficiencies & send deficiency notice #2	0.8	45.0	-	33.8	-	-	-
Review & scan deficiency responses #2	0.8	30.0	-	-	-	-	-
Correspondence (email, phone, etc.)	1.0	120.0	-	90.0	30.0	-	-
Enforcement review & approval	1.0	5.0	-	5.0	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-
Management review	1.0	30.0	-	-	30.0	-	-
Pre-EFCS Committee meeting preparation & coordination	1.0	600.0	-	600.0		-	-
Facilitate EFCS Committee meeting	1.0	330.0	-	-	165.0	165.0	-
Post-EFCS Committee meeting	1.0	120.0	-	-	120.0	-	-
Final review, approval & issuance of permit	1.0	15.0	-	15.0	-	-	-
File application	1.0	10.0	-	10.0	-	-	-
Committee Member per diem ($100 x 5)	1.0	Flat Rate	-	-	-	-	X
Minutes per Classification			**5.0**	**998.8**	**345.0**	**165.0**	-
Hours by Classification			**0.1**	**16.6**	**5.8**	**2.8**	-
Costs by Classification			**$8**	**$1,881**	**$707**	**$358**	**$500**
Indirect-Cost Allocation					**$315**		
Total Costs:					**$3,768**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Sup II - Supervisor II (Supervisory) ($130/hr - includes DCA Distributed Admin)

CM -Committee Member per diem ($100/day)

Dental Board of California
General Anesthesia/Moderate Sedation On-Site Inspection & Evaluation — CCR 1021(u)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst I	Analyst II	SUP I	SME
Download & print applications & attachments	1	5.0	5.0	-	-	-	-
Receive application & assign to staff	1	5.0	-	-	-	5.0	-
Respond to inquiries (email, phone, etc.)	1	60.0	-	60.0	-	-	-
Process application & communicate deficiencies to applicant #1	1	30.0	-	30.0	-	-	-
Schedule Onsite Inspection & Evaluation (OIE) with SMEs	1	240.0	-	240.0	-	-	-
Prepare & send OIE forms to permit holder & SMEs	1	30.0	-	30.0	-	-	-
Prepare & issue contract with SMEs	1	30.0	-	-	30.0	-	-
SME Travel ($250 x 2)	2	Flat Rate	-	-	-	-	X
SME Per Diem (average $41 per SME)	2	Flat Rate	-	-	-	-	X
Review OIE results & make recommendation to management	1	60.0	-	60.0	-	-	-
Manager review	1	15.0	-	-	-	15.0	-
Communicate deficiencies to applicant #2	0.1	30.0	-	3.0	-	-	-
Download & print applications & attachments	0.1	5.0	0.5	-	-	-	-
Receive application & assign to staff	0.1	5.0	-	-	-	0.5	-
Schedule OIE with SMEs	0.1	240.0	-	24.0	-	-	-
Prepare and send OIE forms to permit holder & SMEs	0.1	30.0	-	3.0	-	-	-
Prepare & issue contract with SMEs	0.1	30.0	-	3.0	-	-	-
SME Travel ($250 x 2)	0.1	Flat Rate	-	-	-	-	X
SME Per Diem (average $41 per SME)	0.1	Flat Rate	-	-	-	-	X
Review inspection results & make recommendation to management	0.1	60.0	-	6.0	-	-	-
Manager review	0.1	15.0	-	-	-	1.5	-
Prepare & mail final result notice	1	15.0	-	15.0	-	-	-
File & IT updates	1	10.0	-	10.0	-	-	-
Minutes per Classification			**5.5**	**484.0**	**30.0**	**22.0**	-
Hours by Classification			**0.1**	**8.1**	**0.5**	**0.4**	-
Costs by Classification			**$8**	**$791**	**$57**	**$45**	**$704**
Indirect-Cost Allocation			**$184**				
Total Costs:			**$1,789**				

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I ($98/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California
Initial Application for Licensure By Credential — CCR 1021(d)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst I	Analyst II	SUP I
Receive & sort applications	1.0	5.0	5.0	-	-	-
Initial review, scan documents & assign to staff	1.0	60.0	-	-	60.0	-
Create folders, checklists & labels	1.0	10.0	-	10.0	-	-
Review, identify deficiencies & send deficiency notice #1	1.0	90.0	-	90.0	-	-
Review & scan deficiency responses #1	1.0	75.0	-	75.0	-	-
Identify deficiencies & send deficiency notice #2	0.5	30.0	-	15.0	-	-
Review & scan deficiency responses #2	0.5	30.0	-	15.0	-	-
Correspondence (email, phone, etc.)	1.0	75.0	-	75.0	-	-
Fingerprint background check	1.0	15.0	-	15.0	-	-
Enforcement review & approval	0.8	15.0	-	-	-	11.3
Confirm completeness of application & IT updates	1.0	20.0	-	20.0	-	-
Management review	1.0	30.0	-	-	-	30.0
Final review, approval & issuance of permit	1.0	15.0	-	15.0	-	-
File application	1.0	10.0	-	10.0	-	-
Minutes per Classification			**5.0**	**340.0**	**60.0**	**41.3**
Hours by Classification			**0.1**	**5.7**	**1.0**	**0.7**
Costs by Classification			**$8**	**$555**	**$113**	**$85**
Indirect-Cost Allocation			**$814**			
Total Costs:			**$1,575**			

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I ($98/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California General Anesthesia Permit Application — CCR 1021(q) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**
Download & print applications & attachments	1.0	5.0	5.0	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0
Respond to inquiries (email, phone, etc.)	0.5	60.0	-	30.0	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-
Initial application review & data entry	1.0	90.0	-	90.0	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-
Respond to inquiries on deficiency (email, phone, etc.)	0.75	60.0	-	45.0	-
Receive deficiency response & assign to staff	0.75	10.0	-	-	7.5
Confirm completeness of application & background check	1.0	20.0	-	20.0	-
Management final review	1.0	30.0	-	-	30.0
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-
Prepare file and send to storage	1.0	10.0	-	10.0	-
		Minutes per Classification	**5.0**	**242.5**	**42.5**
		Hours by Classification	**0.1**	**4.0**	**0.7**
		Costs by Classification	**$8**	**$457**	**$87**
		Indirect-Cost Allocation		**$184**	
		Total Costs:		**$736**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Moderate Sedation Permit Application — CCR 1021(q) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**
Download & print applications & attachments	1.0	5.0	5.0	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0
Respond to inquiries (email, phone, etc.)	0.5	60.0	-	30.0	-
Create folders, checklists & labels	1.0	10.0	-	10.0	-
Initial application review & data entry	1.0	90.0	-	90.0	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-
Respond to inquiries on deficiency (email, phone, etc.)	0.50	60.0	-	30.0	-
Receive deficiency response & assign to staff	0.75	10.0	-	-	7.5
Confirm completeness of application & background check	1.0	30.0	-	30.0	-
Management final review	1.0	30.0	-	-	30.0
Approve application, prepare notice & file application	1.0	15.0	-	15.0	-
Prepare file & send to storage	1.0	10.0	-	10.0	-
		Minutes per Classification	**5.0**	**237.5**	**42.5**
		Hours by Classification	**0.1**	**4.0**	**0.7**
		Costs by Classification	**$8**	**$447**	**$87**
		Indirect-Cost Allocation		**$48**	
		Total Costs:		**$590**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Oral or Maxillofacial Surgery Permit Application — CCR 1021(z) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**
Download & print applications & attachments	1.0	5.0	5.0	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0
Respond to inquiries (email, phone, etc.)	1.0	60.0	-	60.0	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-
Initial application review & data entry	1.0	90.0	-	90.0	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-
Respond to inquiries on deficiency (email, phone, etc.)	0.75	60.0	-	45.0	-
Receive Application and assign to staff	0.75	10.0	-	-	7.5
Confirm completeness of application & background check	1.0	20.0	-	20.0	-
Management final review	1.0	30.0	-	-	30.0
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-
Prepare file and send to storage	1.0	10.0	-	10.0	-
Minutes per Classification			**5.0**	**272.5**	**42.5**
Hours by Classification			**0.1**	**4.5**	**0.71**
Costs by Classification			**$8**	**$513**	**$87**
Indirect-Cost Allocation			**$822**		
Total Costs:			**$1,430**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Additional Office Permit Application — CCR 1021(j) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst I**	**Analyst II**
Receive & sort applications	1.0	5.0	5.0	-	-
Initial review, scan documents & assign to staff	1.0	30.0	-	-	30.0
Create folders, checklists & labels	1.0	10.0	-	10.0	-
Review, identify deficiencies & send deficiency notice #1	1.0	60.0	-	60.0	-
Review & scan deficiency responses #1	1.0	30.0	-	30.0	-
Identify deficiencies & send deficiency notice #2	0.50	30.0	-	15.0	-
Review & scan deficiency responses #2	0.50	30.0	-	15.0	-
Correspondence (email, phone, etc)	1.0	60.0	-	60.0	-
Confirm completeness of application & background check	1.0	30.0	-	-	30.0
Final review, approval & issuance of permit	1.0	15.0	-	-	15.0
File application	1.0	10.0	-	10.0	-
Minutes per Classification			**5.0**	**200.0**	**75.0**
Hours by Classification			**0.1**	**3.3**	**1.3**
Costs by Classification			**$8**	**$327**	**$141**
Indirect-Cost Allocation			**$295**		
Total Costs:			**$771**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I ($98/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

Dental Board of California Special Permit Application — CCR 1021(v) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**
Download & print applications & attachments	1.0	5.0	5.0	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0
Respond to inquiries (email, phone, etc.)	0.5	60.0	-	30.0	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-
Initial application review & data entry	1.0	90.0	-	90.0	-
Contract with CA Dental College	1.0	60.0	-	60.0	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-
Respond to inquiries on deficiency (email, phone, etc.)	0.75	60.0	-	45.0	-
Receive Application and assign to staff	0.75	10.0	-	-	7.5
Confirm completeness of application & background check	1.0	20.0	-	20.0	-
Management final review	1.0	30.0	-	-	30.0
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-
Prepare file and send to storage	1.0	10.0	-	10.0	-
		Minutes per Classification	**5.0**	**302.5**	**42.5**
		Hours by Classification	**0.1**	**5.0**	**0.7**
		Costs by Classification	**$8**	**$570**	**$87**
		Indirect-Cost Allocation		**$814**	
		Total Costs:		**$1,479**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Continuing Education Registered Provider — CCR 1021(p) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**
Receive & sort applications	1.0	5.0	5.0	-
Initial review & upload from Breeze	1.0	30.0	-	30.0
Review, identify deficiencies & send deficiency notices #1	1.0	30.0	-	30.0
Review deficiency responses #1	1.0	15.0	-	15.0
Review, identify deficiencies & send deficiency notices #2	0.8	15.0	-	12.0
Review deficiency responses #2	0.8	15.0	-	12.0
Review, identify deficiencies & send deficiency notices #3	0.3	15.0	-	4.5
Review deficiency responses #3	0.3	15.0	-	4.5
Correspondence (email, phone, etc)	1.0	15.0	-	15.0
Final review, approval & renewal of permit	1.0	15.0	-	15.0
File application	1.0	10.0	-	10.0
Minutes per Classification			**5.0**	**148.0**
Hours by Classification			**0.1**	**2.5**
Costs by Classification			**$8**	**$279**
Indirect-Cost Allocation			**$302**	
Total Costs:			**$588**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

Dental Board of California DDS Initial License — CCR 1021(e) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review application & data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$814**	
Total Costs:			**$885**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Oral Conscious Sedation Certification Application — CCR 1021(ae) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**
Download & print applications & attachments	1.0	5.0	5.0	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0
Respond to inquiries (email, phone, etc.)	0.5	60.0	-	30.0	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-
Initial application review & data entry	1.0	90.0	-	90.0	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-
Respond to inquiries on deficiency (email, phone, etc.)	0.50	60.0	-	30.0	-
Receive deficiency response & assign to staff	0.75	10.0	-	-	7.50
Confirm completeness of application & background check	1.0	30.0	-	30.0	-
Management final review	1.0	30.0	-	-	30.0
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-
Prepare file and send to storage	1.0	10.0	-	10.0	-
		Minutes per Classification	**5.0**	**237.5**	**42.5**
		Hours by Classification	**0.1**	**4.0**	**0.7**
		Costs by Classification	**$8**	**$447**	**$87**
		Indirect-Cost Allocation		**$6**	
		Total Costs:		**$548**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California
Ultrasonic Scaling Course Application — CCR 1022(v)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($1230/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Ultrasonic Scaling Course — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73**	**1,429**	**990**	**30**	**2,212**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Orthodontic Assistant Permit Course Application — CCR 1022(p)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Dental Board of California
Re-Evaluation of Orthodontic Assistant Course — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Dental Sedation Assistant Permit Course Application — 16 CCR 1022(q)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation Dental Sedation Assistant Permit Course — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Infection Control Course Application — CCR 1022(r)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Infection Course — CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California Dental Sedation Assistant Permit Application — CCR 1022(b) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst I**	**SUP I**
Receive & sort applications	1.0	5.0	5.0	-	-
Assign to staff	1.0	5.0	-	-	5.0
Create folders, checklists & labels	1.0	10.0	-	10.0	-
Review, identify deficiencies & send deficiency notice #1	1.0	25.0	-	25.0	-
Pull file, review deficiency responses #1	1.0	15.0	-	15.0	-
Review, identify deficiencies & send deficiency notice #2	0.5	15.0	-	7.5	-
Pull file, review deficiency responses #2	0.5	10.0	-	5.0	-
Enforcement review & approval	0.1	110.0	10.0	-	1.0
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0	-
Confirm completeness of application & NPDB pull	1.0	10.0	-	10.0	-
Supervisor review	1.0	5.0	-	-	5.0
Final review, approval & issuance of permit	1.0	5.0	-	-	5.0
File application	1.0	10.0	-	10.0	-
Minutes per Classification			**15.0**	**97.5**	**16.0**
Hours by Classification			**0.3**	**1.6**	**0.3**
Costs by Classification			**$23**	**$159**	**$33**
Indirect Cost Allocation			**$585**		
Total Costs:			**$800**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I - Analyst I ($98/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

NPDB - Nurse Practitioner Database

Dental Board of California Orthodontic Assistant Permit Application — 1022(c) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst I**	**SUP I**
Receive & sort applications	1.0	5.0	5.0	-	-
Assign to staff	1.0	5.0	-	-	5.0
Create folders, checklists & labels	1.0	10.0	-	10.0	-
Review, identify deficiencies & send deficiency notice #1	1.0	25.0	-	25.0	-
Pull file, review deficiency responses #1	1.0	15.0	-	15.0	-
Review, identify deficiencies & send deficiency notice #2	0.5	15.0	-	7.5	-
Pull file, review deficiency responses #2	0.5	10.0	-	5.0	-
Enforcement review & approval	0.1	110.0	10.0	-	1.0
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0	-
Confirm completeness of application & NPDB pull	1.0	10.0	-	10.0	-
Supervisor review	1.0	5.0	-	-	5.0
Final review, approval & issuance of permit	1.0	5.0	-	-	5.0
File application	1.0	10.0	-	10.0	-
Minutes per Classification			**15.0**	**97.5**	**16.0**
Hours by Classification			**0.3**	**1.6**	**0.3**
Costs by Classification			**$23**	**$159**	**$33**
Indirect Cost Allocation			**$264**		
Total Costs:			**$479**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I - Analyst I ($98/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

NPDB - Nurse Practitioner Database

Dental Board of California
Registered Dental Assistant in Extended Functions Program Application — CCR 1022(o)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	115.0	-	-	-	-	115.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	75.0	-	-	-	-	75.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	2,880.0	-	1,440.0	1,440.0	-	-	-
SME (2) - site visit	1.0	2,880.0	-	-	-	-	2,880.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	10.0	-	-	-	-	-
		Minutes per Classification	**83.0**	**1869.0**	**1470.0**	**30.0**	**3202.0**	-
		Hours by Classification	**1.4**	**31.2**	**24.5**	**0.5**	**53.4**	-
		Costs by Classification	**$127**	**$3,520**	**$3,014**	**$65**	**$5,337**	**$2,500**
		Indirect-Cost Allocation	**$541**					
		Total Costs:	**$15,103**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Registered Dental Assistant in Extended Function Program — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	115.0	-	-	-	-	115.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	75.0	-	-	-	-	75.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	2,880.0	-	1,440.0	1,440.0	-	-	-
SME (2) - site visit	1.0	2,880.0	-	-	-	-	2,880.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
		Minutes per Classification	**73.0**	**1,909.0**	**1,470.0**	**30.0**	**3,202.0**	-
		Hours by Classification	**1.2**	**31.8**	**24.5**	**0.5**	**53.4**	-
		Costs by Classification	**$112**	**$3,595**	**$3,014**	**$65**	**$5,337**	**$2,500**
		Indirect-Cost Allocation	**$541**					
		Total Costs:	**$15,163**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Coronal Polishing Course Application — CCR 1022(s)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Coronal Polishing Course — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Pit & Fissure Sealant Course Application — CCR 1022(t)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Pit and Fissure Course — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Registered Dental Assistant Program Application — CCR 1022(n)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	115.0	-	-	-	-	115.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	75.0	-	-	-	-	75.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	2,880.0	-	1,440.0	1,440.0	-	-	-
SME (2) - site visit	1.0	2,880.0	-	-	-	-	2,880.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
		Minutes per Classification	**73.0**	**1879.0**	**1470.0**	**30.0**	**3202.0**	-
		Hours by Classification	**1.2**	**31.3**	**24.5**	**0.5**	**53.4**	-
		Costs by Classification	**$112**	**$3,539**	**$3,014**	**$65**	**$5,337**	**$2,500**
		Indirect-Cost Allocation	**$541**					
		Total Costs:	**$15,107**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Curriculum Review & Site Evaluation of Registered Dental Assistant Education Program — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	115.0	-	-	-	-	115.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	75.0	-	-	-	-	75.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	2,880.0	-	1,440.0	1,440.0	-	-	-
SME (2) - site visit	1.0	2,880.0	-	-	-	-	2,880.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
		Minutes per Classification	**73.0**	**1,909.0**	**1,470.0**	**30.0**	**3,202.0**	-
		Hours by Classification	**1.2**	**31.8**	**24.5**	**0.5**	**53.4**	-
		Costs by Classification	**$112**	**$3,595**	**$3,014**	**$65**	**$5,337**	**$2,500**
		Indirect-Cost Allocation	**$541**					
		Total Costs:	**$15,163**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Radiation Safety Course Application — CCR 1022(u)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,469**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Radiation Safety Course — 16 CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$441**					
Total Costs:			**$11,525**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California Registered Dental Assistant Application — CCR 1022(a) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst I**	**SUP I**
Receive & sort applications	1.0	5.0	5.0	-	-
Assign to staff	1.0	5.0	-	-	5.0
Create folders, checklists & labels	1.0	10.0	-	10.0	-
Review, identify deficiencies & send deficiency notice #1	1.0	25.0	-	25.0	-
Pull file, review deficiency responses #1	1.0	15.0	-	15.0	-
Review, identify deficiencies & send deficiency notice #2	0.5	15.0	-	7.5	-
Pull file, review deficiency responses #2	0.5	10.0	-	5.0	-
Enforcement review & approval	0.1	110.0	10.0	-	1.0
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0	-
Confirm completeness of application & NPDB pull	1.0	10.0	-	10.0	-
Supervisor review	1.0	5.0	-	-	5.0
Final review, approval & issuance of permit	1.0	5.0	-	-	5.0
File application	1.0	10.0	-	10.0	-
Minutes per Classification			**15.0**	**97.5**	**16.0**
Hours by Classification			**0.3**	**1.6**	**0.3**
Costs by Classification			**$23**	**$159**	**$33**
Indirect-Cost Allocation			**$304**		
Total Costs:			**$519**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I ($98/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

NPDB - Nurse Practitioner Database

Dental Board of California Registered Dental Assistant in Extended Functions Application — CCR 1022(a) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst I**	**SUP I**
Receive & sort applications	1.0	5.0	5.0	-	-
Assign to staff	1.0	5.0	-	-	5.0
Create folders, checklists & labels	1.0	10.0	-	10.0	-
Review, identify deficiencies & send deficiency notice #1	1.0	25.0	-	25.0	-
Pull file, review deficiency responses #1	1.0	15.0	-	15.0	-
Review, identify deficiencies & send deficiency notice #2	0.5	15.0	-	7.5	-
Pull file, review deficiency responses #2	0.5	10.0	-	5.0	-
Enforcement review & approval	0.1	110.0	10.0	-	1.0
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0	-
Confirm completeness of application & NPDB pull	1.0	10.0	-	10.0	-
Supervisor review	1.0	5.0	-	-	5.0
Final review, approval & issuance of permit	1.0	5.0	-	-	5.0
File application	1.0	10.0	-	10.0	-
Minutes per Classification			**15.0**	**97.5**	**16.0**
Hours by Classification			**0.3**	**1.6**	**0.3**
Costs by Classification			**$23**	**$159**	**$33**
Indirect-Cost Allocation			**$218**		
Total Costs:			**$433**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst I ($98/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

NPDB - Nurse Practitioner Database

Dental Board of California Pediatric Minimal Sedation Permit Application — CCR 1021(r) (Workload Costs)					
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**
Download & print applications & attachments	1.0	5.0	5.0	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0
Respond to inquiries (email, phone, etc.)	0.5	60.0	-	30.0	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-
Initial application review & data entry	1.0	90.0	-	90.0	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-
Respond to inquiries on deficiency (email, phone, etc.)	0.75	60.0	-	45.0	-
Receive deficiency response & assign to staff	0.75	10.0	-	-	7.5
Confirm completeness of application & background check	1.0	30.0	-	30.0	-
Management final review	1.0	30.0	-	-	30.0
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-
Prepare file and send to storage	1.0	10.0	-	10.0	-
		Minutes per Classification	**5.0**	**252.5**	**42.5**
		Hours by Classification	**0.1**	**4.2**	**0.7**
		Costs by Classification	**$8**	**$476**	**$87**
		Indirect-Cost Allocation	**$36**		
		Total Costs:	**$606**		

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Pediatric Endorsement General Anesthesia Permit Application — CCR 1021(ag) (Workload Costs)						
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**	**SUP I**	**SME**
Download & print applications & attachments	1.0	5.0	5.0	-	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0	-
Respond to inquiries (email, phone, etc.)	1.0	60.0	-	60.0	-	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-	-
Initial application review & data entry	1.0	90.0	-	90.0	-	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-	-
Respond to inquiries on deficiency (email, phone, etc.)	1.00	60.0	-	60.0	-	-
Receive deficiencies responses and assign to staff	0.75	10.0	-	-	7.5	-
Confirm completeness of application & background check	0.75	20.0	-	15.0	-	-
Prepare documents for Subject Matter Expert (SME) review.	1.0	20.0	-	20.0	-	-
Prepare & issue contract to SME	1.0	30.0	-	30.0	-	-
SME per Diem ($100 per hour)	1.0	90.0	-	-	-	90.0
Process SME review & communicate deficiencies to applicant	0.25	30.0	-	7.5	-	-
Respond to inquiries on deficiency (email, phone, etc.)	0.25	60.0	-	15.0	-	-
Receive deficiencies responses and assign to staff	0.25	10.0	-	-	2.5	-
Prepare documents for SME review.	0.25	20.0	-	5.0	-	-
SME per diem ($100 per hour)	0.25	90.0	-	-	-	22.5
Confirm completeness of application & background check	1.0	20.0	-	20.0	-	-
Management final review	1.0	30.0	-	-	30.0	-
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-	-
Prepare file & send to storage	1.0	10.0	-	10.0	-	-
		Minutes per Classification	**5**	**380**	**45**	**113**
		Hours by Classification	**0.1**	**6.3**	**0.8**	**1.9**
		Costs by Classification	**$8**	**$716**	**$92**	**$188**
		Indirect-Cost Allocation	**$36**			
		Total Costs:	**$1,039**			

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SME - Subject Matter Expert ($100 per hour)

Dental Board of California
Pediatric Endorsement Moderate Sedation Permit Application — CCR 1021(ah)
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SME
Download & print applications & attachments	1.0	5.0	5.0	-	-	-
Receive application & assign to staff	1.0	5.0	-	-	5.0	-
Respond to inquiries (email, phone, etc.)	1.0	60.0	-	60.0	-	-
Create folders, checklists, and labels	1.0	10.0	-	10.0	-	-
Initial application review & data entry	1.0	90.0	-	90.0	-	-
Prepare & send deficiency notice	0.75	30.0	-	22.5	-	-
Respond to inquiries on deficiency (email, phone, etc.)	1.0	60.0	-	60.0	-	-
Receive deficiencies responses and assign to staff	0.75	10.0	-	-	7.5	-
Confirm completeness of application & background check	0.75	20.0	-	15.0	-	-
Prepare documents for Subject Matter Expert (SME) review.	1.0	20.0	-	20.0	-	-
Prepare & issue contract to SME	1.0	30.0	-	30.0	-	-
SME per diem ($100 per hour)	1.0	90.0	-	-	-	90.0
Process SME review & communicate deficiencies to applicant	0.25	30.0	-	7.5	-	-
Respond to inquiries on deficiency (email, phone, etc.)	0.25	60.0	-	15.0	-	-
Receive deficiencies responses and assign to staff	0.25	10.0	-	-	2.5	-
Prepare documents for SME review.	0.25	20.0	-	5.0	-	-
SME per diem ($100 per hour)	0.25	90.0	-	-	-	22.5
Confirm completeness of application & background check	1.0	20.0	-	20.0	-	-
Management final review	1.0	30.0	-	-	30.0	-
Approve application, prepare notice & file application.	1.0	15.0	-	15.0	-	-
Prepare file & send to storage	1.0	10.0	-	10.0	-	-
Minutes per Classification			**5**	**380**	**45**	**113**
Hours by Classification			**0.1**	**6.3**	**0.8**	**1.9**
Costs by Classification			**$8**	**$716**	**$92**	**$188**
Indirect-Cost Allocation			**$36**			
Total Costs:			**$1,039**			

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SME - Subject Matter Expert ($100 per hour)

Dental Board of California
Interim Therapeutic Restoration/Radiographic Decision Making Course Application — CCR XXXX
(Workload Costs)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Receive & sort applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send deficiency notices #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan deficiency responses #1	1.0	15.0	15.0	-	-	-	-	-
Send deficiency responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify deficiencies & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send deficiency notices #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan deficiency responses #2	0.2	15.0	3.0	-	-	-	-	-
Send deficiency responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify deficiencies & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of approval number	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of denial	0.4	40.0	-	16.0	-	-	-	-
File application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,399.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.3**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,635**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$433**					
Total Costs:			**$11,461**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California
Re-Evaluation of Interim Therapeutic Restoration/Radiographic Decision Making Course — CCR XXXX
(Workload Cost)

Workload Tasks	Per Application	Minutes Per Application	MST	Analyst II	SUP I	SUP II	SME	Travel
Prepare & send notice of re-evaluation	1.0	30.0	-	30.0	-	-	-	-
Receive & sort re-evaluation applications	1.0	5.0	5.0	-	-	-	-	-
Cashiering	1.0	10.0	10.0	-	-	-	-	-
Create folders, checklists & labels	1.0	10.0	10.0	-	-	-	-	-
Scan application & prepare SME checklist	1.0	30.0	30.0	-	-	-	-	-
Review application & check for completeness	1.0	30.0	-	30.0	-	-	-	-
Send application to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist	1.0	100.0	-	-	-	-	100.0	-
Prepare & send notices of compliance issues #1	1.0	60.0	-	60.0	-	-	-	-
Review & scan responses #1	1.0	15.0	15.0	-	-	-	-	-
Send responses #1 to SME for review	1.0	10.0	-	10.0	-	-	-	-
Review, identify compliance issues & complete checklist #1	1.0	60.0	-	-	-	-	60.0	-
Prepare & send notices of compliance issues #2	0.2	60.0	-	12.0	-	-	-	-
Review & scan responses #2	0.2	15.0	3.0	-	-	-	-	-
Send responses #2 to SME for review	0.2	10.0	-	2.0	-	-	-	-
Review, identify compliance issues & complete checklist #2	0.2	60.0	-	-	-	-	12.0	-
Prepare notice of site visit	1.0	30.0	-	30.0	-	-	-	-
Correspondence (email, phone, etc.)	1.0	45.0	-	45.0	-	-	-	-
Coordinate site visit & prepare site visit checklist	1.0	120.0	-	120.0	-	-	-	-
Board staff (2) - site visit	1.0	1,920.0	-	960.0	960.0	-	-	-
SME (2) - site visit	1.0	1,920.0	-	-	-	-	1,920.0	-
Site visit travel costs ($2,500 - 4 travelers)	1.0	flat rate	-	-	-	-	-	X
Complete site visit checklist & provide findings	1.0	120.0	-	-	-	-	120.0	-
Review site visit results & make recommendation	1.0	60.0	-	60.0	-	-	-	-
Confirm completeness of re-evaluation application & IT updates	1.0	10.0	-	10.0	-	-	-	-
Management review & decision	1.0	60.0	-	-	30.0	30.0	-	-
Final review, approval & issuance of notice of continuance	0.6	40.0	-	24.0	-	-	-	-
Final review, denial & issuance of withdrawal	0.4	40.0	-	16.0	-	-	-	-
File re-evaluation application	1.0	10.0	-	10.0	-	-	-	-
Minutes per Classification			**73.0**	**1,429.0**	**990.0**	**30.0**	**2,212.0**	-
Hours by Classification			**1.2**	**23.8**	**16.5**	**0.5**	**36.9**	-
Costs by Classification			**$112**	**$2,691**	**$2,030**	**$65**	**$3,687**	**$2,500**
Indirect-Cost Allocation			**$433**					
Total Costs:			**$11,517**					

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

SUP I - Supervisor I ($123/hr - includes DCA Distributed Admin)

SUP II - Supervisor II ($130/hr - includes DCA Distributed Admin)

SME - Subject Matter Experts ($100/hr)

Travel - Estimated costs per site visit ($2,500)

Dental Board of California Extramural Facility Registration Application — CCR XXXX (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**
Open, sort, distribute mail & log checks received	1.0	5.0	5.0	-
Cashier & trial balance reconciliation	1.0	15.0	15.0	-
Initial application review	1.0	15.0	-	15.0
Create folders, checklists, & labels	1.0	10.0	-	10.0
Identify deficiencies & send deficiency notice #1	1.0	15.0	-	15.0
Review deficiency responses #1	1.0	15.0	-	15.0
Subsequent deficiency notice #2	0.5	15.0	-	7.5
Review deficiency responses #2	0.5	15.0	-	7.5
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0
Final review, approval & issuance of approval letter	1.0	15.0	-	15.0
Update data & IT systems	1.0	10.0	-	10.0
File application	1.0	10.0	-	10.0
Minutes per Classification			**20.0**	**120.0**
Hours by Classification			**0.3**	**2.0**
Costs by Classification			**$31**	**$226**
Total Costs:			**$257**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

Dental Board of California Referral Service Registration Application — CCR XXXX (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**
Open, sort, distribute mail & log checks received	1.0	5.0	5.0	-
Cashier & trial balance reconciliation	1.0	15.0	15.0	-
Initial application review	1.0	15.0	-	15.0
Create folders, checklists, & labels	1.0	10.0	-	10.0
Identify deficiencies & send deficiency notice #1	1.0	15.0	-	15.0
Review deficiency responses #1	1.0	15.0	-	15.0
Subsequent deficiency notice #2	0.5	15.0	-	7.5
Review deficiency responses #2	0.5	15.0	-	7.5
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0
Final review, approval & issuance of approval letter	1.0	15.0	-	15.0
Update data & IT systems	1.0	10.0	-	10.0
File application	1.0	10.0	-	10.0
Minutes per Classification			**20.0**	**120.0**
Hours by Classification			**0.3**	**2.0**
Costs by Classification			**$31**	**$226**
Total Costs:			**$257**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

Dental Board of California Elective Facial Cosmetic Surgery Permit Renewal — CCR 1021(y) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$315**	
Total Costs:			**$386**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Special Permit Renewal — CCR 1021(w) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$814**	
Total Costs:			**$885**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California DDS License Renewal — CCR 1021(f) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of license	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$814**	
Total Costs:			**$885**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Oral and Maxillofacial Surgery Permit Renewal — CCR 1021(aa) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**39**	**6**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$822**	
Total Costs:			**$893**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Additional Office Permit Renewal — CCR 1021(k) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	10.0	1.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	10.0	1.0	-
Final review, approval & issuance of permit	1.0	15.0	-	15.0
File application	1.0	10.0	10.0	-
Minutes per Classification			**45.0**	**20.5**
Hours by Classification			**0.8**	**0.3**
Costs by Classification			**$69**	**$42**
Indirect-Cost Allocation			**$295**	
Total Costs:			**$406**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I - Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California General Anesthesia Permit Renewal — CCR 1021(s) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**39**	**6**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$184**	
Total Costs:			**$255**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Moderate Sedation Permit Renewal — CCR 1021(s) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$48**	
Total Costs:			**$119**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Fictitious Name Permit Renewal — CCR 1021(n) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$319**	
Total Costs:			**$390**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Continuing Education Registered Provider Renewal — CCR 1021(ab) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Supervisor I**
Run IT Reports & identify deficient renewal applications	1	5.0	-	5.0
Receive application & assign to staff	1	5.0	-	5.0
Review renewal and data entry	1	30.0	30.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.75	30.0	22.5	-
Review & scan deficiency responses #1	0.75	5.0	3.75	-
Final review, approval & issuance of permit	0.75	5.0	-	3.8
File application	0.75	30.0	22.5	-
Minutes per Classification			**108.8**	**13.8**
Hours by Classification			**1.8**	**0.2**
Costs by Classification			**$167**	**$28**
Indirect-Cost Allocation			**$302**	
Total Costs:			**$497**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Oral Conscious Sedation Certificate Renewal Application — CCR 1021(af) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$6**	
Total Costs:			**$77**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Registered Dental Assistant License Renewal — CCR 1022(f) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$304**	
Total Costs:			**$375**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Registered Dental Assistant in Extended Function License Renewal — CCR 1022(g) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$218**	
Total Costs:			**$289**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Dental Sedation Assistant License Renewal — CCR 1022(h) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$585**	
Total Costs:			**$656**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Orthodontic Assistant Permit Renewal — CCR 1022(i) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$264**	
Total Costs:			**$335**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($123/hr - includes DCA Distributed Admin)

Dental Board of California Pediatric Minimal Sedation Permit Renewal — CCR 1021(t) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Sup I**
Run IT Reports & identify deficient renewal applications	1.0	5.0	-	5.0
Receive application & assign to staff	0.1	5.0	-	0.5
Review renewal and data entry	0.1	20.0	2.0	-
Respond to inquiries	0.5	60.0	30.0	-
Review, identify deficiencies & send deficiency notice #1	0.1	30.0	3.0	-
Review & scan deficiency responses #1	0.1	5.0	0.5	-
Final review, approval & issuance of permit	0.1	5.0	-	0.5
File application	0.1	30.0	3.0	-
Minutes per Classification			**38.5**	**6.0**
Hours by Classification			**0.6**	**0.1**
Costs by Classification			**$59**	**$12**
Indirect-Cost Allocation			**$36**	
Total Costs:			**$107**	

MST - Management Services Technician ($91/hr - includes DCA Distributed Admin)

Sup I -Supervisor I ($120/hr - includes DCA Distributed Admin)

Dental Board of California Extramural Facility Registration Renewal — CCR XXXX (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**
Open, sort, distribute mail & log checks received	1.0	5.0	5.0	-
Cashier & trial balance reconciliation	1.0	15.0	15.0	-
Initial review	1.0	15.0	-	15.0
Create folders, checklists, & labels	1.0	10.0	-	10.0
Identify deficiencies & send deficiency notice #1	1.0	15.0	-	15.0
Review deficiency responses #1	1.0	15.0	-	15.0
Subsequent deficiency notice #2	0.5	15.0	-	7.5
Review deficiency responses #2	0.5	15.0	-	7.5
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0
Final review, approval & issuance of approval letter	1.0	15.0	-	15.0
Update data & IT systems	1.0	10.0	-	10.0
File application	1.0	10.0	-	10.0
Minutes per Classification			**20.0**	**120.0**
Hours by Classification			**0.3**	**2.0**
Costs by Classification			**$31**	**$226**
Total Costs:			**$257**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

Dental Board of California Referral Service Registration Renewal — CCR XXXX (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**Analyst II**
Open, sort, distribute mail & log checks received	1.0	5.0	5.0	-
Cashier & trial balance reconciliation	1.0	15.0	15.0	-
Initial review	1.0	15.0	-	15.0
Create folders, checklists, & labels	1.0	10.0	-	10.0
Identify deficiencies & send deficiency notice #1	1.0	15.0	-	15.0
Review deficiency responses #1	1.0	15.0	-	15.0
Subsequent deficiency notice #2	0.5	15.0	-	7.5
Review deficiency responses #2	0.5	15.0	-	7.5
Correspondence (email, phone, etc.)	1.0	15.0	-	15.0
Final review, approval & issuance of approval letter	1.0	15.0	-	15.0
Update data & IT systems	1.0	10.0	-	10.0
File application	1.0	10.0	-	10.0
Minutes per Classification			**20.0**	**120.0**
Hours by Classification			**0.3**	**2.0**
Costs by Classification			**$31**	**$226**
Total Costs:			**$257**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Analyst II ($113/hr - includes DCA Distributed Admin)

Dental Board of California
Fee Types

Fee Type	Current Fee Amt	Statutory Maximum	Proposed Fee Amt	Audit Finding
4129200 — Other Regulatory Fees	**Current Fee Amt**	**Statutory Maximum**	**Proposed Fee Amt**	**Audit Finding**
License Certification	$50	$125	$125	$143
Duplicate License/Certificate	$50	$100	$100	$123
4129400 — Other Regulatory Fees & Permits	**Current Fee Amt**	**Statutory Maximum**	**Proposed Fee Amt**	**Audit Finding**
Initial Application for Licensure by Residency	$800	$1,000	$1,000	$1,575
Initial Application Elective Facial Cosmetic Surgery Permit	$850	$4,000	$3,768	$3,768
General Anesthesia/Conscious Sedation On-Site Inspection & Evaluation	$2,000	$4,500	$1,789	$1,789
Initial Application for Licensure by Credential	$525	$1,000	$1,000	$1,575
General Anesthesia Permit Application	$524	$1,000	$736	$736
Moderate Sedation Permit Application	$524	$1,000	$590	$590
Oral & Maxillofacial Surgery Permit Application	$500	$1,000	$1,000	$1,430
Additional Office Permit Application	$350	$750	$750	$771
Special Permit Application	$1,000	$1,000	$1,000	$1,479
Continuing Education Registered Provider	$410	$500	$500	$588
Initial License Dentist	$650	$800	$800	$885
Oral Conscious Sedation Certification Application	$459	$1,000	$548	$548
Ultrasonic Scaler Course Application	$300	$2,000	$2,000	$11,469
Re-Evaluation Ultrasonic Scaling Course	$0	$2,000	$2,000	$11,525
Orthodontic Assistant Course Permit Application	$300	$2,000	$2,000	$11,469
Re-Evaluation of Orthodontic Assistant Permit Course	$0	$2,000	$2,000	$11,469
Dental Sedation Assistant Course Permit Application	$300	$2,000	$2,000	$11,469
Re-Evaluation of Dental Sedation Assistant Permit Course	$0	$2,000	$2,000	$11,525
Infection Control Course Application	$300	$2,000	$2,000	$11,469
Re-Evaluation of Infection Control Course	$0	$2,000	$2,000	$11,525
Dental Sedation Assistant Permit Application	$120	$200	$200	$800
Orthodontic Assistant Permit Application	$120	$200	$200	$479
RDAEF Program Application	$1,400	$7,500	$7,500	$15,103
Re-Evaluation of RDAEF Program	$0	$7,500	$7,500	$15,163
Coronal Polish Course Application	$300	$2,000	$2,000	$11,469
Re-Evaluation of Coronal Polishing Course	$0	$2,000	$2,000	$11,525
Pit and Fissure Sealant Course Application	$300	$2,000	$2,000	$11,469
Re-Evaluation of Pit and Fissure Sealant Course Fee	$0	$2,000	$2,000	$11,525
RDA Program Application	$1,400	$7,500	$7,500	$15,107
Curriculum Review & Site Evaluation of RDA Education Program	$0	$7,500	$7,500	$15,163
Radiation Safety Course Application	$300	$2,000	$2,000	$11,469
Re-Evaluation of Radiation Safety Course	$0	$2,000	$2,000	$15,525
RDA Application	$120	$200	$200	$519
RDAEF Application	$120	$200	$200	$433
Pediatric Minimal Sedation Permit Application	$459	$1,000	$606	$606
Pediatric Endorsement for General Anesthesia Permit Application	$532	N/A	$1,000	$1,039
Pediatric Endorsement for Moderate Sedation Permit Application	$532	N/A	$1,000	$1,039
ITR-RDM Course Application	$0	$2,000	$2,000	$11,461
Re-Evaluation of ITR-RDM Course	$0	$2,000	$2,000	$11,517
Extramural Facility Registration Application	$25	$25	$25	$257
Referral Service Registration Application	$25	$25	$25	$257
4127400 — Renewal Fees	**Current Fee Amt**	**Statutory Maximum**	**Proposed Fee Amt**	**Audit Finding**
Elective Facial Cosmetic Surgery Permit Renewal	$800	$800	$386	$386
Special Permit Renewal	$125	$600	$600	$885
Dentist License Renewal	$650	$800	$800	$885
Oral & Maxillofacial Surgery Permit Renewal	$650	$1,200	$893	$893
Additional Office Permit Renewal	$250	$375	$375	N/A
General Anesthesia Permit Renewal	$325	$600	$255	$255
Moderate Sedation Permit Renewal	$325	$600	$119	$119
Fictitious Name Permit Renewal	$325	$800	$390	$390
Continuing Education Registered Provider Renewal	$325	$500	$500	$497
Oral Conscious Sedation Certificate Renewal Application	$168	$600	$77	$77
RDA License Renewal	$100	$200	$200	$375
RDAEF License Renewal	$100	$200	$200	$289
Dental Sedation Assistant License Renewal	$100	$200	$200	$656
Orthodontic Assistant License Renewal	$100	$200	$200	$335

0741 - State Dentistry Fund
Analysis of Fund Condition (Dollars in Thousands)

Prepared 11/6/2026

2027-28 Pre-Governor's Budget
Status Quo

	PY 2025-26	CY 2026-27	Sunset BY 2027-28	BY +1 2028-29	BY +2 2029-30	BY +3 2030-31	Sunset BY +4 2031-32
BEGINNING BALANCE	$ 26,439	$ 28,077	$ 27,283	$ 25,819	$ 23,636	$ 20,685	$ 16,910
Prior Year Adjustment	$ 115	$ -	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 26,554	$ 28,077	$ 27,283	$ 25,819	$ 23,636	$ 20,685	$ 16,910
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS							
Revenues							
4121200 - Delinquent fees	$ 347	$ 377	$ 377	$ 377	$ 377	$ 377	$ 377
4127400 - Renewal fees	$ 15,355	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090
4129200 - Other regulatory fees	$ 455	$ 481	$ 481	$ 481	$ 481	$ 481	$ 481
4129400 - Other regulatory licenses and permits	$ 3,834	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938
4143500 - Miscellaneous Services to the Public	$ -	$ 15	$ 15	$ 15	$ 15	$ 15	$ 15
4163000 - Income from surplus money investments	$ 1,201	$ 1,150	$ 1,088	$ 996	$ 872	$ 713	$ 516
4171400 - Escheat of unclaimed checks and warrants	$ 14	$ 12	$ 12	$ 12	$ 12	$ 12	$ 12
4172500 - Miscellaneous revenues	$ 6	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2
Totals, Revenues	$ 21,212	$ 21,065	$ 21,003	$ 20,911	$ 20,787	$ 20,628	$ 20,431
Transfers to/from Other Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 21,212	$ 21,065	$ 21,003	$ 20,911	$ 20,787	$ 20,628	$ 20,431
TOTAL RESOURCES	$ 47,766	$ 49,142	$ 48,286	$ 46,730	$ 44,423	$ 41,313	$ 37,341
Expenditures:							
1111 DCA (State Ops)	$ 18,186	$ 20,270	$ 20,878	$ 21,504	$ 22,150	$ 22,814	$ 23,498
9900 Statewide Pro Rata (State Ops)	$ 1,503	$ 1,589	$ 1,589	$ 1,589	$ 1,589	$ 1,589	$ 1,589
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 19,689	$ 21,859	$ 22,467	$ 23,093	$ 23,739	$ 24,403	$ 25,087
FUND BALANCE							
Reserve for economic uncertainties	$ 28,077	$ 27,283	$ 25,819	$ 23,636	$ 20,685	$ 16,910	$ 12,253
Months in Reserve	**15.4**	**14.6**	**13.4**	**11.9**	**10.2**	**8.1**	**5.9**

NOTES:
1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.
3. 2027-28 Pre-Governor's Budget.

0741 - State Dentistry Fund
Analysis of Fund Condition (Dollars in Thousands)

Prepared 11/6/2026

2027-28 Pre-Governor's Budget
Model V1: Fees Set at Caps & Other Adj

	PY 2025-26	CY 2026-27	BY 2027-28 (Sunset)	BY +1 2028-29	BY +2 2029-30	BY +3 2030-31	BY +4 2031-32 (Sunset)
BEGINNING BALANCE	$ 26,439	$ 28,077	$ 27,283	$ 32,556	$ 37,408	$ 41,799	$ 45,690
Prior Year Adjustment	$ 115	$ -	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 26,554	$ 28,077	$ 27,283	$ 32,556	$ 37,408	$ 41,799	$ 45,690
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS							
Revenues							
4121200 - Delinquent fees	$ 347	$ 377	$ 377	$ 377	$ 377	$ 377	$ 377
4121200 - Delinquent fees increase (eff. 7/1/2027)	$ -	$ -	$ 179	$ 179	$ 179	$ 179	$ 179
4127400 - Renewal fees	$ 15,355	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090
4127400 - Renewal fees increase (eff. 7/1/2027)	$ -	$ -	$ 4,654	$ 4,654	$ 4,654	$ 4,654	$ 4,654
4129200 - Other regulatory fees	$ 455	$ 481	$ 481	$ 481	$ 481	$ 481	$ 481
4129200 - Other regulatory fees increase (eff. 7/1/2027)	$ -	$ -	$ 176	$ 176	$ 176	$ 176	$ 176
4129400 - Other regulatory licenses and permits	$ 3,834	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938
4129400 - Other regulatory licenses & permits increase (eff. 7/1/2027)	$ -	$ -	$ 1,444	$ 1,444	$ 1,444	$ 1,444	$ 1,444
4143500 - Miscellaneous Services to the Public	$ -	$ 15	$ 15	$ 15	$ 15	$ 15	$ 15
4163000 - Income from surplus money investments	$ 1,201	$ 1,150	$ 1,372	$ 1,577	$ 1,762	$ 1,926	$ 2,067
4171400 - Escheat of unclaimed checks and warrants	$ 14	$ 12	$ 12	$ 12	$ 12	$ 12	$ 12
4172500 - Miscellaneous revenues	$ 6	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2
Totals, Revenues	$ 21,212	$ 21,065	$ 27,740	$ 27,945	$ 28,130	$ 28,294	$ 28,435
Transfers to/from Other Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 21,212	$ 21,065	$ 27,740	$ 27,945	$ 28,130	$ 28,294	$ 28,435
TOTAL RESOURCES	$ 47,766	$ 49,142	$ 55,023	$ 60,501	$ 65,538	$ 70,093	$ 74,125
Expenditures:							
1111 DCA (State Ops)	$ 18,186	$ 20,270	$ 20,878	$ 21,504	$ 22,150	$ 22,814	$ 23,498
9900 Statewide Pro Rata (State Ops)	$ 1,503	$ 1,589	$ 1,589	$ 1,589	$ 1,589	$ 1,589	$ 1,589
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 19,689	$ 21,859	$ 22,467	$ 23,093	$ 23,739	$ 24,403	$ 25,087
FUND BALANCE							
Reserve for economic uncertainties	$ 28,077	$ 27,283	$ 32,556	$ 37,408	$ 41,799	$ 45,690	$ 49,038
Months in Reserve	**15.4**	**14.6**	**16.9**	**18.9**	**20.6**	**21.9**	**23.5**

NOTES:
1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.
3. 2027-28 Pre-Governor's Budget.
4. Fees adjusted effective 7/1/2027.

0741 - State Dentistry Fund
Analysis of Fund Condition (Dollars in Thousands)

Prepared 11/6/2026

2027-28 Pre-Governor's Budget Model V2: V1 w/ Unanticipated Costs (Ongoing)	PY 2025-26	CY 2026-27	Sunset BY 2027-28	BY +1 2028-29	BY +2 2029-30	BY +3 2030-31	Sunset BY +4 2031-32
BEGINNING BALANCE	$ 26,439	$ 28,077	$ 27,283	$ 32,556	$ 34,798	$ 36,464	$ 37,510
Prior Year Adjustment	$ 115	$ -	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 26,554	$ 28,077	$ 27,283	$ 32,556	$ 34,798	$ 36,464	$ 37,510
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS							
Revenues							
4121200 - Delinquent fees	$ 347	$ 377	$ 377	$ 377	$ 377	$ 377	$ 377
4121200 - Delinquent fees increase (eff. 7/1/2027)	$ -	$ -	$ 179	$ 179	$ 179	$ 179	$ 179
4127400 - Renewal fees	$ 15,355	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090
4127400 - Renewal fees increase (eff. 7/1/2027)	$ -	$ -	$ 4,654	$ 4,654	$ 4,654	$ 4,654	$ 4,654
4129200 - Other regulatory fees	$ 455	$ 481	$ 481	$ 481	$ 481	$ 481	$ 481
4129200 - Other regulatory fees increase (eff. 7/1/2027)	$ -	$ -	$ 176	$ 176	$ 176	$ 176	$ 176
4129400 - Other regulatory licenses and permits	$ 3,834	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938
4129400 - Other regulatory licenses & permits increase (eff. 7/1/2027)	$ -	$ -	$ 1,444	$ 1,444	$ 1,444	$ 1,444	$ 1,444
4143500 - Miscellaneous Services to the Public	$ -	$ 15	$ 15	$ 15	$ 15	$ 15	$ 15
4163000 - Income from surplus money investments	$ 1,201	$ 1,150	$ 1,372	$ 1,467	$ 1,537	$ 1,581	$ 1,597
4171400 - Escheat of unclaimed checks and warrants	$ 14	$ 12	$ 12	$ 12	$ 12	$ 12	$ 12
4172500 - Miscellaneous revenues	$ 6	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2
Totals, Revenues	$ 21,212	$ 21,065	$ 27,740	$ 27,835	$ 27,905	$ 27,949	$ 27,965
Transfers to/from Other Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 21,212	$ 21,065	$ 27,740	$ 27,835	$ 27,905	$ 27,949	$ 27,965
TOTAL RESOURCES	$ 47,766	$ 49,142	$ 55,023	$ 60,391	$ 62,703	$ 64,413	$ 65,475
Expenditures:							
1111 DCA (State Ops)	$ 18,186	$ 20,270	$ 20,878	$ 21,504	$ 22,150	$ 22,814	$ 23,498
Unanticipated Costs (Scenario #1 — Ongoing)	$ -	$ -	$ -	**$ 2,500**	**$ 2,500**	**$ 2,500**	**$ 2,500**
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 19,689	$ 21,859	$ 22,467	$ 25,593	$ 26,239	$ 26,903	$ 27,587
FUND BALANCE							
Reserve for economic uncertainties	$ 28,077	$ 27,283	$ 32,556	$ 34,798	$ 36,464	$ 37,510	$ 37,888
Months in Reserve	**15.4**	**14.6**	**15.3**	**15.9**	**16.3**	**16.3**	**16.5**

NOTES:
1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.
3. 2027-28 Pre-Governor's Budget.
4. Fees adjusted effective 7/1/2027.
5. Includes unanticipated costs beginning in 2028-29 and ongoing.

0741 - State Dentistry Fund
Analysis of Fund Condition (Dollars in Thousands)

Prepared 11/6/2026

2027-28 Pre-Governor's Budget Model V3: V1 w/ Unanticipated Costs (One-Time)	PY 2025-26	CY 2026-27	Sunset BY 2027-28	BY +1 2028-29	BY +2 2029-30	BY +3 2030-31	Sunset BY +4 2031-32
BEGINNING BALANCE	$ 26,439	$ 28,077	$ 27,283	$ 32,556	$ 26,968	$ 30,899	$ 34,310
Prior Year Adjustment	$ 115	$ -	$ -	$ -	$ -	$ -	$ -
Adjusted Beginning Balance	$ 26,554	$ 28,077	$ 27,283	$ 32,556	$ 26,968	$ 30,899	$ 34,310
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS							
Revenues							
4121200 - Delinquent fees	$ 347	$ 377	$ 377	$ 377	$ 377	$ 377	$ 377
4121200 - Delinquent fees increase (eff. 7/1/2027)	$ -	$ -	$ 179	$ 179	$ 179	$ 179	$ 179
4127400 - Renewal fees	$ 15,355	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090	$ 15,090
4127400 - Renewal fees increase (eff. 7/1/2027)	$ -	$ -	$ 4,654	$ 4,654	$ 4,654	$ 4,654	$ 4,654
4129200 - Other regulatory fees	$ 455	$ 481	$ 481	$ 481	$ 481	$ 481	$ 481
4129200 - Other regulatory fees increase (eff. 7/1/2027)	$ -	$ -	$ 176	$ 176	$ 176	$ 176	$ 176
4129400 - Other regulatory licenses and permits	$ 3,834	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938	$ 3,938
4129400 - Other regulatory licenses & permits increase (eff. 7/1/2027)	$ -	$ -	$ 1,444	$ 1,444	$ 1,444	$ 1,444	$ 1,444
4143500 - Miscellaneous Services to the Public	$ -	$ 15	$ 15	$ 15	$ 15	$ 15	$ 15
4163000 - Income from surplus money investments	$ 1,201	$ 1,150	$ 1,372	$ 1,137	$ 1,302	$ 1,446	$ 1,566
4171400 - Escheat of unclaimed checks and warrants	$ 14	$ 12	$ 12	$ 12	$ 12	$ 12	$ 12
4172500 - Miscellaneous revenues	$ 6	$ 2	$ 2	$ 2	$ 2	$ 2	$ 2
Totals, Revenues	$ 21,212	$ 21,065	$ 27,740	$ 27,505	$ 27,670	$ 27,814	$ 27,934
Transfers to/from Other Funds	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 21,212	$ 21,065	$ 27,740	$ 27,505	$ 27,670	$ 27,814	$ 27,934
TOTAL RESOURCES	$ 47,766	$ 49,142	$ 55,023	$ 60,061	$ 54,638	$ 58,713	$ 62,244
Expenditures:							
1111 DCA (State Ops)	$ 18,186	$ 20,270	$ 20,878	$ 21,504	$ 22,150	$ 22,814	$ 23,498
Unanticipated Costs (Scenario #2 — One-Time)	$ -	$ -	$ -	**$ 10,000**	$ -	$ -	$ -
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 19,689	$ 21,859	$ 22,467	$ 33,093	$ 23,739	$ 24,403	$ 25,087
FUND BALANCE							
Reserve for economic uncertainties	$ 28,077	$ 27,283	$ 32,556	$ 26,968	$ 30,899	$ 34,310	$ 37,157
Months in Reserve	**15.4**	**14.6**	**11.8**	**13.6**	**15.2**	**16.4**	**17.8**

NOTES:
1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.
3. 2027-28 Pre-Governor's Budget.
4. Fees adjusted effective 7/1/2027.
5. Includes unanticipated costs beginning in 2028-29 (one-time).

Questions?

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	October 23, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Supervisor I – Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 26.a.:** Status Update on Pending Regulations

Background

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

i. 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 rulemaking documents (i.e., Notice and Initial Statement of Reasons, etc.) and worked with the Board's Regulations Counsel and Department of Consumer Affairs (DCA) Budget Office to finalize the documents for departmental review. The regulation package was submitted to the DCA Acting Director for review and approved on September 18, 2026. The package was then sent for Agency review and approved on October 1, 2026. Board staff have initially filed with the Office of Administrative Law (OAL) and

are preparing for publication on October 16, 2026, with comment period ending November 30, 2026.

ii. Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1066 Regarding Vaccine Administration Updates

Summary of Proposed Changes:
A summary of the proposed changes can be found within the May 13-14, 2026, Board meeting materials.

Update:
The proposed text was approved by the Board at its May 13-14, 2026, meeting. Board staff have taken the necessary steps to begin the rulemaking process, which includes drafting the necessary rulemaking documents (i.e., Notice and Initial Statement of Reasons, etc.) and are working with the Board's Regulations Counsel and the DCA Budget Office to finalize the documents for departmental review.

Action Requested

This item is informational only. No action is requested. Please be advised that neither the Council nor the Board is accepting public comments on the proposed regulatory language or on the procedures for adopting these regulations as part of the discussion of this agenda item; this item is only an update. Members of the public wishing to submit such comments should send them to the Contact Persons listed in the Board's Notice of Proposed Regulatory Action, available on the Board's website here: https://www.dbc.ca.gov/formspubs/ms_inf_control_nopra.pdf

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MEMORANDUM

DATE	October 26, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Supervisor I – Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 26.b.i.:** Discussion and Possible Action to Consider Comments Received During the 45-Day Public Comment Period and Proposed Responses Thereto for the Board's Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 Related to Applications for Dentist Licensure and Fees

Background

At its May 13-14, 2026, meeting, the Dental Board of California (Board) approved proposed regulatory text and directed staff to initiate the formal rulemaking process. A summary of this approved proposal can be found within the May 13-14, 2026, Board meeting materials.

The Notice of Proposed Action, Initial Statement of Reasons, and proposed text were filed with the Office of Administrative Law and published in the California Regulatory Notice Register on July 17, 2026, opening a 45-day public comment period that closed on August 31, 2026.

Staff Recommendations

Staff received four written comments during the comment period. All four comments are summarized together with staff's recommended responses. Copies of the comments themselves are provided in Attachment 1.

1. **Summary of Written Comments from Grisel Gonzalez-Diaz, DDS by email received on July 17, 2026:** The commenter has been practicing for 22 years and states that "California has one of the highest fees for dental license renewal in the country and one of the highest cost of life at the same time. Every time is more

difficult for us as professionals to be able to pay the fees and to continue living in California." She urges the Board to lower the fees to "adjust them to the fees and even the continue education hours of other states where dentists don't even pay state taxes, they have 30 hours of continuing education and the license costs less than $400 every 2 years."

Staff Recommended Response: After considering the comments, the Board makes no changes to the proposed language of the regulation for the following reasons:

The Initial Statement of Reasons explains fee increases are data-driven and necessary for sustaining Board operations. It also notes that fees remain comparatively low and are not expected to have significant adverse economic impact. The Board has justified the fee increases with cost analyses consistent within the current statutory "cap" requirements. Lowering fees further would undermine fiscal sustainability and is not supported by the regulatory record.

The comparison to other states is not a valid basis for adjusting California's fees. Each state operates under its own statutory and fiscal structure, costs of regulation, and public-protection mandates. California's fees are set according to the Board's actual operational costs, workload demands, and statutory obligations—not by the tax policies or continuing-education requirements of other jurisdictions.

If this regulatory proposal is not adopted, the Board may need to restrict its core operations, including slowing its ability to process applications, curtailing investigations, closing offices intermittently, and limiting the Board's ability to adjudicate violations of the laws it administers in an expedient manner. These restrictions to the operational functions of the Board could result in licensing backlogs and compromise the Board's ability to achieve its mission and statutory mandate of consumer protection.

2. **Summary of Written Comments from Sam Safar, DDS by email received on July 17, 2026:** The commenter, who states that he is a pediatric dentist, strongly supports the proposed amendments, emphasizing that he appreciates the Board's efforts to modernize and streamline the licensure process. "Updating these regulations to reflect today's licensure pathways is a practical and responsible step that will improve efficiency while maintaining the Board's commitment to protecting the public." He notes that the amendments and repeal of outdated sections will clarify licensure requirements, making the process more transparent for new graduates and other applicants. This streamlined process also supports dental practices by helping ensure timely licensure of qualified dentists. California continues to face shortages in dental care access, especially for children and underserved communities. While these regulatory updates do not change professional standards, they remove administrative hurdles that delay qualified

dentists from entering practice. Modernizing the rules supports improved access to care while maintaining high professional standards.
The commenter appreciates the Dental Board's thoughtful review of its regulations and its commitment to keeping them consistent with current law and contemporary licensure practices.

Staff Recommended Response: The Board acknowledges the commenter's supportive remarks. Since the comment aligns directly with the Board's stated goals and rationale and provides positive stakeholder feedback supporting the proposed changes, no further changes to the proposed language were made in response to this comment.

3. **Summary of Written Comments from Luminous Dental received by email on August 2, 2026:** The commenter, only identified in their email as "Luminous Dental" (individual name unknown), requests changing dental license renewal from every two years to every four years. The commenter states: "HEALTHCARE PROVIDERS IN CA ARE BURDENED WITH EXCESSIVE ADMINISTATIVE REQUIREMENTS BY THE STATE."

   Staff Recommended Response: After considering the comments, the Board makes no changes to the proposed language of the regulation for the following reasons. The proposed regulations do not address renewal intervals; they focus on application requirements, examination pathways, and fee adjustments. The comment is outside the scope of the current regulatory package. Changing renewal intervals would require a separate regulatory process and changes to statutory authority not included in this proposal. In addition, fee levels for dentist licensure and renewal are adopted consistent with statutory requirements in Business and Professions Code section 1724 and reflect the actual costs of the Board's licensing, enforcement, and consumer-protection programs to ensure the Board remains solvent and operational.

4. **Summary of Written Comments from Tooka Zokaie, Sr. Health Policy Analyst, California Dental Association (CDA) received by letter dated August 14, 2026:** Overall, the CDA expresses support for the Board's data-driven, cost-based approach to fee adjustments. The Board's updates to dentist licensure fees and related regulations, including 16 CCR 1021 and 1028, were driven by the Board's 2024 Sunset bill (SB 1453), which required significant changes to the licensure process, such as removing the Portfolio pathway and formally adding the ADEX exam. As part of this overhaul, the Board conducted desk audits and workload analyses using updated salary data to determine the actual costs of processing applications and the law and ethics exam, resulting in proposed modest fee adjustments.

   CDA notes that the proposal reflects the same data-driven fee-setting approach developed with the Board nearly a decade ago. Beginning in 2015, a detailed audit

showed licensure fees had long been undervalued, prompting a shift toward aligning fees with their true costs as part of sound, long-term budgeting. Throughout that process, CDA supported a transparent, data-based methodology and encouraged keeping entry-level fees low while distributing increases across the full fee schedule.

The CDA notes that the "current proposal is consistent with that standard: a $90 adjustment to the initial application fee ($400 to $490) and a $55 adjustment to the law and ethics examination application fee ($125 to $180). We also note that the Board revised its initial recommendation of $500 for the initial application fee down to $490 after updated state budget data showed reduced costs to the Board, reflecting a continued commitment to charging only what is actually needed. CDA appreciates that these increases are targeted and modest and views them as routine maintenance of the cost-recovery framework established in 2015-2016."

However, CDA urges the Board to consider potential unintended consequences in future fee reviews. Members report that the current 2,000-dollar onsite inspection fee for sedation and anesthesia permits can be burdensome—especially for practices with multiple permitted providers—and may lead some to let their permits lapse, worsening provider shortages and pediatric anesthesia waitlists. More broadly, dentists face financial pressures such as low reimbursement rates, rising labor costs, and workforce shortages, making steep fee increases difficult for practices to absorb. CDA therefore supports the Board's measured, cost-based approach in this proposal and encourages similar caution in future fee adjustments.

Staff Recommended Response: The Board acknowledges the commenter's supportive remarks. Since those supportive comments align directly with the Board's stated goals and rationale and provides positive stakeholder feedback supporting the proposed changes, no further changes to the proposed language were made in response to this comment. No action was taken with regard to the comments regarding possible other fee increases or concerns about the Board's current onsite inspection fee for sedation and anesthesia permits as those fees are beyond the scope of, and unrelated to, the currently proposed regulatory action.

Action Requested Action Requested: The Board should review the public comments received in Attachment 1 and consider approving the staff recommended responses. After review, the staff requests that the Board consider one of the following motions:

Motion A (If there are no changes to the proposed responses by members):

Direct staff to proceed as recommended, addressing or rejecting public comments as specified, and providing responses as outlined in the meeting materials.

Motion B (If there are changes to the proposed responses by members):

Direct staff to accept the following comment(s) [identify comments to accept or reject and response language to change here], but otherwise proceed as recommended to acknowledge or reject the other comments and provide the responses to the comments as set forth in the meeting materials.

Attachments:

1. Attachment 1 – Copies of written comments received during the 45-day public comment period.

Taran, Mirela@DCA

From: Grisel Gonzalez <loveteeth36@yahoo.com>
Sent: Friday, July 17, 2026 9:14 AM
To: Nelson, Brant@DCA
Subject: Dental Licensure application fees

Follow Up Flag: Follow up
Flag Status: Completed

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Hello, this is Grisel Gonzalez-Diaz DDS, I have been practicing dentistry in California for 22 years and I would like to submit my comment regarding the license fee.
California has one of the highest fees for dental license renewal in the country and one of the highest cost of life at the same time. Every time is more difficult for us as professionals to be able to pay the fees and to continue living in California.
My opinion is that California should lower the fees to adjust them to the fees and even the continue education hours of other states where dentists don't even pay state taxes, they have 30 hours of continuing education and the license costs less than $400 every 2 years.
Thank you for reading my email.
Dr Gonzalez.

Yahoo Mail: Search, Organize, Conquer

Taran, Mirela@DCA

From: Sam Safar <drs.foreversmiles@gmail.com>
Sent: Friday, July 17, 2026 11:53 AM
To: Nelson, Brant@DCA
Subject: My support for the proposed amendments

Follow Up Flag: Follow up
Flag Status: Completed

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Dear Mr. Nelson,

I am writing to express my strong support for the Dental Board of California's proposed amendments to Title 16, Division 10 of the California Code of Regulations concerning Applications for Dentist Licensure and Fees.

As a practicing pediatric dentist in California, I appreciate the Board's efforts to modernize and streamline the licensure process. Over time, changes in statute have rendered portions of the current regulations outdated, resulting in unnecessary complexity for applicants and administrators alike. Updating these regulations to reflect today's licensure pathways is a practical and responsible step that will improve efficiency while maintaining the Board's commitment to protecting the public.

The proposed amendments and repeal of obsolete sections will help eliminate confusion for new graduates, residency-trained dentists, and applicants seeking licensure in California. A more straightforward and transparent application process benefits not only future licensees but also dental practices that rely on timely licensure when recruiting and hiring qualified dentists to serve our communities.

California continues to face challenges in ensuring adequate access to dental care, particularly for children and underserved populations. While these regulatory changes do not alter professional standards or patient protections, they remove unnecessary administrative barriers that can delay qualified dentists from entering the workforce. Modernizing these regulations is an important step toward improving access to care while preserving the high standards expected of California's dental professionals.

I appreciate the Dental Board's thoughtful review of its regulations and its commitment to keeping them consistent with current law and contemporary licensure practices. I respectfully encourage your support of these proposed amendments.

Thank you for your time, your service to the people of California, and your consideration of my comments. Please feel free to contact me if I can provide any additional perspective as a practicing pediatric dentist.

Respectfully,

Dr. Sam Safar, DDS
Pediatric Dentist

Taran, Mirela@DCA

From: Luminous Dental <dental.luminous@gmail.com>
Sent: Sunday, August 2, 2026 10:33 PM
To: Nelson, Brant@DCA
Subject: Re: Public Notice of Proposed Rulemaking regarding Applications for Dentist Licensure and Fees

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Report Suspicious

PLEASE UPDATE THE REQUIREMENT OF RENEWING THE DENTAL LICENSE FROM EVERY TWO YEARS TO EVERY FOUR YEARS.

HEALTHCARE PROVIDERS IN CA ARE BURDENED WITH EXCESSIVE ADMINISTATIVE REQUIREMENTS BY THE STATE.

THANK YOU

August 14, 2026

Lilia Larin, DDS, Board President
Dental Board of California

RE: Proposed Regulatory Action: Applications for Dentist Licensure and Fees

Dear President Larin:

California Dental Association (CDA), representing 27,000 member-dentists throughout the state, would like to thank the Dental Board of California (Board) for the opportunity to provide feedback on the proposed changes to several regulations related to applications for dentist licensure and fees, including 16 CCR Sections 1021 and 1028. We understand that the Board's overhaul of these sections was prompted by the 2024 sunset bill (SB 1453), which required substantive changes to the licensure application process, including removing the Portfolio pathway and formally incorporating the ADEX examination pathway. As part of that overhaul, the Board conducted desk audits and performed workload analysis using updated salary schedules to recalculate the actual cost of processing the initial application and the law and ethics examination application and has proposed modest fee adjustments accordingly.

Data-Based Approach to Fee-Setting

CDA recognizes that this proposal reflects the same disciplined, data-driven approach to fee-setting that the Board and CDA worked together to establish nearly a decade ago. That process began in 2015 with a detailed audit assessing the actual cost of each Board task, which revealed that licensure fees had been deeply depressed and subsidized for years. The auditor at that time challenged the Board to treat the fee restructure as an opportunity to align fees with their true costs as a matter of sound, structural budgeting and not a one-time fix. CDA advocated early in that process for a transparent, data-based approach, and specifically urged the Board to keep fees low for dentists entering the profession and to spread increases across the fee schedule.

The current proposal is consistent with that standard: a $90 adjustment to the initial application fee ($400 to $490) and a $55 adjustment to the law and ethics examination application fee ($125 to $180). We also note that the Board revised its initial recommendation of $500 for the initial application fee down to $490 after updated state budget data showed reduced costs to the Board, reflecting a continued commitment to charging only what is actually needed. CDA appreciates that these increases are targeted and modest and views them as routine maintenance of the cost-recovery framework established in 2015–2016.

Ongoing Assessment of Impact to Licensees

CDA also encourages the Board to remain mindful of unintended consequences as it undertakes future fee reviews. For example, we have heard from a growing number of members that the current $2,000 onsite inspection fee for sedation and anesthesia permits can be overly burdensome, especially for practices with multiple permitted providers. When compounded with other anesthesia provider requirements that went into effect in 2022, this fee can become the deciding factor that leads providers to let their permits lapse. This contributes to a shortage of providers able to offer these necessary services, particularly for pediatric patients, which in turn exacerbates existing dental anesthesia waitlists.

More broadly, dentists are navigating significant economic and financial pressures, from stagnant or declining reimbursement rates to rising wage pressures and ongoing workforce shortages, that can make drastic fee increases untenable for practices already operating on thin margins. It is for this reason that CDA appreciates the Board's measured, cost-based approach in this proposal, and urges that same care as the Board considers adjustments to fees beyond this regulatory package.

CDA values the Board's continued focus on its fiscal health and the opportunity to contribute to the discussion and deliberation on this matter. We recognize that developing a budget where the Board is fiscally sound, and dentists are paying their fair share is not an easy task, and we appreciate working with you to achieve that goal.

Sincerely,

Tooka Zokaie
Sr. Health Policy Analyst

Cc: Bryce Docherty, MPA, Executive Officer, Dental Board of California

California Dental Association
1201 K Street, 14th Floor
Sacramento, CA 95814

916.443.0505
800.232.7645
916.443.2943 fax
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DEPARTMENT OF CONSUMER AFFAIRS • DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
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MEMORANDUM

DATE	October 26, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Supervisor I – Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 26.b.ii.:** Discussion and Consideration of Proposed Regulations to Amend CCR, Title 16, Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 Related to Applications for Dentist Licensure and Fees

Background

At today's meeting, the Board reviewed the four written public comments received during the 45-day comment period on the proposed regulations regarding Applications for Dentist Licensure and Fees and considered staff's recommended responses (rejecting two comments and acknowledging two supportive comments).

For this item, staff have now prepared the final regulatory text for the Board's consideration and possible adoption so that the rulemaking package can be completed and submitted through the required departmental review as well as to the Department of Finance (DOF) and the Office of Administrative Law for final review.

Action Requested

If the Board rejects the previously discussed comments in Agenda Item 26.b.i. and makes no further changes to the proposed text, staff recommends the Board consider the following motions to complete the rulemaking process and adopt the proposed text:

Motion A (If there are no changes to the proposed text by members):

I move to direct staff to take all steps necessary to complete the rulemaking process including the filing of the final rulemaking package with the Office of Administrative Law, authorize the Executive Officer to make any non-substantive changes to the proposed

regulations and the rulemaking documents, and adopt the proposed regulations in Title 16, CCR Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 as set forth in **Attachment 1**.

If the Board accepts any comments or would like to make further changes to the text, staff recommends the following motion:

Motion B (If there are changes to the proposed text by members at this meeting):

I move to approve the text in **Attachment 1** with the following modifications (describe amendments here) and direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text as approved at this meeting for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations, and adopt the proposed regulations in Title 16, CCR Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 as described in the noticed modified text.

Attachments:

1. Proposed Regulatory Text (with forms to be repealed) for Title 16, CCR Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 (Originally Noticed to the Public)

TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA

PROPOSED TEXT

Applications for Dentist Licensure and Fees

Proposed amendments to the regulatory language are shown in single underline for new text and single ~~strikethrough~~ for deleted text.

Amend Sections 1021, 1028, 1028.4, 1028.5, 1030, and 1035, and Repeal Sections 1032, 1032.1, 1032.2, 1032.3, 1032.4, 1032.5, 1032.6, 1032.7, 1032.8, 1032.9, 1032.10, 1033.1, 1034, and 1036.01 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1021. Examination, Permit and License Fees for Dentists.

The following nonrefundable fees are set for dentist examination and licensure by the Board, and for other licensee, registrant, or applicant types specified below [FN**]:

(a) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) and (c)(2) of the Business and Professions Code (the Code) $~~400~~490

(b) Initial application for those applicants qualifying pursuant to Section 1634.1 of the Code $800

~~(c) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) of the Code $400~~

(~~d~~c) Initial application fee for those applicants applying pursuant to Section 1635.5 of the Code $525

(~~e~~d) Initial License $650 [FN*]

(~~f~~e) Biennial License Renewal fee $650

(~~g~~f) Biennial License Renewal fee for those qualifying pursuant to Section 1716.1 of the Code shall be one half of the renewal fee prescribed by subsection (~~f~~e).

(~~h~~g) Delinquency fee--License Renewal--The delinquency fee for license renewal shall be the amount prescribed by Section 1724(f) of the Code.

(~~i~~h) Substitute Certificate or Pocket License $111

(~~j~~i) Application for an Additional Office Permit $350

(~~k~~j) Biennial Renewal of Additional Office Permit $250

(~~l~~k) Late Change of Practice Registration $50

(~~m~~l) Fictitious Name Permit
The fee prescribed by Section 1724.5 of the Code

(~~n~~m) Fictitious Name Permit Renewal $325

(~~o~~n) Delinquency fee--Fictitious Name Permit Renewal.
The delinquency fee for Fictitious Name Permits shall be one-half of the Fictitious Name Permit renewal fee

(~~p~~o) Continuing Education Registered Provider fee $410

(~~q~~p) Application for General Anesthesia or Moderate Sedation Permit $524

(~~r~~q) Application for Pediatric Minimal Sedation Permit $459

(~~s~~r) General Anesthesia (for dentist and physician licensees) or Moderate Sedation Permit Renewal fee $325

(~~t~~s) Pediatric Minimal Sedation Permit Renewal fee $182

(~~u~~t) General Anesthesia or Moderate Sedation On-site Inspection and Evaluation fee $2,000

(~~v~~u) Application for a Special Permit $1,000

(~~w~~v) Special Permit Renewal $125

(~~x~~w) Initial Application for an Elective Facial Cosmetic Surgery Permit $850

(~~y~~x) Elective Facial Cosmetic Surgery Permit Renewal $800

(~~z~~y) Application for an Oral and Maxillofacial Surgery Permit $500

(~~aa~~z) Oral and Maxillofacial Surgery Permit Renewal $650

(a~~b~~a) Continuing Education Registered Provider Renewal $325

(a~~c~~b) License Certification $50

(a~~d~~c) Application for Law and Ethics Examination $~~125~~180

(a~~e~~d) Application for ~~Use of Oral Conscious Sedation of~~ Adult Oral Conscious Sedation Certificate~~Patients~~ $459

(a~~f~~e) Adult Oral Conscious Sedation Certificate Renewal $168

(a~~g~~f) Application for Pediatric Endorsement for General Anesthesia Permit (for dentist and physician licensees) $532

(a~~h~~g) Application for Pediatric Endorsement for Moderate Sedation Permit $532

[FN*]
Fee pro-rated based on applicant's birth date.
[FN**]
Examination, licensure, and permit fees for dentistry may not all be included in this section, and may appear in the Code.

NOTE: Authority cited: Sections 1614, 1635.5, 1634.2(c), 1724 and 1724.5, Business and Professions Code. Reference: Sections 1632, 1634.1, 1638, 1638.1, 1638.3, 1640, 1640.3, 1646.2, 1646.6, 1647.3, 1647.8, 1647.20, 1647.23, 1647.32, 1647.33, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.

§ 1028. Application for Licensure.

(a) An applicant for licensure as a dentist qualifying pursuant to Section 1632(c)(1) or (2) of the Code shall submit to the Board a completed application as specified in subsection (b) and meet the other applicable requirements of this section. ~~shall submit an "Application for Licensure to Practice Dentistry" (WREB) Form 33A-22W (Revised 11/06), which is hereby incorporated by reference, or "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 11/2014), which are hereby incorporated by reference,~~

(1) For purposes of this section "submit to the Board" means to transmit an application and, if applicable, the initial application fee required by Section 1021 ("required fee") by mail with postage prepaid addressed to the Board at the Board office at the address listed on the Board's website, by hand delivery to the Board office at the address listed on the Board's website, or electronically through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" ("online services system") located on the Board's website in accordance with subparagraph (B) of paragraph (2).

(2) (A) For applications submitted by mail or hand delivery, the application and required fee, if applicable, shall be placed in a sealed envelope and addressed to the Board at the Board office at the address listed on the Board's website. The required fee shall be paid by cash, check, money order, or cashier's check payable to the Dental Board of California.

(B) For applications submitted electronically through the online services system, the applicant shall complete the application according to the following requirements:

1. The applicant shall first login to or register for a user account by typing in a username and password on the initial registration or public sign-in page to access the online services system.

2. After a user account has been created and the online services system accessed online, the applicant shall submit all of the information required by subsection (b) through the online services system.

3. Electronic signature. When a signature is required by the particular instructions of any filing to be made through the online services system, including any attestation under penalty of perjury, the applicant shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online services system. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

4. Except as otherwise specified in paragraphs (3), (4), (16) of subsection (b), any documents required to be submitted as part of the application set forth in subsection (b) shall be submitted through the online services system as a .pdf of the document submitted as an attachment to the application.

5. The required fee shall be paid by credit card (Visa, Mastercard, or Discover) through the online services system and paid in full to the Dental Board of California. The applicant shall be required to pay any associated processing or convenience fees to the third-party vendor processing the payment on behalf of the Board, and such fees will be itemized and disclosed to the applicant prior to initiating payment through the online services system.

(b) A completed ~~A~~applications ~~be accompanied by~~ include the following information and fees:

(1) The non-refundable initial application ~~and examination(s)~~ fees as set by Section 1021 unless the applicant meets the requirements for waiver of the fee specified in paragraph (8);

(2) Satisfactory evidence that the applicant has met all applicable requirements in Sections 1628 and 1632 of the Code;

(3) The applicant shall furnish two classifiable sets of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the Board to conduct a criminal history record check in accordance with subsection (e). The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check as set forth in subsection (e);

(4) Where applicable, a record of any previous dental practice and certification ~~of~~ from the applicant's licensing entity or jurisdiction containing the applicant's license number, date of issue, and license status in each state or jurisdiction in which licensure as a dentist has been attained. Certifications sent by mail ~~must~~shall be sent to the attention of the Board's Licensing and Examination Unit at the Board's office, or electronically scanned and emailed to the Board directly by the licensing entity or jurisdiction to DentalBoard@dca.ca.gov;

(5) The applicant's identifying and contact information, including:

(A) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)),

(B) Other name(s) applicant has used or has been known by,

(C) Applicant's physical address,

(D) Applicant's ~~social security number, address of residency,~~ mailing address if different from the applicant's physical address ~~of residency~~. The mailing address may be a post office box number or other alternative address,

(E) Applicant's email address, if any,

(F) Applicant's ~~date of birth,~~ telephone number(s),

(G) Applicant's Social Security Number or Individual Taxpayer Identification Number; and,

(H) Applicant's birthdate (month, day, and year) ~~and gender of applicant~~;

(6) Whether the applicant is serving in, or has previously served in, the United States military;

(7) Whether the applicant is seeking expedited processing of their application based on service as an active duty member of the Armed Forces of the United States and being honorably discharged, pursuant to subdivision (a) of Section 115.4 of the Code. If the

answer is “yes”, the applicant shall provide the following documentation along with the application to receive expedited review: a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge;

(8) Whether the applicant holds a current license or comparable authority to practice dentistry in another state, district, or territory of the United States, and whether their spouse or domestic partner is an active duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active duty military orders. If the answer is “yes”, the applicant shall provide the following documentation with the application to receive expedited review and an initial application fee waiver per Section 115.5 of the Code:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active duty member of the Armed Forces of the United States,

(B) A copy of the applicant’s current license to practice dentistry in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner’s duty station in California;

(9) Whether the applicant is seeking expedited processing of their application based on immigration status pursuant to Section 135.4 of the Code. If the answer is “yes”, in order to receive expedited review of an application, the applicant shall indicate whether any of the following statements apply to the applicant:

(A) You were admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or

(B) You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or,

(C) You have a Special Immigrant Visa and were granted a status pursuant to Section 1244 of Public Law 110-181, Public Law 109-163, or Section 602(b) of Title VI of Division F of Public Law 111-8 [relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government].

(10) Additionally, if the applicant answers “yes” to the question in paragraph (9), the applicant shall provide evidence supporting their status, which shall include any of the following:

(A) Form I-94, arrival/departure record, with an admission class code such as “RE” (refugee) or “AY” (asylee) or other information designating the person a refugee or asylee,

(B) Special Immigrant Visa that includes the “SI” or “SQ”,

(C) Permanent Resident Card (Form I-551), commonly known as a “green card,” with a category designation indicating that the person was admitted as a refugee or asylee, or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Section 135.4 of the Code;

(11) Whether the applicant is an active duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense’s SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code and is requesting expedited processing of their application pursuant to subdivision (b) of Section 115.4 of the Code. If the answer is “yes”, the applicant shall provide with their application a copy of an official approval document or letter from their respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard), signed by the applicant’s first field grade commanding officer that specifies the applicant’s name, the approved SkillBridge opportunity, and the specified duration of participation (i.e., start and end dates);

(12) Information as to whether the applicant is currently registered with the federal Drug Enforcement Administration (DEA) to prescribe or dispense controlled substances. If the applicant answers “yes,” the applicant shall provide their DEA registration number;

(~~6~~13) Information as to whether the applicant has ever taken the California Law and Ethics written examination;

(~~7~~14) Any request for accommodation pursuant to the Americans with Disabilities Act;

~~(8) A 2-inch by 2-inch passport style photograph of the applicant, submitted with the “Application for Licensure to Practice Dentistry (WREB)” Form 33A-22W (Revised 11/06), or “Application for Determination of Licensure Eligibility (Portfolio)” Form 33A-22P (New 11/2014);~~

(~~9~~15) Information regarding the applicant's education including dental education and postgraduate study, if applicable. This information shall include the name(s) and location(s) of institution(s) attended, periods of attendance (showing dates listed by month and year), the type of degree or diploma granted, and the date such degree or diploma was granted;

(~~10~~16)(A) A document containing an acceptable ~~C~~certification meeting the requirements of this paragraph from the dean of the qualifying dental school attended by the applicant to certify the date the applicant graduated. An acceptable certification shall include:

1. The name of the dental school,

2. The date the applicant first enrolled in the school's educational program,

3. The applicant's years of attendance,

4. The date the applicant completed the clinical and didactic requirements of the educational program and graduated,

5. The type of degree granted to the applicant by the dental school,

6. A statement, signed and dated by the dean of the dental school, stating that they hereby certify that the information provided in this certification is true and correct; and,

7. The seal of the dental school.

(B) An acceptable certification must be either sent to the Board by the applicant or dental school by mail to the attention of the Board's Licensing and Examination Unit at the Board's office, or electronically scanned and emailed to the Board directly by the dental school to DentalBoard@dca.ca.gov. Certifications sent by mail to the Board must contain an original signature and original seal of the dental school on the document itself; copies will not be accepted;

~~(11) Information regarding whether the applicant has any pending or had in the past any charges filed against a dental license or other healing arts license;~~

(17) A written statement, signed and dated by the applicant, that states the applicant authorizes the release to the Board of any information about the applicant from the National Practitioner Data Bank and verification of registration status with the DEA;

(1~~2~~8) Excluding actions based upon the applicant's criminal conviction history, ~~i~~information regarding any prior disciplinary action(s) taken against the applicant within the preceding seven years from the date of the application regarding any dental license or other healing arts license held by the applicant including actions by the United States Military, United States Public Health Service, DEA, or other federal or state government entity ("licensing jurisdiction"). "Disciplinary action" includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license. If an applicant answers "yes", ~~he or she~~ the applicant shall provide ~~the date of~~ a written

statement that includes the name of the licensing jurisdiction, the effective date of disciplinary action, the state, district, or territory where the discipline occurred, the date(s) when the conduct occurred, the charges ~~convicted of~~proven, the disposition of the action, and any other information requested by the ~~b~~Board;

(1~~3~~9) Excluding investigations related to the applicant's criminal conviction history, ~~i~~information as to whether the applicant is currently the subject of any pending investigation by any governmental entity. If the applicant answers "yes," the applicant ~~he or she~~ shall provide any additional information requested by the ~~b~~Board if known to the applicant, including the date the pending investigation was initiated, the name of the licensing entity or jurisdiction, and a description of the allegations that are still pending at the time of application;

(~~14~~20) Excluding denials based upon the applicant's criminal conviction history, ~~i~~information regarding any instances in which the applicant was denied a dental license or DEA registration, denied permission to practice dentistry, or denied permission to take a dental board examination. If the applicant answers "yes", ~~he or she~~ the applicant shall provide the state or country where the denial took place, the date of the denial, the reason for denial, and any other information requested by the ~~b~~Board;

(~~15~~21) Excluding surrenders based upon the applicant's criminal conviction history, ~~i~~information as to whether the applicant has ever surrendered a license to practice dentistry in another state or country. If the applicant answers "yes," additional information shall be provided including state or country of surrender, date of surrender, reason for surrender, and any other information requested by the ~~b~~Board;

~~(16) Information as to whether the applicant is in default on a United States Department of Health and Human Services education loan pursuant to Section 685 of the Code;~~

(22) A written statement, signed and dated by the applicant, that they have read the following notice:

> "Effective January 1, 2008, certain nondentists may, upon your death or incapacity, contract with another licensed dentist or dentists to continue your dental practice for a period not exceeding 12 months if certain conditions are met. Sections 1625.3 and 1625.4 of the Business and Professions Code permit the legal guardian or conservator or authorized representative of an incapacitated dentist, the executor or administrator of the estate of a deceased dentist, or the named trustee or successor trustee of a trust or subtrust who meets certain requirements, to contract with a licensed dentist or dentists to continue the incapacitated or deceased dentist's dental practice for a period not to exceed 12 months from the date of death or incapacity if the practice meets specified criteria and if certain other conditions are met, including providing a specific notification to the Dental Board of California. You and your estate planner should become familiar with these requirements and the

notification process. Please contact the Dental Board of California for additional information."

(23) A written statement, signed and date by the applicant, that they have read the following notice, which is hereby provided for applicants. The Board shall provide all applicants with a copy of this notice on or with any optional paper application provided by the Board for use in submitting the information required by this section, or through the online services system prior to requiring any submission of the signed statement as part of the application.

INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory.

Failure to provide any of the requested information to the Dental Board of California (Board) will delay the processing of your application and will result in the application being rejected as incomplete.

The information provided will be used to determine your eligibility for licensure per California Business and Professions Code (BPC) sections 1628, 1628.5, 1629, and 1632, and California Code of Regulations, title 16, section 1028, which authorizes the collection of this information.

The information on your application may be transferred to other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Disclosure of either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory, and collection is authorized by BPC section 30 and 42 U.S.C.A. § 405(c)(2)(C). Your SSN or ITIN will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state.

You have the right to review your application and your files except information that is exempt from disclosure as provided in the California Public Records Act (Gov. Code, §§ 7920.000 and following) or as otherwise provided by California Civil Code section 1798.40 of the Information Practices Act of 1977 (Civ. Code, §§ 1798 and following).

Except for your SSN or ITIN, information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act. Information may also be disclosed pursuant to court order, subpoena, or search warrant. The address of record you list on this application is a public

record and will be disclosed on the Board's website and otherwise be made available to the public if and when you become licensed. Individuals using a P.O. Box as their address of record are required to provide a physical (street) address to the Board that will not be disclosed to the public pursuant to a public records request or posted on the Board's website.

The Board's Executive Officer is responsible for maintaining the information collected on this application form and may be contacted at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, telephone number (916) 263-2300 regarding questions about this notice or access to records.

The Board is required to notify you that under BPC sections 31 and 494.5, the State California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with this Board. You are required to pay your state tax obligation. This application may be denied, or your license may be suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the CDTFA or FTB certified list of 500 largest tax delinquencies.

(~~17~~24) A certification, under the penalty of perjury under the laws of the State of California, signed and dated by the applicant that the information provided by the applicant on or with the application is true and correct.

(c) In addition to complying with the applicable provisions contained in subsection~~s (a) through~~ (b) above, an applicant ~~submitting an "Application for Licensure to Practice Dentistry" (WREB) Form 33A-22W (Revised 11/06),~~ for licensure as a dentist who seeks to qualify upon passage of Western Regional Examining Board ("WREB") examination shall also furnish evidence of having successfully passed ~~on or after January 1, 2005,~~ the WREB examination within five years prior to the date of their application. Applicants shall authorize the CDCA-WREB-CITA (hereinafter referred to as the "test administrator") to provide the Board the applicant's cumulative score report showing the applicant's name, test date, the examination taken, and that the applicant passed all portions of the examination as evidence of having successfully passed the WREB examination within five years prior to the date of their application. The applicant shall sign any release, waiver, or consent forms required by the test administrator to authorize the release and submission of their cumulative score report to the Board electronically. Receipt by the Board of the cumulative score report meeting the requirements of this section shall be deemed in compliance with the examination requirements of paragraph (1) of subdivision (c) of Section 1632 of the Code.

(d) In addition to complying with the applicable provisions contained in subsection (b) above, an applicant for licensure who seeks to qualify upon passage of the American Board of Dental Examiners, Inc.'s "ADEX" examination shall also authorize the test

administrator to provide the Board the applicant's cumulative score report showing the applicant's name, test date, the examination taken, and that the applicant passed all portions of the examination as evidence of having successfully passed the ADEX examination within five years prior to the date of their application. The applicant shall sign any release, waiver, or consent forms required by the test administrator to authorize the release and submission of their cumulative score report to the Board electronically. Receipt by the Board of the cumulative score report meeting the requirements of this section shall be deemed in compliance with the examination requirements of paragraph (2) of subdivision (c) of Section 1632 of the Code.

(e) Fingerprinting Requirements. All applicants shall have met the fingerprinting requirements of this subsection prior to issuance of a license to practice dentistry.

(1) Subject to paragraph (3), all applicants shall submit fingerprints through the California Department of Justice's electronic fingerprint submission Live Scan Service ("Live Scan") by completing the California Department of Justice Form "Request for Live Scan Service," and submitting fingerprinting, through Live Scan as described in this subsection.

(2) Each applicant shall take the completed Request for Live Scan Service form to a Live Scan location to have their fingerprints taken by the operator. The applicant shall pay all fingerprint processing fees payable to the Live Scan operator, including the Live Scan operator's "rolling fee," if any, and fees charged by the California Department of Justice and the Federal Bureau of Investigation. For current information about fingerprint background checks and Live Scan locations, please visit the Office of the Attorney General website at: https://oag.ca.gov/fingerprints.

(3) Applicants residing outside of California who cannot be fingerprinted electronically through Live Scan in California must have their fingerprints taken at a law enforcement agency in their state of residence, using fingerprint cards. Applicants shall complete and mail two fingerprint cards, together with the California Department of Justice and the Federal Bureau of Investigation fingerprinting fees (either personal check drawn on a U.S. bank, money order, or certified check), payable to the "Dental Board of California," to:

Dental Board of California
Attention: Licensing and Examination Unit
2005 Evergreen St., Suite 1550
Sacramento, CA 95815

(4) Resubmission process. Applicants will be notified in writing by the Board if the first fingerprint card or Live Scan fingerprints are rejected. If rejected, applicants submitting

under paragraph (3) will have their second fingerprint card resubmitted to the Department of Justice on their behalf by the Board. Applicants submitting fingerprints through Live Scan as set forth in paragraph (1) must follow the instructions on the Board's rejection letter, and resubmit fingerprints as described under the process in paragraphs (1) and (2).

~~(d) In addition to complying with the applicable provisions contained in subsections (a) through (b) above, an applicant submitting an "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 11/2014) shall also furnish certification from the dean of the qualifying dental school attended by the applicant to certify the applicant has graduated with no pending ethical issues;~~

~~(e) An "Application for Determination of Licensure Eligibility (Portfolio)" Form 33A-22P (New 11/2014) may be submitted prior to graduation, if the application is accompanied by a certification from the school that the applicant is expected to graduate. The Board shall not issue a license, until receipt of a certification from the dean of the school attended by the applicant, certifying the date the applicant graduated with no pending ethical issues on school letterhead.~~

~~(1) The earliest date upon which a candidate may submit their portfolio for review by the board shall be within 90 days of graduation. The latest date upon which a candidate may submit their portfolio for review by the board shall be no more than 90 days after graduation.~~

~~(2) The candidate shall arrange with the dean of his or her dental school for the school to submit the completed portfolio materials to the Board.~~

~~(3) The Board shall review the submitted portfolio materials to determine if it is complete and the candidate has met the requirements for Licensure by Portfolio Examination.~~

(f) After receipt of the application required by this section, an applicant shall receive written confirmation of the receipt of their application and their assigned application file number ("file number") from the Board to be used in all communications with the Board. The Board shall mail a written deficiency letter or an approval letter notifying the applicant of the requirements of Section 1028.4, as applicable, to the applicant that includes confirmation of receipt and lists their file number.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 30, 31, 114.5, 115.4, 115.5, 135.4, 144, 480, 494.5, 1625.5, 1628, 1628.5, 1629 ~~and~~ 1632 and 1650.1, Business and Professions Code; Sections 1633.2, 1633.7 and 1798.17, Civil Code; Sections 16.5, 6157, 6159 and 6162, Government Code.

§ 1028.4. Application for Issuance of License Number and Registration of Place of Practice Pursuant to Section 1650.

(a) ~~Upon being found eligible for licensure~~ Within 30 days of the date of receiving written approval and notice of their eligibility for licensure as a dentist from the Board per Section 1028, the applicant shall ~~file~~ submit to the Board a completed application as specified in subsection (b) and meet the other applicable requirements of this section to obtain a license number and be deemed compliant with Section 1650 of the Code.

(1) For the purposes of this section "submit to the Board" means to transmit an application and, if applicable, the initial license fee required by Section 1021 ("required fee") by mail with postage prepaid addressed to the Board at the Board office at the address listed on the Board's website, by hand delivery to the Board office, or electronically through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" ("online services system") located on the Board's website in accordance with subparagraph (B) of paragraph (2).

(2) (A) For applications submitted by mail or hand delivery, the application and required fee, if applicable, shall be placed in a sealed envelope and addressed to the Board at the Board office at the address listed on the Board's website. The required fee shall be paid by cash, check, money order, or cashier's check payable to the Dental Board of California.

(B) For applications submitted electronically through the online services system, the applicant shall complete the application according to the following requirements:

1. The applicant shall first login to or register for a user account by typing in a username and password on the initial registration or public sign-in page to access the online services system.

2. After a user account has been created and the online services system accessed online, the applicant shall submit all of the information required by subsection (b) through the online services system.

3. Electronic signature. When a signature is required by the particular instructions of any filing to be made through the online services system, including any attestation under penalty of perjury, the applicant shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online services system. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

4. Any documents required to be submitted as part of the application set forth in subsection (b) shall be submitted through the online services system as a .pdf of the document submitted as an attachment to the application.

5. The required fee shall be paid by credit card (Visa, Mastercard, or Discover) through the online services system and paid in full to the Dental Board of California. The applicant shall be required to pay any associated processing or convenience fees to the third-party vendor processing the payment on behalf of the Board and such fees will be itemized and disclosed to the applicant prior to initiating payment through the online services system.

~~an "Application for Issuance of License Number and Registration of Place of Practice," (Rev. 02-07) that is incorporated herein by reference, and shall be accompanied by the licensure fee as set by Section 1021.~~

(b) A completed application for issuance of license number and registration of place of practice shall include the following:

(1) The initial license fee set forth in Section 1021 unless the applicant meets the requirements for waiver of the initial license fee as set forth in Section 115.5 of the Code and further specified in paragraph (5).

(2) The applicant's identifying and contact information, including:

(A) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)).

(B) Applicant's address of record.

(C) Applicant's address of place of practice ("practice address"), if different from address of record. Applicants who do not have a practice address in California may leave this section blank.

(D) Applicant's telephone number.

(E) Applicant's email address.

(F) Applicant's file number, which is issued by the Board upon receipt of the application as described in subsection (f) of Section 1028.

(3) Whether the applicant is seeking expedited processing of their application based on service as an active duty member of the Armed Forces of the United States and being honorably discharged, pursuant to subdivision (a) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide the following documentation along with the

application to receive expedited review: a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge.

(4) Whether the applicant is an active duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code and is requesting expedited processing of their application pursuant to subdivision (b) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide with their application a copy of an official approval document or letter from their respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard), signed by the applicant's first field grade commanding officer that specifies the applicant's name, the approved SkillBridge opportunity, and the specified duration of participation (i.e., start and end dates).

(5) Whether the applicant holds a current license or comparable authority to practice dentistry in another state, district, or territory of the United States, and whether their spouse or domestic partner is an active duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active duty military orders. If the answer is "yes", the applicant shall provide the following documentation with the application to receive expedited review and waiver of the initial license fee per Section 115.5 of the Code:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active duty member of the Armed Forces of the United States,

(B) A copy of the applicant's current license to practice dentistry in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner's duty station in California.

(6) Whether any of the following statements apply to the applicant:

(A) You were admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or

(B) You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or,

(C) You have a Special Immigrant Visa and were granted a status pursuant to Section 1244 of Public Law 110-181, Public Law 109-163, or Section 602(b) of Title VI of Division F of Public Law 111-8 [relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government].

(7) If the applicant answers "yes" to the question in paragraph (6), the applicant shall provide evidence supporting their status, which shall include any of the following:

(A) Form I-94, arrival/departure record, with an admission class code such as "RE" (refugee) or "AY" (asylee) or other information designating the person a refugee or asylee,

(B) Special Immigrant Visa that includes the "SI" or "SQ",

(C) Permanent Resident Card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee, or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Section 135.4 of the Code.

(8) A written statement, signed and date by the applicant, that they have read the following notice, which is hereby provided for applicants. The Board shall provide all applicants with a copy of this notice on or with any optional paper application provided by the Board for use in submitting the information required by this section, or through the online services system prior to requiring any submission of the signed statement as part of the application.

INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory.

Failure to provide any of the requested information to the Dental Board of California (Board) will delay the processing of your application and will result in the application being rejected as incomplete.

The information provided will be used to determine compliance with California Business and Professions Code (BPC) section 1650 and California Code of Regulations, title 16, section 1028.4, which authorizes the collection of this information.

The information on your application may be transferred to other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24.

You have the right to review your application and your files except information that is exempt from disclosure as provided in the California Public Records Act (Gov. Code, §§ 7920.000 and following) or as otherwise provided by Civil Code section 1798.40 of the Information Practices Act of 1977 (Civ. Code, §§ 1798 and following).

Information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act. Information may also be disclosed pursuant to court order, subpoena, or search warrant. The address of record you list on this application is a public record and will be disclosed on the Board's website and otherwise be made available to the public if and when you become licensed.

The Board's Executive Officer is responsible for maintaining the information collected on this application form and may be contacted at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, telephone number (916) 263-2300 regarding questions about this notice or access to records.

(9) A certification, under the penalty of perjury under the laws of the State of California, signed and dated by the applicant, that the information provided by the applicant on or with the application is true and correct.

(c) If an applicant files an application per subsection (b) and leaves the practice address "blank," the licensee must immediately report their name, license number, and their practice address to the Board in writing, if and when the licensee has a practice address in California, by either of the following methods: (1) by mail to the attention of the Board's Licensing and Examination Unit at the Board office at the address listed on the Board's website, or (2) by email to DentalBoard@dca.ca.gov.

NOTE: Authority cited: Sections 1614 and 1634.2(c), Business and Professions Code. Reference: Sections 115.4, 115.5, 135.4 and 1650, Business and Professions Code; Sections 1633.2, 1633.7 and 1798.17, Civil Code; Sections 16.5, 6157 and 6162, Government Code.

§ 1028.5. Application for California Law and Ethics Examination Pursuant to Section 1632(b).

(a) Application for the California law and ethics examination required by Section 1632 of the Code and Section 1031 shall be made ~~on an "Application for Law and Ethics Examination" (Rev. 12/07) that is incorporated herein by reference~~by submitting to the Board a completed application as specified in subsection (b) and meeting the other applicable requirements of this section.

(1) For the purposes of this section "submitting to the Board" means to transmit an application and the application for law and ethics examination fee required by Section 1021 ("required fee") by mail with postage prepaid addressed to the Board at the Board office at the address listed on the Board's website, by hand delivery to the Board office, or electronically through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" ("online services system") located on the Board's website in accordance with subparagraph (B) of paragraph (2).

(2) (A) For applications submitted by mail or hand delivery, the application and required fee shall be placed in a sealed envelope and addressed to the Board at the Board office at the address listed on the Board's website. The required fee shall be paid by cash, check, money order, or cashier's check payable to the Dental Board of California.

(B) For applications submitted electronically through the online services system, the applicant shall submit the application according to the following requirements:

1. The applicant shall first login to or register for a user account by typing in a username and password on the initial registration or public sign-in page to access the online services system.

2. After a user account has been created and the online services system accessed online, the applicant shall submit all of the information required by subsection (b) through the online services system.

3. Electronic signature. When a signature is required by the particular instructions of any filing to be made through the online services system, including any attestation under penalty of perjury, the applicant shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online services system. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

4. Except as otherwise specified in paragraph (8) of subsection (b), any documents required to be submitted as part of the application set forth in subsection (b) shall be submitted through the online services system as a .pdf of the document submitted as an attachment to the application.

5. The required fee shall be paid by credit card (Visa, Mastercard, or Discover) through the online services system and paid in full to the Dental Board of California. The applicant shall be required to pay any associated processing or convenience fees to the third-party vendor processing the payment on behalf of the Board and such fees will be itemized and disclosed to the applicant prior to initiating payment through the online services system.

(b) A completed application for the California law and ethics examination shall include the following:

(1) The application for law and ethics examination fee set forth in Section 1021.

(2) The applicant's identifying and contact information, including:

(A) Applicant's full legal name ((Last Name) (First Name) (Middle Name) and/or (Suffix)).

(B) Applicant's mailing address.

(C) Applicant's telephone number.

(D) Applicant's email address.

(E) Applicant's Social Security Number or Individual Taxpayer Identification Number.

(F) Applicant's birthdate (month, day, and year).

(3) Whether the applicant is requesting a reasonable accommodation pursuant to subdivision (b) of Section 12944 of the Government Code. If the applicant affirmatively states they are requesting an accommodation, the applicant shall provide medical documentation consisting of a written document with the name, license number, telephone number, date, and signature of a physician confirming the existence of the applicant's disability or medical condition (as defined in Section 12926 of the Government Code) and the need for the reasonable accommodation.

(4) Whether the applicant is seeking expedited processing of their application based on service as an active duty member of the Armed Forces of the United States and being honorably discharged, pursuant to subdivision (a) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide the following documentation along with the application to receive expedited review: a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge.

(5) Whether the applicant is an active duty member of a regular component of the United States Armed Forces and enrolled in the United States Department of Defense's SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code and is requesting expedited processing of their application pursuant to subdivision (b) of Section 115.4 of the Code. If the answer is "yes", the applicant shall provide with their application a copy of an official approval document or letter from their respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force, or Coast Guard), signed by the applicant's first field grade commanding officer that specifies the applicant's name, the approved SkillBridge opportunity, and the specified duration of participation (i.e., start and end dates).

(6) Whether the applicant holds a current license or comparable authority to practice dentistry in another state, district, or territory of the United States, and whether their spouse or domestic partner is an active duty member of the Armed Forces of the United States and was assigned to a duty station in California under official active duty military orders. If the answer is "yes", the applicant shall provide the following documentation with the application to receive expedited review per Section 115.5 of the Code:

(A) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active duty member of the Armed Forces of the United States,

(B) A copy of the applicant's current license to practice dentistry in another state, district, or territory of the United States, and,

(C) A copy of the military orders establishing their spouse or partner's duty station in California.

(7) Whether any of the following statements apply to the applicant:

(A) You were admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or

(B) You were granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or,

(C) You have a Special Immigrant Visa and were granted a status pursuant to Section 1244 of Public Law 110-181, Public Law 109-163, or Section 602(b) of Title VI of Division F of Public Law 111-8 [relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government].

(8) If the applicant answers “yes” to the question in paragraph (7), the applicant shall provide evidence supporting their status, which shall include any of the following:

(A) Form I-94, arrival/departure record, with an admission class code such as “RE” (refugee) or “AY” (asylee) or other information designating the person a refugee or asylee,

(B) Special Immigrant Visa that includes the “SI” or “SQ”,

(C) Permanent Resident Card (Form I-551), commonly known as a “green card,” with a category designation indicating that the person was admitted as a refugee or asylee, or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure per Section 135.4 of the Code.

(9) (A) A document containing an acceptable certification meeting the requirements of this paragraph from the dean of the qualifying dental school attended by the applicant to certify the date the applicant graduated or is expected to graduate. An acceptable certification shall include:

1. The name of the dental school,

2. The date the applicant first enrolled in the school’s educational program,

3. The applicant’s years of attendance,

4. The date the applicant completed the clinical and didactic requirements of the educational program,

5. The type of degree granted to the applicant by the dental school or the date the applicant is expected to graduate and receive their degree,

6. A statement, signed and dated by the dean of the dental school, stating that they hereby certify that the information provided in this certification is true and correct; and,

7. The seal of the dental school.

(B) An acceptable certification must be either sent to the Board by the applicant or dental school by mail to the attention of the Board’s Licensing and Examination Unit at the Board’s office, or electronically scanned and emailed to the Board directly by

the dental school to DentalBoard@dca.ca.gov. Certifications sent by mail to the Board must contain an original signature and original seal of the dental school on the document itself; copies will not be accepted.

(10) A written statement, signed and dated by the applicant, that they have read the following notice, which is hereby provided for applicants. The Board shall provide all applicants with a copy of this notice on or with any optional paper application provided by the Board for use in submitting the information required by this section, or through the online services system prior to requiring any submission of the signed statement as part of the application.

INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory.

Failure to provide any of the requested information to the Dental Board of California (Board) will delay the processing of your application and will result in the application being rejected as incomplete.

The information provided will be used to determine your eligibility for examination and licensure per California Business and Professions Code (BPC) sections 1628, 1629 and 1632 and California Code of Regulations, title 16, section 1028.5, which authorizes the collection of this information.

The information on your application may be transferred to other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Disclosure of either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory, and collection is authorized by BPC section 30 and 42 U.S.C.A. § 405(c)(2)(C). Your SSN or ITIN will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state.

You have the right to review your application and your files except information that is exempt from disclosure as provided in the California Public Records Act (Gov. Code, §§ 7920.000 and following) or as otherwise provided by Civil Code section 1798.40 of the Information Practices Act of 1977 (Civ. Code, §§ 1798 and following).

Except for your SSN or ITIN, information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act. Information may also be disclosed pursuant to court order, subpoena,

or search warrant. The address of record you list on this application is a public record and will be disclosed on the Board's website and otherwise be made available to the public if and when you become licensed.

The Board's Executive Officer is responsible for maintaining the information collected on this application form and may be contacted at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, telephone number (916) 263-2300 regarding questions about this notice or access to records.

(11) A certification, under the penalty of perjury under the laws of the State of California, signed and dated by the applicant, that the information provided by the applicant on or with the application is true and correct.

NOTE: Authority cited: Sections 1614 and 1634.2(c), Business and Professions Code. Reference: Sections 30, 31, 115.4, 115.5, 135.4 and 1632, Business and Professions Code; Sections 1633.2, 1633.7 and 1798.17, Civil Code; Sections 16.5, 6157 and 6162, Government Code.

§ 1030. Theory Examination.

An applicant shall successfully complete the National Board Dental Examinations of the Joint Commission on National Dental Examinations and shall submit confirmation thereof to the Board within one year from the date of submission of the application in Section 1028 in compliance with this section. ~~prior to submission of the "Application for Issuance of License Number and Registration of Place of Practice," (Rev. 11-07)~~ Applicants shall submit proof of successful completion to the Board using one of the following methods:

(a) The applicant's submission of an original score card by mail with postage prepaid or by hand delivery to the Board office at the address listed on the Board's website, and that is issued by the Joint Commission on National Dental Examinations ("Joint Commission") containing all of the following:

(1) Name of the applicant;

(2) Test date;

(3) Name of the examination taken;

(4) Status showing a "pass" for all required sections (either Part I and Part II, or the Integrated National Board Dental Examination); and

(5) Printed on the Joint Commission's proprietary watermark and colored paper.

(b) The applicant shall access online the Joint Commission's website at www.jcnde.ada.org, and follow all instructions required by the Joint Commission to authorize the electronic release and email of the applicant's National Board Dental Examination (NBDE) score directly to the Board to the following email address: DentalBoard@dca.ca.gov. The email from the Joint Commission shall contain all of the following to confirm the applicant's score: first and last name of the applicant; name of the examination taken; the applicant's birth date; the applicant's exam date; the applicant's score result; and, whether the applicant passed or failed the examination.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1634.1, Business and Professions Code.

~~§ 1032. Portfolio Examination: Eligibility.~~

~~The portfolio examination shall be conducted while the candidate is enrolled in a Board-approved dental school located in California. A student may elect to begin the portfolio examination process during the clinical training phase of their dental education.~~

~~NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630 and 1632, Business and Professions Code.~~

~~§ 1032.1. Portfolio Examination: Definitions.~~

~~As used in this Article, the following definitions shall apply:~~

~~(a) "Candidate" means a dental student who is taking the examination for the purpose of applying to the Board for licensure.~~

~~(b) "Case" means a dental procedure which satisfies the required clinical experiences.~~

~~(c) "Clinical experiences" means procedures, performed with or without faculty intervention, that the candidate must complete to the satisfaction of his or her clinical faculty prior to submission of his or her portfolio examination application. Clinical experiences have been determined as a minimum number in order to provide a candidate with sufficient understanding, knowledge, and skill level to reliably demonstrate competency.~~

~~(d) "Competency examination" means a candidate's final assessment in a portfolio examination competency, performed without faculty intervention and graded by competency examiners registered with the Board.~~

(e) “Critical error” means a gross error that is irreversible or may impact the patient’s safety and wellbeing.

(f) “Patient management” means the interaction between patient and candidate from initiation to completion of treatment, including any post-treatment complications that may occur.

(g) “Portfolio” means the cumulative documentation of clinical experiences and competency examinations submitted to the Board.

(h) “Portfolio competency examiner” means the dental school faculty examiner. The portfolio competency examiner shall be a faculty member chosen by the school, registered with the Board, and shall be trained and calibrated to conduct and grade the portfolio competency examinations.

(i) “School” means a Board-approved dental school located in California.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1632, Business and Professions Code.

§ 1032.2. Portfolio Examination: Requirements for Demonstration of Clinical Experience.

(a) Each candidate shall complete at least the minimum number of clinical experiences in each of the competencies prior to submission of their portfolio to the Board. All clinical experiences shall be performed on patients under the supervision of school faculty and shall be included in the portfolio submitted to the Board. Clinical experience shall be performed at the dental school clinic, an extramural dental facility or a mobile dental clinic approved by the Board. The portfolio shall contain documentation that the candidate has completed the minimum number of clinical experiences as follows:

(1) Oral diagnosis and treatment planning (ODTP) clinical experiences shall include a minimum of twenty (20) patient cases. Clinical experiences for ODTP include: comprehensive oral evaluations, limited (problem-focused) oral evaluations, and periodic oral evaluation.

(2) Direct restorative clinical experiences shall include a minimum of sixty (60) restorations. The restorations completed in the clinical experiences may include any restoration on a permanent or primary tooth using standard restorative materials including: amalgams, composites, crown build-ups, direct pulp caps, and temporizations.

(3) Indirect restorative clinical experiences shall include a minimum of fourteen (14) restorations. The restorations completed in the clinical experiences may be a combination of the following procedures: inlays, onlays, crowns, abutments, pontics, veneers, cast posts, overdenture copings, or dental implant restorations.

(4) Removable prosthodontic clinical experiences shall include a minimum of five (5) prostheses. One of the five prostheses may be used as a portfolio competency examination provided that it is completed in an independent manner with no faculty intervention. A prosthesis shall include any of the following: full denture, partial denture (cast framework), partial denture (acrylic base with distal extension replacing a minimum number of three posterior teeth), immediate treatment denture, or overdenture retained by a natural tooth or dental implants.

(5) Endodontic clinical experiences on patients shall include five (5) canals or any combination of canals in three separate teeth.

(6) Periodontal clinical experiences shall include a minimum of twenty-five (25) cases. A periodontal experience shall include the following: An adult prophylaxis, treatment of periodontal disease such as scaling and root planing, any periodontal surgical procedure, and assisting on a periodontal surgical procedure when performed by a faculty or an advanced education candidate in periodontics. The combined clinical periodontal experience shall include a minimum of five (5) quadrants of scaling and root planning procedures.

(b) Completion of all required clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be included in the candidate's portfolio.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

§ 1032.3. Portfolio Examination: Oral Diagnosis and Treatment Planning (ODTP).

(a) The portfolio examination shall contain the following documentation of the minimum ODTP clinical experiences and documentation of ODTP portfolio competency examination:

(1) Evidence of successful completion of the ODTP clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New

~~08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.~~

~~(2) Documentation providing proof of satisfactory completion of a final assessment in the ODTP competency examination. For purpose of this section, satisfactory proof means the ODTP competency examination has been approved by the designated dental school faculty.~~

~~(b) Competency Examination Requirements: The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The ODTP competency examination shall include:~~

~~(1) Fifteen (15) scoring factors:~~

~~(A) Medical Issues That Impact Dental Care;~~

~~(B) Treatment Modifications Based on Medical Conditions;~~

~~(C) Patient Concerns/Chief Complaint;~~

~~(D) Dental History;~~

~~(E) Significant Radiographic Findings;~~

~~(F) Clinical Findings;~~

~~(G) Risk Level Assessment;~~

~~(H) Need for Additional Diagnostic Tests/Referrals;~~

~~(I) Findings From Mounted Diagnostic Casts;~~

~~(J) Comprehensive Problem List;~~

~~(K) Diagnosis and Interaction of Problems;~~

~~(L) Overall Treatment Approach;~~

~~(M) Phasing and Sequencing of Treatment;~~

~~(N) Comprehensiveness of Treatment Plan; and~~

~~(O) Treatment Record.~~

~~(2) Initiation and completion of one (1) multidisciplinary portfolio competency examination.~~

~~(3) The treatment plan shall involve at least three (3) of the following six disciplines: periodontics, endodontics, operative (direct and indirect restoration), fixed and removable prosthodontics, orthodontics, and oral surgery.~~

~~(4) Patient's Medical History: The medical history shall include: an evaluation of past illnesses and conditions, hospitalizations and operations, allergies, family history, social history, current illnesses and medications, and their effect on dental condition.~~

~~(5) Patient's Dental History: The dental history shall include: age of previous prostheses, existing restorations, prior history of orthodontic/periodontic treatment, and oral hygiene habits/adjuncts.~~

~~(6) Documentation of a comprehensive examination of patient's current oral health condition and vital signs. The documentation shall include:~~

~~(A) Interpretation of radiographic series;~~

~~(B) Performance of caries risk assessment;~~

~~(C) Determination of periodontal condition;~~

~~(D) Performance of a head and neck examination, including oral cancer screening;~~

~~(E) Screening for temporomandibular disorders;~~

~~(F) Assessment of vital signs;~~

~~(G) Performance of a clinical examination of dentition; and~~

~~(H) Performance of an occlusal examination.~~

~~(7) Documentation the candidate evaluated data to identify problems. The documentation shall include:~~

~~(A) Chief complaint;~~

~~(B) Medical problem;~~

~~(C) Stomatognathic problems; and~~

~~(D) Psychosocial problems.~~

~~(8) Documentation the candidate worked-up the problems and developed a tentative treatment plan. The documentation shall include:~~

~~(A) Problem definition, e.g., severity/chronicity and classification;~~

~~(B) Determination if additional diagnostic tests are needed;~~

~~(C) Development of a differential diagnosis;~~

~~(D) Recognition of need for referral(s);~~

~~(E) Pathophysiology of the problem;~~

~~(F) Short term needs;~~

~~(G) Long term needs;~~

~~(H) Determination interaction of problems;~~

~~(I) Development of treatment options;~~

~~(J) Determination of prognosis; and~~

~~(K) Patient information regarding informed consent.~~

~~(9) Documentation the candidate developed a final treatment plan. The documentation shall include:~~

~~(A) Rationale for treatment;~~

~~(B) Problems to be addressed, or any condition that puts the patient at risk in the long term; and~~

~~(C) Determination of sequencing with the following framework:~~

~~(i) Systemic: medical issues of concern, medications and their effects, effect of diseases on oral condition, precautions, treatment modifications;~~

~~(ii) Urgent: Acute pain/infection management, urgent esthetic issues, further exploration/additional information, oral medicine consultation, pathology;~~

(iii) Preparatory: Preventive interventions, orthodontic, periodontal (Phase I, II), endodontic treatment, caries control, other temporization;

(iv) Restorative: operative, fixed, removable prostheses, occlusal splints, implants;

(v) Elective: esthetic (veneers, etc.) any procedure that is not clinically necessary, replacement of sound restoration for esthetic purposes, bleaching; and

(vi) Maintenance: periodontic recall, radiographic interval, periodic oral examination, caries risk management.

(c) Acceptable Patient Criteria for ODTP Competency Examination. The patient used for the competency examination shall meet the following criteria:

(1) Maximum of ASA II, as defined by the American Society of Anesthesiologists (ASA) Physical Status Classification System;

(2) Missing or will be missing two or more teeth, not including third molars; and

(3) At least moderate periodontitis with probing depths of 5 mm or more.

(d) Competency Examination Scoring: The scoring system used for the ODTP competency examination is defined as follows:

(1) A score of 0 is unacceptable; candidate exhibits a critical error.

(2) A score of 1 is unacceptable; major deviations that are correctable

(3) A score of 2 is acceptable; minimum competence

(4) A score of 3 is adequate; less than optimal

(5) A score of 4 is optimal

A score rating of "2" shall be deemed the minimum competence level performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1032.4. Portfolio Examination: Direct Restoration.

~~(a) The portfolio examination shall contain the following documentation of the minimum direct restoration clinical experiences and documentation of the direct restoration portfolio competency examination:~~

~~(1) Evidence of successful completion of the direct restoration clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.~~

~~(2) Documentation providing proof of satisfactory completion of a final assessment in the direct restoration competency examination. For purpose of this section, satisfactory proof means the direct restoration competency examination has been approved by the designated dental school faculty.~~

~~(b) Competency Examination Requirements: The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The direct restoration portfolio shall include documentation of the candidate's clinical competency to perform a direct restoration on teeth containing primary carious lesions to optimal form, function and esthetics using amalgam or composite restorative materials. The case selection shall be based on minimum direct restoration criteria for any permanent anterior or posterior teeth. Each procedure may be considered a clinical experience. The direct restoration competency examination shall include:~~

~~(1) Seven (7) scoring factors:~~

~~(A) Case Presentation;~~

~~(B) Outline and Extensions;~~

~~(C) Internal Form;~~

~~(D) Operative Environment;~~

~~(E) Anatomical Form;~~

~~(F) Margins; and~~

~~(G) Finish and Function.~~

~~(2) Two (2) restorations: One (1) Class II amalgam or composite, maximum one slot preparation; and one (1) Class III/IV composite.~~

(3) Restoration can be performed on an interproximal lesion on one interproximal surface in an anterior tooth that does not connect with a second interproximal lesion which can be restored separately.

(4) A case presentation for which the proposed treatment is appropriate for patient's medical and dental history, is in appropriate treatment sequence, and treatment consent is obtained.

(5) Patient Management. The candidate shall be familiar with the patient's medical and dental history.

(6) Implementation of any treatment modifications needed that are consistent with the patient's medical history.

(c) Acceptable Criteria for Direct Restoration Examination: The tooth used for each of the competency examinations shall meet the following criteria:

(1) A Class II direct restoration shall be performed on any permanent posterior tooth.

(A) The treatment shall be performed in the sequence described in the treatment plan.

(B) More than one test procedure shall be performed on a single tooth; teeth with multiple lesions may be restored at separate appointments.

(C) Caries as shown on either of the two required radiographic images of an unrestored proximal surface shall extend to or beyond the dento-enamel junction.

(D) The tooth to be treated shall be in occlusion.

(E) The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the dentition adjacent to the proposed restoration shall be either natural tooth structure or a permanent restoration; provisional restorations or removable partial dentures are not acceptable adjacent surfaces.

(F) The tooth shall be asymptomatic with no pulpal or periapical pathology; cannot be endodontically treated or in need of endodontic treatment.

(G) Any tooth with bonded veneer is not acceptable.

(2) A Class III/IV direct restoration shall be performed on any permanent anterior tooth.

(A) The treatment shall be performed in the sequence described in the treatment plan.

(B) Caries as shown on the required radiographic image of an unrestored proximal surface shall extend to or beyond the dento-enamel junction.

(C) Carious lesions shall involve the interproximal contact area.

(D) The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the dentition adjacent to the proposed restoration shall be either natural tooth structure or a permanent restoration; provisional restorations or removable partial dentures are not acceptable adjacent surfaces.

(E) The tooth shall be asymptomatic with no pulpal or periapical pathology; cannot be endodontically treated or in need of endodontic treatment.

(F) The lesion shall not be acceptable if it is in contact with circumferential decalcification.

(G) Procedural approach shall be appropriate for the lesion on the tooth.

(H) Any tooth with bonded veneer is not acceptable.

(d) Competency Examination Scoring. The scoring system used for the direct restoration competency examination is defined as follows:

(1) A score of 0 is unacceptable; candidate exhibits a critical error.

(2) A score of 1 is unacceptable; multiple major deviations that are correctable.

(3) A score of 2 is unacceptable; one major deviation that is correctable.

(4) A score of 3 is acceptable; minimum competence.

(5) A score of 4 is adequate; less than optimal.

(6) A score of 5 is optimal.

A score rating of "3" shall be deemed the minimum competence level performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 16327 and 1632.1, Business and Professions Code.

§ 1032.5. Portfolio Examination: Indirect Restoration.

~~(a) The portfolio examination shall contain the following documentation of the minimum indirect restoration clinical experiences and documentation of the indirect restoration portfolio competency examination:~~

~~(1) Evidence of successful completion of the indirect restoration clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.~~

~~(2) Documentation providing proof of satisfactory completion of a final assessment in the indirect restoration competency examination. For purpose of this section, satisfactory proof means the indirect restoration competency examination has been approved by the designated dental school faculty.~~

~~(b) Competency Examination Requirements: The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The indirect restoration competency examination shall include documentation of the candidate's competency to complete a ceramic onlay or more extensive, a partial gold restoration onlay or more extensive, a metal-ceramic restoration, or full gold restoration. The indirect restoration competency examination shall include:~~

~~(1) Seven (7) scoring factors:~~

~~(A) Case Presentation;~~

~~(B) Preparation;~~

~~(C) Impression;~~

~~(D) Provisional;~~

~~(E) Candidate Evaluation of Laboratory Work;~~

~~(F) Pre-Cementation~~

~~(G) Cementation and Finish.~~

~~(2) One (1) indirect restoration which may be any of the following procedures.~~

~~(A) Ceramic restoration shall be onlay or more extensive;~~

~~(B) Partial gold restoration shall be onlay or more extensive;~~

~~(C) Metal ceramic restoration; or~~

~~(D) Full gold restoration.~~

(3) A case presentation for which the proposed treatment is appropriate for patient's medical and dental history, is in appropriate treatment sequence, and treatment consent is obtained.

(4) Patient Management. The candidate shall be familiar with the patient's medical and dental history.

(5) Implementation of any treatment modifications needed that are consistent with the patient's medical history.

(c) Acceptable Criteria for Indirect Restoration Examination: The tooth used for the competency examination shall meet the following criteria:

(1) Treatment shall be performed in the sequence described in the treatment plan.

(2) The tooth shall be asymptomatic with no pulpal or periapical pathosis; cannot be in need of endodontic treatment.

(3) The tooth selected for restoration, shall have opposing occlusion that is stable.

(4) The tooth shall be in occlusal contact with a natural tooth or a permanent restoration. Occlusion with a full or partial denture is not acceptable.

(5) The restoration shall include at least one cusp.

(6) The restoration shall have an adjacent tooth to be able to restore a proximal contact; proximal surface of the tooth adjacent to the planned restoration shall be either an enamel surface or a permanent restoration; temporary restorations or removable partial dentures are not acceptable adjacent surfaces.

(7) The tooth selected shall require an indirect restoration at least the size of an onlay or greater. The tooth selected cannot replace existing or temporary crowns.

(8) The candidate shall not perform any portion of the crown preparation in advance.

(9) The direct restorative materials which are placed to contribute to the retention and resistance form of the final restoration may be completed in advance, if needed.

(10) The restoration shall be completed on the same tooth and same patient by the same candidate.

(11) A validated lab or fabrication error will allow a second delivery attempt starting from a new impression or modification of the existing crown.

(12) Teeth with cast post shall not be allowed.

(13) A facial veneer is not acceptable documentation of the candidate's competency to perform indirect restorations.

(d) Competency Examination Scoring. The scoring system used for the indirect restoration competency examination is defined as follows:

(1) A score of 0 is unacceptable; candidate exhibits a critical error

(2) A score of 1 is unacceptable; multiple major deviations that are correctable

(3) A score of 2 is unacceptable; one major deviation that is correctable

(4) A score of 3 is acceptable; minimum competence

(5) A score of 4 is adequate; less than optimal

(6) A score of 5 is optimal

A score rating of "3" shall be deemed the minimum competence level of performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

§ 1032.6. Portfolio Examination: Removable Prosthodontics.

(a) The portfolio examination shall contain the following documentation of the minimum removable prosthodontic clinical experiences and documentation of the removable prosthodontic portfolio competency examination:

(1) Evidence of successful completion of the removable prosthodontic clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the removable prosthodontic competency examination. For purpose of this section, satisfactory proof means the removable prosthodontic competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements. The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The removable prosthodontic competency examination shall include:

(1) One (1) of the following prosthetic treatments from start to finish on the same patient:

(A) Denture or overdenture for a single edentulous arch; or

~~(B) Cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially edentulous arch.~~

~~(2) Scoring factors on prosthetic treatments for denture or overdenture for a single edentulous arch or scoring factors on prosthetic treatments for cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially endentulous arch, as follows:~~

~~(A) Nine (9) scoring factors on prosthetic treatments for denture or overdenture for a single edentulous arch, as follows:~~

~~(i) Patient Evaluation and Diagnosis~~

~~(ii) Treatment Plan and Sequencing~~

~~(iii) Preliminary Impressions~~

~~(iv) Border Molding and Final Impressions~~

~~(v) Jaw Relation Records~~

~~(vi) Trial Dentures~~

~~(vii) Insertion of Removable Prosthesis~~

~~(viii) Post-Insertion~~

~~(ix) Laboratory Services for Prosthesis~~

~~(B) Twelve (12) scoring factors on prosthetic treatments for cast metal framework removable partial denture (RPD) for a single Kennedy Class I or Class II partially endentulous arch, as follows:~~

~~(i) Patient Evaluation and Diagnosis~~

~~(ii) Treatment Plan and Sequencing~~

~~(iii) Preliminary Impressions~~

~~(iv) RPD Design~~

~~(v) Tooth Modification~~

~~(vi) Border Molding and Final Impressions~~

~~(vii) Framework Try-in~~

~~(viii) Jaw Relation Records~~

~~(ix) Trial Dentures~~

~~(x) Insertion of Removable Prosthesis~~

~~(xi) Post-Insertion~~

~~(xii) Laboratory Services for Prosthesis~~

~~(3) Documentation the candidate developed a diagnosis, determined treatment options and prognosis for the patient to receive a removable prosthesis. The documentation shall include:~~

~~(A) Evidence the candidate obtained a patient history, (e.g. medical, dental and psychosocial).~~

~~(B) Evaluation of the patient's chief complaint.~~

~~(C) Radiographs and photographs of the patient.~~

~~(D) Evidence the candidate performed a clinical examination, (e.g. hard/soft tissue charting, endodontic evaluation, occlusal examination, skeletal/jaw relationship, VDO, DR, MIP).~~

~~(E) Evaluation of existing prosthesis and the patient's concerns.~~

~~(F) Evidence the candidate obtained and mounted a diagnostic cast.~~

~~(G) Evidence the candidate determined the complexity of the case based on ACP classifications.~~

~~(H) Evidence the patient was presented with treatment plan options and assessment of the prognosis, (e.g. complete dentures, partial denture, overdenture, implant options, FPD).~~

~~(I) Evidence the candidate analyzed the patient risks/benefits for the various treatment options.~~

~~(J) Evidence the candidate exercised critical thinking and made evidence based treatment decisions.~~

~~(4) Documentation of the candidate's competency to successfully restore edentulous spaces with removable prosthesis. The documentation shall include:~~

~~(A) Evidence the candidate developed a diagnosis and treatment plan for the removable prosthesis.~~

~~(B) Evidence the candidate obtained diagnostic casts.~~

~~(C) Evidence the candidate performed diagnostic wax-up/survey framework designs.~~

~~(D) Evidence the candidate performed an assessment to determine the need for pre-prosthetic surgery and made the necessary referral.~~

~~(E) Evidence the candidate performed tooth modifications and/or survey crowns, when indicated.~~

~~(F) Evidence the candidate obtained master impressions and casts.~~

~~(G) Evidence the candidate obtained occlusal records.~~

~~(H) Evidence the candidate performed a try-in and evaluated the trial dentures.~~

~~(I) Evidence the candidate inserted the prosthesis and provided the patient with post-insertion care.~~

~~(J) Documentation the candidate followed established standards of care in the restoration of the edentulous spaces, (e. g. informed consent, and infection control).~~

~~(5) Documentation of the candidate's competency to manage tooth loss transitions with immediate or transitional prostheses. The documentation shall include:~~

~~(A) Evidence the candidate developed a diagnosis and treatment plan that identified teeth that could be salvaged and or teeth that needed extraction.~~

~~(B) Evidence the candidate educated the patient regarding the healing process, denture experience, and future treatment need.~~

~~(C) Evidence the candidate developed prosthetic phases which included surgical plans.~~

~~(D) Evidence the candidate obtained casts (preliminary and final impressions).~~

~~(E) Evidence the candidate obtained the occlusal records.~~

~~(F) Evidence the candidate did try-ins and evaluated trial dentures.~~

~~(G) Evidence the candidate competently managed and coordinated the surgical phase.~~

~~(H) Evidence the candidate provided the patient post insertion care including adjustment, relines and patient counseling within the established standards of care.~~

~~(I) Documentation the candidate followed established standards of care in the restoration of the edentulous spaces, (e. g. informed consent, and infection control).~~

~~(6) Documentation of the candidate's competency to manage prosthetic problems. The documentation shall include:~~

~~(A) Evidence the candidate competently managed real or perceived patient problems.~~

~~(B) Evidence the candidate evaluated existing prosthesis.~~

~~(C) Evidence the candidate performed uncomplicated repairs, relines, re-base, re-set or re-do, if needed.~~

~~(D) Evidence the candidate made a determination if specialty referral was necessary.~~

~~(E) Evidence the candidate obtained impressions/records/information for laboratory use.~~

~~(F) Evidence the candidate competently communicated needed prosthetic procedure to laboratory technician.~~

~~(G) Evidence the candidate inserted the prosthesis and provided the patient follow-up care.~~

~~(H) Evidence the candidate performed in-office maintenance, (e.g. prosthesis cleaning, clasp tightening and occlusal adjustments).~~

~~(7) Documentation the candidate directed and evaluated the laboratory services for the prosthesis. The documentation shall include:~~

(A) Complete laboratory prescriptions sent to the dental technician.

(B) Copies of all communications with the laboratory technicians.

(C) Evaluations of the laboratory work product, (e.g. frameworks, processed dentures).

(8) Prosthetic treatment for the examination shall include an immediate or interim denture.

(9) Patients shall not be shared or split between examination candidates.

(10) Patient Management. The candidate shall be familiar with the patient's medical and dental history.

(11) Implementation of any treatment modifications needed that are consistent with the patient's medical history.

(12) Case complexity shall not exceed the American College of Prosthodontics Class II for partially edentulous patients.

(c) Acceptable Criteria for Removable Prosthodontics Examination. Prosthetic procedures shall be performed on patients with supported soft tissue, implants, or natural tooth retained overdentures.

(d) Competency Examination Scoring. The scoring system used for the removable prosthodontics competency examination is defined as follows:

(1) A score of 1 is unacceptable with gross errors

(2) A score of 2 is unacceptable with major errors

(3) A score of 3 is minimum competence with moderate errors that do not compromise outcome

(4) A score of 4 is acceptable with minor errors that do not compromise outcome

(5) A score of 5 is optimal with no errors evident

A score rating of "3" shall be deemed the minimum competence level of performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, and 1632.1, Business and Professions Code.

§ 1032.7. Portfolio Examination: Endodontics.

(a) The portfolio examination shall contain the following documentation of the minimum endodontic clinical experiences and documentation of the endodontic portfolio competency examination:

(1) Evidence of successful completion of the endodontic clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the endodontic competency examination. For purpose of this section, satisfactory proof means the endodontic competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements. The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The endodontic examination shall include:

(1) Ten (10) scoring factors:

(A) Pretreatment Clinical Testing and Radiographic Imaging;

(B) Endodontic Diagnosis;

(C) Endodontic Treatment Plan;

(D) Anesthesia and Pain Control;

(E) Caries Removal, Removal of Failing Restorations, Evaluation of Restorability, Site Isolation;

(F) Access Opening;

(G) Canal Preparation Technique;

(H) Master Cone Fit;

(I) Obturation Technique;

(J) Completion of Case.

(2) One (1) clinical case.

(3) Documentation the candidate applied case selection criteria for endodontic case. The portfolio shall contain evidence the case selected met the American Association of

~~Endodontics case criteria for minimum difficulty such that treated teeth have uncomplicated morphologies, have signs and symptoms of swelling and acute inflammation and have not had previously completed or initiated endodontic therapy. The documentation shall include:~~

~~(A) The determination of the diagnostic need for endodontic therapy;~~

~~(B) Charting and diagnostic testing;~~

~~(C) A record of radiographs performed on the patient and an interpretation of the~~

~~(D) Evidence of a pulpal diagnosis within approved parameters, including consideration and determination following the pulpal diagnosis that it was within the approved parameters. The approved parameters for pulpal diagnosis shall be normal pulp, reversible pulpits, irreversible pulpits, and necrotic pulp.~~

~~(E) Evidence of a periapical diagnosis within approved parameters, including consideration and determination following the periapical diagnosis that it was within the approved parameters. The approved parameters for periapical diagnosis shall be normal periapex, asymptomatic apical periodontitis, symptomatic apical periodontitis, acute apical abscess, and chronic apical abscess.~~

~~(F) Evidence of development of an endodontic treatment plan that included trauma treatment, management of emergencies, and referrals when appropriate. An appropriate treatment plan may include an emergency treatment due to a traumatic dental injury or for relief of pain or acute infection. The endodontic treatment may be done at a subsequent appointment.~~

~~(4) Documentation the candidate performed pretreatment preparation for endodontic treatment. The documentation shall include:~~

~~(A) Evidence the patient's pain was competently managed.~~

~~(B) Evidence the caries and failed restorations were removed.~~

~~(C) Evidence of determination of tooth restorability.~~

~~(D) Evidence of appropriate isolation with a dental dam.~~

~~(5) Documentation the candidate competently performed access opening. The documentation shall include:~~

~~(A) Evidence of creation of the indicated outline form.~~

~~(B) Evidence of creation of straight line access.~~

~~(C) Evidence of maintenance of structural integrity.~~

(D) Evidence of completion of un-roofing of pulp chamber.

(E) Evidence of identification of all canal systems.

(6) Documentation the candidate performed proper cleaning and shaping techniques. The documentation shall include:

(A) Evidence of maintenance of canal integrity.

(B) Evidence of preservation of canal shape and flow.

(C) Evidence of applied protocols for establishing working length.

(D) Evidence of demonstration of apical control.

(E) Evidence of applied disinfection protocols.

(7) Documentation of performance of proper obturation protocols, including selection and fitting of master cone, determination of canal condition before obturation, and verification of sealer consistency and adequacy of coating.

(8) Documentation of demonstrated proper length control of obturation, including achievement of dense obturation of filling material and obturation achieved to a clinically appropriate height for the planned definitive coronal restoration.

(9) Documentation of a competently completed endodontic case, including evidence of an achieved coronal seal to prevent recontamination and creation of diagnostic, radiographic, and narrative documentation.

(10) Documentation of provided recommendations for post-endodontic treatment, including evidence of recommendations for final restoration alternatives and recommendations for outcome assessment and follow-up.

(11) Patient Management. The candidate shall be familiar with the patient's medical and dental history.

(12) Implementation of any treatment modifications needed that are consistent with the patient's medical history.

(c) Acceptable Criteria for Endodontics Competency Examination. The procedure shall be performed on any tooth to completion by the same candidate on the same patient. A "completed case" means a tooth with an acceptable and durable coronal seal.

(d) Competency Examination Scoring. The scoring system used for the endodontics competency examination is defined as follows:

(1) A score of 0 is unacceptable; candidate exhibits a critical error.

(2) A score of 1 is unacceptable; major deviations that are correctable.

(3) A score of 2 is acceptable; minimum competence.

(4) A score of 3 is adequate; less than optimal.

(5) A score of 4 is optimal.

A score rating of "2" shall be deemed the minimum competence level performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1032.8. Portfolio Examination: Periodontics.

(a) The portfolio examination shall contain the following documentation of the minimum periodontic clinical experiences and documentation of the periodontic portfolio competency examination:

(1) Evidence of successful completion of the periodontic clinical experiences shall be certified by the director of the school's clinical education program on the "Portfolio Examination Certification of Clinical Experience Completion" Form 33A-23P (New 08/13), which is hereby incorporated by reference, and shall be maintained in the candidate's portfolio.

(2) Documentation providing proof of satisfactory completion of a final assessment in the periodontic competency examination. For purpose of this section, satisfactory proof means the periodontic competency examination has been approved by the designated dental school faculty.

(b) Competency Examination Requirements. The candidate shall have the approval of his or her clinical faculty prior to beginning the competency examination. The periodontic competency examination shall include:

(1) One (1) case to be scored in three parts, as follows:

(A) Part A: Review medical and dental history, radiographic findings, comprehensive periodontal data collection, evaluate periodontal etiology/risk factors, comprehensive periodontal diagnosis, and treatment plan;

(B) Part B: Calculus detection and effectiveness of calculus removal; and

(C) Part C: Periodontal re-evaluation.

~~(2) Nine (9) scoring factors:~~

~~(A) Review Medical and Dental History (Part A);~~

~~(B) Radiographic Findings(Part A);~~

~~(C) Comprehensive Periodontal Data Collection (Part A);~~

~~(D) Evaluate Periodontal Etiology/Risk Factors (Part A);~~

~~(E) Comprehensive Periodontal Diagnosis (Part A);~~

~~(F) Treatment Plan (Part A);~~

~~(G) Calculus Detection (Part B);~~

~~(H) Effectiveness of Calculus Removal (Part B); and~~

~~(I) Periodontal Re-evaluation (Part C).~~

~~(3) All three parts of the examination shall be performed on the same patient. In the event the patient does not return for periodontal re-evaluation (Part C), the student shall use a second patient for the completion of the periodontal re-evaluation (Part C) portion of the periodontic competency examination.~~

~~(4) Documentation the candidate performed a comprehensive periodontal examination. The documentation shall include:~~

~~(A) Evidence that the patient's medical and dental history was reviewed.~~

~~(B) Evidence that the patient's radiographs were evaluated.~~

~~(C) Evidence of performance of an extra-oral and intra-oral examination on the patient.~~

~~(D) Evidence of performance of comprehensive periodontal data collection. Evidence shall include evaluation of patient's plaque index, probing depths, bleeding on probing, suppurations, cementoenamel junction to the gingival margin (CEJ-GM), clinical attachment, furcations, and tooth mobility.~~

~~(E) Evidence of performance of an occlusal assessment.~~

~~(5) Documentation the candidate diagnosed and developed a periodontal treatment plan. The documentation shall include:~~

~~(A) Evidence of determination of periodontal diagnosis.~~

~~(B) Evidence of formulation of an initial periodontal treatment plan that demonstrates~~

~~(i) Determination of periodontal diagnosis.~~

~~(ii) Formulation of an initial periodontal treatment plan that demonstrates the following:~~

~~(a) Determination to treat or refer patient to periodontist or periodontal surgery;~~

~~(b) Discussion with patient regarding etiology, periodontal disease, benefits of treatment, consequences of no treatment, specific risk factors, and patient-specific oral hygiene instructions;~~

~~(c) Determination on non-surgical periodontal therapy;~~

~~(d) Determination of re-evaluation need; and~~

~~(e) Determination of recall interval.~~

~~(6) Documentation of performance of non-surgical periodontal therapy. The documentation shall include:~~

~~(A) Detected supragingival and subgingival calculus;~~

~~(B) Performance of periodontal instrumentation, including:~~

~~(i) Removed calculus;~~

~~(ii) Removed plaque; and~~

~~(iii) Removed stains;~~

~~(C) Demonstration that excessive soft tissue trauma was not inflicted; and~~

~~(D) Demonstration that anesthesia was provided to the patient.~~

~~(7) Documentation of performance of periodontal re-evaluation. The documentation shall include:~~

~~(A) Evidence of evaluation of effectiveness of oral hygiene;~~

~~(B) Evidence of assessment of periodontal outcomes, including:~~

~~(i) Review of the patient's medical and dental history;~~

~~(ii) Review of the patient's radiographs;~~

~~(iii) Performance of comprehensive periodontal data collections (e.g. evaluation of plaque index, probing depths, bleeding on probing, suppurations, cementoenamel junction to the gingival margin (CEJ-GM), clinical attachment level, furcations, and tooth mobility.~~

~~(C) Evidence of discussion with patient regarding current periodontal status as compared to the pre-treatment status, patient-specific oral hygiene instructions, and modifications of specific risk factors;~~

~~(D) Evidence of determination of further periodontal needs including the need for referral to a periodontist and periodontal surgery; and~~

~~(E) Evidence of establishment of a recall interval for periodontal treatment.~~

~~(c) Acceptable Patient Criteria for Periodontics Competency Examination:~~

~~(1) The examination, diagnosis, and treatment planning shall include:~~

~~(A) A patient with a minimum of twenty (20) natural teeth, with at least four (4) molars;~~

~~(B) At least one probing depth of five (5) mm or greater shall be present on at least four (4) of the teeth, excluding third molars, with at least two of these teeth with clinical attachment loss of 2 mm or greater;~~

~~(C) A full mouth assessment or examination~~

~~(D) The patient shall not have had previous periodontal treatment at the dental school where the examination is being conducted. Additionally, the patient shall not have had previous non-surgical or surgical periodontal treatment within the past six (6) months.~~

~~(2) Calculus detection and periodontal instrumentation (scaling and root planing) shall include:~~

(A) A patient with a minimum of six (6) natural teeth in one quadrant, with at least two (2) adjacent posterior teeth in contact, one of which shall be a molar. Third molars may be used if they are fully erupted.

(B) At least one probing depth of five (5) mm or greater shall be present on at least two (2) of the teeth that require scaling and root planing.

(C) A minimum of six (6) surfaces of clinically demonstrable subgingival calculus shall be present in one or two quadrants. Readily clinically demonstrable calculus is defined as easily explorer detectable, heavy ledges. At least four (4) surfaces of the subgingival calculus shall be on posterior teeth. Each tooth is divided into four surfaces for qualifying calculus: mesial, distal, facial, and lingual. If additional teeth are needed to obtain the required calculus and pocket depths two quadrants may be used.

(3) Re-evaluation shall include:

(A) A thorough knowledge of the patient's case;

(B) At least two (2) quadrants of scaling and root planing on the patient being reevaluated.

(C) At least two documented oral hygiene care (OHC) instructions with the patient being reevaluated 4-6 weeks after scaling and root planing is completed. The scaling and root planing shall be completed within an interval of 6 weeks or less.

(D) A patient with a minimum twenty (20) natural teeth with at least four (4) molars.

(E) Baseline probing depth of at least five (5) mm on at least four (4) of the teeth, excluding third molars.

(d) Competency Examination Scoring. The scoring system used for the periodontics competency examination is defined as follows:

(1) A score of 0 is unacceptable; candidate exhibits a critical error

(2) A score of 1 is unacceptable; major deviations that are correctable

(3) A score of 2 is acceptable; minimum competence

(4) A score of 3 is adequate; less than optimal

(5) A score of 4 is optimal

A score rating of “2” shall be deemed the minimum competence level performance.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1032.9. Portfolio Examination: Competency Examiner Qualifications.

(a) Portfolio competency examiners shall meet the following criteria:

(1) An examiner shall be full-time or part-time faculty member of a Board-approved California dental school.

(2) An examiner shall have a minimum of one (1) year of previous experience in administering clinical examinations.

(3) An examiner shall undergo calibration training in the Board’s standardized evaluation system through didactic and experiential methods as established in section 1032.10. Portfolio competency examiners are required to attend Board-developed standardized calibration training sessions offered at their schools prior to administering a competency examination and annually thereafter.

(b) At the beginning of each school year, each school shall submit to the Board the names, credentials and qualifications of the dental school faculty to be approved or disapproved by the Board as portfolio competency examiners. Documentation of qualifications shall include a letter from the dean of the California dental school stating that the dental school faculty satisfies the criteria and standards established by the dental school to conduct portfolio competency examinations in an objective manner, and has met the requirements of subdivision (a)(1) through (a)(3) of this section.

(c) In addition to the names, credentials and qualifications, the dean of the California dental school shall submit documentation that the appointed dental school faculty examiners have been trained and calibrated in compliance with the Board’s requirements established in section 1032.10.

(d) Any changes to the list of portfolio competency examiners shall be reported to the Board within thirty (30) days, including any action taken by the school to replace an examiner.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1032.10. Portfolio Examination: Competency Examiner Training Requirements.

(a) Prospective portfolio competency examiners are required to attend Board-developed standardized calibration training sessions offered at their schools prior to administering a competency examination. Each of the schools will designate faculty who have been approved by the Board to serve as competency examiners and is responsible for administering the Board developed calibration course for said examiners. Examiners may grade any competency examination in which they have completed the required calibration. Each training session shall be presented by designated Portfolio competency examiners at their respective schools and require the prospective examiners to participate in both didactic and hands-on activities.

(b) Didactic Training Component. During didactic training, designated Portfolio competency examiners shall present an overview of the examination and its evaluation (grading) system through lecture, review of examiner training materials, including slide presentations, sample documentation, and sample cases.

(c) Hands-On Component. Training shall include multiple examples of performance that clearly relate to the specific judgments that examiners are expected to provide during the portfolio competency examinations. Hands-on training sessions include an overview of the rating process, clear examples of rating errors, examples of how to mark the grading forms, a series of several sample cases for examiners to hone their skills, and opportunities for training staff to provide feedback to individual examiners.

(d) Calibration of Examiners. The calibration of portfolio competency examiners shall be conducted to maintain common standards as an ongoing process. Portfolio competency examiners shall be provided feedback about their performance and how their scoring varies from their fellow examiners. Portfolio competency examiners whose error rate exceeds psychometrically accepted standards for reliability shall be re-calibrated. A school shall notify the Board if, at any time, it is determined that a competency examiner is unable to meet the Board's calibration standards. If any portfolio competency examiner is unable to be re-calibrated, the Board shall disapprove the portfolio competency examiner from further participation in the portfolio examination process.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1033.1. General Procedures and Policies for Portfolio Examination.

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of the portfolio examination.

(a) The candidate shall be able to read and interpret instructions and examination material as part of the examination.

(b) A patient shall be in a health condition acceptable for dental treatment. If conditions indicate a need to consult the patient's physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the candidate must obtain the necessary written medical clearance and/or, evidence of premedication before the patient will be accepted. If the patient's well-being is put into jeopardy at any time during the portfolio competency examination, the examination shall be terminated. The candidate shall fail the examination, regardless of performance on any other part of the examination.

(c) The use of local anesthetics shall be administered according to the school's protocol and standards of care. The type and amount of anesthetics shall be consistent with the patient's medical history and current condition.

(d) A candidate may be dismissed from the entire examination, and a statement of issues may be filed against the candidate, for acts which interfere with the board's objective of evaluating professional competence. Such acts include, but are not limited to the following:

(1) Allowing another person to take the portfolio examination in the place of, and under the identity of, the candidate.

(2) Presenting purported carious lesions which are artificially created, whether or not the candidate created the defect.

(3) Presenting radiographs which have been altered, or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the candidate.

(4) Bringing any notes, textbooks, unauthorized models, periodontal charting information or other informative data into the clinic during any portfolio competency examination.

(5) Assisting another candidate during the portfolio examination process.

(6) Failing to comply with the board's infection control regulations. Candidates shall be responsible for maintaining all of the standards of infection control while treating patients. This shall include the appropriate sterilization and disinfection of the cubicle, instruments and handpieces, as well as, the use of barrier techniques (including glasses, mask, gloves, proper attire, etc.) as required by the California Division of Occupational Safety and Health (Cal/OSHA) and California Code of Regulations, Title 16, Section 1005.

(7) Treating a patient, or causing a patient to receive treatment outside the designated examination settings and timeframes.

(e) Candidates shall wear personal protective equipment (PPE) during the portfolio competency examinations. PPE shall include masks, gloves, and eye protection during each portfolio competency examination.

(f) Radiographs for each of the portfolio competency examinations shall be of diagnostic quality. Digital or conventional radiographs may be used.

(g) Dental dams shall be used during endodontic treatment and the preparation of amalgam and composite restorations. Finished restorations shall be graded without the dental dam in place.

(h) Candidates shall provide clinical services upon patients of record of the dental school who fulfill the acceptable criteria for each of the six (6) portfolio competency examinations.

(i) Candidates shall be allowed three (3) hours and thirty (30) minutes for each patient treatment session.

(j) Each portfolio competency examination shall be performed by the candidate without faculty intervention. Completion of a successful portfolio competency examination may be counted as a clinical experience for the purpose of meeting the requirements of section 1032.2.

(k) Candidates who fail a portfolio competency examination three (3) times shall not be permitted to retake the portfolio competency examination until remediation has been completed as specified in section 1036.

(l) Readiness for a candidate to take a portfolio competency examination shall be determined by the dental school's clinical faculty.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632 and 1632.1, Business and Professions Code.

§ 1034. Portfolio Competency Examination Grading.

This section shall apply, in addition to any other examination rules set forth in this Chapter, for the purpose of uniform conduct of the portfolio examination grading.

(a) Each portfolio competency examination shall be graded by two (2) independent portfolio competency examiners and shall use the Board's standardized scoring system as specified in subdivision (f) of this section. There shall be no communication between grading examiners.

~~(b)~~

~~(c) A candidate shall be deemed to have passed the portfolio competency examination if his or her overall scaled score is at least 75 in each of the portfolio competency examinations.~~

~~(d) The Board shall notify candidates who have passed or failed the portfolio examination.~~

~~(e) Each portfolio competency examination shall be signed by the school portfolio competency examiners who performed the grading.~~

~~(f) Competency Examination Scoring: The portfolio competency examiners shall use the following scoring system for each of the competency examinations:~~

~~(1) The scoring system used for the ODTP competency examination as specified in Section 1032.3(d).~~

~~(2) The scoring system used for the direct restoration competency as specified in Section 1032.4(d).~~

~~(3) The scoring system used for the indirect restoration competency examination as specified in Section 1032.5(d).~~

~~(4) The scoring system used for the removable prosthodontics competency examination as specified in Section 1032.6(d).~~

~~(5) The scoring system used for the endodontics competency examination as specified in Section 1032.7(d).~~

~~(6) The scoring system used for the periodontics competency examination as specified in Section 1032.8(d).~~

~~(g) If a candidate commits a critical error, the candidate shall not proceed with the portfolio competency examination. If the candidate makes a critical error at any point during a portfolio competency examination, a score of "0" shall be assigned and the portfolio competency examination shall be terminated immediately.~~

~~NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630, 1632, 1632.1 and 1634, Business and Professions Code.~~

§ 1035. Examination Review Procedures; Appeals.

(a) An candidate who has failed an examination administered pursuant to subdivision (b) of Section 1632 of the Code shall be provided with notice, upon written request, of those areas in which he/she is they were deficient.

(b) An unsuccessful candidate who has been informed of the areas of deficiency in his/her their performance and who has determined that one or more of the following errors was made during the course of his/hertheir examination and grading may appeal to the Bboard within sixty (60)fifteen (15) days following receipt of his/hertheir examination results:

(1) Significant procedural error in the examination process.;

(2) Evidence of adverse discrimination.;

(3) Evidence of substantial disadvantage to the candidate.

(c) TheSuch appeal provided in subsection (b) shall be made by means of a written letter specifying the grounds upon which the appeal is based. The Bboard's designee shall respond to the appeal in writing and may request a personal appearance by the candidate. The Bboard shall thereafter take such action as it deems appropriate.

(c) This section shall not apply to the portfolio examination of a candidate's competence to enter the practice of dentistry.

NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1630- and 1632, Business and Professions Code.

§ 1036.01. Remedial Education: Portfolio Competency Examinations.

A candidate, who fails to pass a portfolio competency examination after three attempts, shall not be eligible for further re-examination until the candidate has successfully completed the required additional education as specified in Section 1633(b) of the Business and Professions Code.

(a) The course work shall be taken at a dental school approved by 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.

(1) The course of study must be didactic, laboratory or a combination of the two. Use of patients is optional.

(2) Instruction must be provided by a faculty member of a dental school approved by the Commission on Dental Accreditation or a comparable organization approved by the Board.

~~(3)) Pre-testing and post-testing must be part of the course of study.~~

~~(b) When an applicant applies for reexamination, he or she shall furnish evidence of successful completion of the remedial education requirements for reexamination.~~

~~(1) Evidence of successful completion must be on the "Certification of Successful Completion of Remedial Education for Portfolio Competency Re-Examination requirements for re-examination Eligibility" (Form New 08/13), that is hereby incorporated by reference, that is submitted prior to the examination.~~

~~(2) The form must be signed and sealed by the Dean of the dental school providing the remedial education course.~~

~~NOTE: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1632.5, Business and Professions Code.~~

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR LICENSURE TO PRACTICE DENTISTRY (WREB)

FEES

Application Fee: $100.00
Fingerprint Fee: $51.00
(Livescan applicants pay fee at time of service)

ALL FEES ARE NON-REFUNDABLE

For Office Use Only

ATS# _____
REC# _____
Fee Pd _____

Date Cashiered _____

For Office Use Only

Received

QM		Reviewed By:		FP		DC	
Conf Sent		WREB score / CBT		NB / SCH		LC	
Def Sent		Notify		CODE		Law	P/F
DOJ		FBI		YG		Ethics	P/F
ATI		ENF					

For Office Use Only

(Please type or print neatly)

1. LEGAL NAME: LAST FIRST MIDDLE | U.S. Social Security Number

2. List other names you have used:

3. Address: Street City State Zip Code

4. Mailing Address: Street City State Zip Code

5. Birthdate MM/DD/YR | Sex: Male ☐ Female ☐ | TELEPHONE NUMBER: Day Evening

6. Do you have a certified disability or condition that requires special accommodations for testing? YES ☐ NO ☐
   If yes, fax the Board for a "REQUEST FOR ACCOMODATION" packet.
7. Have you previously taken the California Law and Ethics Examination? YES ☐ NO ☐
8. Have you ever been issued a dental license in any State or Country? YES ☐ NO ☐
   If yes, a Certification of License must be submitted for each State/country

STATE OR COUNTRY	LICENSE NUMBER	ISSUE DATE

~~Passport style Photograph~~

33A-22W (revised 11/06)

REPEAL

9. DENTAL EDUCATION:

Name and Location of institution(s) attended

Period(s) of attendance (show MM/YYYY)

Degree, Diploma granted DATE GRANTED

☐ D.D.Sc. ☐D.D.S. ☐D.M.D. ☐ Other (please specify)

10. POSTGRADUATE STUDY:

Name and Location of Institution(s) attended

Period(s) of attendance (show dates MM/YYYY)

Are you a Diplomate? YES ☐ NO ☐

Name of Specialty Board

11. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:

I HERE BY CERTIFY THAT _____
Full Name of Student

matriculated in the _____
Name of University

Dental College the _____ day of _____ and attended _____ years,

Has completed the clinic and didactic requirements and

☐HAS GRADUATED, OR ☐WILL GRADUATE OR ☐IS EXPECTED TO GRADUATE* with the

Degree of ☐D.D.Sc., ☐ D.D.S., ☐D.M.D. on the _____ day of _____ _____

_____
SIGNATURE OF DEAN

***The Dean must certify actual graduation, if certification is signed that applicant will graduate or is expected to graduate. Certification must be completed on official school letterhead including the Dean's signature and seal of the Dental School.**

REPEAL

12. Do you have any pending of have you ever had any disciplinary action taken or changes filed against a dental license of other healing arts license? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal government entity

Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction of action taken against a dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.

Yes ☐ No ☐

13. Are there any pending investigations by any State or Federal agencies against you?

If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s).

Yes ☐ No ☐

14. Have you ever been denied a dental license or permission to take a dental examination?

If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s).

Yes ☐ No ☐

15. Have you ever surrendered a license, either voluntarily of otherwise?

If yes, provide a detailed explanation and a copy of all documents relating to the surrender.

Yes ☐ No ☐

16. Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the Code?

If yes, provide a detailed explanation.

Yes ☐ No ☐

17. With the exception of a conviction for an infraction resulting in a fine of less than $300, have you ever been convicted of any crime, including an infraction, misdemeanor or felony?

"Conviction" includes a plea of no contest and any conviction that been set aside pursuant to Section 1203.4 of the Penal code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.

If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).

Yes ☐ No ☐

19. Executed in _____ (City), on the _____ Day of _____, 20_____

I am the applicant for licensure referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely.

I certify under penalty of perjury under the laws of the State of California that the information I provided to the Board in this application is true and correct to the best of my knowledge and belief.

_____ Date

_____ Signature of Applicant

Important Information: You must report to the Board the results of any actions which have been filed or were pending against any dental license you hold at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to Section 480 (c) of the Business & Professions Code.

REPEAL

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550 Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of $100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

REPEAL

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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Dental Board of California
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P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR DETERMINATION OF LICENSURE ELIGIBILITY (PORTFOLIO)

FEES	FOR OFFICE USE ONLY	DATE RECEIVED
Application Fee: $350.00 Fingerprinting: All applicants are required to submit via Live Scan. Applicants will pay a fee of $49.00 plus any additional costs for the rolling of fingerprints by the Live Scan agency.	ID NUMBER _____ Receipt Number _____ Fee Paid _____ Date Cashiered _____	

(Please print or type)

1. United States Social Security Number	2. Birth Date (MM/DD/YYYY)		
3.Legal Name: Last	First	Middle	
4. List any other names used:			
5. Mailing Address(The address you enter is public information and will be placed on the Internet pursuant to B & P Code 27):			
6. Alternate Address(If you do not want your home or work address available to the public, provide an alternate address):			
7. Home/Cellular Telephone (Include area code):	8. Gender: Male ☐ Female ☐		
9. Have you previously taken the California Dentistry Law and Ethics Examination		Yes ☐	No ☐
10. Do you have a certified disability or condition that requires special accommodations for testing? If yes, fax the Board for a "REQUEST FOR ACCOMMODATION" packet.		Yes ☐	No ☐
11. Have you been issued a dental license in any State or Country? If yes, a Certification of License must be submitted for each State/Country		Yes ☐	No ☐
State/Country:	License Number:	Issue Date:	

Passport Style Photograph

Tape photo here

FOR OFFICE USE ONLY

To Be Repealed

12. DENTAL EDUCATION:

_____

Name and Location of Institution(s) attended

_____ Date Graduated _____

Period(s) of attendance (show MM/YYYY)

Degree, Diploma granted: ☐ D.D.Sc. ☐ D.D.S. ☐ D.M.D. ☐ Other (please specify) _____

14.CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:

I HEREBY CERTIFY THAT _____

FULL NAME OF STUDENT

matriculated in the _____

NAME OF UNIVERSITY

Dental College the _____ day of _____ and attended _____ years. Has completed the clinic and didactic requirements and is in good academic standings with no pending ethical issues and ☐ HAS GRADUATED, ☐ WILL GRADUATE* OR ☐ IS EXPECTED TO GRADUATE* with degree of ☐ D.D.Sc., ☐ D.D.S., ☐ D.M.D. on the _____ day of _____, 20_____.

SEAL OF COLLEGE OR UNIVERSITY

_____

SIGNATURE OF DEAN

*The Dean must certify actual graduation, if certification is signed that the student will graduate or is expected to graduate. Certification must be completed on official school letterhead including certification by the Dean that there are no pending ethical issues, the Dean's signature and seal of the Dental School.

15. Do you have any pending or have you ever had any disciplinary action taken or charges filed against a dental license or other healing arts license, pursuant to California Code of Regulations, Title 16, Section 1028(b)(11)? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. Federal Government entity, pursuant to California Code of Regulations, Title 16, Section 1028(b)(12). Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action, pursuant to California Code of Regulations, Title 16, Section 1028(b)(12).	Yes ☐ No ☐
16. Are there any pending investigations by any State or Federal agencies against you? If yes, provide a detailed explanation of the circumstances surrounding the investigation and a copy of the document(s), pursuant to California Code of Regulations, Title 16, Section 1028(b)(13).	Yes ☐ No ☐
17. Have you ever been denied a dental license or permission to take a dental examination? If yes, provide a detailed explanation of the circumstances surrounding the denial and a copy of the document(s), pursuant to California Code of Regulations, Title 16, Section 1028(b)(14).	Yes ☐ No ☐
18. Have you ever surrendered a license, either voluntarily or otherwise? If yes, provide a detailed explanation and a copy of all documents relating to the surrender pursuant to California Code of Regulations, Title 16, Section 1028(b)(15).	Yes ☐ No ☐
19. Are you in default on a United States Department of Health Services education loan pursuant to Section 685 of the code? (Cal. Code of Regs., Title 16, Section 1028(b)(17)). If yes, provide an explanation.	Yes ☐ No ☐
20. Have you ever been convicted of any crime including infractions, misdemeanors and felonies, with the exception of an infraction with a fine of less than $1,000 that did not involve alcohol or drugs? Information as to whether the applicant has ever been convicted of any violation of the law in this or any other state, the United States or other county, omitting traffic infractions under $1,000.00 not involving alcohol, dangerous drugs, or controlled substances, pursuant to California Code of Regulations, Title 16, Section 1028(b)(16). "Conviction" means a plea or verdict of guilty or a conviction following a please of nolo contendere or "no contest" and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanors, and felonies. (Cal. Code of Regs., Title 16, Section 1028(b)(16)). If yes, provide a detailed explanation and a copy of all documents relating to the conviction(s).	Yes ☐ No ☐

21. Executed in _____, on the _____day of _____, 20 _____
City

I am the applicant for licensure referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely.

I certify under penalty of perjury under the laws of the State of California that the information I provided to the Board in this application is true and correct to the best of my knowledge and belief.

_____ _____
Date Signature of Applicant

Important Information: You must report to the Board the results of any actions which have been filed or were pending against any dental license you hold at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to Section 480(c) of the Business & Professions Code.

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 92815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of $100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

Repealed

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR.
Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

Application for Issuance of License Number and Registration of Place of Practice*

Business & Professions Code §§ 1650

OFFICE USE ONLY

Date Application Received

OFFICE USE ONLY

ATS #_____

Rec #_____

Fee Paid _____

Date cashiered _____

Date License mailed _____

License # _____

Complete this form to obtain your license. Please print legibly.

Name _____
Last First Middle

Address of Record (will be public information)

Street and Number _____

City _____ State _____ Zip Code _____

Address of Practice, if different
Street and Number _____

City _____ State _____ ZIP Code _____

***Note: If you do not yet have a practice address in California, you may leave this section blank. However, if and when you do have a practice address in California, you must report it to the Board immediately.**

Telephone number (____) _____ Email address (optional) _____

Applicant's File Number issued by Dental Board of California _____

To Be Repealed

Certification

I certify under penalty of perjury under the laws of the State of California that the information I provided to the Board in this application is true and correct.

_____ _____
Date Signature of Applicant

The information requested herein is mandatory unless designated as optional and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq.

The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.

Rev(11/07)

Dental Board of California

Initial Dental License Fee Calculation

Business & Professions Code §1715.

Your first license fee will be pro-rated. California dental licenses expire every two years on the last day of the month of your birthday.

For example, if your birthday is June 14, 1982 (an even year), your license will expire:

June 30, 2018

June 30, 2020, etc.

However, if your birthday is June 14, 1983 (an odd year), your license will expire:

June 30, 2019

June 30, 2021, etc.

To calculate the fee for your initial (pro-rated) license:

1. Count the number of months between the day you send payment until the date your license will expire. If you send payment on the 15th day of the month or later, do not count that month.

2. Find that number below to know your initial license fee.

# of months	Initial license fee
1*	
2**	
3	$81.25
4	$108.33
5	$135.42
6	$162.50
7	$189.58
8	$216.67
9	$243.75
10	$270.83
11	$297.92
12	$325.00
13	$352.08
14	$379.17
15	$406.25
16	$433.33
17	$460.42
18	$487.50
19	$514.58
20	$541.67
21	$568.75
22	$595.83
23	$622.92
24	$650.00
25*	$677.09
26**	$704.17

If you need assistance calculating your initial license fee, call the Licensing Unit at 916-263-2300.

*If the number of months until your birthday is 1, use the $ amount for 25 months.

**If the number of months until your birthday is 2, use the $ amount for 26 months.

To Be Repealed

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR
DENTAL BOARD OF CALIFORNIA
1432 Howe Avenue, Suite 85, Sacramento, CA 95825
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR LAW AND ETHICS EXAMINATION

For Office Use Only	*For Office Use Only*
ATS#_____	**Received**

No Fee Required

(Please type or print neatly)

1. LEGAL NAME: _____
LAST FIRST MIDDLE

2. ADDRESS _____
Street City State Zip Code

3. TELEPHONE NUMBER (____)_____ (_____)_____
Evening Day

4. Do you have a disability or condition that requires special accommodations? YES NO
If yes, email db_examinations@dca.ca.gov for a "REQUEST FOR ACCOMMODATION" packet.

5. Preferred Examination: Northern California □ Southern California □ Month: _____

_____ _____
Date Signature of Applicant

---

6. CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE:
(Must be completed or application will be returned)

I HEREBY CERTIFY THAT _____
Full Name of Student

matriculated in the _____
Name of University

Dental College the _____day of _____and attended _____years,

has completed the clinic and didactic requirements and

HAS GRADUATED, OR WILL GRADUATE OR IS EXPECTED TO GRADUATE
with the degree of:

Circle One D.D.Sc., D.D.S., D.M.D.

on the _____day of _____, 20_____.

(SEAL OF COLLEGE OR UNIVERSITY)

_____
SIGNATURE OF DEAN

12/07

To Be Repealed

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

CERTIFICATION OF SUCCESSFUL COMPLETION OF REMEDIAL EDUCATION FOR PORTFOLIO COMPETENCY RE-EXAMINATION ELIGIBILITY

Candidate Name: _____

Candidate Number: _____

Competency Examination Subject Remediated (Please mark all that apply)

Competency	Type of Course* (Circle)	Date Completed	Signature of Faculty
Oral Diagnosis and Treatment Planning	D L C		
Periodontics	D L C		
Endodontics	D L C		
Direct Restorations	D L C		
Indirect Restorations	D L C		
Removable Prosthodontics	D L C		

*Type of Course D=Didactic L=Labo atory C=Clinical

To Be Repealed

Guidelines for Remedial Education

- Course of study must be a minimum of 50 hours for each competency failed three (3) times.
- Course work must be completed prior to re-examination of the competency.
- Course of study must b didactic and/or laboratory. Use of patients is optional.
- Instruction must be provided by a faculty member(s) of an approved dental school.
- Pre-testing and post-testing must be a part of the course of study to ensure the pr gram has been effective in improving knowledge and skills.

Summary of Requirement

An applicant who fails to pass the examination required by Section 1632 of the Business and Professions Code after three (3) attempts 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 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 one year from the date of notification of the applicant's third failure.

Form New (08/13)

BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	October 23, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Supervisor I – Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 26.b.iii.:** Discussion and Possible Action to Consider Initiation of a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 1021 and 1022, and Add New Section 1006.1 Regarding Retired License Status

Background and Issues Addressed

Business and Professions Code section 464 authorizes any board within the Department of Consumer Affairs to create, via regulation, a "retired" license category for professionals who are not actively practicing. The Dental Board of California (Board) currently has no "retired" license status category.

Although Business and Professions Code section 464 allows the Board to issue retired licenses, it does not explain how to do so. Without regulations, there is no current way for someone who has stopped practicing to place their license in retired status and avoid paying renewal fees for a license they no longer use.

Right now, licensees who stop practicing must either:

- Place their license on inactive status under CCR section 1017.2 and pay the biennial renewal fee, or
- Stop renewing, letting the license become delinquent and eventually cancel after five years.

Creating a retired license option would let former practitioners avoid the negative perception of having a delinquent or cancelled license and remove the cost burden of ongoing fees. The Board's proposal addresses this by adopting CCR section 1006.1 and amending sections 1021 and 1022. These changes would explain who qualifies for a retired license, how to apply for one, how a retired licensee can return to active status within 5 years after obtaining a retired status and payment of associated fees. The proposed Retired License Status regulations package is intended to provide the Board with

a clearer understanding of the proposed process for obtaining a retired status and to ensure appropriate oversight of individuals transitioning out of practice.

Economic and Fiscal Impact Assumptions

Since the Board would no longer receive renewal fees from licensees who switch from inactive status to retired status, staff have analyzed how this change might affect the Board's revenue.

Board staff recommend using age 70 as the Board's demographic assumption for estimating potential retired-license applicants for fiscal analysis purposes. After a thorough review, Board staff have concluded both national and California-specific workforce data supports age 70 as a reasonable threshold for an average anticipated retirement age from practice.

National workforce data indicate that dentists typically retire later than many other professions. Estimates from the American Dental Association's Health Policy Institute indicate that the typical retirement age for U.S. dentists is in the late 60s, and a significant portion continue practicing into their 70s. For more details, consult the ADA's Workforce Resources page and its *U.S. Dentist Workforce 2025* report.

California-specific data reported by the Department of Health Care Access and Information (HCAI), based on Dental Board licensing records and the mandatory workforce survey, show a similar trend:

- 20.7% of active California dentists are between ages 60 and 69.
- An additional 10.6% are age 70 or older.
- Approximately 43% of active dentists report plans to retire within the next ten years.

(Source: *HCAI Health Workforce Research Data Center Annual Report to the Legislature*, January 2026, Tables H-5 and H-6.)

Establishing the retired-license category at age 70 would place the threshold at or slightly above the observed average retirement age for dentists. This approach would capture the substantial cohort of dentists nearing retirement while also providing an appropriate option for licensees who have already passed traditional retirement age and wish to fully exit active practice.

In addition, age 70 aligns closely with common retirement benchmarks, including full Social Security retirement eligibility. The Board already incorporates Social Security retirement age as a criterion for its reduced-fee renewal option. Building upon that existing framework would provide a clear and administratively straightforward pathway for retired dentists to discontinue active licensure obligations, such as renewal fees and continuing education requirements, while preserving the Board's ability to establish reactivation requirements as appropriate.

In short, the available data support age 70 as a practical and evidence-based demographic assumption that reflects actual retirement patterns among California dentists and provides a reasonable basis for fiscal modeling of a retired-license category.

Action Requested

The Board is asked to review staff's recommendation and discuss the proposed regulatory text and related attachments and consider making one of the following motions:

Option 1 (if the Board agrees with the staff recommendation and has no changes)

Move to approve the proposed regulatory text in **Attachment 1** and direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business and Consumer Services Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for CCR, title 16, sections 1006.1, 1021, and 1022.

Option 2 (The Board has suggested changes to the proposed regulatory text in **Attachment 1**.)

Move to approve the proposed regulatory text in **Attachment 1** with the following changes (Describe the proposed changes to the proposed text here). Further, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business and Consumer Services Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for CCR, title 16, sections 1006.1, 1021, and 1022.

Attachments:

1. Proposed Regulatory Text
2. Workload Analyses -- Application for Retired License - CCR 1021 (ai) and 1022 (ax)
3. HCAI Health Workforce Research Data Center Annual Report to the Legislature, January 2026
4. Retired License Fiscal Impact Chart entitled "Dental Board of California -- Retired License Status — Revenues (Projected)"

TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA

PROPOSED REGULATORY LANGUAGE

Retired License Status

Proposed regulatory language is shown in single underline for new text and single ~~strikethrough~~ for deleted text.

Adopt New Section 1006.1 and Amend Sections 1021 and 1022 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1006.1 Retired License Status

(a) Definitions. For the purposes of this section, the following definitions shall apply:

(1) "License" shall include any license issued by the Board to practice dentistry, provide dental supportive procedures as a dental auxiliary, or practice as an oral and maxillofacial surgeon ("OMS") as provided in Section 1638 of the Code.

(2) "Disciplinary reasons" means that the applicant's practice was restricted by order of the Board for violations of the Act, the Board's Regulations in this Division, or Section 822 of the Code, including orders resulting from:

(A) an accusation filed pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code seeking to revoke, suspend, or place the license on probation; or,
(B) an interim suspension order filed pursuant to Section 494 of the Code.

(3) "Provide dental supportive procedures as a dental auxiliary" shall mean providing the services within the scope of practice of a registered dental assistant (RDA), registered dental assistant in extended functions (RDAEF), orthodontic assistant (OA), or dental sedation assistant (DSA) as defined in Sections 1750.3, 1750.5, 1752.4, 1753.5, 1753.55, and 1753.6 of the Code, as applicable, and sections 1086 and 1087 of this Division, as applicable.

(4) "Submit to the Board" means to transmit an application and the application fee required by sections 1021 or 1022 ("required fee"), as applicable, by mail with postage prepaid addressed to the Board at the Board office at the address listed on the Board's website, by hand delivery to the Board office at the address listed on the Board's website, or electronically through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" ("online services system") located on the

Board's website in accordance with subsection (d), paragraphs (1) and (2)(A)-(D), as applicable.

(b) (1) A licensee ("applicant") may apply for and, upon compliance with the requirements in subsection (c), be issued a license by the Board in retired status ("retired license").

(2) An individual who has allowed their license to expire as provided in Section 1715 of the Code ("delinquent") shall not be considered to have met the requirements in subsection (c)(3) until they have complied with the requirements for renewing and restoring their license to an active or inactive status as set forth in Section 1718 of the Code.

(3) A retired dentist seeking to practice dentistry only uncompensated per Section 1645(c) of the Code shall not qualify for a retired license and instead shall meet the renewal requirements for an active license in only uncompensated practice, including the requirements in sections 1008, 1016(b)(1), 1016(b)(2), 1017(u), and payment of the renewal fee in section 1021 and the CURES fee mandated by Section 208 of the Code.

(c) In order to be eligible for a retired license, an applicant shall:

(1) Submit to the Board a completed application for a retired license as specified in subsection (e);
(2) Pay the nonrefundable retired license application fee as set forth in Sections 1021 or 1022, as applicable;
(3) Have an active or inactive license issued by the Board;
(4) Not have been placed on inactive status by the Board due to disciplinary reasons; and
(5) Not be actively engaged in the practice of dentistry, the practice of oral and maxillofacial surgery, providing dental supportive procedures as a dental auxiliary, or any activity that requires them to be licensed as a dentist, OMS or dental auxiliary.

(d)(1) For applications submitted by mail or hand delivery, the application and required fee, shall be placed in a sealed envelope and addressed to the Board at the Board office at the address listed on the Board's website. The required fee shall be paid by cash, check, money order, or cashier's check payable to the Dental Board of California.

(2) For applications submitted electronically through the online services system, the applicant shall complete the application according to the following requirements:

(A) The applicant shall first login to or register for a user account by typing in a username and password on the initial registration or public sign-in page to access the online services system.

(B) After a user account has been created and the online services system accessed online, the applicant shall submit all of the information required by subsection (b) through the online services system.

(C) Electronic signature. When the particular instructions require a signature of any filing to be made through the online services system, including any attestation under penalty of perjury, the applicant shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online services system. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(D) The required fee shall be paid by credit card (Visa, Mastercard, or Discover) through the online services system and paid in full to the Dental Board of California. The applicant shall be required to pay any associated processing or convenience fees to the third-party vendor processing the payment on behalf of the Board, and such fees will be itemized and disclosed to the applicant prior to initiating payment through the online services system.

(e) A completed application for a retired license shall include the following information and fees:

(1) The applicant's identifying and contact information, including:

(A) Applicant's full legal name ([Last Name] [First Name] [Middle Name] and/or [Suffix]),

(B) Applicant's physical address;

(C) Applicant's mailing address (address of record), if different than the applicant's physical address. The mailing address may be a post office box number or other alternate address;

(D) Applicant's license type(s) (Dentist, OMS, RDA, RDAEF, OA, or DSA);

(E) Applicant's license number(s);

(F) Last four digits of applicant's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN);

(G) Applicant's date of birth (month, day, and year);

(H) Applicant's email address, and,

(I) Applicant's telephone number(s).

(2) The non-refundable application for retired status fee as set by sections 1021 or 1022, as applicable,

(3) A disclosure regarding whether the applicant is actively engaged in the practice of dentistry, the practice of oral and maxillofacial surgery, providing dental supportive procedures as a dental auxiliary or any activity that would require an active license to practice as a dentist, OMS or dental auxiliary.

(4) A written statement signed and dated by the applicant, stating that they have read the following notice, which is hereby provided for applicants. The Board shall provide all applicants with a copy of this notice on or with any optional paper application provided by the Board for use in submitting the information required by this section, or through the online services system prior to requiring any submission of the signed statement as part of the application.

INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory.

Failure to provide any of the requested information to the Dental Board of California (Board) will delay the processing of your application and will result in the application being rejected as incomplete.

The information provided will be used to determine your eligibility for retired license status per California Business and Professions Code (BPC) section 464, and California Code of Regulations, title 16, section 1006.1, which authorizes the collection of this information.

The information on your application may be transferred to other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Disclosure of either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory, and collection is authorized by BPC section 30 and 42 U.S.C.A. § 405(c)(2)(C). Your SSN or ITIN will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state.

You have the right to review your application and your files except information that is exempt from disclosure as provided in the California Public Records Act (Gov. Code, §§ 7920.000 et seq.) or as otherwise provided by California Civil Code section 1798.40 of the Information Practices Act of 1977 (Civ. Code, §§ 1798 et seq.).

Except for your SSN or ITIN, information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act. Information may also be disclosed pursuant to court order, subpoena, or search warrant. The address of record you list on this application is a public record and will be disclosed on the Board's website and otherwise be made available to the public. Individuals using a P.O. Box as their address of record are required to provide a physical (street) address to the Board that will not be disclosed to the public pursuant to a public records request or posted on the Board's website.

The Board's Executive Officer is responsible for maintaining the information collected on this application form and may be contacted at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, telephone number (916) 263-2300 regarding questions about this notice or access to records.

(5) A certification, signed and dated by the applicant, under penalty of perjury under the laws of the State of California, stating that the information provided by the applicant on or with the application is true and correct.

(f) Once the Board has issued a retired license, the holder of a retired license shall:

(1) Be exempt from continuing education requirements;

(2) Be exempt from renewal of the retired license;

(3) Utilize their professional title (Dentist, OMS, RDA, RDAEF, OA, or DSA) only with the unabbreviated word "retired" preceding or after the professional title; and,

(4) Not engage in any activity for which an active license is required.

(g) The Board shall not be prevented from investigating violations or taking action against a retired licensee for violations of laws governing the practice of dentistry.

(h) A licensee ("applicant") may restore their retired license to active status within five years of being issued a retired license by complying with the following requirements:

(1) Submit to the Board a completed application to restore a retired license to active status that includes the following information and applicable fee(s):

(A) The applicant's identifying and contact information, including:

1. Applicant's full legal name ([Last Name] [First Name] [Middle Name] and/or [Suffix]),

2. Applicant's physical address;

3. Applicant's mailing address (address of record), if different than the applicant's physical address. The mailing address may be a post office box number or other alternate address;

4. Applicant's license type(s) (Dentist, OMS, RDA, RDAEF, OA, or DSA);

5. Applicant's license number(s);

6. Last four digits of applicant's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN);

7. Applicant's date of birth (month, day, and year);

8. Applicant's email address, and,

9. Applicant's telephone number(s).

(B) Payment of the applicable non-refundable dentist, RDA or RDAEF biennial license renewal fee, DSA or OA permit biennial renewal fee or the oral and maxillofacial surgery permit renewal fee as set by sections 1021 or 1022. For restoration of a dentist license, the applicant shall also submit the mandatory fee for the Controlled Substance Utilization Review and Evaluation System (CURES) as set forth in Section 208 of the Code.

(C) A disclosure regarding whether the applicant has completed all applicable continuing education requirements set forth in sections 1016, 1017, 1017.1 and Section 1645 of the Code.

(D) A disclosure regarding whether since the applicant placed their license in retired status, they have had any license disciplined by a licensing board in or outside of California, another state, agency of the federal government, or another country ("licensing board"). For the purposes of this question, "disciplined" means revoked, suspended, placed on probation, reproved, reprimanded, or otherwise restricted from practicing dentistry or another business or profession. If an applicant answers "yes" to this question, the applicant shall provide:

1. Copies of the disciplinary order(s);
2. Name and address of the licensing board;
3. A description of the violations charged by the licensing board and the discipline that was imposed, and,
4. A statement or documents regarding any rehabilitation efforts or mitigating information that the applicant would like to submit to the Board.

(F) A statement indicating whether the applicant, since their license was placed in retired status, has been convicted of any violation of the law in this or any

other state, the United States, or other country. For the purposes of this paragraph, convictions expunged or dismissed under sections 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code (or equivalent non-California law) must be disclosed. For the purposes of this paragraph "conviction" does not include any of the following:

1. Offenses that were adjudicated in the juvenile court.
2. Charges dismissed under section 1000.3 of the Penal Code.
3. Convictions under California Health and Safety Code section 11357, or section 11360(b) which are two years old or older.
4. Traffic citations or infractions not involving drugs or alcohol for which a fine of $1,000 or less was imposed.

If the applicant answers "yes" to this question, the applicant shall provide certified copies of the court and arrest records for each criminal offense. In addition, the applicant shall provide a written statement that contains the following information, as applicable:

1. plea/conviction date,
2. incarceration date,
3. incarceration release date,
4. probation/parole release date,
5. arresting agency,
6. court name/location,
7. name of the case and case/docket number,
8. list of codes or laws violated,
9. explanation of the offense(s)/details of the crime(s), and,
10. a statement of any rehabilitation efforts or mitigating information that the applicant would like to submit.

(G) A written statement signed and dated by the applicant, stating that they have read the following notice, which is hereby provided for applicants. The Board shall provide all applicants with a copy of this notice on or with any optional paper application provided by the Board for use in submitting the information required by this section, or through the online services system prior to requiring any submission of the signed statement as part of the application.

INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory.

Failure to provide any of the requested information to the Dental Board of California (Board) will delay the processing of your application and will result in the application being rejected as incomplete.

The information provided will be used to determine your eligibility for retired license status per California Business and Professions Code (BPC) section 464, and California Code of Regulations, title 16, section 1006.1, which authorizes the collection of this information.

The information on your application may be transferred to other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Disclosure of either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory, and collection is authorized by BPC section 30 and 42 U.S.C.A. § 405(c)(2)(C). Your SSN or ITIN will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Family Code section 17520, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state.

You have the right to review your application and your files except information that is exempt from disclosure as provided in the California Public Records Act (Gov. Code, §§ 7920.000 et seq.) or as otherwise provided by California Civil Code section 1798.40 of the Information Practices Act of 1977 (Civ. Code, §§ 1798 et seq.).

Except for your SSN or ITIN, information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act. Information may also be disclosed pursuant to court order, subpoena, or search warrant. The address of record you list on this application is a public record and will be disclosed on the Board's website and otherwise be made available to the public. Individuals using a P.O. Box as their address of record are required to provide a physical (street) address to the Board that will not be disclosed to the public pursuant to a public records request or posted on the Board's website.

The Board's Executive Officer is responsible for maintaining the information collected on this application form and may be contacted at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, telephone number (916) 263-2300 regarding questions about this notice or access to records.

(H) A certification, signed and dated by the applicant, under penalty of perjury under the laws of the State of California, stating that the information provided by the applicant on or with the application is true and correct.

(2) Completed continuing education units within the last two years prior to application that is equivalent to that required for a single license renewal period in accordance with section 1645 of the Code and sections 1016 and 1017 of this Division, as applicable.

(3) If an electronic record of the submission of fingerprints does not exist for the applicant in the Department of Justice's criminal offender record information (CORI) database, the applicant shall on written request from the Board, furnish to the Department of Justice a full set of fingerprints for the purposes of conducting criminal history record checks pursuant to Section 144 of the Code.

(h) If a licensee who has been in retired status for more than five years seeks an active license, the individual may apply for and obtain a new active license in accordance with Section 1718.3 of the Code and, as applicable, sections 1028 (dentists), 1076 (dental auxiliaries), 1077 (RDA), and 1077.1 (RDAEF) and Section 1638 (oral and maxillofacial surgeons) of the Code.

NOTE: Authority cited: Sections 464 and 1614, Business and Professions Code. Reference: Sections 144, 464, 1645, 1718, and 1718.3, Business and Professions Code.

§ 1021. Examination, Permit and License Fees for Dentists.

The following fees are set for dentist examination and licensure by the Board, and for other licensee, registrant, or applicant types specified below [FN**]:

(a) Initial application for those applicants qualifying pursuant to Section 1632(c)(2) of the Business and Professions Code (the Code) $400

(b) Initial application for those applicants qualifying pursuant to Section 1634.1 of the Code $800

(c) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) of the Code $400

(d) Initial application fee for those applicants applying pursuant to Section 1635.5 of the Code $525

(e) Initial License $650*

(f) Biennial License Renewal fee $650

(g) Biennial License Renewal fee for those qualifying pursuant to Section 1716.1 of the Code shall be one half of the renewal fee prescribed by subsection (f).

(h) Delinquency fee -- License Renewal -- The delinquency fee for license renewal shall be the amount prescribed by Section 1724(f) of the Code.

(i) Substitute Certificate or Pocket License $111

(j) Application for an Additional Office Permit $350

(k) Biennial Renewal of Additional Office Permit $250

(l) Late Change of Practice Registration $50

(m) Fictitious Name Permit The fee prescribed by Section 1724.5 of the Code

(n) Fictitious Name Permit Renewal $325

(o) Delinquency fee -- Fictitious Name Permit Renewal.

The delinquency fee for Fictitious Name Permits shall be one-half of the Fictitious Name Permit renewal fee

(p) Continuing Education Registered Provider fee $410

(q) Application for General Anesthesia or Moderate Sedation Permit $524

(r) Application for Pediatric Minimal Sedation Permit $459

(s) General Anesthesia (for dentist and physician licensees) or Moderate Sedation Permit Renewal fee $325

(t) Pediatric Minimal Sedation Permit Renewal fee $182

(u) General Anesthesia or Moderate Sedation On-site Inspection and Evaluation fee $2,000

(v) Application for a Special Permit $1,000

(w) Special Permit Renewal $125

(x) Initial Application for an Elective Facial Cosmetic Surgery Permit $850

(y) Elective Facial Cosmetic Surgery Permit Renewal $800

(z) Application for an Oral and Maxillofacial Surgery Permit $500

(aa) Oral and Maxillofacial Surgery Permit Renewal $650

(ab) Continuing Education Registered Provider Renewal $325

(ac) License Certification $50

(ad) Application for Law and Ethics Examination $125

(ae) Application for Use of Oral Conscious Sedation on Adult Patients $459

(af) Adult Oral Conscious Sedation Certificate Renewal $168

(ag) Application for Pediatric Endorsement for General Anesthesia Permit (for dentist and physician licensees) $532

(ah) Application for Pediatric Endorsement for Moderate Sedation Permit $532

(ai) Retired License Application $118

[FN*]
Fee pro-rated based on applicant's birth date.
[FN**]
Examination, licensure, and permit fees for dentistry may not all be included in this section, and may appear in the Code.

NOTE: Authority cited: Sections 464, 1614, 1635.5, 1634.2(c), 1724, and 1724.5, Business and Professions Code. Reference: Sections 464, 1632, 1634.1, 1646.2, 1646.6, 1647.3, 1647.8, 1647.20, 1647.23, 1647.32, 1647.33, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.

§ 1022. Dental Auxiliaries.

The following fees are fixed for dental auxiliaries licensed by the board:

(a) Registered Dental Assistant (RDA)/Registered Dental Assistant in Extended Functions (RDAEF) Application $120

(b) Dental Sedation Assistant Permit Application $120

(c) Orthodontic Assistant Permit Application $120

(d) RDA Practical Examination or Reexamination $100

(e) Registered Dental Assistant in Extended Functions Examination $500

(f) RDA Biennial License Renewal $100

(g) RDAEF Biennial License Renewal $100

(h) Dental Sedation Assistant Permit Biennial Renewal $100

(i) Orthodontic Assistant Permit Biennial Renewal $100

(j) RDA Delinquency Renewal $50

(k) RDAEF Delinquency Renewal	$50
(l) Dental Sedation Assistant Permit Delinquency Renewal	$50
(m) Orthodontic Assistant Permit Delinquency Renewal	$50
(n) RDA Program Application	$1400
(o) RDAEF Program Application	$1400
(p) Orthodontic Assistant Permit Course Application	$300
(q) Dental Sedation Assistant Permit Course Application	$300
(r) Infection Control Course Application	$300
(s) Coronal Polish Course Application	$300
(t) Pit & Fissure Sealant Course Application	$300
(u) Radiation Safety Course Application	$300
(v) Ultrasonic Scaling Course Application	$300
(w) Duplicate License/Certification Fee	$50
(x) Retired License Application	$118

NOTE: Authority cited: Sections 464 and 1614, Business and Professions Code. Reference: Sections 464, 1656 and 1725, Business and Professions Code.

Dental Board of California Application for Retired License - CCR 1021 (ai) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**SUP I**
Run exception reports & identify applications	1.0	5.0	-	5.0
Receive application and assign to staff	1.0	5.0	-	5.0
Respond to inquiries	0.5	30.0	15.0	
Review application & research license history	1.0	30.0	30.0	-
Update status in IT system	1.0	10.0	10.0	-
Manager review for completeness, file application	1.0	5.0	-	5.0
Prepare non-qualifying notice, print & mail notice, send via email	0.1	30.0	3.0	-
		Minutes per Classification	**58**	**15**
		Hours by Classification	**1.0**	**0.3**
		Costs by Classification	**$88**	**$30**
		Total Costs:	**$118**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Dental Board of California Application for Retired License - CCR 1022 (x) (Workload Costs)				
Workload Tasks	**Per Application**	**Minutes Per Application**	**MST**	**SUP I**
Run exception reports & identify applications	1.0	5.0	-	5.0
Receive application and assign to staff	1.0	5.0	-	5.0
Respond to inquiries	0.5	30.0	15.0	
Review application & research license history	1.0	30.0	30.0	-
Update status in IT system	1.0	10.0	10.0	-
Manager review for completeness, file application	1.0	5.0	-	5.0
Prepare non-qualifying notice, print & mail notice, send via email	0.1	30.0	3.0	-
		Minutes per Classification	**58**	**15**
		Hours by Classification	**1.0**	**0.3**
		Costs by Classification	**$88**	**$30**
		Total Costs:	**$118**	

MST - Management Services Technician ($92/hr - includes DCA Distributed Admin)

Department of Health Care Access and Information

HEALTH WORKFORCE RESEARCH DATA CENTER ANNUAL REPORT TO THE LEGISLATURE JANUARY 2026

2020 West El Camino Ave, Suite 1222 • Sacramento, CA 95833
Phone: (916) 326-3700 • Email: WorkforceData@HCAI.CA.gov

"A healthier California where all receive equitable, affordable, and quality health care"

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Introduction

California Health and Safety Code Section 128050 established the Health Workforce Research Data Center at the Department of Health Care Access and Information (HCAI) as the state's central source of health care workforce and education data. HCAI is responsible for the collection, analysis, and distribution of information on the educational and employment trends for health care occupations and geographic distribution across the state. The statute requires HCAI to produce an annual report to the legislature that:

a) Identifies education and employment trends in the health care professions.
b) Reports the current supply and demand for health care workers in California and gaps in the educational pipeline producing workers in specific occupations and geographic areas.
c) Recommends state policy to address issues of health workforce shortage and distribution.
d) Describes outcomes and effectiveness of the state's health workforce programs.

With the establishment of the Research Data Center in 2021 (Assembly Bill 133, Committee on Budget, 2021), HCAI began the work to collect the data necessary to provide comprehensive, timely, and accessible workforce information to ensure that state policies are as informed and effective as possible.

While new data collection efforts are in progress, this report focuses on building the baseline for health professions data by summarizing the data collected and providing general information about the professions for which data are already available. As HCAI collects more data, reports will include more state policy recommendations and analyses of program outcomes and effectiveness. The Looking Ahead section of this report summarizes HCAI's ongoing data collection efforts and reporting plans.

There are more than a million licensed health professionals in California across more than 50 professions, each playing a role in delivering health care to Californians. While basic supply data are available for many of these professions in the form of license counts, supply data have lacked important detail necessary for a comprehensive understanding of the workforce (i.e., in-depth demographic details, detailed practice metrics, education information, etc.). HCAI's ongoing collaboration with the Department of Consumer Affairs (DCA) expanded the breadth and quality of licensure data and overhauled its supplemental workforce survey, which has provided high-quality, high-value data on topics like employment, education, demographics, and language fluency. This survey has greatly enriched and expanded upon HCAI's ability to analyze, evaluate, and model the workforce. These metrics have been incorporated into HCAI's most thorough workforce models on Behavioral Health and Nursing.

This report groups related licensed professions into six health workforce groups:

- **Allied Health**: Advanced Practice Pharmacists (APH), Audiologists (AU), Chiropractors (DC), Doctors of Podiatric Medicine (DPM), Hearing Aid Dispensers (HA), Hearing Aid Dispenser Trainees (HT), Licensed Acupuncturists (AC), Occupational Therapists (OT), Occupational Therapy Assistants (OTA), Optometrists (OPT), Pharmacy Technicians (PhT), Physical Therapists (PT), Physical Therapist Assistants (PTA), Polysomnographic Technicians (PTN), Polysomnographic Technologists (PTL), Registered Contact Lens Dispensers (CLD), Registered Pharmacists (RPH), Registered Spectacle Lens Dispensers (SLD), Respiratory Care Practitioners (RCP), Speech Pathologists (SP), and Speech-Language Pathology Assistants (SPA)
- **Behavioral Health**: Associate Clinical Social Workers (ACSW), Associate Marriage and Family Therapists (AMFT), Associate Professional Clinical Counselors (APCC), Licensed Clinical Social Workers (LCSW), Licensed Educational Psychologists (LEP), Licensed Marriage and Family

Therapists (LMFT), Licensed Professional Clinical Counselors (LPCC), Psychiatric Mental Health Nurses (PMHN), Psychiatric Technicians (PST), Psychologists (PSY), and Registered Psychological Associates (RPA)

- **Medicine**: Naturopathic Doctors (ND), Osteopathic Physicians and Surgeons (DO), Physicians and Surgeons (MD), and Physician Assistants (PA)
- **Nursing**: Public Health Nurses (PHN), Registered Nurses (RN), and Vocational Nurses (LVN)
- **Advanced Practice Nursing:** Clinical Nurse Specialists (CNS), Licensed Midwives (LM), Nurse Anesthetists (NA), Nurse Midwives (NM), and Nurse Practitioners (NP)
- **Oral Health**: Dental Sedation Assistants (DSA), Dentists (DDS), Orthodontic Assistants (OA), Registered Dental Assistants (RDA), RDAs in Extended Functions (RDAEF), Registered Dental Hygienists (RDH), RDHs Alternative Practice (RDHAP), and RDHs Extended Function (RDHEF)

Professions in the Allied Health section were chosen from our surveyed license types to best match those assigned by the Health Resources and Services Administration's (HRSA) Bureau of Health Workforce (BHW)[1].

The key findings section of this report highlights select figures within each topic, while each workforce section contains all topics and figures for each profession group. Future reports will go into more detail about these professions and others as more data become available. In comparison to last year's report, we have added a section to showcase the supply and demand modeling work that HCAI completed on both the Behavioral Health workforce and Nursing workforce. We have also included additional details on the response rates for each survey metric as well as the total counts for each license type in the Technical Appendix. Additionally, data on Sexual Orientation, Gender Identity, and Grand Total are included in this year's report. Furthermore, we have added a section for Certified Wellness Coaches, a new profession certified and administered by HCAI starting in January of 2024. Additional data will be included in future reports as the program expands.

Data Sources

The primary data source for this report is licensure data collected by the Department of Consumer Affairs (DCA) as part of the administrative licensing process. This licensure data enumerates every license within a given profession and is foundational to accurately describe California's health workforce. Licensure data collected include each license's status, issue date, licensee's public address of record, and date of birth. See the Technical Appendix for a full list of licenses covered in this report.

Since the establishment of the Research Data Center in 2021, HCAI has partnered with DCA to update the data it collects. Previously, HCAI received licensure and survey data for only a subset of licensing boards, and the workforce survey collected inconsistent data. In July 2022, HCAI began receiving more comprehensive licensure reports from every board and launched a modernized HCAI Health Workforce License Renewal Survey administered as part of the electronic licensure renewal process (typically every two years for most license types). This survey builds upon DCA's licensure data by adding demographic information about each licensee and provides details about their past, present, and future work plans. The new renewal survey collects a standard set of information across all licensees and maximizes response rates by requiring a response to every question (but provides a "decline to state" option for all items). Business and Professions Code section 502 prescribes the minimum information

[1]See HRSA's website for more information on how they defined Allied Health: https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/technical-documentation/allied-health-other

to be collected in the modernized survey. As part of the ongoing HCAI and DCA collaboration, HCAI receives updates to both licensure and survey data on the third of every month.

Health Workforce Data

All licensure data presented in this report represent a snapshot of the active license population on September 3, 2025, collected by DCA. All survey data presented in this report for licensed professionals represent data received from the HCAI Health Workforce License Renewal Survey as of September 3, 2025. Response rates from the renewal survey vary by profession, so HCAI utilizes a cell-based weighting methodology to compensate for any disproportionate quantity of responses from a certain group. The Technical Appendix details the response rates and weighting methodology.

All Wellness Coach data presented in this report represent a snapshot of the certified population on December 29th, 2025, collected by HCAI.

California Population Data

This report incorporates data about California's population for the purposes of supply/demand analysis and demographic comparison. This report uses county population projections from the California Department of Finance (P-2A) for the year 2024. For demographic and social characteristics, this report utilizes population estimates from the 2023 U.S. Census Bureau's American Community Survey 5-year estimates for race and ethnicity (DP-05) and languages spoken (DP-02).

Health Workforce Modeling Data

HCAI developed models to measure and forecast the current and future supply and demand of the Behavioral Health and Nursing workforces. While other sections in this report (Allied Health, Medicine, and Oral Health) include future supply projections based on historical monthly counts of active licenses, these models utilize licensing data and care delivery trends broken down by role or role group to create supply projections by Full Time Equivalent (FTE). These FTEs are used in conjunction with actual reported average patient care hours and employment rates from each role or role group to estimate supply and demand at the individual provider level. In addition, these models consider the current and potential future demand for each role or role grouping. Behavioral Health demand is based on the calculated inpatient met/unmet demand and outpatient met/unmet demand for each role. The Nursing model uses capacity and utilization rates, in addition to provider-to-population ratios based on setting, to estimate demand.

For the purposes of supply modeling, Behavioral Health licenses were categorized into the following roles or role groups based on role similarity and scope of practice:

- **Associate Level Clinicians**: Associate Clinical Social Worker (ACSW), Associate Marriage and Family Therapist (AMFT), Associate Professional Clinical Counselor (APCC) and Registered Psychological Associate (RPA).
- **Non-Prescribing Licensed Clinicians**: Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Clinical Counselor (LPCC), and Psychologist (PSY).
- **Psychiatrists**

Nursing professions were categorized into the following role or role groups based on role similarity and scope of practice:

- **Nurse Anesthetist:** Nurse Anesthetist (NA).
- **Vocational Nurse:** Vocational Nurse (LVN).
- **Registered Nurse:** Registered Nurse (RN), Certified Nurse Specialist (CNS), Public Health Nurse (PHN), and Psychiatric Mental Health Nurse (PMHN).

Nurse Practitioners are essential to addressing access to primary care. Therefore, HCAI will be including them in a future model for the Primary Care Workforce.

See the HCAI Modeling Methodology for additional details.

Health Workforce Group Projection Models

For healthcare licenses in the Medicine, Allied Health, and Oral Health groups, we used 3.25 years of past data to build and check our projections. We tested several common forecasting approaches (Prophet, SARIMAX, and Exponential Smoothing) and compared how accurate they were using a single accuracy score (MASE). Exponential Smoothing performed best overall, so we used that method to create projections for all licenses in these groups. Using monthly license data, we produced projections looking two years ahead including 95% confidence intervals.

For Certified Wellness Coaches, we had less historical data to train the model on (22 months), so we followed a slightly different approach. We tested the same forecasting methods as for the licenses and again chose the one that showed the highest accuracy. In this case, SARIMAX performed best. Given the smaller training dataset, we limited the projections to six months only with an 80% confidence interval.

California Regions

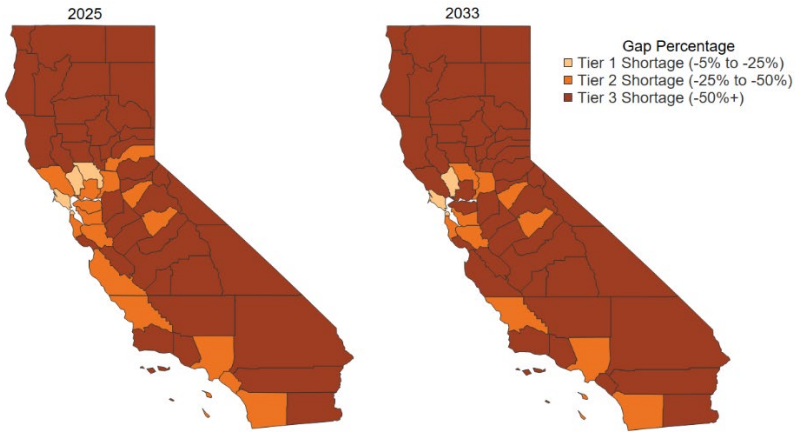
HCAI analyzes data at multiple geographic levels of detail. Statewide aggregated numbers cause loss of granularity with respect to geographic or demographic variation that exist within the state. To report similarly to research findings conducted by the Healthforce Center at the University of California, San Francisco and the California Health Interview Survey (CHIS) from the University of California, Los Angeles and to make reports comparable to other research reports produced by HCAI, this report includes both statewide results and results for nine regions. The Technical Appendix details the counties within each region.

Key Findings

Workforce Model Projections for Behavioral Health

- All nine California regions are facing a shortage of all behavioral health roles examined in this report.
- All regions and counties face a shortage of Non-Prescribing Licensed Clinicians, with two regions and 22 counties facing a shortage of -50% or more (*Figure A-1*). Statewide, this represents an estimated need for 55,297 additional providers to meet current demand (*Table A-1*).
- By 2033, it is projected that 45 counties and all nine regions will face a shortage of -25% or more of Non-Prescribing Licensed Clinicians (*Figure A-2*). The overall statewide shortage is projected to be -42.5%, representing a need for 72,889 providers to meet demand (*Table A-2*).
- All regions and 55 counties face a shortage of Associate Level Clinicians (*Figure A-3*). Statewide, there is a -30.6% shortage representing an estimated need for over 13,100 providers to meet current demand (*Table A-3*).
- By 2033, it is projected that 28 counties and three regions will face a shortage of -25% or more of Associate Level Clinicians (*Figure A-4*). The overall statewide shortage is projected to decrease to -17.7% (*Table A-4*).
- All regions and counties face a shortage of Psychiatrists with four regions and 39 counties facing a shortage of -50% or more (*Figure A-5*). Statewide, this is an estimated need for 3,782 additional providers to meet current demand (*Table A-5*).
- By 2033, it is projected that all regions and 55 counties will face a shortage of -25% or more of Psychiatrists (*Figure A-6*, right). The overall statewide shortage is projected to increase to -53.1%, representing an estimated shortage of 6,216 providers (*Table A-6*).

Figure A-6: Psychiatrists: Supply & Demand Data – Projections

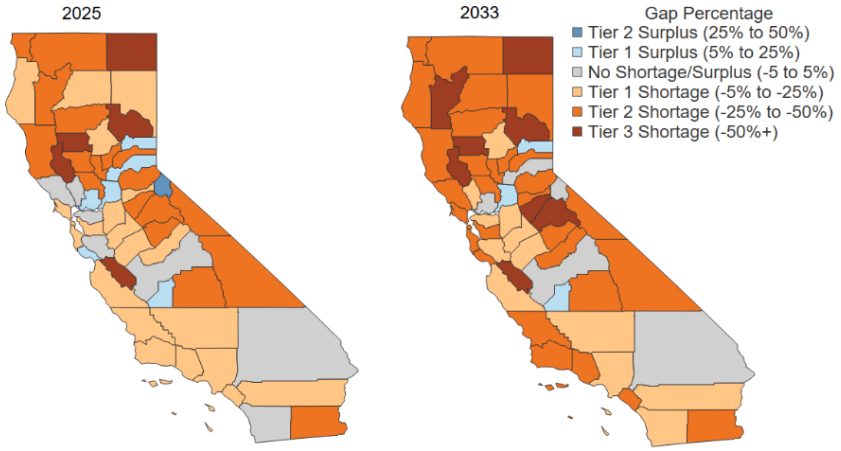


Workforce Model Projections for Nursing

- Six of the nine regions are facing a shortage of one or more Nursing role groups, with the highest shortages falling in the LA County, Central Coast, and Greater Bay Area regions.
- Overall, the statewide shortage of Registered Nurses is just over -6% with an estimated need for over 18,762 additional providers to meet current demand (*Table B-1*). The Northern & Sierra, Central Coast, Los Angeles County, San Joaquin Valley, and Orange County regions are all facing a shortage of -5% or more while the Sacramento Area Region has a surplus of over 10% (*Figure B-1*). This represents a worsening shortage since 2022, during which the state faced a shortage of -2% for Registered Nursing statewide.

Figure B-2: Registered Nurse: Supply & Demand – Projections

- By 2033, it is projected that 50 counties and eight of the nine regions will face a -5% shortage or more of Registered Nurses (*Figure B-2*, right). The overall statewide shortage will increase to just under -17%, and an estimated need for 61,141 additional providers will be required to meet future demand (*Table B-2*).



- Statewide, there is a 6.5% surplus of Vocational Nurses (*Table B-3*). However, two regions and 20 counties are facing a shortage of Vocational Nurses, while five regions and 25 counties are facing a surplus (*Figure B-3*). These findings represent an overall increase in providers from 2022, which saw a surplus of 5.7% statewide. Despite this improvement, these findings still indicate a maldistribution of Vocational Nurses across the state.

- By 2033, it is projected that 20 counties and one region will face a -5% shortage or more of Vocational Nurses (*Figure B-4*). The overall statewide surplus will decrease to 4.9% (*Table B-4*).

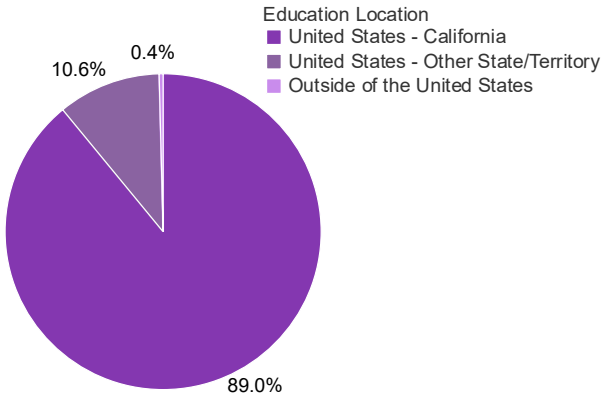
- Statewide, there is a -20.5% shortage of Nurse Anesthetists (*Table B-5*), however though the central coast has a Tier 3 shortage of -51.1%, the Sacramento region has a Tier 1 surplus of 23.3% (*Figure B-5*). This indicates a maldistribution of Nurse Anesthetists across the state.

- By 2033, it is projected that 32 counties and six regions will face a -5% shortage or more of Nurse Anesthetists (*Figure B-6*). The current statewide surplus is projected to dramatically decrease to a shortage of -11.5% (*Table B-6*).

Health Workforce Education Trends

- Since 2024, Behavioral Health licensees in California were more likely than any other health workforce group to complete their initial qualifying degree in California. Within this group, 89% earned their initial degree in California, and 99.6% completed their initial education somewhere in the U.S. (*Figure D-1*, right). In contrast, the Medicine group had the lowest proportion completing their initial degree in California, at 49.9% (*Figure E-1*).

Figure D-1: Education Location: Behavioral Health



- Nursing licensees had the highest proportion of initial qualifying degrees earned outside the U.S., at 11% (*Figure F-1*). This share has remained stable since 2024.

- Among license types requiring a residency, over 99% of Osteopathic Physician and Surgeons (*Figure E-2*) and Doctors of Podiatric Medicine (*Figure C-2*) reported completing their residency within the U.S., the highest rates across these groups. In addition, just over 60% of Osteopathic Physician and Surgeons and Physician and Surgeons indicated they completed their residency in

California. Dentists reported the highest rate of residency completion within California, at just under 70% (*Figure H-2*). These rates have remained stable since 2024.

Health Workforce Employment Trends

- On average, the Nursing (*Figure F-2*) and Allied Health (*Figure C-3*) groups reported the lowest rate of licensees actively working or seeking work at just below 93%. This appears to be driven by retired individuals for Nursing (3.7%) and licensees working in a different field for Allied Health (4.5%).

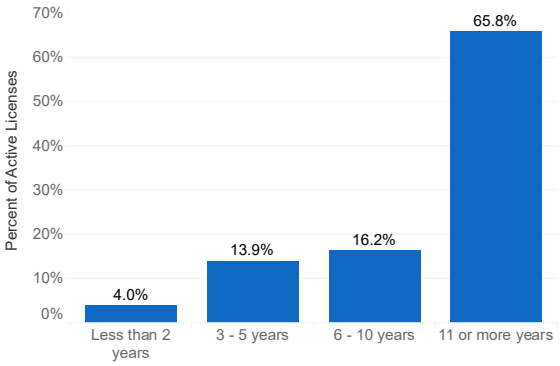
- While the Behavioral Health group did not have the lowest employment rate overall, it did have the two lowest rates among the individual license types included in this report; only 65% of Psychiatric Mental Health Nurses and 72.7% of Licensed Educational Psychologists report actively working or seeking work using their license (*Figure D-2*). These rates have remained stable since 2024.

- Licensees within the Medicine group reported spending the highest amounts of time per week on Patient Care with an average of 33.4 hours (*Figure E-4*), while Behavioral Health licensees reported spending the least at 22 hours per week (*Figure D-3*).

- Nearly five percent of Nursing licensees actively working or seeking work estimate retiring within the next two years, the highest rate in this span of time of any health workforce group (*Figure F-4*). This trend is driven primarily by Public Health Nurses (6.7%) and Registered Nurses (5.2%). The higher rate among Public Health Nurses may be partly attributable to age, as more than 25% are over 50 years old. However, the factors contributing to the speed of retirement estimates in Registered Nurses remains unclear.

- Medicine licensees estimate retiring in the next five years at a higher rate (17.9%) than any other health workforce group (*Figure E-5*, right). This marks a shift from the previous year, when Oral Health licensees had the highest five-year retirement rate. The current trend is largely driven by Physicians and Surgeons, 20.4% of whom expect to retire within the next five years. In addition, Physicians and Surgeons have a relatively older workforce, with 30% over the age of 60, which may be contributing to these reitrement estimates.

Figure E-5: Retirement Estimates: Medicine

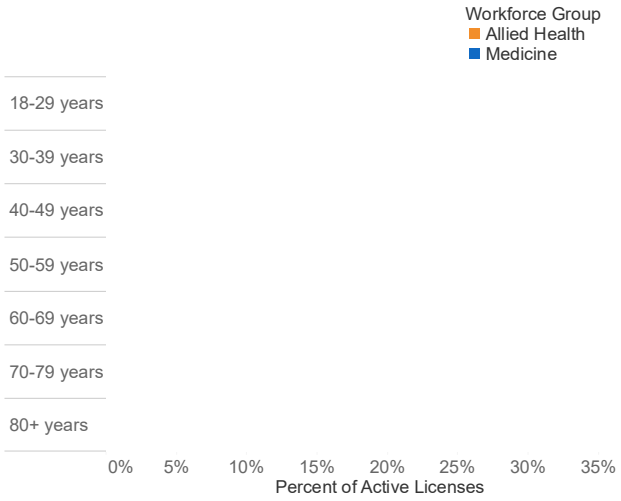


- HCAI designed two pathways to Wellness Coach certification: the Education Pathway, focused on competencies gained from specific degree programs, and the Workforce Pathway, focused on competencies gained from work experience (see HCAI's Certified Wellness Coach homepage for more information). Within Certified Wellness Coaches (CWCs), the Workforce Pathway is the primary certification route, used by over 80% of CWCs (*Figure I-1*).

- Nearly 50% of CWCs reported they were already working in behavioral health and applied to be a Wellness Coach to enhance their skills while 13% indicated they used the certification to enter the Behavioral Health workforce and 33% indicated their employer required them to get the certification (*Figure I-2*).

Health Workforce Demographics

Age Distribution of Allied Health and Medicine



- Licensees within the Medicine group are among the oldest in the health workforce, with nearly 28% 60 years or older (*Figure E-6*). Conversely, Allied Health licensees are some of the youngest in the health workforce, with almost eight percent under the age of 30 (*Figure C-6*). These rates have remained stable since 2024 (see figure, right).

- Hispanic licensees are the most underrepresented in the health workforce when compared to California's population. Since 2024, they have been underrepresented in all six health workforce groups and as of this year are underrepresented in 40 of the 49 license types included in this report. Oral Health has had the highest representation of Hispanic licensees, at 30.1% (*Figure H-7*) compared with 39.8% of the population, while Medicine has the lowest representation at only 9.8% of licensees (*Figure E-7*). These rates are similar to trends observed since 2024.

- Since 2024, Black, Non-Hispanic licensees have been underrepresented in three of the six health workforce groups when compared to California's population (5.3%). Oral Health has the lowest representation with less than two percent of licensees identifying as Black, Non-Hispanic (*Figure H-7*), while Advanced Practice Nursing licenses are the most well-represented at 7.4% (*Figure G-6*).

- Spanish-speaking licensees are the most underrepresented language group in the health workforce when compared to California's population (28.2%); they are underrepresented in all six health workforce groups and 38 of the 49 license types included in this report. Oral Health has the highest representation of Spanish speakers at 23.2% (*Figure H-8*), while Medicine (*Figure E-8*), Nursing (*Figure F-7*), and Advanced Practice Nursing (*Figure G-7*) all have similar rates at just over 15%.

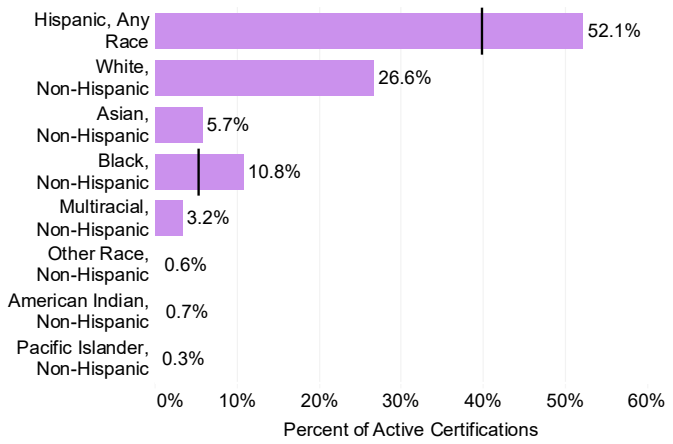
- Asian and Pacific Islander language speakers are underrepresented in all 11 license types within the Behavioral Health group (*Table D-7*) and three of the four license types within the Medicine group license types (*Table E-8*) compared to California's population (10%),.

- Other languages are well represented in all six health workforce groups compared to California's population. Other Indo-European languages are well-represented in all health workforce groups with the exceptions of Behavioral Health and Nursing (see Technical Appendix for the breakdown of language groups).

- Certified Wellness Coaches (CWCs) tend to be younger than the other health workforce groups discussed in this report. Nearly just under 68% of all CWCs are between the ages of 30 and 59 and just over a quarter are under 30. This trend is more apparent when looking at the registered certificate holders, none of whom are over the age of 59 (*Figure I-4*).

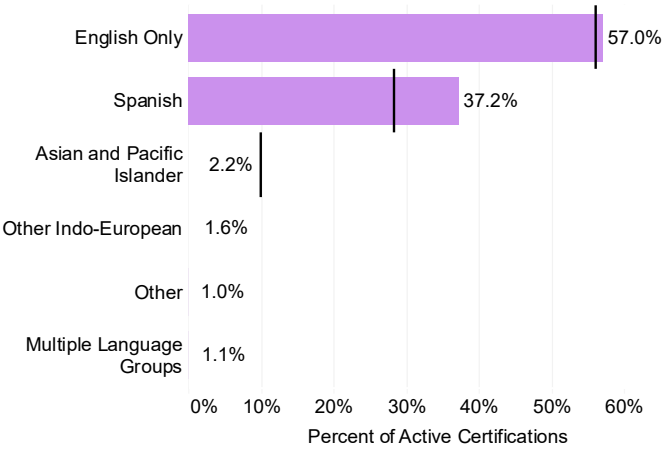
- Wellness Coaches have relatively high racial and ethnic diversity. More than half of all CWCs identify as Hispanic, Any Race and 10.8% identify as Black, Non-Hispanic; both higher proportions than any other health workforce group (*Figure I-5*, right).

Figure I-5: Race/Ethnicity: Wellness Coaches



- Over one third of CWCs can provide services in Spanish, making them the only health workforce group to meet the population threshold for Spanish speakers (*Figure I-6*, right).

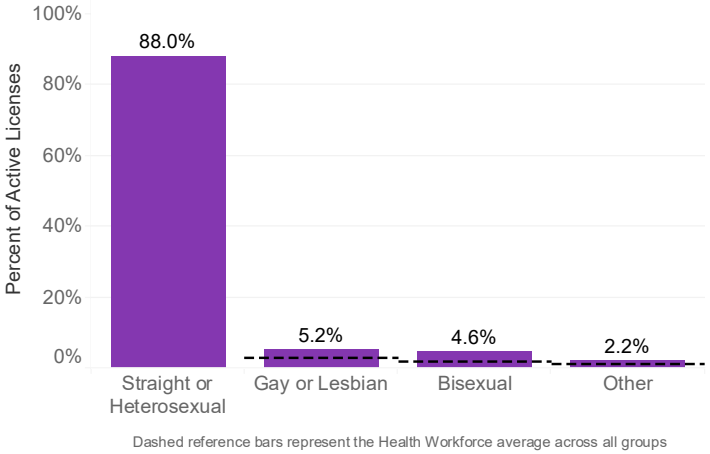
Figure I-6: Languages Spoken: Wellness Coaches



Health Workforce Sexual Orientation, Sex at Birth, Gender Identity, and Disability Status

- Licensees within the Behavioral Health group reported the most diverse sexual orientations. While the majority identified as straight or heterosexual (88%), 5.2% identified as gay or lesbian and 4.6% identified as bisexual, the highest rates among any health workforce group (*Figure D-8*, right). These rates have stayed consistent since 2024.

Figure D-8: Sexual Orientation: Behavioral Health



- The Behavioral Health group also reported the highest rates of licensees identifying as transgender at 0.4%, four times that of the other health workforce groups (*Figure D-10*). Additionally, the Behavioral Health group had the highest rates of individuals who did not identify as male, female, or transgender at 0.5%.

- Since 2024, Medicine has been the only health workforce group in which most licensees indicated male as their sex assigned at birth (55.2%; *Figure E-10*). This is primarily driven by Osteopathic Physicians and Surgeons (53.9%) and Physicians and Surgeons (58.2%).

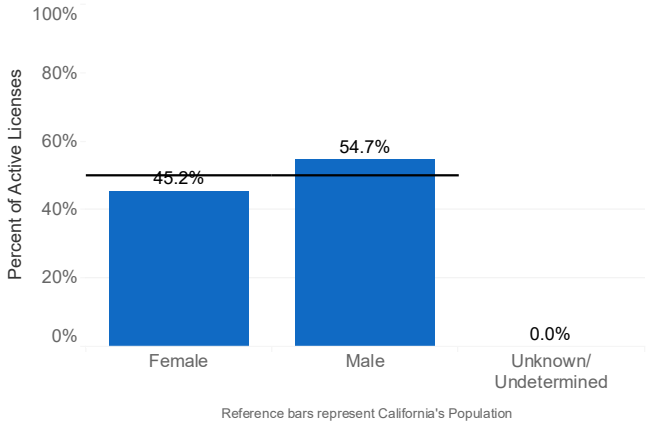
- The Advanced Practice Nursing group reported the highest rates of licensees identifying as Female (85.5%; *Figure G-9*) with the Nursing group coming in at a close second (84.3%; *Figure F-9*). Responses are similarly distributed among the license types within the Nursing group but vary more widely for Advanced Practice Nursing license types, a trend that has been in place since 2024.

- Within Behavioral Health licensees, 8.1% identify as having a disability, the largest percentage of licensees in any health workforce group *Figure D-11*). Medicine had the lowest with only 1.5% of licensees (*Figure E-12*, right).

- Certified Wellness Coaches (CWCs) had similar rates of sexual orientation as the Behavioral Health group; a majority (88.9%) identified as straight or heterosexual, 5.9% identified as bisexual (*Figure I-7*).

- Just under 7% of CWCs report having a disability (*Figure I-10*).

Figure E-12: Disability Status: Medicine



Health Workforce Statewide Workforce Availability and Distribution

- For the last two years, the Greater Bay Area region has held the highest number of active Medicine (*Figure E-13*) and Oral Health (*Figure H-13*) licensees while the Los Angeles region continues to have the highest number of all other health workforce groups.

- The Nursing group is the largest health workforce group with 607,591 active licenses at the time of this report (*Figure F-12*), representing a 5.5% increase in license volume from last year. Registered Nurses make up most of this group (72.1%) and are the largest of any individual license type. Advanced Practice Nursing makes up the smallest health workforce group with only 43,771 active licenses statewide (*Figure G-12*), representing a 4.9% increase in volume from last year.

- The Nursing group issued the highest number of new active licenses per month, a trend which has been held since 2024. As a group, an average of 3,055 new active licenses were issued per month (*Figure F-13*). Within the Nursing workforce, Registered Nurses make up the largest portion of the licenses issued, with an average of 1,839 new active licenses per month.

- By region, the Sacramento Area has the largest over-supply of licensees across the health workforce , with a low to medium over-supply of most license types in Allied Health (*Figure C-15*), Medicine (*Figure E-15*), Nursing (*Figure F-14*), and Oral Health (*Figure H-15*). Conversely, the San Joaquin Valley region has the largest under-supply of licenses, with a low to medium under-supply of all six workforce groups. These trends have all held stable since 2024.

- Medicine is the most maldistributed health workforce group, with four regions experiencing a low to medium under-supply of licenses while four regions face a low to medium over-supply of licenses. Los Angeles is the only region with an even share of Medicine licenses relative to its population size (*Figure E-15*)

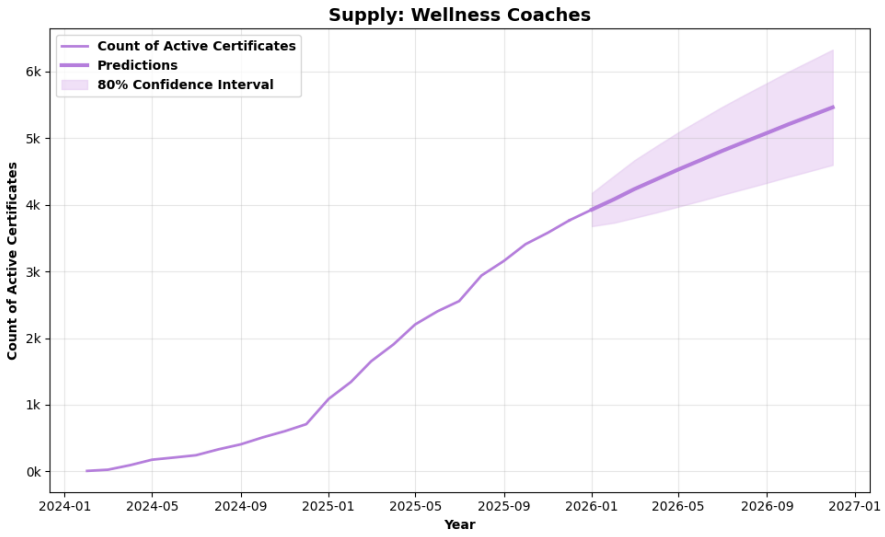
- The San Joaquin Valley region has the highest total number of Certified Wellness Coaches (CWCs) while the Orange County region has the least (*Figure I-11*).

- On average, there were 248 new CWC licenses issued per month from December 2024 to November 2025, which represents a 313% increase from 2024 (*Figure I-12*).

- Supply estimates indicate all projected groups (Allied Health, Medicine, and Oral Health) should experience an increase in active licensees by the end of 2027.

- Certified Wellness Coaches exceeded 2024 projections for active certifications by 226% and are expected to grow an additional 45% by the end of 2026 (*Figure I-13*, right).

Figure I-13: Supply Projections: Wellness Coaches



HCAI Programs

Statewide Program Awards

HCAI programs work to increase workforce diversity and access to healthcare in underserved areas throughout California in order to address supply shortages and inequities. We achieve this by providing individuals with financial aid in the form of loan repayments, scholarships, and stipends, as well as overseeing organization-level grants to support training capacity/expansion, recruitment/retention, and/or training and placement.

Figures 1 and 2 illustrate the distribution of 1,235 HCAI awards to individuals and 92 awards to organizations across the state during the 2025 cycle year. Of the 58 counties, 51 (89.5%) contained at least one awardee.

Figure 1: 2025 Cycle Year Individual Program Awards by City

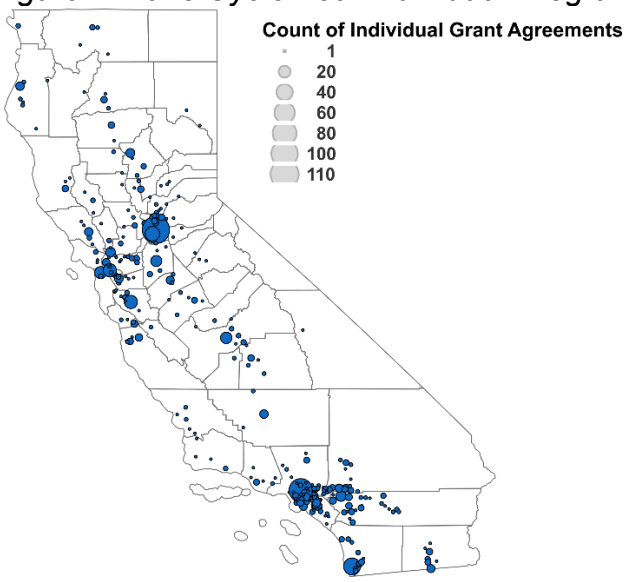


Figure 2: 2025 Cycle Year Organizational Program Awards by City



Table 1: 2024 and 2025 Cycle Year Program Awards by Program Type

	Cycle Year 24			Cycle Year 25			Grand Total		
Program Type	**Amount Awarded**	**Award Count**	**% Amount Awarded**	**Amount Awarded**	**Award Count**	**% Amount Awarded**	**Amount Awarded**	**Award Count**	**% Amount Awarded**
Education Expansion*	$73,415,473	104	31%	$3,133,000	18	6%	**$76,548,473**	**122**	**27%**
Other Organizational Grant	$136,015,016	160	57%	$12,432,120	74	26%	**$148,447,136**	**234**	**52%**
Loan Repayment	$10,404,056	367	4%	$5,915,279	253	12%	**$16,319,335**	**620**	**6%**
Scholarship	$19,942,924	735	8%	$26,945,780	982	56%	**$46,888,704**	**1,717**	**16%**
Grand Total	**$239,777,469**	**1,366**		**$48,426,179**	**1,327**		**$288,203,648**	**2,693**	

*Song-Brown Awards for Education Expansion have not been fully announced for Cycle Year 2025 at the time of writing this report.

Looking Ahead: A Path Forward for the Health Workforce Research Data Center

HCAI will continue to work with key stakeholders to effectively position the Health Workforce Research Data Center as California's leading generator of policy-relevant information about the state's health workforce and build upon the baseline data displayed in this report. Over the next year, HCAI will focus on the following data for inclusion:

Collection of Health Workforce Data for Home- and Community-Based Providers

HCAI has developed data sharing agreements with key stakeholders to obtain workforce data for home and community-based providers. These data include several certified professions, along with important data on the uncertified workforce.

Collection of Education Pipeline Data

HCAI will also explore public and private education data options to better understand health program educational capacity, throughput, and demographics. The Integrated Postsecondary Education Data System (IPEDS) and collaboration with state higher education entities will be essential inputs for HCAI to leverage in future reports. HCAI will integrate these data with additional data sources, such as supply-side data and HCAI's hospital utilization data, to gain key insights into the health workforce.

Refinement and Expansion of Supply and Demand Modeling

We will continue to update our models for Nursing and Behavioral Health and will also incorporate newer data sets, and feedback that we have received from stakeholders on how to improve our methodologies. These models will give HCAI a more accurate idea of where discrepancies are between workforce supply and demand and may be useful in influencing future funding decisions. Future work will also include adding modeling projections for all roles and role groups at the statewide, regional and county levels.

HCAI is in the process of exploring the feasibility for three additional predictive models for the supply and demand of Primary Care, Maternal Health, and Oral Health professionals across the state, as internal resources become available. This will be completed with stakeholder engagement, along with robust data management and integration.

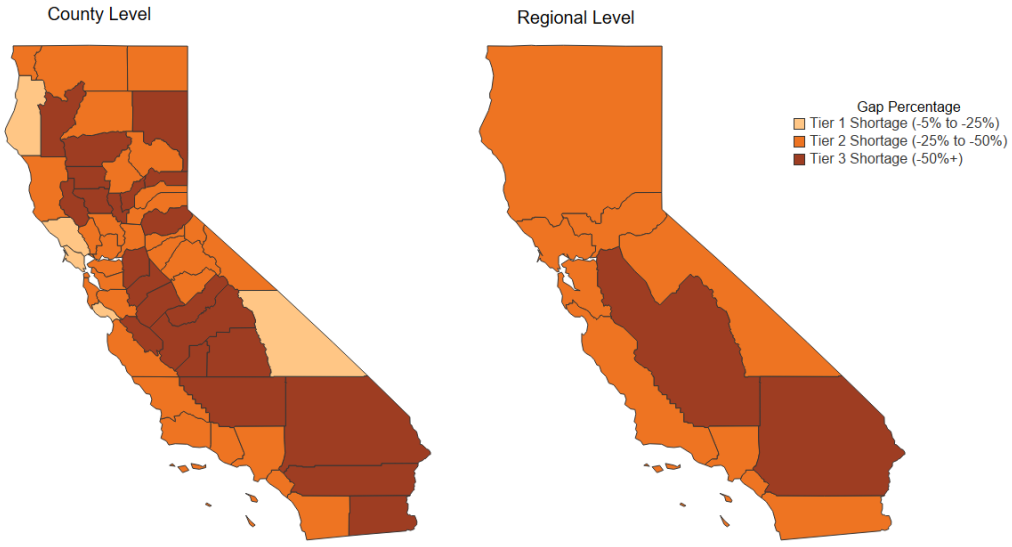
Section A: Model Findings, Behavioral Health

The license types included in the Behavioral Health model were categorized into the following role or role groups based on role similarity and scope of practice: Associate Level Clinicians (Associate Clinical Social Worker, Associate Marriage and Family Therapist, Associate Professional Clinical Counselor and Registered Psychological Associate), Non-Prescribing Licensed Clinicians (Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Clinical Social Worker, and Psychologist), and Psychiatrists.

The data presented in this section reflect estimated FTE adjusted counts of *providers*, rather than counts of active *licenses* as presented in Sections C-H of this report. See the HCAI Modeling Methodology for additional details.

Multiple measures of supply and demand are presented below: the raw difference between estimated supply and demand (Supply-Demand Gap), the Gap per 100k (Supply-Demand Gap/(County's Population/100,000)), and the Gap Percentage (Supply-Demand Gap/Demand). Each of these values provides important context to understanding the shortage or surplus of providers within a given area and relative to statewide trends. The raw Supply-Demand Gap indicates the basic difference between the estimated supply and demand and gives a picture of the sheer additional number of providers needed to meet demand. The Gap Percentage illustrates this same shortage on a standardized scale, which allows for direct comparison of severity between geographies and roles. The Gap per 100k provides population context but does not allow for comparison between roles or role groups and does not account for different utilization rates between counties, so comparisons between geographies is unequal. For example, a county may have the highest Gap per 100k without having the highest Gap Percentage.

Figure A-1: Non-Prescribing Licensed Clinicians: Supply & Demand Data – 2025



Overall, the statewide shortage of Non-Prescribing Licensed Clinicians is -40.6%, an estimated shortage of 55,298 providers. Notably, all regions and counties face some level of shortage of Non-Prescribing Licensed Clinicians. On a regional level, the San Joaquin Valley and Inland Empire are facing the most severe shortages, with fewer than 50% of the providers needed to meet their demand. All counties within the Inland Empire and San Joaquin Valley regions are experiencing severe shortages (-50% or more), with Merced County facing the largest shortage within those regions at more than -75.9%. In contrast, the Central Coast region is facing the lowest regional level shortage at -32.7%, while Marin County is facing the lowest county level shortage at -9.9%.

Table A-1: Non-Prescribing Licensed Clinicians: Supply & Demand Data – 2025

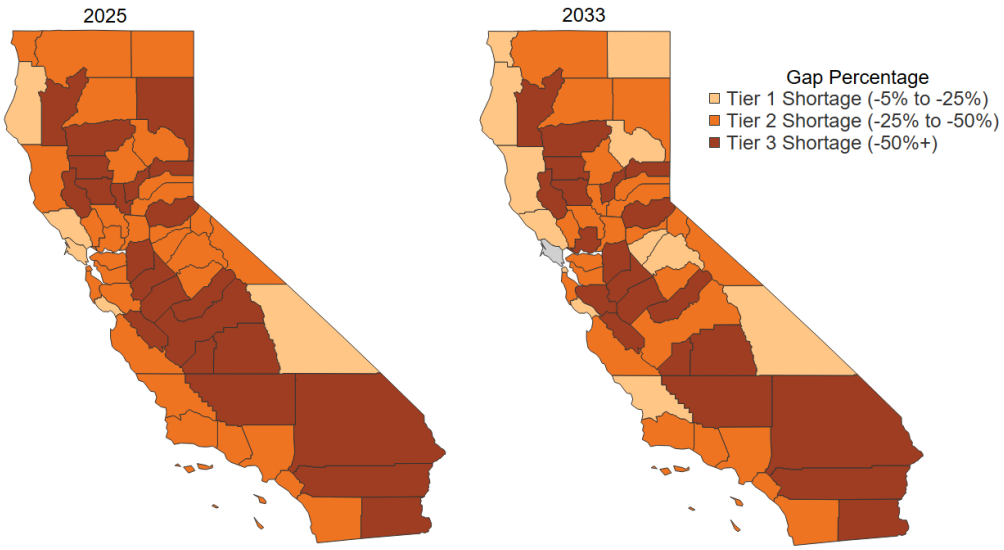
Region	County	Estimated Supply (FTE)	Estimated Demand (FTE)	Supply-Demand Gap	Gap Per 100k Pop	Gap Percentage
Central Coast	Monterey	688.0	1,268.1	-580.1	-131.5	-45.7%
	San Benito	63.0	181.5	-118.5	-182.2	65.3%
	San Luis Obispo	926.0	1,268.2	-342.2	-121.9	-27.0%
	Santa Barbara	1,137.0	1,622.1	-485.1	-107.7	-29.9%
	Santa Cruz	1,044.0	1,276.7	-232.7	-89.3	-18.2%
	Ventura	1,919.0	2,971.0	-1,052.0	-127.5	-35.4%
	Region Total	**5,777.0**	**8,587.7**	**-2,810.7**	**-121.0**	**-32.7%**
Greater Bay Area	Alameda	5,105.0	6,853.8	-1,748.8	-105.7	-25.5%
	Contra Costa	2,467.0	4,284.6	-1,817.6	-159.3	-42.4%
	Marin	1,536.0	1,704.6	-168.6	-66.4	-9.9%
	Napa	377.0	537.9	-160.9	-120.4	-29.9%
	San Francisco	3,260.0	4,493.1	-1,233.1	-144.5	-27.4%
	San Mateo	1,733.0	2,891.3	-1,158.3	-155.1	-40.1%
	Santa Clara	3,547.0	6,624.1	-3,077.1	-160.0	-46.5%
	Solano	766.0	1,442.9	-676.9	-151.2	-46.9%
	Sonoma	1,676.0	2,134.7	-458.7	-96.1	-21.5%
	Region Total	**20,467.0**	**30,967.1**	**-10,500.1**	**-137.6**	**-33.9%**
Inland Empire	Riverside	3,009.0	7,183.5	-4,174.5	-170.2	58.1%
	San Bernardino	2,811.0	5,984.3	-3,173.3	-144.8	53.0%
	Region Total	**5,820.0**	**13,167.8**	**-7,347.8**	**-158.2**	**55.8%**
LA County	Los Angeles	23,002.0	36,252.3	-13,250.3	-135.9	-36.6%
	Region Total	**23,002.0**	**36,252.3**	**-13,250.3**	**-135.9**	**-36.6%**
Northern & Sierra	Alpine	2.0	2.8	-0.8	-66.3	-27.8%
	Amador	63.0	98.3	-35.3	-87.6	-35.9%
	Butte	441.0	744.4	-303.4	-147.7	-40.8%
	Calaveras	70.0	105.8	-35.8	-80.6	-33.8%
	Colusa	14.0	63.7	-49.7	-226.3	78.0%
	Del Norte	40.0	65.2	-25.2	-98.0	-38.6%
	Glenn	25.0	78.0	-53.0	-193.0	68.0%
	Humboldt	388.0	504.8	-116.8	-86.8	-23.1%
	Inyo	33.0	43.3	-10.3	-55.4	-23.8%
	Lake	63.0	192.2	-129.2	-197.7	67.2%
	Lassen	31.0	66.9	-35.9	-134.0	53.7%
	Mariposa	23.0	39.5	-16.5	-98.7	-41.8%
	Mendocino	208.0	316.9	-108.9	-122.8	-34.4%
	Modoc	14.0	21.5	-7.5	-89.1	-34.8%
	Mono	18.0	30.8	-12.8	-97.4	-41.6%
	Nevada	315.0	488.1	-173.1	-174.1	-35.5%
	Plumas	28.0	47.2	-19.2	-103.8	-40.7%
	Shasta	365.0	679.0	-314.0	-176.7	-46.2%
	Sierra	0.0	7.7	-7.7	-246.0	100.0%
	Siskiyou	62.0	108.3	-46.3	-109.2	-42.7%
	Sutter	119.0	242.2	-123.2	-125.0	50.9%

	Tehama	53.0	169.6	-116.6	-181.4	68.7%
	Trinity	15.0	39.9	-24.9	-157.3	62.4%
	Tuolumne	77.0	118.2	-41.2	-76.9	-34.8%
	Yuba	51.0	231.9	-180.9	-213.1	78.0%
	Region Total	**2,518.0**	**4,506.0**	**-1,988.0**	**-142.3**	**-44.1%**
Orange County	Orange	6,436.0	10,943.0	-4,507.0	-143.2	-41.2%
	Region Total	**6,436.0**	**10,943.0**	**-4,507.0**	**-143.2**	**-41.2%**
Sacramento	El Dorado	360.0	819.2	-459.2	-246.1	56.1%
	Placer	968.0	1,508.4	-540.4	-130.2	-35.8%
	Sacramento	3,148.0	5,317.8	-2,169.8	-135.9	-40.8%
	Yolo	419.0	752.3	-333.3	-151.1	-44.3%
	Region Total	**4,895.0**	**8,397.6**	**-3,502.6**	**-144.8**	**-41.7%**
San Diego Area	Imperial	102.0	461.1	-359.1	-196.8	77.9%
	San Diego	7,517.0	11,474.1	-3,957.1	-119.0	-34.5%
	Region Total	**7,619.0**	**11,935.2**	**-4,316.2**	**-123.1**	**-36.2%**
San Joaquin Valley	Fresno	1,432.0	2,907.8	-1,475.8	-145.0	50.8%
	Kern	847.0	2,334.6	-1,487.6	-164.2	63.7%
	Kings	124.0	344.8	-220.8	-142.5	64.0%
	Madera	148.0	389.4	-241.4	-149.9	62.0%
	Merced	181.0	749.9	-568.9	-198.3	75.9%
	San Joaquin	659.0	2,037.6	-1,378.6	-174.3	67.7%
	Stanislaus	545.0	1,557.3	-1,012.3	-186.0	65.0%
	Tulare	457.0	1,146.5	-689.5	-144.2	60.1%
	Region Total	**4,393.0**	**11,467.9**	**-7,074.9**	**-163.0**	**61.7%**
Statewide		**80,927.0**	**136,224.7**	**-55,297.7**	**-141.2**	**-40.6%**

Tier 3 Shortage (-50% or more) Tier 2 Shortage (-25% to -50%) Tier 1 Shortage (-5% to -25%)

Note: Table values are rounded to the first decimal place for display purposes only.

Figure A-2: Non-Prescribing Licensed Clinicians: Supply & Demand Projections



Our model projects that the overall statewide shortage of Non-Prescribing Licensed Clinicians will stay relatively steady, increasing slightly from -40.6% to nearly -42.5% by 2033, resulting in a need for 72,889 additional providers to meet the state's demand. At the regional level, all regions are projected to face a shortage of -25% or more, with the San

Joaquin Valley region facing the highest shortage at -62.2%. At the county level, 57 counties are projected to face a shortage of -5% or more. By 2033, 24 counties will face a tier 2 shortage (-25% to -50%), and 21 counties will face a tier 3 shortage (-50% or more). Only Marin is the only county in the state projected to avoid having a shortage of providers by 2033.

Relative to population size, the Orange County region is projected to face the largest shortage of providers with a gap of -230.9 per 100k. In contrast, the Northern & Sierra region is projected to face the lowest regional level shortage at -123.3 per 100k.

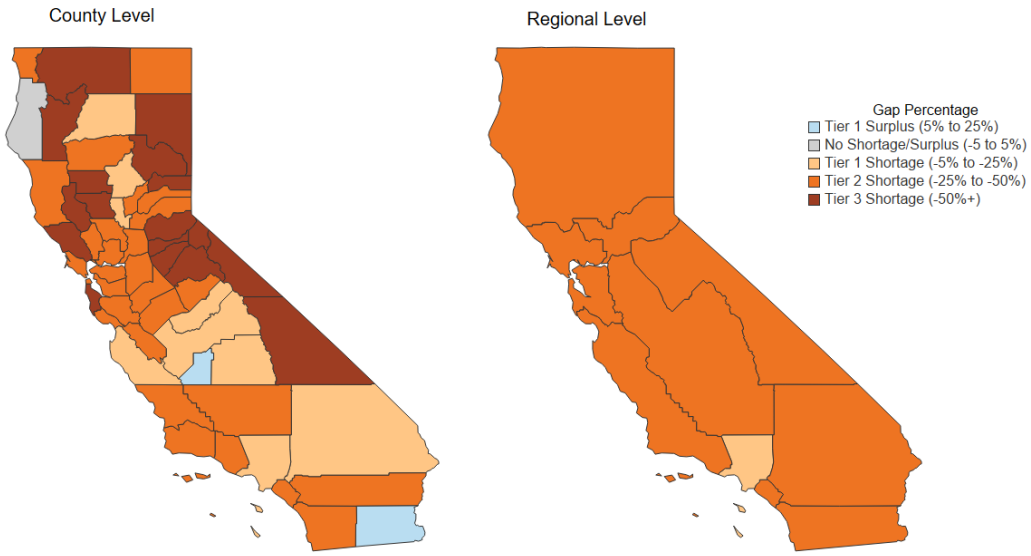
In terms of raw provider counts, the LA County region is projected to have the highest region- and county-level shortage at -15,621.7 providers. The Northern & Sierra region is estimated to have the lowest regional level shortage at -1,721.4 providers, and Marin County is estimated to have the highest county level surplus at 69 providers.

Table A-2: Non-Prescribing Licensed Clinicians: Supply & Demand Projections

		2025			2033		
Region	**County**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**
Central Coast	Monterey	-580.1	-131.5	-45.7%	-771.2	-165.2	-48.0%
	San Benito	-118.5	-182.2	65.3%	-114.4	-166.8	59.8%
	San Luis Obispo	-342.2	-121.9	-27.0%	-316.3	-109.9	-21.9%
	Santa Barbara	-485.1	-107.7	-29.9%	-493.4	-104.8	-26.3%
	Santa Cruz	-232.7	-89.3	-18.2%	-109.7	-41.8	-7.9%
	Ventura	-1,052.0	-127.5	-35.4%	-1,526.1	-184.7	-39.5%
	Region Total	**-2,810.7**	**-121.0**	**-32.7%**	**-3,331.1**	**-139.8**	-32.1%
Greater Bay Area	Alameda	-1,748.8	-105.7	-25.5%	-2,498.9	-145.6	-28.7%
	Contra Costa	-1,817.6	-159.3	-42.4%	-2,851.0	-241.1	-48.7%
	Marin	-168.6	-66.4	-9.9%	69.0	27.4	3.8%
	Napa	-160.9	-120.4	-29.9%	-174.4	-131.7	-27.6%
	San Francisco	-1,233.1	-144.5	-27.4%	-714.4	-81.2	-15.2%
	San Mateo	-1,158.3	-155.1	-40.1%	-1,875.2	-248.2	-47.1%
	Santa Clara	-3,077.1	-160.0	-46.5%	-4,754.6	-241.9	52.4%
	Solano	-676.9	-151.2	-46.9%	-1,046.9	-217.9	52.9%
	Sonoma	-458.7	-96.1	-21.5%	-652.5	-137.7	-24.2%
	Region Total	**-10,500.1**	**-137.6**	**-33.9%**	**-14,498.9**	**-185.0**	-36.8%
Inland Empire	Riverside	-4,174.5	-170.2	58.1%	-6,495.4	-253.2	63.9%
	San Bernardino	-3,173.3	-144.8	53.0%	-4,440.4	-195.1	56.5%
	Region Total	**-7,347.8**	**-158.2**	**55.8%**	**-10,935.7**	**-225.9**	60.7%
LA County	Los Angeles	-13,250.3	-135.9	-36.6%	-15,621.7	-160.6	-35.8%
	Region Total	**-13,250.3**	**-135.9**	**-36.6%**	**-15,621.7**	**-160.6**	-35.8%
Northern & Sierra	Alpine	-0.8	-66.3	-27.8%	-0.8	-68.2	-28.6%
	Amador	-35.3	-87.6	-35.9%	-26.3	-62.1	-25.5%
	Butte	-303.4	-147.7	-40.8%	-289.6	-137.6	-35.0%
	Calaveras	-35.8	-80.6	-33.8%	-17.2	-39.7	-16.6%
	Colusa	-49.7	-226.3	78.0%	-46.0	-211.8	73.0%
	Del Norte	-25.2	-98.0	-38.6%	-13.4	-54.4	-21.4%
	Glenn	-53.0	-193.0	68.0%	-45.2	-170.7	60.1%

	Humboldt	-116.8	-86.8	-23.1%	-37.1	-27.3	-7.3%
	Inyo	-10.3	-55.4	-23.8%	-2.2	-11.9	-5.1%
	Lake	-129.2	-197.7	67.2%	-103.9	-168.9	57.4%
	Lassen	-35.9	-134.0	53.7%	-22.1	-91.9	-36.8%
	Mariposa	-16.5	-98.7	-41.8%	-9.9	-61.8	-26.2%
	Mendocino	-108.9	-122.8	-34.4%	-69.3	-77.7	-21.6%
	Modoc	-7.5	-89.1	-34.8%	-3.1	-39.9	-15.6%
	Mono	-12.8	-97.4	-41.6%	-8.4	-67.0	-28.7%
	Nevada	-173.1	-174.1	-35.5%	-213.0	-218.1	-35.7%
	Plumas	-19.2	-103.8	-40.7%	-10.1	-58.5	-22.9%
	Shasta	-314.0	-176.7	-46.2%	-318.3	-184.5	-41.8%
	Sierra	-7.7	-246.0	100.0%	-7.3	-246.0	100.0%
	Siskiyou	-46.3	-109.2	-42.7%	-28.3	-70.0	-27.4%
	Sutter	-123.2	-125.0	50.9%	-110.5	-105.7	-43.4%
	Tehama	-116.6	-181.4	68.7%	-107.5	-165.4	62.7%
	Trinity	-24.9	-157.3	62.4%	-21.5	-133.9	53.1%
	Tuolumne	-41.2	-76.9	-34.8%	-23.1	-43.2	-19.6%
	Yuba	-180.9	-213.1	78.0%	-187.2	-205.3	75.1%
	Region Total	**-1,988.0**	**-142.3**	**-44.1%**	**-1,721.4**	**-123.3**	-36.0%
Orange County	Orange	-4,507.0	-143.2	-41.2%	-7,426.0	-230.9	-48.7%
	Region Total	**-4,507.0**	**-143.2**	**-41.2%**	**-7,426.0**	**-230.9**	-48.7%
Sacramento	El Dorado	-459.2	-246.1	56.1%	-619.9	-324.2	58.5%
	Placer	-540.4	-130.2	-35.8%	-969.4	-217.5	-45.1%
	Sacramento	-2,169.8	-135.9	-40.8%	-2,753.4	-162.8	-41.8%
	Yolo	-333.3	-151.1	-44.3%	-244.3	-103.9	-32.4%
	Region Total	**-3,502.6**	**-144.8**	**-41.7%**	**-4,587.0**	**-178.9**	-43.5%
San Diego Area	Imperial	-359.1	-196.8	77.9%	-395.5	-204.2	76.1%
	San Diego	-3,957.1	-119.0	-34.5%	-5,560.6	-161.9	-37.8%
	Region Total	**-4,316.2**	**-123.1**	**-36.2%**	**-5,956.1**	**-164.2**	-39.1%
San Joaquin Valley	Fresno	-1,475.8	-145.0	50.8%	-1,710.2	-161.8	-49.5%
	Kern	-1,487.6	-164.2	63.7%	-1,909.0	-206.0	64.9%
	Kings	-220.8	-142.5	64.0%	-183.9	-113.4	54.9%
	Madera	-241.4	-149.9	62.0%	-259.0	-154.3	58.9%
	Merced	-568.9	-198.3	75.9%	-592.3	-197.9	73.0%
	San Joaquin	-1,378.6	-174.3	67.7%	-2,032.1	-239.9	71.7%
	Stanislaus	-1,012.3	-186.0	65.0%	-1,264.9	-227.3	65.6%
	Tulare	-689.5	-144.2	60.1%	-859.8	-173.0	60.7%
	Region Total	**-7,074.9**	**-163.0**	**61.7%**	**-8,811.1**	**-195.2**	**62.2%**
Statewide		**-55,297.7**	**-141.2**	**-40.6%**	**-72,889.0**	**-181.8**	**-42.5%**

Figure A-3: Associate Level Clinicians: Supply & Demand Data – 2025



Overall, the statewide shortage of Associate Level Clinicians is -30.6%, an estimated shortage of nearly 13,175 providers. On a regional level, the Sacramento Area and Greater Bay Area regions are facing the most severe shortages, with fewer than 41% of the providers needed to meet their demand in the Sacramento Area and -39.1% in Greater Bay Area. All counties in the Sacramento Area and Greater Bay Area regions are experiencing a shortage of 25% or more. In contrast, the Los Angeles County region is facing the lowest regional level shortage at -23.3%, while Kings and Imperial counties are the only areas with a small surplus.

Table A-3: Associate Level Clinicians: Supply & Demand Data – 2025

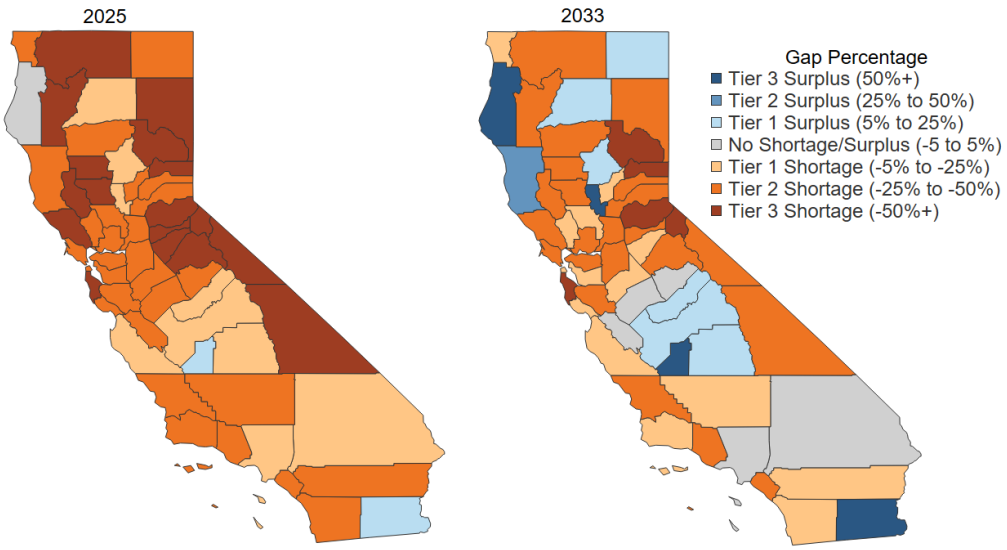
Region	County	Estimated Supply (FTE)	Estimated Demand (FTE)	Supply-Demand Gap	Gap Per 100k Pop	Gap Percentage
Central Coast	Monterey	302.0	386.1	-84.1	-19.0	-21.8%
	San Benito	44.0	61.5	-17.5	-27.0	-28.5%
	San Luis Obispo	189.0	343.0	-154.0	-54.8	-44.9%
	Santa Barbara	350.0	484.8	-134.8	-29.9	-27.8%
	Santa Cruz	233.0	311.4	-78.4	-30.1	-25.2%
	Ventura	589.0	908.6	-319.6	-38.7	-35.2%
	Region Total	**1,707.0**	**2,495.5**	**-788.5**	**-33.9**	**-31.6%**
Greater Bay Area	Alameda	1,458.0	2,005.6	-547.6	-33.1	-27.3%
	Contra Costa	761.0	1,382.9	-621.9	-54.5	-45.0%
	Marin	189.0	348.1	-159.1	-62.7	-45.7%
	Napa	87.0	128.5	-41.5	-31.1	-32.3%
	San Francisco	817.0	1,141.8	-324.8	-38.1	-28.4%
	San Mateo	397.0	884.9	-487.9	-65.3	55.1%
	Santa Clara	1,228.0	2,117.1	-889.1	-46.2	-42.0%
	Solano	295.0	463.8	-168.8	-37.7	-36.4%
	Sonoma	309.0	627.2	-318.2	-66.7	50.7%
	Region Total	**5,541.0**	**9,099.9**	**-3,558.9**	**-46.6**	**-39.1%**
Inland Empire	Riverside	1,701.0	2,440.8	-739.8	-30.2	-30.3%
	San Bernardino	1,663.0	2,119.1	-456.1	-20.8	-21.5%
	Region Total	**3,364.0**	**4,559.9**	**-1,195.9**	**-25.8**	**-26.2%**
LA County	Los Angeles	9,331.0	12,167.3	-2,836.3	-29.1	-23.3%
	Region Total	**9,331.0**	**12,167.3**	**-2,836.3**	**-29.1**	**-23.3%**
Northern & Sierra	Alpine	0.0	0.2	-0.2	-16.3	100.0%
	Amador	12.0	31.9	-19.9	-49.4	62.4%
	Butte	175.0	208.2	-33.2	-16.2	-15.9%

	Calaveras	17.0	34.1	-17.1	-38.5	50.1%
	Colusa	7.0	20.7	-13.7	-62.4	66.2%
	Del Norte	12.0	21.3	-9.3	-36.1	-43.6%
	Glenn	12.0	25.4	-13.4	-48.6	52.7%
	Humboldt	134.0	130.1	3.9	2.9	3.0%
	Inyo	5.0	14.0	-9.0	-48.7	64.4%
	Lake	25.0	62.7	-37.7	-57.6	60.1%
	Lassen	8.0	21.8	-13.8	-51.7	63.4%
	Mariposa	8.0	12.8	-4.8	-28.8	-37.7%
	Mendocino	47.0	73.7	-26.7	-30.1	-36.2%
	Modoc	5.0	7.0	-2.0	-23.9	-28.6%
	Mono	3.0	10.0	-7.0	-53.2	70.0%
	Nevada	66.0	114.3	-48.3	-48.6	-42.3%
	Plumas	5.0	15.4	-10.4	-56.3	67.5%
	Shasta	152.0	191.1	-39.1	-22.0	-20.4%
	Sierra	0.0	2.6	-2.6	-82.6	100.0%
	Siskiyou	16.0	35.3	-19.3	-45.6	54.7%
	Sutter	45.0	48.5	-3.5	-3.6	-7.2%
	Tehama	29.0	55.2	-26.2	-40.7	-47.4%
	Trinity	4.0	13.0	-9.0	-57.0	69.2%
	Tuolumne	19.0	38.3	-19.3	-36.1	50.4%
	Yuba	42.0	75.2	-33.2	-39.2	-44.2%
	Region Total	**848.0**	**1,262.8**	**-414.8**	**-29.7**	**-32.8%**
Orange County	Orange	2,277.0	3,551.5	-1,274.5	-40.5	-35.9%
	Region Total	**2,277.0**	**3,551.5**	**-1,274.5**	**-40.5**	**-35.9%**
Sacramento	El Dorado	99.0	243.2	-144.2	-77.3	59.3%
	Placer	262.0	470.5	-208.5	-50.2	-44.3%
	Sacramento	1,056.0	1,682.6	-626.6	-39.2	-37.2%
	Yolo	117.0	202.3	-85.3	-38.7	-42.2%
	Region Total	**1,534.0**	**2,598.5**	**-1,064.5**	**-44.0**	**-41.0%**
San Diego Area	Imperial	134.0	124.5	9.5	5.2	7.6%
	San Diego	2,582.0	3,678.5	-1,096.5	-33.0	-29.8%
	Region Total	**2,716.0**	**3,803.0**	**-1,087.0**	**-31.0**	**-28.6%**
San Joaquin Valley	Fresno	836.0	924.0	-88.0	-8.6	-9.5%
	Kern	495.0	758.3	-263.3	-29.1	-34.7%
	Kings	90.0	78.3	11.7	7.6	15.0%
	Madera	76.0	97.7	-21.7	-13.5	-22.2%
	Merced	138.0	216.0	-78.0	-27.2	-36.1%
	San Joaquin	350.0	654.6	-304.6	-38.5	-46.5%
	Stanislaus	333.0	500.6	-167.6	-30.8	-33.5%
	Tulare	312.0	355.0	-43.0	-9.0	-12.1%
	Region Total	**2,630.0**	**3,584.5**	**-954.5**	**-22.0**	**-26.6%**
Statewide		**29,948.0**	**43,122.9**	**-13,174.9**	**-33.6**	**-30.6%**

Tier 3 Shortage (-50% or more)
Tier 2 Shortage (-25% to -50%)
Tier 1 Shortage (-5% to -25%)
No Shortage/Surplus (-5% to 5%)
Tier 1 Surplus (5% to 25%)

Note: Table values are rounded to the first decimal place for display purposes only.

Figure A-4: Associate Level Clinicians: Supply & Demand Projections



Our model projects that the overall statewide shortage of Associate-Level Clinicians will decrease from -30.6% to nearly -17.7% by 2033, resulting in a need for 9,303.8 additional providers to meet the state's demand. At the regional level, all regions except Northern & Sierra and LA County are projected to face a shortage of -5% or more, with the Greater Bay Area region facing the highest shortage at -33.4%. At the county level, 42 counties are projected to face a shortage of -5% or more, with the counties within the Northern & Sierra region impacted the most. By 2033, 23 counties will face a tier 2 shortage (-25% to -50%), and five counties will face a tier 3 shortage (-50% or more). Eleven counties statewide are projected to have a surplus of providers by 2033.

Relative to population size, the Greater Bay Area region is projected to face the largest shortage of providers with a gap of -51 providers per 100k, and have three of the top five highest county level shortages. In contrast, the Northern & Sierra region is projected to face the lowest regional level shortage at -0.1 per 100k.

In terms of raw provider counts, the Greater Bay Area is projected to have the highest regional shortage at -3,994.3 providers. However, Orange County is projected to have the highest county level shortage at -9,303.8 providers. The Northern & Sierra region is estimated to have the lowest regional level shortage at -0.9 providers, and Fresno County is estimated to have the highest county level surplus at 165.4 providers.

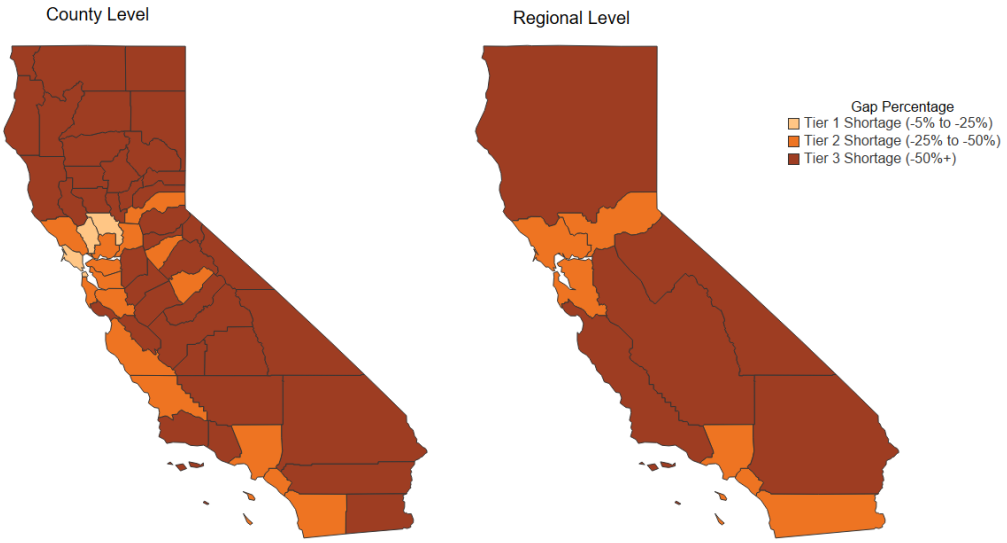
Table A-4: Associate Level Clinicians: Supply & Demand – Projections

		2025			2033		
Region	**County**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**
Central Coast	Monterey	-84.1	-19.0	-21.8%	-25.6	-5.5	-5.5%
	San Benito	-17.5	-27.0	-28.5%	-1.9	-2.7	-2.9%
	San Luis Obispo	-154.0	-54.8	-44.9%	-124.8	-43.4	-31.5%
	Santa Barbara	-134.8	-29.9	-27.8%	-33.8	-7.2	-6.3%
	Santa Cruz	-78.4	-30.1	-25.2%	-34.8	-13.3	-9.4%
	Ventura	-319.6	-38.7	-35.2%	-328.0	-39.7	-27.9%
	Region Total	**-788.5**	**-33.9**	**-31.6%**	**-548.9**	**-23.0**	**-18.3%**
Greater Bay Area	Alameda	-547.6	-33.1	-27.3%	-599.6	-34.9	-22.2%
	Contra Costa	-621.9	-54.5	-45.0%	-733.0	-62.0	-40.1%
	Marin	-159.1	-62.7	-45.7%	-210.5	-83.5	-43.6%
	Napa	-41.5	-31.1	-32.3%	-25.8	-19.5	-17.2%
	San Francisco	-324.8	-38.1	-28.4%	-175.4	-19.9	-13.0%

	San Mateo	-487.9	-65.3	55.1%	-649.4	-86.0	53.1%
	Santa Clara	-889.1	-46.2	-42.0%	-1,085.4	-55.2	-38.0%
	Solano	-168.8	-37.7	-36.4%	-163.1	-34.0	-27.8%
	Sonoma	-318.2	-66.7	50.7%	-352.0	-74.3	-44.2%
	Region Total	**-3,558.9**	**-46.6**	**-39.1%**	**-3,994.3**	**-51.0**	**-33.4%**
Inland Empire	Riverside	-739.8	-30.2	-30.3%	-785.5	-30.6	-24.3%
	San Bernardino	-456.1	-20.8	-21.5%	-89.3	-3.9	-3.6%
	Region Total	**-1,195.9**	**-25.8**	**-26.2%**	**-874.8**	**-18.1**	**-15.3%**
LA County	Los Angeles	-2,836.3	-29.1	-23.3%	-256.1	-2.6	-1.9%
	Region Total	**-2,836.3**	**-29.1**	**-23.3%**	**-256.1**	**-2.6**	**-1.9%**
Northern & Sierra	Alpine	-0.2	-16.3	100.0%	-0.2	-16.3	100.0%
	Amador	-19.9	-49.4	62.4%	-16.5	-39.0	-49.3%
	Butte	-33.2	-16.2	-15.9%	41.6	19.8	19.8%
	Calaveras	-17.1	-38.5	50.1%	-8.3	-19.1	-24.8%
	Colusa	-13.7	-62.4	66.2%	-8.5	-39.0	-41.4%
	Del Norte	-9.3	-36.1	-43.6%	-3.3	-13.6	-16.5%
	Glenn	-13.4	-48.6	52.7%	-7.4	-28.1	-30.4%
	Humboldt	3.9	2.9	3.0%	85.1	62.6	78.2%
	Inyo	-9.0	-48.7	64.4%	-6.7	-36.9	-48.8%
	Lake	-37.7	-57.6	60.1%	-23.0	-37.3	-39.0%
	Lassen	-13.8	-51.7	63.4%	-7.6	-31.7	-38.9%
	Mariposa	-4.8	-28.8	-37.7%	-0.3	-1.9	-2.5%
	Mendocino	-26.7	-30.1	-36.2%	14.1	15.8	26.7%
	Modoc	-2.0	-23.9	-28.6%	0.4	5.5	6.5%
	Mono	-7.0	-53.2	70.0%	-4.6	-36.2	-47.6%
	Nevada	-48.3	-48.6	-42.3%	-44.7	-45.8	-32.0%
	Plumas	-10.4	-56.3	67.5%	-7.4	-42.8	51.4%
	Shasta	-39.1	-22.0	-20.4%	27.8	16.1	14.6%
	Sierra	-2.6	-82.6	100.0%	-2.5	-82.6	100.0%
	Siskiyou	-19.3	-45.6	54.7%	-9.7	-24.0	-28.8%
	Sutter	-3.5	-3.6	-7.2%	32.8	31.3	98.6%
	Tehama	-26.2	-40.7	-47.4%	-14.8	-22.8	-26.5%
	Trinity	-9.0	-57.0	69.2%	-6.2	-38.7	-47.0%
	Tuolumne	-19.3	-36.1	50.4%	-11.3	-21.2	-29.5%
	Yuba	-33.2	-39.2	-44.2%	-19.9	-21.8	-24.6%
	Region Total	**-414.8**	**-29.7**	**-32.8%**	**-0.9**	**-0.1**	**-0.1%**
Orange County	Orange	-1,274.5	-40.5	-35.9%	-1,558.3	-48.5	-32.2%
	Region Total	**-1,274.5**	**-40.5**	**-35.9%**	**-1,558.3**	**-48.5**	**-32.2%**
Sacramento	El Dorado	-144.2	-77.3	59.3%	-148.2	-77.5	50.9%
	Placer	-208.5	-50.2	-44.3%	-266.9	-59.9	-41.4%
	Sacramento	-626.6	-39.2	-37.2%	-509.9	-30.1	-25.1%
	Yolo	-85.3	-38.7	-42.2%	-15.2	-6.5	-8.3%
	Region Total	**-1,064.5**	**-44.0**	**-41.0%**	**-940.2**	**-36.7**	**-29.8%**
San Diego Area	Imperial	9.5	5.2	7.6%	77.2	39.8	66.0%
	San Diego	-1,096.5	-33.0	-29.8%	-885.5	-25.8	-19.2%
	Region Total	**-1,087.0**	**-31.0**	**-28.6%**	**-808.3**	**-22.3**	**-17.1%**
	Fresno	-88.0	-8.6	-9.5%	165.4	15.6	15.9%

San Joaquin Valley	Kern	-263.3	-29.1	-34.7%	-172.4	-18.6	-19.5%
	Kings	11.7	7.6	15.0%	73.0	45.0	130.2%
	Madera	-21.7	-13.5	-22.2%	18.5	11.0	20.2%
	Merced	-78.0	-27.2	-36.1%	-9.1	-3.0	-4.4%
	San Joaquin	-304.6	-38.5	-46.5%	-359.7	-42.5	-41.6%
	Stanislaus	-167.6	-30.8	-33.5%	-83.6	-15.0	-14.8%
	Tulare	-43.0	-9.0	-12.1%	46.0	9.3	11.4%
	Region Total	**-954.5**	**-22.0**	**-26.6%**	**-322.0**	**-7.1**	**-7.8%**
Statewide		**-13,174.9**	**-33.6**	**-30.6%**	**-9,303.8**	**-23.2**	**-17.7%**

Figure A-5: Psychiatrists: Supply & Demand Data – 2025



Overall, the statewide shortage of Psychiatrists is -41.2%, an estimated shortage of nearly 3,782 providers. On a regional level, the Northern & Sierra, San Joaquin Valley, Inland Empire, and Central Coast regions are facing the most severe shortages, with fewer than 50% of the providers needed to meet their demand. Twenty-three counties within the Northern & Sierra region, all eight counties within the San Joaquin Valley region, both counties within the Inland Empire region, and four counties in the Central Coast region are experiencing a tier 3 shortage (-50% or more). In contrast, the Greater Bay Area region is facing the lowest regional level shortage at -26.7%, while Marin County is facing the lowest county level shortage at -7.4%.

Relative to population size, the Northern & Sierra region faces the largest shortage of providers with a gap of -13.3 per 100k, and all 10 of the highest county level shortages. The San Diego Area faces the lowest regional shortage at -9.7 per 100k, and Sierra County faces the lowest county level shortage at -1.5 per 100k.

In terms of raw provider counts, Los Angeles County has the highest regional and county level shortages at -795.9 providers, more than two times more than the next highest county level shortage.

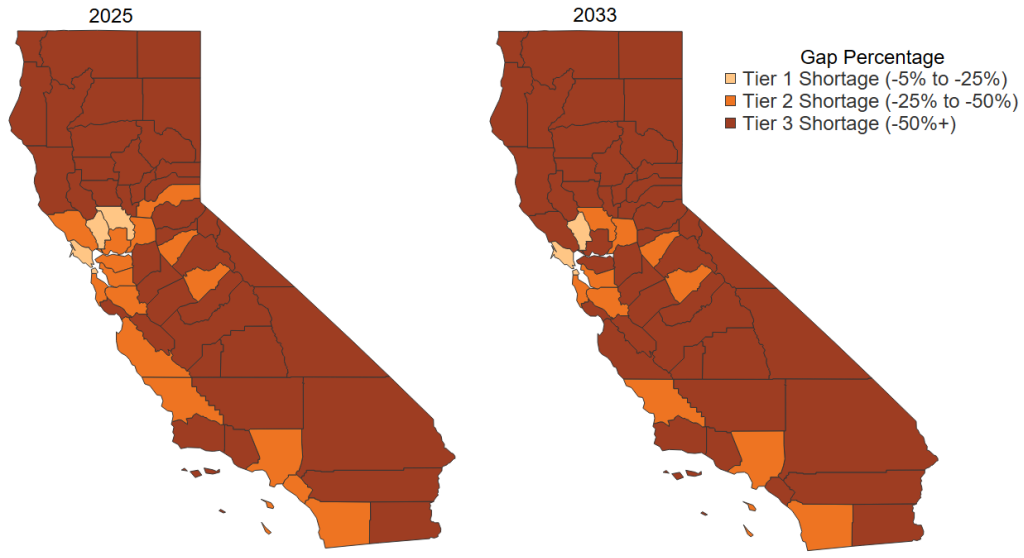
Table A-5: Psychiatrists: Supply & Demand Data – 2025

Region	County	Estimated Supply (FTE)	Estimated Demand (FTE)	Supply-Demand Gap	Gap Per 100k Pop	Gap Percentage
Central Coast	Monterey	46.0	81.4	-35.4	-8.0	-43.5%
	San Benito	2.0	11.0	-9.0	-13.9	81.8%
	San Luis Obispo	68.0	115.2	-47.2	-16.8	-41.0%
	Santa Barbara	48.0	110.3	-62.3	-13.8	56.5%

	Santa Cruz	23.0	72.7	-49.7	-19.1	68.4%
	Ventura	79.0	177.0	-98.0	-11.9	55.4%
	Region Total	**266.0**	**567.6**	**-301.6**	**-13.0**	**53.1%**
Greater Bay Area	Alameda	265.0	401.0	-136.0	-8.2	-33.9%
	Contra Costa	144.0	255.1	-111.1	-9.7	-43.6%
	Marin	143.0	154.4	-11.4	-4.5	-7.4%
	Napa	58.0	71.4	-13.4	-10.0	-18.8%
	San Francisco	424.0	476.9	-52.9	-6.2	-11.1%
	San Mateo	182.0	245.7	-63.7	-8.5	-25.9%
	Santa Clara	411.0	565.7	-154.7	-8.0	-27.4%
	Solano	48.0	89.4	-41.4	-9.2	-46.3%
	Sonoma	73.0	123.9	-50.9	-10.7	-41.1%
	Region Total	**1,748.0**	**2,383.4**	**-635.4**	**-8.3**	**-26.7%**
Inland Empire	Riverside	173.0	466.4	-293.4	-12.0	62.9%
	San Bernardino	191.0	473.1	-282.1	-12.9	59.6%
	Region Total	**364.0**	**939.6**	**-575.6**	**-12.4**	**61.3%**
LA County	Los Angeles	1,390.0	2,185.9	-795.9	-8.2	-36.4%
	Region Total	**1,390.0**	**2,185.9**	**-795.9**	**-8.2**	**-36.4%**
Northern & Sierra	Alpine	0.0	0.0	0.0	-2.5	100.0%
	Amador	2.0	6.3	-4.3	-10.7	68.3%
	Butte	9.0	26.7	-17.7	-8.6	66.3%
	Calaveras	4.0	7.2	-3.2	-7.1	-44.2%
	Colusa	0.0	1.8	-1.8	-8.0	100.0%
	Del Norte	1.0	4.1	-3.1	-11.9	75.4%
	Glenn	2.0	4.7	-2.7	-9.7	57.2%
	Humboldt	10.0	25.8	-15.8	-11.8	61.3%
	Inyo	1.0	2.8	-1.8	-9.4	63.6%
	Lake	4.0	11.5	-7.5	-11.5	65.3%
	Lassen	0.0	1.5	-1.5	-5.5	100.0%
	Mariposa	2.0	3.1	-1.1	-6.4	-34.8%
	Mendocino	3.0	22.0	-19.0	-21.4	86.4%
	Modoc	0.0	0.5	-0.5	-5.5	100.0%
	Mono	0.0	0.9	-0.9	-6.6	100.0%
	Nevada	9.0	24.3	-15.3	-15.3	62.9%
	Plumas	0.0	1.0	-1.0	-5.6	100.0%
	Shasta	9.0	35.3	-26.3	-14.8	74.5%
	Sierra	0.0	0.0	0.0	-1.5	100.0%
	Siskiyou	1.0	6.7	-5.7	-13.6	85.2%
	Sutter	5.0	33.4	-28.4	-28.8	85.0%
	Tehama	1.0	11.2	-10.2	-15.9	91.1%
	Trinity	1.0	2.5	-1.5	-9.5	60.1%
	Tuolumne	3.0	7.5	-4.5	-8.3	59.8%
	Yuba	1.0	12.5	-11.5	-13.6	92.0%
	Region Total	**68.0**	**253.2**	**-185.2**	**-13.3**	**73.1%**
Orange County	Orange	390.0	682.9	-292.9	-9.3	-42.9%

	Region Total	**390.0**	**682.9**	**-292.9**	**-9.3**	**-42.9%**
Sacramento	El Dorado	13.0	49.4	-36.4	-19.5	73.7%
	Placer	56.0	95.2	-39.2	-9.5	-41.2%
	Sacramento	249.0	372.9	-123.9	-7.8	-33.2%
	Yolo	45.0	58.7	-13.7	-6.2	-23.4%
	Region Total	**363.0**	**576.2**	**-213.2**	**-8.8**	**-37.0%**
San Diego Area	Imperial	11.0	32.1	-21.1	-11.6	65.7%
	San Diego	565.0	827.5	-262.5	-7.9	-31.7%
	Region Total	**576.0**	**859.6**	**-283.6**	**-8.1**	**-33.0%**
San Joaquin Valley	Fresno	78.0	170.4	-92.4	-9.1	54.2%
	Kern	51.0	162.1	-111.1	-12.3	68.5%
	Kings	7.0	26.3	-19.3	-12.5	73.4%
	Madera	4.0	26.8	-22.8	-14.2	85.1%
	Merced	7.0	50.5	-43.5	-15.2	86.2%
	San Joaquin	51.0	138.7	-87.7	-11.1	63.2%
	Stanislaus	25.0	89.7	-64.7	-11.9	72.1%
	Tulare	18.0	74.7	-56.7	-11.9	75.9%
	Region Total	**241.0**	**739.3**	**-498.3**	**-11.5**	**67.4%**
Statewide		**5,406.0**	**9,187.8**	**-3,781.8**	**-9.7**	**-41.2%**
Tier 3 Shortage (-50% or more) Tier 2 Shortage (-25% to -50%) Tier 1 Shortage (-5% to -25%)						
Note: Table values are rounded to the first decimal place for display purposes only.						

Figure A-6: Psychiatrists: Supply & Demand Data – Projections



Our model projects that the overall statewide shortage of Psychiatrists will increase from -41.2% to nearly -53.1% by 2033, resulting in a need for 6,216 additional providers to meet the state's demand. At the regional level, all regions are projected to face a shortage of -5% or more, with the Northern & Sierra region facing the highest shortage at -78.7%. At the county level, all 58 counties are projected to face a shortage of -5% or more. By 2033, 10 counties will face a tier 2 shortage (-25% to -50%), and 45 counties will face a tier 3 shortage (-50% or more).

Relative to population size, the Central Coast region is projected to face the largest shortage of providers with a gap of -19.2 per 100k. In contrast, the San Diego Area region is projected to face the lowest regional level shortage at -13.4 per 100k.

In terms of raw provider counts, the LA County region is projected to have the highest region- and county-level shortage at -1,402.6 providers. The Northern & Sierra region is estimated to have the lowest regional level shortage at -251.3 providers, and Modoc County is estimated to have the lowest shortage at -0.4 providers.

Table A-6: Psychiatrists: Supply & Demand Data – Projections

		2025			2033		
Region	**County**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**
Central Coast	Monterey	-35.4	-8.0	-43.5%	-62.7	-13.4	57.2%
	San Benito	-9.0	-13.9	81.8%	-9.6	-14.0	82.8%
	San Luis Obispo	-47.2	-16.8	-41.0%	-64.5	-22.4	-48.3%
	Santa Barbara	-62.3	-13.8	56.5%	-89.2	-19.0	64.5%
	Santa Cruz	-49.7	-19.1	68.4%	-71.1	-27.1	75.5%
	Ventura	-98.0	-11.9	55.4%	-160.0	-19.4	66.4%
	Region Total	**-301.6**	**-13.0**	**53.1%**	**-457.1**	**-19.2**	**62.8%**
Greater Bay Area	Alameda	-136.0	-8.2	-33.9%	-264.9	-15.4	-49.7%
	Contra Costa	-111.1	-9.7	-43.6%	-205.8	-17.4	58.3%
	Marin	-11.4	-4.5	-7.4%	-25.8	-10.2	-15.0%
	Napa	-13.4	-10.0	-18.8%	-19.3	-14.6	-24.7%
	San Francisco	-52.9	-6.2	-11.1%	-73.8	-8.4	-14.6%
	San Mateo	-63.7	-8.5	-25.9%	-116.6	-15.4	-38.5%
	Santa Clara	-154.7	-8.0	-27.4%	-270.9	-13.8	-39.4%
	Solano	-41.4	-9.2	-46.3%	-77.9	-16.2	61.4%
	Sonoma	-50.9	-10.7	-41.1%	-97.1	-20.5	57.1%
	Region Total	**-635.4**	**-8.3**	**-26.7%**	**-1,152.2**	**-14.7**	**-39.4%**
Inland Empire	Riverside	-293.4	-12.0	62.9%	-453.2	-17.7	72.0%
	San Bernardino	-282.1	-12.9	59.6%	-385.6	-16.9	66.4%
	Region Total	**-575.6**	**-12.4**	**61.3%**	**-838.9**	**-17.3**	**69.3%**
LA County	Los Angeles	-795.9	-8.2	-36.4%	-1,402.6	-14.4	-49.8%
	Region Total	**-795.9**	**-8.2**	**-36.4%**	**-1,402.6**	**-14.4**	**-49.8%**
Northern & Sierra	Alpine	0.0	-2.5	100.0%	0.0	-2.5	100.0%
	Amador	-4.3	-10.7	68.3%	-4.6	-10.9	69.8%
	Butte	-17.7	-8.6	66.3%	-35.2	-16.7	79.6%
	Calaveras	-3.2	-7.1	-44.2%	-3.0	-6.9	-42.8%
	Colusa	-1.8	-8.0	100.0%	-1.7	-8.0	100.0%
	Del Norte	-3.1	-11.9	75.4%	-2.9	-11.7	74.3%
	Glenn	-2.7	-9.7	57.2%	-2.5	-9.5	55.6%
	Humboldt	-15.8	-11.8	61.3%	-26.5	-19.5	72.6%
	Inyo	-1.8	-9.4	63.6%	-1.7	-9.3	62.7%
	Lake	-7.5	-11.5	65.3%	-6.8	-11.1	63.1%
	Lassen	-1.5	-5.5	100.0%	-1.3	-5.5	100.0%
	Mariposa	-1.1	-6.4	-34.8%	-0.9	-5.9	-32.1%
	Mendocino	-19.0	-21.4	86.4%	-25.7	-28.8	89.6%
	Modoc	-0.5	-5.5	100.0%	-0.4	-5.5	100.0%
	Mono	-0.9	-6.6	100.0%	-0.8	-6.6	100.0%
	Nevada	-15.3	-15.3	62.9%	-28.5	-29.2	76.0%

	Plumas	-1.0	-5.6	100.0%	-1.0	-5.6	100.0%
	Shasta	-26.3	-14.8	74.5%	-41.5	-24.0	82.2%
	Sierra	0.0	-1.5	100.0%	0.0	-1.5	100.0%
	Siskiyou	-5.7	-13.6	85.2%	-5.4	-13.5	84.5%
	Sutter	-28.4	-28.8	85.0%	-31.8	-30.4	86.4%
	Tehama	-10.2	-15.9	91.1%	-10.4	-16.0	91.2%
	Trinity	-1.5	-9.5	60.1%	-1.5	-9.6	60.7%
	Tuolumne	-4.5	-8.3	59.8%	-4.5	-8.3	59.8%
	Yuba	-11.5	-13.6	92.0%	-12.4	-13.6	92.6%
	Region Total	**-185.2**	**-13.3**	**73.1%**	**-251.3**	**-18.0**	**78.7%**
Orange County	Orange	-292.9	-9.3	-42.9%	-533.6	-16.6	57.3%
	Region Total	**-292.9**	**-9.3**	**-42.9%**	**-533.6**	**-16.6**	**57.3%**
Sacramento	El Dorado	-36.4	-19.5	73.7%	-55.6	-29.1	81.1%
	Placer	-39.2	-9.5	-41.2%	-76.8	-17.2	57.4%
	Sacramento	-123.9	-7.8	-33.2%	-212.4	-12.6	-45.7%
	Yolo	-13.7	-6.2	-23.4%	-23.0	-9.8	-33.3%
	Region Total	**-213.2**	**-8.8**	**-37.0%**	**-367.8**	**-14.3**	**-50.0%**
San Diego Area	Imperial	-21.1	-11.6	65.7%	-31.1	-16.1	73.9%
	San Diego	-262.5	-7.9	-31.7%	-456.4	-13.3	-44.2%
	Region Total	**-283.6**	**-8.1**	**-33.0%**	**-487.5**	**-13.4**	**-45.4%**
San Joaquin Valley	Fresno	-92.4	-9.1	54.2%	-145.6	-13.8	64.5%
	Kern	-111.1	-12.3	68.5%	-156.3	-16.9	75.0%
	Kings	-19.3	-12.5	73.4%	-25.6	-15.8	78.6%
	Madera	-22.8	-14.2	85.1%	-31.8	-19.0	88.8%
	Merced	-43.5	-15.2	86.2%	-56.3	-18.8	88.9%
	San Joaquin	-87.7	-11.1	63.2%	-134.3	-15.9	72.1%
	Stanislaus	-64.7	-11.9	72.1%	-94.5	-17.0	79.1%
	Tulare	-56.7	-11.9	75.9%	-80.5	-16.2	81.7%
	Region Total	**-498.3**	**-11.5**	**67.4%**	**-724.9**	**-16.1**	**74.7%**
Statewide		**-3,781.8**	**-9.7**	**-41.2%**	**-6,216.0**	**-15.5**	**53.1%**

Section B: Model Findings and Projections, Nursing

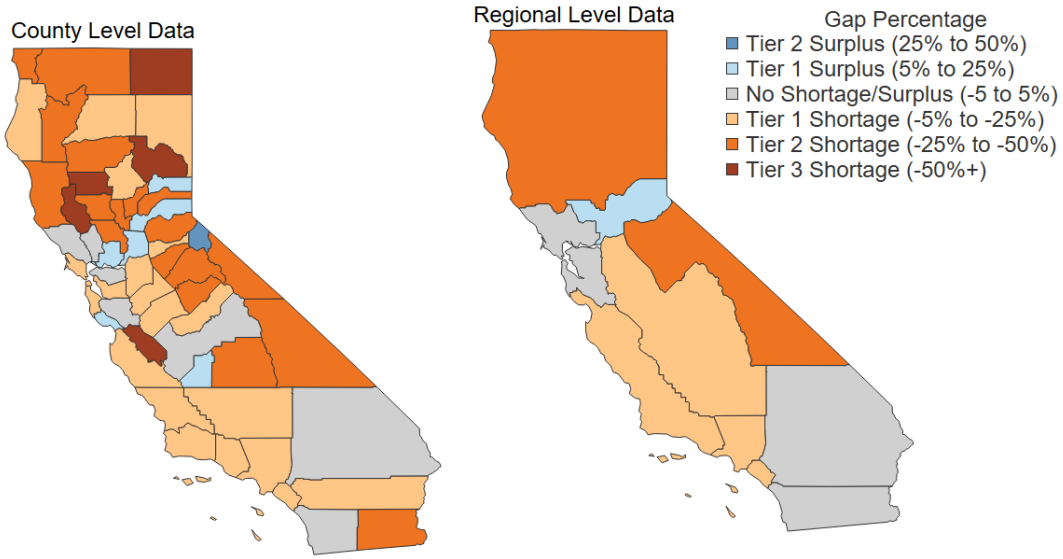
The license types included in the Nursing model were categorized into the following role or role groups based on role similarity and scope of practice: Nurse Anesthetists, Vocational Nurses and Registered Nurses (Registered Nurse, Certified Nurse Specialist, Public Health Nurse, and Psychiatric Mental Health Nurse).

The data presented in this section reflect estimated FTE adjusted counts of *individuals*, rather than total license counts as presented in Sections C-H of this report. Commuting patterns were analyzed for the Registered Nursing role group using a licensee's Address of Record and Primary Practice Address. This allowed us to redistribute individuals who cross county or regional boundaries for work (i.e. live in one county but practice in another), resulting in much more accurate Supply metrics. This is particularly important in urban areas or areas with a high cost of living where commuting is more common (such as the Greater Bay Area). Because of the large sample size needed to perform this analysis, only the Registered Nurse role group received this adjustment. See the HCAI Modeling Methodology for additional details.

Multiple measures of supply and demand are presented below: the raw difference between estimated supply and demand (Supply-Demand Gap), the Gap per 100k (Supply-Demand Gap/(County's Population/100,000)), and the Gap Percentage (Supply-Demand Gap/Demand). Each of these values provides important context to understanding the shortage or surplus of providers within a given area and relative to statewide trends. The raw Supply-Demand Gap indicates the basic difference between the estimated supply and demand and gives a picture of the sheer additional number of providers needed to meet demand. The Gap Percentage illustrates this same shortage on a standardized scale, which allows for direct comparison of severity between geographies and roles. The Gap per 100k provides population context but does not allow for comparison between roles or role groups and does not account for different utilization rates between counties, so comparisons between geographies is unequal. For example, a county may have the highest Gap per 100k without having the highest Gap Percentage.

Supply and Demand projections are provided for the Registered Nursing role group only; future work will include the expansion of our modeling projections to all roles and role groups at the statewide, regional, and county levels.

Figure B-1: Registered Nurse: Supply & Demand Data – 2025



Overall, there is a Tier 1 shortage of Registered Nurses with a gap value of just over -6%, an estimated shortage of nearly 18,763 providers. At the regional level, the Northern & Sierra region is facing the largest shortage, at -25.8%. Seventeen counties in the

Northern & Sierra region are facing a shortage of -25% or more. In contrast, the Sacramento Area region is experiencing the highest regional level surplus at just over 10%, while Alpine County (46.4%) and Sierra County (23.5%) are experiencing the two highest county level surpluses. This combination of shortages and surpluses within the same region suggests an issue with maldistribution among Registered Nursing providers.

Relative to population size, the Northern & Sierra region faces the largest shortage of providers with a gap of -227.5 per 100k and holds the top 10 highest county level shortages statewide. In contrast, the Sacramento Area region faces the highest regional surplus at 81.6 per 100k.

In terms of raw provider counts, Los Angeles County has the highest regional and county level shortage at -8,188.2 providers, more than double the next highest county level shortage. The Sacramento region has the highest regional level surplus with 1,974.3 providers, and Sacramento County has the highest county level surplus at 1,914 providers.

Table B-1: Registered Nurse: Supply & Demand Data – 2025

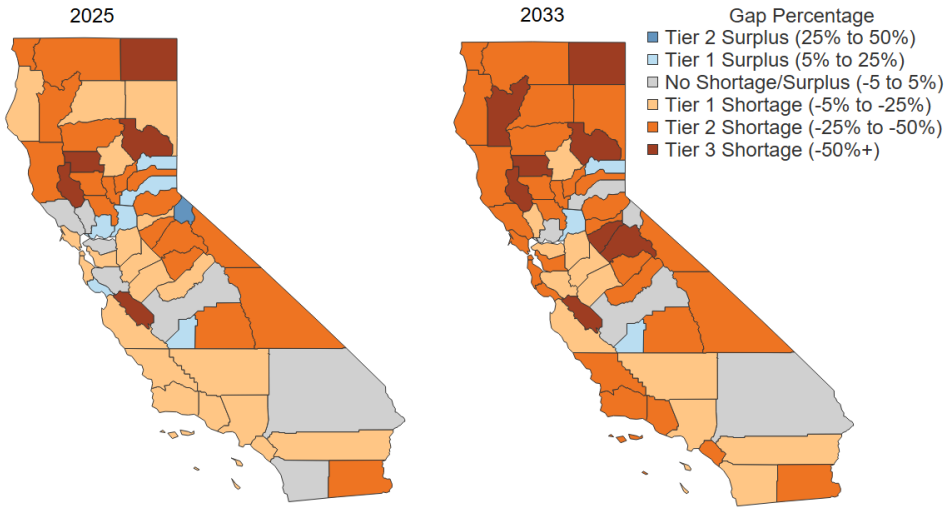
Region	County	Estimated Supply (FTE)	Estimated Demand (FTE)	Supply-Demand Gap	Gap Per 100k Pop	Gap Percentage
Central Coast	Monterey	2,526.0	2,684.5	-158.5	-35.9	-5.9%
	San Benito	118.8	298.7	-179.9	-276.6	60.2%
	San Luis Obispo	2,023.7	2,355.7	-332.0	-118.2	-14.1%
	Santa Barbara	3,046.4	3,510.9	-464.4	-103.1	-13.2%
	Santa Cruz	1,707.7	1,622.5	85.2	32.7	5.3%
	Ventura	4,885.3	5,606.5	-721.2	-87.4	-12.9%
	Region Total	**14,307.9**	**16,078.9**	**-1,770.9**	**-76.2**	**-11.0%**
Greater Bay Area	Alameda	10,607.3	12,497.1	-1,889.8	-114.2	-15.1%
	Contra Costa	7,434.3	7,428.1	6.2	0.5	0.1%
	Marin	1,887.5	2,084.0	-196.5	-77.4	-9.4%
	Napa	1,534.5	1,463.7	70.8	53.0	4.8%
	San Francisco	10,451.3	11,251.9	-800.5	-93.8	-7.1%
	San Mateo	3,814.4	4,330.7	-516.4	-69.1	-11.9%
	Santa Clara	16,681.3	16,645.1	36.3	1.9	0.2%
	Solano	3,608.7	2,978.4	630.3	140.8	21.2%
	Sonoma	3,638.3	3,642.1	-3.9	-0.8	-0.1%
	Region Total	**59,657.7**	**62,321.2**	**-2,663.5**	**-34.9**	**-4.3%**
Inland Empire	Riverside	12,178.2	12,991.9	-813.7	-33.2	-6.3%
	San Bernardino	15,857.9	15,626.3	231.7	10.6	1.5%
	Region Total	**28,036.1**	**28,618.1**	**-582.0**	**-12.5**	**-2.0%**
LA County	Los Angeles	70,337.4	78,525.6	-8,188.2	-84.0	-10.4%
	Region Total	**70,337.4**	**78,525.6**	**-8,188.2**	**-84.0**	**-10.4%**
Northern & Sierra	Alpine	10.0	6.8	3.2	272.3	46.4%
	Amador	257.2	315.9	-58.7	-145.6	-18.6%
	Butte	2,015.9	2,170.4	-154.5	-75.2	-7.1%
	Calaveras	124.0	235.6	-111.6	-251.6	-47.4%
	Colusa	79.3	110.1	-30.8	-140.2	-28.0%
	Del Norte	147.7	243.5	-95.8	-373.1	-39.3%
	Glenn	27.9	152.3	-124.4	-452.5	81.7%

	Humboldt	1,007.5	1,208.1	-200.6	-149.1	-16.6%
	Inyo	124.9	193.7	-68.8	-370.2	-35.5%
	Lake	247.6	551.3	-303.8	-464.6	55.1%
	Lassen	139.0	161.1	-22.1	-82.6	-13.7%
	Mariposa	44.3	75.4	-31.1	-185.5	-41.3%
	Mendocino	516.5	813.2	-296.6	-334.3	-36.5%
	Modoc	26.4	94.6	-68.2	-813.2	72.1%
	Mono	81.8	120.7	-38.9	-295.3	-32.3%
	Nevada	656.2	834.7	-178.5	-179.5	-21.4%
	Plumas	85.3	210.4	-125.1	-676.8	59.4%
	Shasta	1,632.3	2,009.6	-377.3	-212.4	-18.8%
	Sierra	19.8	16.0	3.8	120.8	23.5%
	Siskiyou	232.6	329.9	-97.3	-229.6	-29.5%
	Sutter	226.7	308.9	-82.2	-83.4	-26.6%
	Tehama	227.0	342.3	-115.2	-179.3	-33.7%
	Trinity	39.0	77.0	-38.0	-240.5	-49.4%
	Tuolumne	417.1	704.7	-287.6	-537.4	-40.8%
	Yuba	768.2	1,045.3	-277.0	-326.5	-26.5%
	Region Total	**9,154.5**	**12,331.6**	**-3,177.1**	**-227.5**	**-25.8%**
Orange County	Orange	21,234.1	22,796.7	-1,562.6	-49.7	-6.9%
	Region Total	**21,234.1**	**22,796.7**	**-1,562.6**	**-49.7**	**-6.9%**
Sacramento	El Dorado	813.6	1,066.6	-253.1	-135.6	-23.7%
	Placer	4,698.7	4,031.5	667.2	160.7	16.6%
	Sacramento	14,636.3	12,722.3	1,914.0	119.9	15.0%
	Yolo	684.9	1,038.7	-353.8	-160.4	-34.1%
	Region Total	**20,833.5**	**18,859.2**	**1,974.3**	**81.6**	**10.5%**
San Diego Area	Imperial	734.7	1,025.2	-290.5	-159.2	-28.3%
	San Diego	26,603.3	26,345.8	257.5	7.7	1.0%
	Region Total	**27,337.9**	**27,371.0**	**-33.0**	**-0.9**	**-0.1%**
San Joaquin Valley	Fresno	7,016.8	6,986.4	30.4	3.0	0.4%
	Kern	4,863.0	5,597.0	-734.0	-81.0	-13.1%
	Kings	766.7	717.0	49.7	32.1	6.9%
	Madera	1,280.9	1,571.8	-290.9	-180.7	-18.5%
	Merced	900.2	1,114.5	-214.3	-74.7	-19.2%
	San Joaquin	4,557.9	5,027.3	-469.4	-59.4	-9.3%
	Stanislaus	4,413.5	4,660.9	-247.4	-45.5	-5.3%
	Tulare	2,113.9	2,997.6	-883.6	-184.8	-29.5%
	Region Total	**25,912.9**	**28,672.4**	**-2,759.5**	**-63.6**	**-9.6%**
Statewide		**276,812.0**	**295,574.7**	**-18,762.6**	**-47.9**	**-6.3%**

Tier 1 Shortage (-5% to -25%)
Tier 2 Shortage (-25% to -50%)
Tier 3 Shortage (-50% or more)
No Shortage/Surplus (-5% to 5%)
Tier 1 Surplus (5% to 25%)
Tier 2 Surplus (25% to 50%)
Tier 3 Surplus (50% or more)

Note: Table values are rounded to the first decimal place for display purposes only.

Figure B-2: Registered Nurse: Supply & Demand – Projections



Our model projects that the overall statewide shortage of Registered Nurses will increase from -6.3% to nearly -17% by 2033, resulting in a need for 61,141 additional providers to meet the state's demand. At the regional level, all regions except the Sacramento Area are projected to face a shortage of -5% or more, with the Northern & Sierra region facing the highest shortage at -38.2%. At the county level, 51 counties are projected to face a shortage of -5% or more, with the counties within the Northern & Sierra region impacted the most. By 2033, 15 counties will face a tier 2 shortage (-25% to -50%), and seven counties will face a tier 3 shortage (-50% or more). Only three counties statewide are projected to have a surplus of providers by 2033.

Relative to population size, the Northern & Sierra region is projected to face the largest shortage of providers with a gap of -445.3 per 100k, nearly twice that of the next highest regional shortage, and have 18 of the top 20 highest county level shortages. In contrast, the Sacramento Area region is projected to face the lowest regional level shortage at -16.5 per 100k.

In terms of raw provider counts, the Greater Bay Area is projected to surpass Los Angeles County for the highest regional shortage at -17,628 providers. However, Los Angeles County will still maintain the highest county level shortage at -17,357.7 providers. The Sacramento Area region is estimated to have the lowest regional level shortage at -422.1 providers, and Sacramento County is estimated to have the highest county level surplus at 937.7 providers.

Table B-2: Registered Nurse: Supply & Demand Data – Projections

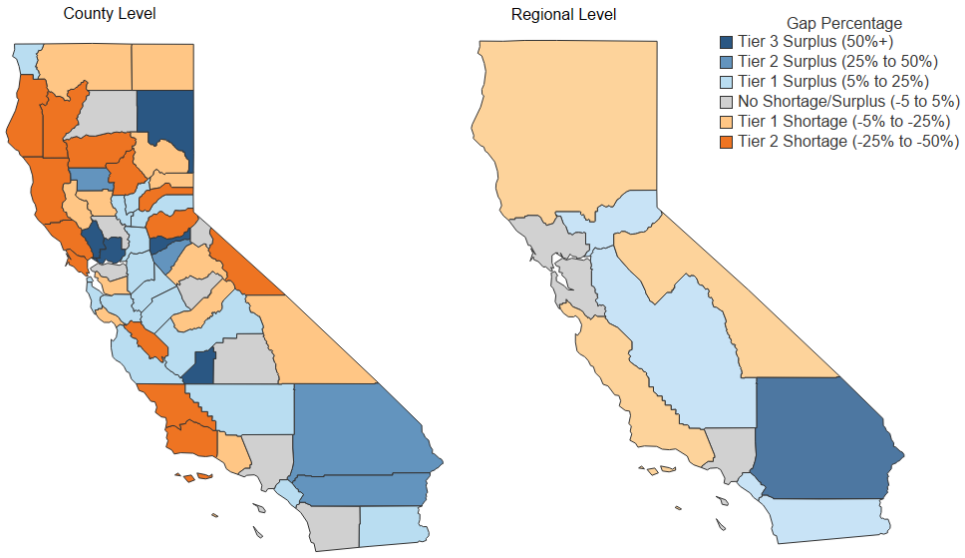
		2023			2033		
Region	**County**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**
Central Coast	Monterey	-158.5	-35.9	-5.9%	-552.8	-118.4	-16.6%
	San Benito	-179.9	-276.6	60.2%	-242.5	-353.6	64.9%
	San Luis Obispo	-332.0	-118.2	-14.1%	-952.2	-330.9	-29.9%
	Santa Barbara	-464.4	-103.1	-13.2%	-996.3	-211.7	-22.9%
	Santa Cruz	85.2	32.7	5.3%	-505.6	-192.6	-21.2%
	Ventura	-721.2	-87.4	-12.9%	-1,874.1	-226.9	-25.8%
	Region Total	**-1,770.9**	**-76.2**	**-11.0%**	**-5,123.6**	**-215.0**	**-24.5%**
Greater Bay Area	Alameda	-1,889.8	-114.2	-15.1%	-5,541.4	-322.8	-32.2%
	Contra Costa	6.2	0.5	0.1%	-1,826.2	-154.5	-18.3%
	Marin	-196.5	-77.4	-9.4%	-1,235.1	-490.2	-37.4%
	Napa	70.8	53.0	4.8%	-153.2	-115.6	-8.3%
	San Francisco	-800.5	-93.8	-7.1%	-2,965.7	-337.1	-20.6%
	San Mateo	-516.4	-69.1	-11.9%	-2,279.9	-301.8	-35.3%
	Santa Clara	36.3	1.9	0.2%	-2,634.7	-134.0	-12.6%
	Solano	630.3	140.8	21.2%	125.0	26.0	3.2%
	Sonoma	-3.9	-0.8	-0.1%	-1,116.7	-235.7	-21.8%

	Region Total	**-2,663.5**	**-34.9**	**-4.3%**	**-17,628.0**	**-224.9**	**-21.2%**
Inland Empire	Riverside	-813.7	-33.2	-6.3%	-2,323.6	-90.6	-14.7%
	San Bernardino	231.7	10.6	1.5%	324.6	14.3	1.9%
	Region Total	**-582.0**	**-12.5**	**-2.0%**	**-1,999.0**	**-41.3**	**-6.1%**
LA County	Los Angeles	-8,188.2	-84.0	-10.4%	-17,357.7	-178.5	-18.3%
	Region Total	**-8,188.2**	**-84.0**	**-10.4%**	**-17,357.7**	**-178.5**	**-18.3%**
Northern & Sierra	Alpine	3.2	272.3	46.4%	0.3	29.0	3.2%
	Amador	-58.7	-145.6	-18.6%	-189.6	-447.7	-40.0%
	Butte	-154.5	-75.2	-7.1%	-529.4	-251.5	-19.3%
	Calaveras	-111.6	-251.6	-47.4%	-298.9	-690.9	68.7%
	Colusa	-30.8	-140.2	-28.0%	-59.1	-272.0	-40.5%
	Del Norte	-95.8	-373.1	-39.3%	-146.9	-597.8	-47.4%
	Glenn	-124.4	-452.5	81.7%	-176.2	-665.3	85.1%
	Humboldt	-200.6	-149.1	-16.6%	-473.2	-348.2	-30.0%
	Inyo	-68.8	-370.2	-35.5%	-74.6	-412.2	-35.2%
	Lake	-303.8	-464.6	55.1%	-480.1	-780.3	63.7%
	Lassen	-22.1	-82.6	-13.7%	-73.1	-303.6	-32.3%
	Mariposa	-31.1	-185.5	-41.3%	-24.3	-150.7	-33.1%
	Mendocino	-296.6	-334.3	-36.5%	-488.4	-547.9	-46.2%
	Modoc	-68.2	-813.2	72.1%	-69.8	-887.6	70.5%
	Mono	-38.9	-295.3	-32.3%	-77.4	-614.8	-46.4%
	Nevada	-178.5	-179.5	-21.4%	-592.0	-606.1	-45.1%
	Plumas	-125.1	-676.8	59.4%	-226.9	-1,313.5	70.7%
	Shasta	-377.3	-212.4	-18.8%	-690.8	-400.4	-27.7%
	Sierra	3.8	120.8	23.5%	2.8	93.3	14.7%
	Siskiyou	-97.3	-229.6	-29.5%	-234.0	-579.0	-47.8%
	Sutter	-82.2	-83.4	-26.6%	-153.8	-147.1	-38.1%
	Tehama	-115.2	-179.3	-33.7%	-224.8	-345.9	-47.3%
	Trinity	-38.0	-240.5	-49.4%	-62.0	-385.9	59.0%
	Tuolumne	-287.6	-537.4	-40.8%	-520.3	-972.7	53.2%
	Yuba	-277.0	-326.5	-26.5%	-357.0	-391.5	-29.6%
	Region Total	**-3,177.1**	**-227.5**	**-25.8%**	**-6,219.4**	**-445.3**	**-38.2%**
Orange County	Orange	-1,562.6	-49.7	-6.9%	-6,038.9	-187.8	-20.5%
	Region Total	**-1,562.6**	**-49.7**	**-6.9%**	**-6,038.9**	**-187.8**	**-20.5%**
Sacramento Area	El Dorado	-253.1	-135.6	-23.7%	-825.2	-431.5	-47.9%
	Placer	667.2	160.7	16.6%	81.5	18.3	1.6%
	Sacramento	1,914.0	119.9	15.0%	937.7	55.4	6.2%
	Yolo	-353.8	-160.4	-34.1%	-616.1	-262.2	-44.9%
	Region Total	**1,974.3**	**81.6**	**10.5%**	**-422.1**	**-16.5**	**-1.8%**
San Diego Area	Imperial	-290.5	-159.2	-28.3%	-398.8	-205.9	-32.9%
	San Diego	257.5	7.7	1.0%	-2,782.1	-81.0	-8.7%
	Region Total	**-33.0**	**-0.9**	**-0.1%**	**-3,180.8**	**-87.7**	**-9.6%**
San Joaquin Valley	Fresno	30.4	3.0	0.4%	-109.9	-10.4	-1.4%
	Kern	-734.0	-81.0	-13.1%	-656.2	-70.8	-10.9%
	Kings	49.7	32.1	6.9%	74.1	45.7	9.6%
	Madera	-290.9	-180.7	-18.5%	-369.7	-220.3	-20.8%
	Merced	-214.3	-74.7	-19.2%	-191.1	-63.9	-16.1%
	San Joaquin	-469.4	-59.4	-9.3%	-616.5	-72.8	-10.9%
	Stanislaus	-247.4	-45.5	-5.3%	-418.3	-75.2	-7.9%
	Tulare	-883.6	-184.8	-29.5%	-884.1	-177.9	-27.5%
	Region Total	**-2,759.5**	**-63.6**	**-9.6%**	**-3,171.7**	**-70.3**	**-10.0%**
Statewide		**-18,762.6**	**-47.9**	**-6.3%**	**-61,141.1**	**-152.5**	**-16.7%**

Tier 1 Shortage (-5% to -25%)
Tier 2 Shortage (-25% to -50%)
Tier 3 Shortage (-50% or more)
No Shortage/Surplus (-5% to 5%)
Tier 1 Surplus (5% to 25%)
Tier 2 Surplus (25% to 50%)
Tier 3 Surplus (50% or more)

Note: Table values are rounded to the first decimal place for display purposes only.

Figure B-3: Vocational Nurse: Supply & Demand Data – 2025



Overall, the statewide surplus of Vocational Nurses is just at 6.5%, an estimated surplus of 4,422 providers. At the regional level, the Central Coast and Northern & Sierra regions are facing the largest shortages, at -13.6% and -6.5% respectively. Three counties within the Central Coast region are facing a shortage of -25% or more, while five counties in the Northern & Sierra region are facing a shortage of -25% or more. In contrast, the Inland Empire region is experiencing the highest regional level surplus at just under 43%, while Lassen County is experiencing the highest county level surplus at more than 200%. This combination of extreme shortages and extreme surpluses within the same region, as well as between regions, suggests an issue with maldistribution among Vocational Nursing providers.

Relative to population size, the Central Coast region faces the largest shortage of providers with a gap of -20.4 per 100k, while the Northern & Sierra region holds the six highest county level shortages statewide. In contrast, the Inland Empire region is experiencing the highest regional surplus at 69.6 per 100k.

In terms of raw provider counts, Los Angeles County has the highest regional and county level shortages at -469 providers, nearly double the next highest county level shortage. The Inland Empire region has the highest regional level surplus with 3,231 providers, while San Bernardino County has the highest county level surplus at 1,620 providers.

Table B-3: Vocational Nurse: Supply & Demand Data – 2025

Region	County	Estimated Supply (FTE)	Estimated Demand (FTE)	Supply-Demand Gap	Gap Per 100k Pop	Gap Percentage
Central Coast	Monterey	565.9	524.5	41.4	9.4	7.9%
	San Benito	33.5	47.6	-14.2	-21.8	-29.7%
	San Luis Obispo	333.9	466.2	-132.3	-47.1	-28.4%
	Santa Barbara	561.7	763.9	-202.2	-44.9	-26.5%
	Santa Cruz	243.7	298.5	-54.8	-21.0	-18.4%
	Ventura	1,259.5	1,371.3	-111.8	-13.6	-8.2%
	Region Total	**2,998.3**	**3,472.2**	**-473.9**	**-20.4**	**-13.6%**
Greater Bay Area	Alameda	2,353.3	2,649.8	-296.5	-17.9	-11.2%
	Contra Costa	1,757.6	1,695.6	62.1	5.4	3.7%
	Marin	314.0	410.7	-96.7	-38.1	-23.5%
	Napa	261.0	158.1	102.9	77.0	65.1%
	San Francisco	1,041.2	953.3	87.9	10.3	9.2%
	San Mateo	963.2	895.8	67.4	9.0	7.5%

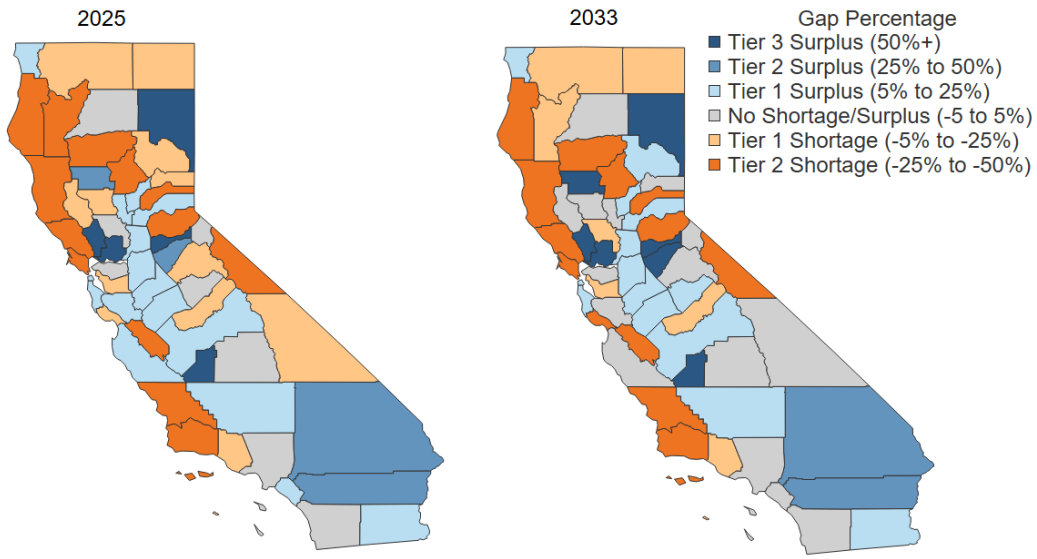
	Santa Clara	2,596.9	2,408.6	188.2	9.8	7.8%
	Solano	756.4	433.4	323.0	72.2	74.5%
	Sonoma	536.2	702.5	-166.4	-34.9	-23.7%
	Region Total	**10,579.7**	**10,307.8**	**271.9**	**3.6**	**2.6%**
Inland Empire	Riverside	5,134.0	3,523.1	1,610.9	65.7	45.7%
	San Bernardino	5,628.2	4,008.1	1,620.0	73.9	40.4%
	Region Total	**10,762.2**	**7,531.2**	**3,231.0**	**69.6**	**42.9%**
LA County	Los Angeles	22,935.0	23,404.1	-469.0	-4.8	-2.0%
	Region Total	**22,935.0**	**23,404.1**	**-469.0**	**-4.8**	**-2.0%**
Northern & Sierra	Alpine	1.0	1.0	0.0	0.3	0.3%
	Amador	70.9	35.0	35.9	89.1	102.6%
	Butte	394.3	503.6	-109.3	-53.2	-21.7%
	Calaveras	67.7	46.3	21.4	48.2	46.2%
	Colusa	53.4	59.6	-6.2	-28.3	-10.4%
	Del Norte	77.3	68.4	8.9	34.6	13.0%
	Glenn	85.1	58.8	26.3	95.6	44.7%
	Humboldt	112.0	182.9	-70.9	-52.7	-38.8%
	Inyo	46.9	52.0	-5.1	-27.5	-9.8%
	Lake	104.0	122.8	-18.8	-28.8	-15.3%
	Lassen	99.0	30.5	68.5	255.9	200+%*
	Mariposa	30.7	29.4	1.3	8.0	4.6%
	Mendocino	107.4	163.3	-55.9	-63.0	-34.2%
	Modoc	24.9	30.4	-5.5	-65.1	-18.0%
	Mono	7.0	13.8	-6.8	-51.5	-49.3%
	Nevada	128.4	162.2	-33.7	-33.9	-20.8%
	Plumas	67.6	73.3	-5.7	-30.7	-7.7%
	Shasta	559.4	543.8	15.6	8.8	2.9%
	Sierra	4.0	4.3	-0.3	-10.4	-7.5%
	Siskiyou	73.6	87.8	-14.2	-33.5	-16.2%
	Sutter	193.5	180.7	12.8	13.0	7.1%
	Tehama	53.5	86.3	-32.8	-51.0	-38.0%
	Trinity	13.5	18.1	-4.6	-28.8	-25.2%
	Tuolumne	110.0	123.5	-13.6	-25.3	-11.0%
	Yuba	89.7	75.2	14.5	17.1	19.3%
	Region Total	**2,574.9**	**2,753.0**	**-178.1**	**-12.7**	**-6.5%**
Orange County	Orange	5,837.4	5,542.2	295.2	9.4	5.3%
	Region Total	**5,837.4**	**5,542.2**	**295.2**	**9.4**	**5.3%**
Sacramento	El Dorado	126.7	190.6	-63.9	-34.3	-33.5%
	Placer	686.4	572.5	113.9	27.4	19.9%
	Sacramento	2,624.3	2,208.5	415.8	26.0	18.8%
	Yolo	212.6	219.9	-7.3	-3.3	-3.3%
	Region Total	**3,650.0**	**3,191.5**	**458.5**	**19.0**	**14.4%**
San Diego Area	Imperial	290.8	228.8	62.0	34.0	27.1%
	San Diego	5,161.8	4,964.2	197.7	5.9	4.0%
	Region Total	**5,452.7**	**5,193.0**	**259.7**	**7.4**	**5.0%**

San Joaquin Valley	Fresno	2,121.6	1,761.4	360.2	35.4	20.4%
	Kern	1,614.2	1,403.9	210.3	23.2	15.0%
	Kings	324.0	153.2	170.8	110.2	111.5%
	Madera	187.9	214.5	-26.6	-16.5	-12.4%
	Merced	420.2	350.8	69.4	24.2	19.8%
	San Joaquin	1,369.6	1,222.2	147.5	18.6	12.1%
	Stanislaus	1,147.5	1,059.8	87.6	16.1	8.3%
	Tulare	853.5	846.2	7.3	1.5	0.9%
	Region Total	**8,038.6**	**7,012.1**	**1,026.5**	**23.7**	**14.6%**
Statewide		**72,828.8**	**68,407.0**	**4,421.8**	**11.3**	**6.5%**

Tier 1 Shortage (-5% to -25%) | No Shortage/Surplus (-5% to 5%) | Tier 1 Surplus (5% to 25%)
Tier 2 Shortage (-25% to -50%) | Tier 2 Surplus (25% to 50%)
Tier 3 Shortage (-50% or more) | Tier 3 Surplus (50% or more)

*Surplus percentages are capped at 200%.
Note: Table values are rounded to the first decimal place for display purposes only.

Figure B-4: Vocational Nurse: Supply & Demand Data – Projections



Our model projects that the overall statewide surplus of Vocational Nurses will decrease from 6.5% to 4.9% by 2033, resulting in a small surplus of 3,623.7 providers. At the regional level, only the Central Coast is projected to face a shortage of -5% or more. At the county level, 20 counties are projected to face a shortage of -5% or more, with the counties within the Central Coast region impacted the most. By 2033, 9 counties will face a tier 2 shortage (-25% to -50%), and no counties will face a tier 3 shortage (-50% or more). Twenty-two counties statewide are projected to have a surplus of providers by 2033.

Relative to population size, the Central Coast is the only region projected to face a shortage of providers with a gap of -24.2 per 100k. In contrast, the Inland Empire region is projected to have the highest regional level surplus at -67.1 per 100k.

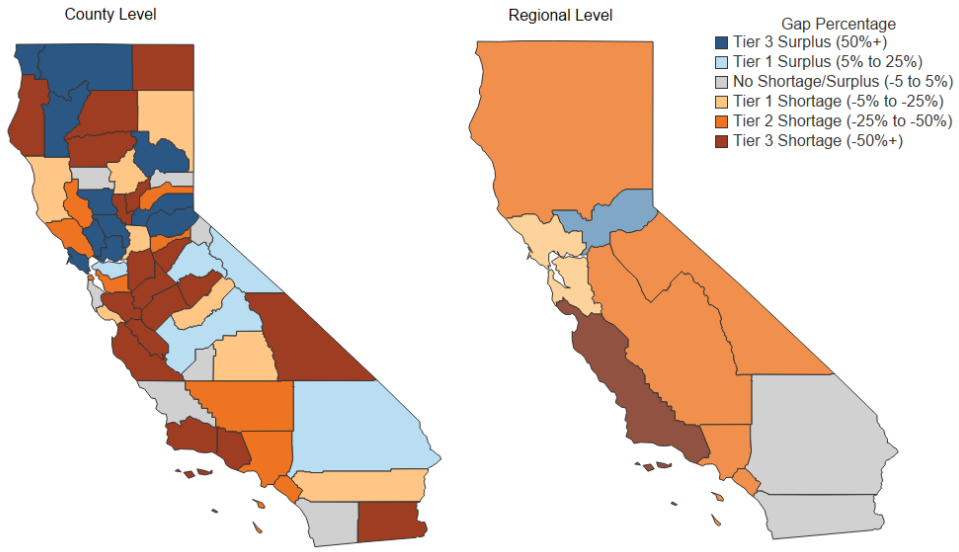
In terms of raw provider counts, the Central Coast is projected to have the highest regional shortage at -575.8 providers. However, Los Angeles County is projected to have highest county level shortage at -627.1 providers. The Inland Empire region is estimated to have the highest regional level surplus at 3,246.6 providers, and San Bernardino County is estimated to have the highest county level surplus at 1,660 providers.

Table B-4: Vocational Nurse: Supply & Demand Data – Projections

		2025			2033		
Region	**County**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**
Central Coast	Monterey	41.4	9.4	7.9%	28.4	6.1	4.9%
	San Benito	-14.2	-21.8	-29.7%	-14.5	-21.1	-28.8%
	San Luis Obispo	-132.3	-47.1	-28.4%	-157.7	-54.8	-30.6%
	Santa Barbara	-202.2	-44.9	-26.5%	-230.0	-48.9	-27.7%
	Santa Cruz	-54.8	-21.0	-18.4%	-72.5	-27.6	-21.7%
	Ventura	-111.8	-13.6	-8.2%	-129.6	-15.7	-8.8%
	Region Total	**-473.9**	**-20.4**	**-13.6%**	**-575.8**	**-24.2**	**-15.2%**
Greater Bay Area	Alameda	-296.5	-17.9	-11.2%	-368.3	-21.5	-12.8%
	Contra Costa	62.1	5.4	3.7%	40.6	3.4	2.2%
	Marin	-96.7	-38.1	-23.5%	-107.5	-42.7	-24.3%
	Napa	102.9	77.0	65.1%	108.5	81.9	63.6%
	San Francisco	87.9	10.3	9.2%	63.6	7.2	6.1%
	San Mateo	67.4	9.0	7.5%	59.8	7.9	6.2%
	Santa Clara	188.2	9.8	7.8%	113.3	5.8	4.3%
	Solano	323.0	72.2	74.5%	321.9	67.0	66.0%
	Sonoma	-166.4	-34.9	-23.7%	-192.2	-40.6	-25.1%
	Region Total	**271.9**	**3.6**	**2.6%**	**39.8**	**0.5**	**0.4%**
Inland Empire	Riverside	1,610.9	65.7	45.7%	1,586.6	61.8	40.6%
	San Bernardino	1,620.0	73.9	40.4%	1,660.0	72.9	38.1%
	Region Total	**3,231.0**	**69.6**	**42.9%**	**3,246.6**	**67.1**	**39.3%**
LA County	Los Angeles	-469.0	-4.8	-2.0%	-627.1	-6.4	-2.5%
	Region Total	**-469.0**	**-4.8**	**-2.0%**	**-627.1**	**-6.4**	**-2.5%**
Northern & Sierra	Alpine	0.0	0.3	0.3%	0.0	-0.7	-0.8%
	Amador	35.9	89.1	102.6%	39.6	93.5	107.7%
	Butte	-109.3	-53.2	-21.7%	-120.6	-57.3	-22.2%
	Calaveras	21.4	48.2	46.2%	27.3	63.0	60.3%
	Colusa	-6.2	-28.3	-10.4%	-1.0	-4.6	-1.7%
	Del Norte	8.9	34.6	13.0%	17.1	69.7	26.2%
	Glenn	26.3	95.6	44.7%	34.1	128.9	60.2%
	Humboldt	-70.9	-52.7	-38.8%	-78.5	-57.8	-39.4%
	Inyo	-5.1	-27.5	-9.8%	-0.7	-3.9	-1.4%
	Lake	-18.8	-28.8	-15.3%	-4.0	-6.5	-3.4%
	Lassen	68.5	255.9	200+%*	78.6	326.4	200+%*
	Mariposa	1.3	8.0	4.6%	4.3	26.6	15.2%
	Mendocino	-55.9	-63.0	-34.2%	-61.2	-68.7	-34.7%
	Modoc	-5.5	-65.1	-18.0%	-2.0	-26.0	-7.2%
	Mono	-6.8	-51.5	-49.3%	-5.2	-41.0	-39.2%
	Nevada	-33.7	-33.9	-20.8%	-36.3	-37.1	-20.9%
	Plumas	-5.7	-30.7	-7.7%	4.1	23.5	5.9%
	Shasta	15.6	8.8	2.9%	20.5	11.9	3.6%
	Sierra	-0.3	-10.4	-7.5%	-0.1	-4.6	-3.3%
	Siskiyou	-14.2	-33.5	-16.2%	-5.7	-14.0	-6.8%
	Sutter	12.8	13.0	7.1%	8.8	8.4	4.5%

	Tehama	-32.8	-51.0	-38.0%	-29.9	-46.0	-34.3%
	Trinity	-4.6	-28.8	-25.2%	-3.7	-22.8	-20.0%
	Tuolumne	-13.6	-25.3	-11.0%	-5.2	-9.7	-4.2%
	Yuba	14.5	17.1	19.3%	15.0	16.4	18.6%
	Region Total	**-178.1**	**-12.7**	**-6.5%**	**-104.7**	**-7.5**	**-3.7%**
Orange County	Orange	295.2	9.4	5.3%	226.2	7.0	3.8%
	Region Total	**295.2**	**9.4**	**5.3%**	**226.2**	**7.0**	**3.8%**
Sacramento	El Dorado	-63.9	-34.3	-33.5%	-74.9	-39.2	-35.6%
	Placer	113.9	27.4	19.9%	110.4	24.8	17.7%
	Sacramento	415.8	26.0	18.8%	367.8	21.7	15.1%
	Yolo	-7.3	-3.3	-3.3%	-30.5	-13.0	-11.8%
	Region Total	**458.5**	**19.0**	**14.4%**	**372.8**	**14.5**	**10.6%**
San Diego Area	Imperial	62.0	34.0	27.1%	57.7	29.8	22.8%
	San Diego	197.7	5.9	4.0%	84.3	2.5	1.6%
	Region Total	**259.7**	**7.4**	**5.0%**	**142.1**	**3.9**	**2.5%**
San Joaquin Valley	Fresno	360.2	35.4	20.4%	343.6	32.5	17.8%
	Kern	210.3	23.2	15.0%	173.2	18.7	11.1%
	Kings	170.8	110.2	111.5%	174.0	107.3	100.5%
	Madera	-26.6	-16.5	-12.4%	-35.0	-20.9	-14.8%
	Merced	69.4	24.2	19.8%	52.1	17.4	13.1%
	San Joaquin	147.5	18.6	12.1%	125.0	14.8	9.3%
	Stanislaus	87.6	16.1	8.3%	77.7	14.0	6.8%
	Tulare	7.3	1.5	0.9%	-6.7	-1.3	-0.7%
	Region Total	**1,026.5**	**23.7**	**14.6%**	**903.9**	**20.0**	**11.7%**
Statewide		**4,421.8**	**11.3**	**6.5%**	**3,623.7**	**9.0**	**4.9%**

Figure B-5: Nurse Anesthetist: Supply & Demand Data – 2025



Overall, the statewide shortage of Nurse Anesthetists is -20.5%, an estimated shortage of 441 providers. Four regions are facing a tier 2 shortage (-25% to -50%), and one region is facing a tier 3 shortage (-50% or more). Four of the six counties within the Central Coast region are facing a shortage of -50% or more, with San Benito County facing one of the highest county level shortages statewide (-100%). In contrast, the Sacramento Area region is experiencing the highest regional level surplus at just over 23%, while the Northern & Sierra region has the top four county level surpluses as well as six counties with a shortage of -100%. This combination

of extreme shortages and extreme surpluses within the same region, as well as between neighboring regions, suggests an issue with maldistribution among Nurse Anesthetist providers.

Relative to population size, the Central Coast region faces the largest shortage of providers with a gap of -2.8 per 100k, while Shasta County holds the highest county level shortage at -6.6 per 100k. In contrast, the Sacramento Area region is experiencing the highest regional surplus of providers at 1.3 per 100k, and Siskiyou County has the highest county level surplus at 20.6 per 100k.

In terms of raw provider counts, Los Angeles County has the highest regional and county level shortages at -170.1 providers. The Sacramento Area region has the highest regional level surplus with 30.4 providers, while San Bernardino County has the highest county level surplus at 16.9 providers.

Table B-5: Nurse Anesthetist: Supply & Demand Data – 2025

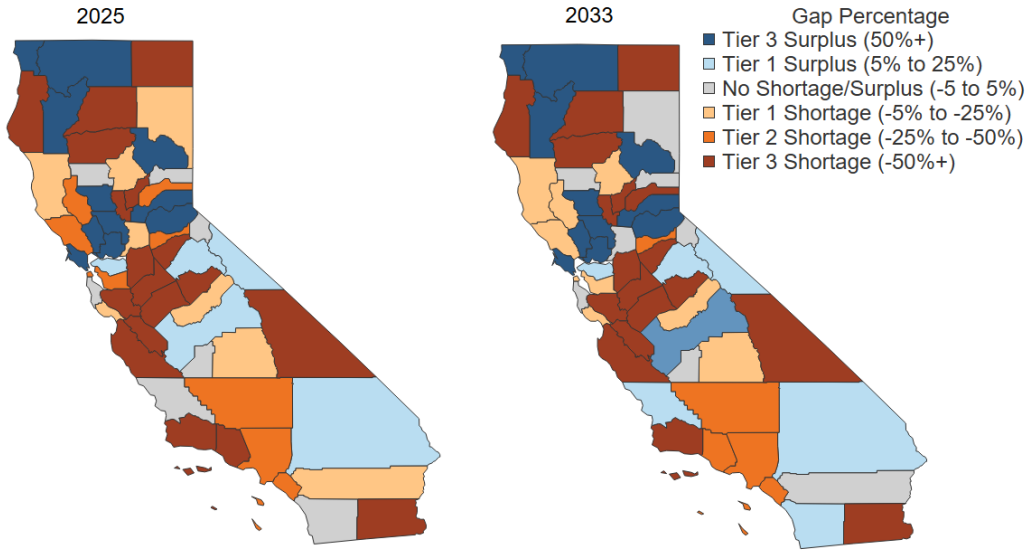
Region	County	Estimated Supply (FTE)	Estimated Demand (FTE)	Supply-Demand Gap	Gap Per 100k Pop	Gap Percentage
Central Coast	Monterey	3.0	18.2	-15.2	-3.4	83.5%
	San Benito	0.0	0.6	-0.6	-1.0	100.0%
	San Luis Obispo	18.0	17.9	0.1	0.0	0.6%
	Santa Barbara	6.0	26.6	-20.6	-4.6	77.5%
	Santa Cruz	9.0	11.2	-2.2	-0.8	-19.4%
	Ventura	26.0	52.2	-26.2	-3.2	50.2%
	Region Total	**62.0**	**126.8**	**-64.8**	**-2.8**	**51.1%**
Greater Bay Area	Alameda	65.0	86.1	-21.1	-1.3	-24.5%
	Contra Costa	66.0	56.8	9.2	0.8	16.2%
	Marin	22.0	12.3	9.7	3.8	78.2%
	Napa	11.0	5.0	6.0	4.5	121.6%
	San Francisco	54.0	67.8	-13.8	-1.6	-20.3%
	San Mateo	34.0	35.3	-1.3	-0.2	-3.8%
	Santa Clara	51.0	129.8	-78.8	-4.1	60.7%
	Solano	37.0	21.8	15.2	3.4	69.5%
	Sonoma	18.0	23.3	-5.3	-1.1	-22.9%
	Region Total	**358.0**	**438.3**	**-80.3**	**-1.1**	**-18.3%**
Inland Empire	Riverside	96.0	104.8	-8.8	-0.4	-8.4%
	San Bernardino	114.0	97.1	16.9	0.8	17.4%
	Region Total	**210.0**	**201.9**	**8.1**	**0.2**	**4.0%**
LA County	Los Angeles	390.0	560.1	-170.1	-1.7	-30.4%
	Region Total	**390.0**	**560.1**	**-170.1**	**-1.7**	**-30.4%**
Northern & Sierra	Alpine	0.0	0.0	0.0	0.0	0.0%
	Amador	1.0	1.4	-0.4	-0.9	-27.2%
	Butte	12.0	14.7	-2.7	-1.3	-18.3%
	Calaveras	0.0	0.4	-0.4	-0.9	100.0%
	Colusa	1.0	0.0	1.0	4.5	200+%*
	Del Norte	1.0	0.5	0.5	2.0	100.7%
	Glenn	0.0	0.0	0.0	0.0	0.0%
	Humboldt	1.0	5.1	-4.1	-3.1	80.5%
	Inyo	0.0	0.3	-0.3	-1.8	100.0%

	Lake	1.0	1.3	-0.3	-0.4	-21.1%
	Lassen	1.0	1.1	-0.1	-0.5	-11.4%
	Mariposa	0.0	0.8	-0.8	-4.9	100.0%
	Mendocino	5.0	6.2	-1.2	-1.3	-19.1%
	Modoc	0.0	0.0	0.0	-0.4	100.0%
	Mono	1.0	0.9	0.1	0.9	13.6%
	Nevada	2.0	3.8	-1.8	-1.8	-47.7%
	Plumas	1.0	0.1	0.9	4.8	200+%*
	Shasta	3.0	14.6	-11.6	-6.6	79.5%
	Sierra	0.0	0.0	0.0	0.0	0.0%
	Siskiyou	10.0	1.3	8.7	20.6	200+%*
	Sutter	1.0	3.8	-2.8	-2.9	73.9%
	Tehama	0.0	2.0	-2.0	-3.1	100.0%
	Trinity	1.0	0.0	1.0	6.3	200+%*
	Tuolumne	4.0	3.5	0.5	0.9	12.9%
	Yuba	0.0	2.0	-2.0	-2.4	100.0%
	Region Total	**46.0**	**64.0**	**-18.0**	**-1.3**	**-28.1%**
Orange County	Orange	161.0	239.8	-78.8	-2.5	-32.9%
	Region Total	**161.0**	**239.8**	**-78.8**	**-2.5**	**-32.9%**
Sacramento	El Dorado	21.0	6.1	14.9	8.0	200+%*
	Placer	40.0	26.0	14.0	3.4	53.6%
	Sacramento	86.0	91.8	-5.8	-0.4	-6.3%
	Yolo	14.0	6.6	7.4	3.3	110.6%
	Region Total	**161.0**	**130.6**	**30.4**	**1.3**	**23.3%**
San Diego Area	Imperial	1.0	5.4	-4.4	-2.4	81.5%
	San Diego	173.0	173.3	-0.3	0.0	-0.1%
	Region Total	**174.0**	**178.7**	**-4.7**	**-0.1**	**-2.6%**
San Joaquin Valley	Fresno	72.0	60.4	11.6	1.1	19.1%
	Kern	26.0	42.1	-16.1	-1.8	-38.2%
	Kings	3.0	3.0	0.0	0.0	0.2%
	Madera	7.0	8.3	-1.3	-0.8	-15.2%
	Merced	1.0	10.5	-9.5	-3.3	90.5%
	San Joaquin	12.0	27.7	-15.7	-2.0	56.7%
	Stanislaus	8.0	36.1	-28.1	-5.2	77.8%
	Tulare	18.0	21.2	-3.2	-0.7	-14.9%
	Region Total	**147.0**	**209.3**	**-62.3**	**-1.4**	**-29.8%**
Statewide		**1,709.0**	**2,149.5**	**-440.5**	**-1.1**	**-20.5%**

Tier 1 Shortage (-5% to -25%)
Tier 2 Shortage (-25% to -50%)
Tier 3 Shortage (-50% or more)
No Shortage/Surplus (-5% to 5%)
Tier 1 Surplus (5% to 25%)
Tier 2 Surplus (25% to 50%)
Tier 3 Surplus (50% or more)

*Surplus percentages are capped at 200%.
Note: Table values are rounded to the first decimal place for display purposes only.

Figure B-6: Nurse Anesthetist: Supply & Demand Data – Projections



Our model projects that the overall statewide shortage of Nurse Anesthetists will decrease from -20.5% to -11.5% by 2033, resulting in a need for 258.4 additional providers to meet the state's demand. At the regional level, six regions are projected to face a shortage of -5% or more, with the Central Coast region facing the highest shortage at -44.8%. At the county level, 32 counties are projected to face a shortage of -5% or more. By 2033, 3 counties will face a tier 2 shortage (-25% to -50%), and 18 counties will face a tier 3 shortage (-50% or more). Thirteen counties statewide are projected to have a surplus of providers by 2033.

Relative to population size, the Central Coast region is projected to face the largest shortage of providers with a gap of -2.5 per 100k. In contrast, the Sacramento Area region is projected to face the highest regional level surplus at 2 providers per 100k.

In terms of raw provider counts, the LA County region is projected to have the highest region- and county-level shortage at -125.9 providers. The Sacramento Area region is estimated to have the highest regional level surplus at 51.9 providers, and San Bernardino County is estimated to have the highest county level surplus at 28.5 providers.

Table B-6: Nurse Anesthetist: Supply & Demand Data – Projections

		2025			2033		
Region	**County**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**
Central Coast	Monterey	-15.2	-3.4	83.5%	-15.9	-3.4	79.9%
	San Benito	-0.6	-1.0	100.0%	-0.7	-1.0	100.0%
	San Luis Obispo	0.1	0.0	0.6%	1.7	0.6	9.2%
	Santa Barbara	-20.6	-4.6	77.5%	-20.4	-4.3	74.5%
	Santa Cruz	-2.2	-0.8	-19.4%	-1.2	-0.4	-9.5%
	Ventura	-26.2	-3.2	50.2%	-22.8	-2.8	-42.4%
	Region Total	**-64.8**	**-2.8**	**51.1%**	**-59.2**	**-2.5**	**-44.8%**
Greater Bay Area	Alameda	-21.1	-1.3	-24.5%	-17.1	-1.0	-18.3%
	Contra Costa	9.2	0.8	16.2%	16.5	1.4	27.3%
	Marin	9.7	3.8	78.2%	12.7	5.0	95.3%
	Napa	6.0	4.5	121.6%	6.4	4.9	115.5%
	San Francisco	-13.8	-1.6	-20.3%	-6.5	-0.7	-9.2%
	San Mateo	-1.3	-0.2	-3.8%	1.4	0.2	3.7%
	Santa Clara	-78.8	-4.1	60.7%	-75.1	-3.8	56.0%

	Solano	15.2	3.4	69.5%	20.6	4.3	88.0%
	Sonoma	-5.3	-1.1	-22.9%	-3.8	-0.8	-15.3%
	Region Total	**-80.3**	**-1.1**	**-18.3%**	**-44.9**	**-0.6**	**-9.7%**
Inland Empire	Riverside	-8.8	-0.4	-8.4%	-2.6	-0.1	-2.3%
	San Bernardino	16.9	0.8	17.4%	28.5	1.3	27.6%
	Region Total	**8.1**	**0.2**	**4.0%**	**26.0**	**0.5**	**12.0%**
LA County	Los Angeles	-170.1	-1.7	-30.4%	-125.9	-1.3	-21.7%
	Region Total	**-170.1**	**-1.7**	**-30.4%**	**-125.9**	**-1.3**	**-21.7%**
Northern & Sierra	Alpine	0.0	0.0	0.0%	0.0	0.0	0.0%
	Amador	-0.4	-0.9	-27.2%	-0.4	-1.0	-30.8%
	Butte	-2.7	-1.3	-18.3%	-1.0	-0.5	-6.9%
	Calaveras	-0.4	-0.9	100.0%	-0.4	-0.9	100.0%
	Colusa	1.0	4.5	200+%*	1.0	4.6	200+%*
	Del Norte	0.5	2.0	100.7%	0.5	2.1	109.8%
	Glenn	0.0	0.0	0.0%	0.0	0.0	0.0%
	Humboldt	-4.1	-3.1	80.5%	-4.9	-3.6	83.0%
	Inyo	-0.3	-1.8	100.0%	-0.3	-1.8	100.0%
	Lake	-0.3	-0.4	-21.1%	-0.2	-0.3	-16.1%
	Lassen	-0.1	-0.5	-11.4%	0.0	-0.1	-1.4%
	Mariposa	-0.8	-4.9	100.0%	-0.8	-4.9	100.0%
	Mendocino	-1.2	-1.3	-19.1%	-0.6	-0.7	-9.5%
	Modoc	0.0	-0.4	100.0%	0.0	-0.4	100.0%
	Mono	0.1	0.9	13.6%	0.2	1.3	19.0%
	Nevada	-1.8	-1.8	-47.7%	-2.3	-2.3	53.2%
	Plumas	0.9	4.8	200+%*	0.9	5.2	200+%*
	Shasta	-11.6	-6.6	79.5%	-10.8	-6.2	72.9%
	Sierra	0.0	0.0	0.0%	0.0	0.0	0.0%
	Siskiyou	8.7	20.6	200+%*	10.8	26.7	200+%*
	Sutter	-2.8	-2.9	73.9%	-3.3	-3.2	76.9%
	Tehama	-2.0	-3.1	100.0%	-2.0	-3.1	100.0%
	Trinity	1.0	6.3	200+%*	1.0	6.2	200+%*
	Tuolumne	0.5	0.9	12.9%	0.5	0.9	12.9%
	Yuba	-2.0	-2.4	100.0%	-2.2	-2.4	100.0%
	Region Total	**-18.0**	**-1.3**	**-28.1%**	**-14.5**	**-1.0**	**-21.8%**
Orange County	Orange	-78.8	-2.5	-32.9%	-56.5	-1.8	-23.1%
	Region Total	**-78.8**	**-2.5**	**-32.9%**	**-56.5**	**-1.8**	**-23.1%**
Sacramento	El Dorado	14.9	8.0	200+%*	18.1	9.4	200+%*
	Placer	14.0	3.4	53.6%	19.9	4.5	73.7%
	Sacramento	-5.8	-0.4	-6.3%	4.2	0.3	4.4%
	Yolo	7.4	3.3	110.6%	9.7	4.1	132.9%
	Region Total	**30.4**	**1.3**	**23.3%**	**51.9**	**2.0**	**37.9%**
San Diego Area	Imperial	-4.4	-2.4	81.5%	-5.1	-2.6	83.5%
	San Diego	-0.3	0.0	-0.1%	20.1	0.6	11.1%
	Region Total	**-4.7**	**-0.1**	**-2.6%**	**15.1**	**0.4**	**8.1%**
	Fresno	11.6	1.1	19.1%	22.5	2.1	36.5%

San Joaquin Valley	Kern	-16.1	-1.8	-38.2%	-14.5	-1.6	-32.6%
	Kings	0.0	0.0	0.2%	0.1	0.1	3.5%
	Madera	-1.3	-0.8	-15.2%	-0.7	-0.4	-8.6%
	Merced	-9.5	-3.3	90.5%	-10.7	-3.6	91.5%
	San Joaquin	-15.7	-2.0	56.7%	-16.9	-2.0	54.7%
	Stanislaus	-28.1	-5.2	77.8%	-27.6	-5.0	75.4%
	Tulare	-3.2	-0.7	-14.9%	-2.5	-0.5	-11.1%
	Region Total	**-62.3**	**-1.4**	**-29.8%**	**-50.4**	**-1.1**	**-22.9%**
Statewide		**-440.5**	**-1.1**	**-20.5%**	**-258.4**	**-0.6**	**-11.5%**

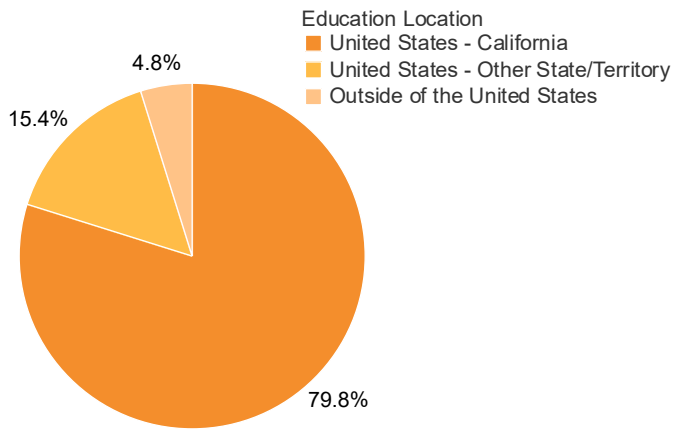
Tier 1 Shortage (-5% to -25%)
Tier 2 Shortage (-25% to -50%)
Tier 3 Shortage (-50% or more)
No Shortage/Surplus (-5% to 5%)
Tier 1 Surplus (5% to 25%)
Tier 2 Surplus (25% to 50%)
Tier 3 Surplus (50% or more)

*Surplus percentages are capped at 200%.
Note: Table values are rounded to the first decimal place for display purposes only.

Section C: Allied Health, All Figures

The professions included in the Allied Health section align with publications from the Health Resources and Services Administration's (HRSA) Bureau of Health Workforce (BHW) and include the following: Advanced Practice Pharmacist, Audiologist, Chiropractor, Doctor of Podiatric Medicine, Hearing Aid Dispenser, Hearing Aid Dispenser Trainee, Licensed Acupuncturist, Occupational Therapist, Occupational Therapy Assistant, Optometrist, Pharmacy Technician, Physical Therapist, Physical Therapist Assistant, Polysomnographic Technician, Polysomnographic Technologist, Polysomnographic Trainee, Registered Contact Lens Dispenser, Registered Pharmacist, Registered Psychological Testing Technician, Registered Spectacle Lens Dispenser, Respiratory Care Practitioner, Speech Pathologist, and Speech-Language Pathology Assistant.

Figure C-1: Education Location: Allied Health



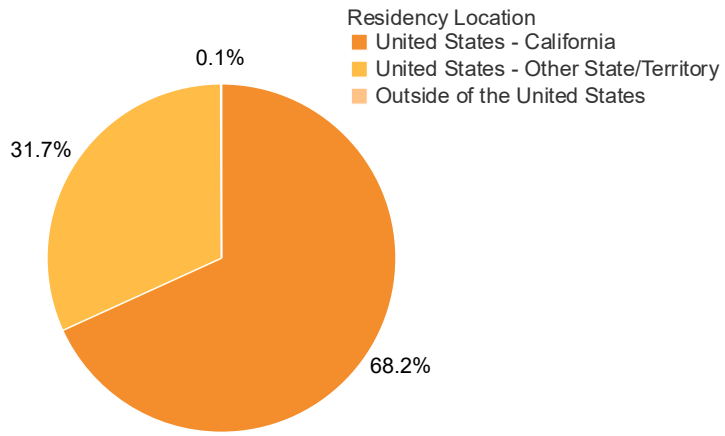
Over 95% of Allied Health licensees completed their education in the U.S., with nearly 80% receiving their initial qualifying degree within California. Notable license types within the Allied Health workforce include Audiologists with only 52% receiving their initial qualifying degree in California, and Physical Therapists with over 10% receiving their initial qualifying degree from outside the U.S.

Table C-1: Education Location: Allied Health

License Name	U.S. - CA	U.S. - Other	Outside U.S.
Advanced Practice Pharmacist	74.9%	21.3%	3.8%
Audiologist	51.8%	47.7%	0.5%
Chiropractor	87.5%	11.8%	0.7%
Doctor Of Podiatric Medicine	73.1%	26.8%	0.1%
Hearing Aid Dispenser	86.1%	9.5%	4.4%
Hearing Aid Dispenser - Trainee	86.4%	7.1%	6.5%
Licensed Acupuncturist	90.1%	3.3%	6.5%
Occupational Therapist	72.3%	22.2%	5.5%
Occupational Therapy Assistant	86.5%	13.3%	0.2%
Optometrist	75.5%	24.0%	0.4%
Pharmacy Technician	92.3%	3.5%	4.2%
Physical Therapist	66.4%	23.6%	10.0%
Physical Therapist Assistant	82.8%	9.8%	7.5%
Registered Contact Lens Dispenser	93.3%	3.8%	2.8%
Registered Pharmacist	66.7%	26.0%	7.3%
Registered Spectacle Lens Dispenser	91.1%	5.6%	3.3%
Respiratory Care Practitioner	93.3%	6.3%	0.4%
Speech Pathologist	68.9%	28.6%	2.5%
Speech-Language Pathology Assistant	92.2%	7.5%	0.3%
Allied Health Group	**79.8%**	**15.4%**	**4.8%**

Note: Polysomnographic Technologists, Polysomnographic Technicians, Polysomnographic Trainees, and Registered Psychological Testing Technicians are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Figure C-2: Residency Location: Allied Health



Doctors of Podiatric Medicine are the only license type within the Allied Health workforce that requires residency. Nearly 100% of those licensees reported completing their residency within the U.S., and almost 70% completed their residency somewhere in California.

Table C-2: Residency Location: Allied Health

License Name	U.S. - CA	U.S. - Other	Outside U.S.
Doctor Of Podiatric Medicine	68.2%	31.7%	0.1%
Allied Health Group	**68.2%**	**31.7%**	**0.1%**

Figure C-3: Employment Status: Allied Health

Over 90% of Allied Health licensees are actively working or seeking work, 1.5% are not working and not seeking work, 1.3% have already retired and just over four percent are working in a different field, the highest of any Health workforce group. Notable license types within the Allied Health workforce include Pharmacy Technicians with almost 12% actively working in a different field, and nearly three percent of Doctors of Podiatric Medicine, Licensed Acupuncturists and Speech Pathologists reporting already being retired despite their active license status. These metrics will be used in the future to calculate more accurate supply data for each license type.

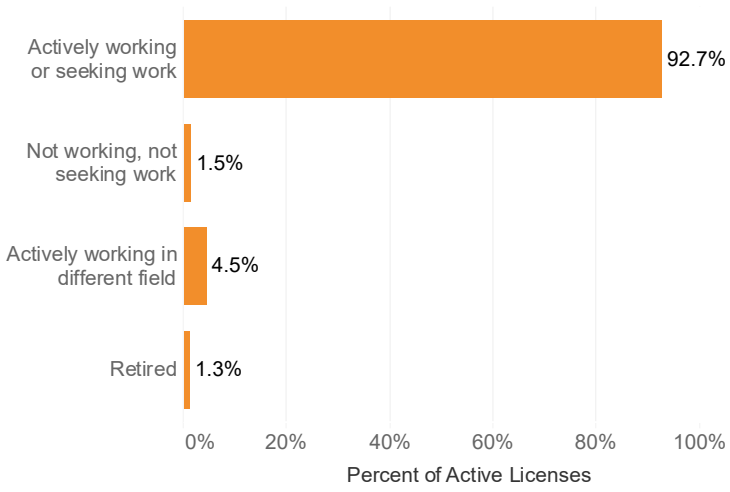
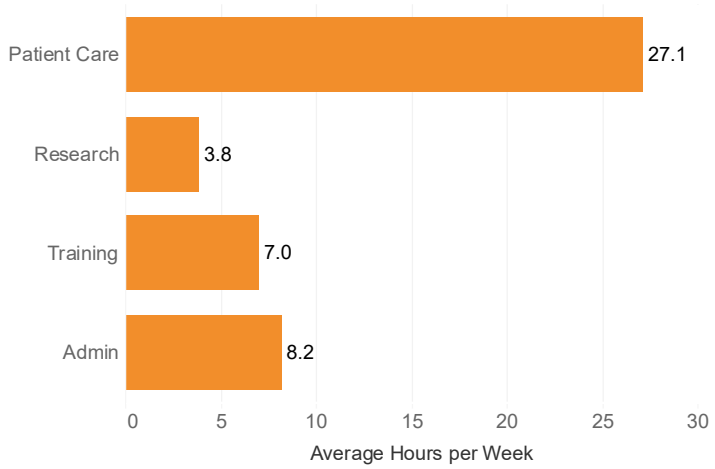


Table C-3: Employment Status: Allied Health

License Name	Actively working or seeking work	Not working, not seeking work	Actively working in different field	Retired
Advanced Practice Pharmacist	98.1%	0.4%	1.1%	0.4%
Audiologist	95.4%	1.4%	1.0%	2.3%
Chiropractor	94.3%	1.2%	2.4%	2.1%
Doctor Of Podiatric Medicine	96.7%	0.3%	0.3%	2.6%
Hearing Aid Dispenser	97.0%	0.8%	1.3%	0.8%
Hearing Aid Dispenser - Trainee	100.0%	0.0%	0.0%	0.0%
Licensed Acupuncturist	88.7%	2.4%	6.2%	2.7%
Occupational Therapist	95.8%	2.0%	1.5%	0.7%
Occupational Therapy Assistant	95.6%	1.8%	2.4%	0.1%
Optometrist	97.4%	0.9%	0.5%	1.2%
Pharmacy Technician	85.7%	1.8%	11.8%	0.7%
Physical Therapist	96.1%	1.4%	1.4%	1.1%
Physical Therapist Assistant	96.2%	1.1%	2.4%	0.3%
Registered Contact Lens Dispenser	97.0%	0.7%	2.1%	0.3%
Registered Pharmacist	93.0%	1.5%	2.8%	2.6%
Registered Spectacle Lens Dispenser	96.1%	0.6%	2.7%	0.6%
Respiratory Care Practitioner	97.2%	0.7%	1.7%	0.4%
Speech Pathologist	93.9%	2.2%	1.4%	2.5%
Speech-Language Pathology Assistant	93.6%	1.8%	4.2%	0.3%
Allied Health Group	**92.7%**	**1.5%**	**4.5%**	**1.3%**

Note: Polysomnographic Technologists ,Polysomnographic Technicians, Polysomnographic Trainees, and Registered Psychological Testing Technicians are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Figure C-4: Full-Time Equivalent Metrics: Allied Health



Full Time Equivalent (FTE) metrics were calculated for licensees that reported they were actively working in a position that required their license. On average, Allied Health licensees spend the highest number of hours per week on Patient Care (27.1 hours), and the least amount of time per week on Research (3.8 hours). Notable license types within the Allied Health workforce include Pharmacy Technicians, who reported spending the least amount of time on Patient Care at only 20.1 hours per week, and Hearing Aid Dispenser - Trainees who reported the highest amounts of time per week on Training (26.0 hours), the highest of any license type across the health workforce. These metrics will be used in the future to calculate more accurate supply and demand modeling.

Table C-4: Full-Time Equivalent Metrics: Allied Health

License Name	Patient Care	Research	Training	Admin
Advanced Practice Pharmacist	26.3	3.7	7.7	12.1
Audiologist	30.5	2.2	5.8	8.4
Chiropractor	27.1	4.1	6.0	9.4
Doctor Of Podiatric Medicine	33.6	2.8	6.0	8.6
Hearing Aid Dispenser	32.9	4.9	7.8	10.2
Hearing Aid Dispenser - Trainee	32.6	8.5	26.0	16.1
Licensed Acupuncturist	25.5	5.8	5.8	8.2
Occupational Therapist	28.2	2.4	5.5	7.9
Occupational Therapy Assistant	31.9	4.1	7.2	5.8
Optometrist	31.4	1.6	3.5	6.5
Pharmacy Technician	20.1	6.3	9.2	9.8
Physical Therapist	31.2	1.8	5.1	7.2
Physical Therapist Assistant	33.3	3.3	6.7	4.0
Registered Contact Lens Dispenser	29.5	5.8	10.3	11.0
Registered Pharmacist	25.2	3.1	6.8	9.0
Registered Spectacle Lens Dispenser	28.0	5.7	10.1	13.1
Respiratory Care Practitioner	32.2	4.3	9.1	6.2
Speech Pathologist	27.2	3.0	5.8	8.7
Speech-Language Pathology Assistant	29.1	4.7	5.8	5.8
Allied Health Group	**27.1**	**3.8**	**7.0**	**8.2**

Note: Polysomnographic Technologists, Polysomnographic Technicians, Polysomnographic Trainees, and Registered Psychological Testing Technicians are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Figure C-5: Retirement Estimates: Allied Health

Among Allied Health licensees who reported actively working in a position that required their license, or were actively seeking work in their field, 76.1% estimated retiring in 11 or more years, the highest of any health workforce group, and only 3.1% estimated retiring within the next two years. Of note are Chiropractors, Doctors of Podiatric Medicine and Audiologists, with nearly 20% of licensees estimating retiring in the next five years. These metrics will be crucial for calculating more accurate supply and demand models for each license type. In addition, this information may be useful in helping to identify which areas are in most need of funding to maintain the supply of Allied Health licensees across the state.

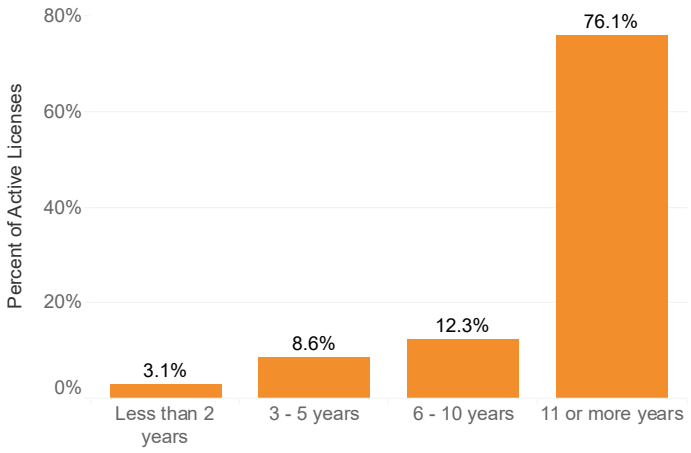
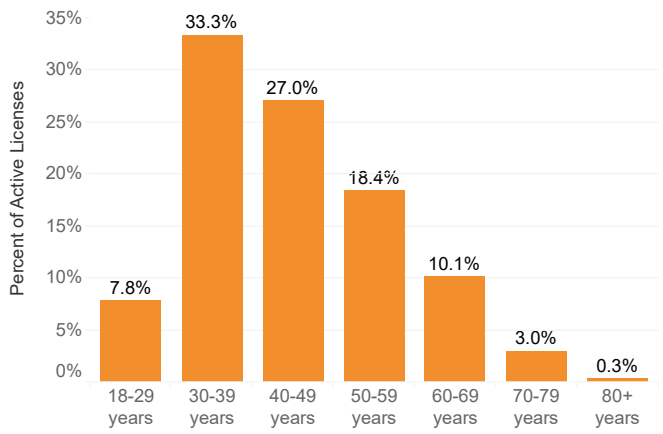


Table C-5: Retirement Estimates: Allied Health

License Name	0-2 years	3 - 5 years	6 - 10 years	11+ years
Advanced Practice Pharmacist	0.5%	5.0%	9.0%	85.6%
Audiologist	5.3%	12.8%	14.4%	67.5%
Chiropractor	4.8%	15.4%	21.9%	58.0%
Doctor Of Podiatric Medicine	5.9%	15.2%	15.6%	63.3%
Hearing Aid Dispenser	2.3%	11.6%	15.1%	71.0%
Hearing Aid Dispenser - Trainee	1.4%	0.0%	6.5%	92.1%
Licensed Acupuncturist	3.6%	13.8%	20.4%	62.3%
Occupational Therapist	3.2%	7.5%	11.3%	78.0%
Occupational Therapy Assistant	2.5%	6.3%	11.5%	79.7%
Optometrist	4.6%	12.7%	16.1%	66.6%
Pharmacy Technician	1.8%	5.8%	9.3%	83.1%
Physical Therapist	3.4%	9.4%	13.6%	73.5%
Physical Therapist Assistant	2.6%	7.7%	12.2%	77.6%
Registered Contact Lens Dispenser	3.3%	10.3%	13.2%	73.2%
Registered Pharmacist	3.7%	9.4%	12.5%	74.4%
Registered Spectacle Lens Dispenser	2.3%	9.0%	13.1%	75.7%
Respiratory Care Practitioner	3.3%	7.7%	11.4%	77.6%
Speech Pathologist	3.2%	8.8%	10.8%	77.3%
Speech-Language Pathology Assistant	1.3%	3.0%	5.7%	90.1%
Allied Health Group	**3.1%**	**8.6%**	**12.3%**	**76.1%**

Note: Polysomnographic Technologists, Polysomnographic Technicians, Polysomnographic Trainees, and Registered Psychological Testing Technicians are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Figure C-6: Age Distribution: Allied Health

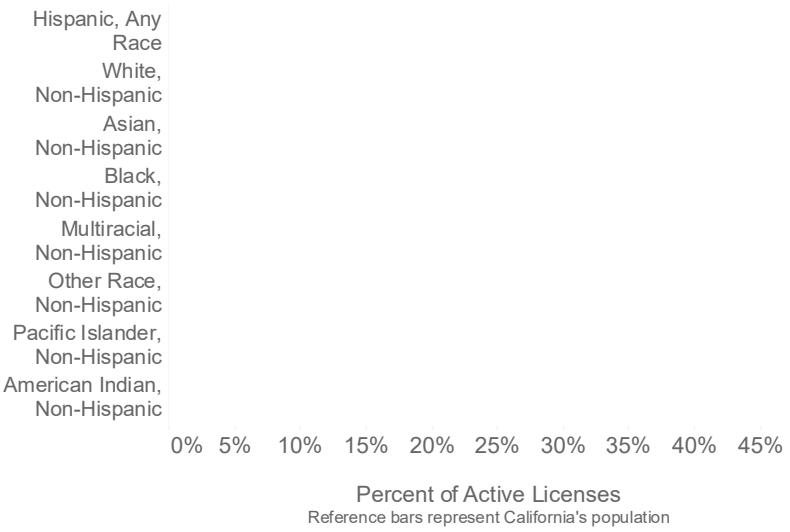


Overall, nearly 80% of Allied Health licensees are between the ages of 30 and 59 years old, with 13.4% over the age of 59 and just under eight percent under the age of 30, the highest percentage among all health workforce groups. License types with younger licensees include Hearing Aid Dispenser Trainees, Polysomnographic Technicians, and Speech-Language Pathology Assistants with over 60% of licensees under the age of 40. License types with older licensees include Acupuncturists, Chiropractors and Doctors of Podiatric Medicine with more than 30% over the age of 59.

Table C-6: Age Distribution: Allied Health

Advanced Practice Pharmacist	2.2%	39.7%	39.3%	13.5%	4.5%	0.9%	0.0%
Audiologist	5.4%	31.2%	23.1%	20.5%	14.1%	5.6%	0.2%
Chiropractor	3.5%	21.1%	19.8%	25.5%	21.1%	8.4%	0.6%
Doctor Of Podiatric Medicine	0.0%	21.6%	23.8%	23.5%	16.6%	13.0%	1.5%
Hearing Aid Dispenser	3.1%	24.7%	26.3%	22.2%	18.5%	4.3%	0.8%
Hearing Aid Dispenser - Trainee	28.4%	33.8%	24.3%	13.5%	0.0%	0.0%	0.0%
Licensed Acupuncturist	0.4%	10.2%	24.3%	29.0%	22.3%	12.1%	1.7%
Occupational Therapist	7.1%	38.1%	25.0%	18.0%	9.4%	2.4%	0.1%
Occupational Therapy Assistant	7.5%	40.2%	25.4%	17.2%	8.5%	1.1%	0.0%
Optometrist	1.2%	28.7%	24.2%	21.8%	14.8%	7.8%	1.5%
Pharmacy Technician	16.4%	33.9%	27.4%	15.4%	6.0%	0.8%	0.0%
Physical Therapist	4.4%	35.2%	26.7%	20.0%	11.3%	2.3%	0.2%
Physical Therapist Assistant	6.9%	37.4%	24.6%	19.2%	10.8%	1.2%	0.0%
Polysomnographic Technician	18.5%	50.0%	20.4%	5.6%	5.6%	0.0%	0.0%
Polysomnographic Technologist	1.6%	22.1%	39.1%	25.7%	9.9%	1.2%	0.4%
Polysomnographic Trainee	54.2%	8.3%	29.2%	8.3%	0.0%	0.0%	0.0%
Registered Contact Lens Dispenser	7.0%	26.5%	27.8%	19.6%	15.2%	3.5%	0.4%
Registered Pharmacist	3.7%	36.3%	29.8%	18.0%	8.9%	3.1%	0.4%
Registered Psychological Testing Technician	17.4%	43.5%	26.1%	8.7%	4.3%	0.0%	0.0%
Registered Spectacle Lens Dispenser	10.2%	29.9%	24.7%	17.9%	12.9%	3.8%	0.7%
Respiratory Care Practitioner	6.6%	31.7%	31.2%	18.6%	10.3%	1.6%	0.0%
Speech Pathologist	6.0%	38.2%	27.2%	16.3%	8.5%	3.3%	0.4%
Speech-Language Pathology Assistant	24.3%	42.3%	19.2%	9.0%	4.6%	0.6%	0.0%

Figure C-7: Race/Ethnicity: Allied Health



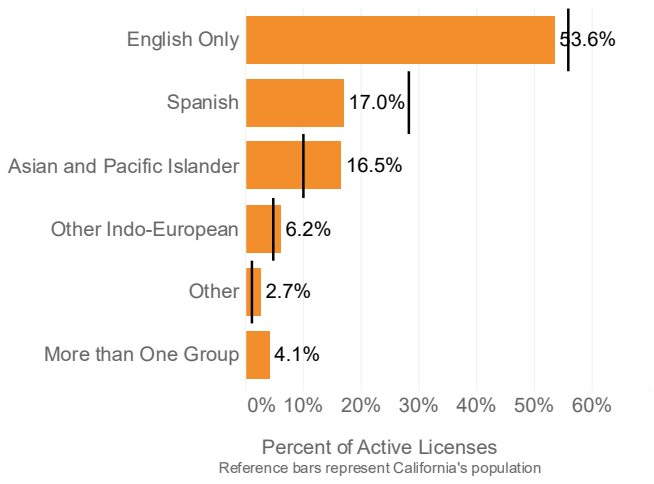
Across the Allied Health workforce, Hispanic, Any Race and Black, Non-Hispanic licensees are the most underrepresented when compared to California's population, with only four license types at or above the population average for Hispanic, Any Race and only one license type at or above the population average for Black, Non-Hispanic. Conversely, Asian, Non-Hispanic licensees are the most well represented with 17 license types at or above the population average. White, Non-Hispanic licensees are well represented in the Allied Health workforce on average but still make up more than 50% of all licensees in six different license types.

Table C-7: Race/Ethnicity: Allied Health

License Name	Hispanic, Any Race	White, NH	Asian, NH	Black, NH	Multiracial, NH	Other Race, NH	Pacific Islander, NH	American Indian, NH
Advanced Practice Pharmacist	4.8%	31.1%	57.0%	1.9%	3.2%	1.7%	0.3%	0.0%
Audiologist	12.3%	62.6%	16.9%	3.8%	3.3%	1.1%	0.1%	0.0%
Chiropractor	12.1%	61.4%	18.6%	1.8%	3.3%	2.1%	0.5%	0.3%
Doctor Of Podiatric Medicine	5.6%	55.9%	29.7%	2.3%	3.1%	2.6%	0.5%	0.3%
Hearing Aid Dispenser	28.5%	51.1%	11.2%	2.0%	4.9%	1.7%	0.1%	0.4%
Hearing Aid Dispenser - Trainee	37.6%	42.5%	17.4%	0.0%	1.7%	0.0%	0.8%	0.0%
Licensed Acupuncturist	4.7%	31.0%	59.6%	0.6%	2.5%	1.3%	0.2%	0.1%
Occupational Therapist	12.7%	46.6%	32.7%	2.1%	3.8%	1.3%	0.6%	0.1%
Occupational Therapy Assistant	27.3%	34.1%	28.3%	4.4%	3.8%	1.1%	1.0%	0.2%
Optometrist	6.1%	31.3%	57.3%	0.8%	2.5%	1.5%	0.5%	0.1%
Pharmacy Technician	42.1%	19.5%	28.0%	4.4%	2.9%	1.6%	1.3%	0.2%
Physical Therapist	10.2%	50.6%	31.5%	1.6%	4.1%	1.3%	0.5%	0.1%
Physical Therapist Assistant	22.9%	35.8%	31.2%	3.0%	4.3%	1.3%	1.2%	0.2%
Registered Contact Lens Dispenser	44.1%	29.2%	17.2%	3.0%	3.2%	2.0%	1.1%	0.2%
Registered Pharmacist	4.2%	27.1%	61.8%	2.5%	2.3%	1.8%	0.3%	0.1%
Registered Spectacle Lens Dispenser	43.1%	30.0%	18.0%	2.9%	3.6%	1.6%	0.7%	0.1%
Respiratory Care Practitioner	30.7%	28.8%	27.2%	5.6%	3.8%	1.6%	2.1%	0.3%
Speech Pathologist	18.0%	59.7%	15.1%	2.3%	3.5%	1.1%	0.1%	0.1%
Speech-Language Pathology Assistant	55.2%	27.3%	9.9%	3.2%	3.1%	0.9%	0.2%	0.1%
Allied Health Group	**21.5%**	**34.6%**	**35.2%**	**3.0%**	**3.2%**	**1.5%**	**0.8%**	**0.2%**
California's Population	**39.8%**	**34.6%**	**15.1%**	**5.3%**	**4.1%**	**0.5%**	**0.3%**	**0.3%**

Note: Polysomnographic Technologists, Polysomnographic Technicians, Polysomnographic Trainees, and Registered Psychological Testing Technicians are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Figure C-8: Languages Spoken: Allied Health



On average, Spanish is the most underrepresented language in the Allied Health workforce when compared to California's population, with only five license types at or above the population average. Asian and Pacific Islander languages are represented well above the population average overall, however this is largely driven by the high rates among Licensed Acupuncturists, Registered Pharmacists and Advanced Practice Pharmacists, as these languages are at or below the population average in eight of the individual license types. Similarly, Other Indo-European languages are also represented above the population average in the Allied Health workforce overall, largely driven by the high rates among Registered Pharmacists, Advanced Practice Pharmacists, and Doctors of Podiatric Medicine. Within the Allied Health workforce, Other Indo-European languages are still underrepresented in more than half of the individual license types.

Table C-8: Languages Spoken: Allied Health

License Name	English Only	Spanish	Asian and Pacific Islander	Other Indo-European	Other	Multiple Census Language Groups
Advanced Practice Pharmacist	48.7%	5.8%	23.9%	11.2%	6.1%	4.2%
Audiologist	68.7%	11.4%	5.5%	4.1%	5.5%	4.8%
Chiropractor	61.2%	15.0%	9.8%	6.5%	2.0%	5.4%
Doctor Of Podiatric Medicine	57.1%	13.3%	10.3%	9.3%	2.1%	7.8%
Hearing Aid Dispenser	65.1%	19.7%	6.0%	3.2%	2.2%	3.8%
Hearing Aid Dispenser - Trainee	49.5%	32.5%	6.7%	4.6%	5.2%	1.5%
Licensed Acupuncturist	35.5%	5.5%	48.1%	4.1%	0.9%	5.9%
Occupational Therapist	66.1%	11.9%	12.3%	4.3%	1.7%	3.7%
Occupational Therapy Assistant	55.5%	21.3%	13.7%	3.1%	1.6%	4.8%
Optometrist	47.7%	16.4%	17.2%	4.9%	1.7%	12.1%
Pharmacy Technician	42.7%	29.9%	15.6%	6.5%	2.7%	2.7%
Physical Therapist	63.7%	12.8%	11.8%	5.5%	1.3%	4.8%
Physical Therapist Assistant	54.6%	21.2%	13.1%	3.8%	1.3%	6.0%
Registered Contact Lens Dispenser	53.4%	29.1%	9.2%	3.9%	1.7%	2.7%
Registered Pharmacist	48.7%	3.8%	27.2%	10.7%	5.3%	4.4%
Registered Spectacle Lens Dispenser	50.7%	31.1%	9.5%	4.0%	1.8%	2.9%
Respiratory Care Practitioner	59.8%	18.2%	12.7%	5.0%	2.2%	2.1%
Speech Pathologist	72.3%	13.8%	4.2%	4.1%	2.6%	3.0%
Speech-Language Pathology Assistant	51.6%	35.0%	3.2%	2.5%	3.8%	3.8%
Grand Total	**53.6%**	**17.0%**	**16.5%**	**6.2%**	**2.7%**	**4.1%**
California's Population	**56.1%**	**28.2%**	**9.9%**	**4.6%**	**1.1%**	**N/A**

Note: Polysomnographic Technologists, Polysomnographic Technicians, Polysomnographic Trainees, and Registered Psychological Testing Technicians are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Figure C-9: Sexual Orientation: Allied Health

As a group, the majority (95.4%) of Allied Health licensees reported identifying as Straight or Heterosexual, and 2.2% reported identifying as Gay or Lesbian. Licensees identifying as Bisexual and Other were nearly even at just over one percent each. Within the Allied Health workforce, five license types reported identifying as Gay or Lesbian or Other at or above the workforce average, and nine reported identifying as Bisexual at or above the workforce average. Notably, Registered Spectacle Lens Dispensers, Registered Contact Lens Dispensers and Hearing Aid Dispenser – Trainees reported above averages rates for all three minority Sexual Orientations.

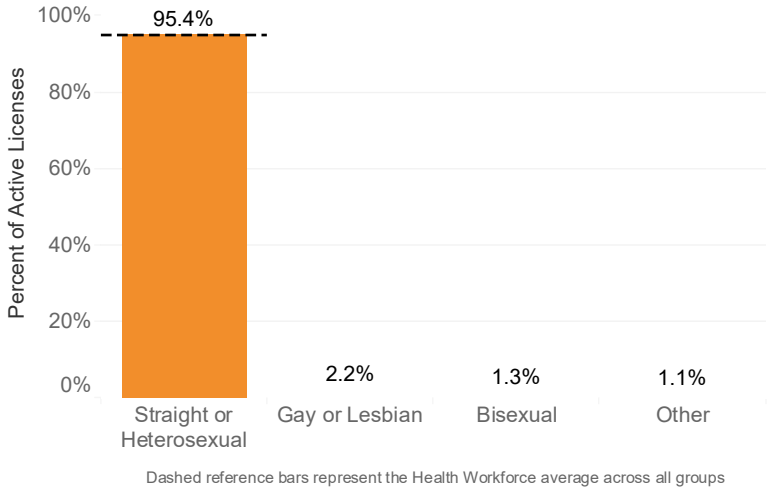
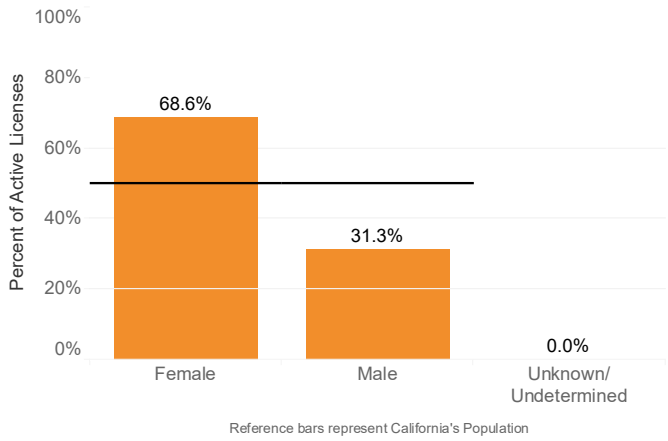


Table C-9: Sexual Orientation: Allied Health

License Name	Straight or Heterosexual	Gay or Lesbian	Bisexual	Other
Advanced Practice Pharmacist	96.4%	2.9%	0.5%	0.2%
Audiologist	94.2%	2.6%	2.6%	0.5%
Chiropractor	96.2%	2.6%	0.7%	0.5%
Doctor Of Podiatric Medicine	98.0%	1.5%	0.2%	0.3%
Hearing Aid Dispenser	95.9%	2.3%	0.6%	1.3%
Hearing Aid Dispenser - Trainee	90.4%	4.1%	0.0%	5.6%
Licensed Acupuncturist	92.5%	2.5%	1.6%	3.3%
Occupational Therapist	94.7%	2.5%	2.0%	0.8%
Occupational Therapy Assistant	95.0%	2.4%	1.8%	0.7%
Optometrist	98.1%	1.2%	0.3%	0.3%
Pharmacy Technician	93.8%	2.4%	1.9%	1.9%
Physical Therapist	95.8%	2.7%	1.0%	0.5%
Physical Therapist Assistant	96.3%	2.4%	0.9%	0.4%
Registered Contact Lens Dispenser	90.7%	4.4%	1.7%	3.1%
Registered Pharmacist	96.9%	1.8%	0.7%	0.6%
Registered Spectacle Lens Dispenser	91.1%	4.1%	2.5%	2.3%
Respiratory Care Practitioner	96.7%	2.0%	0.8%	0.6%
Speech Pathologist	95.1%	2.2%	1.9%	0.7%
Speech-Language Pathology Assistant	95.6%	1.2%	2.3%	1.0%
Allied Health Group	**95.4%**	**2.2%**	**1.3%**	**1.1%**
Health Workforce Average	**94.8%**	**2.7%**	**1.6%**	**0.9%**

Note: Polysomnographic Technologists, Polysomnographic Technicians, Polysomnographic Trainees, and Registered Psychological Testing Technicians are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Figure C-10: Sex at Birth: Allied Health



As a group, the majority (68.6%) of Allied Health licensees reported identifying as Female, and 31.3% reported identifying as Male. Less than 0.1% of Licensees identified as Unknown/Undetermined. Of note, over 86% of Occupational Therapists and 93% of Speech Pathologists and Speech-Language Pathology Assistants identified as Female Conversely, over 67% of Chiropractors and Doctors of Podiatric Medicine identified as Male, representing the two highest rates among all license types within the health workforce identifying as Male.

Table C-10: Sex at Birth: Allied Health

License Name	Female	Male	Unknown/Undetermined
Advanced Practice Pharmacist	67.0%	32.8%	0.2%
Audiologist	81.5%	18.5%	0.0%
Chiropractor	32.4%	67.5%	0.0%
Doctor Of Podiatric Medicine	31.8%	68.1%	0.1%
Hearing Aid Dispenser	55.1%	44.9%	0.0%
Hearing Aid Dispenser - Trainee	77.4%	22.6%	0.0%
Licensed Acupuncturist	63.6%	36.3%	0.1%
Occupational Therapist	86.6%	13.3%	0.0%
Occupational Therapy Assistant	76.7%	23.2%	0.1%
Optometrist	63.4%	36.5%	0.0%
Pharmacy Technician	76.1%	23.9%	0.1%
Physical Therapist	63.3%	36.7%	0.0%
Physical Therapist Assistant	53.7%	46.2%	0.1%
Registered Contact Lens Dispenser	64.0%	35.8%	0.3%
Registered Pharmacist	63.9%	36.1%	0.0%
Registered Spectacle Lens Dispenser	61.4%	38.5%	0.1%
Respiratory Care Practitioner	53.1%	46.8%	0.1%
Speech Pathologist	93.9%	6.1%	0.0%
Speech-Language Pathology Assistant	95.0%	5.0%	0.0%
Allied Health Group	**68.6%**	**31.3%**	**0.0%**
California's Population	**50.0%**	**50.0%**	**N/A**

Note: Polysomnographic Technologists, Polysomnographic Technicians, Polysomnographic Trainees, and Registered Psychological Testing Technicians are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Figure C-11: Gender Identity: Allied Health

As a group, the majority (68.5%) of Allied Health licensees reported identifying as Female, and 31.2% reported identifying as Male. Licensees identifying as Transgender or not identifying as Male, Female or Transgender were even at 0.1% each. Of note, over 86% of Occupational Therapists and over 93% of Speech Pathologists and Speech-Language Pathology Assistants identified as Female, while over 67% of Chiropractors and Doctors of Podiatric Medicine identified as Male, the two highest rates among all license types within the health workforce identifying as Male.

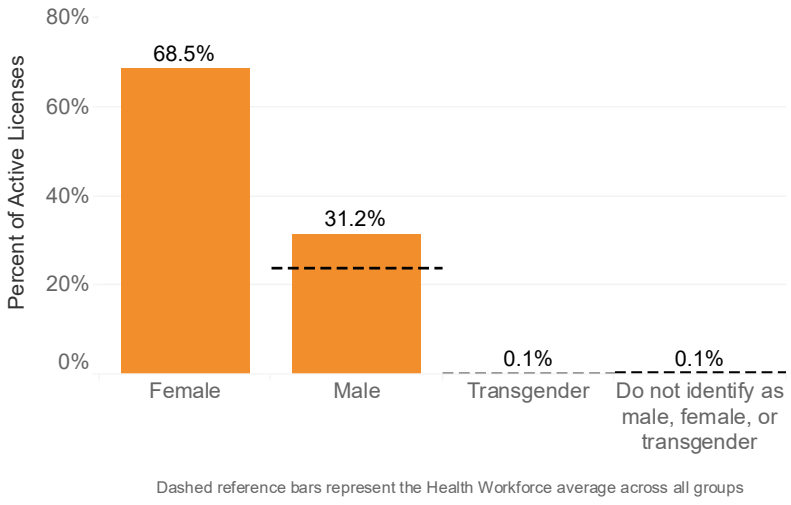
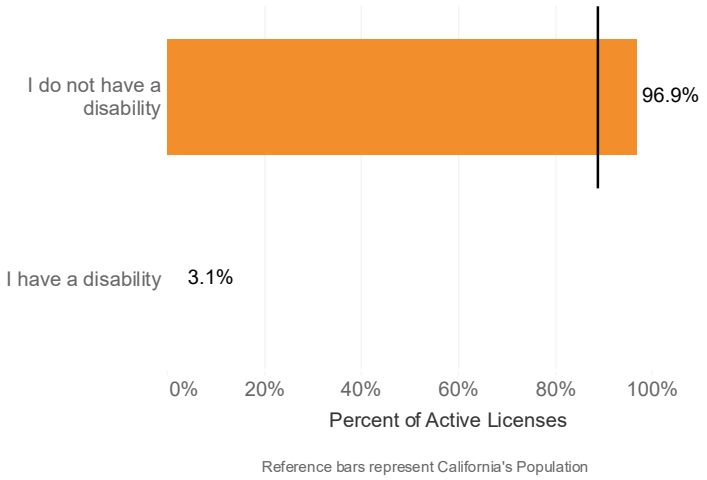


Table C-11: Gender Identity: Allied Health

License Name	Female	Male	Transgender	Do not identify as male, female, or transgender
Advanced Practice Pharmacist	67.1%	32.5%	0.0%	0.4%
Audiologist	81.1%	18.5%	0.1%	0.3%
Chiropractor	32.3%	67.6%	0.1%	0.0%
Doctor Of Podiatric Medicine	31.8%	68.2%	0.0%	0.0%
Hearing Aid Dispenser	55.5%	44.3%	0.0%	0.3%
Hearing Aid Dispenser - Trainee	80.3%	19.7%	0.0%	0.0%
Licensed Acupuncturist	63.1%	36.3%	0.2%	0.4%
Occupational Therapist	86.5%	13.2%	0.1%	0.2%
Occupational Therapy Assistant	76.5%	23.2%	0.1%	0.1%
Optometrist	63.3%	36.5%	0.1%	0.1%
Pharmacy Technician	75.9%	23.8%	0.2%	0.2%
Physical Therapist	63.3%	36.5%	0.1%	0.1%
Physical Therapist Assistant	53.6%	46.3%	0.0%	0.1%
Registered Contact Lens Dispenser	66.1%	33.6%	0.1%	0.2%
Registered Pharmacist	63.8%	36.1%	0.0%	0.1%
Registered Spectacle Lens Dispenser	60.7%	38.7%	0.3%	0.3%
Respiratory Care Practitioner	53.0%	46.8%	0.1%	0.1%
Speech Pathologist	93.7%	6.0%	0.1%	0.1%
Speech-Language Pathology Assistant	94.4%	5.3%	0.2%	0.1%
Allied Health Group	**68.5%**	**31.3%**	**0.1%**	**0.1%**
Health Workforce Average	**75.9%**	**23.8%**	**0.1%**	**0.2%**

Note: Polysomnographic Technologists, Polysomnographic Technicians, Polysomnographic Trainees, and Registered Psychological Testing Technicians are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Figure C-12: Disability Status: Allied Health



On average, 96.9% of Allied Health licensees did not identify as having a disability, while 3.1% reported having a disability. Within the Allied Health workforce, Audiologists (7.1%), Hearing Aid Dispensers (5.2%), and Hearing Aid Dispenser – Trainees (4.5%) reported the highest rates of having a disability, while Optometrists reported the lowest at just over one percent.

Table C-12: Disability Status: Allied Health

License Name	I do not have a disability	I have a disability
Advanced Practice Pharmacist	97.6%	2.4%
Audiologist	92.9%	7.1%
Chiropractor	96.3%	3.7%
Doctor Of Podiatric Medicine	97.0%	3.0%
Hearing Aid Dispenser	94.8%	5.2%
Hearing Aid Dispenser - Trainee	95.5%	4.5%
Licensed Acupuncturist	97.4%	2.6%
Occupational Therapist	96.0%	4.0%
Occupational Therapy Assistant	96.9%	3.1%
Optometrist	98.5%	1.5%
Pharmacy Technician	96.3%	3.7%
Physical Therapist	98.0%	2.0%
Physical Therapist Assistant	97.6%	2.4%
Registered Contact Lens Dispenser	97.0%	3.0%
Registered Pharmacist	97.6%	2.4%
Registered Spectacle Lens Dispenser	96.1%	3.9%
Respiratory Care Practitioner	96.5%	3.5%
Speech Pathologist	96.2%	3.8%
Speech-Language Pathology Assistant	96.2%	3.8%
Allied Health Total	**96.9%**	**3.1%**
California's Population	**88.7%**	**11.3%**

Note: Polysomnographic Technologists, Polysomnographic Technicians, Polysomnographic Trainees, and Registered Psychological Testing Technicians are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Figure C-13: Active Licenses: Allied Health

As a group, the Los Angeles County region has the highest total number of Allied Health licenses in the state while the Northern & Sierra region has the fewest. Within the Allied Health workforce, Pharmacy Technicians make up the largest proportion, representing nearly 26% of all active licenses. In general, more specialized licenses (such as Polysomnographic Technicians) tend to have much lower license counts while more generalized licenses (such as Pharmacy Technicians) have substantially higher counts. For detailed metrics on how the distribution of these active licenses compares to the population (see *Figure C-15: Distribution Index: Allied Health*).

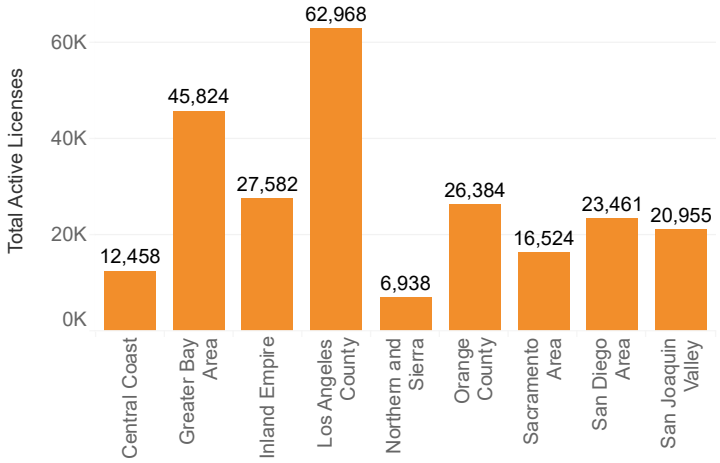
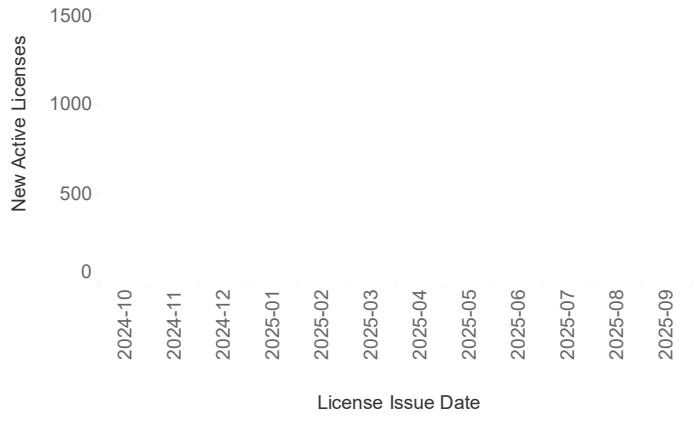


Table C-13: Active Licenses: Allied Health

Advanced Practice Pharmacist	32	234	116	464	21	237	97	130	79
Audiologist	82	422	102	375	26	166	127	219	87
Chiropractor	788	2,449	755	2,712	390	1,414	565	1,046	590
Doctor Of Podiatric Medicine	108	500	168	579	64	229	129	157	155
Hearing Aid Dispenser	82	206	143	222	49	125	81	101	112
Hearing Aid Dispenser - Trainee	10	35	21	30	5	12	8	10	14
Licensed Acupuncturist	586	2,718	422	3,098	193	1,197	237	1,014	120
Occupational Therapist	999	3,669	1,170	4,181	341	1,639	920	1,626	709
Occupational Therapy Assistant	139	186	699	1,259	107	546	331	496	295
Optometrist	359	1,889	662	1,880	156	977	433	646	448
Pharmacy Technician	2,776	9,741	8,822	17,398	1,972	4,638	4,231	5,438	7,767
Physical Therapist	1,988	6,250	2,212	6,247	926	2,984	1,971	3,325	1,713
Physical Therapist Assistant	495	1,165	1,356	2,171	411	887	527	879	945
Polysomnographic Technician	18	26	33	21	9	4	14	5	31
Polysomnographic Technologist	46	140	59	70	21	61	71	33	54
Polysomnographic Trainee	8	15	47	16	2	35	15	3	7
Registered Contact Lens Dispenser	92	264	228	290	42	110	108	136	162
Registered Pharmacist	1,427	8,754	3,154	10,483	769	6,745	3,141	3,639	2,903
Registered Psychological Testing Technician	7	14	8	22	3	12	3	37	3
Registered Spectacle Lens Dispenser	182	581	503	803	88	289	223	350	309
Respiratory Care Practitioner	801	2,669	4,175	4,776	640	1,434	1,589	1,782	2,312
Speech Pathologist	1,242	3,567	1,810	4,139	585	1,935	1,288	2,111	1,590
Speech-Language Pathology Assistant	191	330	917	1,732	118	708	415	278	550

Figure C-14: New Licenses: Allied Health

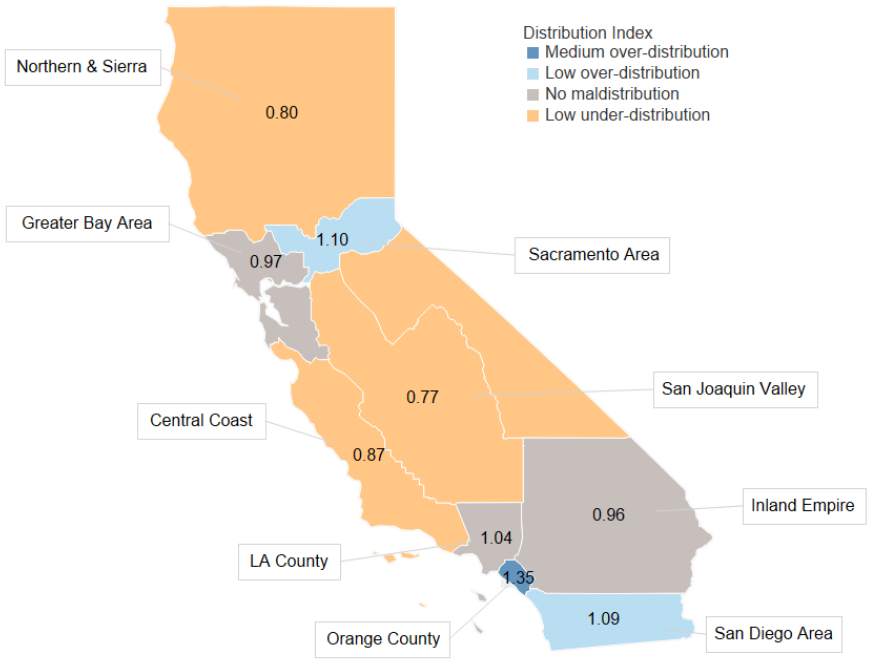


On average, there were 1,282 new active Allied Health licenses issued per month from October 2024 to September 2025. Within the Allied Health workforce, Pharmacy Technicians make up the largest portion by total volume with an average of 478 new licenses issued per month, while Hearing Aid Dispenser – Trainees had the highest average issue rate relative to their total volume at 7.6%. Future work will aim to use this information in conjunction with education pipeline data to better understand potential workforce supply trends.

Table C-14: New Licenses: Allied Health

License Name	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09
Advanced Practice Pharmacist	22	1	3	27	5	4	19	10	30	16	8	4
Audiologist	11	1	1	2	3	3	7	2	22	27	18	14
Chiropractor	36	20	11	22	61	42	34	39	22	23	44	30
Doctor Of Podiatric Medicine	6	3	1	4	6	7	7	10	8	9	1	5
Hearing Aid Dispenser	18	5	23	2	8	17	5	21	6	18	1	4
Hearing Aid Dispenser - Trainee	16	10	12	11	7	10	8	6	20	9	15	8
Licensed Acupuncturist	29	18	26	17	20	18	29	25	21	18	22	19
Occupational Therapist	88	71	71	59	54	61	66	50	41	88	79	92
Occupational Therapy Assistant	22	21	13	17	18	23	38	19	26	17	21	21
Optometrist	19	10	7	12	11	7	2	34	78	32	22	8
Pharmacy Technician	622	609	565	395	514	450	517	265	509	513	449	332
Physical Therapist	25	243	51	34	181	54	26	150	78	41	420	73
Physical Therapist Assistant	135	48	16	25	112	17	72	21	2	166	36	14
Polysomnographic Technician	1	0	3	2	0	5	1	3	1	2	2	2
Polysomnographic Technologist	1	1	0	1	1	0	1	0	0	0	1	0
Registered Contact Lens Dispenser	14	14	19	13	11	14	20	11	12	12	9	14
Registered Pharmacist	128	103	103	34	69	35	67	26	5	47	183	328
Registered Spectacle Lens Dispenser	39	31	33	24	14	22	37	25	29	20	16	35
Respiratory Care Practitioner	139	47	47	92	85	96	67	72	97	147	142	87
Speech Pathologist	127	98	111	123	120	98	92	142	188	186	126	108
Speech-Language Pathology Assistant	22	10	22	106	109	33	68	46	122	126	64	44
Allied Health Group	**1,520**	**1,364**	**1,138**	**1,022**	**1,409**	**1,016**	**1,183**	**977**	**1,317**	**1,517**	**1,679**	**1,242**

Figure C-15: Distribution Index: Allied Health



The distribution index describes the magnitude of difference between a region's share of the state's licenses and its share of the state's population. A distribution index of 1 indicates the region has an equal share of the state's licenses and population (e.g., 10% of the state's licenses and 10% of the state's population). A distribution index below 1 indicates a smaller share of licenses than population (e.g., 5% of the state's licenses and 10% of the state's population), and a distribution index greater than 1 indicates the opposite. The further away the index is from 1, the greater the maldistribution.

While the Los Angeles County region has the highest total count of active Allied Health licenses by volume, the Orange County region has the highest distribution of active Allied Health licenses compared to the population. Similarly, while the Northern & Sierra region has the lowest total count of active Allied Health

licenses by volume, the San Joaquin Valley has a lower distribution of active Allied Health licenses compared to the population. Specifically, the region has half the amount of Advanced Practice Pharmacists, Audiologists, Chiropractors, Occupational Therapists, Polysomnographic Trainees, and Registered Psychological Testing Technician, as well as less than a quarter of the amount of Licensed Acupuncturists they should have based on their population size.

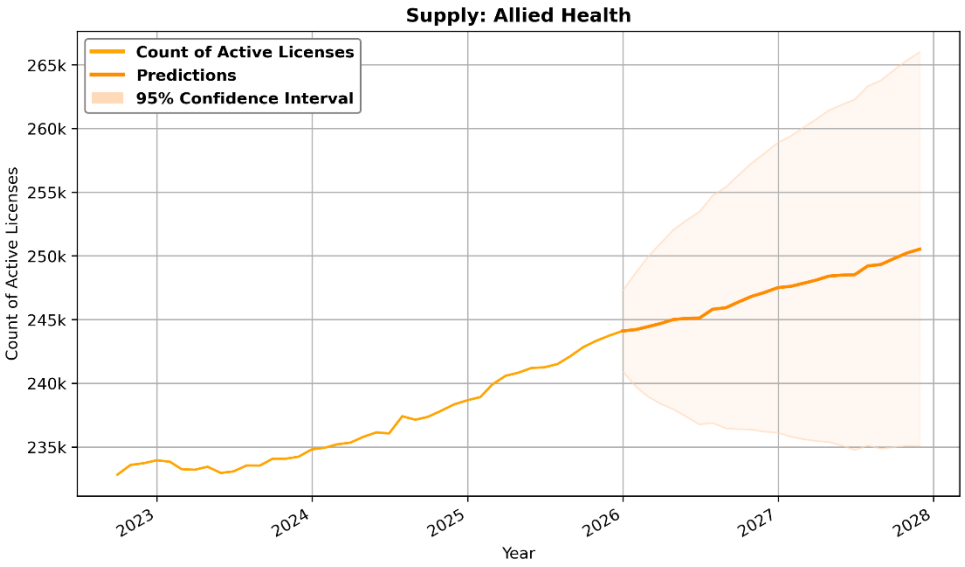
Table C-15: Distribution Index: Allied Health

License Name	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern & Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Advanced Practice Pharmacist	0.39	0.86	0.69	1.32	0.42	2.09	1.11	1.04	0.50
Audiologist	0.87	1.36	0.53	0.93	0.45	1.29	1.28	1.53	0.48
Chiropractor	1.25	1.18	0.59	1.01	1.02	1.64	0.85	1.10	0.49
Doctor Of Podiatric Medicine	0.88	1.24	0.68	1.11	0.85	1.36	1.00	0.85	0.66
Hearing Aid Dispenser	1.24	0.95	1.07	0.79	1.22	1.39	1.17	1.01	0.89
Hearing Aid Dispenser - Trainee	1.17	1.25	1.22	0.83	0.96	1.03	0.89	0.78	0.86
Licensed Acupuncturist	1.04	1.46	0.37	1.29	0.56	1.55	0.40	1.19	0.11
Occupational Therapist	1.11	1.24	0.65	1.10	0.62	1.34	0.98	1.20	0.42
Occupational Therapy Assistant	0.58	0.24	1.45	1.24	0.74	1.67	1.32	1.37	0.65
Optometrist	0.82	1.31	0.75	1.01	0.58	1.63	0.94	0.98	0.54
Pharmacy Technician	0.75	0.80	1.18	1.11	0.88	0.92	1.09	0.97	1.11
Physical Therapist	1.22	1.17	0.67	0.90	0.93	1.34	1.15	1.35	0.56
Physical Therapist Assistant	0.95	0.68	1.29	0.98	1.30	1.25	0.97	1.12	0.96
Polysomnographic Technician	1.90	0.83	1.73	0.52	1.56	0.31	1.41	0.35	1.72
Polysomnographic Technologist	1.41	1.30	0.90	0.50	1.05	1.37	2.07	0.67	0.87
Polysomnographic Trainee	0.92	0.52	2.67	0.43	0.38	2.94	1.64	0.23	0.42
Registered Contact Lens Dispenser	1.09	0.95	1.34	0.81	0.82	0.96	1.22	1.07	1.01
Registered Pharmacist	0.59	1.10	0.65	1.02	0.52	2.05	1.24	1.00	0.63
Registered Psychological Testing Technician	1.09	0.66	0.62	0.81	0.77	1.37	0.45	3.82	0.25
Registered Spectacle Lens Dispenser	0.93	0.90	1.27	0.97	0.74	1.08	1.08	1.18	0.83
Respiratory Care Practitioner	0.67	0.68	1.74	0.95	0.88	0.88	1.27	0.99	1.03
Speech Pathologist	1.15	1.01	0.83	0.91	0.89	1.32	1.14	1.30	0.78
Speech-Language Pathology Assistant	0.62	0.33	1.47	1.32	0.63	1.68	1.28	0.60	0.94
Allied Health Group	**0.87**	**0.97**	**0.96**	**1.04**	**0.80**	**1.35**	**1.10**	**1.09**	**0.77**

Low Under-Distribution (0.95-0.75)
Medium Under-Distribution (0.75-0.50)
High Under-Distribution (0.50 or less)
No Maldistribution (0.95-1.05)
Low Over-Distribution (1.05-1.25)
Medium Over-Distribution (1.25-1.50)
High Over-Distribution (1.50 or more)

Figure C-16: Supply Projections: Allied Health

To project supply for the Allied Health workforce, each license type within the group was individually modelled with a 95% confidence interval. Active license counts for each month from September 2022 to November 2025 were used to predict the monthly supply of active licenses each month from December 2025 to November 2027. The table below lists the count of active licenses for September of each year.



On average, the Allied Health group is expected to grow just under three percent by 2027. Most Allied Health license types are expected to increase over the next two years, with the exception of Chiropractors, Hearing Aid Dispenser Trainees, and Pharmacy Technicians, which are projected to decrease by 2027. These metrics combined with Retirement estimates (see *Figure C-5: Retirement Estimates: Allied Health*) will be crucial for calculating more accurate supply and demand projections for each license type in our modeling data.

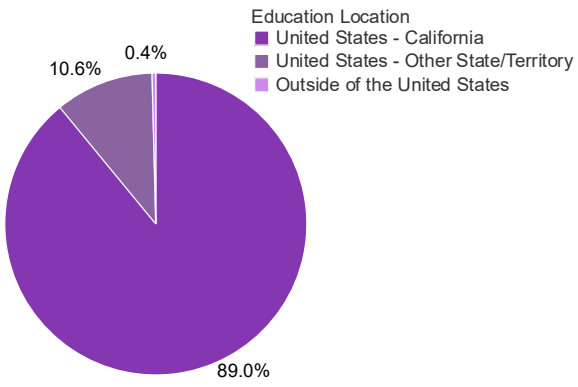
Table C-16: Supply Projections: Allied Health

License Name	2022	2023	2024	2025	2026	2027
Advanced Practice Pharmacist	1,018	1,136	1,286	1,410	1,535	1,664
Audiologist	1,501	1,505	1,551	1,606	1,623	1,653
Chiropractor	10,719	10,759	10,694	10,709	10,681	10,671
Doctor Of Podiatric Medicine	2,016	2,040	2,074	2,089	2,119	2,145
Hearing Aid Dispenser	1,121	1,052	1,088	1,121	1,122	1,122
Hearing Aid Dispenser - Trainee	141	168	168	145	133	131
Licensed Acupuncturist	9,703	9,639	9,627	9,585	9,518	9,472
Occupational Therapist	13,741	14,217	14,789	15,254	15,779	16,287
Occupational Therapy Assistant	3,556	3,752	3,930	4,058	4,213	4,376
Optometrist	7,182	7,289	7,368	7,450	7,496	7,566
Pharmacy Technician	65,016	62,887	61,613	62,783	62,439	61,796
Physical Therapist	25,238	25,966	26,752	27,616	28,360	29,180
Physical Therapist Assistant	7,603	7,981	8,441	8,836	9,242	9,650
Polysomnographic Technician	144	144	152	161	175	182
Polysomnographic Technologist	569	529	560	555	564	563
Registered Contact Lens Dispenser	1,204	1,284	1,359	1,432	1,514	1,592
Registered Pharmacist	39,812	40,290	40,771	41,015	41,421	41,823
Registered Spectacle Lens Dispenser	3,064	3,172	3,234	3,328	3,423	3,514
Respiratory Care Practitioner	19,212	19,484	19,837	20,178	20,587	21,001
Speech Pathologist	16,033	16,375	17,165	18,267	18,916	19,549
Speech-Language Pathology Assistant	4,227	4,398	4,908	5,239	5,516	5,838
Allied Health Group	**232,820**	**234,067**	**237,367**	**242,837**	**246,376**	**249,775**
Note: Cells shaded in light orange are predictions based on the Workforce Supply Model (see Figure C-16).						

Section D: Behavioral Health, All Figures

This section focuses on licenses issued by the California Board of Behavioral Sciences (Associate Clinical Social Worker, Associate Marriage and Family Therapist, Associate Professional Clinical Counselor, Licensed Clinical Social Worker, Licensed Educational Psychologist, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor), the Board of Registered Nursing (Psychiatric Mental Health Nurse), the Board of Psychology (Psychologist, Registered Psychological Associate) and the Board of Vocational Nursing and Psychiatric Technicians (Psychiatric Technicians).

Figure D-1: Education Location: Behavioral Health



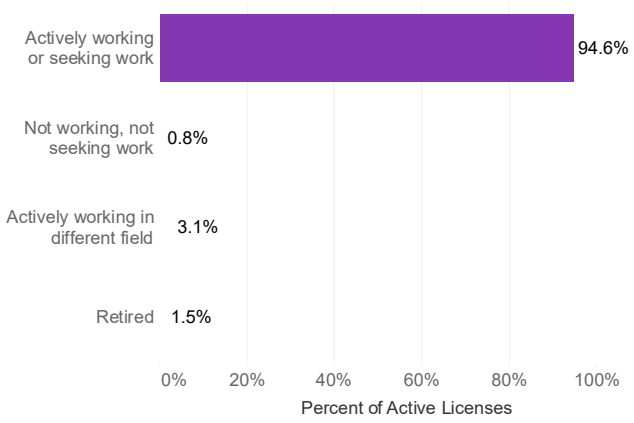
Nearly 100% of all Behavioral Health licensees complete their education in the U.S., with 89% receiving their initial qualifying degree in California, the highest of any health workforce group. Notable license types within the Behavioral Health workforce include Psychiatric Mental Health Nurses with only 51.3% receiving their initial qualifying degree in California, and Licensed Professional Clinical Counselors with only 72.5%. Psychiatric Mental Health Nurses also reported the highest rates of receiving their initial qualifying degrees from outside the U.S at 2.5%.

Table D-1: Education Location: Behavioral Health

License Name	U.S. - CA	U.S. - Other	Outside U.S.
Associate Clinical Social Worker	85.0%	14.6%	0.4%
Associate Marriage and Family Therapist	98.1%	1.8%	0.2%
Associate Professional Clinical Counselor	84.5%	15.4%	0.1%
Licensed Clinical Social Worker	82.8%	16.8%	0.4%
Licensed Educational Psychologist	91.6%	8.4%	0.1%
Licensed Marriage and Family Therapist	97.0%	2.8%	0.2%
Licensed Professional Clinical Counselor	72.5%	27.1%	0.4%
Psychiatric Mental Health Nurse	51.3%	46.2%	2.5%
Psychiatric Technician	97.0%	1.8%	1.2%
Psychologist	78.5%	20.8%	0.7%
Registered Psychological Associate	88.2%	10.7%	1.0%
Behavioral Health Group	**89.0%**	**10.6%**	**0.4%**

Figure D-2: Employment Status: Behavioral Health

Nearly 95% of Behavioral Health licensees are actively working or seeking work, while just over three percent are working in a different field and 1.5% have already retired. Notable license types within the Behavioral Health workforce include Licensed Educational Psychologists with over 20% actively working in a different field, and over 30% of Psychiatric Mental Health Nurses reporting already being retired, and 2.9% reporting not working or seeking work, despite their active license status. These data correlate with the above average age

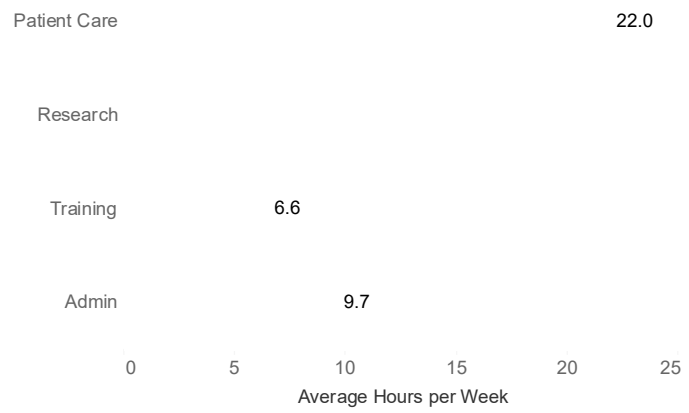


ranges for this license type (see *Figure D-5: Age Distribution: Behavioral Health*). These metrics will be used in the future to calculate more accurate supply data for each license type.

Table D-2: Employment Status: Behavioral Health

License Name	Actively working or seeking work	Not working, not seeking work	Actively working in different field	Retired
Associate Clinical Social Worker	93.3%	0.2%	6.3%	0.1%
Associate Marriage and Family Therapist	96.2%	0.6%	3.0%	0.2%
Associate Professional Clinical Counselor	95.2%	0.4%	4.4%	0.0%
Licensed Clinical Social Worker	93.3%	0.9%	3.4%	2.4%
Licensed Educational Psychologist	72.7%	1.3%	21.1%	4.9%
Licensed Marriage and Family Therapist	95.6%	1.1%	2.0%	1.4%
Licensed Professional Clinical Counselor	95.6%	0.8%	3.0%	0.6%
Psychiatric Mental Health Nurse	65.0%	2.9%	1.3%	30.8%
Psychiatric Technician	90.0%	1.2%	4.2%	4.6%
Psychologist	97.5%	0.6%	1.1%	0.8%
Registered Psychological Associate	96.1%	0.3%	3.5%	0.1%
Behavioral Health Group	**94.6%**	**0.8%**	**3.1%**	**1.5%**

Figure D-3: Full-Time Equivalent Metrics: Behavioral Health

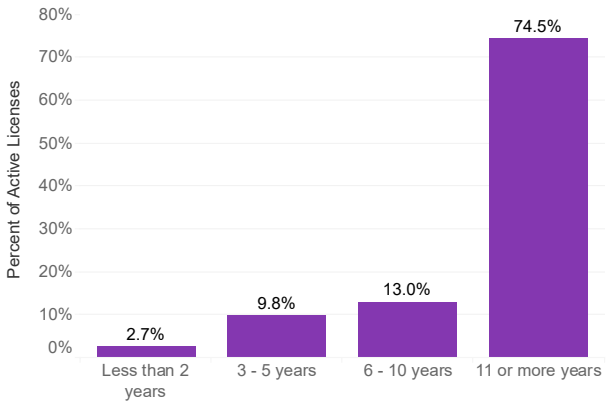


Full Time Equivalent (FTE) metrics were calculated for licensees that reported they were actively working in a position that required their license. On average, Behavioral Health licensees spend the highest number of hours per week on Patient Care (22.0 hours), and the least amount of time per week on Research (3.7 hours). This was the lowest amount of time spent on Patient Care of any health workforce group. Notable license types within the Behavioral Health workforce include Licensed Educational Psychologists who reported spending the least amount of time on Patient Care at only 17.5 hours per week, the lowest of any license type across the health workforce, and Psychiatric Technicians who reported the highest amounts of time per week on Patient Care (33.6 hours) and Training (8.3). These metrics will be used in the future to calculate more accurate supply and demand modeling.

Table D-3: Full-Time Equivalent Metrics: Behavioral Health

License Name	Patient Care	Research	Training	Admin
Associate Clinical Social Worker	25.5	5.9	7.6	9.4
Associate Marriage and Family Therapist	21.3	4.4	6.5	8.9
Associate Professional Clinical Counselor	21.6	4.5	6.7	9.0
Licensed Clinical Social Worker	22.4	3.1	6.4	10.8
Licensed Educational Psychologist	17.5	3.1	5.8	8.9
Licensed Marriage and Family Therapist	20.2	3.1	5.9	9.4
Licensed Professional Clinical Counselor	22.4	3.6	6.4	10.5
Psychiatric Mental Health Nurse	20.6	2.4	5.4	7.8
Psychiatric Technician	33.6	8.3	13.5	11.1
Psychologist	20.0	2.7	5.8	8.9
Registered Psychological Associate	22.3	4.5	7.5	8.6
Behavioral Health Group	**22.0**	**3.7**	**6.6**	**9.7**

Figure D-4: Retirement Estimates: Behavioral Health

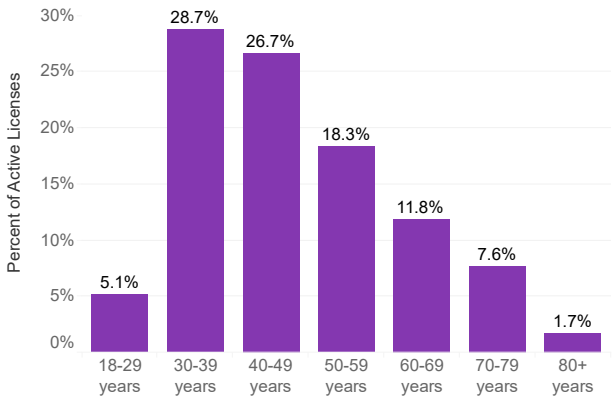


Among Behavioral Health licensees who reported actively working in a position that required their license, or were actively seeking work in their field, 74.5% estimated retiring in 11 or more years, and just under three percent estimated retiring within the next two years, the lowest of any health workforce group. Of note are Psychiatric Mental Health Nurses, with over 30% reporting they estimate retiring within the next two years, and nearly 60% reporting they plan to retire within the next five years, the highest of any license type across the health workforce. This trend may be driven by the above average ages of the licensees (see *Figure D-5: Age Distribution: Behavioral Health*). Additionally, more than 18% of Licensed Educational Psychologists, Psychiatric Technicians, and Psychologists also reported planning to retire within the next five years. These metrics will be crucial for calculating more accurate supply and demand models for each license type. In addition, this information may be useful in helping to identify which areas are in most need of funding to maintain the supply of Behavioral Health licensees across the state.

Table D-4: Retirement Estimates: Behavioral Health

License Name	0-2 years	3 - 5 years	6 - 10 years	11+ years
Associate Clinical Social Worker	0.5%	1.3%	4.6%	93.6%
Associate Marriage and Family Therapist	0.5%	1.3%	4.6%	93.6%
Associate Professional Clinical Counselor	0.6%	0.9%	4.0%	94.5%
Licensed Clinical Social Worker	3.4%	10.6%	14.0%	72.0%
Licensed Educational Psychologist	3.4%	16.7%	19.1%	60.9%
Licensed Marriage and Family Therapist	2.9%	12.2%	15.6%	69.3%
Licensed Professional Clinical Counselor	1.0%	4.9%	10.9%	83.3%
Psychiatric Mental Health Nurse	30.5%	29.0%	28.3%	12.3%
Psychiatric Technician	5.3%	14.9%	17.3%	62.5%
Psychologist	3.8%	15.0%	17.0%	64.2%
Registered Psychological Associate	0.3%	1.5%	3.7%	94.5%
Behavioral Health Group	**2.7%**	**9.8%**	**13.0%**	**74.5%**

Figure D-5: Age Distribution: Behavioral Health

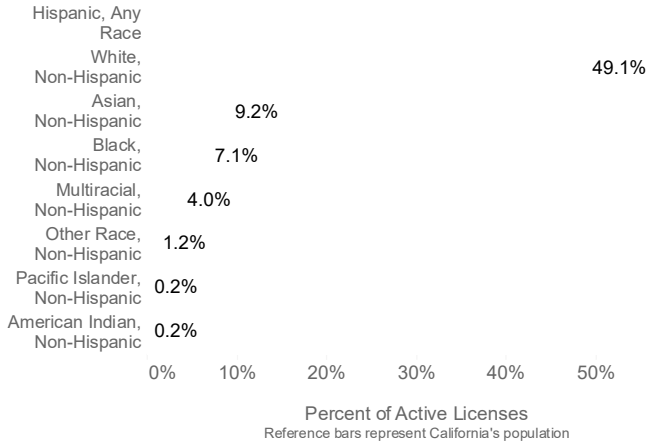


Overall, over 70% of Behavioral Health licensees are between the ages of 30 and 59 years old, with only 5.1% under the age of thirty, and 21.1% over the age of 59. License types with younger licensees include all four associate-level licenses, with 60% or more of licensees under the age of 40. License types with older licensees include Psychiatric Mental Health Nurses with more than 88% over the age of 59, the highest of any license type in the health workforce. This high proportion of older licensees among Psychiatric Mental Health Nurses is likely a contributing factor to the high percentage that are already retired or planning to retire within the next two years (see *Figure D-4: Retirement Estimates: Behavioral Health*).

Table D-5: Age Distribution: Behavioral Health

License Name	18-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years
Associate Clinical Social Worker	18.8%	47.7%	20.5%	9.7%	2.8%	0.5%	0.0%
Associate Marriage and Family Therapist	18.1%	42.0%	20.6%	12.8%	5.3%	1.2%	0.1%
Associate Professional Clinical Counselor	19.8%	45.1%	19.2%	11.3%	4.3%	0.4%	0.0%
Licensed Clinical Social Worker	1.5%	30.3%	29.5%	19.1%	11.5%	6.7%	1.4%
Licensed Educational Psychologist	0.0%	11.0%	33.3%	28.9%	15.2%	9.2%	2.4%
Licensed Marriage and Family Therapist	1.3%	22.6%	27.0%	19.9%	15.1%	11.3%	2.8%
Licensed Professional Clinical Counselor	2.8%	37.8%	26.7%	17.8%	10.8%	4.0%	0.2%
Psychiatric Mental Health Nurse	0.0%	0.0%	5.0%	6.3%	25.2%	47.8%	15.7%
Psychiatric Technician	5.3%	25.5%	30.4%	22.5%	13.4%	2.9%	0.2%
Psychologist	0.0%	14.5%	29.0%	22.3%	16.4%	14.4%	3.4%
Registered Psychological Associate	8.3%	42.1%	25.9%	15.0%	7.2%	1.3%	0.3%
Behavioral Health Group	**5.1%**	**28.7%**	**26.7%**	**18.3%**	**11.8%**	**7.6%**	**1.7%**

Figure D-6: Race/Ethnicity: Behavioral Health



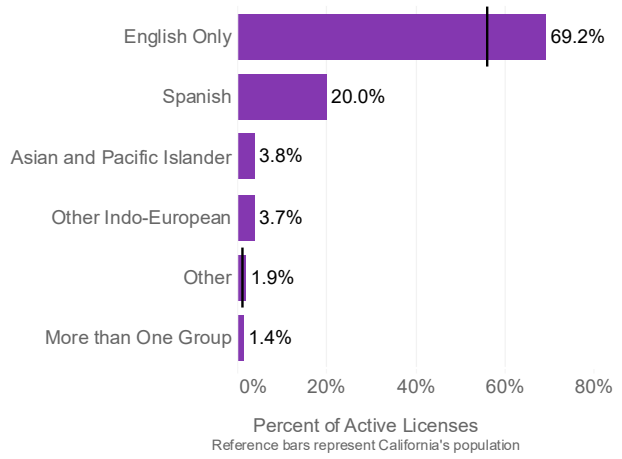
Across the Behavioral Health workforce, Hispanic, Any Race and Asian, Non-Hispanic licensees are the most underrepresented when compared to California's population, with only Associate Clinical Social Workers at or above the population average for Hispanic, Any Race and only Psychiatric Technicians at or above the population average for Asian, Non-Hispanic. Conversely, White, Non-Hispanic licensees are the most well represented with nine license types at or above the population average. Pacific Islander, Non-Hispanic licensees are well-represented in the Behavioral Health workforce on average but are still below the population average in seven different license types.

Table D-6: Race/Ethnicity: Behavioral Health

License Name	Hispanic, Any Race	White, NH	Asian, NH	Black, NH	Multiracial, NH	Other Race, NH	Pacific Islander, NH	American Indian, NH
Associate Clinical Social Worker	51.3%	23.5%	9.2%	10.7%	3.7%	0.8%	0.3%	0.4%
Associate Marriage and Family Therapist	36.6%	37.5%	10.3%	9.0%	5.1%	1.0%	0.3%	0.2%
Associate Professional Clinical Counselor	34.4%	38.9%	10.5%	9.8%	4.8%	1.2%	0.2%	0.2%
Licensed Clinical Social Worker	33.0%	45.2%	9.6%	6.9%	3.7%	1.2%	0.2%	0.2%
Licensed Educational Psychologist	21.0%	61.0%	6.6%	4.7%	5.2%	1.2%	0.1%	0.3%
Licensed Marriage and Family Therapist	22.5%	59.8%	7.0%	5.0%	3.9%	1.4%	0.2%	0.2%
Licensed Professional Clinical Counselor	21.5%	57.1%	9.1%	6.3%	4.9%	1.0%	0.1%	0.1%
Psychiatric Mental Health Nurse	4.6%	86.7%	3.6%	2.6%	2.5%	0.0%	0.0%	0.0%
Psychiatric Technician	35.8%	22.6%	17.2%	17.5%	3.9%	1.5%	1.1%	0.5%
Psychologist	12.4%	68.4%	10.1%	3.7%	3.7%	1.4%	0.1%	0.2%
Registered Psychological Associate	26.3%	41.8%	11.2%	12.2%	6.3%	1.5%	0.3%	0.4%
Behavioral Health Group	**28.9%**	**49.1%**	**9.2%**	**7.1%**	**4.0%**	**1.2%**	**0.2%**	**0.2%**
California's Population	**39.8%**	**34.6%**	**15.1%**	**5.3%**	**4.1%**	**0.5%**	**0.3%**	**0.3%**

NH = Non-Hispanic

Figure D-7: Languages Spoken: Behavioral Health



On average, the Spanish language is the most underrepresented in the Behavioral Health workforce when compared to California's population, at 20% with only Associate Clinical Social Workers at or above California's population. In addition, Asian and Pacific Islander languages are only spoken by 3.8% of the Behavioral Health group overall, the lowest of any health workforce group, and no license types are at or above the population average for Asian and Pacific Islander languages. Other-Indo European languages are also underrepresented, with only Psychologists and Registered Psychological Associates at or above the population average. Other languages are well represented overall and are above the population average for all license types. As a group, the Behavioral Health workforce is the least diverse linguistically, with the highest rates of English Only speaking licensees of any health workforce group.

Table D-7: Languages Spoken: Behavioral Health

License Name	English Only	Spanish	Asian and Pacific Islander	Other Indo-European	Other	Multiple Census Language Groups
Associate Clinical Social Worker	53.5%	37.5%	3.9%	2.3%	1.7%	1.1%
Associate Marriage and Family Therapist	65.2%	23.0%	4.2%	4.2%	1.9%	1.5%
Associate Professional Clinical Counselor	66.3%	21.2%	4.6%	3.9%	2.4%	1.6%
Licensed Clinical Social Worker	65.7%	25.7%	3.8%	2.4%	1.2%	1.1%
Licensed Educational Psychologist	77.1%	15.4%	2.6%	2.2%	1.2%	1.4%
Licensed Marriage and Family Therapist	74.7%	14.8%	2.9%	4.5%	1.7%	1.5%
Licensed Professional Clinical Counselor	75.4%	14.2%	3.5%	3.6%	1.9%	1.4%
Psychiatric Mental Health Nurse	86.9%	5.2%	1.9%	3.4%	1.8%	0.7%
Psychiatric Technician	63.6%	18.5%	9.5%	1.8%	4.8%	1.7%
Psychologist	78.3%	8.8%	3.4%	5.7%	2.1%	1.7%
Registered Psychological Associate	62.1%	17.3%	4.9%	9.0%	4.1%	2.5%
Behavioral Health Group	**69.2%**	**20.0%**	**3.8%**	**3.7%**	**1.9%**	**1.4%**
California's Population	**56.1%**	**28.2%**	**9.9%**	**4.6%**	**1.1%**	**N/A**

Figure D-8: Sexual Orientation: Behavioral Health

As a group, the majority (88.0%) of Behavioral Health licensees reported identifying as Straight or Heterosexual, the lowest of any health workforce group. Additionally, 5.2% reported identifying as Gay or Lesbian, 4.6% identified as Bisexual and 2.2% identified as Other, the highest rates for all three Sexual Orientations of any health workforce group. Within the Behavioral Health workforce, nine license types reported identifying as Gay or Lesbian or Bisexual as well as Other at or above the workforce average. Notably, Licensed Clinical Counselors and all four associate-level license types reported the most diverse Sexual Orientation rates of all license types within the health workforce.

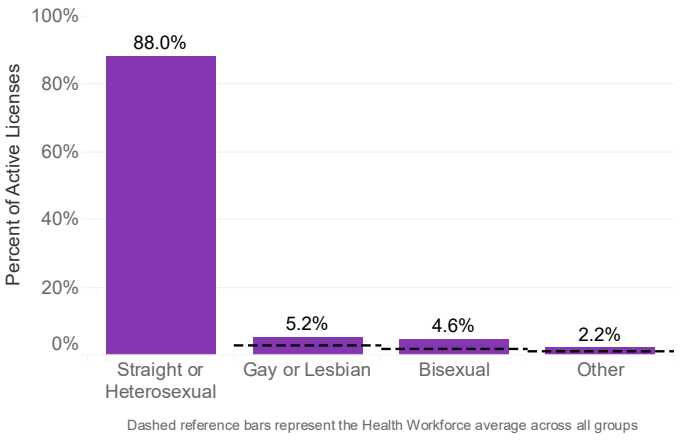
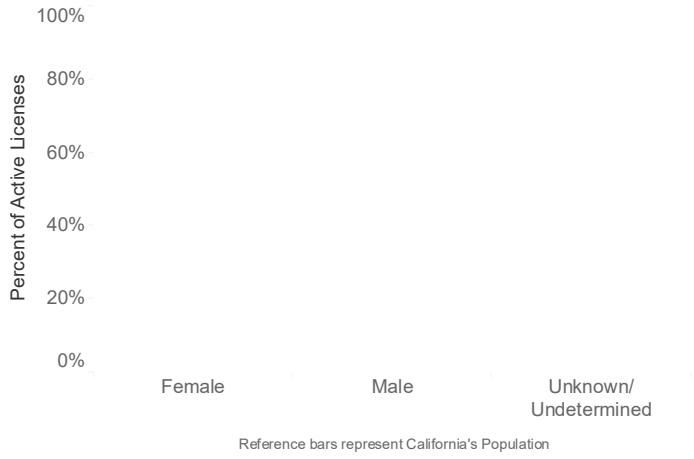


Table D-8: Sexual Orientation: Behavioral Health

Associate Clinical Social Worker	86.7%	4.6%	6.1%	2.6%
Associate Marriage and Family Therapist	84.8%	4.8%	7.4%	3.0%
Associate Professional Clinical Counselor	85.3%	4.4%	6.9%	3.4%
Licensed Clinical Social Worker	87.9%	6.0%	4.1%	2.0%
Licensed Educational Psychologist	95.7%	2.4%	1.3%	0.6%
Licensed Marriage and Family Therapist	88.5%	5.2%	4.3%	2.1%
Licensed Professional Clinical Counselor	85.6%	5.9%	5.7%	2.9%
Psychiatric Mental Health Nurse	89.6%	8.6%	1.2%	0.6%
Psychiatric Technician	95.3%	2.1%	1.2%	1.3%
Psychologist	88.0%	6.0%	4.0%	2.0%
Registered Psychological Associate	85.4%	6.0%	6.1%	2.5%

Figure D-9: Sex at Birth: Behavioral Health



As a group, the majority (81.2%) of Behavioral Health licensees reported identifying as Female, and 18.8% reported identifying as Male. Less than 0.1% of licensees identified as Unknown/Undetermined. Well above the Workforce averages were Psychiatric Mental Health Nurses, with nearly 90% identifying as Female, and nearly 40% of Psychiatric Technicians and almost 30% of Psychologists identifying as Male.

Table D-9: Sex at Birth: Behavioral Health

Associate Clinical Social Worker	86.0%	14.0%	0.0%
Associate Marriage and Family Therapist	82.0%	17.9%	0.1%
Associate Professional Clinical Counselor	84.4%	15.6%	0.0%
Licensed Clinical Social Worker	85.5%	14.5%	0.0%
Licensed Educational Psychologist	83.0%	17.0%	0.0%
Licensed Marriage and Family Therapist	82.2%	17.7%	0.0%
Licensed Professional Clinical Counselor	83.7%	16.2%	0.1%
Psychiatric Mental Health Nurse	89.4%	10.6%	0.0%
Psychiatric Technician	61.9%	37.9%	0.2%
Psychologist	72.5%	27.4%	0.0%
Registered Psychological Associate	79.0%	21.0%	0.0%
Behavioral Health Group	**81.2%**	**18.8%**	**0.0%**
California's Population	**50.0%**	**50.0%**	**N/A**

Figure D-10: Gender Identity: Behavioral Health

As a group, the majority (80.5%) of Behavioral Health licensees reported identifying as Female, and 18.6% reported identifying as Male. Licensees identifying as Transgender or not identifying as Male, Female or Transgender were nearly even at 0.4% and 0.5% each, and were the highest rates reported among any health workforce group. Well above the Workforce averages were Psychiatric Mental Health Nurses, with nearly 90% identifying as Female, and nearly 40% of Psychiatric Technicians and almost 30% of Psychologists identifying as Male.

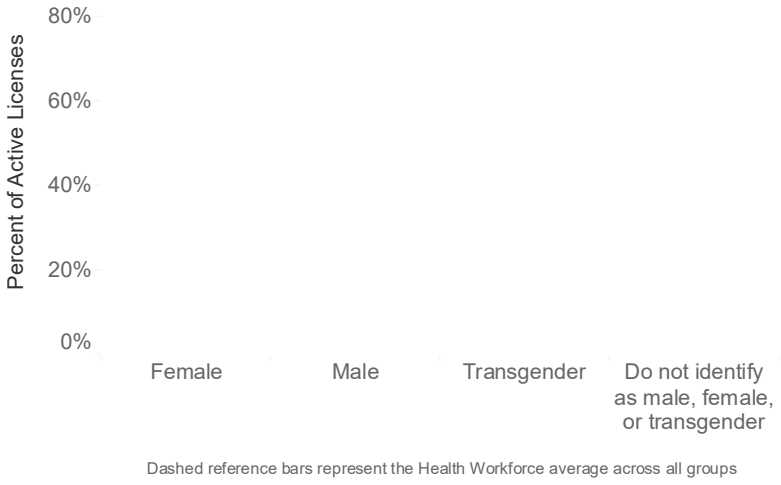
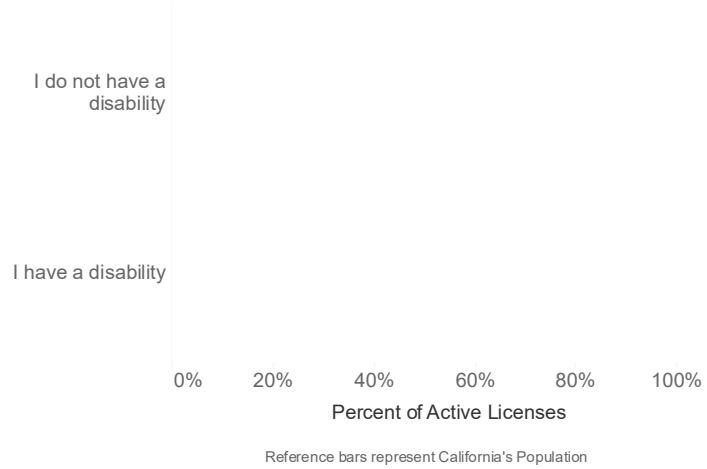


Table D-10: Gender Identity: Behavioral Health

License Name	Female	Male	Transgender	Do not identify as male, female, or transgender
Associate Clinical Social Worker	84.9%	13.8%	0.5%	0.8%
Associate Marriage and Family Therapist	80.9%	17.7%	0.6%	0.8%
Associate Professional Clinical Counselor	83.0%	15.5%	0.7%	0.8%
Licensed Clinical Social Worker	84.8%	14.4%	0.3%	0.5%
Licensed Educational Psychologist	82.8%	17.2%	0.0%	0.0%
Licensed Marriage and Family Therapist	81.6%	17.6%	0.3%	0.5%
Licensed Professional Clinical Counselor	82.7%	16.1%	0.4%	0.7%
Psychiatric Mental Health Nurse	89.3%	10.7%	0.0%	0.0%
Psychiatric Technician	62.3%	37.4%	0.1%	0.1%
Psychologist	71.9%	27.4%	0.2%	0.5%
Registered Psychological Associate	78.0%	20.7%	0.6%	0.7%
Behavioral Health Group	**80.5%**	**18.6%**	**0.4%**	**0.5%**
Health Workforce Average	**75.9%**	**23.8%**	**0.1%**	**0.1%**

Figure D-11: Disability Status: Behavioral Health



On average, 91.9% of Behavioral Health licensees did not identify as having a disability, while 8.1% reported having a disability, the highest of any health workforce group. Within the Behavioral Health workforce, all four associate-level licenses and Psychiatric Mental Health Nurses reported the highest rates of having a disability (10% or more), while Psychiatric Technicians reported the lowest at just over six percent.

Table D-11: Disability Status: Behavioral Health

License Name	I do not have a disability	I have a disability
Associate Clinical Social Worker	89.6%	10.4%
Associate Marriage and Family Therapist	89.6%	10.4%
Associate Professional Clinical Counselor	88.7%	11.3%
Licensed Clinical Social Worker	91.9%	8.1%
Licensed Educational Psychologist	92.0%	8.0%
Licensed Marriage and Family Therapist	92.9%	7.1%
Licensed Professional Clinical Counselor	91.4%	8.6%
Psychiatric Mental Health Nurse	88.5%	11.5%
Psychiatric Technician	93.6%	6.4%
Psychologist	92.8%	7.2%
Registered Psychological Associate	86.1%	13.9%
Behavioral Health Group	**91.9%**	**8.1%**
California's Population	**88.7%**	**11.3%**

Figure D-12: Active Licenses: Behavioral Health

As a group, the Los Angeles County region has the highest total number of Behavioral Health licenses in the state while the Northern & Sierra region has the least. Within the Behavioral Health workforce, Licensed Marriage Family Therapists and Licensed Clinical Social Workers make up more than 50% of all active Behavioral Health licenses, at 30% and 22.1% respectively. Psychiatric Mental Health Nurses make up the smallest portion of the Behavioral Health workforce at 0.1%. For detailed metrics on how the distribution of these active licenses compares to the population (see *Figure D-14: Distribution Index: Behavioral Health*).

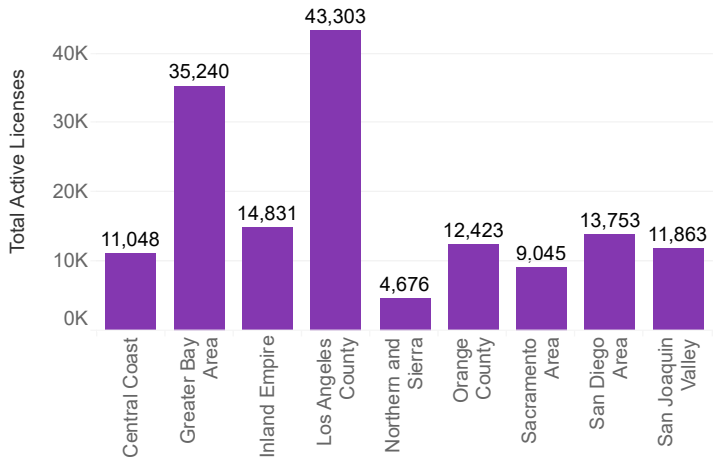
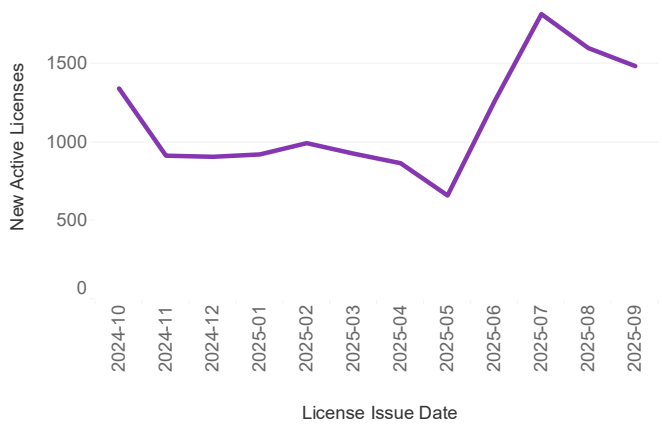


Table D-12: Active Licenses: Behavioral Health

License Name	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern and Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Associate Clinical Social Worker	908	2,922	2,044	5,616	677	1,153	979	1,345	1,813
Associate Marriage and Family Therapist	1,063	3,446	1,644	4,887	426	1,401	750	1,272	1,067
Associate Professional Clinical Counselor	331	1,128	798	1,308	117	531	369	656	472
Licensed Clinical Social Worker	1,966	7,460	2,909	11,073	1,164	2,492	2,244	3,052	2,142
Licensed Educational Psychologist	139	385	144	405	63	188	134	133	137
Licensed Marriage and Family Therapist	4,000	11,290	3,839	12,425	1,583	4,116	2,800	4,011	2,799
Licensed Professional Clinical Counselor	270	990	505	867	142	390	328	718	295
Psychiatric Mental Health Nurse	15	53	14	41	3	9	7	20	5
Psychiatric Technician	1,102	1,183	1,934	755	168	405	308	94	2,334
Psychologist	1,170	6,054	861	5,338	304	1,565	1,052	2,241	696
Registered Psychological Associate	84	329	139	588	29	173	74	211	103
Behavioral Health Group	**11,048**	**35,240**	**14,831**	**43,303**	**4,676**	**12,423**	**9,045**	**13,753**	**11,863**

Figure D-13: New Licenses: Behavioral Health



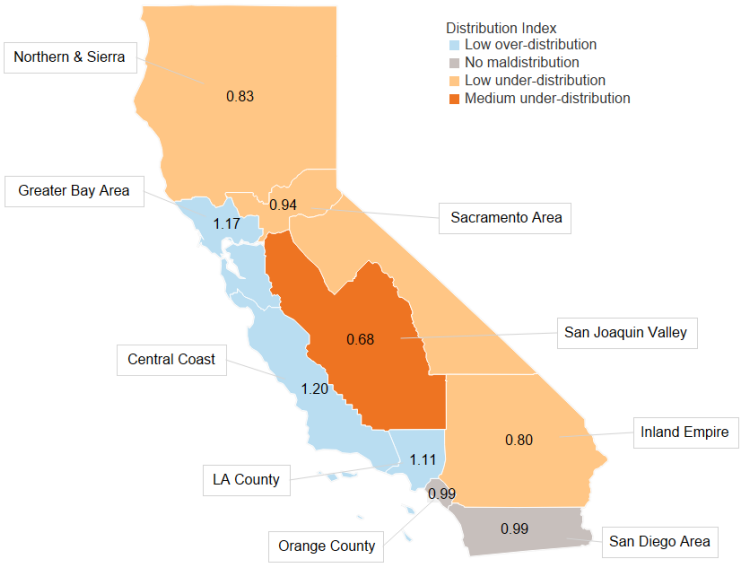
On average, there were 1,145 new active Behavioral Health licenses issued per month from October 2024 to September 2025. Within the Behavioral Health workforce, Associate Marriage and Family Therapists and Associate Clinical Social Workers make up the largest portion by total volume with an average of 788 new active licenses issued per month, more than 68% of all new Behavioral Health licenses issued. Associate-level licenses had the highest average issue rates relative to their total volume at 2-3%.

Table D-13: New Licenses: Behavioral Health

License Name	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09
Associate Clinical Social Worker	425	223	188	214	297	227	214	224	614	891	628	454
Associate Marriage and Family Therapist	473	397	397	315	385	434	320	241	325	491	513	571
Associate Professional Clinical Counselor	193	127	144	213	162	125	180	94	156	241	236	239
Licensed Clinical Social Worker	19	12	18	22	23	16	17	11	31	13	19	13
Licensed Educational Psychologist	3	6	18	20	8	12	16	8	15	26	21	13
Licensed Marriage and Family Therapist	22	9	11	9	5	5	3	6	3	2	3	2
Licensed Professional Clinical Counselor	10	11	18	10	9	12	11	9	7	2	4	8
Psychiatric Mental Health Nurse	0	0	0	0	0	0	0	0	0	0	0	0
Psychiatric Technician	23	15	9	21	27	13	13	5	17	28	15	11
Psychologist	84	52	62	74	45	52	59	41	44	62	84	66
Registered Psychological Associate	94	65	45	27	36	34	36	24	51	65	81	112
Behavioral Health Group	**1,346**	**917**	**910**	**925**	**997**	**930**	**869**	**663**	**1,263**	**1,821**	**1,604**	**1,489**

Figure D-14: Distribution Index: Behavioral Health

The distribution index describes the magnitude of difference between a region's share of the state's licenses and its share of the state's population. A distribution index of 1 indicates the region has an equal share of the state's licenses and population (e.g., 10% of the state's licenses and 10% of the state's population). A distribution index below 1 indicates a smaller share of licenses than population (e.g., 5% of the state's licenses and 10% of the state's population), and a distribution index greater than 1 indicates the opposite. The further away the index is from 1, the greater the maldistribution. Note: These distribution indexes reflect the distribution of



active *licenses*, not the distribution of *providers* as presented in *Section A: Model Projections, Behavioral Health*.

While the Los Angeles County region has the highest total count of active Behavioral Health licenses by volume, the Central Coast region has the highest distribution of active Behavioral Health licenses compared to the population. Similarly, while the Northern & Sierra region has the lowest total count of active Behavioral Health licenses by volume, the San Joaquin Valley region has the lowest distribution of active Behavioral Health licenses compared to the population. Specifically, the region has a third of the amount of Psychiatric Mental Health Nurses and Psychologists they should have based on their population size.

Table D-14: Distribution Index: Behavioral Health

License Name	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern & Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Associate Clinical Social Worker	0.88	0.86	0.99	1.29	1.08	0.82	0.91	0.87	0.93
Associate Marriage and Family Therapist	1.13	1.12	0.87	1.23	0.74	1.09	0.76	0.90	0.60
Associate Professional Clinical Counselor	0.98	1.02	1.18	0.92	0.57	1.16	1.05	1.29	0.74
Licensed Clinical Social Worker	0.97	1.12	0.71	1.28	0.94	0.90	1.05	0.99	0.56
Licensed Educational Psychologist	1.37	1.15	0.70	0.94	1.02	1.35	1.25	0.87	0.71
Licensed Marriage and Family Therapist	1.45	1.24	0.69	1.06	0.94	1.09	0.97	0.96	0.53
Licensed Professional Clinical Counselor	1.02	1.13	0.94	0.77	0.88	1.08	1.18	1.79	0.59
Psychiatric Mental Health Nurse	1.53	1.64	0.71	0.98	0.50	0.67	0.68	1.35	0.27
Psychiatric Technician	2.26	0.74	1.97	0.36	0.57	0.61	0.60	0.13	2.52
Psychologist	1.03	1.62	0.38	1.11	0.44	1.01	0.88	1.31	0.32
Registered Psychological Associate	0.82	0.98	0.68	1.36	0.47	1.24	0.69	1.37	0.53
Behavioral Health Group	**1.20**	**1.17**	**0.80**	**1.11**	**0.83**	**0.99**	**0.94**	**0.99**	**0.68**

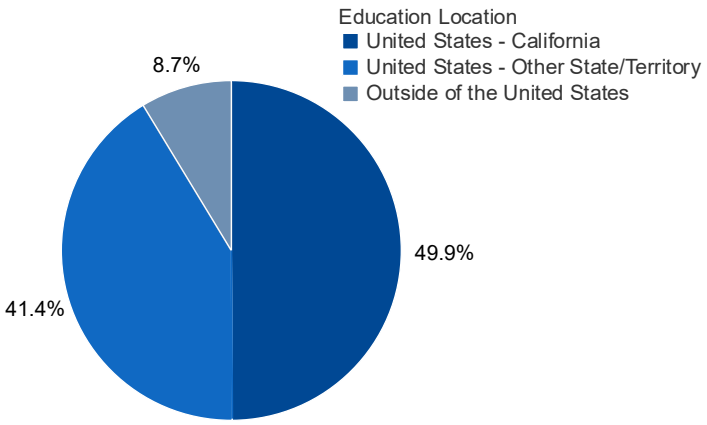
Low Under-Distribution (0.95-0.75) | No Maldistribution (0.95-1.05) | Low Over-Distribution (1.05-1.25)
Medium Under-Distribution (0.75-0.50) | Medium Over-Distribution (1.25-1.50)
High Under-Distribution (0.50 or less) | High Over-Distribution (1.50 or more)

With the exception of Psychiatric Technicians, the San Joaquin Valley Region has a smaller share of all Behavioral Health professionals compared with its share of the state population. The distribution index of 0.68 indicates that its share of the state's Behavioral Health licenses is barely over half of its share of the population. Data for the Inland Empire Region shows a similar, slightly less severe, maldistribution.

Section E: Medicine, All Figures

This section focuses on licenses issued by the Naturopathic Medicine Committee (Naturopathic Doctor), Medical Board of California (Physician and Surgeon), Osteopathic Medical Board of California (Osteopathic Physician and Surgeon), and the Physician Assistant Board (Physician Assistant).

Figure E-1: Education Location: Medicine



Over 90% of Medicine licensees completed their education in the U.S., but just under 50% received their initial qualifying degree within California, the lowest of any health workforce group. Notable license types within the Medicine workforce include Naturopathic Doctors with only 44.9% receiving their initial qualifying degree in California, and Physicians and Surgeons with over 10% receiving their initial qualifying degree from outside the U.S.

Table E-1: Education Location: Medicine

License Name	U.S. - CA	U.S. - Other	Outside U.S.
Naturopathic Doctor	44.9%	50.4%	4.6%
Osteopathic Physician and Surgeon	61.3%	38.7%	0.0%
Physician And Surgeon	46.9%	42.6%	10.6%
Physician Assistant	65.3%	34.3%	0.3%
Medicine Group	**49.9%**	**41.4%**	**8.7%**

Figure E-2: Residency Location: Medicine

For license types within the Medicine workforce that require a residency, nearly 100% of those licensees completed their residency within the U.S., and just over 60% completed their residency somewhere in California.

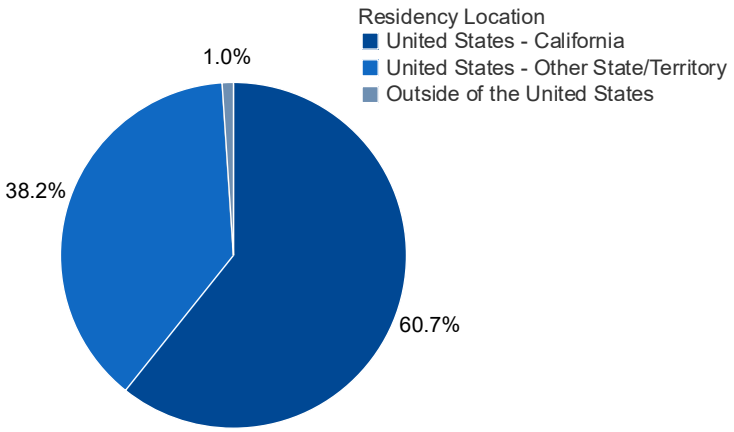
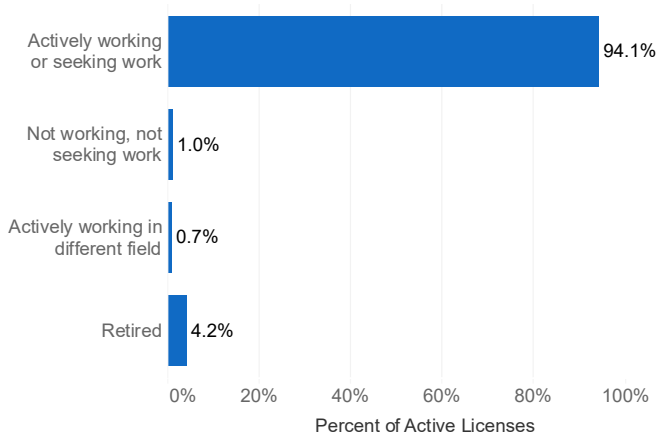


Table E-2: Residency Location: Medicine

License Name	U.S. - CA	U.S. - Other	Outside U.S.
Osteopathic Physician and Surgeon	60.1%	39.8%	0.0%
Physician And Surgeon	60.8%	38.1%	1.1%
Medicine Group	**60.7%**	**38.2%**	**1.0%**

Figure E-3: Employment Status: Medicine

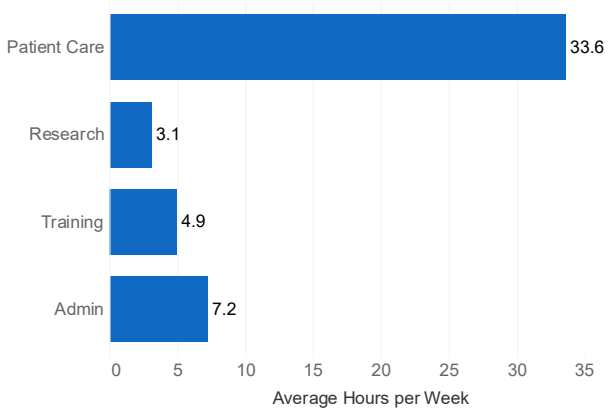


Nearly 95% of Medicine licensees are actively working or seeking work, while less than one percent are working in a different field. Over four percent have already retired, the highest of any health workforce group. Notable license types within the Medicine workforce include Naturopathic Doctors with 2.7% actively working in a different field, and five percent of Physician and Surgeons reporting already being retired despite their active license status. These data correlate with the above average age ranges for this license type (see *Figure E-6: Age Distribution: Medicine*).

Table E-3: Employment Status: Medicine

License Name	Actively working or seeking work	Not working, not seeking work	Actively working in different field	Retired
Physician And Surgeon	93.3%	1.1%	0.7%	5.0%
Physician Assistant	97.4%	1.1%	0.8%	0.8%
Osteopathic Physician and Surgeon	98.9%	0.3%	0.2%	0.7%
Naturopathic Doctor	96.2%	0.4%	2.7%	0.7%
Medicine Group	**94.1%**	**1.0%**	**0.7%**	**4.2%**

Figure E-4: Full-Time Equivalent Metrics: Medicine

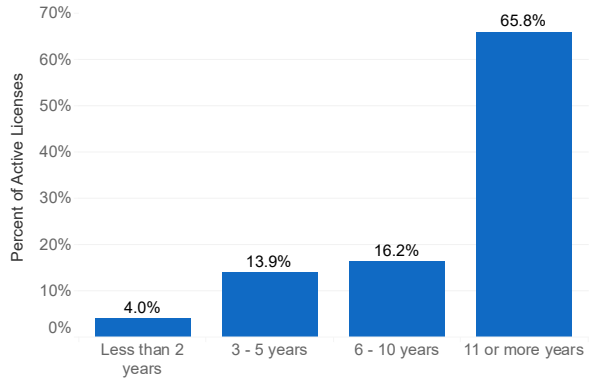


Full Time Equivalent (FTE) metrics were calculated for licensees that reported they were actively working in a position that required their license. On average, Medicine licensees spend the highest number of hours per week on Patient Care (33.6 hours), the highest of any health workforce group, and the least amount of time per week on Research (3.1 hours). Notable license types within the Medicine workforce include Naturopathic Doctors, who reported spending the least amount of time on Patient Care at only 22.9 hours per week, and Osteopathic Physicians and Surgeons, who reported spending the highest amount of time on Patient Care at 36.7 hours per week. These metrics will be used in the future to calculate more accurate supply and demand modeling.

Table E-4: Full-Time Equivalent Metrics: Medicine

License Name	Patient Care	Research	Training	Admin
Naturopathic Doctor	22.9	6.0	6.1	10.0
Osteopathic Physician and Surgeon	36.7	1.7	5.6	7.4
Physician And Surgeon	33.2	3.3	4.8	7.3
Physician Assistant	35.1	2.3	4.9	6.1
Medicine Group	**33.6**	**3.1**	**4.9**	**7.2**

Figure E-5: Retirement Estimates: Medicine



Among Medicine licensees who reported actively working in a position that required their license, or were actively seeking work in their field, only 65.8% estimated retiring in 11 or more years, and four percent estimated retiring within the next two years. Nearly 18% estimated retiring within the next five years, the highest of any health workforce group. Of particular note are Physicians and Surgeons, with just over 20% estimating retiring within the next five years, and over 37% estimating retiring within the next 10 years. Nearly 20% of Naturopathic Doctors and Physician Assistants also estimate retiring within the next 10 years. These trends may be driven by the above average ages of the licensees within this health workforce group (see *Figure E-6: Age Distribution: Medicine*). These metrics will be crucial for calculating more accurate supply and demand models for each license type. In addition, this information may be useful in helping to identify which areas are in most need of funding to maintain the supply of Medicine licensees across the state.

Table E-5: Retirement Estimates: Medicine

License Name	0-2 years	3 - 5 years	6 - 10 years	11+ years
Naturopathic Doctor	1.5%	5.1%	13.0%	80.4%
Osteopathic Physician and Surgeon	1.2%	5.5%	10.3%	83.0%
Physician And Surgeon	4.5%	15.8%	17.4%	62.2%
Physician Assistant	2.1%	6.9%	11.9%	79.1%
Medicine Group	**4.0%**	**13.9%**	**16.2%**	**65.8%**

Figure E-6: Age Distribution: Medicine

Just over 71% of Medicine licensees are between the ages of 30 and 59 years old, with less than one percent under the age of thirty, and 27.9% over the age of 59, the highest across all health workforce groups. License types with younger licensees include Physician Assistants, with 5.1% under the age of 30, and 45% under the age of 40. License types with older licensees include Physicians and Surgeons, with more than 30% over the age of 59. This high proportion of older licensees among Physicians and Surgeons is likely a contributing factor to the high percentage that are already retired or planning to retire within the next two years (see *Figure E-5: Retirement Estimates: Medicine*).

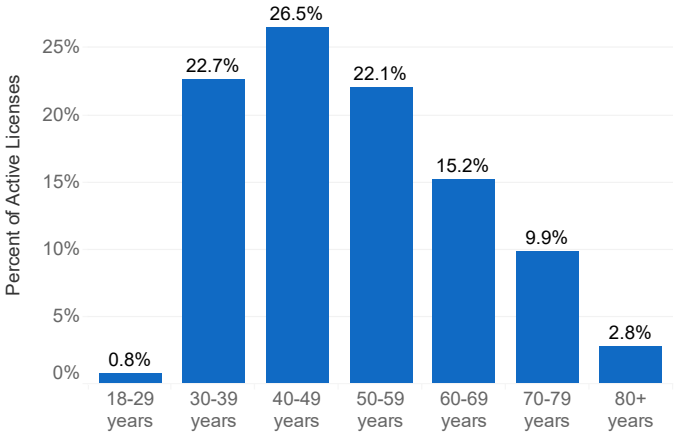
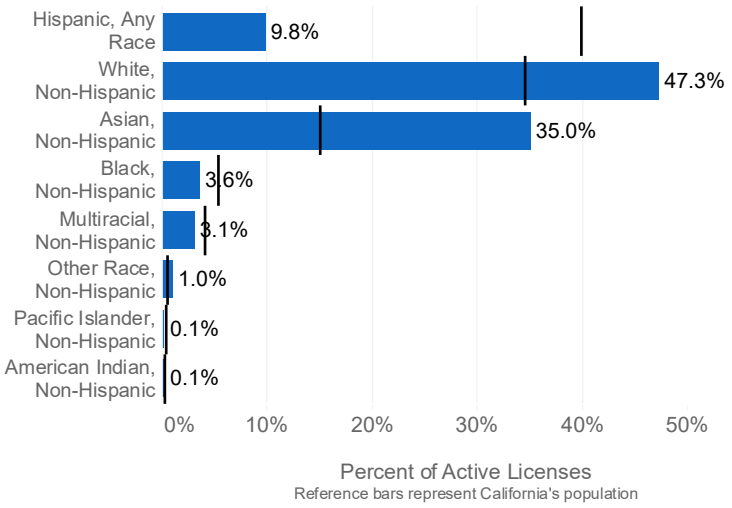


Table E-6: Age Distribution: Medicine

License Name	18-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years
Naturopathic Doctor	0.4%	29.0%	35.5%	24.2%	7.6%	2.8%	0.5%
Osteopathic Physician and Surgeon	0.2%	36.1%	34.5%	18.3%	7.7%	3.0%	0.3%
Physician And Surgeon	0.3%	19.2%	25.8%	23.1%	16.8%	11.4%	3.4%
Physician Assistant	5.1%	39.9%	26.2%	16.7%	8.9%	3.0%	0.2%
Medicine Group	**0.8%**	**22.7%**	**26.5%**	**22.1%**	**15.2%**	**9.9%**	**2.8%**

Figure E-7: Race/Ethnicity: Medicine



Across the Medicine workforce, Hispanic, Any Race, and Black, Non-Hispanic races are the most underrepresented when compared to California's population, with no license types at or above the population average for either Race & Ethnicity group. Conversely, White, Non-Hispanic and Asian, Non-Hispanic races are the most well represented with all four license types at or above the population average for White, Non-Hispanic, and three out of four license types for Asian, Non-Hispanic.

Table E-7: Race/Ethnicity: Medicine

License Name	Hispanic, Any Race	White, NH	Asian, NH	Black, NH	Multiracial, NH	Other Race, NH	Pacific Islander, NH	American Indian, NH
Naturopathic Doctor	8.4%	65.9%	14.9%	2.2%	5.3%	3.1%	0.0%	0.3%
Osteopathic Physician and Surgeon	6.1%	47.2%	40.8%	1.6%	3.4%	0.8%	0.1%	0.1%
Physician And Surgeon	9.0%	47.1%	36.3%	3.7%	2.9%	0.9%	0.0%	0.1%
Physician Assistant	17.9%	48.4%	23.1%	4.0%	4.3%	1.6%	0.5%	0.2%
Medicine Group	**9.8%**	**47.3%**	**35.0%**	**3.6%**	**3.1%**	**1.0%**	**0.1%**	**0.1%**
California's Population	**39.8%**	**34.6%**	**15.1%**	**5.3%**	**4.1%**	**0.5%**	**0.3%**	**0.3%**
NH = Non-Hispanic								

Figure E-8: Languages Spoken: Medicine

Spanish is the most underrepresented language in the Medicine workforce when compared to California's population, with no license types at or above the population average and the lowest average of any health workforce group. Other Indo-European languages and Other languages are both well represented, with all four license types at or above the population average. Asian and Pacific Islander languages are fairly well represented on average; however, this is largely driven by the high rates among Osteopathic Physicians and Surgeons and is at or below the population average for the other three license types within the Medicine group. Physicians and Surgeons have the highest proportion of licensees who provide services in multiple census language groups.

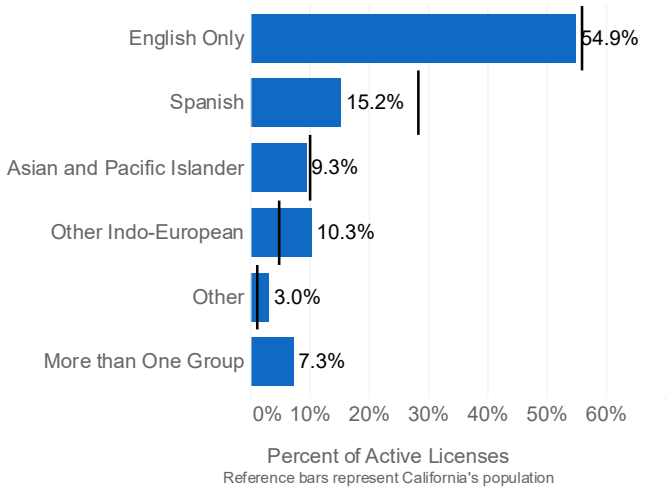
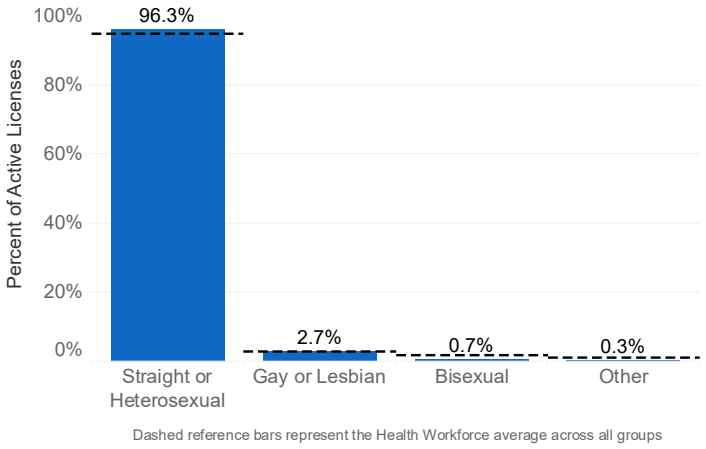


Table E-8: Languages Spoken: Medicine

License Name	English Only	Spanish	Asian and Pacific Islander	Other Indo-European	Other	Multiple Census Language Groups
Naturopathic Doctor	72.5%	8.6%	4.6%	7.9%	2.7%	3.7%
Osteopathic Physician and Surgeon	59.4%	11.5%	11.8%	8.6%	2.0%	6.7%
Physician And Surgeon	53.6%	14.8%	9.5%	11.2%	3.2%	7.7%
Physician Assistant	60.3%	20.9%	7.1%	4.8%	1.9%	4.9%
Medicine Group	**54.9%**	**15.2%**	**9.3%**	**10.3%**	**3.0%**	**7.3%**
California's Population	**56.1%**	**28.2%**	**9.9%**	**4.6%**	**1.1%**	**N/A**

Figure E-9: Sexual Orientation: Medicine



As a group, the majority (96.3%) of Medicine licensees reported identifying as Straight or Heterosexual and 2.7% reported identifying as Gay or Lesbian. Less than one percent identified as Bisexual and only 0.3% identified as Other, the lowest rate among any health workforce group. Notably, Osteopathic Physicians and Surgeons and Physicians and Surgeons reported some of the lowest rates for Bisexual and Other of any license type within the health workforce, while Naturopathic Doctors reported identifying as Bisexual well above the health workforce average.

Table E-9: Sexual Orientation: Medicine

License Name	Straight or Heterosexual	Gay or Lesbian	Bisexual	Other
Naturopathic Doctor	91.9%	2.9%	4.8%	0.4%
Osteopathic Physician and Surgeon	96.7%	2.6%	0.5%	0.2%
Physician And Surgeon	96.4%	2.7%	0.6%	0.3%
Physician Assistant	95.5%	2.9%	1.3%	0.3%
Medicine Group	**96.3%**	**2.7%**	**0.7%**	**0.3%**
Health Workforce Average	**94.8%**	**2.7%**	**1.6%**	**0.9%**

Figure E-10: Sex at Birth: Medicine

As a group, the majority (54.7%) of Medicine licensees reported identifying as Male, and 45.2% reported identifying as Female. While this is the highest percentage identifying as Male of any health workforce group, it is also the closest split between Male and Female licensees of any health workforce group and closest to California's population. Licensees identifying as Unknown/Undetermined were the lowest of any health workforce group at less than 0.1%. Notably, Osteopathic Physicians and Surgeons have the closest split between Male and Female licensees of any license type within the health workforce.

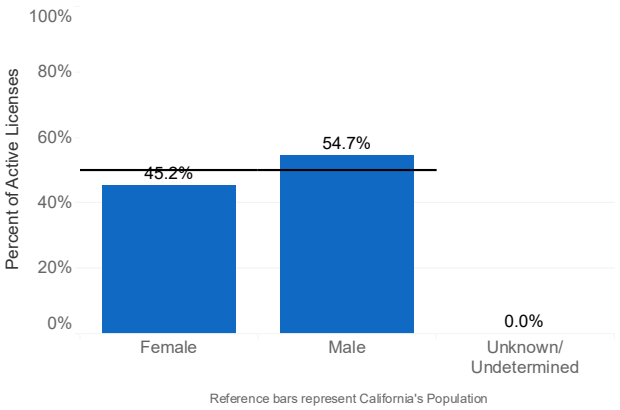
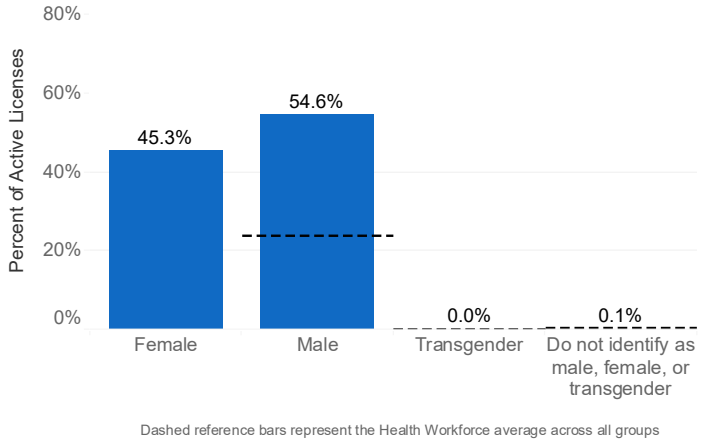


Table E-10: Sex at Birth: Medicine

License Name	Female	Male	Unknown/Undetermined
Naturopathic Doctor	75.9%	24.1%	0.0%
Osteopathic Physician and Surgeon	46.1%	53.9%	0.0%
Physician And Surgeon	41.8%	58.2%	0.0%
Physician Assistant	69.7%	30.3%	0.0%
Medicine Group	**45.2%**	**54.7%**	**0.0%**
California's Population	**50.0%**	**50.0%**	**N/A**

Figure E-11: Gender Identity: Medicine



As a group, the majority (54.6%) of Medicine licensees reported identifying as Male, and almost 45.3% reported identifying as Female. While this is the highest percentage identifying as Male of any health workforce group, it is also the closest split between Male and Female licensees of any health workforce group. Licensees identifying as Transgender were the lowest of any health workforce group at less than 0.1%, and licensees not identifying as Male, Female or Transgender were below the workforce average at 0.1%. Notably, Osteopathic Physicians and Surgeons have the closest split between Male and Female licensees of any license type within the health workforce.

Table E-11: Gender Identity: Medicine

License Name	Female	Male	Transgender	Do not identify as male, female, or transgender
Naturopathic Doctor	75.8%	24.0%	0.0%	0.2%
Osteopathic Physician and Surgeon	46.3%	53.6%	0.0%	0.1%
Physician And Surgeon	41.8%	58.0%	0.0%	0.1%
Physician Assistant	69.6%	30.3%	0.0%	0.1%
Medicine Group	**45.3%**	**54.6%**	**0.0%**	**0.1%**
Health Workforce Average	**75.9%**	**23.8%**	**0.1%**	**0.1%**

Figure E-12: Disability Status: Medicine

On average, 98.5% of Medicine licensees did not identify as having a disability, while only 1.5% reported having a disability, the lowest of any health workforce group. Within the Medicine workforce, Naturopathic Doctors reported the highest rates of having a disability at 3%, while Osteopathic Physicians and Surgeons and Physicians and Surgeons reported the lowest at just over one percent each, the lowest rates among all license types within the health workforce.

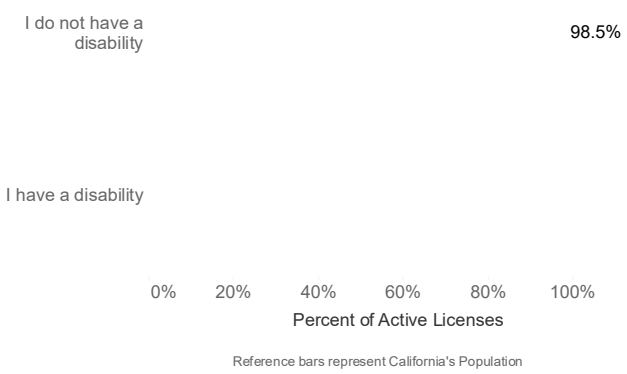
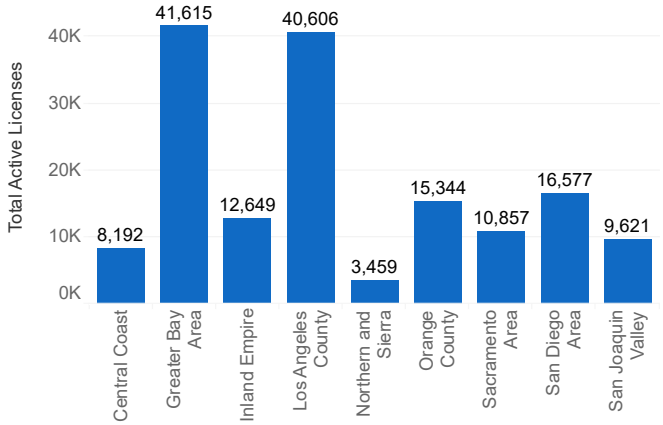


Table E-12: Disability Status: Medicine

License Name	I do not have a disability	I have a disability
Naturopathic Doctor	97.0%	3.0%
Osteopathic Physician and Surgeon	98.8%	1.2%
Physician And Surgeon	98.6%	1.4%
Physician Assistant	97.3%	2.7%
Medicine Group	**98.5%**	**1.5%**
California's Population	**88.7%**	**11.3%**

Figure E-13: Active Licenses: Medicine



As a group, the Greater Bay Area has the highest total number of Medicine licenses in the state while the Northern & Sierra Region has the fewest. Within the Medicine workforce, Physicians and Surgeons make up nearly 82% of all active Medicine licenses, while Naturopathic Doctors make up the smallest portion at 0.5%. For detailed metrics on how the distribution of these active licenses compares to the population (see *Figure E-15: Distribution Index: Medicine*).

Table E-13: Active Licenses: Medicine

License Name	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern & Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Naturopathic Doctor	53	215	33	127	26	100	50	218	15
Osteopathic Physician and Surgeon	756	2,081	1,652	2,832	393	1,209	840	1,234	965
Physician And Surgeon	6,288	36,313	9,201	33,826	2,434	12,087	8,891	13,292	7,390
Physician Assistant	1,095	3,006	1,763	3,821	606	1,948	1,076	1,833	1,251
Medicine Group	**8,192**	**41,615**	**12,649**	**40,606**	**3,459**	**15,344**	**10,857**	**16,577**	**9,621**

Figure E-14: New Licenses: Medicine

On average, there were 423 new active Medicine licenses issued per month from October 2024 to September 2025. Within the Medicine workforce, Physicians and Surgeons make up the largest portion by total volume with an average of 268 new active licenses issued per month, while Physician Assistants had the highest average issue rate relative to their total volume at just 0.6%. Future work will aim to use this information in conjunction with education pipeline data to better understand potential workforce supply trends.

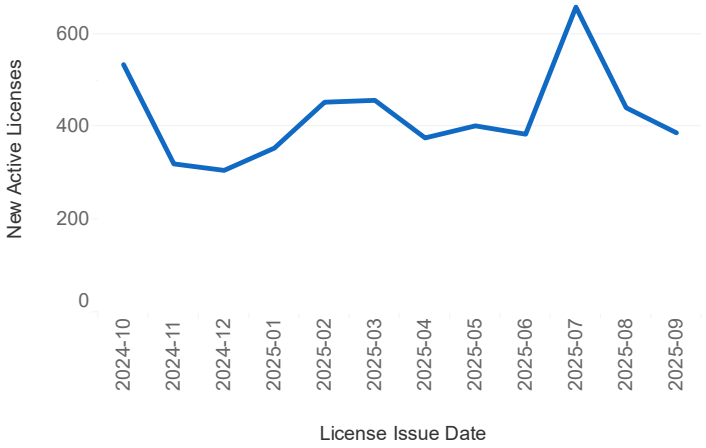
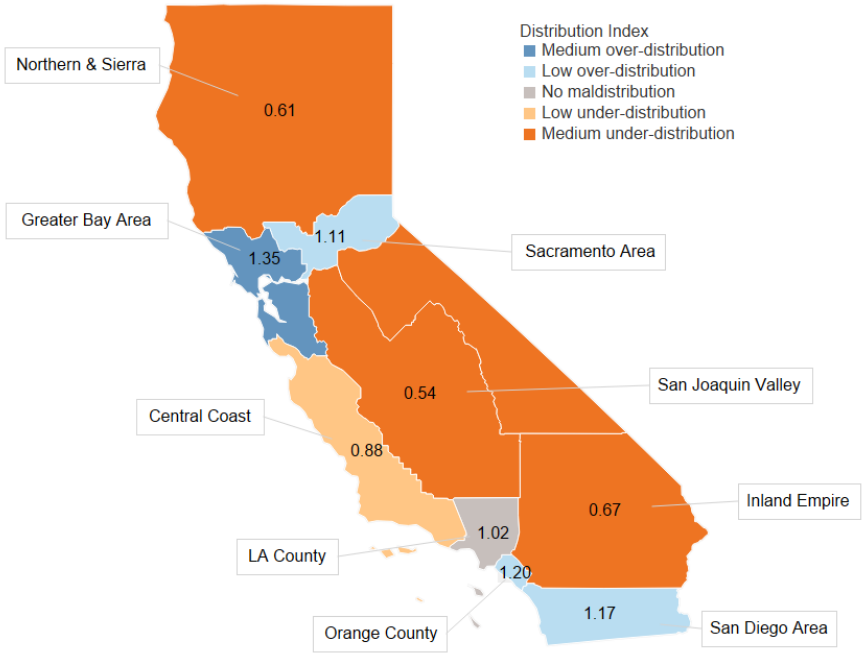


Table E-14: New Licenses: Medicine

License Name	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09
Naturopathic Doctor	13	4	5	1	1	1	3	7	4	2	2	5
Osteopathic Physician and Surgeon	59	30	30	31	49	43	56	45	43	82	62	64
Physician And Surgeon	293	193	192	193	223	314	269	262	229	467	322	258
Physician Assistant	169	93	79	129	180	99	48	88	108	107	55	60
Medicine Group	**534**	**320**	**306**	**354**	**453**	**457**	**376**	**402**	**384**	**658**	**441**	**387**

Figure E-15: Distribution Index: Medicine



The distribution index describes the magnitude of difference between a region's share of the state's licenses and its share of the state's population. A distribution index of 1 indicates the region has an equal share of the state's licenses and population (e.g., 10% of the state's licenses and 10% of the state's population). A distribution index below 1 indicates a smaller share of licenses than population (e.g., 5% of the state's licenses and 10% of the state's population), and a distribution index greater than 1 indicates the opposite. The further away the index is from 1, the greater the maldistribution.

The Greater Bay Area region has the highest total count of active Medicine licenses by volume, as well as the highest distribution of active Medicine licenses compared to the population. While Northern & Sierra region has the lowest total count of active Medicine licenses by volume, San Joaquin Valley has the lowest distribution of active Medicine licenses compared to the population. Specifically, the region has just over 50% of the Physicians and Surgeons, as well as less than 20% of the amount of Naturopathic Doctors they should have based on their population size.

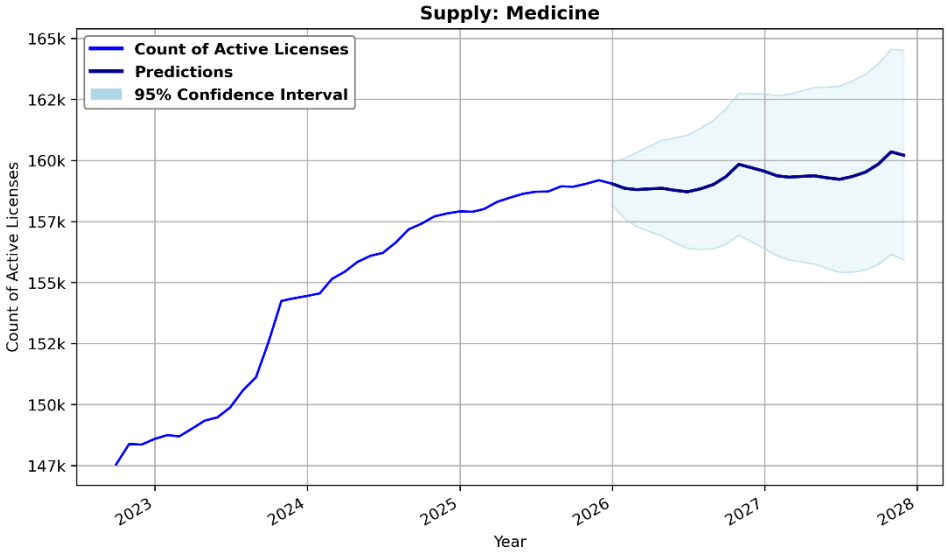
Table E-15: Distribution Index: Medicine

License Name	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern & Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Naturopathic Doctor	1.08	1.33	0.33	0.61	0.87	1.49	0.97	2.93	0.16
Osteopathic Physician and Surgeon	1.07	0.90	1.16	0.95	0.92	1.26	1.14	1.16	0.72
Physician And Surgeon	0.82	1.45	0.60	1.04	0.52	1.16	1.11	1.15	0.51
Physician Assistant	1.13	0.95	0.91	0.93	1.03	1.48	1.06	1.26	0.68
Medicine Group	**0.88**	**1.35**	**0.67**	**1.02**	**0.61**	**1.20**	**1.11**	**1.17**	**0.54**

Low Under-Distribution (0.95-0.75) ☐ No Maldistribution (0.95-1.05) Low Over-Distribution (1.05-1.25)
Medium Under-Distribution (0.75-0.50) Medium Over-Distribution (1.25-1.50)
High Under-Distribution (0.50 or less) High Over-Distribution (1.50 or more)

Overall, Medicine licenses are fairly well distributed across the state, though there is an extremely high ratio of Naturopathic Doctors in the San Diego Area. The San Joaquin Valley Region has the lowest distribution index across all Medicine license types; the value of 0.54 indicates that the share of the state's Medicine licenses is nearly half that of the San Joaquin Valley Region's population, though this is mostly being driven by a low rate of Naturopathic Doctors in the region.

Figure E-16: Supply Projections: Medicine



To project supply for the Medicine workforce, each license type within the group was individually modelled with a 95% confidence interval. Active license counts for each month from September 2022 to November 2025 were used to predict the monthly supply of active licenses each month from December 2025 to November 2027. The table below lists the count of active licenses for September of each year.

On average, the Medicine workforce is expected to grow 0.6% by the end of 2027. Every license type within the group is expected to increase over the next three years, with the greatest growth occurring in Osteopathic Physicians and Surgeons who have a projected growth rate of 12% by 2027. These metrics combined with Retirement estimates (see *Figure E-5: Retirement Estimates: Medicine*) will be crucial for calculating more accurate supply and demand projections for each license type in our modeling data.

Table E-16: Supply Projections: Medicine

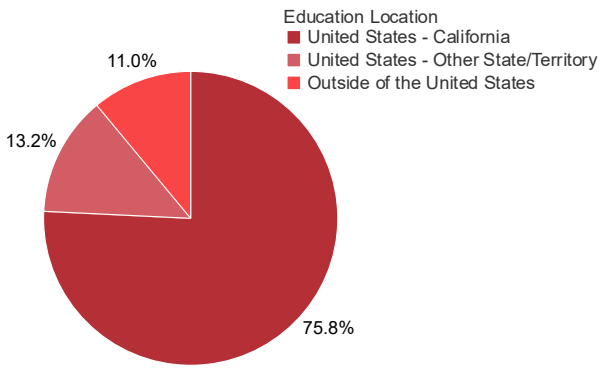
License Types	2022	2023	2024	2025	2026	2027
Naturopathic Doctor	793	794	828	837	850	864
Osteopathic Physician and Surgeon	9,747	10,843	11,530	11,962	12,669	13,399
Physician and Surgeon	123,242	126,399	129,638	129,724	128,555	127,449
Physician Assistant	13,764	14,515	15,403	16,399	17,257	18,130
Medicine Group	**147,546**	**152,551**	**157,399**	**158,922**	**159,331**	**159,842**

Note: Cells shaded in light blue are predictions based on the Workforce Supply Model (see Figure E-16).

Section F: Nursing, All Figures

This section focuses on licenses issued by the California Board of Registered Nursing (Registered Nurse, Public Health Nurse) and Board of Vocational Nursing and Psychiatric Technicians (Vocational Nurse).

Figure F-1: Education Location: Nursing



Nearly 90% of Nursing licensees completed their education in the U.S., with over 75% receiving their initial qualifying degree within California. 11% reported receiving their initial qualifying degree outside the U.S., the highest of all health workforce Groups. Notable license types within the Nursing workforce include Registered Nurses with just under 70% receiving their initial qualifying degree in California and 14.1% receiving their initial qualifying degree from somewhere outside the U.S.

Table F-1: Education Location: Nursing

	-	-	
Public Health Nurse	93.2%	5.1%	1.7%
Registered Nurse	69.2%	16.8%	14.1%
Vocational Nurse	92.5%	3.4%	4.0%

Figure F-2: Employment Status: Nursing

Over 92% of Nursing licensees are actively working or seeking work, while just under two percent are actively working in a different field and just under four percent are already retired. Notable license types within the Nursing workforce include Vocational Nurses with 3.2% actively working in a different field, and over six percent of Public Health Nurses reporting already being retired despite their active license status. These metrics will be used in the future to calculate more accurate supply data for each license type.

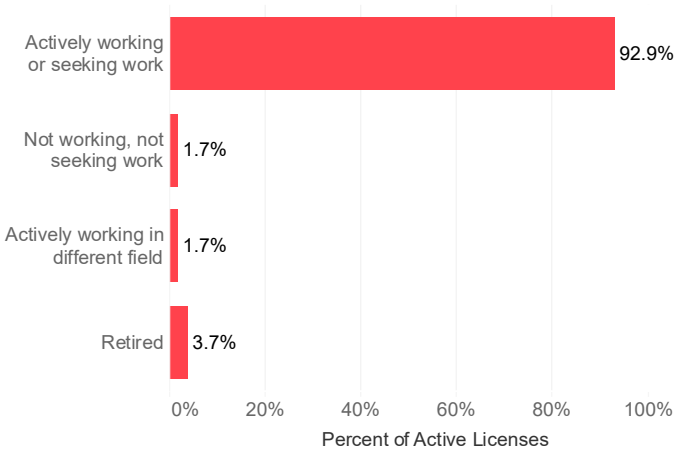
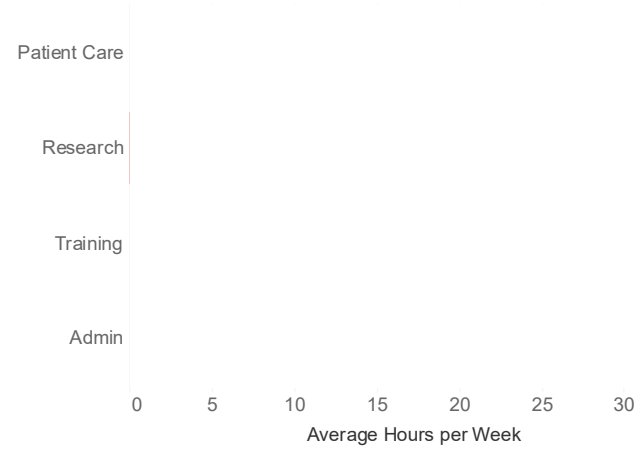


Table F-2: Employment Status: Nursing

License Name	Actively working or seeking work	Not working, not seeking work	Actively working in different field	Retired
Public Health Nurse	89.9%	2.1%	1.4%	6.6%
Registered Nurse	93.1%	1.7%	1.3%	3.9%
Vocational Nurse	94.0%	1.4%	3.2%	1.3%
Nursing Group	**92.9%**	**1.7%**	**1.7%**	**3.7%**

Figure F-3: Full-Time Equivalent Metrics: Nursing



Full Time Equivalent (FTE) metrics were calculated for licensees that reported they were actively working in a position that required their license. On average, Nursing licensees spend the highest number of hours per week on Patient Care (30.1 hours), and the least amount of time per week on Research (4.1 hours). Notable license types within the Nursing workforce include Public Health Nurses, who reported spending the least amount of time on Patient Care at only 26.5 hours per week, and Vocational Nurses who reported the highest amounts of time per week on Training (11.3 hours) and Admin (11.6 hours).

Table F-3: Full-Time Equivalent Metrics: Nursing

License Name	Patient Care	Research	Training	Admin
Public Health Nurse	26.5	4.1	8.4	10.0
Registered Nurse	30.4	3.6	8.2	8.0
Vocational Nurse	31.0	6.6	11.3	11.6
Nursing Group	**30.1**	**4.1**	**8.7**	**8.8**

Figure F-4: Retirement Estimates: Nursing

Among Nursing licensees who reported actively working in a position that required their license, or were actively seeking work in their field, 71.5% estimated retiring in 11 or more years, and 4.9% estimated retiring within the next two years, the highest rate among all health workforce groups. Of note are Public Health Nurses and Registered Nurses, with 16% estimating retiring within the next five years, and over 30% estimating retiring in the next 10 years. The higher rate among Public Health Nurses may be partly attributable to age, as more than 25% are over 50 years old (see *Table F-5: Age Distribution: Nursing*). However, the factors contributing to the speed of retirement estimates in Registered Nurses remains unclear. These metrics will be crucial for calculating more accurate supply and demand models for each license type.

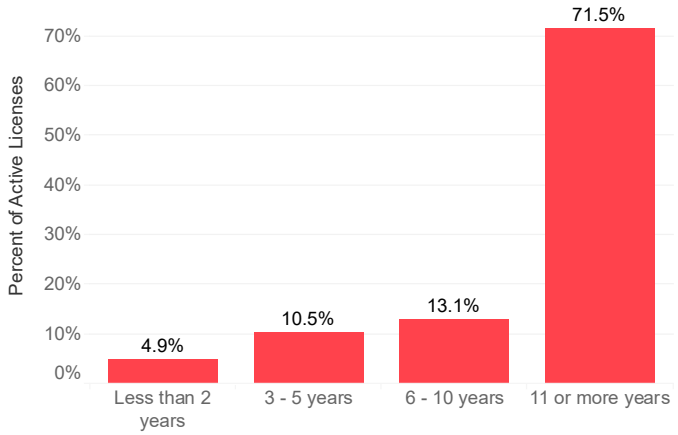
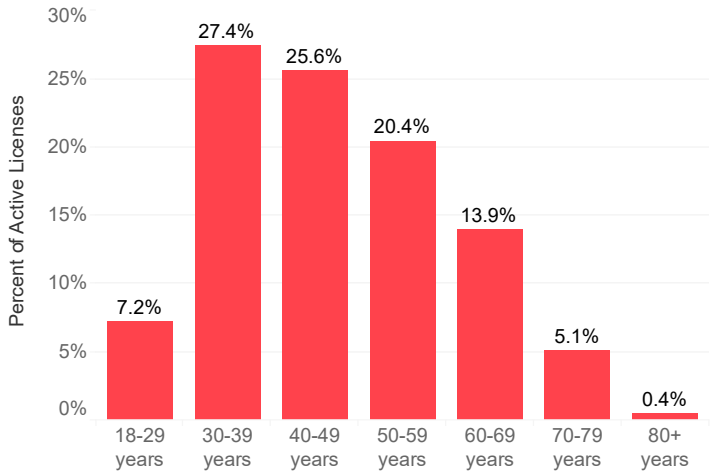


Table F-4: Retirement Estimates: Nursing

License Name	0-2 years	3 - 5 years	6 - 10 years	11+ years
Public Health Nurse	6.7%	12.7%	13.8%	66.9%
Registered Nurse	5.2%	10.8%	13.4%	70.6%
Vocational Nurse	2.6%	7.8%	11.1%	78.5%
Nursing Group	**4.9%**	**10.5%**	**13.1%**	**71.5%**

Figure F-5: Age Distribution: Nursing



Overall, just over 73% of Nursing licensees are between the ages of 30 and 59 years old, with 7.2% under the age of thirty, and 19.4% over the age of 59. License types with younger licensees include Vocational Nurses with nearly 40% of licensees under the age of 40. License types with older licensees include Public Health Nurses with more than 25% over the age of 59.

Table F-5: Age Distribution: Nursing

License Name	18-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years
Public Health Nurse	5.2%	23.8%	26.0%	19.7%	16.9%	7.6%	0.8%
Registered Nurse	7.0%	27.2%	25.3%	20.8%	14.1%	5.2%	0.5%
Vocational Nurse	9.3%	30.3%	26.6%	19.0%	11.6%	3.1%	0.2%
Nursing Group	**7.2%**	**27.4%**	**25.6%**	**20.4%**	**13.9%**	**5.1%**	**0.4%**

Figure F-6: Race/Ethnicity: Nursing

Across the Nursing workforce, Hispanic, Any Race and American Indian, Non-Hispanic licensees are the most underrepresented when compared to California's population, with no license types at or above the population average for Hispanic, Any Race or Multiracial, Non-Hispanic and only Vocational Nurses at or above the population average for American Indian, Non-Hispanic. Conversely, Asian, Non-Hispanic licensees are the most well represented with all three license types at or above the population average. White, Non-Hispanic licensees are equally represented in the Nursing workforce on average but are underrepresented amongst Vocational Nurses.

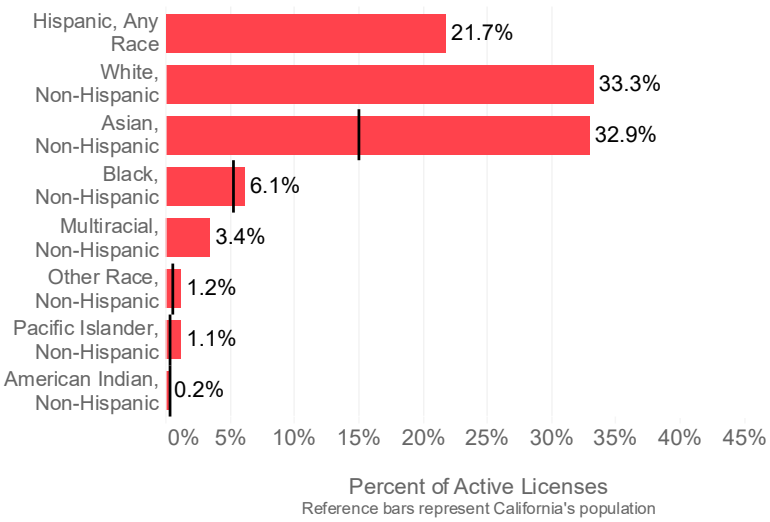
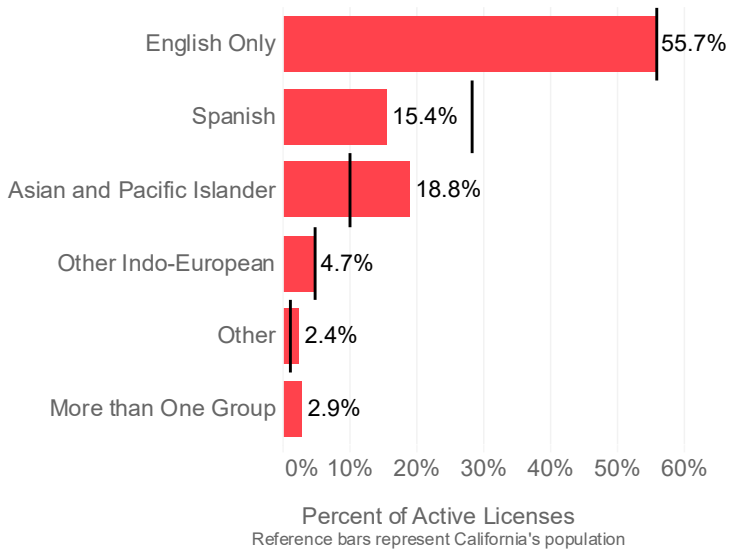


Table F-6: Race/Ethnicity: Nursing

License Name	Hispanic, Any Race	White, NH	Asian, NH	Black, NH	Multiracial, NH	Other Race, NH	Pacific Islander, NH	American Indian, NH
Public Health Nurse	21.0%	38.2%	27.8%	6.8%	3.9%	1.1%	0.9%	0.2%
Registered Nurse	18.1%	36.7%	34.4%	5.0%	3.4%	1.2%	1.1%	0.2%
Vocational Nurse	36.7%	16.8%	29.8%	10.3%	3.3%	1.3%	1.5%	0.3%
Nursing Group	**21.7%**	**33.3%**	**32.9%**	**6.1%**	**3.4%**	**1.2%**	**1.1%**	**0.2%**
California's Population	**39.8%**	**34.6%**	**15.1%**	**5.3%**	**4.1%**	**0.5%**	**0.3%**	**0.3%**
NH = Non-Hispanic								

Figure F-7: Languages Spoken: Nursing



On average, Spanish is the most underrepresented language in the Nursing workforce when compared to California's population, with no license types at or above the population average. Conversely, Asian and Pacific Islander languages are represented well above the population average overall and have the highest average of any health workforce group with all three license types well above the population average. Other languages are also represented well above the population average overall and are above the population average for all three individual license types. Other Indo-European languages are equally represented compared to the population.

Table F-7: Languages Spoken: Nursing

License Name	English Only	Spanish	Asian and Pacific Islander	Other Indo-European	Other	Multiple Census Language Groups
Public Health Nurse	62.1%	16.3%	12.5%	4.0%	2.4%	2.7%
Registered Nurse	57.3%	12.8%	19.8%	4.8%	2.4%	3.0%
Vocational Nurse	45.7%	25.4%	18.6%	4.8%	2.6%	2.9%
Nursing Group	**55.7%**	**15.4%**	**18.8%**	**4.7%**	**2.4%**	**2.9%**
California's Population	**56.1%**	**28.2%**	**9.9%**	**4.6%**	**1.1%**	**N/A**

Figure F-8: Sexual Orientation: Nursing

As a group, the majority (95.6%) of Nursing licensees reported identifying as Straight or Heterosexual, and 2.3% reported identifying as Gay or Lesbian. Licensees identifying as Bisexual were just below the health workforce average at 1.3%, and licensees identifying as Other were nearly even with the health workforce average at 0.8%. Within the Nursing workforce, all three license types reported identifying as Gay or Lesbian or Bisexual below the workforce average, and only one reported identifying as Other at or above the workforce average.

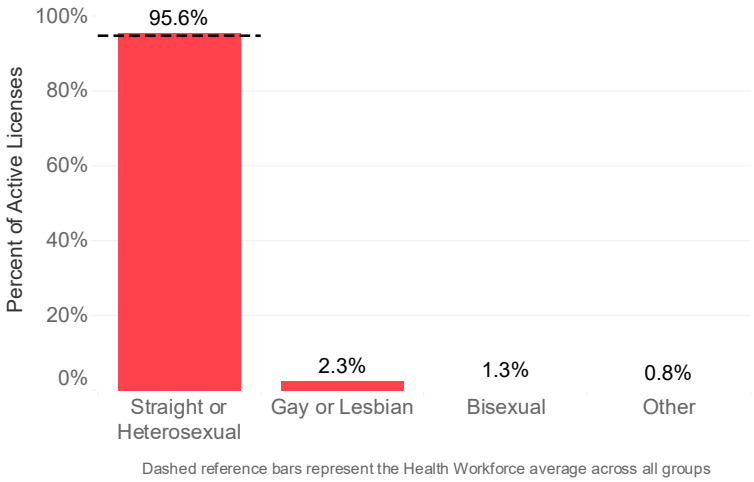
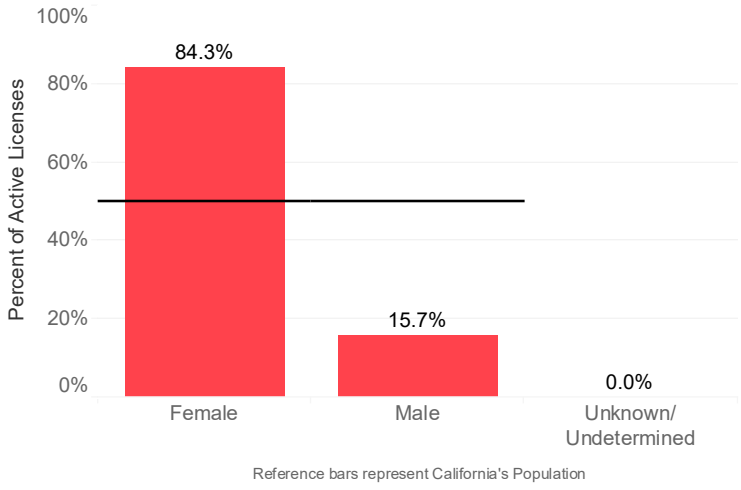


Table F-8: Sexual Orientation: Nursing

License Name	Straight or Heterosexual	Gay or Lesbian	Bisexual	Other
Public Health Nurse	95.5%	2.4%	1.4%	0.6%
Registered Nurse	95.5%	2.5%	1.3%	0.7%
Vocational Nurse	96.0%	1.7%	1.2%	1.1%
Nursing Group	**95.6%**	**2.3%**	**1.3%**	**0.8%**
Health Workforce Average	**94.8%**	**2.7%**	**1.6%**	**0.9%**

Figure F-9: Sex at Birth: Nursing

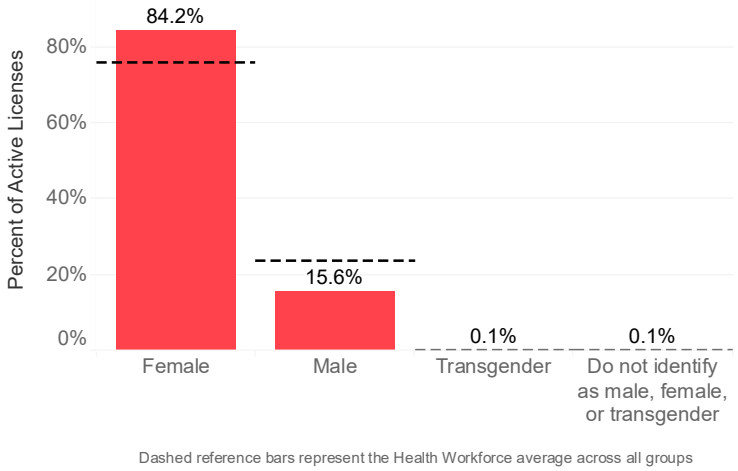


As a group, the majority (84.3%) of Nursing licensees reported identifying as Female, and nearly 16% reported identifying as Male. Less than 0.1% of licensees identified as Unknown/Undetermined. Sexes were very similarly distributed across all three license types within the Nursing group, with only a slight increase in licensees identifying as Female vs Male at birth for Public Health Nurses. All three license types were above the health workforce average for licensees identifying as Female at birth and below the health workforce average for those identifying as Male at birth.

Table F-9: Sex at Birth: Nursing

License Name	Female	Male	Unknown/Undetermined
Public Health Nurse	88.6%	11.4%	0.1%
Registered Nurse	83.8%	16.2%	0.0%
Vocational Nurse	83.8%	16.1%	0.1%
Nursing Group	**84.3%**	**15.7%**	**0.0%**
California's Population	**50.0%**	**50.0%**	**N/A**

Figure F-10: Gender Identity: Nursing

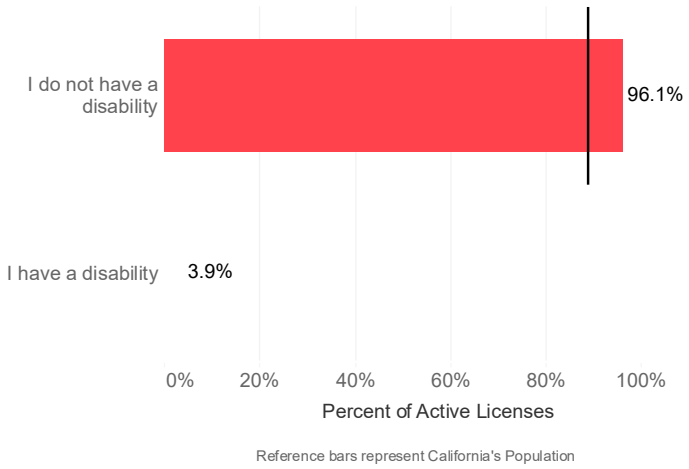


As a group, the majority (84.2%) of Nursing licensees reported identifying as Female, and 15.6% reported identifying as Male. Licensees identifying as Transgender or not identifying as Male, Female or Transgender were even at 0.1% each. Gender Identities were very similarly distributed across all three license types within the Nursing group, with only a slight increase in licensees identifying as Female vs Male for Public Health Nurses. All three license types were above the health workforce average for licensees identifying as Female, below the health workforce average for those identifying as Male, or not identifying as Male, Female or Transgender, and just at the health workforce average for licensees identifying as Transgender.

Table F-10: Gender Identity: Nursing

License Name	Female	Male	Transgender	Do not identify as male, female, or transgender
Public Health Nurse	88.5%	11.3%	0.1%	0.2%
Registered Nurse	83.7%	16.1%	0.1%	0.1%
Vocational Nurse	83.8%	16.0%	0.1%	0.1%
Nursing Group	**84.2%**	**15.6%**	**0.1%**	**0.1%**
Health Workforce Average	**75.9%**	**23.8%**	**0.1%**	**0.1%**

Figure F-11: Disability Status: Nursing



On average, 96.1% of Nursing licensees did not identify as having a disability, while 3.9% reported having a disability. Within the Nursing workforce, Public Health Nurses reported the highest rates of having a disability at 5.1%, while Vocational Nurses reported the lowest rate at 3.6%.

Table F-11: Disability Status: Nursing

License Name	I do not have a disability	I have a disability
Public Health Nurse	94.9%	5.1%
Registered Nurse	96.3%	3.7%
Vocational Nurse	96.4%	3.6%
Nursing Group	**96.1%**	**3.9%**
California's Population	**88.7%**	**11.3%**

Figure F-12: Active Licenses: Nursing

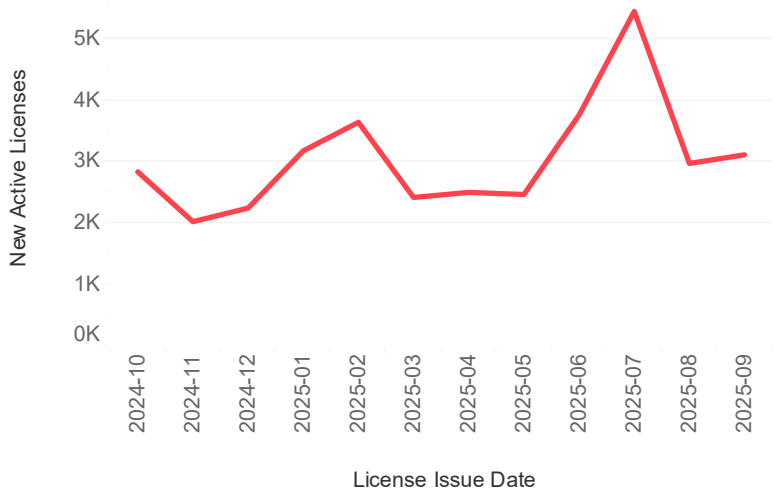
As a group, the Los Angeles County Region has the highest total number of Nursing licenses in the state while the Northern & Sierra Region has the fewest. Within the Nursing workforce, Registered Nurses make up more than 72% of all active Nursing licenses and are the largest of any license type across the health workforce at 437,899 active licenses. Public Health Nurses make up the smallest portion of the Nursing workforce at just over seven percent. For detailed metrics on how the distribution of these active licenses compares to the population (see *Figure F-14: Distribution Index: Nursing*).



Table F-12: Active Licenses: Nursing

License Name	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern & Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Public Health Nurse	3,374	13,485	7,271	14,456	2,137	5,250	4,355	4,423	4,906
Registered Nurse	24,899	89,198	55,520	98,859	14,975	36,361	34,433	40,993	42,661
Vocational Nurse	4,619	15,538	19,674	32,808	3,683	7,311	5,534	7,072	13,796
Nursing Group	**32,892**	**118,221**	**82,465**	**146,123**	**20,795**	**48,922**	**44,322**	**52,488**	**61,363**

Figure F-13: New Licenses: Nursing



On average, there were 3,055 new active Nursing licenses issued per month from October 2024 to September 2025. Within the Nursing workforce, Registered Nurses make up the largest portion by total volume with an average of 1,839 new active licenses issued per month, while Public Health Nurses had the highest average issue rate relative to their total volume at just under one percent. Future work will aim to use this information in conjunction with education pipeline data to better understand potential workforce supply trends.

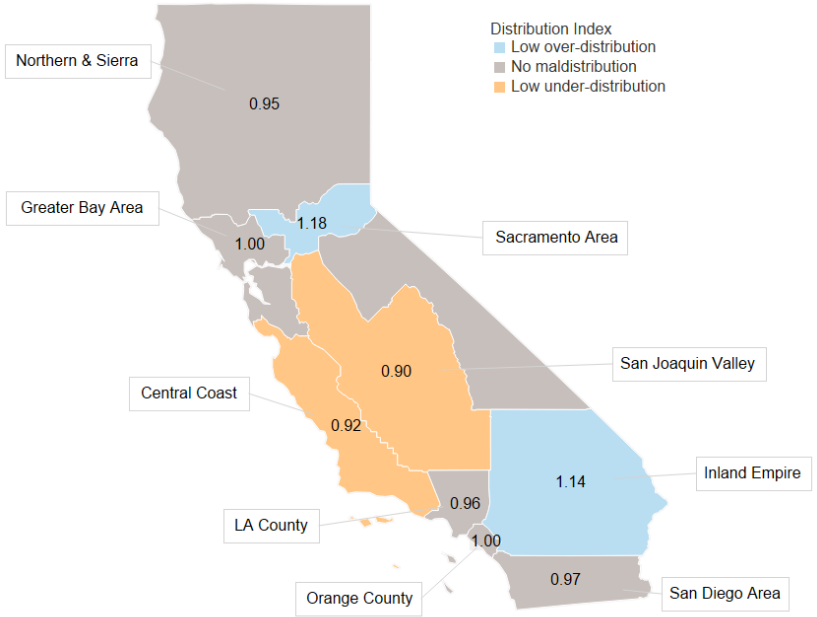
Table F-13: New Licenses: Nursing

License Name	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09
Public Health Nurse	508	311	448	467	404	367	421	588	544	640	704	570
Registered Nurse	1,523	1,189	1,127	1,919	2,648	1,414	1,200	1,241	2,465	4,015	1,563	1,759
Vocational Nurse	810	532	677	795	593	644	886	644	753	789	710	788
Nursing Group	**2,841**	**2,032**	**2,252**	**3,181**	**3,645**	**2,425**	**2,507**	**2,473**	**3,762**	**5,444**	**2,977**	**3,117**

Figure F-14: Distribution Index: Nursing

The distribution index describes the magnitude of difference between a region's share of the state's licenses and its share of the state's population. A distribution index of 1 indicates the region has an equal share of the state's licenses and population (e.g., 10% of the state's licenses and 10% of the state's population). A distribution index below 1 indicates a smaller share of licenses than population (e.g., 5% of the state's licenses and 10% of the state's population), and a distribution index greater than 1 indicates the opposite. The further away the index is from 1, the greater the maldistribution.

Note: These distribution indexes reflect the distribution of active *licenses*, not the distribution of *providers* as presented in Section B: Model Projections, Nursing.



While Los Angeles County region has the highest total count of active Nursing licenses by volume, the Sacramento Area region has the highest distribution of active licenses compared to the population. Similarly, while Northern & Sierra region has the lowest total count of active Nursing licenses by volume, San Joaquin Valley has the lowest distribution of active licenses compared to the population. As a group, the Nursing workforce is the most well distributed of all health workforce groups.

Table F-14: Distribution Index: Nursing

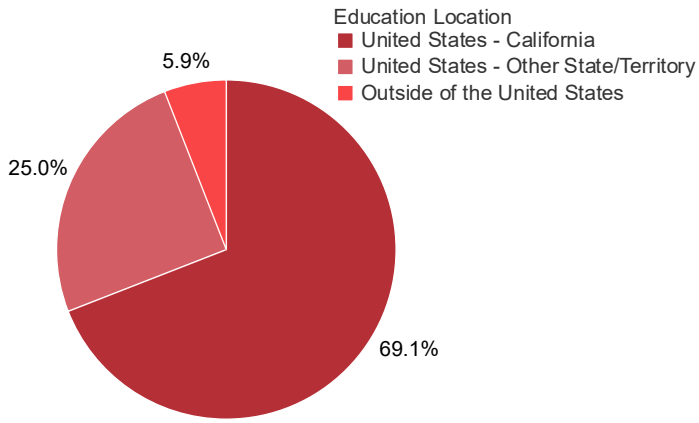
License Name	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern & Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Public Health Nurse	0.96	1.17	1.03	0.97	1.00	1.09	1.18	0.83	0.74
Registered Nurse	0.97	1.05	1.07	0.90	0.95	1.03	1.27	1.05	0.87
Vocational Nurse	0.71	0.73	1.51	1.19	0.93	0.83	0.81	0.72	1.12
Nursing Group	**0.92**	**1.00**	**1.14**	**0.96**	**0.95**	**1.00**	**1.18**	**0.97**	**0.90**

Low Under-Distribution (0.95-0.75) ☐ No Maldistribution (0.95-1.05) Low Over-Distribution (1.05-1.25)
Medium Under-Distribution (0.75-0.50) Medium Over-Distribution (1.25-1.50)
High Under-Distribution (0.50 or less) High Over-Distribution (1.50 or more)

Section G: Advanced Practice Nursing, All Figures

This section focuses on licenses issued by the California Board of Registered Nursing (Clinical Nurse Specialist, Nurse Anesthetist, Nurse Midwife, Nurse Practitioner) and the Medical Board of California (Licensed Midwife).

Figure G-1: Education Location: Advanced Practice Nursing



Nearly 95% of Advanced Practice Nursing licensees completed their education in the U.S., but only 69.1% received their initial qualifying degree within California. Notable license types within the Advanced Practice Nursing workforce include Nurse Anesthetists with over 42% receiving their initial qualifying degree outside California, and Nurse Practitioners and Clinical Nurse Specialists with at least five percent receiving their initial qualifying degree from somewhere outside the U.S.

Table G-1: Education Location: Advanced Practice Nursing

License Name	U.S. - CA	U.S. - Other	Outside U.S.
Clinical Nurse Specialist	74.9%	19.3%	5.7%
Nurse Anesthetist	55.3%	42.4%	2.4%
Nurse Midwife	58.8%	38.4%	2.8%
Nurse Practitioner	70.0%	23.7%	6.3%
Advanced Practice Group	**69.1%**	**25.0%**	**6%**
Note: Licensed Midwives are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.			

Figure G-2: Employment Status: Advanced Practice Nursing

Over 95% of Advanced Practice Nursing licensees are actively working or seeking work, while one percent are working in a different field and 2.5% have already retired. Notable license types within the Advanced Practice Nursing workforce include Nurse Midwives with over three percent reporting not working and not seeking work, and over five percent of Clinical Nurse Specialists and Nurse Midwives reporting already being retired despite their active license status. These metrics will be used in the future to calculate more accurate supply data for each license type.

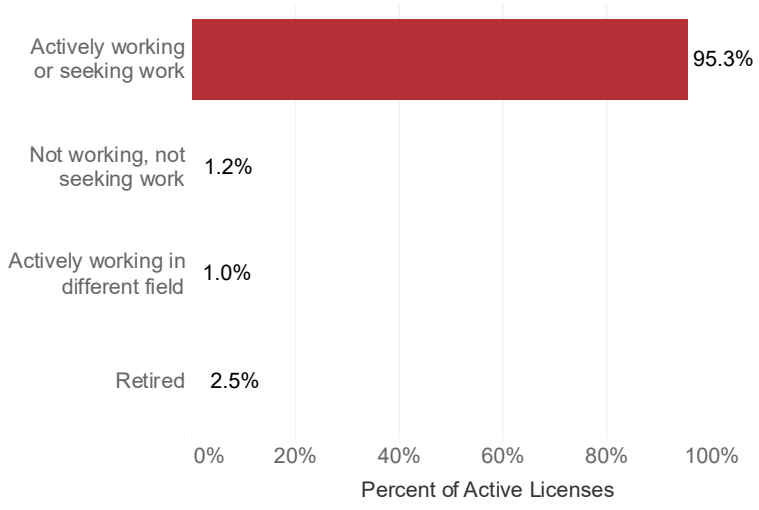
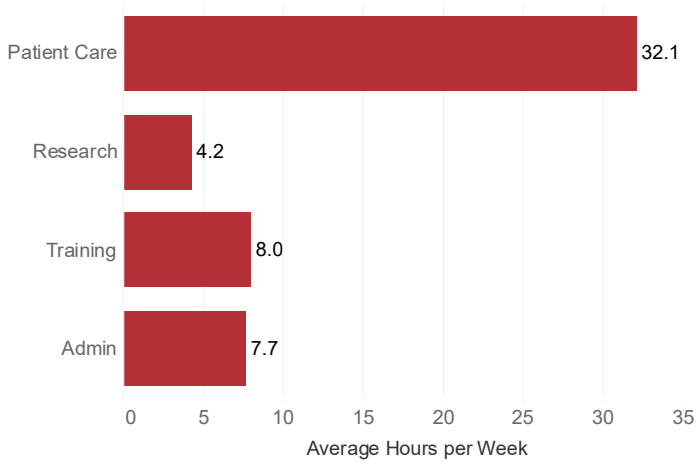


Table G-2: Employment Status: Advanced Practice Nursing

License Name	Actively working or seeking work	Not working, not seeking work	Actively working in different field	Retired
Clinical Nurse Specialist	89.9%	1.7%	1.1%	7.4%
Nurse Midwife	90.3%	3.7%	1.0%	5.1%
Nurse Practitioner	95.7%	1.1%	1.1%	2.1%
Nurse Anesthetist	98.4%	0.7%	0.3%	0.6%
Advanced Practice Group	**95.3%**	**1.2%**	**1.0%**	**2.5%**

Note: Licensed Midwives are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Figure G-3: Full-Time Equivalent Metrics: Advanced Practice Nursing



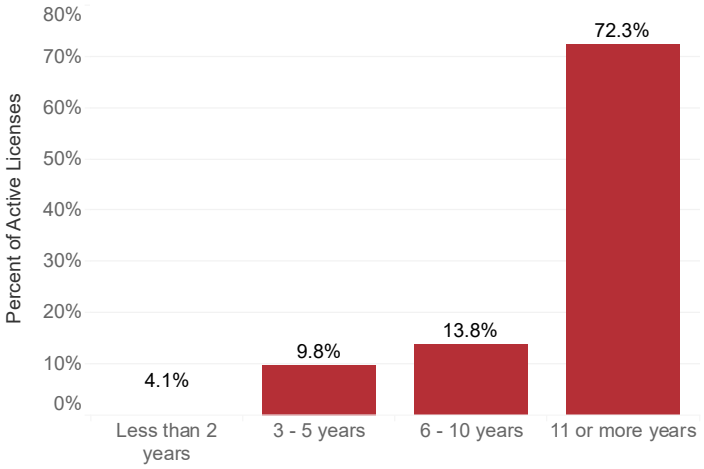
Full Time Equivalent (FTE) metrics were calculated for licensees that reported they were actively working in a position that required their license. On average, Advanced Practice Nursing licensees spend the highest number of hours per week on Patient Care (32.1 hours), and the least amount of time per week on Research (4.2 hours). Notable license types within the Advanced Practice Nursing workforce include Clinical Nurse Specialists, who reported spending the least amount of time on Patient Care at only 18.9 hours per week, and Nurse Anesthetists with the highest amounts of time per week on Patient Care at 35.7 hours. Clinical Nurse Specialists also reported the highest amounts of time per week on Research (5.6), Training (11.0) and Admin (13.3). These metrics will be used in the future to calculate more accurate supply and demand modeling.

Table G-3: Full-Time Equivalent Metrics: Advanced Practice Nursing

License Name	Patient Care	Research	Training	Admin
Clinical Nurse Specialist	18.9	5.6	11.0	13.3
Nurse Anesthetist	35.7	1.8	6.4	3.6
Nurse Midwife	30.6	1.6	6.3	5.1
Nurse Practitioner	32.9	4.4	7.9	7.7
Advanced Practice Group	**32.1**	**4.2**	**8.0**	**7.7**

Note: Licensed Midwives are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Figure G-4: Retirement Estimates: Advanced Practice Nursing



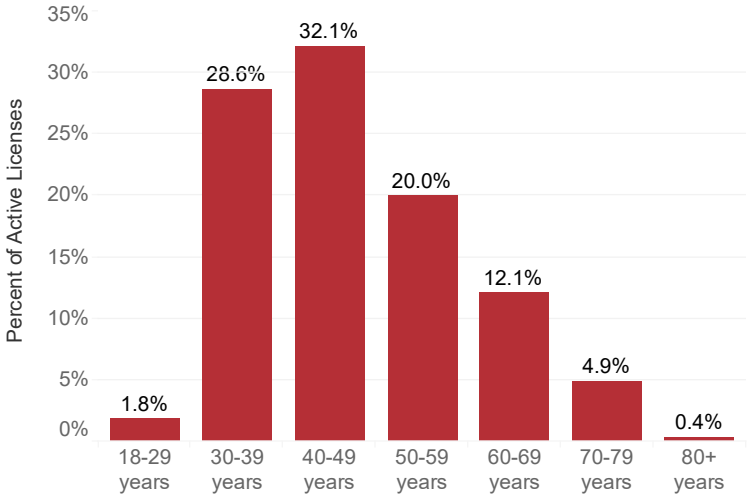
Among Advanced Practice Nursing licensees who reported actively working in a position that required their license, or were actively seeking work in their field, 72.3% estimated retiring in 11 or more years, and 4.1% estimated retiring within the next two years. Of note are Clinical Nurse Specialists, with nearly 30% estimating retirement in the next five years, and nearly 50% estimating retiring within the next 10 years. Almost 22% of Nurse Midwives also estimate retirement within the next five years. These metrics will be crucial for calculating more accurate supply and demand models for each license type. In addition, this information may be useful in helping to identify which areas are in most need of funding to maintain the supply of Advanced Practice Nursing licensees across the state.

Table G-4: Retirement Estimates: Advanced Practice Nursing

License Name	0-2 years	3 - 5 years	6 - 10 years	11+ years
Clinical Nurse Specialist	9.8%	19.9%	19.1%	51.3%
Nurse Anesthetist	4.3%	9.7%	14.5%	71.5%
Nurse Midwife	7.1%	14.5%	16.4%	62.0%
Nurse Practitioner	3.5%	8.9%	13.2%	74.4%
Advanced Practice Group	**4.1%**	**9.8%**	**13.8%**	**72.3%**

Note: Licensed Midwives are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Figure G-5: Age Distribution: Advanced Practice Nursing

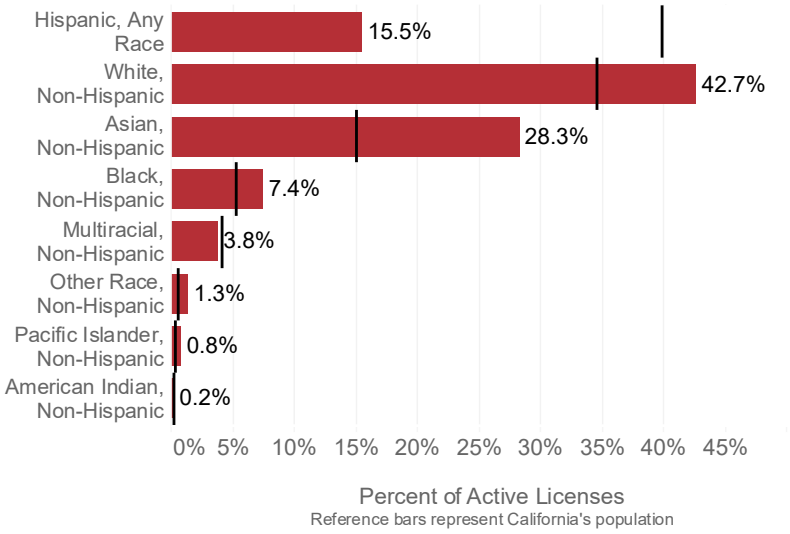


Overall, 80% of Advanced Practice Nursing licensees are between the ages of 30 and 59 years old, the highest across all health workforce groups, with only 1.8% under the age of thirty, and 17.4% over the age of 59. License types with younger licensees include Nurse Practitioners and Nurse Anesthetists with over 32% of licensees under the age of 40. License types with older licensees include Clinical Nurse Specialists with more than 35% over the age of 59.

Table G-5: Age Distribution: Advanced Practice Nursing

License Name	18-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years
Clinical Nurse Specialist	0.3%	10.1%	29.2%	24.9%	22.9%	11.7%	1.0%
Licensed Midwife	1.3%	24.9%	33.5%	26.2%	11.6%	2.6%	0.0%
Nurse Anesthetist	0.9%	32.4%	34.8%	18.5%	10.4%	2.9%	0.2%
Nurse Midwife	1.2%	23.1%	28.5%	20.2%	17.8%	8.5%	0.8%
Nurse Practitioner	2.0%	30.0%	32.3%	19.7%	11.2%	4.4%	0.3%
Advanced Practice Group	**1.8%**	**28.6%**	**32.1%**	**20.0%**	**12.1%**	**4.9%**	**0.4%**

Figure G-6: Race/Ethnicity: Advanced Practice Nursing



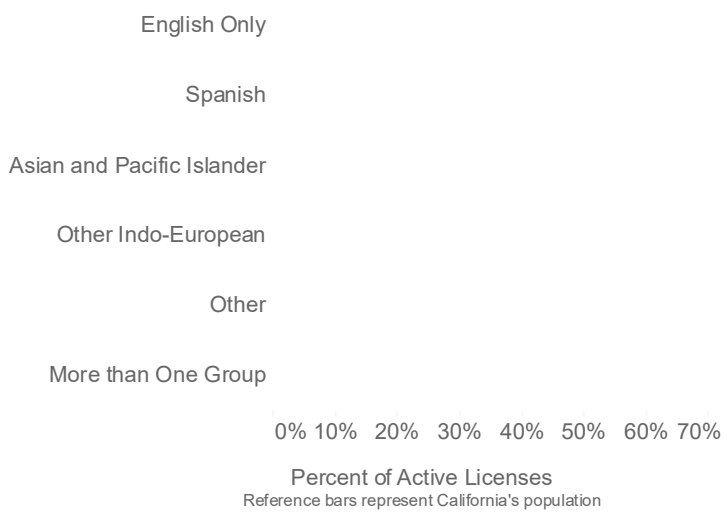
Across the Advanced Practice Nursing workforce, Hispanic, Any Race licensees are the most underrepresented when compared to California's population, with no license types at or above the population average. In addition, though American Indian, Non-Hispanic licensees are nearly equally represented in the workforce, this is driven by Nurse Midwives, which is the only license above the statewide population. Conversely, White, Non-Hispanic and Other, Non-Hispanic licensees are the most well represented with all four license types at or above the population average. Asian, Non-Hispanic are well represented on average but are underrepresented amongst Nurse Midwives.

Table G-6: Race/Ethnicity: Advanced Practice Nursing

License Name	Hispanic, Any Race	White, NH	Asian, NH	Black, NH	Multiracial, NH	Other Race, NH	Pacific Islander, NH	American Indian, NH
Clinical Nurse Specialist	12.4%	54.3%	21.5%	5.8%	3.5%	1.4%	1.0%	0.2%
Nurse Anesthetist	12.6%	51.2%	24.7%	4.7%	4.4%	1.2%	1.0%	0.1%
Nurse Midwife	13.5%	67.7%	6.0%	6.4%	5.0%	1.0%	0.1%	0.4%
Nurse Practitioner	16.0%	40.2%	29.9%	7.8%	3.7%	1.3%	0.8%	0.2%
Advanced Practice Group	**15.5%**	**42.7%**	**28.3%**	**7.4%**	**3.8%**	**1.3%**	**0.8%**	**0.2%**
California's Population	**39.8%**	**34.6%**	**15.1%**	**5.3%**	**4.1%**	**0.5%**	**0.3%**	**0.3%**

Note: Licensed Midwives are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals. NH = Non-Hispanic

Figure G-7: Languages Spoken: Advanced Practice Nursing



On average, Spanish is the most underrepresented language in the Advanced Practice Nursing workforce when compared to California's population, with only one license type at or above the population average. Asian and Pacific Islander languages are represented well above the population average overall, however this is largely driven by the high rates among Nurse Practitioners and Clinical Nurse Specialists, as these languages are below the population average for the other two license types within the group. Similarly, Other Indo-European languages are represented well above the population average overall but are below the population average for three of the individual license types within the group. Other languages are represented well above the population average overall and are above the population average for all four license types included in the Advanced Practice Nursing group.

Table G-7: Languages Spoken: Advanced Practice Nursing

License Name	English Only	Spanish	Asian and Pacific Islander	Other Indo-European	Other	Multiple Census Language Groups
Clinical Nurse Specialist	71.0%	10.8%	10.7%	3.1%	2.1%	2.3%
Nurse Anesthetist	72.2%	11.4%	8.1%	3.7%	1.9%	2.7%
Nurse Midwife	59.5%	29.2%	2.5%	2.7%	2.0%	4.2%
Nurse Practitioner	55.5%	15.8%	14.3%	7.0%	3.2%	4.1%
Advanced Practice Group	**57.6%**	**15.6%**	**13.3%**	**6.4%**	**3.0%**	**3.9%**
California's Population	**56.1%**	**28.2%**	**9.9%**	**4.6%**	**1.1%**	**N/A**
Note: Licensed Midwives are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.						

Figure G-8: Sexual Orientation: Advanced Practice Nursing

As a group, the majority (94.5%) of Advanced Practice Nursing licensees reported identifying as Straight or Heterosexual, and 3.3% reported identifying as Gay or Lesbian. Licensees identifying as Bisexual were even with the health workforce average at 1.6%, and licensees identifying as Other were just under the health workforce average at 0.6%. Within the Nursing workforce, all four license types reported identifying as Gay or Lesbian above the workforce average, but only half report identifying as Bisexual or Other at or above the workforce average. Notably, Nurse Midwives reported above averages rates for all three minority Sexual Orientations.

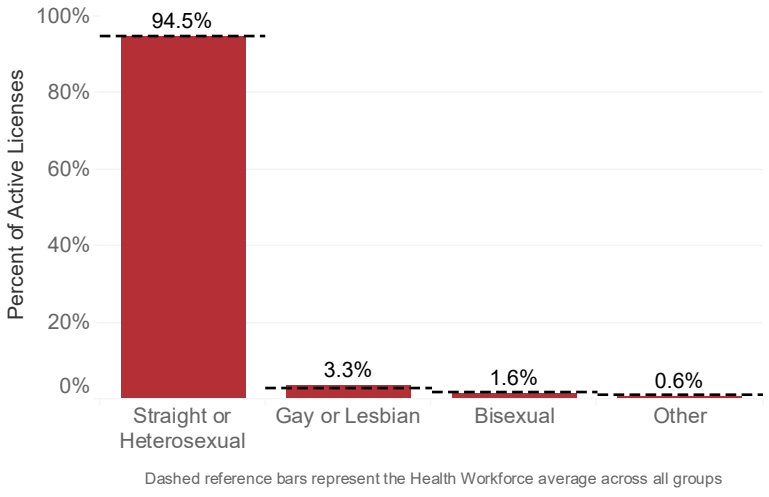
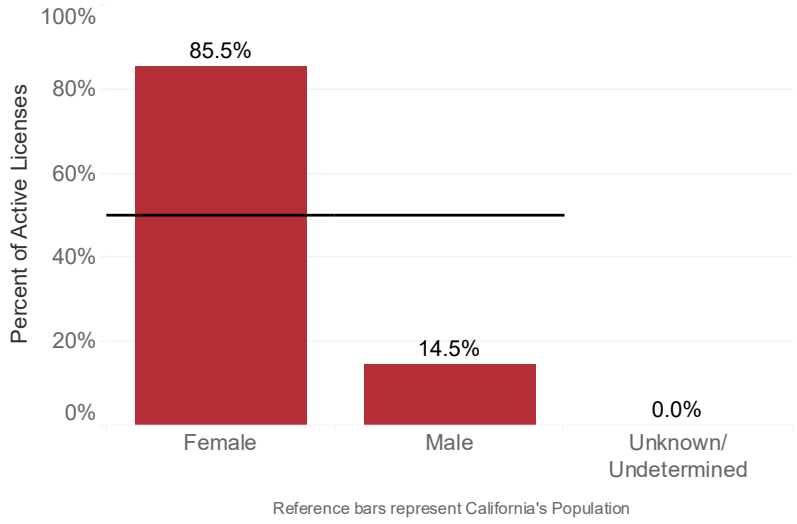


Table G-8: Sexual Orientation: Advanced Practice Nursing

License Name	Straight or Heterosexual	Gay or Lesbian	Bisexual	Other
Clinical Nurse Specialist	94.1%	4.0%	1.2%	0.8%
Nurse Anesthetist	92.8%	5.8%	1.0%	0.3%
Nurse Midwife	88.0%	3.9%	6.2%	1.9%
Nurse Practitioner	94.8%	3.1%	1.5%	0.6%
Advanced Practice Group	**94.5%**	**3.3%**	**1.6%**	**0.6%**
Health Workforce Average	**94.8%**	**2.7%**	**1.6%**	**0.9%**
Note: Licensed Midwives are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.				

Figure G-9: Sex at Birth: Advanced Practice Nursing



As a group, the majority (85.5%) of Advanced Practice Nursing licensees reported identifying as Female, the highest of any health workforce group, and only 14.5% reported identifying as Male, the lowest of any health workforce group. Less than 1% of licensees selected Unknown/Undetermined. Notably, there is wide variation in the distribution of responses to sex at birth among the license types within the Advanced Practice Nursing group; while less than one percent of Nurse Midwives were assigned Male at birth, the lowest of any license type within the health workforce, over 40% of Nurse Anesthetists were Male at birth.

Table G-9: Sex at Birth: Advanced Practice Nursing

License Name	Female	Male	Unknown/Undetermined
Clinical Nurse Specialist	91.1%	8.9%	0.0%
Nurse Anesthetist	57.9%	42.0%	0.1%
Nurse Midwife	99.3%	0.7%	0.0%
Nurse Practitioner	86.4%	13.6%	0.0%
Advanced Practice Group	**85.5%**	**14.5%**	**0.0%**
California's Population	**50.0%**	**50.0%**	**N/A**
Note: Licensed Midwives are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.			

Figure G-10: Gender Identity: Advanced Practice Nursing

As a group, the majority (85.3%) of Advanced Practice Nursing licensees reported identifying as Female, the highest of any health workforce group, and only 14.4% reported identifying as Male, the lowest of any health workforce group. Licensees identifying as Transgender or not identifying as Male, Female or Transgender were even with the health workforce average at 0.1% and 0.2% respectively. Notably, there is wide variation in the distribution of Gender Identities among the license types within the Advanced Practice Nursing group; while less than one percent of Nurse Midwives identify as Male, the lowest of any license type within the health workforce, over 40% of Nurse Anesthetists identify as Male.

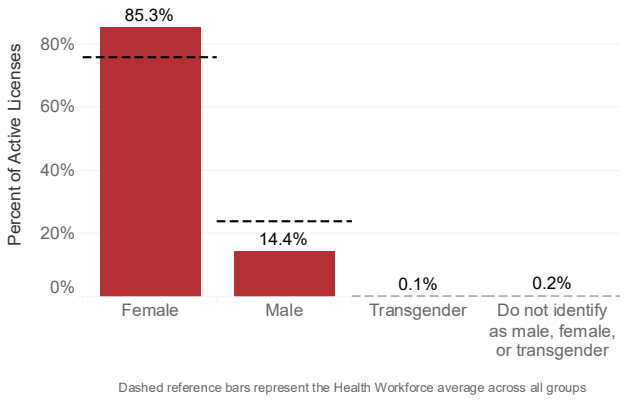
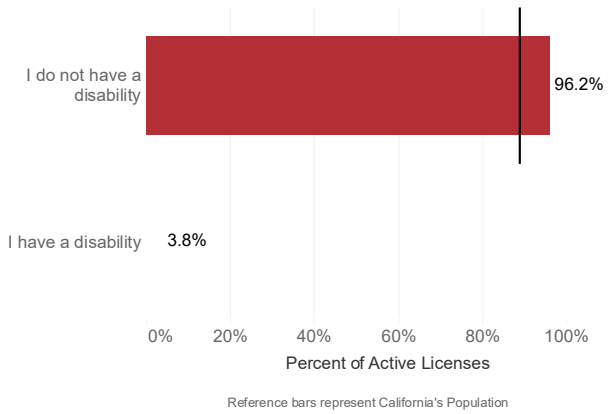


Table G-10: Gender Identity: Advanced Practice Nursing

License Name	Female	Male	Transgender	Do not identify as male, female, or transgender
Clinical Nurse Specialist	90.9%	8.9%	0.1%	0.1%
Nurse Anesthetist	58.2%	41.6%	0.1%	0.1%
Nurse Midwife	98.4%	0.7%	0.3%	0.7%
Nurse Practitioner	86.1%	13.6%	0.1%	0.2%
Advanced Practice Group	**85.3%**	**14.4%**	**0.1%**	**0.2%**
Health Workforce Average	**75.9%**	**23.8%**	**0.1%**	**0.1%**
Note: Licensed Midwives are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.				

Figure G-11: Disability Status Advanced Practice Nursing



On average, 96.2% of Advanced Practice Nursing licensees did not identify as having a disability, while 3.8% reported having a disability. Within the Advanced Practice Nursing workforce, over five percent of Clinical Nurse Specialists and Nurse Midwives reported having a disability, while Nurse Anesthetists reported the lowest rate at 2.4%.

Table G-11: Disability Status Advanced Practice Nursing

License Name	I do not have a disability	I have a disability
Clinical Nurse Specialist	94.9%	5.1%
Nurse Anesthetist	97.6%	2.4%
Nurse Midwife	94.6%	5.4%
Nurse Practitioner	96.2%	3.8%
Advanced Practice Group	**96.2%**	**3.8%**
California's Population	**88.7%**	**11.3%**
Note: Licensed Midwives are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.		

Figure G-12: Active Licenses: Advanced Practice Nursing

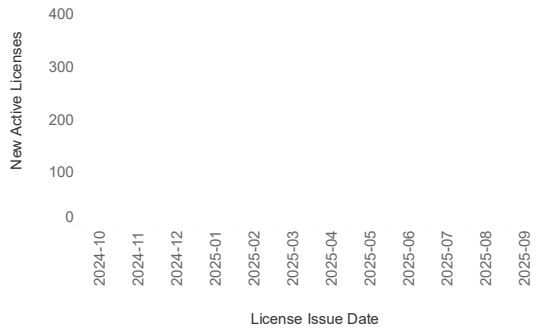
As a group, the Los Angeles County Region has the highest total number of Advanced Practice Nursing licenses in the state while the Northern & Sierra Region has the fewest. Within the Advanced Practice Nursing workforce, Nurse Practitioners make up the largest portion at over 83% of all active Advanced Practice Nursing licenses, while Licensed Midwives make up the smallest portion at one percent. For detailed metrics on how the distribution of these active licenses compares to the population (see *Figure G-14: Distribution Index: Advanced Practice Nursing*).



Table G-12: Active Licenses: Advanced Practice Nursing

Clinical Nurse Specialist	119	963	204	540	22	180	158	463	150
Licensed Midwife	65	97	37	66	58	21	35	56	17
Nurse Anesthetist	91	516	326	603	67	253	250	271	235
Nurse Midwife	100	427	80	208	69	100	85	164	67
Nurse Practitioner	1,749	7,541	4,070	9,600	1,069	3,568	2,096	3,665	3,250

Figure G-13: New Licenses: Advanced Practice Nursing

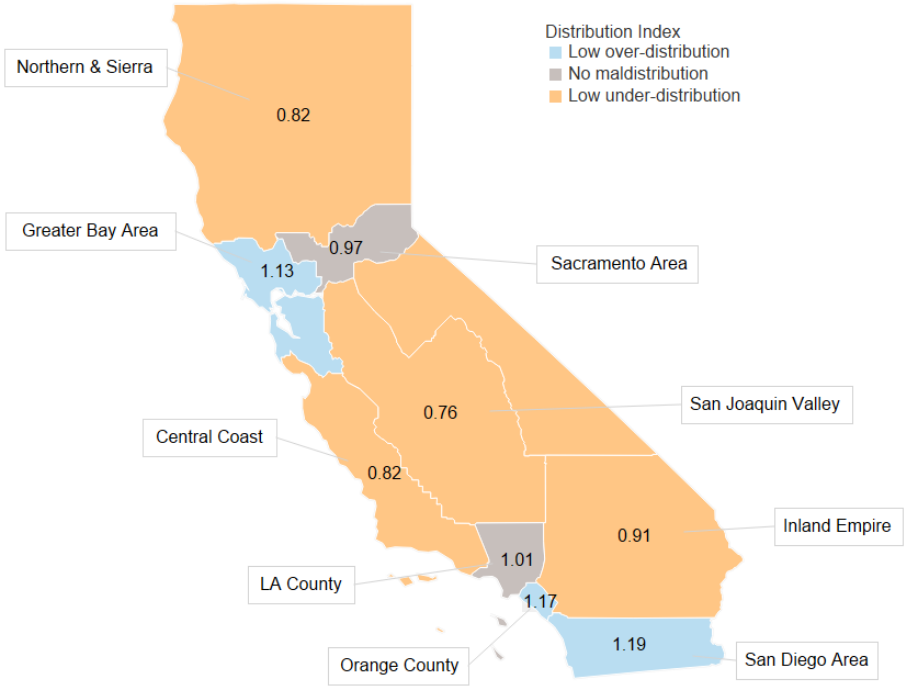


On average, there were 282 new active Advanced Practice Nursing licenses issued per month from October 2024 to September 2025. Within the Advanced Practice Nursing workforce, Nurse Practitioners make up the largest portion by total volume with an average of 257 new active licenses issued per month and have the highest average issue rate relative to their total volume at 0.7%. Future work will aim to use this information in conjunction with education pipeline data to better understand potential workforce supply trends.

Table G-13: New Licenses: Advanced Practice Nursing

License Name	**2024-10**	**2024-11**	**2024-12**	**2025-01**	**2025-02**	**2025-03**	**2025-04**	**2025-05**	**2025-06**	**2025-07**	**2025-08**	**2025-09**
Clinical Nurse Specialist	4	4	2	4	6	5	9	8	4	8	11	5
Licensed Midwife	2	6	0	2	2	4	0	2	6	3	0	0
Nurse Anesthetist	17	4	1	14	13	8	8	4	29	8	11	31
Nurse Midwife	4	1	5	4	4	4	5	3	1	8	8	8
Nurse Practitioner	259	198	189	204	230	240	184	274	324	418	329	240
Advanced Practice Group	**286**	**213**	**197**	**228**	**255**	**261**	**206**	**291**	**364**	**445**	**359**	**284**

Figure G-14: Distribution Index: Advanced Practice Nursing



The distribution index describes the magnitude of difference between a region's share of the state's licenses and its share of the state's population. A distribution index of 1 indicates the region has an equal share of the state's licenses and population (e.g., 10% of the state's licenses and 10% of the state's population). A distribution index below 1 indicates a smaller share of licenses than population (e.g., 5% of the state's licenses and 10% of the state's population), and a distribution index greater than 1 indicates the opposite. The further away the index is from 1, the greater the maldistribution. Note: These distribution indexes reflect the distribution of active *licenses*, not the distribution of *providers* as presented in *Section B: Model Projections, Nursing*.

While the Los Angeles County region has the highest total count of active Advanced Practice Nursing licenses by volume, the San Diego Area region has the highest distribution of active licenses compared to the population. Similarly, while the Northern & Sierra region has the lowest total count of active licenses by volume, the San Joaquin Valley has the lowest distribution of active Advanced Practice Nursing licenses compared to the population. Specifically, the region has half the amount of Clinical Nurse Specialists and Nurse Midwives, as well as less than a third the amount of Licensed Midwives they should have based on their population size.

Table G-14: Distribution Index: Advanced Practice Nursing

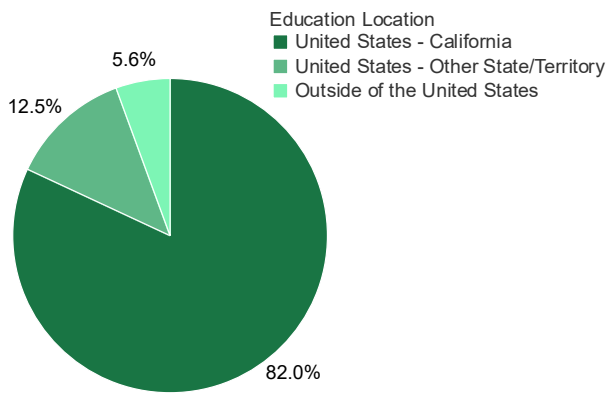
License Name	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern & Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Clinical Nurse Specialist	0.72	1.78	0.61	0.77	0.22	0.80	0.91	1.86	0.48
Licensed Midwife	2.44	1.11	0.69	0.58	3.58	0.58	1.25	1.39	0.34
Nurse Anesthetist	0.59	1.02	1.05	0.92	0.72	1.20	1.55	1.17	0.81
Nurse Midwife	1.31	1.70	0.52	0.64	1.48	0.96	1.06	1.42	0.46
Nurse Practitioner	0.81	1.06	0.94	1.05	0.81	1.21	0.93	1.13	0.79
Advanced Practice Group	**0.82**	**1.13**	**0.91**	**1.01**	**0.82**	**1.17**	**0.97**	**1.19**	**0.76**

Low Under-Distribution (0.95-0.75) ☐ No Maldistribution (0.95-1.05) Low Over-Distribution (1.05-1.25)
Medium Under-Distribution (0.75-0.50) Medium Over-Distribution (1.25-1.50)
High Under-Distribution (0.50 or less) High Over-Distribution (1.50 or more)

Section H: Oral Health, All Figures

This section focuses on licenses issued by the Dental Board of California (Dentist) and the Dental Hygiene Board of California (Orthodontic Assistant, RDA in Extended Functions, RDH Alternative Practice, RDH in Extended Functions, Registered Dental Assistant, Registered Dental Hygienist).

Figure H-1: Education Location: Oral Health



Nearly 95% of Oral Health licensees completed their education in the U.S., with 82% receiving their initial qualifying degree within California. Notable license types within the Oral Health workforce include Dentists with only 66.4% receiving their initial qualifying degree in California, and 10.7% receiving their initial qualifying degree from outside the U.S.

Table H-1: Education Location: Oral Health

License Name	U.S. - CA	U.S. – Other	Outside U.S.
Dental Sedation Assistant	94.0%	0.0%	6.0%
Dentist	66.4%	22.9%	10.7%
Orthodontic Assistant	94.5%	2.4%	3.1%
RDA In Extended Functions	94.3%	2.3%	3.4%
RDH Alternative Practice	89.3%	10.4%	0.3%
RDH Extended Function	92.3%	7.7%	0.0%
Registered Dental Assistant	95.0%	2.1%	2.9%
Registered Dental Hygienist	88.5%	11.0%	0.5%
Oral Health Group	**82.0%**	**12.5%**	**5.6%**

Figure H-2: Residency Location: Oral Health

Dentists are the only license type within the Oral Health workforce that requires residency. Just over 90% of those licensees reported completing their residency within the U.S., with 69.1% completing their residency somewhere in California. Just over nine percent reported completing their residency somewhere outside the U.S., the highest of all residency-required license types in the health workforce.

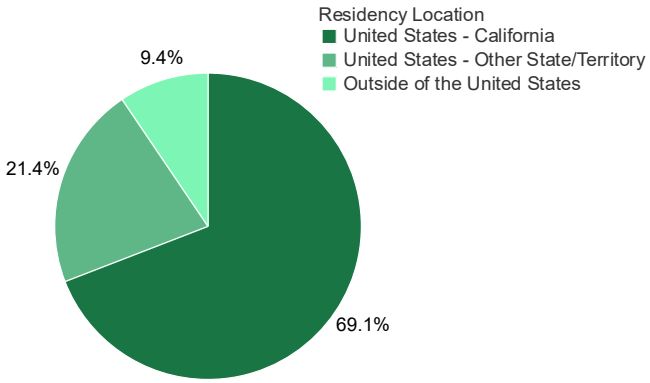
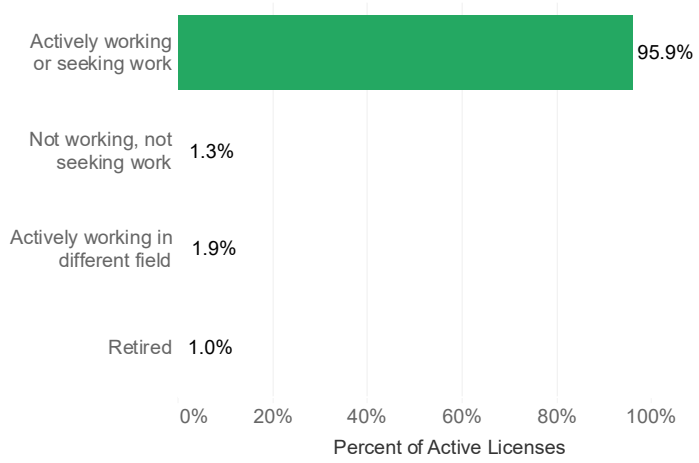


Table H-2: Residency Location: Oral Health

License Name	U.S. - CA	U.S. - Other	Outside U.S.
Dentist	69.1%	21.4%	9.4%
Oral Health Group	**69.1%**	**21.4%**	**9.4%**

Figure H-3: Employment Status: Oral Health



Over 95% of Oral Health licensees are actively working or seeking work, while just under two percent are working in a different field and only one percent have already retired, the lowest of all health workforce groups. Notable license types within the Oral Health workforce include Dental Sedation Assistants and RDHs Alternative Practice with over four percent actively working in a different field, and over two percent of RDHs Alternative Practice and Registered Dental Hygienists reporting not working or seeking work despite their active license status. These metrics will be used in the future to calculate more accurate supply data for each license type.

Table H-3: Employment Status: Oral Health

License Name	Actively working or seeking work	Not working, not seeking work	Actively working in different field	Retired
Dentist	97.3%	0.8%	0.4%	1.5%
RDH Alternative Practice	92.5%	2.4%	4.5%	0.6%
Registered Dental Hygienist	95.1%	2.3%	1.8%	0.8%
RDA In Extended Functions	95.9%	1.0%	2.2%	0.9%
Registered Dental Assistant	94.6%	1.4%	3.5%	0.4%
Orthodontic Assistant	96.5%	0.7%	2.5%	0.3%
RDH Extended Function	100.0%	0.0%	0.0%	0.0%
Dental Sedation Assistant	92.5%	1.9%	5.7%	0.0%
Oral Health Group	**95.9%**	**1.3%**	**1.9%**	**1.0%**

Figure H-4: Full-Time Equivalent Metrics: Oral Health

Full Time Equivalent (FTE) metrics were calculated for licensees that reported they were actively working in a position that required their license. On average, Oral Health licensees spend the highest number of hours per week on Patient Care (30.4 hours), and the least amount of time per week on Research (3.5 hours). Notable license types within the Oral Health workforce include RDHs Alternative Practice, who reported spending the least amount of time on Patient Care at only 26.2 hours per week, and Dental Sedation Assistants who reported the highest amounts of time per week on Training (17 hours) and Admin (16.4 hours). These metrics will be used in the future to calculate more accurate supply and demand modeling.

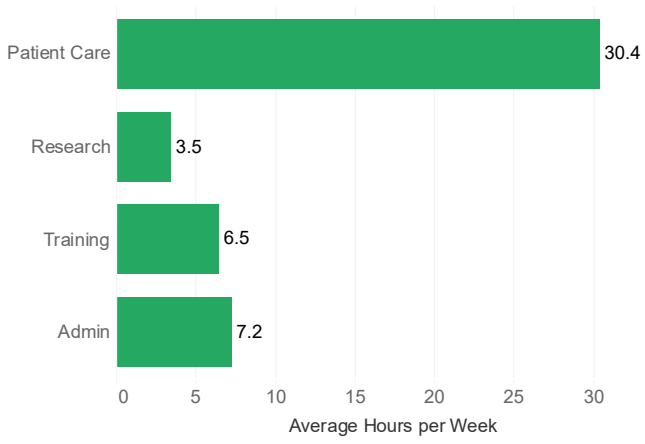
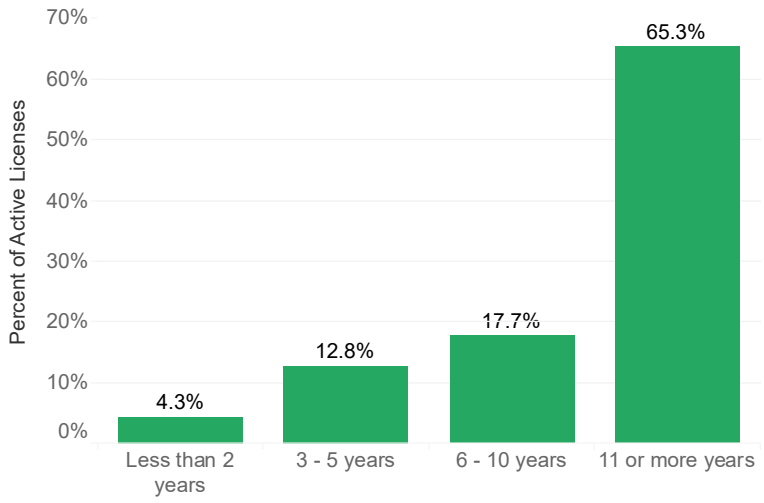


Table H-4: Full-Time Equivalent Metrics: Oral Health

License Name	Patient Care	Research	Training	Admin
Dental Sedation Assistant	37.0	9.8	17.0	16.4
Dentist	31.8	1.9	5.1	7.2
Orthodontic Assistant	30.7	5.9	8.9	8.5
RDA In Extended Functions	31.2	5.1	8.4	7.6
RDH Alternative Practice	26.2	3.3	5.6	5.9
RDH Extended Function	43.9	2.4	6.4	3.4
Registered Dental Assistant	29.9	5.8	9.2	9.8
Registered Dental Hygienist	28.4	2.5	4.4	3.1

Figure H-5: Retirement Estimates: Oral Health



Among Oral Health licensees who reported actively working in a position that required their license, or were actively seeking work in their field, only 65.3% estimated retiring in 11 or more years, the lowest across all health workforce groups, and 4.3% estimated retiring within the next two years. Of note are Dentists, with over 20% estimating retiring in the next five years, and over 40% estimating retiring in the next 10 years. These metrics will be crucial for calculating more accurate supply and demand models for each license type. In addition, this information may be useful in helping to identify which areas are in most need of funding to maintain the supply of Oral Health licensees across the state.

Table H-5: Retirement Estimates: Oral Health

License Name	0-2 years	3 - 5 years	6 - 10 years	11+ years
Dental Sedation Assistant	0.0%	10.5%	18.6%	70.9%
Dentist	6.2%	16.1%	20.7%	57.0%
Orthodontic Assistant	0.9%	7.7%	12.6%	78.8%
RDA In Extended Functions	2.1%	9.6%	16.7%	71.6%
RDH Alternative Practice	3.6%	11.5%	20.1%	64.7%
RDH Extended Function	0.0%	16.7%	16.7%	66.7%
Registered Dental Assistant	2.3%	9.2%	14.3%	74.1%
Registered Dental Hygienist	4.0%	12.6%	17.3%	66.1%
Oral Health Group	**4.3%**	**12.8%**	**17.7%**	**65.3%**

Figure H-6: Age Distribution: Oral Health

Overall, nearly 72% of Oral Health licensees are between the ages of 30 and 59 years old, with 7.3% under the age of thirty, and 20.8% over the age of 59. License types with younger licensees include Orthodontic Assistants and Registered Dental Assistants with over 40% of licensees under the age of 40. License types with older licensees include RDH Extended Functions with 100% of licensees aged 50 or older, and 56% of all Dentist licensees.

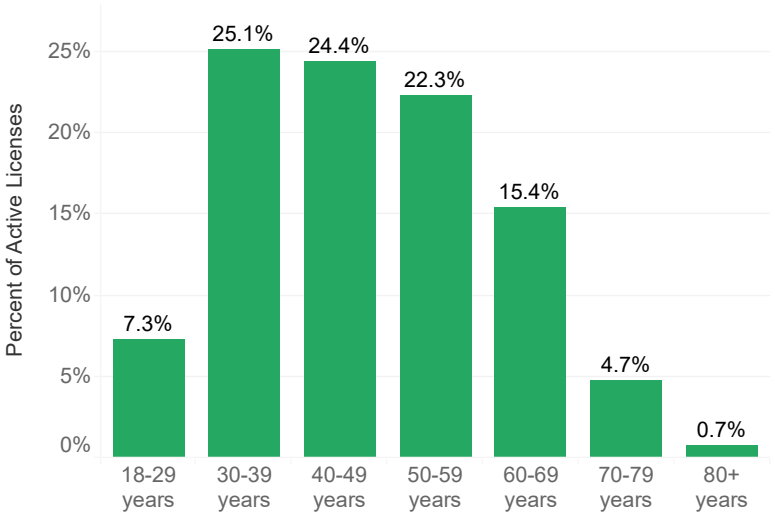
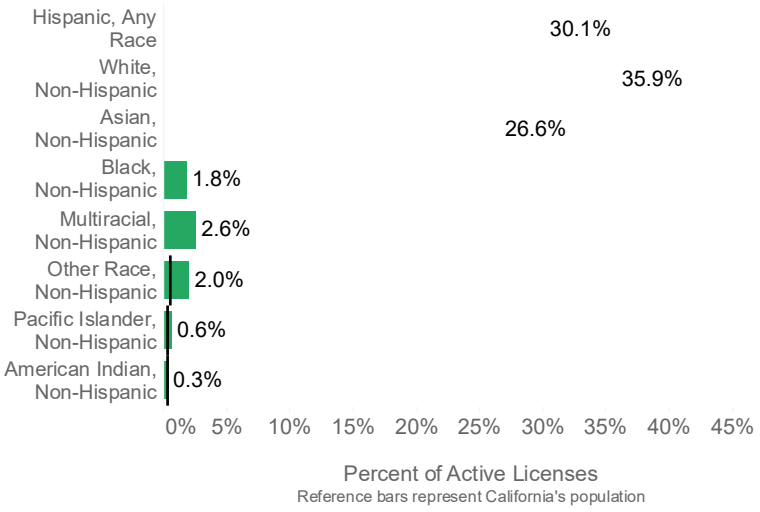


Table H-6: Age Distribution: Oral Health

License Name	18-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years	80+ years
Dental Sedation Assistant	0.0%	38.0%	22.0%	26.0%	14.0%	0.0%	0.0%
Dentist	1.8%	20.1%	22.1%	24.7%	20.7%	9.0%	1.6%
Orthodontic Assistant	11.6%	34.5%	27.5%	18.1%	7.4%	0.8%	0.1%
RDA In Extended Functions	5.2%	26.3%	29.4%	26.0%	12.1%	1.0%	0.0%
RDH Alternative Practice	0.4%	18.6%	31.6%	28.7%	16.9%	3.6%	0.1%
RDH Extended Function	0.0%	0.0%	0.0%	53.8%	38.5%	7.7%	0.0%
Registered Dental Assistant	14.9%	28.0%	24.5%	20.8%	10.9%	1.0%	0.0%
Registered Dental Hygienist	5.9%	29.7%	27.3%	19.8%	13.6%	3.4%	0.2%
Oral Health Group	**7.3%**	**25.1%**	**24.4%**	**22.3%**	**15.4%**	**4.7%**	**0.7%**

Figure H-7: Race/Ethnicity: Oral Health

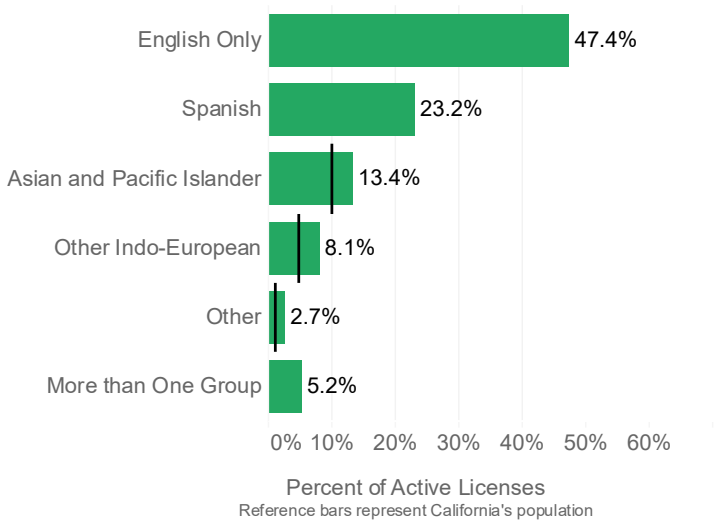


Across the Oral Health workforce, Hispanic, Any Race and Black, Non-Hispanic licensees are the most underrepresented when compared to California's population, with only one license type at or above the population average for Black, Non-Hispanic. In addition, no license types are at or above the population average for Multiracial, Non-Hispanic. Though Hispanic, Any Race licensees are underrepresented in the Oral Health workforce on average, they make up 48% or more of licensees for half of the license types included in this group. Conversely, American Indian, Non-Hispanic licensees are equally represented in the Oral Health workforce on average but are underrepresented in half of the license types within the group.

Table H-7: Race/Ethnicity: Oral Health

License Name	Hispanic, Any Race	White, NH	Asian, NH	Black, NH	Multiracial, NH	Other Race, NH	Pacific Islander, NH	American Indian, NH
Dental Sedation Assistant	35.8%	40.6%	12.3%	5.7%	3.8%	1.9%	0.0%	0.0%
Dentist	9.4%	39.1%	43.9%	1.6%	2.3%	2.9%	0.5%	0.2%
Orthodontic Assistant	59.8%	22.3%	11.1%	1.7%	3.1%	0.9%	1.0%	0.2%
RDA In Extended Functions	48.1%	33.6%	10.8%	1.8%	2.4%	1.8%	0.9%	0.6%
RDH Alternative Practice	27.5%	43.8%	19.5%	2.8%	3.6%	1.8%	0.6%	0.5%
RDH Extended Function	50.0%	23.1%	26.9%	0.0%	0.0%	0.0%	0.0%	0.0%
Registered Dental Assistant	54.2%	25.0%	13.5%	2.4%	2.4%	1.3%	0.7%	0.5%
Registered Dental Hygienist	23.8%	49.2%	19.8%	1.2%	3.4%	1.8%	0.6%	0.3%
Oral Health Group	**30.1%**	**35.9%**	**26.6%**	**1.8%**	**2.6%**	**2.0%**	**0.6%**	**0.3%**
California's Population	**39.8%**	**34.6%**	**15.1%**	**5.3%**	**4.1%**	**0.5%**	**0.3%**	**0.3%**
NH = Non-Hispanic								

Figure H-8: Languages Spoken: Oral Health

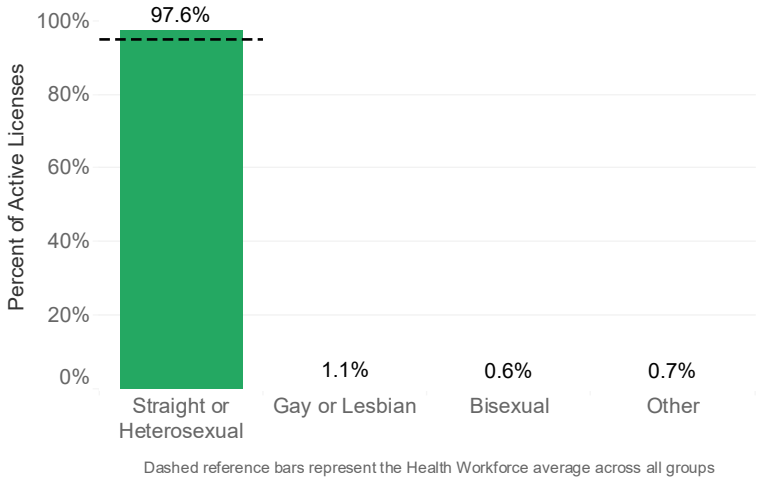


As a group, the Oral Health workforce is the most diverse linguistically, with the lowest rates of licensees speaking English Only in the health workforce and the highest rates of Spanish speaking licensees. However, Spanish is still underrepresented in the Oral Health workforce when compared to California's population, with half of the included license types at or below the population average. Asian and Pacific Islander languages are represented well above the population average overall, but this is largely driven by the high rates among Dentists and RDH Extended Functions, as these languages are at or below the population average for the other six license types within the group. Similarly, Other Indo-European languages are also represented above the population average in the Oral Health workforce overall, largely driven by the high rates among Dentists, Dental Sedation Assistants, and RDH Alternative Practices. Within the Oral Health workforce, Other languages were not reported by any licensee for two of the of the individual license types in the group.

Table H-8: Languages Spoken: Oral Health

License Name	English Only	Spanish	Asian and Pacific Islander	Other Indo-European	Other	Multiple Census Language Groups
Dental Sedation Assistant	54.7%	25.5%	6.6%	7.5%	0.0%	5.7%
Dentist	41.3%	11.1%	19.6%	13.9%	4.1%	10.1%
Orthodontic Assistant	42.6%	43.8%	7.9%	2.6%	1.5%	1.6%
RDA In Extended Functions	47.7%	35.6%	7.9%	4.5%	2.0%	2.2%
RDH Alternative Practice	53.3%	21.3%	9.7%	9.6%	2.1%	4.0%
RDH Extended Function	53.8%	30.8%	15.4%	0.0%	0.0%	0.0%
Registered Dental Assistant	45.0%	39.5%	9.3%	3.0%	1.5%	1.8%
Registered Dental Hygienist	63.4%	15.8%	9.6%	6.4%	2.3%	2.4%
Oral Health Group	**47.4%**	**23.2%**	**13.4%**	**8.1%**	**2.7%**	**5.2%**
California's Population	**56.1%**	**28.2%**	**9.9%**	**4.6%**	**1.1%**	**N/A**

Figure H-9: Sexual Orientation: Oral Health

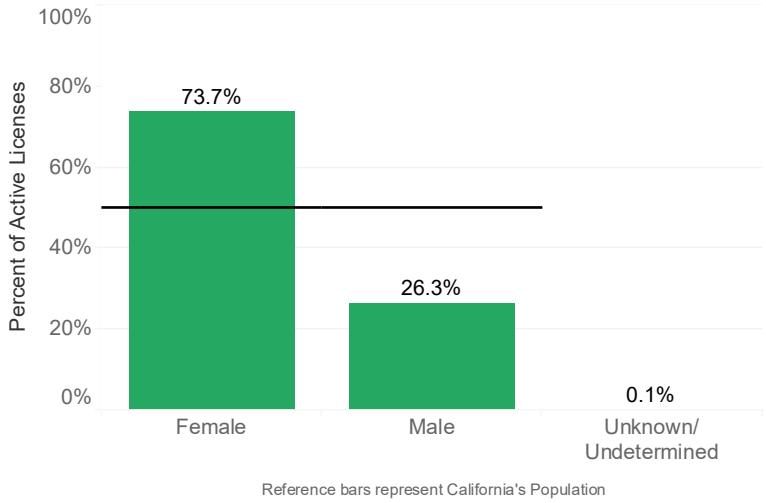


As a group, the majority (97.6%) of Oral Health licensees reported identifying as Straight or Heterosexual, the highest of any health workforce group, and just over one percent reported identifying as Gay or Lesbian, the lowest of any health workforce group. Licensees identifying as Bisexual and Other were nearly even at just under one percent each, both below the health workforce average. Within the Oral Health workforce, not a single license type met the workforce average for Bisexual individuals (1.6%), and only Dental Sedation Assistants reported identifying as Gay or Lesbian at or above the workforce average. Notably, while Dental Sedation Assistants reported one of the highest rates for Gay or Lesbian of any license type in the health workforce, they did not report any individuals identifying as Bisexual or Other.

Table H-9: Sexual Orientation: Oral Health

License Name	Straight or Heterosexual	Gay or Lesbian	Bisexual	Other
Dental Sedation Assistant	96.2%	3.8%	0.0%	0.0%
Dentist	98.3%	1.0%	0.3%	0.4%
Orthodontic Assistant	96.2%	2.1%	0.6%	1.0%
RDA In Extended Functions	96.7%	1.6%	0.6%	1.1%
RDH Alternative Practice	97.9%	0.7%	0.8%	0.5%
RDH Extended Function	100.0%	0.0%	0.0%	0.0%
Registered Dental Assistant	96.6%	1.3%	1.0%	1.2%
Registered Dental Hygienist	98.0%	0.9%	0.6%	0.4%
Oral Health Group	**97.6%**	**1.1%**	**0.6%**	**0.7%**
Health Workforce Average	**94.8%**	**2.7%**	**1.6%**	**0.9%**

Figure H-10: Sex at Birth: Oral Health



As a group, the majority (73.7%) of Oral Health licensees reported being identified as Female at birth, and 26.3% reported being identified as Male. Less than one percent of licensees (0.1%) reporting having an Unknown/Undetermined sex at birth. Notably, while the number of licensees assigned Male at birth is above state population for Oral Health as a group, this is driven by the high rate of Dental licensees assigned as Male; 86% or more of all other license types within the Oral Health group were Female at birth, well above California's population.

Table H-10: Sex at Birth: Oral Health

License Name	Female	Male	Unknown/Undetermined
Dental Sedation Assistant	86.3%	13.7%	0.0%
Dentist	44.2%	55.8%	0.1%
Orthodontic Assistant	88.4%	11.6%	0.0%
RDA In Extended Functions	89.9%	10.1%	0.1%
RDH Alternative Practice	91.4%	8.4%	0.2%
RDH Extended Function	92.3%	7.7%	0.0%
Registered Dental Assistant	93.1%	6.8%	0.1%
Registered Dental Hygienist	93.8%	6.1%	0.0%
Oral Health Group	**73.7%**	**26.3%**	**0.1%**
California's Population	**50.0%**	**50.0%**	**N/A**

Figure H-11: Gender Identity: Oral Health

As a group, the majority (73.6%) of Oral Health licensees reported identifying as Female, and 26.2% reported identifying as Male. Licensees identifying as Transgender or not identifying as Male, Female or Transgender were even at 0.1% each. Notably, while the number of licensees identifying as Male is above the workforce average for Oral Health as a group, this is driven by the high rate of Dental licensees identifying as Male; 86% or more of all other license types within the Oral Health group identified as Female, well above the health workforce average.

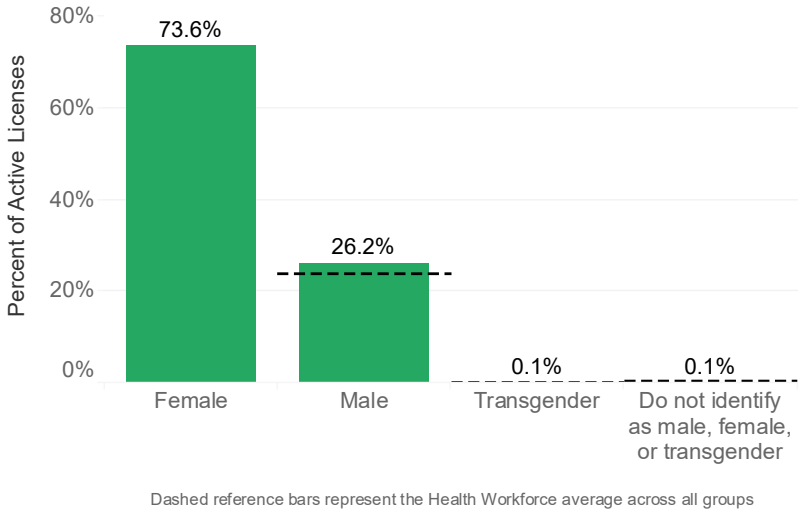
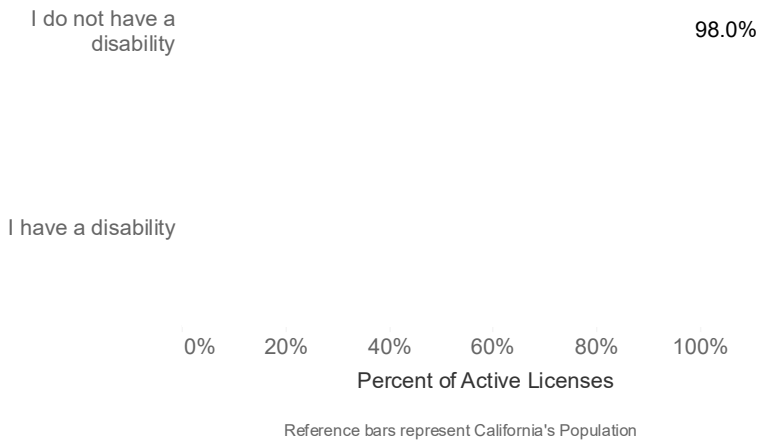


Table H-11: Gender Identity: Oral Health

License Name	Female	Male	Transgender	Do not identify as male, female, or transgender
Dental Sedation Assistant	86.0%	14.0%	0.0%	0.0%
Dentist	44.2%	55.7%	0.0%	0.1%
Orthodontic Assistant	88.1%	11.9%	0.0%	0.0%
RDA In Extended Functions	89.9%	9.9%	0.1%	0.1%
RDH Alternative Practice	92.1%	7.8%	0.0%	0.2%
RDH Extended Function	92.3%	7.7%	0.0%	0.0%
Registered Dental Assistant	93.0%	6.8%	0.1%	0.1%
Registered Dental Hygienist	93.8%	6.1%	0.1%	0.0%
Oral Health Group	**73.6%**	**26.2%**	**0.1%**	**0.1%**
Health Workforce Average	**75.9%**	**23.8%**	**0.1%**	**0.1%**

Figure H-12: Disability Status: Oral Health



On average, 98% of Oral Health licensees did not identify as having a disability, while 2% reported having a disability. Within the Oral Health workforce, over 27% of RDH Extended Functions and over four percent of RDH Alternative Practices reported having a disability. Notably, the percentage of RDH Extended Function licensees with disabilities increased 16% compared to 2024.

Table H-12: Disability Status: Oral Health

License Name	I do not have a disability	I have a disability
Dental Sedation Assistant	98.0%	0.2%
Dentist	98.1%	1.9%
Orthodontic Assistant	98.2%	1.8%
RDA In Extended Functions	97.8%	2.2%
RDH Alternative Practice	95.7%	4.3%
RDH Extended Function	72.7%	27.3%
Registered Dental Assistant	98.3%	1.7%
Registered Dental Hygienist	97.6%	2.4%
Oral Health Group	**98.0%**	**2.0%**
California's Population	**88.7%**	**11.3%**

Figure H-13: Active Licenses: Oral Health

As a group, the Greater Bay Area has the highest total number of Oral Health licenses in the state while the Northern & Sierra Region has the fewest. Within the Oral Health workforce, Dentists and Registered Dental Assistants make up nearly 74% of all active Oral Health licenses, at 39.5% and 34.0% respectively. RDH Extended Functions make up the smallest portion of the Oral Health workforce at less than 0.1%. For detailed metrics on how the distribution of these active licenses compares to the population (see *Figure H-15: Distribution Index: Oral Health*).

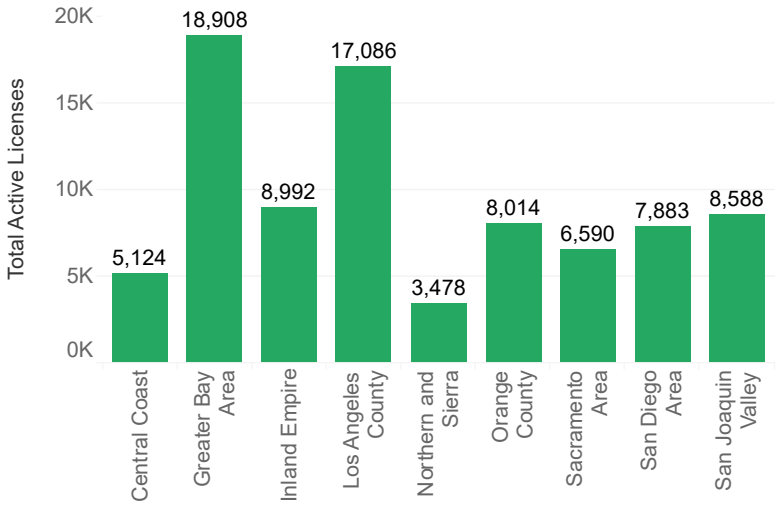
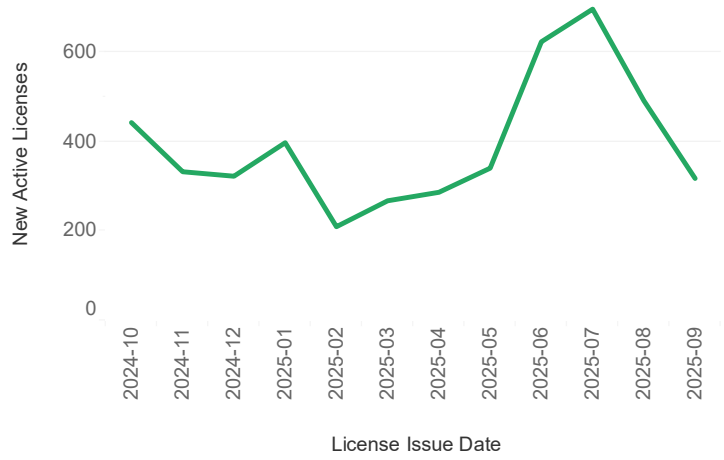


Table H-13: Active Licenses: Oral Health

License Name	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern & Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Dental Sedation Assistant	5	20	2	6	3	5	2	3	9
Dentist	1,647	8,064	2,756	8,685	704	4,391	2,022	2,996	2,151
Orthodontic Assistant	110	264	287	452	54	101	184	142	254
RDA In Extended Functions	190	370	232	262	228	102	329	193	347
RDH Alternative Practice	48	146	89	192	59	64	51	63	83
RDH Extended Function	0	6	1	2	2	0	1	0	1
Registered Dental Assistant	1,752	6,355	3,666	4,592	1,565	1,657	2,471	2,714	4,034
Registered Dental Hygienist	1,372	3,683	1,959	2,895	863	1,694	1,530	1,772	1,709
Oral Health Group	**5,124**	**18,908**	**8,992**	**17,086**	**3,478**	**8,014**	**6,590**	**7,883**	**8,588**

Figure H-14: New Licenses: Oral Health



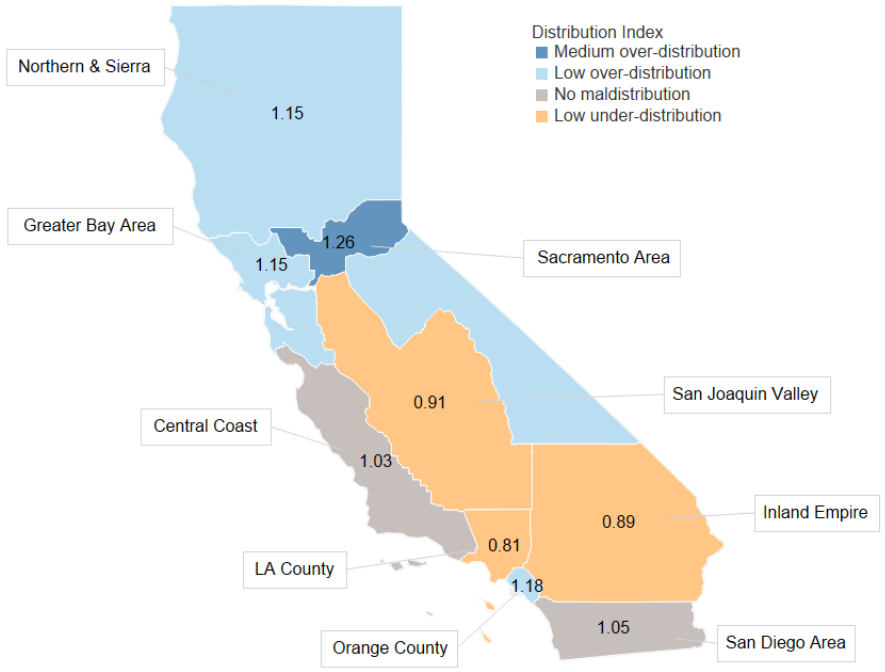
On average, there were 395 new active Oral Health licenses issued per month from October 2024 to September 2025. Within the Oral Health workforce, Registered Dental Assistants make up the largest portion by total volume with an average of 185 new active licenses issued per month, while Orthodontic Assistants had the highest average issue rate relative to their total volume at 1%. Future work will aim to use this information in conjunction with education pipeline data to better understand potential workforce supply trends.

Table H-14: New Licenses: Oral Health

License Name	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09
Dental Sedation Assistant	0	1	1	0	0	1	0	0	0	0	0	0
Dentist	95	60	49	55	43	45	61	92	245	278	123	66
Orthodontic Assistant	16	30	15	14	14	22	9	30	23	23	14	16
RDA In Extended Functions	17	18	11	26	6	4	7	20	20	24	40	11
RDH Alternative Practice	4	5	3	8	6	3	4	4	8	9	6	9
Registered Dental Assistant	290	163	188	233	121	164	145	162	175	211	208	158
Registered Dental Hygienist	21	56	56	62	20	29	61	33	153	152	101	58
Oral Health Group	**443**	**333**	**323**	**398**	**210**	**268**	**287**	**341**	**624**	**697**	**492**	**318**
Note: RDH Extended Function Licenses were not included as the license is no longer being distributed.												

Figure H-15: Distribution Index: Oral Health

The distribution index describes the magnitude of difference between a region's share of the state's licenses and its share of the state's population. A distribution index of 1 indicates the region has an equal share of the state's licenses and population (e.g., 10% of the state's licenses and 10% of the state's population). A distribution index below 1 indicates a smaller share of licenses than population (e.g., 5% of the state's licenses and 10% of the state's population), and a distribution index greater than 1 indicates the opposite. The further away the index is from 1, the greater the maldistribution.



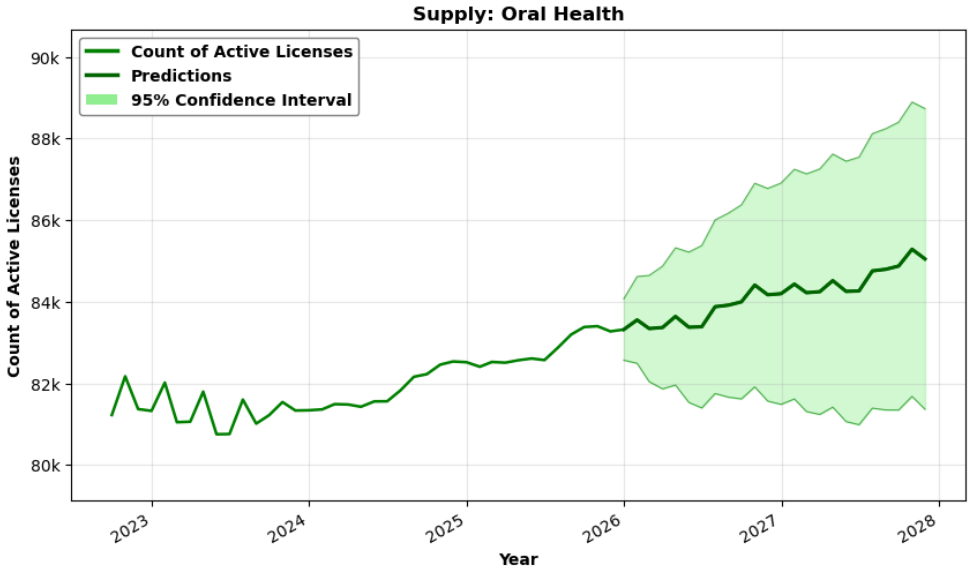
While the Greater Bay Area region has the highest total count of active Oral Health licenses by volume, the Sacramento Area region has the highest distribution of active licenses compared to the population. Similarly, while the Northern & Sierra region has the lowest total count of active Oral Health licenses by volume, the Los Angeles County region has the lowest distribution of active Oral Health licenses compared to the population. Specifically, the region has less than half the amount of Dental Sedation Assistants and RDA in Extended Functions they should have based on their population size. Three regions do not have any active RDH Extended Function licenses at all.

Table H-15: Distribution Index: Oral Health

License Name	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern & Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Dental Sedation Assistant	1.54	1.88	0.31	0.44	1.52	1.13	0.59	0.61	1.46
Dentist	0.84	1.25	0.69	1.04	0.59	1.63	0.98	1.01	0.58
Orthodontic Assistant	1.01	0.74	1.31	0.98	0.81	0.68	1.61	0.86	1.23
RDA In Extended Functions	1.43	0.85	0.87	0.47	2.82	0.56	2.36	0.96	1.38
RDH Alternative Practice	1.03	0.95	0.94	0.97	2.07	1.00	1.04	0.89	0.93
RDH Extended Function	0.00	2.38	0.65	0.62	4.29	0.00	1.24	0.00	0.69
Registered Dental Assistant	1.03	1.14	1.07	0.64	1.51	0.72	1.39	1.06	1.25
Registered Dental Hygienist	1.33	1.09	0.94	0.66	1.38	1.21	1.42	1.14	0.88
Oral Health Group	**1.03**	**1.15**	**0.89**	**0.81**	**1.15**	**1.18**	**1.26**	**1.05**	**0.91**

Low Under-Distribution (0.95-0.75)
Medium Under-Distribution (0.75-0.50)
High Under-Distribution (0.50 or less)
No Maldistribution (0.95-1.05)
Low Over-Distribution (1.05-1.25)
Medium Over-Distribution (1.25-1.50)
High Over-Distribution (1.50 or more)

Figure H-16: Supply Projections: Oral Health



To project supply for the Oral Health workforce, each license type within the group was individually modelled with a 95% confidence interval. Active license counts for each month from September 2022 to November 2025 were used to predict the monthly supply of active licenses each month from December 2025 to November 2027. The table below lists the count of active licenses for September of each year.

On average, the Oral Health workforce is expected to grow 1.8% by 2027. Nearly every license type within the group is expected to increase over the next three years, with the greatest growth occurring in Dentists who have a projected growth rate of 2.7% by 2027. These metrics combined with Retirement estimates (see *Figure H-5: Retirement Estimates: Oral Health*) will be crucial for calculating more accurate supply and demand projections for each license type in our modeling data.

Table H-16: Supply Projections: Oral Health

License Type*	2022	2023	2024	2025	2026	2027
Dentist	34,794	34,925	35,325	35,887	36,308	36,869
Registered Dental Assistant	28,593	28,327	28,757	29,106	29,205	29,377
Registered Dental Hygienist	17,842	17,972	18,146	18,389	18,485	18,630
Oral Health Group	**81,229**	**81,224**	**82,228**	**83,382**	**83,998**	**84,876**

Note: Cells shaded in light green are predictions based on the Workforce Supply Model (see Figure H-16).
*HCAI is currently working on a methodology for Oral Health supply and demand. To maintain consistency with that future model, we have only included the three license types listed here.

Section I: Wellness Coaches, All Figures

California Health and Safety Code Section 127825 established a new category of behavioral health professional as part of the Children and Youth Behavioral Health Initiative, the Certified Wellness Coach (CWC). The Department of Health Care Access and Information (HCAI) was tasked to design and implement a sufficient and diverse CWC workforce that provides effective prevention and early intervention behavioral health services for California's children and youth. With a focus on underserved communities, HCAI is conducting the following activities:

1. Partner with and fund California colleges and universities to create undergraduate education curriculum and attract diverse candidates.
2. Offer scholarships with service obligations to select associate and bachelor's students.
3. Design and implement certification, including education and minimum field/work experience requirements.
4. Conduct comprehensive marketing campaign and stakeholder outreach.
5. Offer employer support grants to organizations in high-need communities.
6. Parter with the Department of Health Care Services and the Department of Managed Health Care to establish a sustainable funding mechanism.

This entry-level behavioral health profession provides career opportunities for individuals with undergraduate degrees. Those with associates degrees and a minimum number of field experience hours are eligible to apply to attain a Certified Wellness Coach I certification, and those with bachelor's degrees are eligible to apply to attain a Certified Wellness Coach II certification. For those with fewer field experience hours who still meet the degree requirements, HCAI created the Registered-Certified Wellness Coach (R-CWC) designation. These certified individuals are eligible to provide services as a CWC, with the registered designation denoting to employers that these are less experienced Coaches who may require additional support once in the field.

For more information on Wellness Coach pathway requirements, scholarship information, and more, see HCAI's Certified Wellness Coach homepage.

Figure I-1: Pathway: Wellness Coaches

HCAI designed two pathways to Wellness Coach certification: the Education Pathway, focused on competencies gained from specific degree programs, and the Workforce Pathway, focused on competencies gained from work experience.

Over 80% of Wellness Coaches to date were certified through the Workforce Pathway. CWCIs were more likely to pursue a Workforce Pathway (90.1%) than CWCIIs (81.2%). In addition, more than 96% of both R-type licenses indicated they were certified through the Education Pathway.

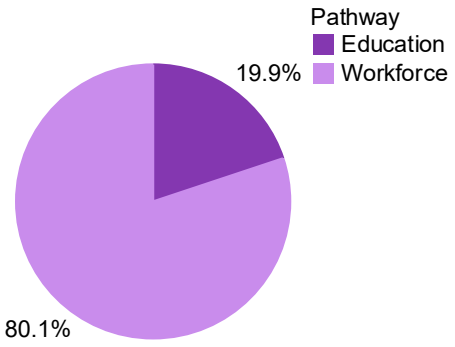
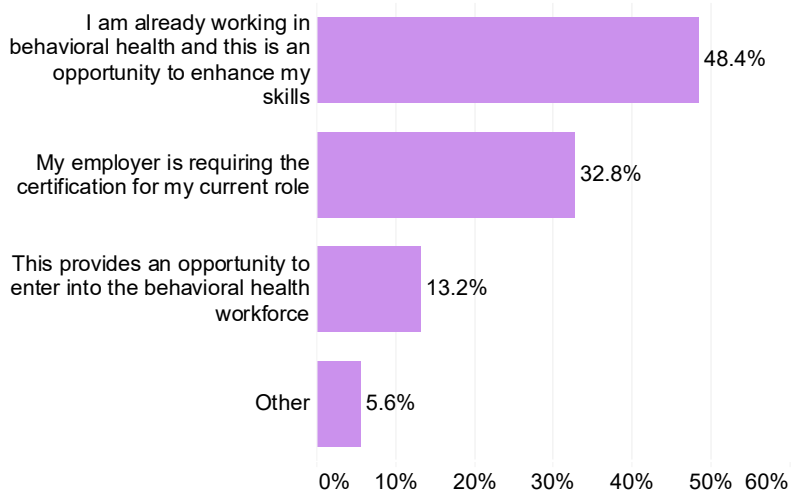


Table I-1: Pathway: Wellness Coaches

Credential	Education	Workforce
R-CWCI	98.0%	2.0%
R-CWCII	96.1%	3.9%
CWCI	9.9%	90.1%
CWCII	18.8%	81.2%
Wellness Coach Group	**19.9%**	**80.1%**

Figure I-2: Application Reason: Wellness Coaches

When asked for a reason for applying to be a Wellness Coach, nearly 50% reported they were already working in behavioral health and wanted to enhance their skills while 13.2% indicated they were using this certification as an opportunity to enter the Behavioral Health workforce. CWCII were slightly more likely to already be in the Behavioral Health workforce (51%) than CWCIs (43%).

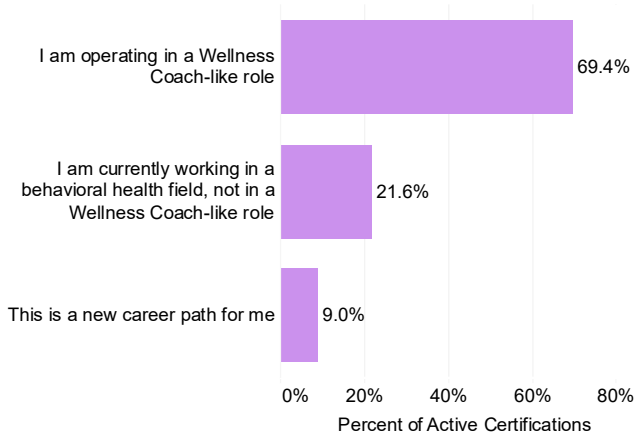


The CYBHI Multi-Payer School-Linked Fee Schedule Program creates a sustainable reimbursement pathway for Local Educational Agencies and public Institutions of Higher Education to receive funding for behavioral health services rendered at a school or school-linked site via Medi-Cal and commercial insurance. As more organizations adopt the Fee Schedule Program, HCAI anticipates that more employers will require their eligible employees to get certified.

Table I-2: Application Reason: Wellness Coaches

Credential	I am already working in behavioral health and this is an opportunity to enhance my skills	My employer is requiring the certification for my current role	This provides an opportunity to enter into the behavioral health workforce	Other
R-CWCI	29.7%	37.0%	27.4%	5.9%
R-CWCII	37.8%	42.4%	14.8%	4.9%
CWCI	43.0%	34.3%	16.7%	6.0%
CWCII	51.0%	31.8%	11.8%	5.4%
Wellness Coach Group	**48.4%**	**32.8%**	**13.2%**	**5.6%**

Figure I-3: Current Role: Wellness Coaches



Nearly 70% of Wellness Coaches reported they were already operating in a Wellness Coach-like role and just over eight percent indicated the career was totally new for them. Registered certificate holders were more likely (22% or higher) to indicate this was a new career path compared with full coaches (CWCI: 12.4%; CWCII: 7.1%).

HCAI anticipates more new entries into this field as more partnerships are developed with Institutions of Higher Education, and as Wellness Coach Scholarship Program awardees complete their degrees, get certified, and seek employment.

Table I-3: Current Role: Wellness Coaches

Credential	I am operating in a Wellness Coach-like role	I am currently working in a behavioral health field, not in a Wellness Coach-like role	This is a new career path for me
R-CWCI	55.2%	20.4%	24.4%
R-CWCII	56.5%	20.7%	22.8%
CWCI	64.0%	23.6%	12.4%
CWCII	72.0%	21.0%	7.1%
Wellness Coach Group	**69.4%**	**21.6%**	**9.0%**

Figure I-4: Age Distribution: Wellness Coaches

Overall, the majority of Certified Wellness Coaches are under the age of 60, with just under 68% between the ages of 30 and 59 years old and 28.5% under the age of 30. Just under four percent are over the age of 59, making Certified Wellness Coaches younger on average than any of the licensed health workforce groups. This trend is more apparent when looking at the registered certificate holders, none of which are over the age of 59.

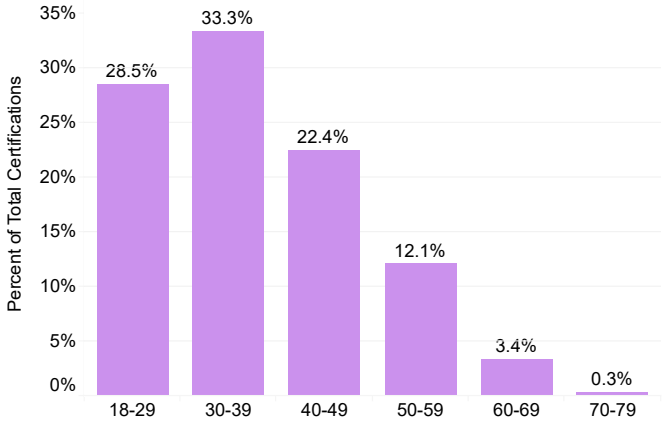
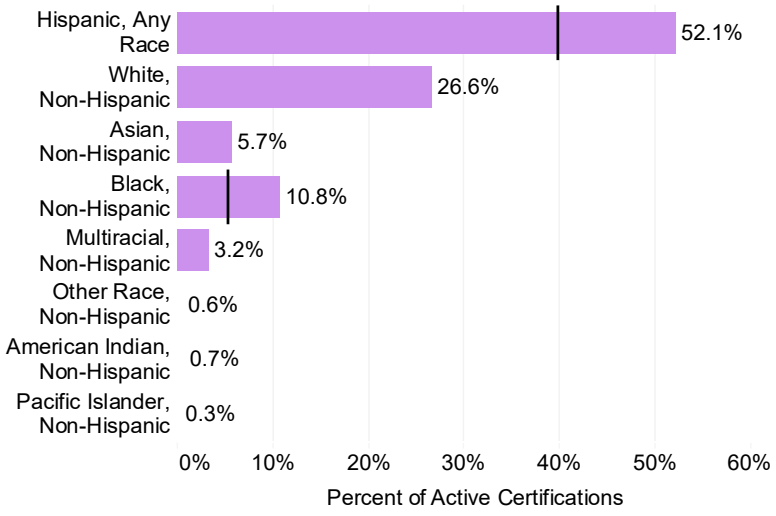


Table I-4: Age Distribution: Wellness Coaches

Credential	18-29 years	30-39 years	40-49 years	50-59 years	60-69 years	70-79 years
R-CWCI	64.7%	19.6%	7.8%	7.8%	0.0%	0.0%
R-CWCII	74.5%	15.7%	5.9%	3.9%	0.0%	0.0%
CWCI	30.8%	33.8%	21.7%	11.3%	2.3%	0.2%
CWCII	25.4%	34.1%	23.6%	12.7%	3.9%	0.4%
Wellness Coach Group	**28.5%**	**33.3%**	**22.4%**	**12.1%**	**3.4%**	**0.3%**

Figure I-5: Race/Ethnicity: Wellness Coaches



Wellness Coaches are very diverse, with more than 52% of Coaches identifying as Hispanic, Any Race and 10.8% identifying as Black, Non-Hispanic; both represent a larger proportion than any health workforce group identifying as these races. In contrast, Asian, Non-Hispanic individuals are the most underrepresented among Wellness Coaches (5.7%) when compared to California's population (15.1%).

Table I-5: Race/Ethnicity: Wellness Coaches

Credential	Hispanic, Any Race	White, NH	Asian, NH	Black, NH	Multiracial, NH	Other Race, NH	American Indian, NH	Pacific Islander, NH
R-CWCI	40.2%	35.8%	13.8%	10.3%	0.0%	0.0%	0.0%	0.0%
R-CWCII	59.1%	19.0%	5.9%	10.0%	5.1%	0.0%	1.0%	0.0%
CWCI	46.5%	29.7%	6.4%	10.2%	4.5%	0.6%	1.6%	0.6%
CWCII	53.9%	25.8%	5.3%	11.0%	2.8%	0.7%	0.4%	0.2%
Wellness Coach Group	**52.1%**	**26.6%**	**5.7%**	**10.8%**	**3.2%**	**0.6%**	**0.7%**	**0.3%**
California's Population	**39.8%**	**34.6%**	**15.1%**	**5.3%**	**4.1%**	**0.5%**	**0.3%**	**0.3%**

Figure I-6: Languages Spoken: Wellness Coaches

Spanish is very well represented by the Wellness Coaches compared to California's population, with 37.9% of Coaches indicating they can provide services in Spanish compared with 28.2% of the statewide population. The Wellness Coaches are the only group discussed in this report to meet the population threshold for Spanish speakers.

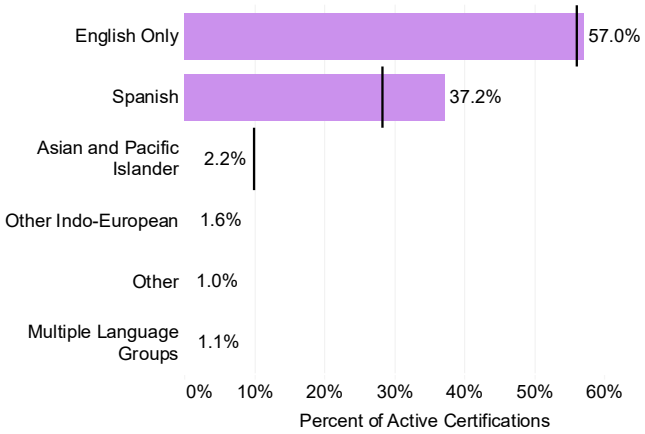
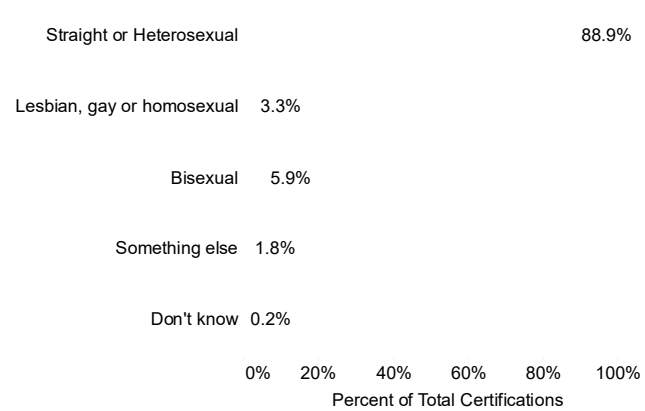


Table I-6: Languages Spoken: Wellness Coaches

Credential	English Only	Spanish	Asian and Pacific Islander	Other Indo-European	Other	Multiple Census Language Groups
R-CWCI	60.8%	19.6%	11.8%	3.9%	2.0%	2.0%
R-CWCII	51.1%	42.1%	1.0%	2.0%	2.9%	1.0%
CWCI	60.7%	32.6%	1.8%	2.2%	0.9%	1.8%
CWCII	55.9%	38.8%	2.2%	1.3%	0.9%	0.9%
Wellness Coach Group	**57.0%**	**37.2%**	**2.2%**	**1.6%**	**1.0%**	**1.1%**
California's Population	**56.1%**	**28.2%**	**9.9%**	**4.6%**	**1.1%**	**N/A**

Figure I-7: Sexual Orientation: Wellness Coaches



As a group, the majority (88.9%) of Wellness Coaches reported identifying as straight or heterosexual. Additionally, 3.3% reported identifying as lesbian, gay, or homosexual, 5.9% identified as bisexual, 1.8% identified as something else, and 0.2% indicated they didn't know.

Table I-7: Sexual Orientation: Wellness Coaches

Credential	Straight or Heterosexual	Lesbian, gay or homosexual	Bisexual	Something else	Don't know
R-CWCI	75.0%	4.4%	16.4%	2.2%	2.0%
R-CWCII	87.1%	2.2%	9.5%	1.2%	0.0%
CWCI	87.0%	3.3%	6.8%	2.6%	0.2%
CWCII	89.8%	3.3%	5.2%	1.5%	0.1%
Wellness Coach Group	**88.9%**	**3.3%**	**5.9%**	**1.8%**	**0.2%**

Figure I-8: Sex at Birth: Wellness Coaches

As a group, the majority (82.5%) of Wellness Coaches reported identifying as Female, and 17.4% reported identifying as Male. Less than 0.1% of licensees identified as Unknown/Undetermined. Rates of sex at birth are consistent across all certificate levels.

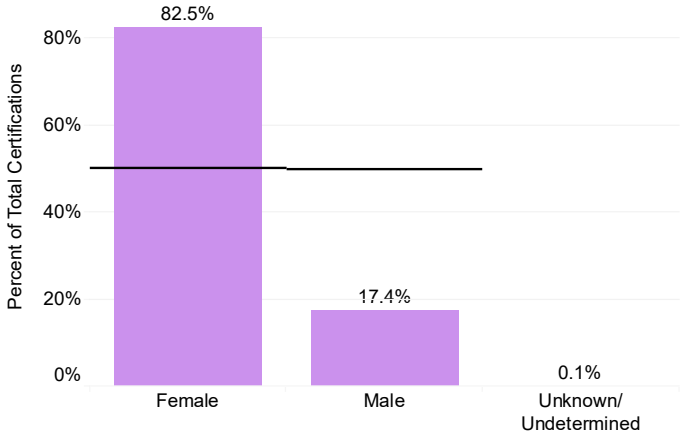
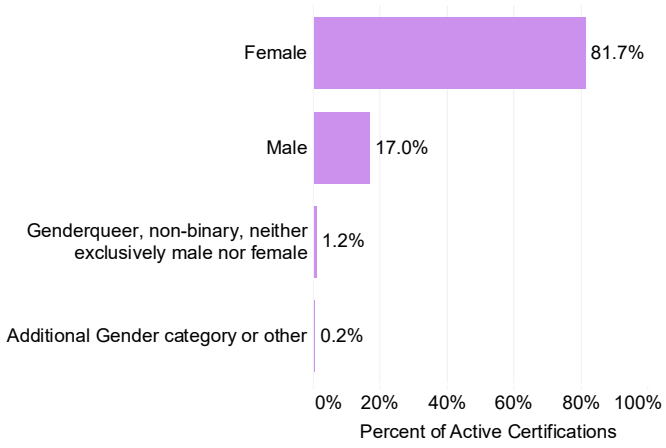


Table I-8: Sex at Birth: Wellness Coaches

Credential	Female	Male	Unknown/ Undetermined
R-CWCI	86.3%	13.7%	0.0%
R-CWCII	86.0%	14.0%	0.0%
CWCI	82.2%	17.7%	0.1%
CWCII	82.4%	17.5%	0.0%
Wellness Coach Group	**82.5%**	**17.4%**	**0.1%**

Figure I-9: Gender Identity: Wellness Coaches



As a group, the majority (81.7%) of Wellness Coaches reported identifying as female, and 17% reported identifying as male. Just over one percent of coaches identified as genderqueer, non-binary, neither exclusively male nor female and 0.2% identified as an additional gender category.

Table I-9: Gender Identity: Wellness Coaches

			-	
R-CWCI	86.0%	14.0%	0.0%	0.0%
R-CWCII	85.1%	13.9%	0.0%	1.0%
CWCI	81.0%	17.3%	1.3%	0.5%
CWCII	81.7%	17.1%	1.2%	0.1%

Figure I-10: Disability Status: Wellness Coaches

On average, 93.3% of Wellness Coach licensees did not identify as having a disability, while 6.3% reported having a disability. Individuals with a registered CWCII had the highest rates of disability (11.5%) compared with the other certificate levels.

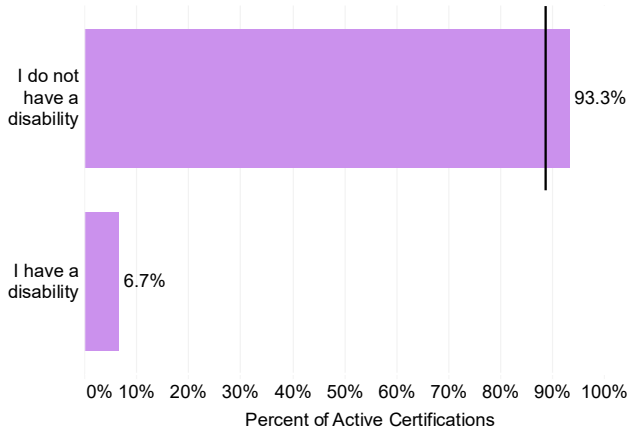
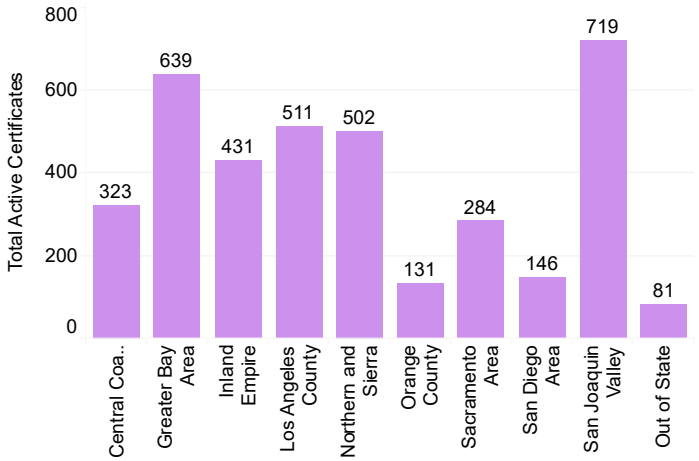


Table I-10: Disability Status: Wellness Coaches

Credential	I do not have a disability	I have a disability
R-CWCI	95.9%	4.1%
R-CWCII	88.5%	11.5%
CWCI	91.8%	8.2%
CWCII	93.9%	6.1%
Wellness Coach Group	**93.3%**	**6.7%**
California's Population	**88.7%**	**11.3%**

Figure I-11: Active Certifications: Wellness Coaches



As a group, the San Joaquin Valley region has the highest total number of Wellness Coaches in the state while the Orange County region has the least. Within Wellness Coaches, CWCIIs make up more than 70% of all certifications.

Table I-11: Active Certifications: Wellness Coaches

Credential	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern & Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley	Out of State
R-CWCI	6	5	4	9	7	3	14	0	3	0
R-CWCII	12	18	18	24	5	5	7	1	12	0
CWCI	50	173	83	90	184	41	75	37	116	28
CWCII	255	443	326	388	306	82	188	108	588	53
Wellness Coach Group	**323**	**639**	**431**	**511**	**502**	**131**	**284**	**146**	**719**	**81**

Figure I-12: New Certificates: Wellness Coaches

On average, there were 248 new Wellness Coach certificates issued per month from December 2024 to December 2025, which represents a 313% increase from 2024, which showed 60 new certificates per month, on average.

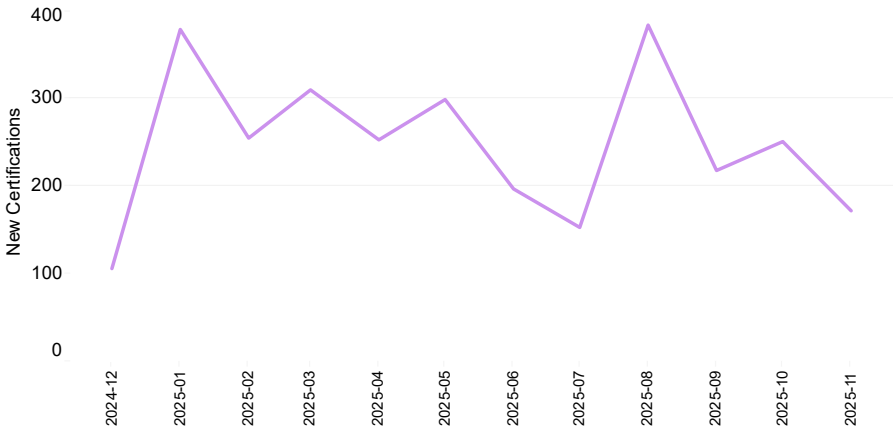
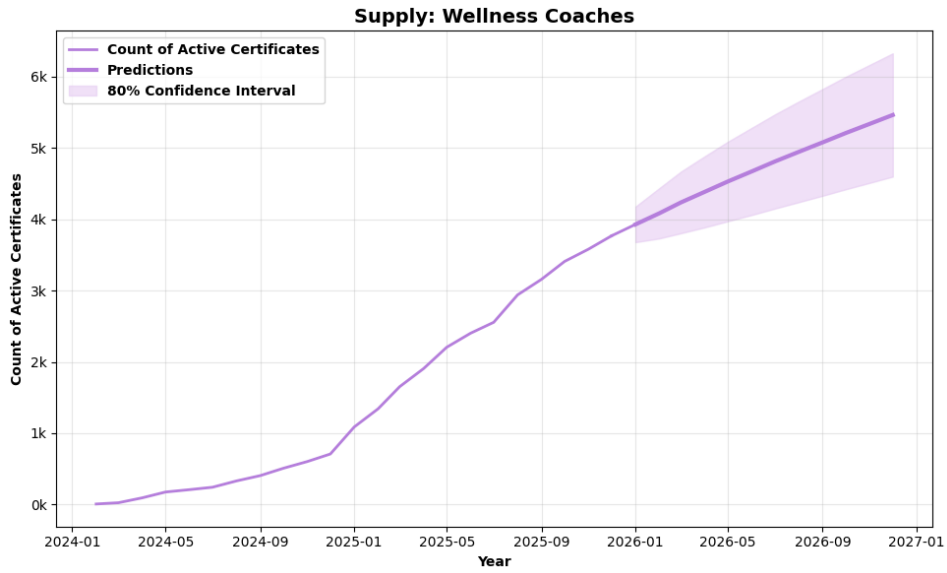


Table I-12: New Certificates: Wellness Coaches

Credential	2024-12	2025-01	2025-02	2025-03	2025-04	2025-05	2025-06	2025-07	2025-08	2025-09	2025-10	2025-11
R-CWCI	0	1	0	2	0	1	1	4	2	8	13	6
R-CWCII	1	6	1	2	2	7	8	9	10	18	16	9
CWCI	18	79	35	73	66	84	71	49	88	50	65	50
CWCII	87	293	219	233	185	207	117	91	284	142	157	107
Wellness Coach Group	**106**	**379**	**255**	**310**	**253**	**299**	**197**	**153**	**384**	**218**	**251**	**172**

Figure I-13: Supply Projections: Wellness Coaches



To project supply for Certified Wellness Coaches, a time series model with an 80% confidence interval was used (see Health Workforce Group Projection Models section for the full methodology). Active certificate counts for each month from January 2024 to December 2025 were used to predict the monthly supply of certificates each month from January 2026 to December 2026. The table below lists the total certificate counts from the last month in each quarter from 2024 Q1 to 2025 Q4.

Last year, this report projected there would be 1,155 active Certified Wellness Coaches by the end of 2025. As of December 2025, there are 3,767 active certified Wellness Coaches (see *Figure I-11: Active Certifications: Wellness Coaches*). On average, the number of Coaches is expected to grow an additional 45% by the end of 2026.

Table I-13: Supply Projections: Wellness Coaches

	2024 Q1	2024 Q2	2025 Q3	2025 Q4	2025 Q1	2025 Q2	2025 Q3	2025 Q4	2026 Q1	2026 Q2	2026 Q3	2026 Q4
Wellness Coach Group	26	209	406	709	1,653	2,402	3,157	3,767	4,235	4,670	5,077	5,461

Note: Cells shaded in light purple are predictions based on the Workforce Supply Model (see Figure I-13).

TECHNICAL APPENDIX

Active Licenses: Counts for Active licenses include those in a "CLEAR", "Curr LimtdPract", "CurrTmp FamSupp", "Current", "CurrentProbatn", "Military-Active", "Military–Active", "PROBATION OR PRACTICE RESTRICTION", "VALID - PAID RENEWAL", or "VALID - PAID RENEWAL FEE" status on November 3rd, 2024. Licenses in any other status were considered Inactive and excluded from this report.

Age: DCA provides HCAI with the date of birth of licensees. For this report, age is calculated as the difference between October 3rd, 2025, and the licensee's date of birth. Licensees with a missing date of birth, or a resulting age under 18 or over 100 were excluded.

California vs. Out of State: HCAI geocodes all licensee's public address of record. Any license or Wellness Coach certificate with a resulting state field equal to California is considered "In State", all other values are considered "Out of State".

California Population: This report uses population estimates and projections from the Department of Finance, specifically the county population projections (P-2A) for 2025.

Region	Population (2025)	Percent of Total
Central Coast	2,310,606	5.9%
Greater Bay Area	7,597,391	19.4%
Inland Empire	4,657,734	11.9%
Los Angeles County	9,807,291	25.0%
Northern & Sierra	1,407,267	3.6%
Orange County	3,154,492	8.0%
Sacramento Area	2,424,418	6.2%
San Diego Area	3,488,748	8.9%
San Joaquin Valley	4,384,412	11.2%
Grand Total	**39,232,359**	**100.0%**

Census Language Categories: HCAI collects detailed languages spoken to provide services to clients through the workforce survey. Data are summarized using high-level groups based on the U.S. Census Bureau's Four Group Classification to allow for comparison with the population. The categories "English Only" and "Multiple Census Language Groups" were added to accurately capture workforce responses.

Language Group	Detailed Languages
Asian and Pacific Islander	Chinese, Hmong, Ilocano, Samoan, Hawaiian, or other Austronesian languages, Japanese, Khmer, Korean, Other languages of Asia, Tagalog, Thai, Lao, or other Tai-Kadai languages, Vietnamese
English Only	English, no other selection
Spanish	Spanish
Other Indo-European	Armenian, Bengali, French, German, Greek, Gujarati, Hindi, Italian, Indo-European, Nepali, Marathi, or other Indic languages, Other Indo-European languages, Persian, Polish, Portuguese, Punjabi, Russian, Serbo-Croatian, Telugu, Ukrainian or other Slavic languages, Urdu, Yiddish, Pennsylvania Dutch, or other West Germanic languages

Other	Amharic, Somali, or other Afro-Asiatic languages, Arabic, Hebrew, Navajo, Other and unspecified languages, Swahili or other languages of Central, Eastern and Southern Africa, Yoruba, Twi, Igbo, or other languages of Western Africa, Other, American Sign Language, Other Sign Language, Sign Language
Multiple Census Language Groups	More than one selection from two or more of the language groups above

Languages Spoken by California's Population: This Report uses population estimates from the U.S. Census Bureau's DP-02 ACS Selected Social Characteristics 2023 5-year estimates.

Census Language Group	Population 5 years old and over	Percent of Total
Asian and Pacific Islander	3,688,508	10.0%
English Only	20,713,291	55.9%
Other Indo-European	421,079	1.1%
Other	1,759,489	4.8%
Spanish	10,446,277	28.2%
Total Population	**37,028,644**	**100.0%**

Note: The U.S. Census Bureau does not provide information on individuals who speak multiple census language groups.

New licenses: The count of licenses in an "active" status with an issue date between October 2024 and September 2025.

Percent Surveyed: The percentage of licenses that were in an active status on October 3rd, 2025 and had completed the HCAI Licensure Renewal Survey.

Workforce Group	License Name	Percent Active Licenses Surveyed	Count of Surveys
Advanced Practice Nursing	Clinical Nurse Specialist	99.90%	2,796
	Nurse Anesthetist	99.10%	2,589
	Nurse Midwife	98.80%	1,284
	Nurse Practitioner	99.10%	36,268
	Total	**98.60%**	**43,170**
Allied Health	Advanced Practice Pharmacist	80.90%	1,141
	Audiologist	74.50%	1,197
	Chiropractor	60.90%	6,523
	Doctor Of Podiatric Medicine	94.30%	1,970
	Hearing Aid Dispenser	78.20%	877
	Hearing Aid Dispenser - Trainee	51.00%	74
	Licensed Acupuncturist	88.90%	8,522
	Occupational Therapist	91.60%	13,970
	Occupational Therapy Assistant	89.80%	3,645
	Optometrist	93.70%	6,984
	Pharmacy Technician	69.10%	43,385
	Physical Therapist	86.40%	23,857
	Physical Therapist Assistant	84.00%	7,422

	Registered Contact Lens Dispenser	78.90%	1,130
	Registered Pharmacist	75.80%	31,071
	Registered Psychological Testing Technician	23.50%	23
	Registered Spectacle Lens Dispenser	80.80%	2,689
	Respiratory Care Practitioner	90.20%	18,210
	Speech Pathologist	75.20%	13,744
	Speech-Language Pathology Assistant	67.10%	3,517
	Total	**78.30%**	**190,282**
Behavioral Health	Associate Clinical Social Worker	78.20%	13,648
	Associate Marriage and Family Therapist	74.60%	11,911
	Associate Professional Clinical Counselor	68.00%	3,883
	Licensed Clinical Social Worker	98.20%	33,868
	Licensed Educational Psychologist	80.70%	1,395
	Licensed Marriage and Family Therapist	98.90%	46,341
	Licensed Professional Clinical Counselor	94.50%	4,256
	Psychiatric Mental Health Nurse	95.20%	159
	Psychiatric Technician	95.70%	7,930
	Psychologist	89.30%	17,222
	Registered Psychological Associate	67.10%	1,160
	Total	**90.80%**	**141,773**
Medicine	Naturopathic Doctor	93.00%	778
	Osteopathic Physician and Surgeon	85.10%	10,179
	Physician And Surgeon	87.00%	112,896
	Physician Assistant	88.60%	14,536
	Total	**87.10%**	**138,389**
Nursing	Public Health Nurse	91.30%	54,440
	Registered Nurse	92.30%	404,227
	Vocational Nurse	87.80%	96,637
	Total	**91.40%**	**555,304**
Oral Health	Dental Sedation Assistant	90.90%	50
	Dentist	95.40%	31,877
	Orthodontic Assistant	86.50%	1,599
	RDA In Extended Functions	89.10%	2,007
	RDH Alternative Practice	87.20%	693
	RDH Extended Function	100.00%	13
	Registered Dental Assistant	90.60%	26,094
	Registered Dental Hygienist	92.60%	16,184
	Total	**92.70%**	**78,517**
Total Health Workforce		**88.70%**	**1,147,435**

Note: Licensed Midwives, Polysomnographic Technologists, Polysomnographic Technicians, and Polysomnographic Trainees are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Race/Ethnicity Categories: HCAI collects detailed race and ethnicity information through the workforce survey but summarizes the data using high-level groups that maximize compatibility with other demographic data. The following table summarizes the top-level combinations of race and ethnicity used in this report. To improve readability, HCAI will occasionally truncate the "Non-Hispanic" portion of the categories (e.g., "Asian, Non-Hispanic" may be referred to as "Asian, NH").

		Ethnicity	
		Hispanic	**Non-Hispanic**
Race	**Multiple Races**	Hispanic, Any Race	Multiracial, Non-Hispanic
	White	Hispanic, Any Race	White, Non-Hispanic
	Asian	Hispanic, Any Race	Asian, Non-Hispanic
	Black	Hispanic, Any Race	Black, Non-Hispanic
	American Indian	Hispanic, Any Race	American Indian, Non-Hispanic
	Pacific Islander	Hispanic, Any Race	Pacific Islander, Non-Hispanic
	Other	Hispanic, Any Race	Other Race, Non-Hispanic

Race/Ethnicity of California's Population: This report uses population estimates from the U.S. Census Bureau's DP-05 ACS Demographic and Housing Estimates 2024 ACS 5-year estimates.

Race/Ethnicity	Population	Percent of Total
American Indian, Non-Hispanic	107,379	0.27%
Asian, Non-Hispanic	5,906,995	15.05%
Black, Non-Hispanic	2,076,395	5.29%
Hispanic, Any Race	15,630,830	39.83%
Multiracial, Non-Hispanic	1,605,204	4.09%
Other Race, Non-Hispanic	209,918	0.53%
Pacific Islander, Non-Hispanic	132,838	0.34%
White, Non-Hispanic	13,573,226	34.59%
Total	**39,242,785**	**100.0%**

Region: HCAI geocodes all licensees' public address of record. Unknown or Out of State counties are excluded, and valid California counties are grouped into one of the following nine regions:

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

Please note that the address of record is not necessarily the same as a practice location; however, analysis shows the address of record county matches the primary practice county approximately 82% of the time and the regions match approximately 91% of the time.

Survey Response Rates: The workforce survey is administered at the time of electronic licensure renewal. Licensees can decline to answer questions, and some questions are skipped for certain license types, so the response rates vary by license type and question. Response rates below are presented at the group level to ensure data de-identification guidelines. The average response rates for each question across all license types within each health workforce group are listed in the following table for all active in-state licenses:

Question	Advanced Practice Nursing	Allied Health	Behavioral Health	Medicine	Nursing	Oral Health	Total Health Workforce
Education Location	93.8%	95.0%	94.5%	88.8%	93.7%	92.3%	**93.3%**
Residency*	N/A	91.3%	N/A	88.5%	N/A	69.7%	**84.7%**
Employment Status	91.1%	91.8%	89.1%	88.2%	90.7%	89.2%	**90.3%**
Patient Activity	88.1%	87.9%	85.9%	79.9%	87.6%	86.3%	**86.5%**
Research Activity	84.7%	84.9%	83.3%	74.6%	83.6%	80.2%	**82.5%**
Training Activity	84.8%	84.9%	83.4%	73.4%	83.8%	80.3%	**82.5%**
Administrative Activity	85.0%	85.1%	83.8%	75.4%	83.9%	80.9%	**82.9%**
Retirement Estimate	78.0%	74.9%	73.5%	71.3%	76.7%	69.2%	**74.9%**
Race & Ethnicity	85.3%	88.0%	86.7%	75.2%	86.3%	84.2%	**85.1%**
Language(s) Spoken	91.2%	93.3%	92.0%	84.7%	91.9%	90.7%	**91.2%**
Sexual Orientation	79.2%	79.8%	77.3%	62.8%	81.0%	77.9%	**77.9%**
Gender Identity	87.7%	89.8%	87.1%	84.6%	89.1%	88.0%	**88.3%**
Disability Status	80.0%	82.5%	74.9%	73.8%	80.4%	78.8%	**79.1%**

*Residency question not asked for all license types
Note: Licensed Midwives, Polysomnographic Technologists, Polysomnographic Technicians, and Polysomnographic Trainees are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

Survey Response Weighting: Response rates from the renewal survey vary by profession, so HCAI utilizes a cell-based weighting methodology to adjust for any difference between the respondents (sample) and the complete universe of active licenses (population). HCAI compares the distribution of each license type by region and decade of birth (e.g., seven percent of all license type A are in Region X and born in the 1980s) to the distribution of the sample (e.g., 10% of license type A responses are in Region X and born in the 1980s). Dividing the population by the sample (e.g., 7/10) creates the group weight (0.7), which is used to adjust the weight of survey responses from licensees in that group. A weight below one indicates that the group is overrepresented in the sample compared to the population. Conversely, a weight above one indicates that the group is underrepresented in the sample. When counting the number of responses for each group, any Decline to State, or Not Asked responses are excluded. Because individuals can choose to decline different questions, each question has its own unique response weight for every group.

Dental Board of California
Retired License Status — Revenues (Projected)

Retired License	Years Ongoing										
Applicants	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**Total**
Age > 70 years old (25% in Yrs 1 & 2 & 15% ongoing)	478	478	287	287	287	287	287	287	287	287	3,252
Age 60 - 69 years old (10% in Yrs 1 & 2 & 5% ongoing)	373	373	187	187	187	187	187	187	187	187	2,242
Inactives (15% Yrs 1 & 2 & 5% ongoing)	55	55	18	18	18	18	18	18	18	18	254
Total Applications Per Year:	**906**	**906**	**492**	**492**	**492**	**492**	**492**	**492**	**492**	**492**	**5,748**
[1]License Renewal Revenues (loss):	-$588,900	-$588,900	-$319,800	-$319,800	-$319,800	-$319,800	-$319,800	-$319,800	-$319,800	-$319,800	-$3,736,200
[2]Retired License Revenues (gain):	$106,908	$106,908	$58,056	$58,056	$58,056	$58,056	$58,056	$58,056	$58,056	$58,056	$678,264
Total Revenues (loss):	**-$481,992**	**-$481,992**	**-$261,744**	**-$261,744**	**-$261,744**	**-$261,744**	**-$261,744**	**-$261,744**	**-$261,744**	**-$261,744**	**-$3,057,936**

***License Renewal Fee — $650**
****Retired License Fee — $118**
Net loss per licensee — $532 (assumes one-time)

BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	October 9, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Supervisor I – Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 27.a.:** 2027 Tentative Legislative Calendar – Information Only

Background

The 2027 Tentative Legislative Calendar is being provided for information only. The 2027 Tentative Calendar is compiled by the Office of the Assembly Chief Clerk and the Office of the Secretary of the Senate.

Action Requested

No action requested.

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MEMORANDUM

DATE	October 9, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Supervisor I – Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 27.b.:** 2025-2026 End of Session Legislative Summary Report

Background

Throughout the 2025-2026 Legislative Session, the Dental Board of California (Board) tracked multiple bills that would directly impact or were of potential interest to the Board and its licensees. This Legislative Summary of the full 2025-2026 Biennial Legislative Session reflects the bills the Board took positions on and/or tracked. This Legislative Summary does not include spot bills and bills that were introduced with a topic of interest to the Board that were later gutted and amended for a different topic. Although the Board's position on a bill may have changed over time, the information herein reflects the final position taken by the Board.

The 2025-2026 legislative session ended August 31, 2026. The Governor's deadline to sign or veto bills passed by the Legislature has passed. Chaptered bills generally take effect January 1, 2027, unless otherwise specified (urgency or budget measures take effect sooner).

Action Requested

Board staff request the Board consider and adopt the attached *Legislative Summary for 2025-2026* and direct staff to post the report on the Board's website.

Legislative Summary for 2025-2026 Legislative Session

Compiled by
The Dental Board of California
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Sacramento, California 95815-3831
(916) 263-2300

Board Officers

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Rosalinda Olague, RDA, Vice President
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Bryce W.A. Docherty, MPA

LEGISLATIVE SUMMARY FOR
2025-2026 LEGISLATIVE SESSION

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Numeric Index of Bills Tracked by the Dental Board of California

BILL	AUTHOR	BOARD POSITION	STATUS	CHAPTER	YEAR
AB 116	Assembly Committee on Budget	Watch	Chaptered	21	2025
AB 280	Aguiar-Curry	Watch	Chaptered	499	2026
AB 341	Arambula	Watch	Chaptered	612	2025
AB 350	Bonta	Support	Chaptered	500	2026
AB 371	Haney	Watch	Dead	–	2025
AB 479	Tangipa	Watch	Dead	–	2025
AB 485	Ortega	Oppose Unless Amended	Dead	–	2025
AB 489	Bonta	Support	Chaptered	615	2025
AB 667	Solache	Watch	Dead	–	2025
AB 742	Elhawary	Oppose Unless Amended	Vetoed	–	2025
AB 787	Papan	Watch	Dead	–	2025
AB 837	Davies	Watch	Dead	–	2025
AB 872	Blanca Rubio	Watch	Dead	–	2025
AB 873	Alanis	Support if Amended	Dead	–	2025
AB 876	Flora	Watch	Chaptered	169	2025
AB 966	Carrillo	Oppose Unless Amended	Dead	–	2025
AB 1107	Flora	Watch	Dead	–	2025
AB 1130	Berman	Watch	Dead	–	2025
AB 1215	Flora	Watch	Dead	–	2025
AB 1298	Harabedian	Watch	Dead	–	2025
AB 1307	Ávila Farías	Oppose Unless Amended (later withdrawn); Watch	Chaptered	363	2026
AB 1431	Tangipa	Watch	Dead	–	2025
AB 1434	Rodriguez	Watch	Dead	–	2025
AB 1461	Essayli	Watch	Dead	–	2025
AB 1558	Arambula	Watch	Dead	–	2026
AB 1578	Jackson	Watch	Chaptered	526	2026
AB 1629	Haney	Watch	Chaptered	535	2026

AB 1670	Arambula	Support	Dead	–	2026
AB 1671	Tangipa	Support	Dead	–	2026
AB 1717	Castillo	Watch	Dead	–	2026
AB 1729	Lee	Watch	Vetoed	–	2026
AB 1760	Arambula	Sponsor / Support	Chaptered	167	2026
AB 1767	Berman	Watch	Dead	–	2026
AB 1775	Ward	Watch	Chaptered	467	2026
AB 1811	Rogers	Watch	Chaptered	549	2026
AB 1821	Pacheco	Watch	Chaptered	899	2026
AB 1900	Kalra	Watch	Dead	–	2026
AB 1952	Berman	Support	Dead	–	2026
AB 1979	Bonta	Watch	Chaptered	854	2026
AB 2029	Sharp-Collins	Watch	Dead	–	2026
AB 2140	Johnson	Support	Dead	–	2026
AB 2292	Ward	Watch	Chaptered	734	2026
AB 2668	Fong	Watch	Dead	–	2026
SB 338	Becker	Watch	Chaptered	311	2025
SB 351	Cabaldon	Watch	Chaptered	409	2025
SB 386	Limón	Watch	Chaptered	219	2025
SB 470	Laird	Support	Chaptered	222	2025
SB 497	Wiener	Watch	Chaptered	764	2025
SB 641	Ashby	Watch	Vetoed	–	2025
SB 682	Allen	Watch	Vetoed	–	2025
SB 730	Hurtado	Watch	Dead	–	2025
SB 744	Cabaldon	Watch	Chaptered	425	2025
SB 758	Umberg	Support	Chaptered	979	2026
SB 861	Senate BP&ED Committee	Oppose Unless Amended (later withdrawn)	Chaptered	592	2025
SB 936	Blakespear	Support	Chaptered	317	2026
SB 944	Wiener	Support	Dead	–	2026
SB 980	Hurtado	Watch	Dead	–	2026
SB 1137	Valladares	Support	Dead	–	2026
SB 1146	Gonzalez	Support	Dead	–	2026
SB 1150	Jones	Watch	Chaptered	228	2026
SB 1159	Cabaldon	Support	Chaptered	863	2026
SB 1311	Wahab	Support	Chaptered	232	2026
SB 1314	Menjivar	Support	Dead	–	2026

SB 1391	Wahab	Watch	Dead	–	2026
SB 1416	Wahab	Watch	Dead	–	2026
SB 1422	Durazo	Watch	Dead	–	2026
SB 1433	Committee on Judiciary	Watch	Chaptered	57	2026
SB 1445	Senate BP&ED Committee	Support	Chaptered	237	2026
SR 82	Pérez	Support	Adopted	–	2026

Summaries of Bills in Numeric Order

AB 116 **HEALTH OMNIBUS TRAILER BILL.** (Assembly Committee on Budget, Chapter 21, Statutes of 2025)

This budget trailer bill implements health-related policy changes, including limitations on Medi-Cal dental benefits for certain adults lacking satisfactory immigration status, reinstatement of Medi-Cal asset limits, utilization management for specified services, and other Medi-Cal and health facility provisions. It took effect immediately upon chaptering.

AB 280 **HEALTH CARE COVERAGE: PROVIDER DIRECTORIES.** (Aguiar-Curry, Chapter 499, Statutes of 2026)

Requires health plans and insurers to verify and correct provider directory inaccuracies, meet phased accuracy benchmarks (reaching 95% by 2029), cover services when patients rely on inaccurate directory information, and limit balance billing in such cases.

AB 341 **ORAL HEALTH FOR PEOPLE WITH DISABILITIES TECHNICAL ASSISTANCE CENTER PROGRAM.** (Arambula, Chapter 612, Statutes of 2025)

Establishes a technical assistance center program to improve oral health access and care for people with disabilities.

AB 350 **HEALTH CARE COVERAGE: FLUORIDE TREATMENTS.** (Bonta, Chapter 500, Statutes of 2026)

Requires health care service plans and disability insurers that cover dental services to cover fluoride treatments under specified conditions.

AB 371 **DENTAL COVERAGE.** (Haney, Dead 2025)

Would have addressed aspects of dental coverage requirements; the measure did not advance.

AB 479 **CRIMINAL PROCEDURE: VACATUR RELIEF.** (Tangipa, Dead 2025)

Would have expanded vacatur relief for certain criminal records; the measure did not advance.

AB 485 **LABOR COMMISSIONER: UNSATISFIED JUDGMENTS: NONPAYMENT OF WAGES.** (Ortega, Dead 2025)

Would have affected licensing consequences for unsatisfied wage judgments; the measure did not advance.

AB 489 **HEALTH CARE COVERAGE.** (Bonta, Chapter 615, Statutes of 2025)

Addresses specified health care coverage requirements relevant to providers and plans.

AB 667 **PROFESSIONS AND VOCATIONS: LICENSE EXAMINATIONS: INTERPRETERS.** (Solache, Dead 2025)

Would have required interpreters for certain license examinations; the measure did not advance.

AB 742 **DEPARTMENT OF CONSUMER AFFAIRS: LICENSING: APPLICANTS WHO ARE DESCENDANTS OF SLAVES.** (Elhawary, Vetoed 2025)

Would have required those boards to expedite applications for applicants seeking licensure who are descendants of American slaves once a process to certify descendants of American slaves was implemented, as specified.

AB 787 **PROVIDER DIRECTORY DISCLOSURES.** (Papan, Dead 2025)

Would have imposed additional disclosure requirements for provider directories; the measure did not advance.

AB 837 **KETAMINE.** (Davies, Dead 2025)

Would have regulated aspects of ketamine use or distribution; the measure did not advance.

AB 872 **ENVIRONMENTAL HEALTH: PRODUCT SAFETY: PFAS.** (Blanca Rubio, Dead 2025)

Would have restricted polyfluoroalkyl substances (PFAS) in certain products; the measure did not advance.

AB 873 **DENTISTRY: DENTAL ASSISTANTS.** (Alanis, Dead 2025)

Would have amended Dental Practice Act provisions governing dental assistants, including training and infection-control requirements; the measure did not advance.

AB 876 **NURSE ANESTHETISTS: SCOPE OF PRACTICE.** (Flora, Chapter 169, Statutes of 2025)

Would have amended Dental Practice Act provisions governing dental assistants, including training and infection-control requirements; the measure did not advance.

AB 966 **DENTAL PRACTICE ACT: FOREIGN DENTAL SCHOOLS.** (Carrillo, Dead 2025)

Would have altered requirements related to foreign dental schools; the measure did not advance.

AB 1107 **CIGARETTE AND TOBACCO PRODUCTS LICENSING ACT: NITROUS OXIDE.** (Flora, Dead 2025)

Would have addressed licensure related to nitrous oxide; the measure did not advance.

AB 1130 **DENTISTRY: OUTREACH AND SUPPORT PROGRAM.** (Berman, Dead 2025)

Would have established or expanded outreach and support programs in dentistry; the measure did not advance.

AB 1215 **HOSPITALS: MEDICAL STAFF MEMBERSHIP.** (Flora, Dead 2025)

Would have affected medical staff membership rules; the measure did not advance.

AB 1298 **DEPARTMENT OF CONSUMER AFFAIRS.** (Harabedian, Dead 2025)

Would have made changes affecting DCA boards; the measure did not advance.

AB 1307 **LICENSED DENTISTS FROM MEXICO PILOT PROGRAM.** (Ávila Farías, Chapter 363, Statutes of 2026)

Repeals an existing pilot program and creates a new Licensed Dentists from Mexico Pilot Program.

AB 1431 **PERSONAL INCOME TAXES: CREDIT: MEDICAL SERVICES: RURAL AREAS.** (Tangipa, Dead 2025)

Would have created a tax credit for medical services in rural areas; the measure did not advance.

AB 1434 **HEALTH CARE BOARDS: WORKFORCE DATA COLLECTION.** (Rodriguez, Dead 2025)

Would have created a tax credit for medical services in rural areas; the measure did not advance.

AB 1461 **DEPARTMENT OF CONSUMER AFFAIRS: REGULATORY BOARDS.** (Essayli, Dead 2025)

Would have altered DCA regulatory board structures or processes; the measure did not advance.

AB 1558 **UNIFORM EMERGENCY VOLUNTEER HEALTH PRACTITIONERS ACT.** (Arambula, Dead 2026)

Would have enacted the Uniform Emergency Volunteer Health Practitioners Act to streamline how out-of-state licensed health and veterinary professionals can register and volunteer during state-declared emergencies. The measure did not advance.

AB 1578 **STATE AGENCY OFFICIALS: TRAINING ON RESPONDING TO HATE: LOCAL AGENCY OFFICIALS: ANTI-HATE SPEECH TRAINING.** (Jackson, Chapter 526, Statutes of 2026)

Requires state elected officials and certain elected local agency officials to complete mandatory anti-hate speech and hate response training starting January 1, 2028.

AB 1629 **DENTAL COVERAGE.** (Haney, Chapter 535, Statutes of 2026)

Addresses dental coverage requirements for health plans and insurers.

AB 1670 **DENTISTRY.** (Arambula, Dead 2026)

Would have expanded Medi-Cal dental care provisions; the measure did not advance.

AB 1671 **RURAL MEDICAL SERVICES GRANT PROGRAM.** (Tangipa, Dead 2026)

Would have established or funded a rural medical services grant program; the measure did not advance.

AB 1717 **MEDI-CAL DENTAL REIMBURSEMENT: HOUSE/EXTENDED CARE FACILITY CALL.** (Castillo, Dead 2026)

Would have required the California Department of Health Care Services to increase the Medi-Cal reimbursement base rate for a house/extended care facility call to reflect the reasonable travel costs for purposes of delivering dental services in a patient's private residence or applicable facility instead of the location of the dental provider.

AB 1729 **STATE EMPLOYMENT: TELEWORK PROGRAMS.** (Lee, Vetoed 2026)

Would have revised state telecommuting laws by renaming the practice to "telework," requiring the Department of General Services to track and display program cost-effectiveness on a dashboard, and mandate that each state agency evaluate its telework policy every 10 years.

AB 1760 **DENTISTRY.** (Arambula, Chapter 167, Statutes of 2026)

Board-sponsored bill that revises radiation safety course requirements and updates Dental Practice Act provisions.

AB 1767 **DEPARTMENT OF CONSUMER AFFAIRS: PUBLIC MEMBERS OF BOARDS: CONFLICTS OF INTEREST.** (Tangipa, Dead 2026)

Under existing law, public board members cannot be current/past licensees or close family members of licensees. This bill would have addressed conflicts of interest for public members of licensing boards by defining the term "close family member." The measure did not advance.

AB 1775 **VETERANS.** (Ward, Chapter 467, Statutes of 2026)

Expands state support for veterans by fast-tracking professional licensing and updating veteran grant programs to be more inclusive of individuals with less-than-honorable discharges.

AB 1811 **HEALTH PROFESSIONALS.** (Rogers, Chapter 549, Statutes of 2026)

Provides a new definition for health professional shortage areas. The act also requires various workforce data to be further collected by boards.

AB 1821 **CALIFORNIA PUBLIC RECORDS ACT: AGENCY RESPONSE TIME.** (Pacheco, Chapter 899, Statutes of 2026)

Modifies the California Public Records Act by replacing standard calendar days with 10 business days for state and local agencies to initially respond to public record requests, and allowing up to a 14 business day extension under unusual circumstances.

AB 1900 **GUARANTEED HEALTH CARE FOR ALL.** (Kalra, Dead 2026)

Known as the California Guaranteed Health Care for All Act (CalCare), was a major legislative proposal designed to establish a universal, state-run, and single-payer healthcare system for California residents. The measure did not advance.

AB 1952 **DENTISTRY: DENTAL HYGIENISTS: LICENSURE.** (Berman, Dead 2026)

Would have amended licensure requirements for dental hygienists; the measure did not advance.

AB 1979 **HEALTH CARE SERVICES: ARTIFICIAL INTELLIGENCE.** (Bonta, Chapter 854, Statutes of 2026)

Regulates the use of artificial intelligence in health care settings. The act prohibits health facilities, clinics, and physician offices from using AI to perform tasks requiring licensed professional judgment (such as assessments or diagnoses) or to supervise unlicensed workers. It expands California's Confidentiality of Medical Information Act (CMIA) to classify consumer-facing health care chatbots and medical analysis apps as health care providers. It also requires AI-generated patient communications to include clear disclaimers and instructions for reaching a human health care provider.

AB 2029 **DENTAL PLAN PORTAL.** (Sharp-Collins, Dead 2026)

This bill was a dental insurance reform bill aimed at increasing transparency for patients and providers by requiring dental insurance plans to establish a standardized, free online portal for treating dental offices. This portal must provide clear, real-time information regarding patient benefits—including deductibles, coverage eligibility, frequency limits, and exact reimbursement amounts—before care is administered. The Measure did not advance.

AB 2140 **HEALING ARTS: REPORTS: CLAIMS AGAINST LICENSEES.** (Johnson, Dead 2026)

Would have altered reporting requirements for claims against healing arts licensees; the measure did not advance.

AB 2292 **DISABILITY BENEFITS: CERTIFICATES.** (Ward, Chapter 734, Statutes of 2026)

This act prohibits physicians and practitioners, including dentists, from charging administrative fees for completing disability benefit certificates, forms, or recertification exams.

AB 2668 **ACUPUNCTURE: LICENSE REQUIREMENTS AND TITLE PROTECTION.** (Fong, Dead 2026)

Would have updated acupuncture licensing requirements and title protections. It would have required approved training programs to grant a doctoral degree, as specified, starting in 2032 and restricts the use of specific doctoral abbreviations to licensed professionals.

SB 338 **VIRTUAL HEALTH HUB FOR RURAL COMMUNITIES PILOT PROGRAM.** (Becker, Chapter 311, Statutes of 2025)

Establishes the Virtual Health Hub for Rural Communities Pilot Program, and would require the State Department of Public Health to administer the program to expand access to health services for farmworkers in rural communities.

SB 351 **HEALTH FACILITIES.** (Cabaldon, Chapter 409, Statutes of 2025)

Prohibits a private equity group or hedge fund, as defined, involved in any manner with a physician or dental practice doing business in this state from interfering with the professional judgment of physicians or dentists in making health care decisions and exercising power over specified actions, including, among other things, making decisions regarding coding and billing procedures for patient care services. The act prohibits a private equity group or hedge fund from entering into a contract or other agreement or arrangement with a physician or dental practice if the contract or other agreement or arrangement would enable the person or entity to engage in the prohibited actions described above and would make provisions of those contracts or other agreements that violate that prohibition void and unenforceable.

SB 386 **DENTAL PROVIDERS: FEE-BASED PAYMENTS.** (Limón, Chapter 219, Statutes of 2025)

Requires a health care service plan or health insurer that provides payment directly or through a contracted vendor to a dental provider to have a non-fee-based default method of payment, as specified. The act requires a health care service plan, health insurer, or contracted vendor to obtain affirmative consent from a dental provider who opts in to a fee-based payment method before the plan or vendor provides a fee-based payment method to the provider. The act

authorizes a dental provider to opt out of a fee-based payment method at any time by providing affirmative consent to the health care service plan, health insurer, or contracted vendor. It requires a health care service plan, health insurer, or contracted vendor that obtains affirmative consent to opt in or opt out of fee-based payment to apply the decision to include both the dental provider's entire practice and all products or services covered pursuant to a contract with the dental provider, as specified. The act specifies that its provisions do not apply if a health care service plan or health insurer has a direct contract with a provider that allows the provider to choose payment methods, including a non-fee-based payment method for services rendered. The act is operative on April 1, 2026, and applies to health care service plan contracts and health insurance policies issued, amended, or renewed on or after that date.

SB 470 **BAGLEY-KEENE OPEN MEETING ACT: TELECONFERENCING.** (Laird, Chapter 222, Statutes of 2025)

Extends the sunset on certain Bagley-Keene teleconferencing provisions from January 1, 2026, to January 1, 2030.

SB 497 **LEGALLY PROTECTED HEALTH CARE ACTIVITY.** (Wiener, Chapter 764, Statutes of 2025)

Protects gender-affirming health care and sensitive medical services from out-of-state investigations and lawsuits. Bans health care providers, plans, and employers from releasing medical records or cooperating with out-of-state or federal inquiries targeting legally protected care.

SB 641 **DEPARTMENT OF CONSUMER AFFAIRS AND DEPARTMENT OF REAL ESTATE: STATES OF EMERGENCY: WAIVERS AND EXEMPTIONS.** (Ashby, Vetoed 2025)

This bill would have authorized the Department of Real Estate and boards under the jurisdiction of the Department of Consumer Affairs to waive the application of certain provisions of the licensure requirements that the board or department is charged with enforcing for licensees and applicants who reside in or whose primary place of business is in a location damaged by a natural disaster for which a state of emergency is proclaimed by the Governor, as specified, or for which an emergency or major disaster is declared by the President of the United States, including certain examination, fee, and continuing education requirements.

SB 682 **ENVIRONMENTAL HEALTH: PRODUCT SAFETY.** (Allen, Vetoed 2025)

This bill would have prohibited the distribution or sale of cleaning products, dental floss, juvenile products, food packaging, and ski wax containing intentionally added per- and polyfluoroalkyl substances (PFAS) starting January 1, 2028, and

would have extended the ban to cookware starting January 1, 2030, while setting up enforcement rules for the Department of Toxic Substances Control.

SB 730 **BAGLEY-KEENE OPEN MEETING ACT: TELECONFERENCING.** (Hurtado, Dead 2025)

Would have banned the sale of certain consumer products containing intentionally added per- and polyfluoroalkyl substances (PFAS) starting January 1, 2027, and requires the Department of Toxic Substances Control to enforce these restrictions and register manufacturers by 2029. The measure did not advance.

SB 744 **ACCREDITING AGENCIES.** (Cabaldon, Chapter 425, Statutes of 2025)

Requires, for purposes of any code or statute, a national or regional accrediting agency recognized by the United States Department of Education as of January 1, 2025, to retain that recognition until July 1, 2029, provided that the accrediting agency continues to operate in substantially the same manner as it did on January 1, 2025. These provisions are repealed on January 1, 2030.

SB 758 **PUBLIC HEALTH: NITROUS OXIDE.** (Umberg, Chapter 979, Statutes of 2026)

Expands provisions to prohibit a retailer from selling nitrous oxide in any retail location, subject to certain exceptions. The act authorizes a city or county or city and county to adopt an ordinance imposing greater restrictions on the retail sale of nitrous oxide provided the ordinance does not restrict legitimate uses, as specified.

SB 861 **HEALING ARTS OMNIBUS.** (Senate Business, Professions and Economic Development Committee, Chapter 592, Statutes of 2025)

Omnibus bill that made technical and substantive changes across multiple boards, including the Dental Board.

SB 980 **ACCESS TO MEDICAL RECORDS.** (Hurtado, Dead 2026)

Would have prohibited health care providers from charging patients a fee to complete health-related forms required by educational institutions or childcare providers for participation in school or childcare activities.

SB 936 **NITROUS OXIDE: SALES.** (Blakespear, Chapter 317, Statutes of 2026)

This act bans the sale, distribution, or possession of large or flavored nitrous oxide containers and inhalation devices, and punishes violators with infractions, fines, business license suspensions or revocations, and seizure of products.

SB 944 **MEDI-CAL: ACUPUNCTURE.** (Wiener, Dead 2026)

Would have made changes to how acupuncture is covered under the Medi-Cal program. The measure did not advance.

SB 1137 **PERSONAL INCOME TAX: DEDUCTION: MEDICAL EXPENSES.** (Valladares, Dead 2026)

Would have expanded tax relief for unreimbursed medical and dental expenses. The measure did not advance.

SB 1146 **ADVERTISEMENT CLAIMS: HEALTH-RELATED CONSUMER PRODUCTS AND SERVICES: DIGITAL REPLICAS AND SYNTHETIC PERFORMERS.** (Gonzalez, Dead 2026)

Would have regulated the use of artificial intelligence in health-related advertising by targeting “deepfake” ads that use synthetic likeness to sell supplements, medical devices, or health services.

SB 1150 **CANCER DATA: NOTIFICATIONS.** (Jones, Chapter 228, Statutes of 2026)

Requires a hospital or other facility that provides therapy to a cancer patient within an area designated as a cancer reporting area to post a sign, developed by the department, in a conspicuous location that contains an advisement about cancer data reporting and a quick response code that links to the California Cancer Registry internet website.

SB 1159 **ARTIFICIAL INTELLIGENCE: TRANSPARENCY AND GOVERNANCE** (Cabaldon, Chapter 863, Statutes of 2026)

Excludes artificial intelligence systems, robots, and autonomous agents from legal definitions of "person" or "member of the public" under state transparency and governance laws, while prohibiting the deceptive use of artificial intelligence to fake human engagement with government agencies.

SB 1311 **LICENSED PROFESSIONS.** (Wahab, Chapter 232, Statutes of 2026)

Updates California regulations across several professional boards, including the Dental Board. It allows unlicensed dental assistants to pass the Dental Assisting National Board infection control exam or complete alternative video-based training instead of the standard 8-hour infection control course before performing basic procedures. It also adjusts the application window for the Licensed Physicians from Mexico Program, requiring submissions between October 1, 2025, and July 1, 2026, and permitting up to 15 applications through December 31, 2027. This act took effect immediately as an urgency statute.

SB 1314 **CIGARETTE OR TABACCO PRODUCT RETAILERS: NEW RETAIL LOCATIONS AND SALE OF NITROUS OXIDE.** (Menjivar, Dead 2026)

The Stop Tobacco Access to Kids Enforcement (STAKE) Act would have required the State Department of Public Health to establish and develop a program to reduce the availability of tobacco products to persons under 21 years of age through specified enforcement activities. The measure did not advance.

SB 1391 **DEPARTMENT OF CONSUMER AFFAIRS: RETIRED CATEGORY LICENSES.** (Wahab, Dead 2026)

Would have required any board under the Department of Consumer Affairs that offers a retired category of license to clearly disclose that information on its internet website.

SB 1416 **PHYSICIANS AND SURGEONS: DENTISTS: UNPROFESSIONAL CONDUCT.** (Wahab, Dead 2026)

Would have reduced the time frame that a physician, surgeon, or dentist must refund a patient for duplicate medical payments from 30 days down to 21 days. Failing to issue the refund or notify the patient within this accelerated window would have classified the practitioner's actions as unprofessional conduct subject to disciplinary proceedings.

SB 1422 **MEDI-CAL: ELIGIBILITY: IMMIGRATION STATUS.** (Durazo, Dead 2026)

Also known as the Medi-Cal Access Restoration Act, the bill sought to end the state's budget-driven freeze on Medi-Cal enrollment for low-income, undocumented adults aged 19 and older. The bill sought to fully restore full-scope healthcare coverage to this population. The measure did not advance.

SB 1433 **MAINTENANCE OF THE CODES.** (Committee on Judiciary, Chapter 57, Statutes of 2026)

This is a routine "maintenance of the codes" bill. It makes nonsubstantive changes across various California codes to implement technical clean up based upon recommendations made by the Legislative Counsel.

SB 1445 **HEALING ARTS.** (Committee on Business, Professions and Economic Development, Chapter 237, Statutes of 2026)

Adjusts licensing, reporting, and fee rules across several healing arts professions. Updates the Dental Practice Act to align with prior legislation removing portfolio examination pathways.

SR 82 **RELATIVE TO CHILDREN'S DENTAL HEALTH MONTH.** (Pérez, Adopted 2026)

This public health resolution designated February 2026 as Children's Dental Health Month in California to raise awareness about children's oral health and promote preventive care.

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MEMORANDUM

DATE	October 10, 2026
TO	Members of the Dental Board of California (Board)
FROM	Tina Vallery Dental Assisting and License and Program Compliance
SUBJECT	**Agenda Item 27.c.:** Legislative Proposal to Amend Business and Professions Code Sections 1684.5, 1741,1750, 1750.1, 1750.3, 1750.5, 1752.4, 1753.5, 1753.51, 1753.55, and 1753.6 Regarding Dental Auxiliary Duties

Introduction

This memorandum provides an update on the Dental Assistant and Registered Dental Assistant Duties Working Group's and the Registered Dental Assistant in Extended Functions Duties Working Group's reviews of proposed statutory updates related to Dental Assistant (DA), Registered Dental Assistant (RDA) Orthodontic Assistant (OA), Dental Sedation Assistant (DSA), and Registered Dental Assistant in Extended Functions (RDAEF) definitions, duties, and supervision requirements. It is submitted for Board discussion and summarizes the two Working Groups, Board staff, Board Counsel, and stakeholder reviews and outlines the proposed revisions.

Background

Board staff identified inconsistencies in the statutes and regulations related to the allowable DA, RDA, and RDAEF duties. At the November 6, 2025, Council meeting, the Council Chair reported creating two working groups to review the duties of the dental assisting profession. Council Member Rosalinda Olague and Council Member Jessica Gerlach were assigned to the DA and RDA Working Group, and Council Member Carie Smith and Chair Fowler were assigned to the RDAEF Working Group.

Update

In November and December 2025, Board staff, the DA and RDA Working Group, Board Counsel, and stakeholder organizations reviewed the statutory and regulatory provisions governing DA and RDA definitions, duties, and supervision requirements. The stakeholder groups that participated and provided feedback on clarifying the language and incorporating the regulatory duties into statute were the California Dental Association

(CDA), California Association of Orthodontists (CAO), and the Dental Assisting Alliance of California (Alliance), which is a collective between the California Association of Dental Assisting Teachers (CADAT), California Dental Assistants Association (CDAA), and California Expanded Functions Association (CEFA).

On February 5, 2026, the DA and RDA Working Group presented the 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. After a robust discussion, a motion was passed to recommend to the Board the legislative proposal, as revised during the meeting, for submission to the California State Legislature to amend BPC sections 1684.5, 1741, 1750, 1750.1, and 1752.4 regarding dental auxiliaries. The proposal was then presented to the full Board on February 6, 2026, and a motion was passed to move the legislative proposal for submission to the California State Legislature to amend BPC sections 1684.5, 1741, 1750, 1750.1, and 1752.4 regarding dental auxiliaries.

Beginning in March 2026, Board staff amended BPC sections 1750.3 and 1750.5, regarding the Orthodontic Assistant Permit and Dental Sedation Assistant permit duties to align the language with the language that was previously approved for DAs and RDAs.

Beginning in April 2026, Board staff and the RDAEF Working Group reviewed the statutory and regulatory provisions governing RDAEF duties and supervision requirements which led to amendments to BPC sections 1753, 1753.5, 1753.51, 1753.55, and 1753.6.

Discussion

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

Specific Amendments

- 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, subdivision (aa).

- BPC section 1684.5, subdivision (a)(2) and (d). The legislative proposal would change the reference from Section 1753.55 to Section 1753.5 to align with the changes recommended by this proposal.

- 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's 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 legislative proposal would add clarifying language from CCR, title 16, section 1085, subsection (c), specifying that "general 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 (c). The legislative proposal would expand responsible parties to include supervising licensed dentist, manager, or supervisor.

- 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). The legislative proposal specifies the requirements and retention of DA certifications by the employer, supervising licensed dentist, manager, or supervisor to the period dental assistant services are provided by the DA and for three years after termination.

- BPC section 1750, subdivision (f)(3) and (4). The legislative proposal would strike these provisions and move them to new 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 move current BPC section 1750.1, subdivision (d), to subdivision (a) 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, based on changes made to new BPC section 1750.1, subdivision (b).

- BPC section 1750.1, subdivision (b)(1). The legislative proposal would move current subdivision (b)(16) to new subdivision (b)(1).

- BPC section 1750.1, subdivision (b)(2). The legislative proposal would move current subdivision (b)(18) to new subdivision (b)(2), with language "present in the operatory" revised to "chairside."

- BPC section 1750.1, subdivision (c). The legislative proposal would re-letter current subdivision (b) to new subdivision (c) and strike language from this subdivision because it is proposed to be added to the definitions in BPC section 1741, subdivisions (l) and (m). Additionally, it 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), paragraph (12). The legislative proposal would restore paragraph (12) by removing the strikethrough as requested by the Council at the February 5, 2026, Council Meeting. Paragraph (12) would continue to be identified as a duty requiring direct supervision

- BPC section 1750.1, subdivision (c)(13). 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.

- BPC section 1750.1, subdivision (c)(14). 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). The legislative proposal would strike this provision and move it to new subdivision (d)(1).

- BPC section 1750.1, subdivision (c)(16). The legislative proposal would strike this provision and move it to new subdivision (b)(1).

- BPC section 1750.1, subdivision (c)(17). The legislative proposal would strike this provision and move it to new subdivision (d)(1).

- BPC section 1750.1, subdivision (c)(18). The legislative proposal would strike this provision and move it to new subdivision (b)(2).

- BPC section 1750.1, subdivision (d). The legislative proposal would strike existing subdivision (d) to eliminate redundancy because it has been added to new subdivision (a).

- BPC section 1750.1, new subdivision (d). The legislative proposal would re-letter existing subdivision (a) as new subdivision (d) and revise the language to remove provisions proposed to be added to the definitions in BPC section 1741, subdivisions (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 licensed dentist. Language from current subdivisions (b)(15) and (17) were moved into this subdivision to eliminate redundancy.

- BPC section 1750.1, subdivision (d)(2). The legislative proposal would strike this provision and move it to new subdivision (e)(1).

- BPC section 1750.1, subdivision (e). The legislative proposal would add the dental assisting duties requiring additional education in current BPC section 1750, subdivision (f)(3) and (4), as BPC section 1750.1, new subdivision (e) to consolidate all allowable duties in one location.

- 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 1750.1, subdivision (g). The legislative proposal would re-letter existing subdivision (e) as new subdivision (g).

- BPC section 1750.1, subdivision (h). The legislative proposal would re-letter existing subdivision (f) as new subdivision (h)

- BPC section 1750.3. The legislative proposal would reorder allowable duties from the highest level of supervision to the lowest.

- BPC section 1750.3, 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). As such, the remaining duties under current subdivision (a) would be moved to new subdivisions (b) and (c). Additionally, it will revise the language to remove provisions proposed to be added to the definitions in BPC section 1741, subdivisions (l) and (m).

- BPC section 1750.3, subdivision (b). The legislative proposal would clarify the duties that OAs are allowed to perform under direct supervision.

- BPC section 1750.3, subdivision (b)(1). The legislative proposal would clarify DA duties that OAs are allowed to perform under direct supervision. Supervision levels were adjusted to match a DSA in BPC section 1750.5, new subdivision (b) and an RDA in BPC section 1752.4 new subdivision (b)(1).

- BPC section 1750.3, subdivision (b)(2). The legislative proposal would move current subdivision (a)(2) to new subdivision (b)(2).

- BPC section 1750.3, subdivision (b)(3). The legislative proposal would move current subdivision (a)(3) to new subdivision (b)(3).

- BPC section 1750.3, subdivision (b)(4). The legislative proposal would move current subdivision (a)(4), in part, to new subdivision (b)(4). The legislative proposal would also remove language from this paragraph, related to preparing teeth for bonding, to eliminate redundancy because it is included in new subdivision (b)(2).

- BPC section 1750.3, subdivision (b)(5). The legislative proposal would move current subdivision (a)(5), in part, to new subdivision (b)(5).

- BPC section 1750.3, subdivision (b)(6). The legislative proposal would move current subdivision (a)(7) to new subdivision (b)(6).

- BPC section 1750.3, subdivision (c). The legislative proposal would create a new subdivision to clarify the duties authorized to be performed under general supervision.

- BPC section 1750.3, subdivision (c)(1) The legislative proposal would clarify DA duties that OAs are allowed to perform under general supervision. Supervision levels were adjusted to match a DSA in BPC section 1750.5, new subdivision (d) and an RDA in BPC section 1752.4 new subdivision (c)(1).

- BPC section 1750.3, subdivision (c)(2). The legislative proposal would move current subdivision (a)(6) to new subdivision (c)(2).

- BPC section 1750.3, subdivision (c)(3). The legislative proposal would move current subdivision (a)(5), in part, to new subdivision (c)(3).

- BPC section 1750.3, subdivision (d). The legislative proposal would strike current subdivision (a)(8) and move it to new subdivision (d). This change would revise the provision for conformity with other provisions authorizing the Board to prescribe provisions in regulation. Additionally, this change would allow the Board to prescribe additional duties for all levels of supervision, not only direct supervision.

- BPC section 1750.3, subdivision (e). The legislative proposal would re-letter current subdivision (b) as new subdivision (e).

- BPC section 1750.5. The legislative proposal would reorder allowable duties from the highest level of supervision to the lowest.

- BPC section 1750.5, 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). As such, the remaining duties under current subdivision (a) would be moved to new subdivisions (b), (c), and (d). Additionally, it will revise the language to remove provisions proposed to be added to the definitions in BPC section 1741, subdivisions (l) and (m).

- BPC section 1750.5, subdivision (a)(1). The legislative proposal would revise the provision for conformity with other provisions.

- BPC section 1750.5, subdivision (a)(2). The legislative proposal would strike this provision and move it to new subdivision (c)(1).

- BPC section 1750.5, subdivision (a)(3). The legislative proposal would strike this provision and move it to new subdivision (c)(2).

- BPC section 1750.5, subdivision (a)(4). This provision would re-number existing paragraph (4) as new paragraph (2).

- BPC section 1750.5, subdivision (b). The legislative proposal would clarify DA duties that DSAs are allowed to perform under direct supervision. Supervision

levels were adjusted to match an OA in BPC section 1750.3, new subdivision (b)(1) and an RDA in BPC section 1752.4 new subdivision (b)(1).

- BPC section 1750.5, subdivision (c). The legislative proposal would clarify DA duties that DSAs are allowed to perform under direct supervision of a licensed dentist or other licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia.

- BPC section 1750.5, subdivision (c)(1). The legislative proposal would move current subdivision (a)(2) to new subdivision (c)(1).

- BPC section 1750.5, subdivision (c)(2). The legislative proposal would move current subdivision (a)(3) to new subdivision (c)(2).

- BPC section 1750.5, subdivision (c)(3). The legislative proposal would move current subdivision (a)(5) to new subdivision (c)(3).

- BPC section 1750.5, subdivision (d). The legislative proposal would clarify DA duties that DSAs are allowed to perform under general supervision. Supervision levels were adjusted to match an OA in BPC section 1750.3, new subdivision (c)(1) and an RDA in BPC section 1752.4 new subdivision (c)(1).

- BPC section 1750.5, subdivision (e). The legislative proposal would strike current subdivision (a)(6) and move it to new subdivision (e). This change would revise the provision for conformity with other provisions authorizing the Board to prescribe provisions in regulation. Additionally, this change would allow the Board to prescribe additional duties for all levels of supervision, not only direct supervision.

- BPC section 1750.5, subdivision (f). The legislative proposal would re-letter current subdivision (b) as new subdivision (f) and revise the provision for conformity with other provisions.

- BPC section 1750.5, subdivision (g). The legislative proposal would re-letter current subdivision (c) as new subdivision (g).

- BPC section 1752.4. The legislative proposal would reorder allowable duties from the highest level of supervision to the lowest.

- 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). As such, the remaining duties under current subdivision (a) would be moved to new subdivision (c).

- BPC section 1752.4, subdivision (b). The legislative proposal would move current subdivision (e) to new subdivision (b) and clarify the duties that can be performed under direct supervision.

- BPC section 1752.4, subdivision (b)(1). The legislative proposal would clarify DA duties that RDAs are allowed to perform under direct supervision.

- 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 the duties under current subdivision (a) to new subdivision (c) and clarify the duties authorized to be performed under general supervision.

- BPC section 1752.4, subdivision (c)(1). The legislative proposal would clarify DA duties that RDAs are allowed to perform under general supervision.

- BPC section 1752.4, subdivision (c)(2). The legislative proposal would move current subdivision (a)(2) to new subdivision (c)(2).

- BPC section 1752.4, subdivision (c)(3). The legislative proposal would move current subdivision (a)(3) to new subdivision (c)(3).

- BPC section 1752.4, subdivision (c)(4). The legislative proposal would move current subdivision (a)(4) to new subdivision (c)(4).

- BPC section 1752.4, subdivision (c)(5). The legislative proposal would move current subdivision (a)(5) to new subdivision (c)(5).

- BPC section 1752.4, subdivision (c)(6). The legislative proposal would move current subdivision (a)(6) to new subdivision (c)(6).

- BPC section 1752.4, subdivision (c)(7). The legislative proposal would move current subdivision (a)(7) to new subdivision (c)(7).

- BPC section 1752.4, subdivision (c)(8). The legislative proposal would move current subdivision (a)(8) to new subdivision (c)(8).

- BPC section 1752.4, subdivision (c)(9). The legislative proposal would move current subdivision (a)(9) to new subdivision (c)(9) and would add clarifying language specifying that this duty must be performed using a hand instrument.

- BPC section 1752.4, subdivision (c)(10). The legislative proposal would move current subdivision (a)(10) to new subdivision (c)(10).

- BPC section 1752.4, subdivision (c)(11). The legislative proposal would move current subdivision (a)(11) to new subdivision (c)(11).

- BPC section 1752.4, subdivision (c)(12). The legislative proposal would move current subdivision (a)(12) to new subdivision (c)(12).

- BPC section 1752.4, subdivision (c)(13). The legislative proposal would move current subdivision (a)(13) to new subdivision (c)(13).

- BPC section 1752.4, subdivision (c)(14). The legislative proposal would move current subdivision (a)(14) to new subdivision (c)(14).

- BPC section 1752.4, subdivision (c)(15). The legislative proposal would move current subdivision (a)(15) to new subdivision (c)(15).

- BPC section 1752.4, subdivision (c)(16). The legislative proposal would move current subdivision (a)(16) to new subdivision (c)(16).

- BPC section 1752.4, subdivision (c)(17). The legislative proposal would move current subdivision (a)(17) to new subdivision (c)(17).

- BPC section 1752.4, subdivision (c)(18). The legislative proposal would move current subdivision (a)(18) to new subdivision (c)(18).
- BPC section 1752.4, subdivision (c)(19). The legislative proposal would add new subdivision (c)(19).

- 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 it conforms to other Board regulatory authority.

- BPC section 1752.4, subdivision (e). The legislative proposal would re-letter current subdivision (b) as new subdivision (e) and add clarifying language specifying that the additional duties outlined in this subdivision cannot 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 (b)(2) to new subdivision (f).

- BPC section 1752.4, subdivision (e)(3). The legislative proposal would move current subdivision (b)(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 and would add clarifying language specifying that this duty must be performed using a hand instrument.

- BPC section 1752.4, subdivision (f). The legislative proposal would move provisions under 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) as new subdivision (h), 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).

- BPC section 1753.5. The legislative proposal would consolidate the allowable duties in existing BPC sections 1753.5, 1753.55, and 1753.6 into one, and it would reorder allowable duties from the highest level of supervision to the lowest.

- BPC section 1753.5 (a). The legislative proposal would clarify the duties for those RDAEFs licensed before January 1, 2010, and require them to submit to the Board proof of completing a Board-approved program in the additional duties specified in

subdivision (c)(4) to (14) by January 1, 2034, to perform the duties in subdivisions (b) through (f).

- BPC section 1753.5 (b). The legislative proposal would re-letter current subdivision (a) as new subdivision (b) and 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 1753.5 (c). The legislative proposal would re-letter current subdivision (b) as new subdivision (c) and clarify the duties that RDAEFs are allowed to perform under direct supervision. Additionally, it 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 1753.5 (c)(1). The legislative proposal would re-number current subdivision (b)(3) to new subdivision (c)(1).

- BPC section 1753.5 (c)(2). The legislative proposal would re-number current subdivision (b)(7) to new subdivision (c)(2).

- BPC section 1753.5 (c)(3). The legislative proposal would move current BPC section 1753.6, subdivision (d) to BPC section 1753.5, new subdivision (c)(3).

- BPC section 1753.5 (c)(4). The legislative proposal would re-number current subdivision (b)(1) to new subdivision (c)(4).

- BPC section 1753.5 (c)(5). The legislative proposal would re-number current subdivision (b)(2) to new subdivision (c)(5).

- BPC section 1753.5 (c)(6). The legislative proposal would move current BPC section 1753.6, subdivision (e) to BPC section 1753.5, new subdivision (c)(6).

- BPC section 1753.5 (c)(7). The legislative proposal would re-number current subdivision (b)(4) to new subdivision (c)(7).

- BPC section 1753.5 (c)(8). The legislative proposal would re-number current subdivision (b)(5) to new subdivision (c)(8).

- BPC section 1753.5 (c)(9). The legislative proposal would move current BPC section 1753.6, subdivision (f) to BPC section 1753.5, new subdivision (c)(9).

- BPC section 1753.5 (c)(10). The legislative proposal would re-number current subdivision (b)(6) to new subdivision (c)(10).

- BPC section 1753.5 (c)(11). The legislative proposal would re-number current subdivision (b)(8) to new subdivision (c)(11).

- BPC section 1753.5 (c)(12). The legislative proposal would re-number current subdivision (b)(9) to new subdivision (c)(12).

- BPC section 1753.5 (c)(13). The legislative proposal would re-number current subdivision (b)(10) to new subdivision (c)(13).

- BPC section 1753.5 (c)(14). The legislative proposal would re-number current subdivision (b)(11) to new subdivision (c)(14).

- BPC section 1753.5 (d). The legislative proposal would create new subdivision (d) to specify the duties authorized to be performed under general supervision.

- BPC section 1753.5 (d)(1). The legislative proposal would move current BPC section 1753.6, subdivision (c) to BPC section 1753.5, new subdivision (d)(1).

- BPC section 1753.5 (e). The legislative proposal would re-letter current subdivision (c) as new subdivision (e) and revise the provision for conformity with other provisions.

- BPC section 1753.5 (f). The legislative proposal would move current BPC section 1753.51 to BPC section 1753.5, new subdivision (f) and would add clarifying language specifying that the additional duties outlined in this subdivision cannot 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 RDAEF license by the Board.

- BPC section 1753.5 (g). The legislative proposal would strike current subdivision (b)(12) and move it to new subdivision (g). This change would revise the provision for conformity with other provisions authorizing the Board to prescribe provisions in regulation. Additionally, this change would allow the Board to prescribe additional duties for all levels of supervision, not only direct supervision.
- BPC section 1753.51. The legislative proposal would repeal BPC section 1753.51 because it was moved to BPC section 1753.5, new subdivision (f).

- BPC section 1753.55. The legislative proposal would repeal BPC section 1753.55 because it was moved to BPC section 1753.5, new subdivision (f).

- BPC section 1753.6. The legislative proposal would strike language from this section because it was moved to BPC section 1753.5 new subdivisions (c)(1), (2), (3), (4), (5) and (d)(1). Additionally, it would add new language specifying that beginning January 1, 2034, those RDAEFs with licenses issued before January 1, 2010, must submit evidence of completing board-approved courses covering the procedures listed in BPC section 1753.5, subdivisions (c)(4) to (14) before renewing their licenses.

The Working Groups, stakeholders, and Board staff believe the proposed statutory clarifications strengthen consistency, reduce ambiguity, and reinforce patient safety while supporting appropriate utilization of dental assisting personnel. Written feedback from all stakeholders indicated support for the recommended statutory changes and alignment with the Working Group 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 Board is asked to consider the proposed legislative amendments and Council recommendations. If the Board agrees with the recommendation to amend the definitions, DA, OA, DSA, RDA, and RDAEF duties discussed above, the Board is asked to make one of the following motions.

Option 1 (support the proposed recommendation): Move 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, 1750.3, 1750.5, 1752.4, 1753.5, 1753.51, 1753.55 and 1753.6 regarding dental auxiliaries.

Option 2 (support the proposed recommendation as revised during this meeting): Move 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, 1750.3, 1750.5, 1752.4, 1753.5, 1753.51, 1753.55 and 1753.6 regarding dental auxiliaries.

Option 3 (no action): If the Board 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, 1750.3, 1750.5, 1752.4, 1753.5, 1753.51, 1753.55 and 1753.6 Regarding Dental Auxiliaries - Dental Assistant, Registered Dental Assistant, Orthodontic Assistant, Dental Sedation Assistant, and Registered Dental Assistant in Extended Functions Duties

DENTAL BOARD OF CALIFORNIA

LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTIONS 1684.5, 1741, 1750, 1750.1, 1750.3, 1750.5, 1752.4, 1753.5, 1753.51, 1753.55, and 1753.6 REGARDING DENTAL AUXILIARIES - DENTAL ASSISTANT, REGISTERED DENTAL ASSISTANT, ORTHODONTIC ASSISTANT, DENTAL SEDATION ASSISTANT, AND REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS DUTIES

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 1753.5~~5~~, 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 1753.5~~5~~, 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.

(~~k~~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.

(~~l~~m) “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.

(~~m~~o) “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.

(~~n~~p) “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.

(~~o~~r) “Preceptee” 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.

(~~p~~s) “Preceptor” means a California-licensed dentist in good standing who directly supervises and provides on-the-job training to a preceptee 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 preceptee has completed course requirements

before performing dental assisting duties pursuant to Section 1750.1. A preceptee may have more than one California-licensed dentist serve as a preceptor.

(~~q~~t) "Preceptorship in dental assisting" means supervised on-the-job training of a preceptee 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.

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

(~~s~~v) "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.

(~~t~~z) "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 an infection control course or examination in accordance with subdivision (b)

of Section 1755 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, t~~T~~he 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) 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) Adjust the flow of nitrous oxide and oxygen gases if deemed necessary and directed by the supervising licensed dentist.

(2) In response to a medical emergency, a dental assistant may administer or assist in the administration of oxygen.

(~~b~~c) 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 nonprosthodontic 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.~~

~~(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.~~

(~~a~~d) 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 (3) of subdivision (f) of Section 1750.~~

(~~3~~2) 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 and obtain a certificate of completion.

(A) Radiographic procedures performed pursuant to this paragraph shall be performed under the general supervision of a supervising licensed dentist

(B) 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.

(2) To perform coronal polishing, an unlicensed dental assistant shall complete a board-approved coronal polishing course and obtain a certificate of completion.

(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.

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

(~~e~~g) 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~~h) 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.

1750.3. (a) A person holding an orthodontic assistant permit pursuant to Section 1750.2 may perform ~~under the general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist all~~ the duties and procedures of ~~that~~ a dental assistant ~~is allowed to perform under~~ as specified in subdivision (~~a~~b) of Section 1750.1, ~~and the following duties under the direct supervision and pursuant to the order, control, and full professional responsibility of a~~ while the supervising licensed dentist~~:~~ is present at the patient's chairside while the duty is being performed.

~~(1) All duties that a dental assistant is allowed to perform under subdivision (b) of Section 1750.1.~~

~~(2) Isolate, condition, etch, and prepare teeth for provisional attachments, bonded attachments, aligner buttons, aligner connections, orthodontic brackets, and appliances.~~

~~(3) Size, fit, and secure orthodontic bands using appropriate materials.~~

~~(4) Prepare teeth for bonding and select, preposition, and cure orthodontic brackets after their position has been approved by the supervising licensed dentist.~~

~~(5) Remove orthodontic bands, brackets, and attachments and remove excess cement from supragingival surfaces of teeth with a hand instrument, with the removal of any remaining material by the supervising licensed dentist or registered dental assistant in extended functions licensed on or after January 1, 2010.~~

~~(6) Place and ligate archwires.~~

~~(7) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.~~

~~(8) Any additional duties that the board may prescribe by regulation.~~

(b) An orthodontic 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), (13), and (14) of subdivision (c) of Section 1750.1.

(2) Isolate, condition, etch, and prepare teeth for provisional attachments, bonded attachments, aligner buttons, aligner connections, orthodontic brackets, and appliances.

(3) Size, fit, and secure orthodontic bands using appropriate materials.

(4) Select, preposition, and cure orthodontic brackets after their position has been approved by the supervising licensed dentist.

(5) Remove orthodontic bands, brackets, and attachments.

(6) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.

(c) An orthodontic 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) Place and ligate archwires.

(3) Remove excess cement from supragingival surfaces of teeth with a hand instrument, with the removal of any remaining material by the supervising licensed dentist or registered dental assistant in extended functions as specified in Section 1753.5.

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

(~~b~~e) The original or a copy of the current, valid permit issued by the board shall be publicly displayed at the treatment facility where the permitholder performs dental services.

1750.5. (a) A person who holds a dental sedation assistant permit pursuant to Section 1750.4 may perform ~~under general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist all~~ the following duties ~~that a dental assistant is allowed to perform under subdivision (a) of Section 1750.1 and the following duties under the direct supervision and pursuant to the order, control, and full professional responsibility of a current, valid licensed dentist or other licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia in the treatment facility:~~ while the supervising licensed dentist is present at the patient's chairside while the duty is being performed:

(1) ~~All~~ The duties and procedures of ~~that~~ a dental assistant ~~is allowed to perform under~~ as specified in subdivision (b) of Section 1750.1.

~~(2) Monitor patients undergoing moderate sedation, deep sedation, or general anesthesia utilizing data from noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices. Evaluation of the condition of a sedated patient shall remain the responsibility of the supervising dentist or the licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia, who shall be at the patient's chairside while moderate sedation, deep sedation, or general anesthesia is being administered.~~

~~(3) Drug identification and draw, limited to identification of appropriate medications, ampule and vial preparation, and withdrawing drugs of correct amount as verified by the supervising licensed dentist, or the licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia.~~

(4~~2~~) Add drugs, medications, and fluids to intravenous lines using a syringe, provided that a supervising licensed dentist is present at the patient's chairside, limited to determining patency of intravenous line, selection of injection port, syringe insertion into injection port, occlusion of intravenous line and blood aspiration, line release, and injection of drugs for appropriate time interval. The exception to this duty is that the initial dose of a drug or medication shall be administered by the supervising licensed dentist or licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia.

~~(5) Removal of intravenous lines.~~

~~(6) Any additional duties that the board may prescribe by regulation.~~

(b) A dental sedation assistant may perform under direct supervision the duties that a dental assistant is allowed to perform under paragraphs (5), (6), (12), and (13), and (14) subdivision (c) of Section 1750.1.

(c) A dental sedation assistant may perform the following duties under the direct supervision of a licensed dentist or other licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia in the treatment facility:

(1) Monitor patients undergoing moderate sedation, deep sedation, or general anesthesia utilizing data from noninvasive instrumentation such as pulse oximeters, electrocardiograms, capnography, blood pressure, pulse, and respiration rate monitoring devices. Evaluation of the condition of a sedated patient shall remain the responsibility of the supervising dentist or the licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia, who shall be at the patient's chairside while moderate sedation, deep sedation, or general anesthesia is being administered.

(2) Drug identification and draw, limited to identification of appropriate medications, ampule and vial preparation, and withdrawing drugs of correct amount as verified by the supervising licensed dentist or the licensed health care professional authorized to administer moderate sedation, deep sedation, or general anesthesia.

(3) Removal of intravenous lines.

(d) A dental sedation assistant may perform under general supervision 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.

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

(~~b~~f) The duties listed in ~~paragraphs (1) to (5), inclusive, of subdivision (a)~~ this section may not be performed in any setting other than a dental office or dental clinic.

(~~c~~g) The original or a copy of the current, valid permit issued by the board shall be publicly displayed at the treatment facility where the permitholder performs dental services.

1752.4. (a) A registered dental assistant may perform ~~all of the following~~ the duties and procedures of a dental assistant as specified in subdivision~~s~~ ~~(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.~~

(b) 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), (13), and (14) 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.

(~~b~~e) 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, ~~R~~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~~2~~) 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.

(~~c~~g) 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.

(~~f~~h) Notwithstanding subdivision (~~b~~e), 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 dentist.

~~(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.~~

1753.5. (a) Until January 1, 2034, a registered dental assistant in extended functions licensed before January 1, 2010, who does not successfully complete a board-approved program in the additional duties specified in subdivision (c)(4) to (14), may perform the duties in subdivisions (b), (c)(1) through (3), and (d), inclusive. On or after January 1, 2034, a registered dental assistant in extended functions licensed before January 1, 2010, shall submit to the board proof of successful completion of a board-approved program in the additional duties specified in subdivision (c)(4) to (14) to perform the duties in subdivisions (b) through (f).

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

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

(~~3~~1) Gingival retraction for impression and restorative procedures.

(~~7~~2) Take final impression for permanent direct and indirect restorations.

(3) Remove excess cement from subgingival tooth surfaces with a hand instrument.

(~~1~~4) 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~~5) 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.

(6) Fit trial endodontic filling points.

(~~4~~7) Size and fit endodontic master points and accessory points.

(~~5~~8) Cement endodontic master points and accessory points.

(9) Formulate indirect patterns for post and core castings.

(~~6~~10) Perform post, core, and build-up procedures in conjunction with direct and indirect restorations.

(~~8~~11) Take final impressions for tooth-borne removeable prosthesis.

(~~9~~12) Place, contour, finish, and adjust all direct restorations.

(~~10~~13) Adjust and adhere all permanent indirect restorations.

(~~11~~14) Polish and contour existing amalgam restorations.

~~(12) Other procedures authorized by regulations adopted by the board.~~

(d) A registered dental assistant in extended functions may perform the following duties under general supervision:

(1) Apply pit and fissure sealants.

(~~c~~e) A registered dental assistant in extended functions ~~licensed on or after January 1, 2010,~~ may perform ~~a duty specified in this section~~ the additional duties in subdivision (c)(4) to (14) 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~~ if their skill, knowledge, and education in the use of such contemporary technique or material has been determined clinically competent by the supervising licensed dentist.

(f) A registered dental assistant in extended functions may only perform the following additional duties after successfully completing a board-approved course in interim therapeutic restoration and radiographic decisionmaking, 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 Assisting in Extended Functions license by the board.

(1) Under direct supervision, place interim therapeutic restorations to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment.

(2) Place interim therapeutic restorations after the supervising dentist confirms a diagnosis and provides instructions to perform the procedure in the following settings:

(A) In a dental office setting, under the direct or general supervision of a dentist.

(B) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not

limited to, schools, Head Start and preschool programs, and community clinics, under the general supervision of a dentist.

(3) Under general supervision, determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. The registered dental assistant in extended functions shall follow protocols established by the supervising dentist.

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

REPEAL BPC SECTION 1753.51

~~**1753.51.** (a) Unless otherwise specified in this section, a registered dental assistant in extended functions licensed on or after January 1, 2010, who successfully completes a board-approved course in interim therapeutic restoration and radiographic decisionmaking, is authorized to perform the following enhanced duties pursuant to the order, control, and full professional responsibility of the supervising licensed dentist:~~

~~(1) Under general supervision, determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. The registered dental assistant in extended functions shall follow protocols established by the supervising dentist.~~

~~(2) Under direct supervision, place interim therapeutic restorations to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment.~~

~~(b) Place interim therapeutic restorations after the supervising dentist confirms a diagnosis and provides instruction to perform the procedure in the following settings:~~

~~(1) In a dental office setting, under the direct or general supervision of a dentist.~~

~~(2) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, Head Start and preschool programs, and community clinics, under the general supervision of a dentist.~~

~~(c) The board shall identify, on the statewide license verification internet website, the enhanced duty of interim therapeutic restoration for a registered dental assistant in extended functions who files a completed verification form issued by the board including the applicable fee.~~

REPEAL BPC SECTION 1753.55

~~**1753.55.** (a) A registered dental assistant in extended functions is authorized to perform the additional duties as set forth in subdivision (b) pursuant to the order, control, and full professional responsibility of a supervising dentist, if the licensee meets one of the following requirements:~~

(1) Is licensed on or after January 1, 2010.

(2) Is licensed before January 1, 2010, and has successfully completed a board-approved course in the additional procedures specified in Section 1753.5.

(b) (1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental assistant in extended functions shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:

(A) In a dental office setting.

(B) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, Head Start and preschool programs, and community clinics, under the general supervision of a dentist.

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a 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. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

(i) In a dental office setting, under the direct or general supervision of a dentist as determined by the dentist.

(ii) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, Head Start and preschool programs, and community clinics, under the general supervision of a dentist.

(B) After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

(c) The functions described in subdivision (b) may be performed by a registered dental assistant in extended functions only after completion of a program that includes training in performing those functions, or after providing evidence, satisfactory to the board, of having completed a board-approved course in those functions.

(d) The board may issue a permit to a registered dental assistant in extended functions who files a completed application, including the fee, to provide the duties specified in

~~this section after the board has determined the registered dental assistant in extended functions has completed the coursework required in subdivision (c).~~

REPEAL BPC SECTION 1753.6

~~**1753.6.** Each person who holds a license as a registered dental assistant in extended functions on the operative date of this section may only perform those procedures that a registered dental assistant is allowed to perform as specified in and limited by Section 1752.4, and the procedures specified in subdivisions (a) to (d), inclusive, until the person provides evidence of having completed a board-approved course in the additional procedures specified in Sections 1753.5 and 1753.55:~~

~~(a) Gingiva retraction for impression and restorative procedures.~~

~~(b) Take final impressions for permanent direct and indirect restorations.~~

~~(c) Apply pit and fissure sealants.~~

~~(d) Remove excess cement from subgingival tooth surfaces with a hand instrument.~~

~~(e) Fit trial endodontic filling points.~~

~~(f) Formulate indirect patterns for post and core castings.~~

ADD NEW BPC SECTION 1753.6

1753.6. (a) On or after January 1, 2034, a person who seeks to renew a registered dental assistant in extended functions license that was issued prior to January 1, 2010, shall submit to the board evidence of having successfully completed courses approved by the board in the procedures specified in subdivision (c) (4) to (14) of Section 1753.5.

(b) A license subject to subdivision (a) shall not be renewed until evidence of course completion is submitted to the board.

(c) Satisfactory completion of the courses required pursuant to subdivision (a) shall count toward continuing education required pursuant to Section 1645.

(d) A registered dental assistant in extended functions license that is not renewed within five years after its expiration shall be canceled pursuant to Section 1718.3.~~Each person who holds a license as a registered dental assistant in extended functions on the operative date of this section may only perform those procedures that a registered dental assistant is allowed to perform as specified in and limited by Section 1752.4, and the procedures specified in subdivisions (a) to (d), inclusive, until the person provides evidence of having completed a board-approved course in the additional procedures specified in Sections 1753.5 and 1753.55:~~
~~(a) Gingiva retraction for impression and restorative procedures.~~

~~(b) Take final impressions for permanent direct and indirect restorations.~~

~~(c) Apply pit and fissure sealants.~~

~~(d) Remove excess cement from subgingival tooth surfaces with a hand instrument.~~

~~(e) Fit trial endodontic filling points.~~

~~(f) Formulate indirect patterns for post and core castings.~~

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MEMORANDUM

DATE	October 9, 2026
TO	Members of the Dental Board of California
FROM	Brant Nelson, Supervisor I – Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 27.d.:** Legislative Proposal to Amend Business and Professions Code Section 1635.5, 1638, 1715.5, and 1972 Regarding Dental Specialties

Background

The Dental Board of California (Board) has been advised of an administrative change regarding the official recognizing body for dental specialties.

In October 2017, the American Dental Association (ADA) House of Delegates established the National Commission on Recognition of Dental Specialties and Certifying Boards (National Commission), officially transferring all authority for recognizing dental specialty sponsoring organizations and their certifying boards to this new entity. However, current sections of the Business and Professions Code (BPC) still outdatedly refer to the ADA as the governing authority for these approvals. To align statutory language with this structural shift, Board staff has prepared a consolidated legislative proposal to amend BPC sections 1635.5, 1638, 1640.1, 1640.3, 1715.5, and 1972.

Action Requested

Board staff request the Board 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 approve for submission to the California State Legislature the legislative proposal in Attachment 1 to amend Business and Professions Code sections 1635.5, 1638, 1640.1, 1640.3, 1715.5, and 1972.

Option 2 (support the proposed recommendations as revised during this meeting): Move to approve for submission to the California State Legislature the legislative proposal in Attachment 1 to amend Business and Professions Code sections 1635.5, 1638, 1640.1, 1640.3, 1715.5, and 1972.

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

Attachment:

1. Legislative Proposal to Amend Business and Professions Code Sections 1635.5, 1638, 1640.1, 1640.3, 1715.5, and 1972

LEGISLATIVE PROPOSAL TO AMEND BUSINESS AND PROFESSIONS CODE SECTIONS 1635.5, 1638, 1640.1, 1640.3, 1715.5, AND 1972 RELATING TO THE AMERICAN DENTAL ASSOCIATION HOUSE OF DELEGATES ESTABLISHMENT OF THE NATIONAL COMMISSION ON RECOGNITION OF DENTAL SPECIALTIES AND CERTIFYING BOARDS

Proposed additions are in underlined text and proposed deletions are in ~~strikethrough~~ text.

Amend Section 1635.5 of Article 2, Section 1640.1, Section 1640.3 of Article 2.5, Section 1638, Section 1715.5 Article 6, and Section 1972 of Article 9.5, of Chapter 4 of Division 2 of the Business and Professions Code as follows:

1635.5 (a) Notwithstanding Section 1634, the board may grant a license to practice dentistry to an applicant who has not taken an examination before the board, if the applicant submits all of the following to the board:

(1) A completed application form and all fees required by the board.

(2) Proof of an active and unrestricted license issued by another state, district, or territory of the United States to practice dentistry that is not subject to any current or pending disciplinary action such as revocation, suspension, or probation.

(3) Proof that the applicant has either been in active clinical practice in another state, district, or territory of the United States, has been engaged in full-time nonclinical practice requiring an active dentist's license for federal, state, or local public health programs in another state, district, or territory of the United States for at least five years immediately preceding the application, or has been a full-time faculty member in an accredited dental education program and in active clinical practice for a total of at least 5,000 hours within the past five years immediately preceding the date of the application under this section. The clinical practice requirement 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~~National Commission on Recognition of Dental Specialties and Certifying Boards, 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. 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.

(4) 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.

(5) 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.

(6) 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.

(7) 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.

(8) 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.

(9) Any other information as specified by the board to the extent it is required of applicants for licensure by examination under this article.

(b) The board shall provide in the application packet to each out-of-state dentist pursuant to this section the following information:

(1) The location of dental personnel shortage areas that exist in the state.

(2) Those not-for-profit clinics and public hospitals seeking to contract with licensees for dental services.

(c) (1) The board shall review the impact of this section on the availability of dentists in California and report to the appropriate policy and fiscal committees of the Legislature by January 1, 2008. The report shall include a separate section providing data specific to those dentists who intend to fulfill the alternative clinical practice requirements of subparagraph (B) of paragraph (3) of subdivision (a). The report shall include, but not be limited to, all of the following:

(A) The total number of applicants from other states who have sought licensure.

(B) The number of dentists from other states licensed pursuant to this section, as well as the number of licenses not granted and the reasons why each license was not granted.

(C) The location of the practice of dentists licensed pursuant to this section.

(D) The number of dentists licensed pursuant to this section who establish a practice in a rural area or in an area designated as having a shortage of practicing dentists or no dentists at all.

(E) The length of time dentists licensed pursuant to this section maintained their practice in the reported location. This information shall be reported separately for dentists described in subparagraphs (C) and (D).

(2) In identifying a dentist's location of practice, the board shall use medical service study areas or other appropriate geographic descriptions for regions of the state.

(3) If appropriate, the board may report the information required by paragraph (1) separately for primary care dentists and specialists.

(d) 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.

(e) The board may issue a temporary, restricted license, valid for two years, to an applicant qualified under subparagraph (B) or (C) of paragraph (3) of subdivision (a), that authorizes the holder to practice dentistry only in the facilities described in subparagraph (B) of paragraph (3) of subdivision (a) or only to practice or teach dentistry at the accredited dental education programs described in subparagraph (C) of paragraph (3) 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 (3) 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.

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

1638 (a) For purposes of this article, “oral and maxillofacial surgery” means the diagnosis and surgical and adjunctive treatment of diseases, injuries, and defects which involve both functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

(b) Any person licensed under the Medical Practice Act (Chapter 5 (commencing with Section 2000)) as a physician and surgeon who possesses, or possessed, a license to practice dentistry in another state, but is not licensed to practice dentistry under this chapter may apply to the board on a form prescribed by the board for an oral and maxillofacial surgery permit.

(c) The board may issue an oral and maxillofacial surgery permit to an applicant who has furnished evidence satisfactory to the board that he or she is currently certified or eligible for certification in oral and maxillofacial surgery by a specialty board recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards~~Commission on Accreditation of the American Dental Association~~ and holds a current license in good standing to practice medicine in the state.

(d) An application shall be accompanied by an application fee required by the board and two classifiable sets of fingerprints on forms provided by the board.

1640.1. As used in this article, the following definitions shall apply:

(a) “Specialty” means an area of dental practice approved by the ~~American Dental Association~~ National Commission on Recognition of Dental Specialties and Certifying Boards and recognized by the board.

(b) “Discipline” means an advanced dental educational program in an area

of dental practice not approved as a specialty by the ~~American Dental Association~~National Commission on Recognition of Dental Specialties and Certifying Boards; but offered from a dental college approved by the board.

(c) "Dental college approved by the board" means a dental school or college that is approved by the Commission on Dental Accreditation of the American Dental Association, that is accredited by a body that has a reciprocal accreditation agreement with that commission, or that has been approved by the Dental Board of California through its own approval process.

1640.3. The board may issue a special permit to a dentist who does not meet the eligibility requirements pursuant to Section 1640 if he or she provides evidence of compliance with the following requirements to the board:

(a) A dentist shall satisfy either of the following conditions:

(1) The dentist's expertise or skill is in a specialty area of dental practice approved by the ~~American Dental Association~~ National Commission on Recognition of Dental Specialties and Certifying Boards and recognized by the board, and the board has received verification, in writing, from the dean of the dental school where a contract is pending, that the addition of this dentist to the faculty will benefit the students and the dental program.

(2) Verification, in writing, from the dean of the dental school where a contract is pending, that the addition of this general dentist to the faculty will benefit the students and the dental program.

(b) A complete transcript of academic and clinical dental school records of the applicant is provided to the board.

(c) A legible, true copy of the dental diploma or dental degree conferred upon the applicant is provided to the board.

(d) A copy of the applicant's valid dental license is provided to the board.

(e) Satisfactory evidence of possessing a pending contract with a California dental college approved by the board as a full-time professor, associate professor, or as an assistant professor.

(f) Satisfactory evidence that the applicant's credentials were presented to the school's faculty credentialing committee or similar faculty review committee and the dean of the dental school provides written acknowledgment that the applicant is an essential addition to the school's faculty and strongly recommends to the dean that the applicant be offered an employment contract.

(g) The number of special permits issued by the board under paragraph (1)

of subdivision (a) is no more than five permits per dental school. The number of special permits issued by the board under paragraph (2) of subdivision (a) is no more than five permits per dental school.

(h) The board is furnished with satisfactory evidence that the applicant has successfully completed an examination in California law and ethics developed and administered by the board.

(i) A fee for the application is paid as provided by this chapter.

1715.5 (a) A licensee shall, upon his or her initial licensure and any subsequent application for renewal, report the completion of any advanced educational program accredited by the ~~Committee~~ Commission on Dental Accreditation in a dental specialty recognized by the ~~American Dental Association~~National Commission on Recognition of Dental Specialties and Certifying Boards.

(b) The licensee shall also report, upon his or her initial licensure and any subsequent application for renewal, the practice or employment status of the licensee, designated as one of the following:

(1) Full-time practice or employment in a dental practice of 32 hours per week or more in California. This reporting requirement shall also apply to a dental auxiliary licensee.

(2) Full-time practice or employment in a dental practice outside of California.

(3) Part-time practice or employment in a dental practice for less than 32 hours per week in California.

(4) Dental administrative employment that does not include direct patient care, as may further be defined by the board.

(5) Retired.

(6) Other practice or employment status, as may be further defined by the board.

(c) Information collected pursuant to subdivision (b) shall be posted on the Internet Web site of the board.

(d) (1) A licensee may report, in his or her application for renewal, and the board shall collect, information regarding the licensee's cultural background and foreign language proficiency.

(2) Information collected pursuant to this subdivision shall be aggregated on an annual basis, based on categories utilized by the board in the collection of the

data, into both statewide totals and ZIP Code of primary practice or employment location totals.

(3) Aggregated information under this subdivision shall be compiled annually, and reported on the Internet Web site of the board on or before July 1 of each year.

1972 (a) (1) A program applicant shall possess a current valid license to practice dentistry in this state issued by the board pursuant to Section 1626, or be currently eligible for graduation from a predoctoral or postdoctoral dental education program approved by the Commission on Dental Accreditation or the board and meet all criteria for licensure, subject to successful completion of applicable education and examination requirements.

(2) An applicant shall submit a completed application provided by the board that shall include, but is not limited to, documentation detailing current loan obligations from any government or commercial lender obtained for purposes of financing tuition or fees at a dental school approved by the Commission on Dental Accreditation or the board. Documentation shall contain the applicant's account number and the lender's contact information, as well as current balance owing and monthly installment plan details, if applicable.

(3) An application shall include disclosure of any and all obligations for which the applicant has defaulted or been subject to a judgment lien within the last 10 years, and explanations for each default or judgment lien disclosed.

(4) An applicant, if selected to receive a repayment grant, shall sign an agreement with the board to maintain qualified employment for 36 months continuously, and that the qualified employment meets or once commenced will meet the minimum requirements of the program regarding practice setting, and clinical hours worked.

(5) An applicant shall also agree to provide an annual progress report, signed by both the applicant and employer or employer's designee. A progress report shall verify the practice setting's qualified status, clinical hours worked by the applicant, number of patients treated, specific treatment rendered and its value, and patient's payer source.

(b) The board, in selecting a participant for the program, shall give priority consideration to an applicant who is best suited to meet the cultural and linguistic needs and demands of dentally underserved populations by demonstrating experience in one or more of the following areas:

(1) Speaks one or more Medi-Cal threshold languages.

(2) Comes from an economically disadvantaged background with economic, social, or other circumstances.

(3) Has worked in a health field in an underserved area or with an underserved population.

(4) Is a dentist specialist recognized by the ~~American Dental Association~~National Commission on Recognition of Dental Specialties and Certifying Boards or has met all eligibility requirements to graduate from a dental specialty residency program approved by the Commission on Dental Accreditation.

(5) Has completed an extramural program or rotation during dental school or postgraduate education in which the applicant provided services to a population that speaks any Medi-Cal threshold language.

(c) The practice setting shall meet one or both of the following criteria:

(1) The practice setting shall be located in a dentally underserved area.

(2) The practice setting shall ensure that the program participant serves a patient population that consists of at least 50 percent dentally underserved populations.

(d) A program applicant shall be working in, or have a signed agreement for future employment with, an eligible practice setting. The program participant shall be employed on a full-time basis. “Full-time basis” means 30 hours of clinical hands-on care per week, for no less than 45 weeks per year, except as provided for during customary holidays, personal or family illness, and vacation time as described in a separate employment agreement between the recipient and the practice setting. Upon 30-day notice to the board, the board shall grant an extended leave of absence period for serious illness, pregnancy, or other natural cause. The board may establish other exemptions to the minimum time requirements of this subdivision on a case-by-case basis.

(e) A program participant shall commit to a minimum of three years of service in one or more eligible practice settings. Loan repayment or grant disbursement shall be deferred until the dentist is employed on a full-time basis.

(f) The board may coordinate with local and statewide trade and professional dental organizations, as well as educational institutions, for outreach to potentially eligible applicants.

(g) The board shall develop a process for a program participant’s repayment of loans or grants disbursed in the event that the participant is terminated prior to completion of, or is otherwise unable to complete, his or her three years of service obligation. Cause for termination includes, but is not limited to, the following:

(1) Recipient’s termination of full-time, qualified employment.

(2) Recipient’s failure to maintain his or her professional license in good standing.

(3) Recipient’s failure to comply with any other term or condition of this article.

(h) The board may adopt any other standards of eligibility, placement, and termination appropriate to achieve the aim of providing competent dental services in these approved practice settings.

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MEMORANDUM

DATE	October 2, 2026
TO	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 28.:** Future Agenda Items and Next Meeting Dates

Background

Bryce W.A. Docherty, MPA, Executive Officer of the Dental Board of California, will provide a verbal report of items for consideration for a future board meeting and upcoming meeting dates.

Action Requested

No action requested.