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
DENTAL ASSISTING COUNCIL

NOTICE OF MEETING
November 5, 2026

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

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

The Dental Assisting Council (Council) of the Dental Board of California (Board) will meet in person in accordance with Government Code section 11123.5 at 8:30 a.m., on Thursday, November 5, 2026, at:

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

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

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

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)

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

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

2. Public Comment on Items Not on the Agenda
   Note: The Council may not discuss or take action on any matter raised during this Public Comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code Sections 11125 and 11125.7(a).) ***[4]***

3. Discussion and Possible Action on August 12, 2026, Meeting Minutes **[5-8]**

4. Council Chair Report **[9]**

5. Executive Officer Report **[10]**

6. Update on Dental Assisting Examination Statistics **[11-14]**
   a. Registered Dental Assistant General Written and Law and Ethics Examinations
   b. Registered Dental Assistant in Extended Functions General Written Examination
   c. Orthodontic Assistant Written Examination
   d. Dental Sedation Assistant Written Examination

7. Update on Dental Assisting Licensing Statistics **[15-27]**
   a. Registered Dental Assistant License
   b. Registered Dental Assistant in Extended Functions License
   c. Orthodontic Assistant Permit
   d. Dental Sedation Assistant Permit
   e. Abandoned Dental Assisting Applications

8. Update and Discussion on Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses Application Approvals and Re-Evaluations **[28-32]**

9. Update, Discussion, and Possible Recommendation on Proposed Regulations
   a. Update on Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control **[33-34]**
   b. Discussion and Possible Action to Consider Recommendation to the Board for Initiation of a Rulemaking to Amend CCR, Title 16, Sections 1021 and 1022 Regarding Fees **[35-176]**

c. Discussion and Possible Action to Consider Recommendation to the Board Regarding the 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 **[177-314]**

10. Update, Discussion, and Possible Recommendation on Legislation
    a. 2027 Tentative Legislative Calendar - Information Only **[315]**
    b. 2025-2026 End of Session Legislative Summary **[316-332]**
    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 **[333-369]**

11. Election of 2027 Council Chair and Vice Chair **[370]**

12. Adjournment

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

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

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

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

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MEMORANDUM

DATE	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
DENTAL ASSISTING COUNCIL
MEETING MINUTES
August 12, 2026

Pursuant to Government Code section 11122.5, subdivision (a), the Dental Assisting Council (Council) of the Dental Board of California (Board) met in-person with additional public participation available by teleconference/WebEx Events on Wednesday, August 12, 2026, with the following location available for Council and public member participation:

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

Members Present:
Jeri Fowler, RDAEF, OA, Chair
De'Andra Epps-Robbins, RDA, Vice Chair
Jessica Gerlach, RDA, OA
Lilia Larin, DDS
Cara Miyasaki, RDA, RDHEF, MS
Rosalinda Olague, RDA
Carie Smith, RDAEF, OA

Staff Present:
Bryce W.A. Docherty, MPA, Executive Officer
Christy Bell, Assistant Executive Officer
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
Mirela Taran, Administrative Analyst
Joseph Tippins, Investigator
Paul Corbin, Investigator
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

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum
Council Chair Jeri Fowler called the meeting to order at 8:36 a.m.; seven members of the Council were present, and a quorum was established.

Agenda Item 2: Public Comment on Items Not on the Agenda (Link to Video)
There were no public comments made on this item.

There was no Council discussion on the item.

Agenda Item 3: Discussion and Possible Action on May 13, 2026 Meeting Minutes (Link to Video)
Motion/Second/Call the Question (M/S/C) (Miyasaki/Larin) to approve the May 13, 2026 Meeting Minutes.

There was no Council discussion on the motion.

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

Chair Fowler called for the vote on the motion. Ms. Mirela Taran took a roll call vote on the motion.

Ayes: Epps-Robbins, Fowler, Gerlach, Larin, Miyasaki, Olague, Smith.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed and the Minutes were approved.

Agenda Item 4: Council Chair Report (Link to Video)
Chair Fowler provided a verbal report.

There was no Council discussion on the item.

Chair Fowler requested public comment on this item. There were no public comments made on this item.

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

There was no Council discussion on the item.

Chair Fowler requested public comment on this item. There were no public comments made on this item.

Agenda Item 6: Update on Dental Assisting Examination Statistics (Link to Video)
Board Chief of License and Program Compliance and Dental Assisting Tina Vallery provided the report, which is available in the meeting materials.

There was no Council discussion on the item.

Chair Fowler requested public comment on this item. There were no public comments made on this item.

Agenda Item 7: Update on Dental Assisting Licensing Statistics (Link to Video)
Ms. Vallery provided the report, which is available in the meeting materials.

There was no Council discussion on the item.

Chair Fowler requested public comment on this item. There were no public comments made on this item.

Agenda Item 8: Update and Discussion on Registered Dental Assistant and Registered Dental Assistant in Extended Functions Educational Programs and Courses Application Approvals and Re-Evaluations (Link to Video)
Ms. Vallery provided the report, which is available in the meeting materials.

The Council discussed the registered dental assistant application process and the time frame to get an application approved. Council Members Lilia Larin, De'Andra Epps-Robbins, and Rosalinda Olague discussed the item.

Chair Fowler requested public comment on this item. The Council received public comment from:

- Shari Becker, Dental Assisting Alliance
- Tooka Zokaie, California Dental Association (CDA)
- Dr. Evelyne Vu-Tien, California Society of Pediatric Dentistry (CSPD)
- Harvrey

Agenda Item 9.: Presentation on Opportunities and Resources for Dental Assistants – Dental Assisting National Board (DANB) and the DALE Foundation (Link to Video)
Hanna Aronovich provided the report, which is available in the meeting materials.

The Council discussed the Dental Assisting Profession Model and portability of national credentials and certificates. Council Members Cara Miyasaki, De'Andra Epps-Robbins, Rosalinda Olague, Carie Smith, and Chair Fowler discussed the item.

Chair Fowler requested public comment on this item. The Council received public comment from:

- Melodi Randolph, Dental Assisting Alliance

- Shari Becker, Dental Assisting Alliance

Agenda Item 10: Update and Discussion on Proposed Regulations (Link to Video)
Agenda Item 10.a.: Update on Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control
Board Legislative and Regulatory Affairs Specialist Brant Nelson provided the report which is available in the meeting materials.

There was no Council discussion on the item.

Chair Fowler requested public comment on this item. There were no public comments made on this item.

Agenda Item 11: Update and Discussion on Legislation (Link to Video)
Mr. Nelson provided the report which is available in the meeting materials.

There was no Council discussion on the item.

Chair Fowler requested public comment on this item. The Council received public comment from:

- Shari Becker, Dental Assisting Alliance

- Tooka Zokaie, CDA

- Dr. Evelyne Vu-Tien, CSPD

Agenda Item 12: Adjournment
Chair Fowler adjourned the meeting at 9:55 a.m.

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MEMORANDUM

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

Background

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

Action Requested

No action requested.

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MEMORANDUM

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

Background

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

Action Requested

No action requested.

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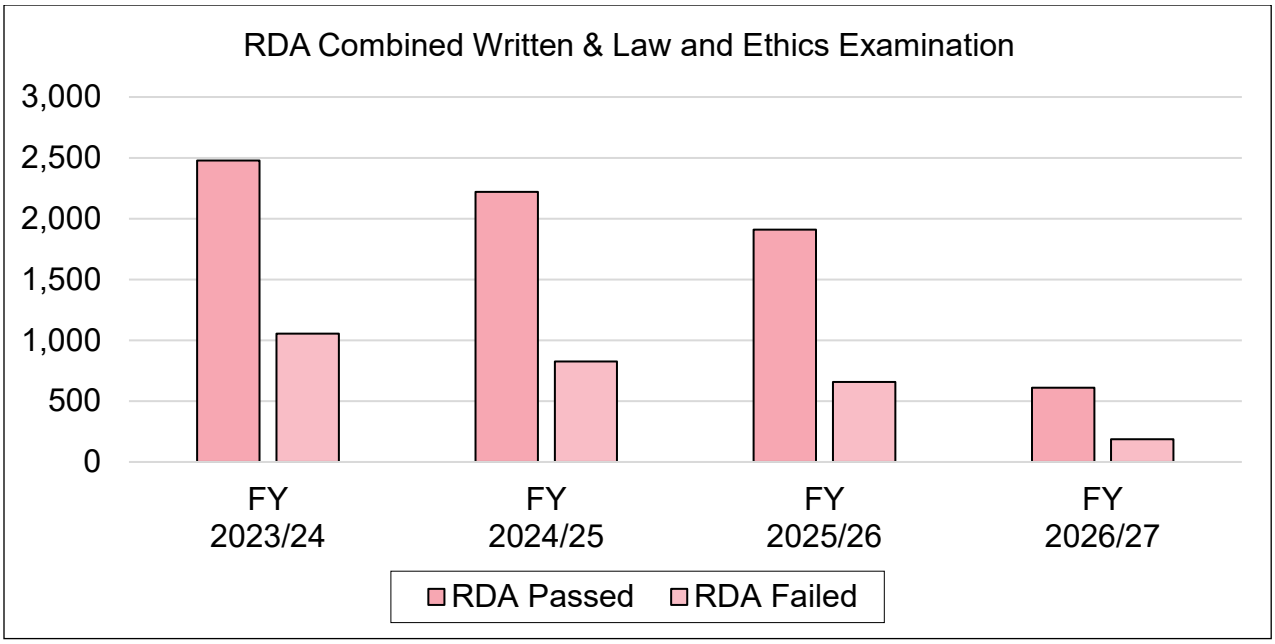
MEMORANDUM

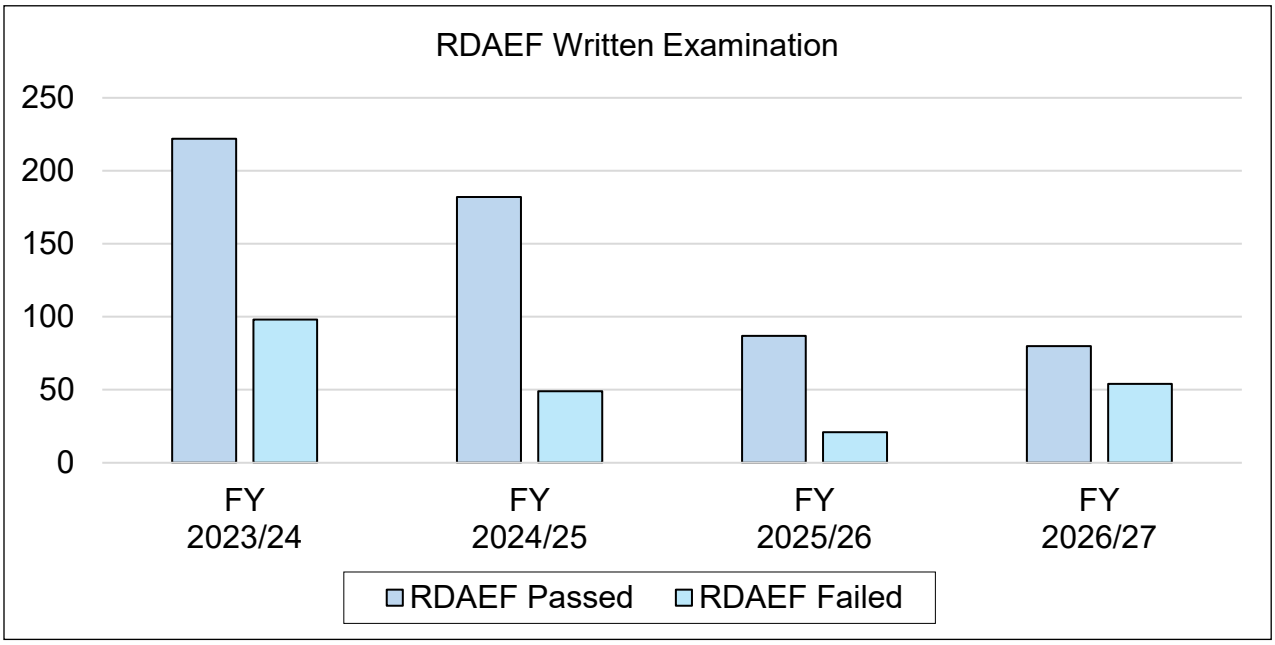
DATE	October 6, 2026
TO	Members of the Dental Assisting Council
FROM	Rikki Parks, Dental Assisting Program Manager Dental Board of California
SUBJECT	**Agenda Item 6.:** Update on Dental Assisting Examination Statistics

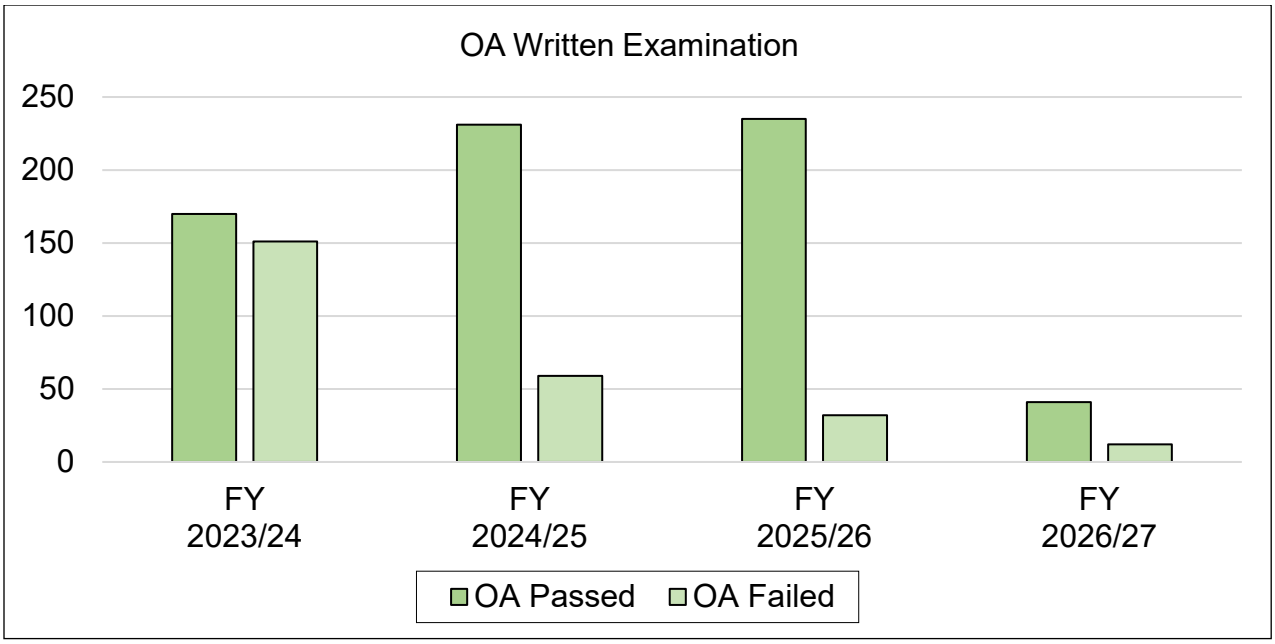
The following table provides examination statistics for candidates who attempted dental assisting examinations in fiscal years (FY) 2023-2025 and 2026-2027 through September.

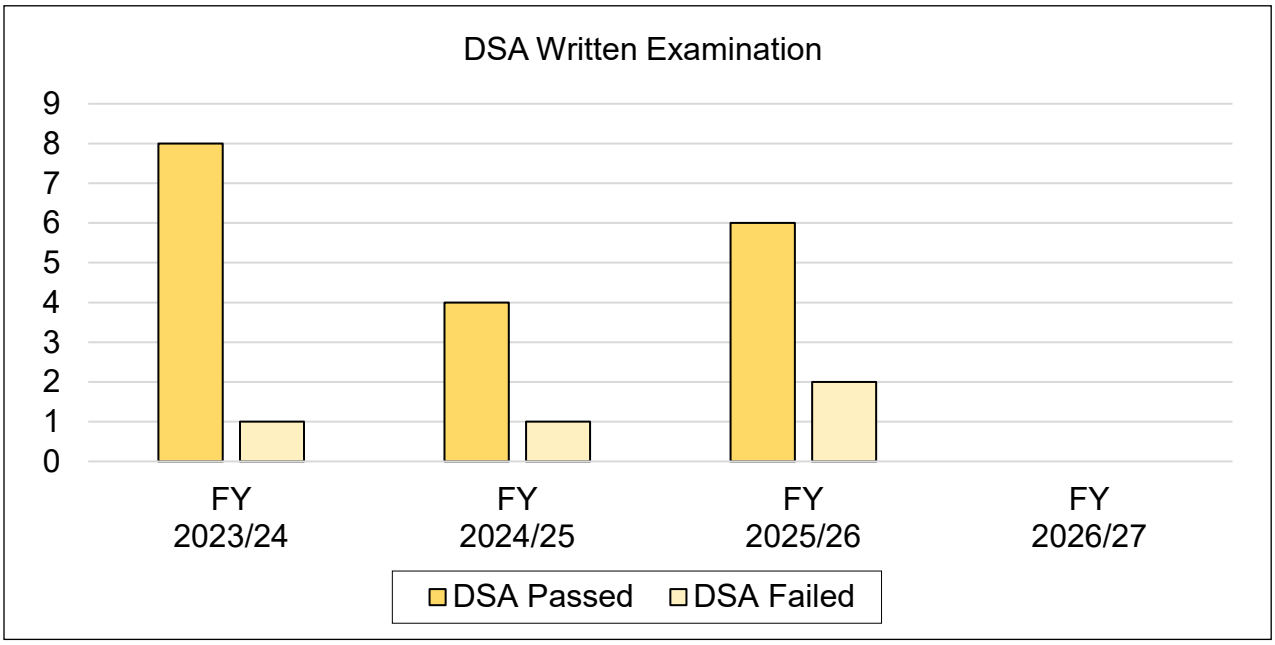
License Type		RDA	RDAEF	OA	DSA
FY 2026/27	Total 1st Time Candidates Tested	611	109	40	0
	1st Time Candidates Pass	530	76	33	0
	1st Time Candidates Pass %	87%	70%	82.5%	0%
	1st Time Candidates Fail	81	33	7	0
	1st Time Candidates Fail %	13%	30%	17.5%	0%
	Total Repeat Candidates Tested	186	25	13	0
	Repeat Candidates Pass	81	4	8	0
	Repeat Candidates Pass %	44%	16%	62%	0%
	Repeat Candidates Fail	105	21	5	0
	Repeat Candidates Fail %	56%	84%	38%	0%
	Total Candidates Tested	**797**	**134**	**53**	**0**
	Total Candidates Passed	**611**	**80**	**41**	**0**
	Total Candidates Pass %	**77%**	**60%**	**77%**	**0%**
	Total Candidates Failed	**186**	**54**	**12**	**0**
	Total Candidates Failed %	**23%**	**40%**	**23%**	**0%**
FY 2025/26	Total 1st Time Candidates Tested	1,917	86	226	6
	1st Time Candidates Pass	1,630	75	212	4
	1st Time Candidates Pass %	85%	87%	94%	67%
	1st Time Candidates Fail	287	11	14	2
	1st Time Candidates Fail %	15%	13%	6%	33%
	Total Repeat Candidates Tested	652	22	41	2
	Repeat Candidates Pass	280	12	23	2

	Repeat Candidates Pass %	43%	55%	56%	100%
	Repeat Candidates Fail	372	10	18	0
	Repeat Candidates Fail %	57%	45%	44%	0%
	Total Candidates Tested	**2,569**	**108**	**267**	**8**
	Total Candidates Passed	**1,910**	**87**	**235**	**6**
	Total Candidates Pass %	**74%**	**81%**	**88%**	**75%**
	Total Candidates Failed	**659**	**21**	**32**	**2**
	Total Candidates Failed %	**26%**	**19%**	**12%**	**25%**
FY 2024/25	Total 1st Time Candidates Tested	2,251	166	212	3
	1st Time Candidates Pass	1,871	148	187	3
	1st Time Candidates Pass %	83%	89%	88%	100%
	1st Time Candidates Fail	380	18	25	0
	1st Time Candidates Fail %	17%	11%	12%	0%
	Total Repeat Candidates Tested	795	65	78	2
	Repeat Candidates Pass	349	34	44	1
	Repeat Candidates Pass %	44%	52%	56%	50%
	Repeat Candidates Fail	446	31	34	1
	Repeat Candidates Fail %	56%	48%	44%	50%
	Total Candidates Tested	**3,046**	**231**	**290**	**5**
	Total Candidates Passed	**2,220**	**182**	**231**	**4**
	Total Candidates Pass %	**73%**	**79%**	**80%**	**80%**
	Total Candidates Failed	**826**	**49**	**59**	**1**
	Total Candidates Failed %	**27%**	**21%**	**20%**	**20%**
FY 2023/24	Total 1st Time Candidates Tested	2,466	213	171	8
	1st Time Candidates Pass	1,973	176	123	7
	1st Time Candidates Pass %	80%	83%	72%	87%
	1st Time Candidates Fail	493	37	48	1
	1st Time Candidates Fail %	20%	17%	28%	13%
	Total Repeat Candidates Tested	1,065	107	150	1
	Repeat Candidates Pass	504	46	47	1
	Repeat Candidates Pass %	47%	43%	31%	100%
	Repeat Candidates Fail	561	61	103	0
	Repeat Candidates Fail %	53%	57%	69%	0%
	Total Candidates Tested	**3,531**	**320**	**321**	**9**
	Total Candidates Passed	**2,477**	**222**	**170**	**8**
	Total Candidates Pass %	**70%**	**69%**	**53%**	**89%**
	Total Candidates Failed	**1,054**	**98**	**151**	**1**
	Total Candidates Fail %	**30%**	**31%**	**47%**	**11%**


RDA Combined Written & Law and Ethics Examination
3,000
2,500
2,000
1,500
1,000
500
0
FY 2023/24
FY 2024/25
FY 2025/26
FY 2026/27
RDA Passed
RDA Failed


RDAEF Written Examination
250
200
150
100
50
0
FY 2023/24
FY 2024/25
FY 2025/26
FY 2026/27
RDAEF Passed
RDAEF Failed





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

Action Requested

Informational only. No action required.

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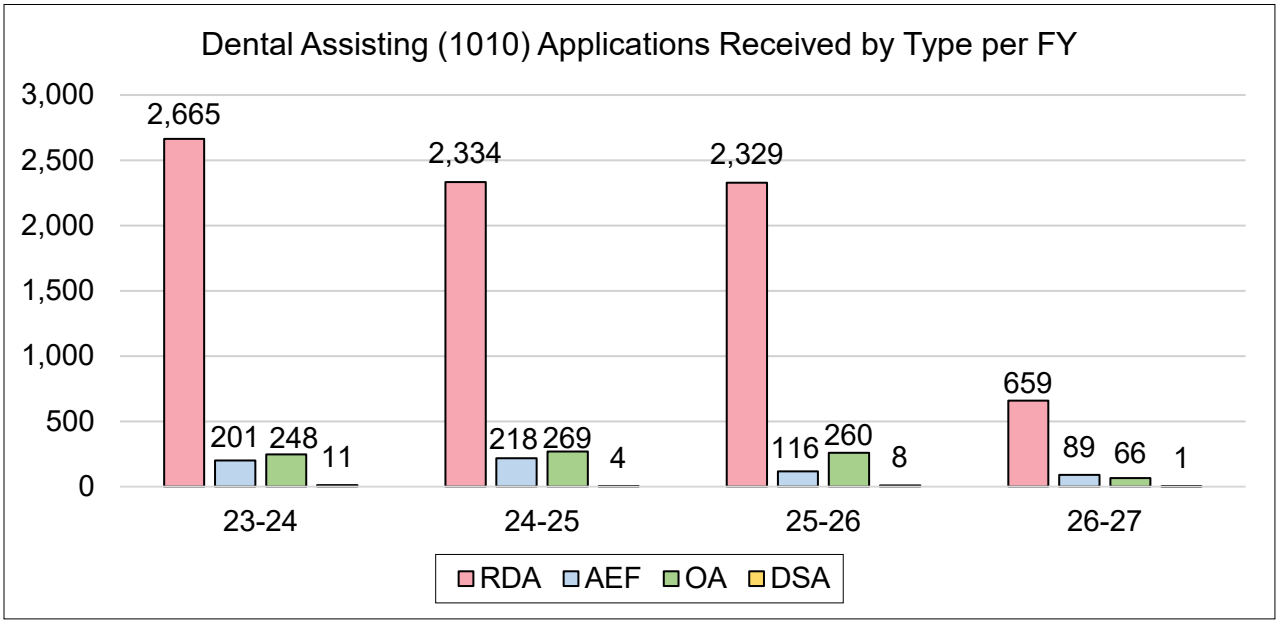
MEMORANDUM

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

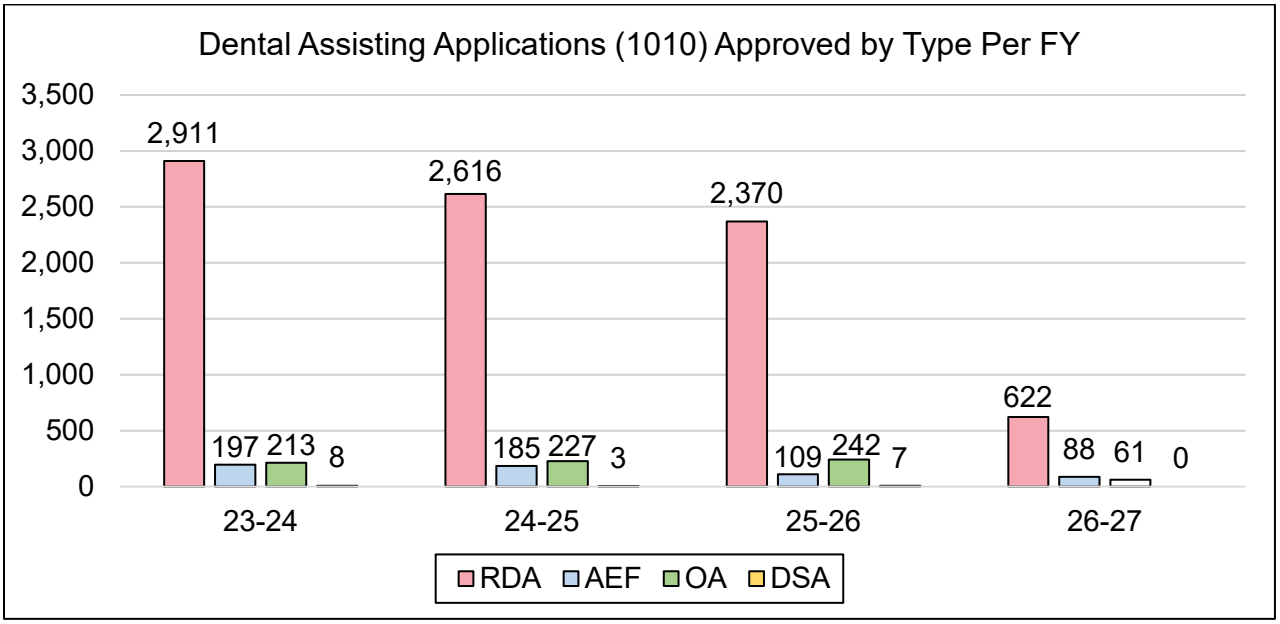
Year Over Year Dental Assisting License and Permit Application Statistics

The tables and charts below show yearly dental assisting license and permit application statistics for fiscal years (FY) 2023–2025, and 2026-2027 through September.

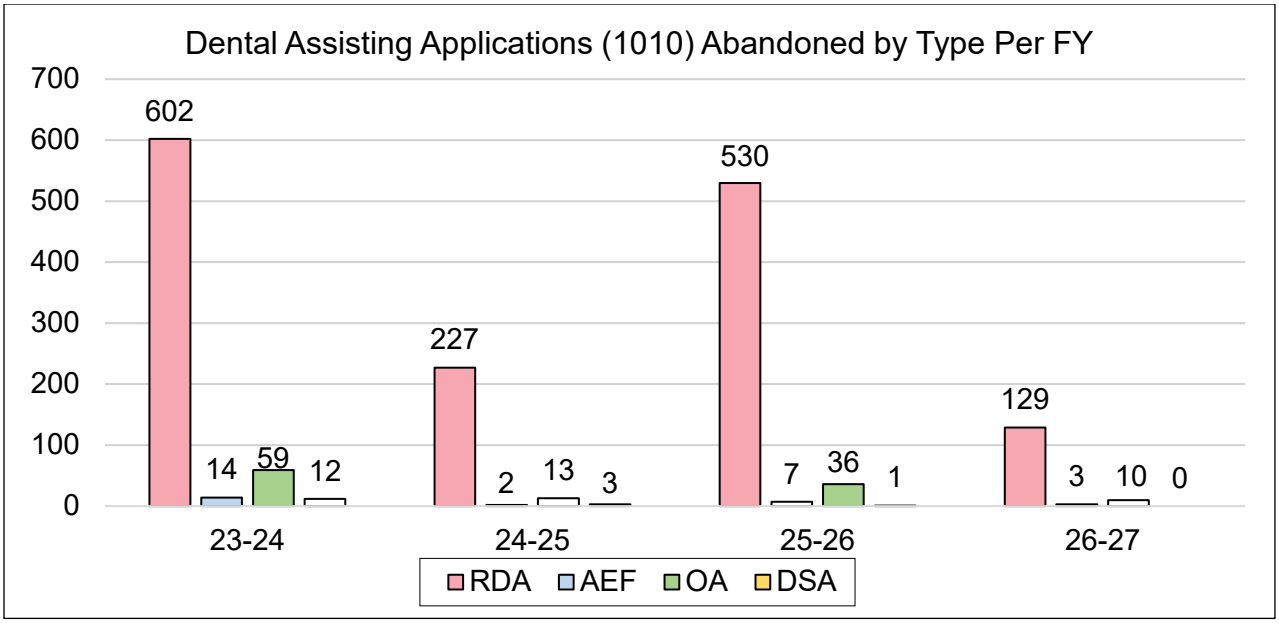
Dental Assisting (1010) Applications Received by Type per FY					
	23-24	**24-25**	**25-26**	**26-27**	**Totals**
RDA	2,665	2,344	2,329	659	**7,987**
AEF	201	218	116	89	**624**
OA	248	269	260	66	**843**
DSA	11	4	8	1	**24**
Total	**3,125**	**2,835**	**2,713**	**815**	**9,478**



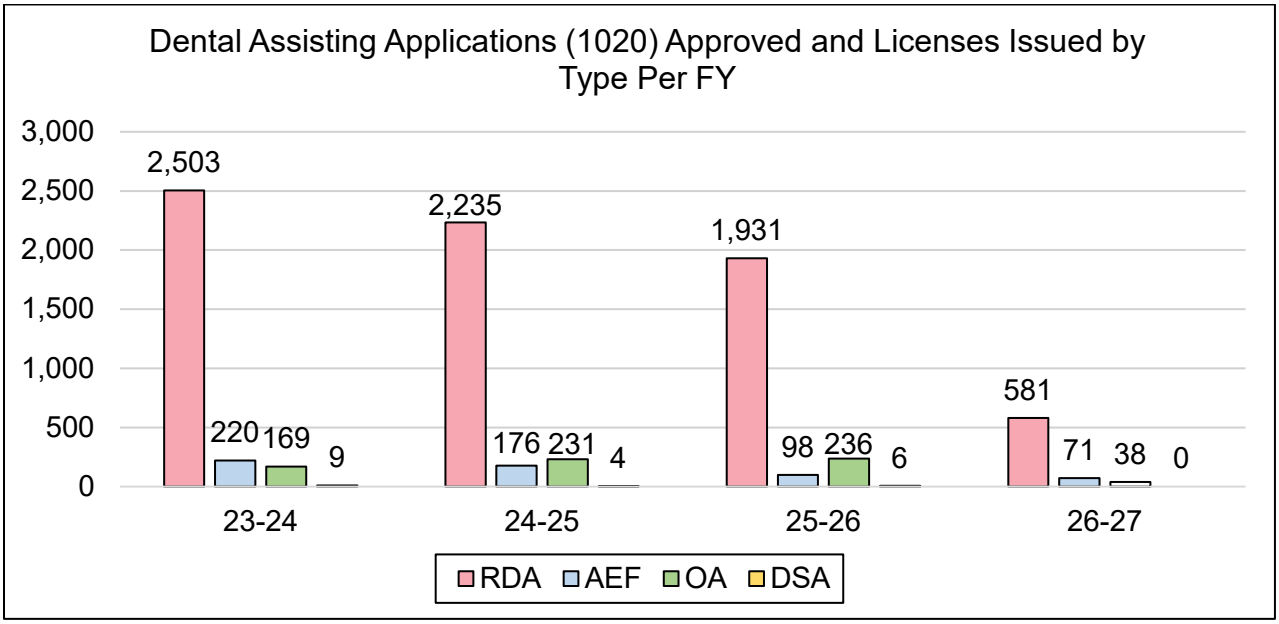
Dental Assisting Applications (1010) Approved by Type per FY					
	23-24	**24-25**	**25-26**	**26-27**	**Totals**
RDA	2,911	2,616	2,370	622	**8,519**
AEF	197	185	109	88	**579**
OA	213	227	242	61	**743**
DSA	8	3	7	0	**18**
Total	**3,329**	**3,031**	**2,728**	**771**	**9,859**



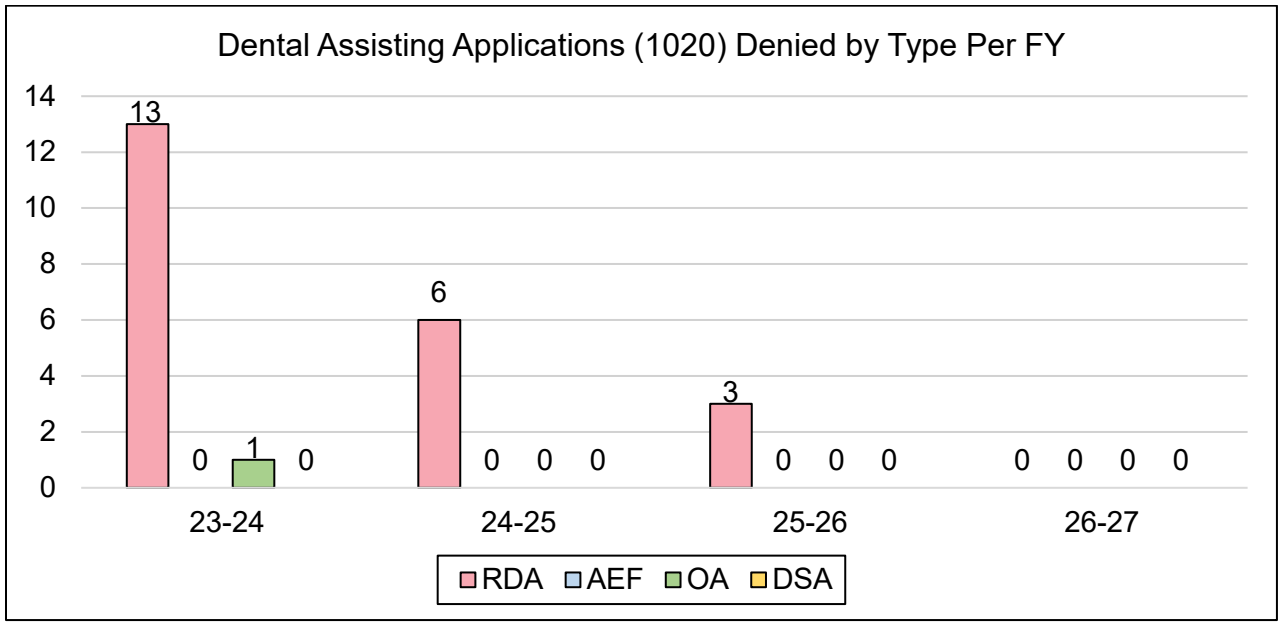
Dental Assisting Applications (1010) Abandoned by Type Per FY					
	23-24	**24-25**	**25-26**	**26-27**	**Totals**
RDA	602	227	530	129	**1,488**
AEF	14	2	7	3	**26**
OA	59	13	36	10	**118**
DSA	12	3	1	0	**16**
Total	**687**	**245**	**574**	**142**	**1,648**



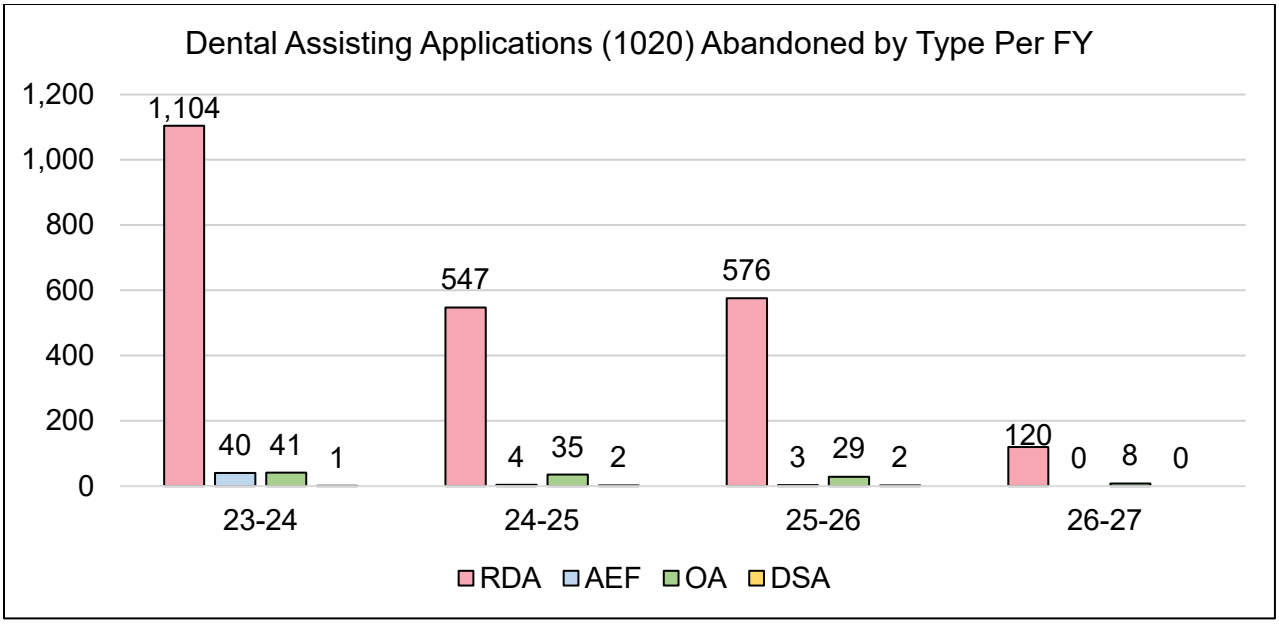
	23-24	24-25	25-26	26-27	Totals
RDA	2,503	2,235	1,931	581	**7,250**
AEF	220	176	98	71	**565**
OA	169	231	236	38	**674**
DSA	9	4	6	0	**19**
Total	**2,901**	**2,646**	**2,271**	**690**	**8,508**



Dental Assisting Applications (1020) Denied by Type Per FY					
	23-24	**24-25**	**25-26**	**26-27**	**Totals**
RDA	13	6	3	0	**22**
AEF	0	0	0	0	**0**
OA	1	0	0	0	**1**
DSA	0	0	0	0	**0**
Total	**14**	**6**	**3**	**0**	**23**



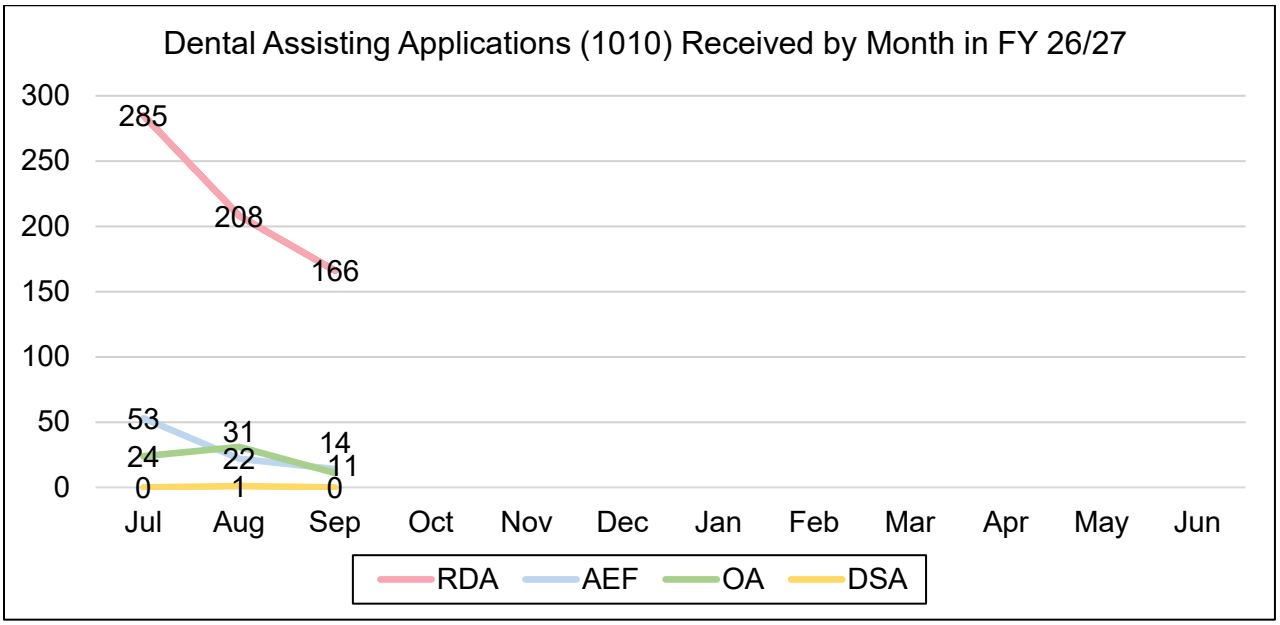
Dental Assisting Applications (1020) Abandoned by FY					
	23-24	**24-25**	**25-26**	**26-27**	**Totals**
RDA	1,104	547	576	120	**2,347**
AEF	40	4	3	0	**47**
OA	41	35	29	8	**113**
DSA	1	2	2	0	**5**
Total	**1,186**	**588**	**610**	**128**	**2,512**



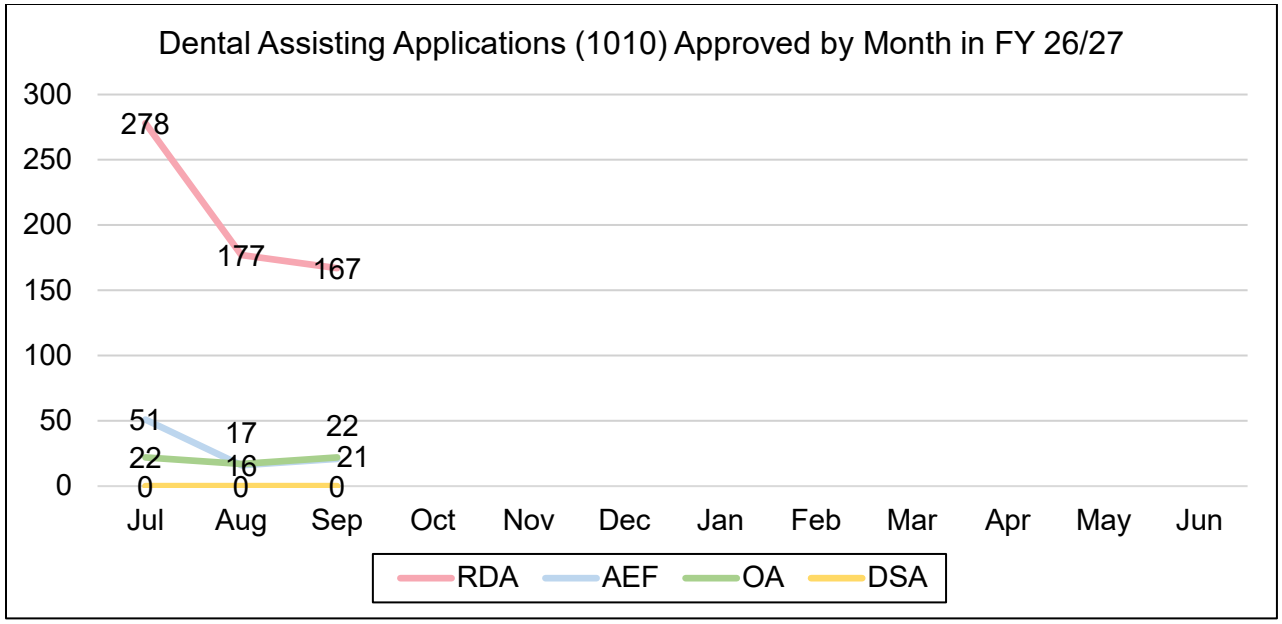
Application Definitions	
Received	Application received in paper format or electronically through BreEZe system.
Approved	Application for eligibility of licensure processed with required documentation and examination eligibility issued.
License Issued	Final application including examination results approved and license issued.
Abandoned (1010)	An applicant who fails to complete application requirements within one year after being notified by the Board of deficiencies.
Abandoned (1020)	Pursuant to CCR, title 16, section 1004, an application is considered abandoned if: 1) The applicant fails to submit the application, examination, or reexamination fee within 180 days after notification by the Board that such fee is due and unpaid. 2) The applicant fails to take the licensing examination within two years after the date their application was received by the Board. 3) … [A]fter failing the examination, [the applicant] fails to take a reexamination within two years after the date the applicant was notified of such failure.
Denied	The Board denies an application on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline; in accordance with Business and Professions Code, Division 1.5, Chapter 2, Denial of Licenses.

Monthly Dental Assisting License and Permit Application Statistics

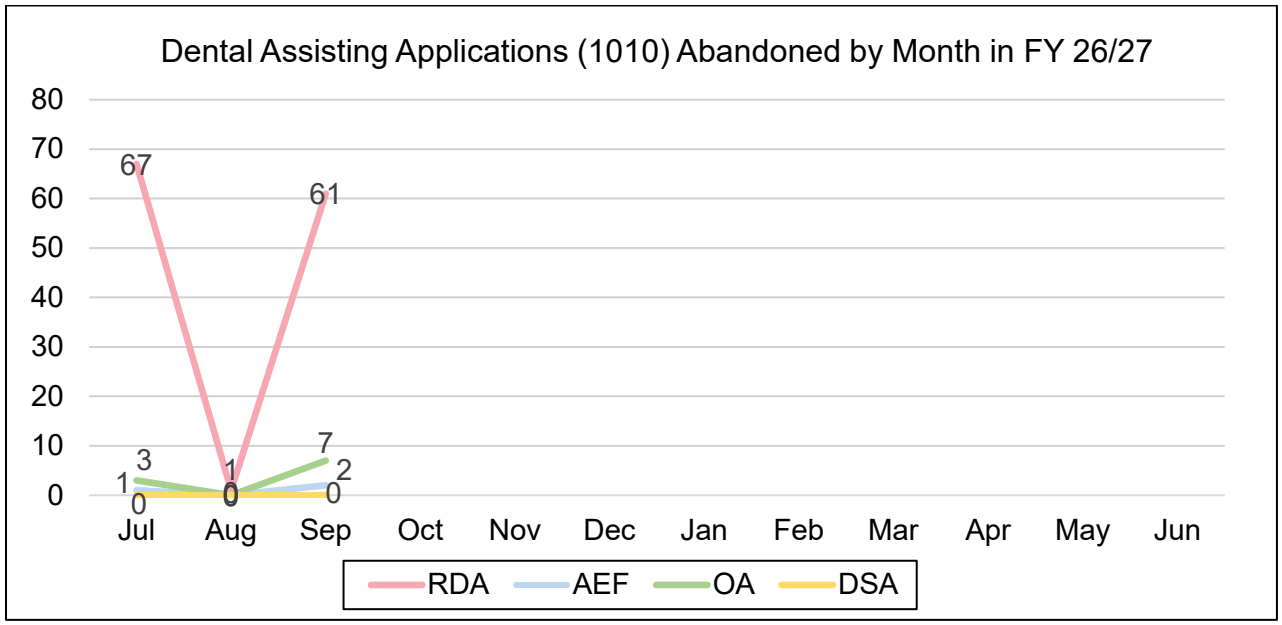
Dental Assisting Applications (1010) Received by Month in FY 26/27													
	Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
RDA	285	208	166										**659**
AEF	53	22	14										**89**
OA	24	31	11										**66**
DSA	0	1	0										**1**
Total	**362**	**262**	**191**										**815**



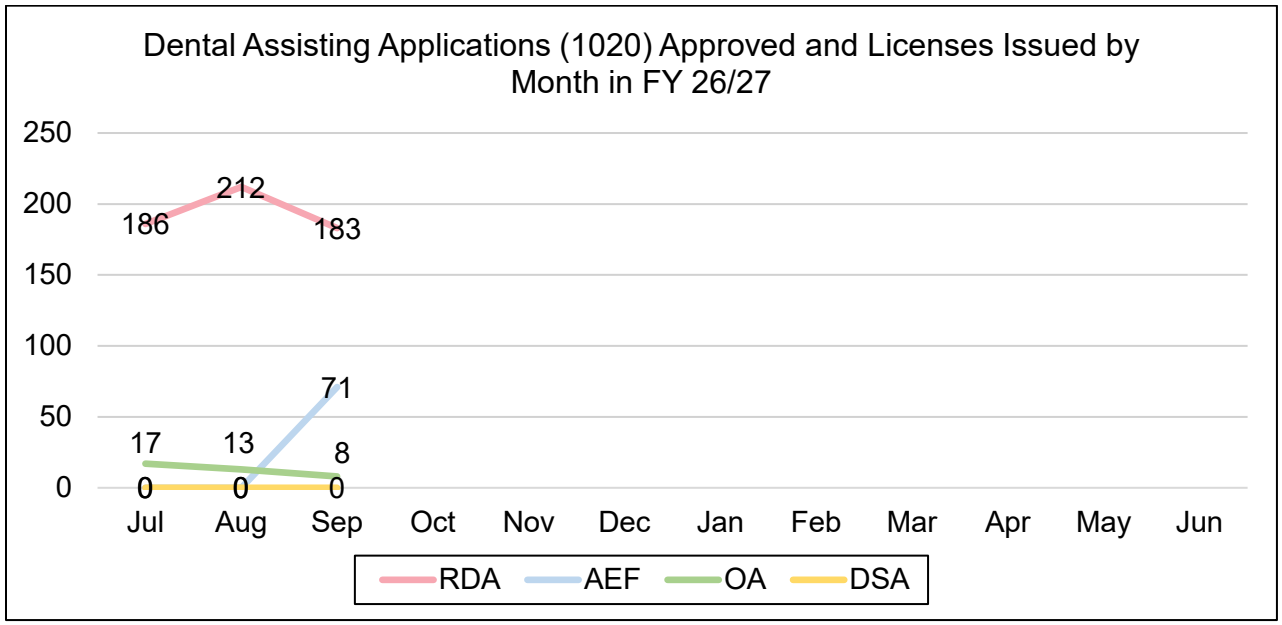
Dental Assisting Applications (1010) Approved by Month in FY 26/27													
	Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
RDA	278	177	167										**622**
AEF	51	16	21										**88**
OA	22	17	22										**61**
DSA	0	0	0										**0**
Total	**351**	**210**	**210**										**771**



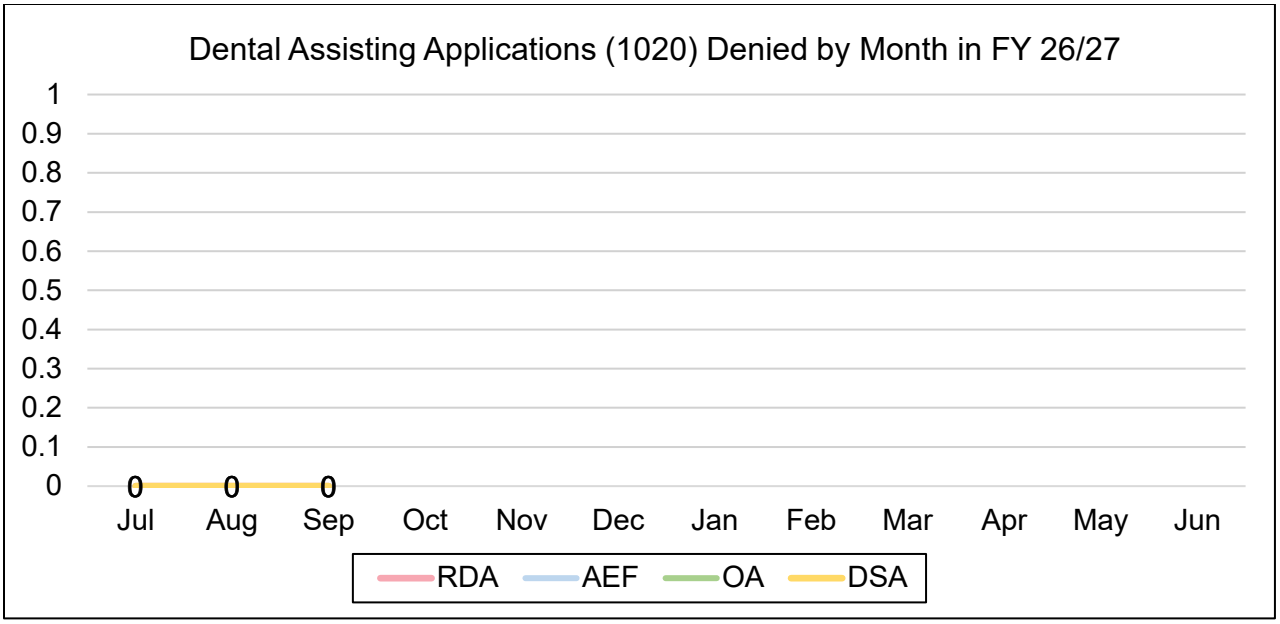
Dental Assisting Applications (1010) Abandoned by Month in FY 26/27													
	Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
RDA	67	1	61										**129**
AEF	1	0	2										**3**
OA	3	0	7										**10**
DSA	0	0	0										**0**
Total	**71**	**1**	**70**										**142**



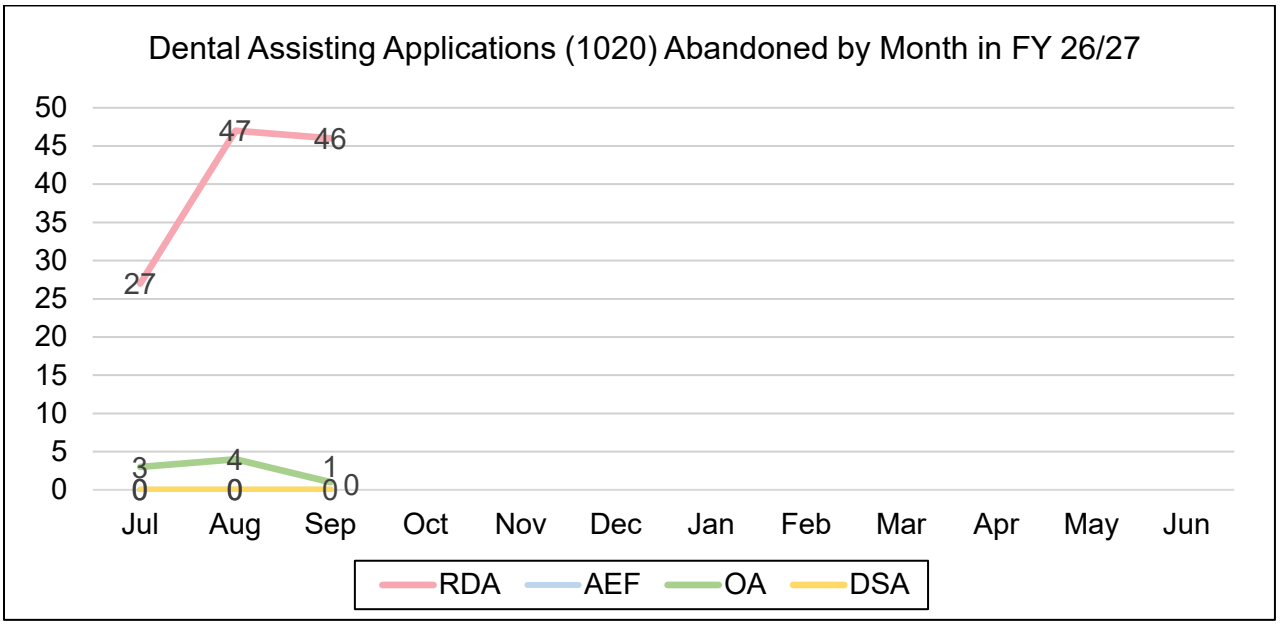
Dental Assisting Applications (1020) Approved and Licenses Issued by Month in FY 26/27													
	Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
RDA	186	212	183										**581**
AEF	0	0	71										**71**
OA	17	13	8										**38**
DSA	0	0	0										**0**
Total	**203**	**225**	**262**										**690**



Dental Assisting Applications (1020) Denied by Month in FY 26/27													
	Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
RDA	0	0	0										**0**
AEF	0	0	0										**0**
OA	0	0	0										**0**
DSA	0	0	0										**0**
Total	**0**	**0**	**0**										**0**



Dental Assisting Applications (1020) Abandoned by Month in FY 26/27													
	Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
RDA	27	47	46										**120**
AEF	0	0	0										**0**
OA	3	4	1										**8**
DSA	0	0	0										**0**
Total	**30**	**51**	**47**										**128**



Dental Assisting License and Permit Status Statistics

The table below shows the status of dental assisting licenses and permits from fiscal years 2022–2023 through 2025–2026. Cancelled licenses represent the number cancelled to date.

License Type	License Status	2023–24	2024–25	2025–26	2026–27
RDA	Active	28,711	29,146	28,905	28,798
	Inactive	3,611	3,439	3,291	3,289
	Delinquent	13,696	13,668	14,110	14,184
	Cancelled	55,903	57,957	59,775	60,374
License Type	**License Status**	**2023–24**	**2024–25**	**2025–26**	**2026–27**
RDAEF	Active	2,082	2,243	2,228	2,279
	Inactive	78	78	84	83
	Delinquent	352	335	386	393
	Cancelled	494	536	583	597
Permit Type	**Permit Status**	**2023–24**	**2024–25**	**2025–26**	**2026–27**
OA	Active	1,678	1,843	1,937	1,944
	Inactive	50	53	59	61
	Delinquent	399	419	493	508
	Cancelled	78	119	178	192
Permit Type	**Permit Status**	**2023–24**	**2024–25**	**2025–26**	**2026–27**
DSA	Active	52	55	53	52
	Inactive	4	3	5	5
	Delinquent	12	14	19	19
	Cancelled	15	15	16	17

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

The following table provides statistics on population, current and active Registered Dental Assisting (RDA) licenses by county, and population per RDA license by county for fiscal years 2024–25, 2025–26, and 2026-27 through September. These statistics represent the licensee's address of record and not necessarily the licensee's workplace address.

County	RDA 24-25	Pop. 24-25	Pop. per RDA 24-25	DDS 24-25	RDA to DDS Ratio 24-25	RDA 25-26	Pop. 25-26	Pop. per RDA 25-26	DDS 25-26	RDA to DDS Ratio 25-26	RDA 26-27	Pop. 26-27	Pop. per RDA 26-27	DDS 26-27	RDA to DDS Ratio 26-27
Alameda	1,117	1,641,869	1,469	1,472	0:1	1,100	1,662,482	1,511	1472	0:1	1,084	1,666,136	1,537	1491	0:1
Alpine	0	1,179	0	0	0	1	1,177	1,177	0	0:0	1	1,183	1,183	0	0
Amador	55	39,611	720	24	2:1	56	39,563	706	22	2:1	56	39,618	707	22	2:1
Butte	262	205,928	785	116	2:1	257	207,525	807	110	2:1	257	208,941	813	116	2:1
Calaveras	59	44,842	760	17	3:1	62	44,722	721	15	4:1	57	44,678	783	16	3:1
Colusa	29	21,743	749	3	9:1	29	22,026	759	4	7:1	27	22,003	814	4	6:1
Contra Costa	1,208	1,146,626	949	1,094	1:1	1,184	1,158,225	978	1110	1:1	1,185	1,163,891	982	1124	1:1
Del Norte	30	26,345	878	14	2:1	29	26,544	915	11	2:1	30	26,339	877	11	2:1
El Dorado	196	188,583	962	142	1:1	191	190,770	998	144	1:1	191	189,852	993	145	1:1
Fresno	894	1,017,431	1,138	639	1:1	874	1,037,053	1,186	645	1:1	861	1,041,676	1,209	658	1:1
Glenn	47	28,736	611	7	6:1	49	29,369	599	7	7:1	47	29,031	617	6	7:1
Humboldt	164	133,100	811	67	2:1	169	133,817	791	69	2:1	171	133,026	777	68	2:1
Imperial	92	182,881	1,987	38	2:1	90	186,499	2,072	35	2:1	85	185,961	2,187	35	2:1
Inyo	6	18,856	3,142	7	0:1	6	18,800	3,133	6	1:1	5	18,780	3,756	7	0:1
Kern	666	910,300	1,366	352	1:1	671	923,961	1,376	362	1:1	665	927,328	1,394	367	1:1
Kings	166	152,627	919	58	2:1	168	154,015	916	59	2:1	167	153,754	920	52	3:1
Lake	86	67,001	779	41	2:1	72	67,254	934	44	1:1	70	66,793	954	24	2:1
Lassen	34	28,197	829	18	1:1	34	28,716	844	19	1:1	36	27,318	758	20	1:1
Los Angeles	4,551	9,824,091	2,158	8,462	0:1	4,473	9,876,811	2,208	8481	0:1	4,463	9,837,286	2,204	8508	0:1
Madera	147	159,328	1,083	55	2:1	146	162,599	1,113	57	2:1	144	166,407	1,155	53	2:1
Marin	170	252,844	1,487	266	0:1	170	254,550	1,497	259	0:1	172	250,823	1,458	261	0:1
Mariposa	8	16,966	2,120	7	1:1	9	16,917	1,879	7	1:1	9	16,846	1,871	7	1:1
Mendocino	100	89,476	894	48	2:1	99	89,827	907	45	2:1	98	88,591	903	43	2:1

County	RDA 24-25	Pop. 24-25	Pop. per RDA 24-25	DDS 24-25	RDA to DDS Ratio 24-25	RDA 25-26	Pop. 25-26	Pop. per RDA 25-26	DDS 25-26	RDA to DDS Ratio 25-26	RDA 26-27	Pop. 26-27	Pop. per RDA 26-27	DDS 26-27	RDA to DDS Ratio 26-27
Merced	233	285,337	1,224	98	2:1	241	293,080	1,216	88	2:1	232	294,154	1,267	93	2:1
Modoc	3	8,527	2,842	5	0:1	6	8,491	1,415	4	1:1	6	8,467	1,411	4	1:1
Mono	5	13,156	2,631	5	1:1	5	12,684	2,536	3	1:1	4	12,482	3,120	3	1:1
Monterey	370	430,368	1,163	244	1:1	375	438,831	1,170	249	1:1	366	436,755	1,193	251	1:1
Napa	130	134,637	1,035	106	1:1	127	136,124	1,071	105	1:1	130	136,374	1,049	106	1:1
Nevada	84	100,720	1,199	69	1:1	74	100,354	1,356	62	1:1	74	99,983	1,351	60	1:1
Orange	1632	3,137,164	1,922	4,183	0:1	1,585	3,175,427	2,003	4242	0:1	1,563	3,163,696	2,024	4267	0:1
Placer	469	410,305	874	482	0:1	448	421,446	940	492	0:1	451	434,823	964	501	0:1
Plumas	14	18,996	1,356	13	1:1	17	18,885	1,110	10	1:1	17	18,471	1,086	10	1:1
Riverside	2019	2,439,234	1,208	1,163	1:1	1,995	2,495,640	1,250	1199	1:1	1,991	2,506,824	1,259	1224	1:1
Sacramento	1590	1,572,453	988	1,207	1:1	1,547	1,604,745	1,037	1254	1:1	1,542	1,628,349	1,055	1278	1:1
San Benito	98	65,666	670	26	4:1	102	66,822	655	26	3:1	99	68,111	687	25	3:1
San Bernardino	1530	2,182,056	1,426	1,403	1:1	1,528	2,207,424	1,444	1457	1:1	1,525	2,216,685	1,453	1458	1:1
San Diego	2537	3,269,755	1,288	2,853	0:1	2,563	3,330,139	1,299	2895	0:1	2,534	3,344,322	1,319	2919	0:1
San Francisco	424	831,703	1,961	1,127	0:1	417	842,027	2,019	1127	0:1	416	845,658	2,032	1132	0:1
San Joaquin	793	786,145	991	393	1:1	810	805,856	994	404	2:1	806	820,125	1,017	411	1:1
San Luis Obispo	207	278,348	1,344	217	1:1	204	279,337	1,369	218	0:1	204	279,242	1,368	216	0:1
San Mateo	533	737,644	1,383	829	0:1	533	748,337	1,404	844	0:1	530	748,182	1,411	844	0:1
Santa Barbara	355	440,557	1,241	312	1:1	326	447,132	1,371	304	1:1	333	444,974	1,336	300	1:1
Santa Clara	1517	1,886,079	1,243	2,283	0:1	1,449	1,922,259	1,326	2312	0:1	1,440	1,932,468	1,341	2331	0:1
Santa Cruz	196	262,051	1,336	171	1:1	181	263,710	1,456	175	1:1	180	261,069	1,450	175	1:1
Shasta	164	179,436	1,094	109	1:1	160	180,201	1,126	96	1:1	159	181,934	1,144	97	1:1
Sierra	2	3,193	1,596	0	0:1	1	3,170	3,170	0	0:0	1	3,153	3,153	0	0
Siskiyou	21	43,548	2,073	23	1:1	23	43,311	1,883	21	1:1	23	43,153	1,876	21	1:1
Solano	562	443,749	789	277	2:1	567	449,839	793	272	2:1	559	452,050	808	271	2:1
Sonoma	607	478,174	787	374	1:1	580	482,848	832	378	1:1	577	484,022	838	377	1:1

County	RDA 24-25	Pop. 24-25	Pop. per RDA 24-25	DDS 24-25	RDA to DDS Ratio 24-25	RDA 25-26	Pop. 25-26	Pop. per RDA 25-26	DDS 25-26	RDA to DDS Ratio 25-26	RDA 26-27	Pop. 26-27	Pop. per RDA 26-27	DDS 26-27	RDA to DDS Ratio 26-27
Stanislaus	577	545,939	946	277	2:1	544	555,765	1,021	274	1:1	543	557,159	1,026	278	1:1
Sutter	120	98,952	824	49	2:1	111	100,257	903	54	2:1	108	101,679	941	54	2:1
Tehama	75	64,271	856	28	2:1	81	64,827	800	27	3:1	81	64,764	799	25	3:1
Trinity	5	15,939	3,187	2	1:1	7	15,884	2,269	1	7:1	7	15,844	2,263	1	7:1
Tulare	474	475,064	1,002	218	2:1	462	487,209	1,054	226	2:1	459	489,610	1,066	228	2:1
Tuolumne	77	54,590	708	45	1:1	71	54,357	765	38	1:1	67	54,233	809	39	1:1
Ventura	512	825,653	1,612	634	0:1	508	829,005	1,631	635	0:1	496	824,306	1,661	642	0:1
Yolo	187	220,880	1,181	125	1:1	184	225,433	1,225	112	1:1	177	225,904	1,276	114	1:1
Yuba	97	82,677	852	10	13:1	98	85,023	867	10	9:1	98	87,692	894	9	10:1
TOTAL	**28,219**	**38,940,231**	**72,942**	**32,298**	**N/A**	**27,869**	**39,529,101**	**74,807**	**32,597**	**N/A**	**27,679**	**39,592,978**	**76,599**	**32,802**	**0:1**

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

Counties with the Highest Population per RDA:	Inyo County (1:3,756)	Counties with the Lowest Population per RDA:	Glenn County (1:617)
	Sierra County (1:3,153)		San Benito County (1:687)
	Mono County (1:3,120)		Amador County (1:707)
	Trinity County (1:2,263)		Lassen County (1:758)
	Los Angeles County (1:2,204)		Humboldt County (1:777)

Action Requested
Informational only. No action required.

BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • DENTAL BOARD OF CALIFORNIA
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MEMORANDUM

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

Background

The following table provides dental assisting (DA) educational programs and courses application statistics for fiscal years 2023–24, 2024–25, 2025–26 and 2026–27 through September 30, 2026.

RDA and RDAEF Educational Program and Course Applications Approved				
Program/Course	2023–24	2024–25	2025–26	2026–27
RDA Program	0	1	0	0
RDAEF Program	0	1	1	0
RDAEF-ITR	0	0	0	0
Radiation Safety	5	6	31	1
Coronal Polishing	3	4	31	2
Pit & Fissure Sealant	3	4	22	0
Ultrasonic Scaling	2	0	3	0
Infection Control	4	5	32	3
DSA Permit	0	1	0	0
OA Permit	6	4	5	0
Total Applications Approved	**23**	**26**	**125**	**6**
RDA and RDAEF Educational Program and Course Applications Denied				
Program/Course	2023–24	2024–25	2025–26	2026–27
RDA Program	1	2	1	0
RDAEF Program	1	1	3	0
RDAEF-ITR	0	0	0	0
Radiation Safety	7	11	7	1

Coronal Polishing	4	10	6	1
Pit & Fissure Sealant	0	12	13	1
Ultrasonic Scaling	1	2	1	0
Infection Control	16	12	15	2
DSA Permit	1	1	1	0
OA Permit	2	6	5	0
Total Applications Denied	**33**	**57**	**52**	**5**
RDA and RDAEF Educational Program and Course Applications Deficient				
Program/Course	2023–24	2024–25	2025–26	2026–27
RDA Program	1	0	1	0
RDAEF Program	0	0	0	0
RDAEF-ITR	0	0	0	0
Radiation Safety	2	3	3	1
Coronal Polishing	3	2	3	1
Pit & Fissure Sealant	2	3	4	6
Ultrasonic Scaling	1	0	0	0
Infection Control	3	5	2	0
DSA Permit	0	0	0	0
OA Permit	2	1	0	0
Total Applications Deficient	**14**	**14**	**13**	**8**
RDA and RDAEF Educational Program and Course Applications Pending				
Program/Course	2023–24	2024–25	2025–26	2026–27
RDA Program	0	4	4	3
RDAEF Program	0	2	2	3
RDAEF-ITR	0	0	0	0
Radiation Safety	6	11	18	13
Coronal Polishing	3	14	15	21
Pit & Fissure Sealant	3	9	24	36
Ultrasonic Scaling	1	3	2	3
Infection Control	4	19	24	26
DSA Permit	0	2	2	3
OA Permit	3	4	4	9
Total Applications Pending	**20**	**68**	**95**	**117**

Application Definitions	
Approved	Application for Board approval of educational program/course processed with required documentation and approval number issued.
Denied	The Board denies the application on the grounds that the application lacks documentation that the educational program/course complies with the requirements of the Dental Practice Act or California Code of Regulations.
Deficient	Application for Board approval of educational program/course processed with submitted documentation, and additional documentation requested from applicant. For completed fiscal years, this is a snapshot of the number of deficient applications on June 30. For fiscal year 2026-27, it is a snapshot on September 30, 2026. Status changes weekly.
Pending	Board staff and/or contracted subject matter experts are reviewing an application for Board approval of an educational program/course with

	submitted documentation. For completed fiscal years, this is a snapshot of the number of deficient applications on June 30. For fiscal year 2026-27, it is a snapshot on September 30, 2026. Status changes weekly.

The following table provides the number of Registered Dental Assistant (RDA) and RDA in Extended Functions (RDAEF) program site visits conducted in fiscal years 2023–24, 2024–25, 2025–26, and 2026–27 through September 30, 2026.

RDA and RDAEF Educational Program Site Visits					
	RDA Programs		RDAEF Programs		Grand Total
	Provisional	Full	Provisional	Full	
2023–24	1	0	0	0	1
2024–25	1	3	1	0	5
2025–26	0	0	0	1	1
2026–27	0	1	0	0	1

The following table provides approved programs and courses by name and type of program or course for fiscal year 2026–2027 through September 30, 2026.

Programs and Courses Approved 2026–27 through September 30, 2026											
Provider	**Approval Date**	**RDA**	**RDAEF**	**EF ITR**	**RS**	**CP**	**PF**	**US**	**IC**	**DSA**	**OA**
Samar Dental Academy	7/6/2026								x		
Rancho Cucamonga DA Academy	7/6/2026								x		
San Diego Dental Society Academy	9/15/2026								x		
Fresno City College	9/21/2026					x					
North-West College (Riverside)	9/28/2026				x						
North-West College (Riverside)	9/28/2026					x					
TOTAL APPROVALS = 6											

The following table provides the total number of approved DA educational programs and courses as of September 30, 2026.

Table 4 Total Approved DA Educational Programs and Courses in Active Status									
RDA Program	RDAEF Program	RDAEF ITR	Radiation Safety	Coronal Polishing	Pit & Fissure Sealant	Ultrasonic Scaling	Infection Control	DSA Permit	OA Permit
58	7	2	205	144	67	37	173	38	205

Background on Re-Evaluations

DA educational programs and courses are subject to re-evaluation and inspection by the Board to review and investigate compliance with the requirements of the Dental

Practice Act and California Code of Regulations (CCR), title 16, sections 1005, 1014, 1014.1, and 1070 et seq. The Board may withdraw approval at any time that it determines that a program or course is out of compliance.

The Board is mandated to re-evaluate DA educational programs and courses every seven years. In fiscal year 2024–25, the Board reinitiated mandated, standard re-evaluations (SRE). The Board prioritized Pit and Fissure Sealant courses for re-evaluation. In addition, the Board is conducting re-evaluations based on enforcement investigations (CRE). Enforcement investigations are initiated when a possible issue of non-compliance comes to the attention of the Board.

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

The following table provides DA educational programs and courses re-evaluation statistics for fiscal year 2026–27 through September 30, 2026.

Note on Withdrawals. The most common reason for withdrawal of approval was that the course failed to submit a response timely. Courses whose approval is withdrawn may reapply for Board approval by submitting a new application and paying applicable fees.

Program and Course Re-Evaluations 2026-27 through September 30, 2026								
Program/Course	SRE Sent	CRE Sent	Approval Continued	Reported Closed	Approval Withdrawn	Compliance Issues	Application Pending	Awaiting Response
RDA	0	0	0	1	0	0	0	0
RDAEF	0	0	0	0	1	0	0	0
RDAEF-ITR	0	0	0	0	0	0	0	0
RS	0	0	0	0	3	0	2	0
CP	0	0	0	0	1	0	1	0
PF	0	0	0	1	6	0	8	0
US	0	0	0	0	1	0	0	0
IC	0	0	0	0	3	0	2	0
DSA	0	0	0	1	0	0	0	0
OA	0	0	0	1	1	0	1	0
Totals	**0**	**0**	**0**	**4**	**16**	**0**	**14**	**0**

Re-Evaluation Definitions	
SRE	Standard Re-Evaluation – Based on 16 CCR § 1070, subs. (a)(2), which requires the Board to re-evaluate educational programs and courses approximately every seven years.
CRE	Enforcement Investigation Re-Evaluation – Issued when a possible issue of non-compliance comes to the attention of the Board.
Approval Continued	When the program or course successfully demonstrates compliance with applicable regulations during the re-evaluation process, a Notice of Continuance is issued.
Reported Closed	The Board received notification of closure from the program or course in response to a Notice of Re-Evaluation.
Approval Withdrawn	When the program or course is found to be out of compliance with the applicable regulations or does not respond within the required timeframes set by the Board, a Notice of Withdrawal of Approval is issued to the program or course. The program or course is notified to cease operation.
Compliance Issues	The program or course was issued a Notice of Compliance Issues indicating the areas in which their application was missing information or was not in compliance with applicable regulations. Programs and courses are given 30 days to respond. This number is a snapshot of applications with compliance issues on September 30, 2026. Status changes weekly.
Application Pending	The program or course application package is pending action by Board staff or SMEs. The pending action can be either reviewing program or course submissions or drafting notices or letters related to those submissions. This number is a snapshot of pending applications on September 30, 2026. Status changes weekly.
Awaiting Response	The Board has issued a Notice of Re-Evaluation to a Board-approved program or course and is awaiting the response from the program or course.

Action Requested

Informational only. No action required.

BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • DENTAL BOARD OF CALIFORNIA
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MEMORANDUM

DATE	October 23, 2026
TO	Members of the Dental Assisting Council
FROM	Brant Nelson, Supervisor I – Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 9.a.:** Update on Rulemaking to Amend California Code of Regulations (CCR), Title 16, Section 1005 Regarding Minimum Standards for Infection Control

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.

a. 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.

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 23, 2026
TO	Members of the Dental Assisting Council
FROM	Brant Nelson, Supervisor I – Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 9.b.:** Discussion and Possible Action to Consider Recommendation to the Board for Initiation of a Rulemaking to Amend 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 Council 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 Council agrees with the staff recommendation and has no changes)

Move to recommend the Dental Board of California 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 Council has suggested changes to the proposed regulatory text in **Attachment 1**.)

Move to recommend the Dental Board of California 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
Re-Evaluation of Registered Dental Assistant 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)

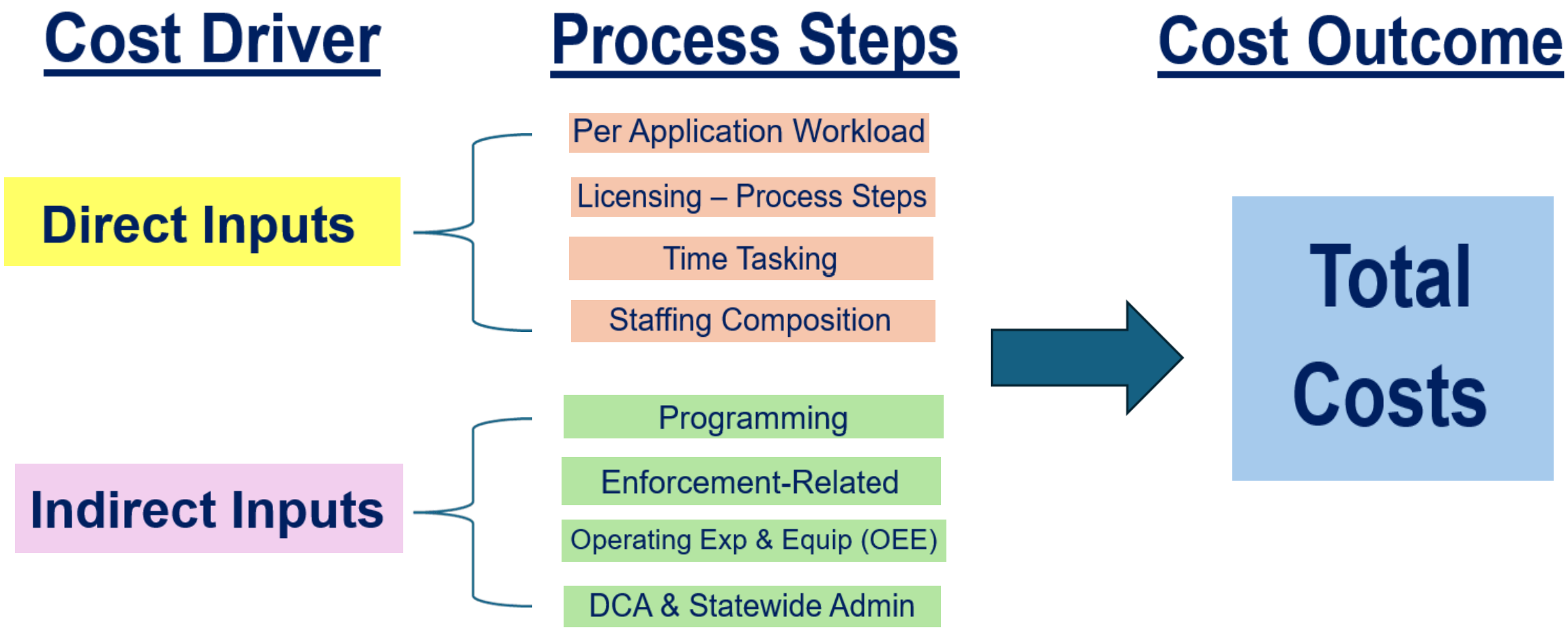
Prepared 11/6/2026

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

BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • DENTAL BOARD OF CALIFORNIA
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MEMORANDUM

DATE	October 23, 2026
TO	Members of the Dental Assisting Council
FROM	Brant Nelson, Supervisor I – Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 9.c.:** Discussion and Possible Action to Consider Recommendation to the Board Regarding the 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 Council 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 Council agrees with the staff recommendation and has no changes)

Move to recommend the Dental Board of California 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 Council has suggested changes to the proposed regulatory text in **Attachment 1**.)

Move to recommend the Dental Board of California 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

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"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

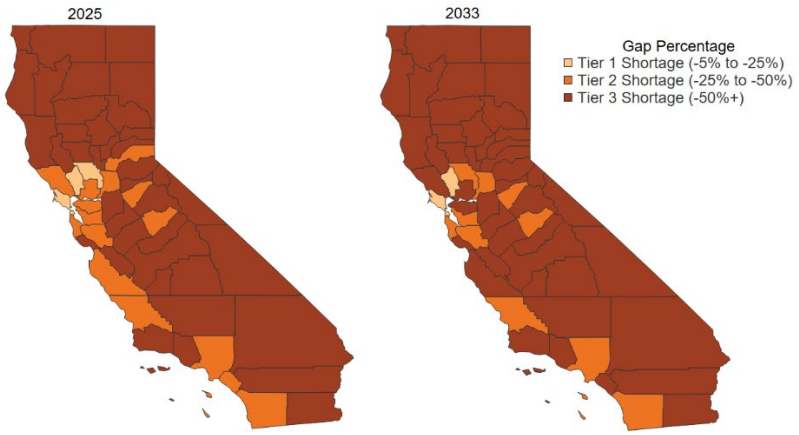
HCAI analyzes data at multiple geographic levels of detail. Statewide aggregated numbers cause loss of granularity with respect to geographic or demographic variation that exist within the state. To report similarly to research findings conducted by the Healthforce Center at the University of California, 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

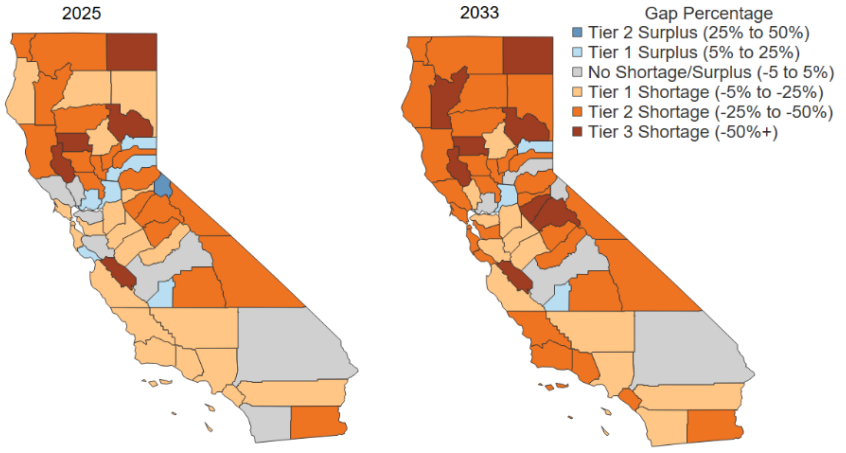


Workforce Model Projections for Nursing

- 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*).

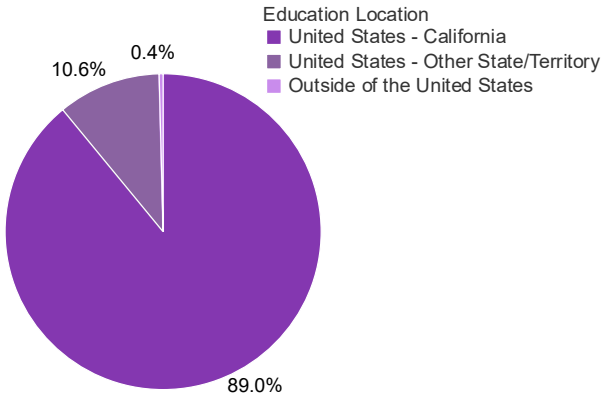
- Statewide, there is a -20.5% shortage of Nurse Anesthetists (*Table B-5*), however though the central coast has a Tier 3 shortage of -51.1%, the Sacramento region has a Tier 1 surplus of 23.3% (*Figure B-5*). This indicates a maldistribution of Nurse Anesthetists across the state.

- 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%).

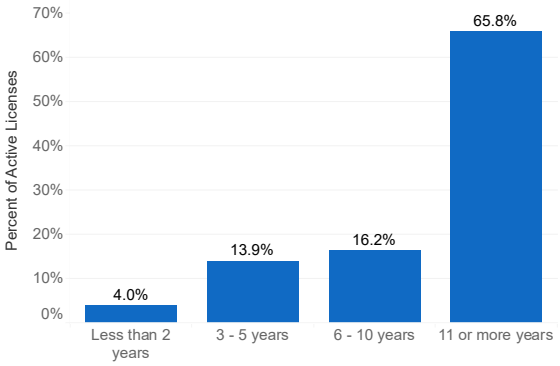
- While the Behavioral Health group did not have the lowest employment rate overall, it did have the two lowest rates among the individual license types included in this report; only 65% of Psychiatric Mental Health Nurses and 72.7% of Licensed Educational Psychologists report actively working or seeking 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

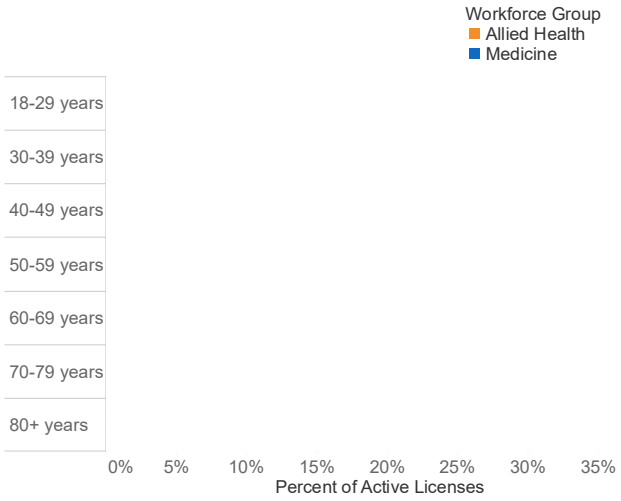


- HCAI designed two pathways to Wellness Coach certification: the Education Pathway, focused on competencies gained from specific degree programs, and the Workforce Pathway, focused on competencies gained from work experience (see HCAI's Certified Wellness Coach homepage for more information). Within 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%.

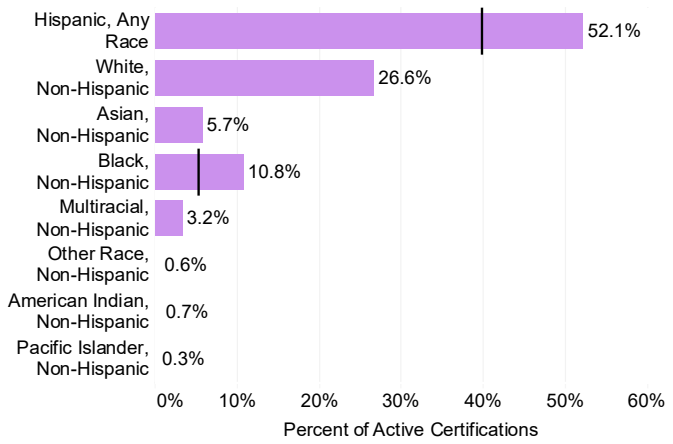
- Asian and Pacific Islander language speakers are underrepresented in all 11 license types within the Behavioral Health group (*Table D-7*) and three of the four license types within the Medicine group license types (*Table E-8*) compared to California's population (10%),.

- 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*).

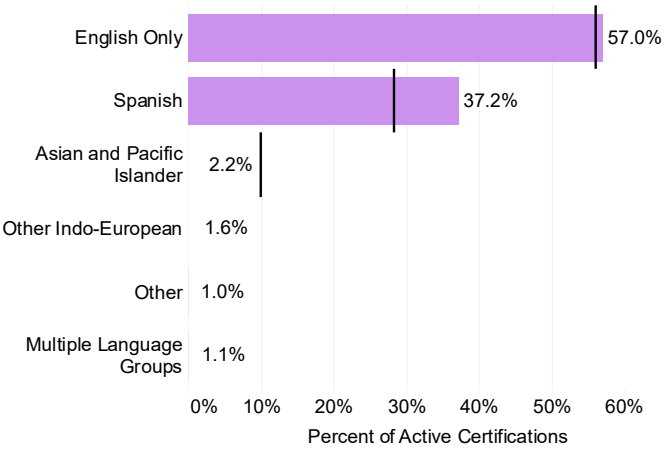
- Wellness Coaches have relatively high racial and ethnic diversity. More than half of all CWCs identify as Hispanic, Any Race and 10.8% identify as Black, Non-Hispanic; both higher proportions than any other health workforce group (*Figure I-5*, right).

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).

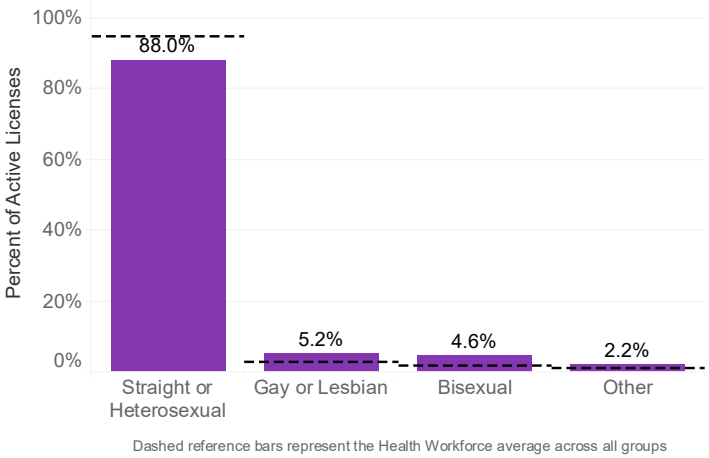
Figure I-6: Languages Spoken: Wellness Coaches



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%).

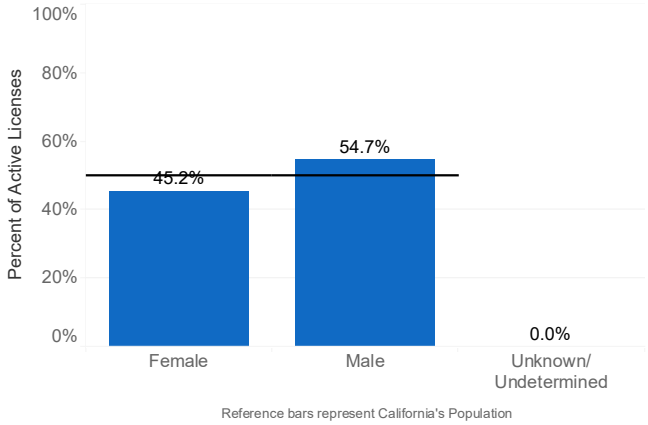
- The Advanced Practice Nursing group reported the highest rates of licensees identifying as Female (85.5%; *Figure G-9*) with the Nursing group coming in at a close second (84.3%; *Figure F-9*). Responses are similarly distributed among the license types within the Nursing group but vary more widely 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*)

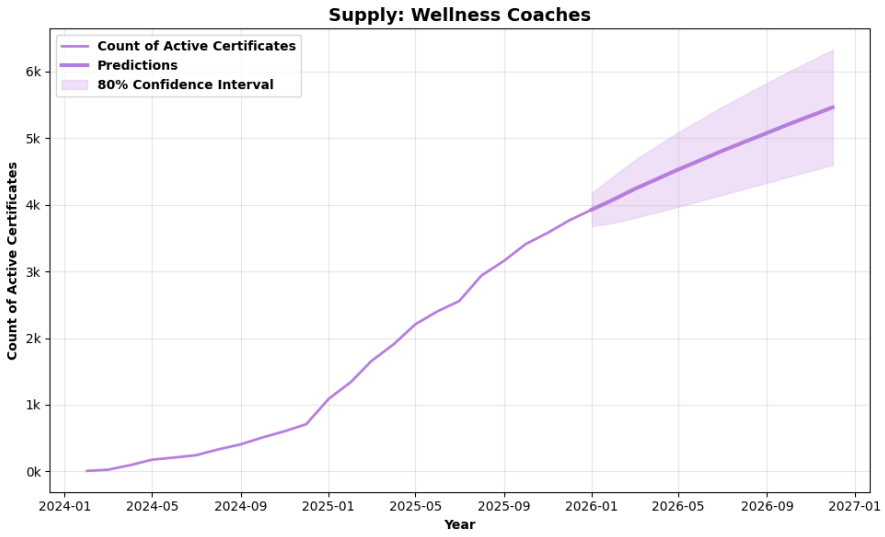
- The San Joaquin Valley region has the highest total number of Certified Wellness Coaches (CWCs) while the Orange County region has the least (*Figure I-11*).

- 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



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

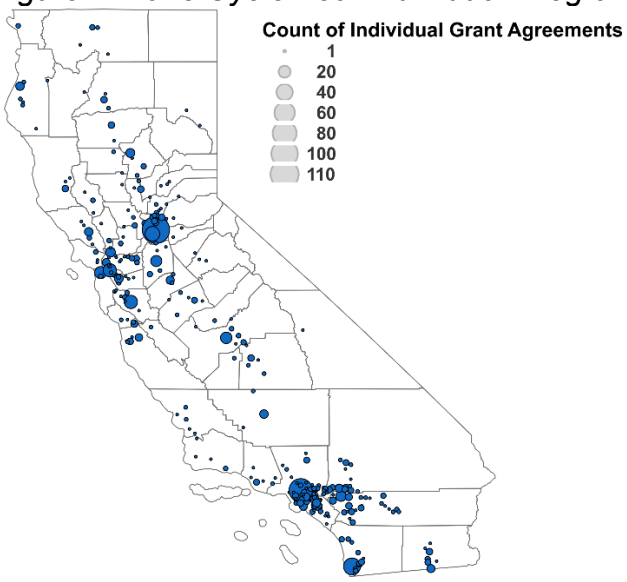


Figure 2: 2025 Cycle Year Organizational Program Awards by City



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.

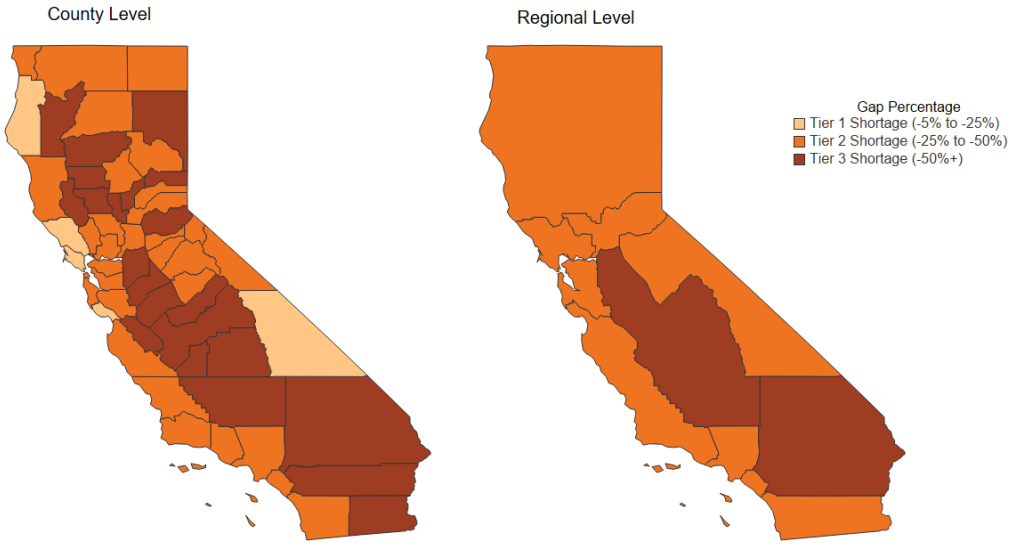
Section A: Model Findings, Behavioral Health

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

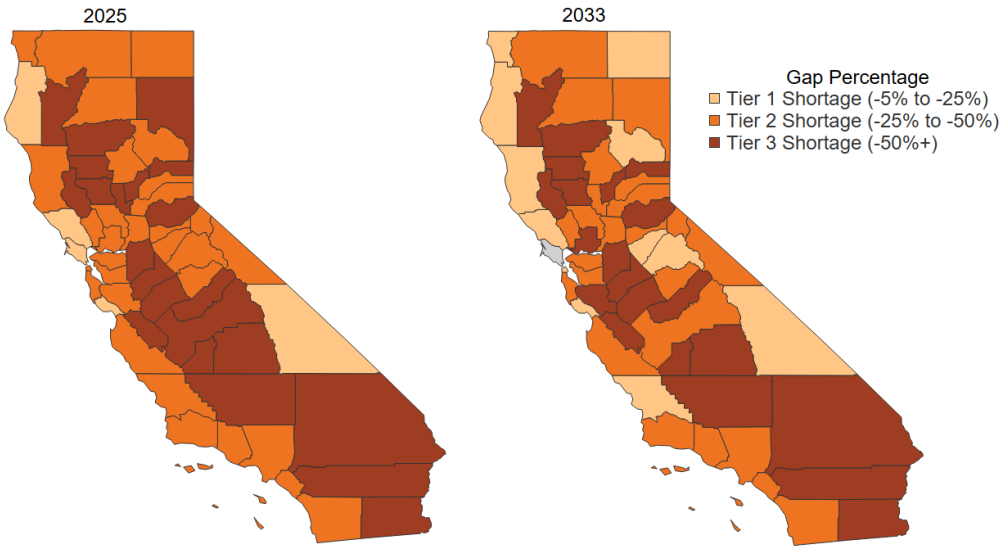
Region	County	Estimated Supply (FTE)	Estimated Demand (FTE)	Supply-Demand Gap	Gap Per 100k Pop	Gap Percentage
Central Coast	Monterey	688.0	1,268.1	-580.1	-131.5	-45.7%
	San Benito	63.0	181.5	-118.5	-182.2	65.3%
	San Luis Obispo	926.0	1,268.2	-342.2	-121.9	-27.0%
	Santa Barbara	1,137.0	1,622.1	-485.1	-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.

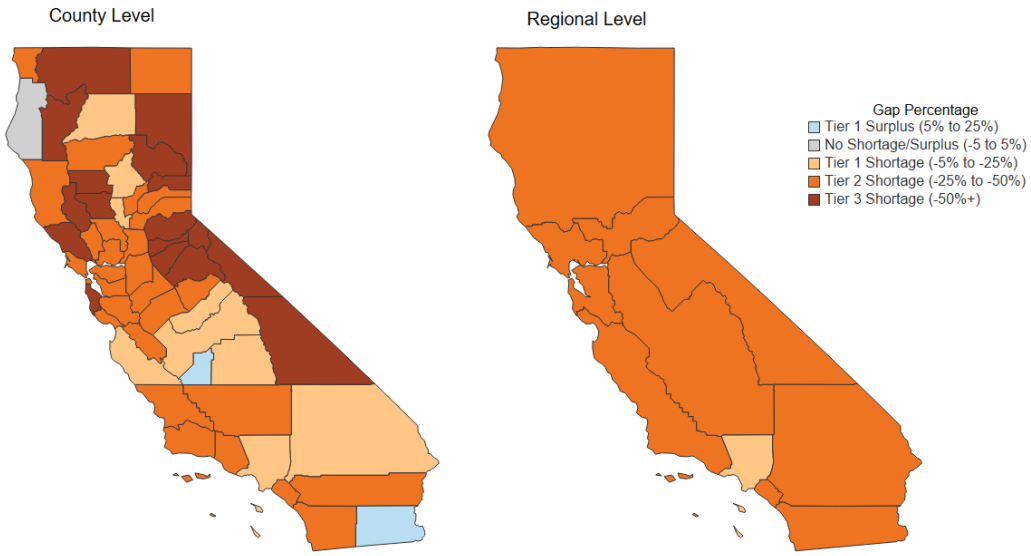
In terms of raw provider counts, the LA County region is projected to have the highest region- and county-level shortage at -15,621.7 providers. The Northern & Sierra region is estimated to have the lowest regional level shortage at -1,721.4 providers, and Marin County is estimated to have the highest 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

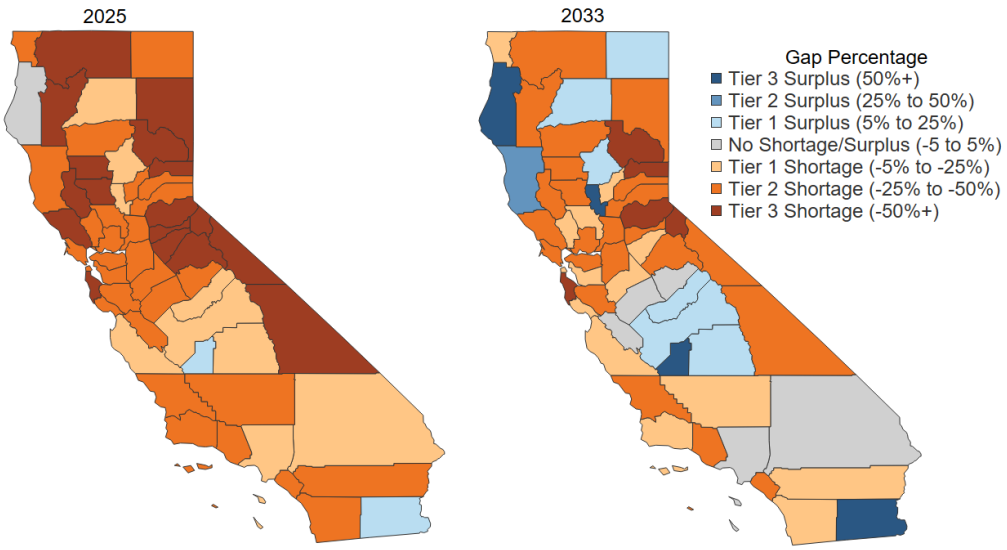
Region	County	Estimated Supply (FTE)	Estimated Demand (FTE)	Supply-Demand Gap	Gap Per 100k Pop	Gap Percentage
Central Coast	Monterey	302.0	386.1	-84.1	-19.0	-21.8%
	San Benito	44.0	61.5	-17.5	-27.0	-28.5%
	San Luis Obispo	189.0	343.0	-154.0	-54.8	-44.9%
	Santa Barbara	350.0	484.8	-134.8	-29.9	-27.8%
	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.

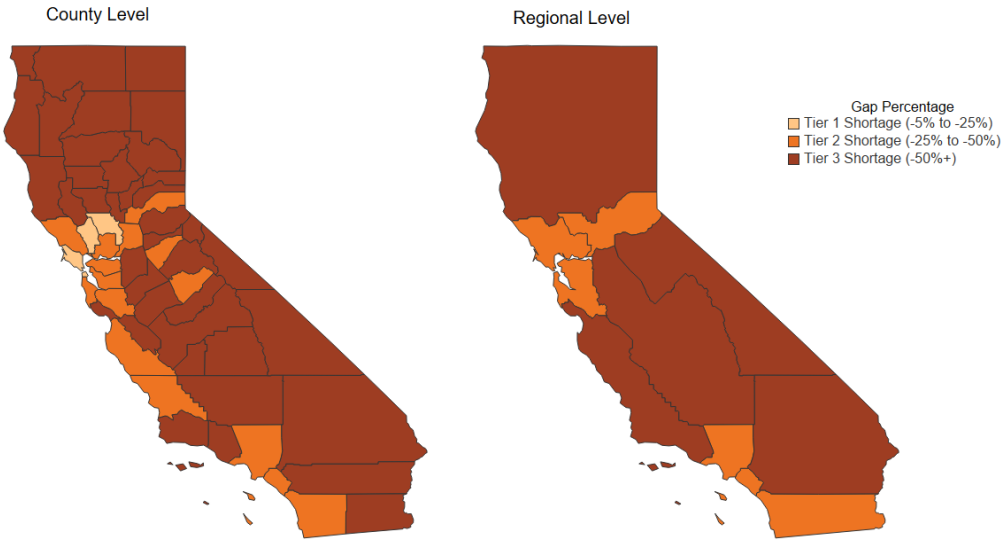
Table A-4: Associate Level Clinicians: Supply & Demand – Projections

		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.

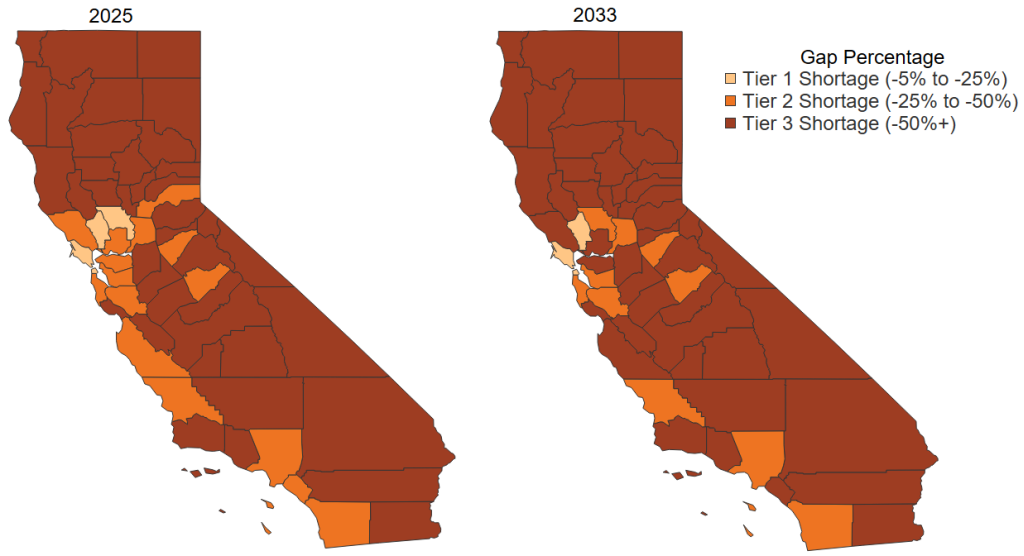
Table A-5: Psychiatrists: Supply & Demand Data – 2025

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

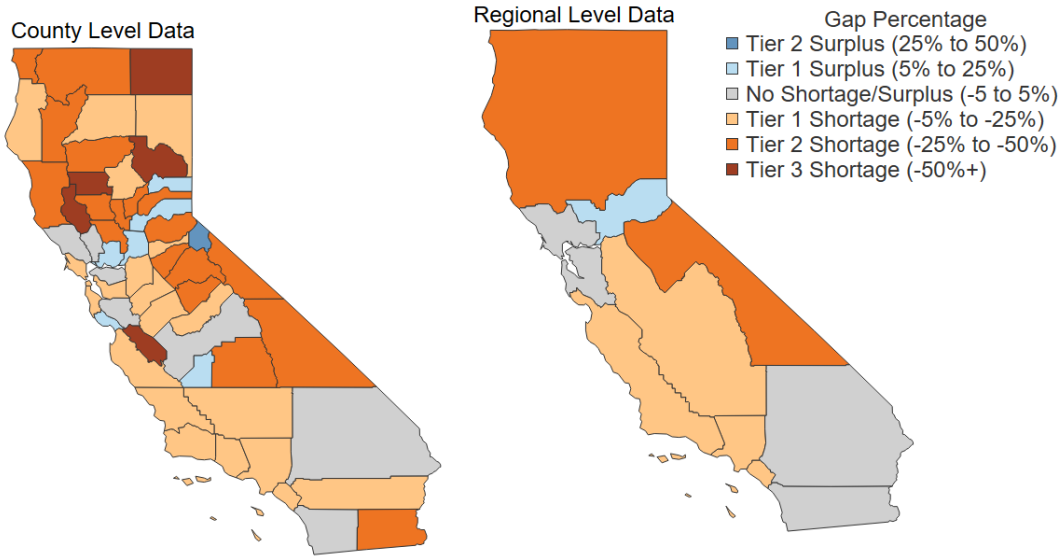
The license types included in the Nursing model were categorized into the following role or role groups based on role similarity and scope of practice: Nurse Anesthetists, Vocational Nurses and Registered Nurses (Registered Nurse, Certified Nurse Specialist, Public Health Nurse, and Psychiatric Mental 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

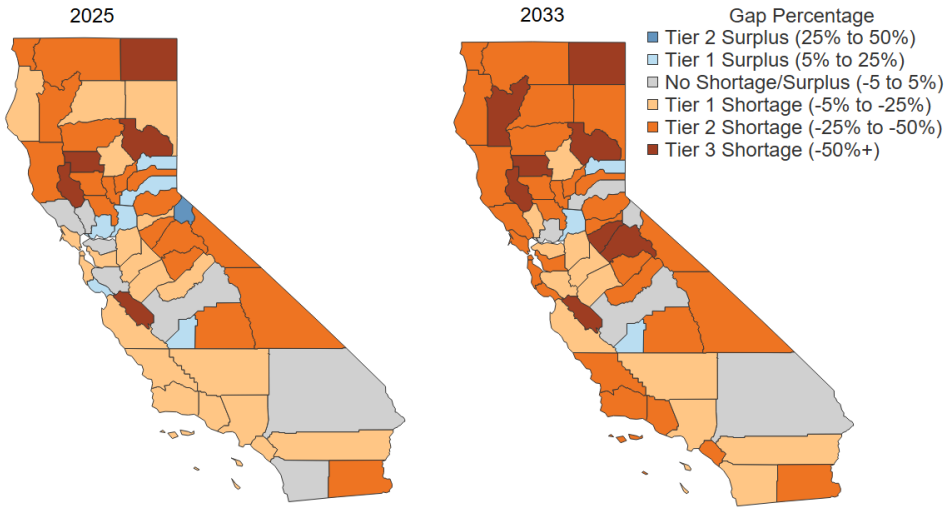
Region	County	Estimated Supply (FTE)	Estimated Demand (FTE)	Supply-Demand Gap	Gap Per 100k Pop	Gap Percentage
Central Coast	Monterey	2,526.0	2,684.5	-158.5	-35.9	-5.9%
	San Benito	118.8	298.7	-179.9	-276.6	60.2%
	San Luis Obispo	2,023.7	2,355.7	-332.0	-118.2	-14.1%
	Santa Barbara	3,046.4	3,510.9	-464.4	-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

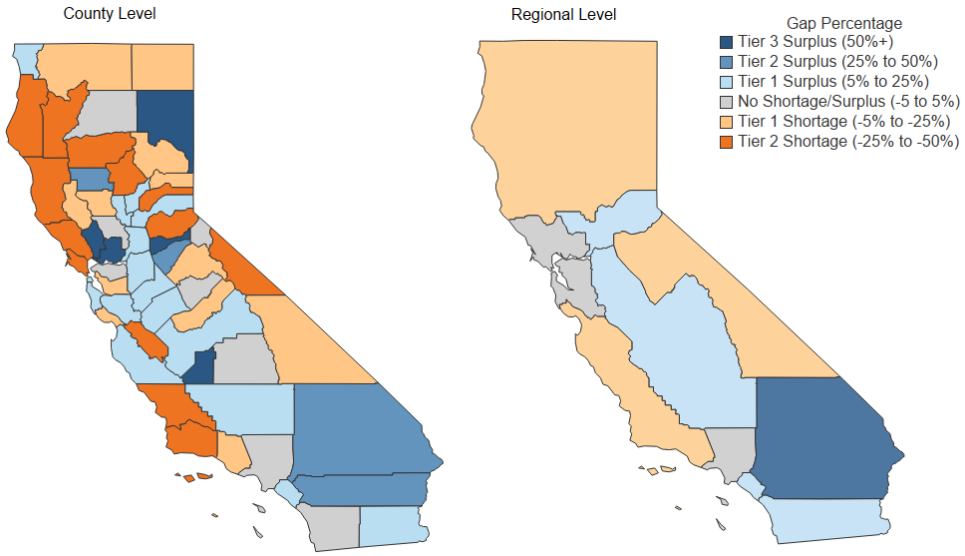
		2023			2033		
Region	**County**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**	**Supply-Demand Gap**	**Gap Per 100k Pop**	**Gap Percentage**
Central Coast	Monterey	-158.5	-35.9	-5.9%	-552.8	-118.4	-16.6%
	San Benito	-179.9	-276.6	60.2%	-242.5	-353.6	64.9%
	San Luis Obispo	-332.0	-118.2	-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%

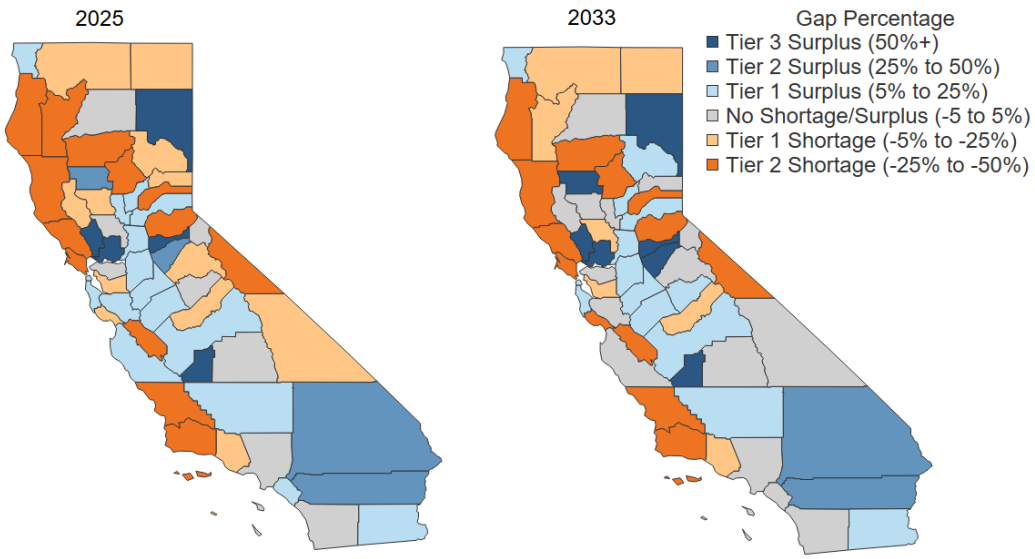
	Santa Clara	2,596.9	2,408.6	188.2	9.8	7.8%
	Solano	756.4	433.4	323.0	72.2	74.5%
	Sonoma	536.2	702.5	-166.4	-34.9	-23.7%
	Region Total	**10,579.7**	**10,307.8**	**271.9**	**3.6**	**2.6%**
Inland Empire	Riverside	5,134.0	3,523.1	1,610.9	65.7	45.7%
	San Bernardino	5,628.2	4,008.1	1,620.0	73.9	40.4%
	Region 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.

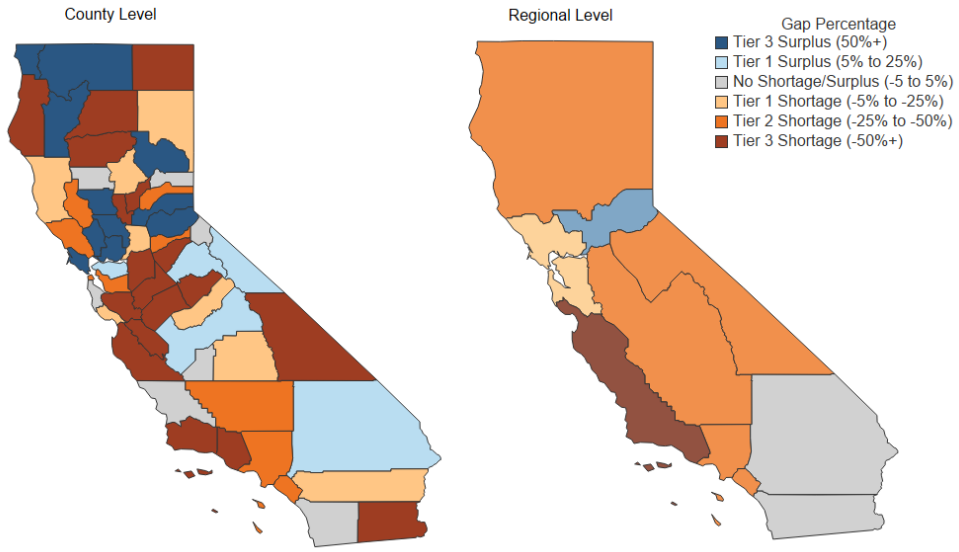
In terms of raw provider counts, the Central Coast is projected to have the highest regional shortage at -575.8 providers. However, Los Angeles County is projected to have highest county level shortage at -627.1 providers. The Inland Empire region is estimated to have the highest regional level surplus 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

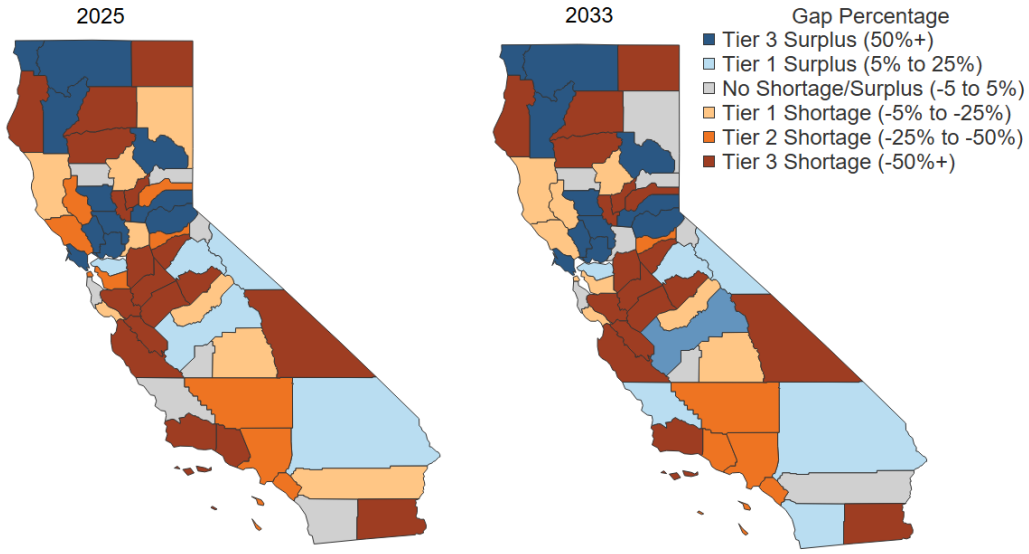
Region	County	Estimated Supply (FTE)	Estimated Demand (FTE)	Supply-Demand Gap	Gap Per 100k Pop	Gap Percentage
Central Coast	Monterey	3.0	18.2	-15.2	-3.4	83.5%
	San Benito	0.0	0.6	-0.6	-1.0	100.0%
	San Luis Obispo	18.0	17.9	0.1	0.0	0.6%
	Santa Barbara	6.0	26.6	-20.6	-4.6	77.5%
	Santa Cruz	9.0	11.2	-2.2	-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%**

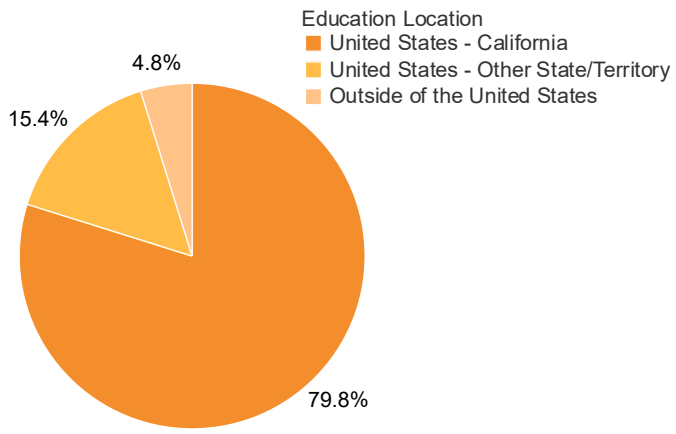
Tier 1 Shortage (-5% to -25%)
Tier 2 Shortage (-25% to -50%)
Tier 3 Shortage (-50% or more)
No Shortage/Surplus (-5% to 5%)
Tier 1 Surplus (5% to 25%)
Tier 2 Surplus (25% to 50%)
Tier 3 Surplus (50% or more)

*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



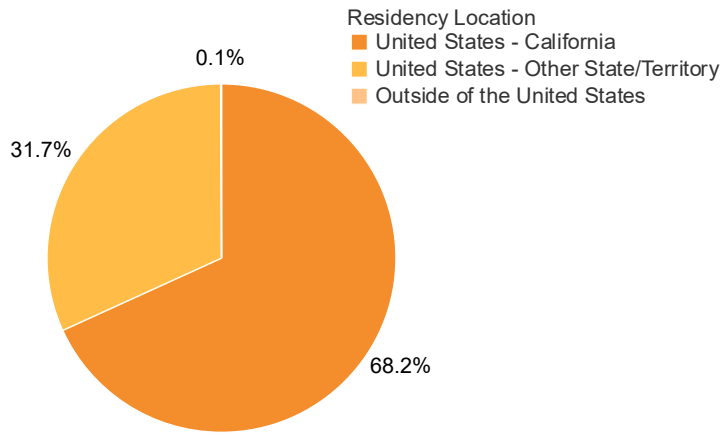
Over 95% of Allied Health licensees completed their education in the U.S., with nearly 80% receiving their initial qualifying degree within California. Notable license types within the Allied Health workforce include Audiologists with only 52% receiving their initial qualifying degree in California, 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.

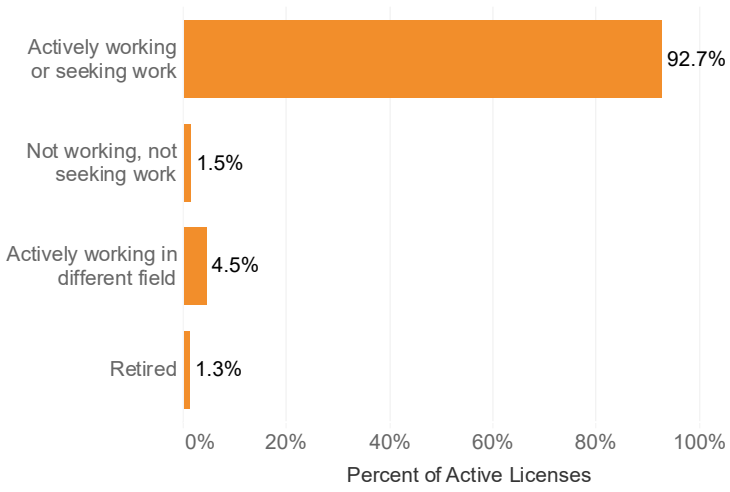
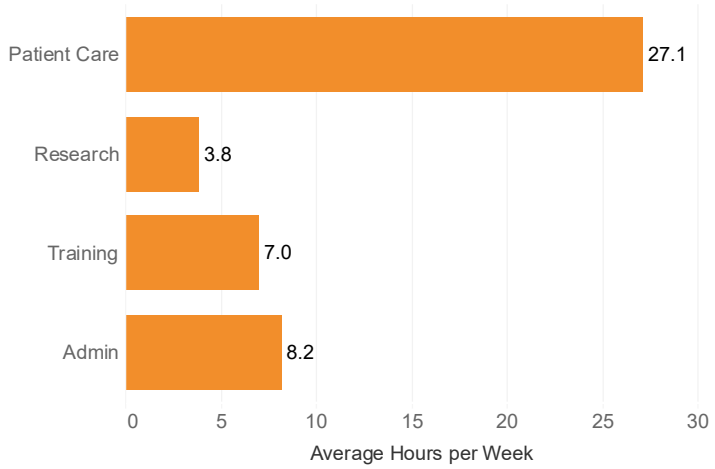


Table C-3: Employment Status: Allied Health

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.

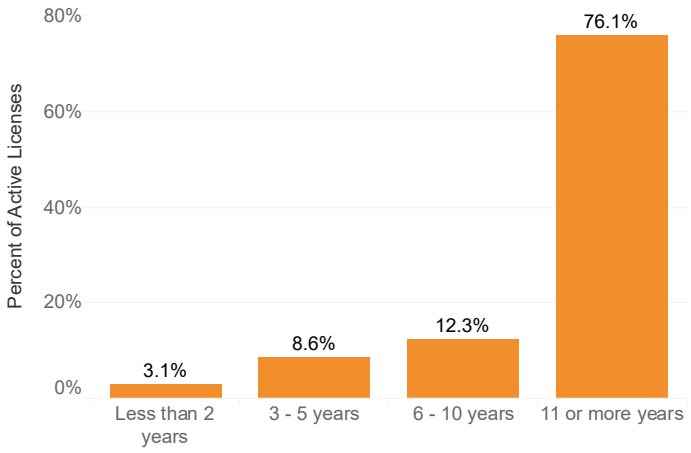
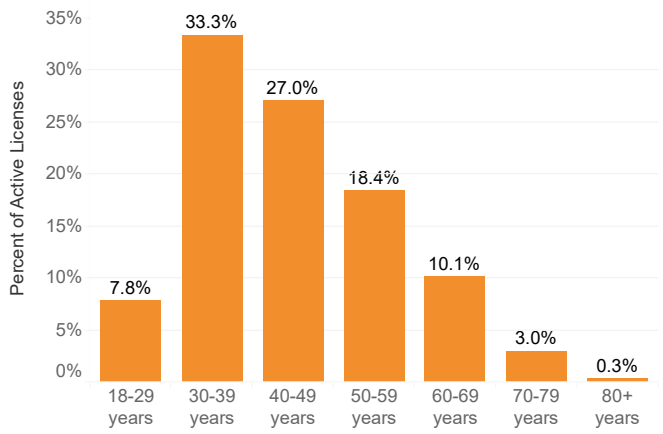


Table C-5: Retirement Estimates: Allied Health

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.

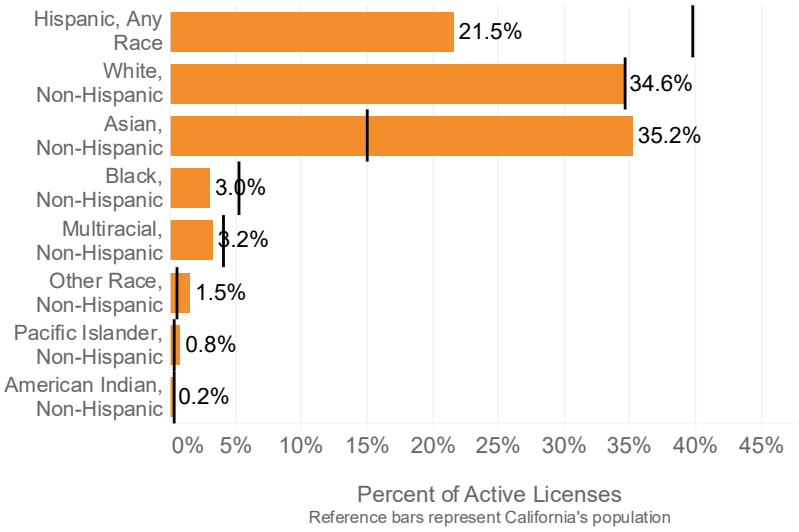
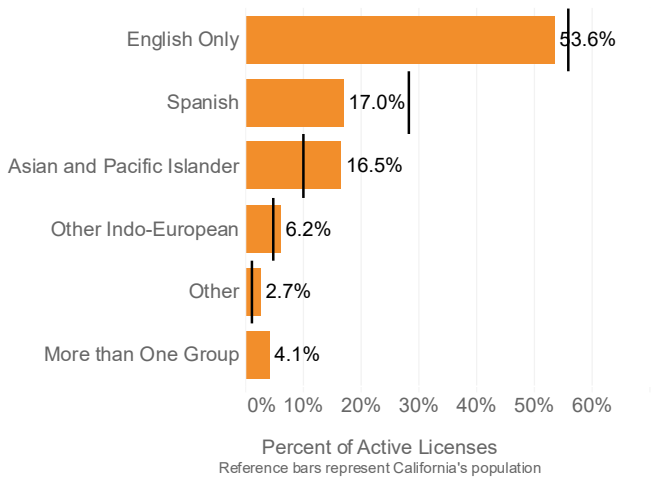


Table C-7: Race/Ethnicity: Allied Health

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.

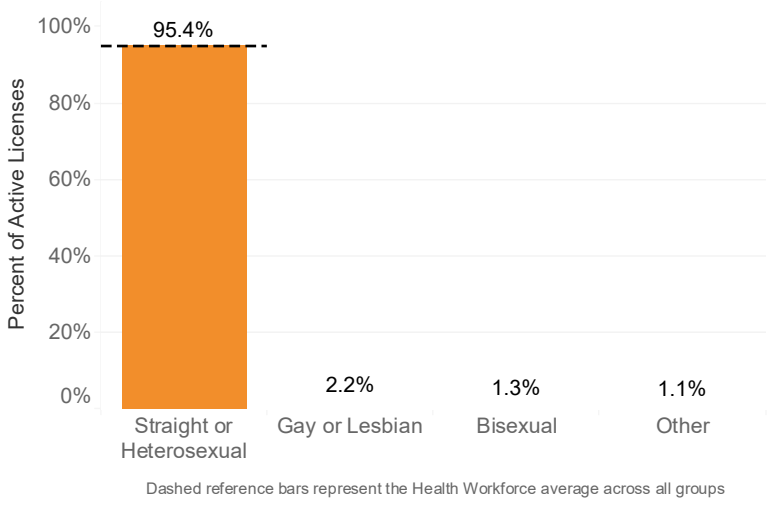
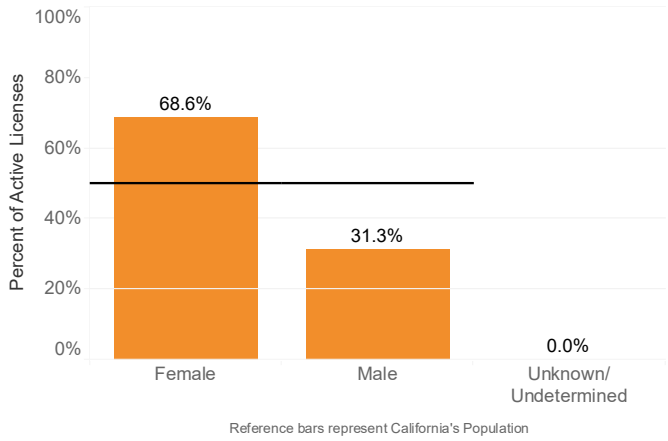


Table C-9: Sexual Orientation: Allied Health

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.

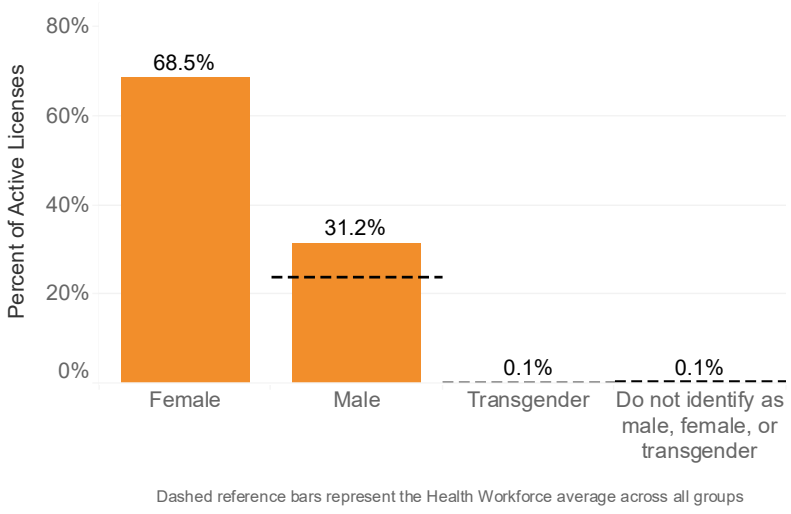
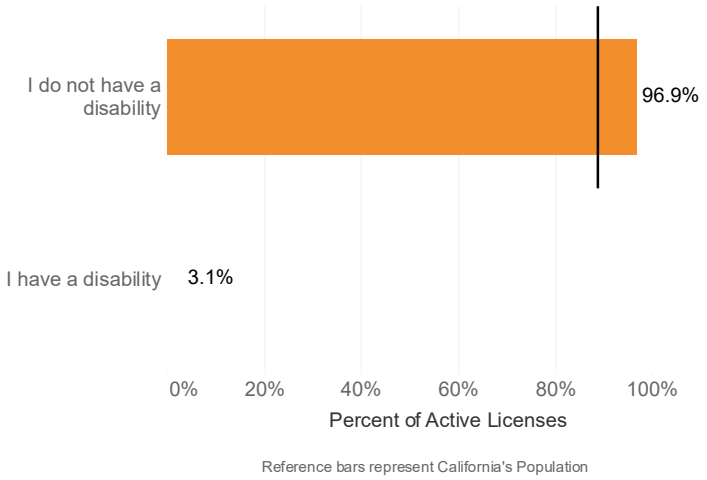


Table C-11: Gender Identity: Allied Health

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*).

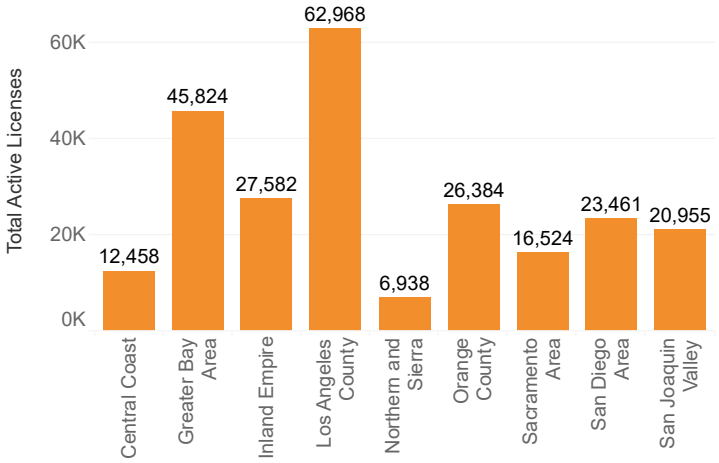
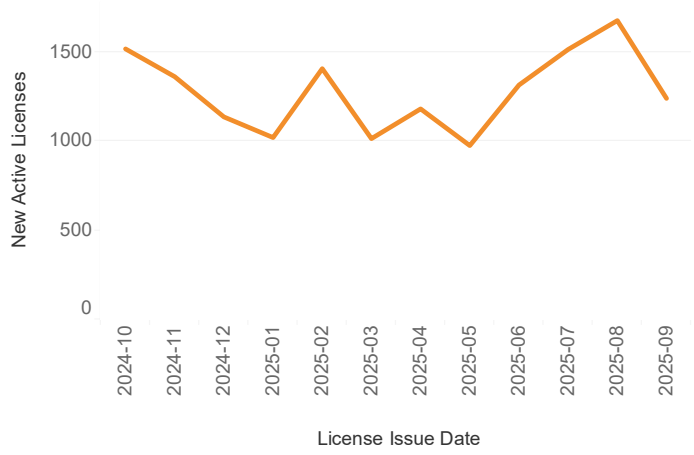


Table C-13: Active Licenses: Allied Health

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	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
Allied Health Group	**12,458**	**45,824**	**27,582**	**62,968**	**6,938**	**26,384**	**16,524**	**23,461**	**20,955**

Figure C-14: New Licenses: Allied Health

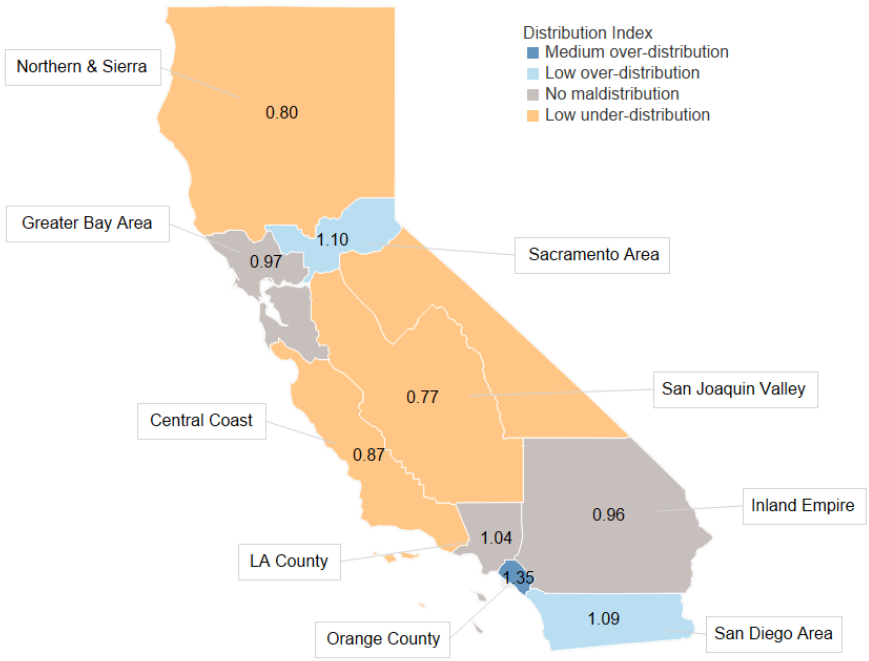


On average, there were 1,282 new active Allied Health licenses issued per month from October 2024 to September 2025. Within the Allied Health workforce, Pharmacy Technicians make up the largest portion by total volume with an average of 478 new licenses issued per month, while Hearing Aid Dispenser – 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.

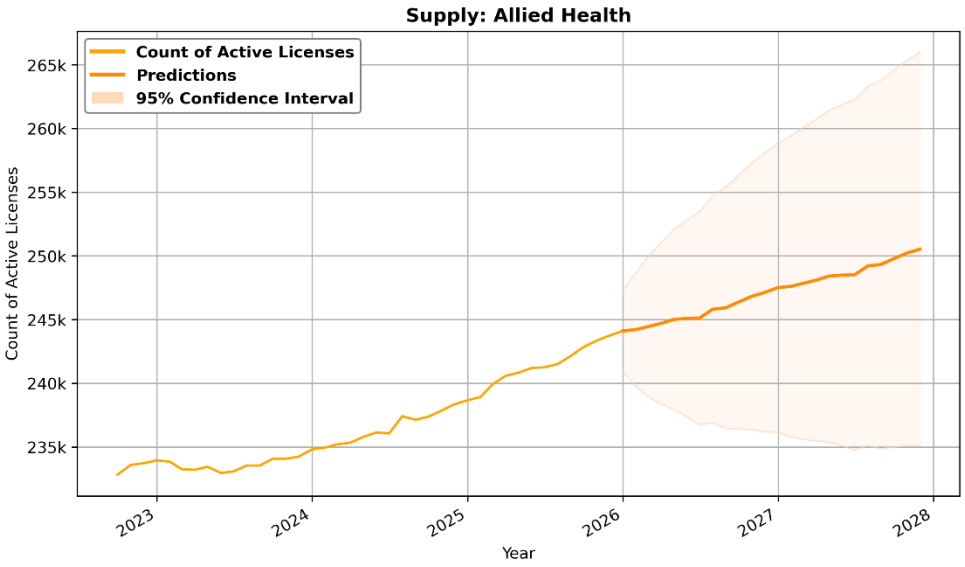
Table C-15: Distribution Index: Allied Health

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.

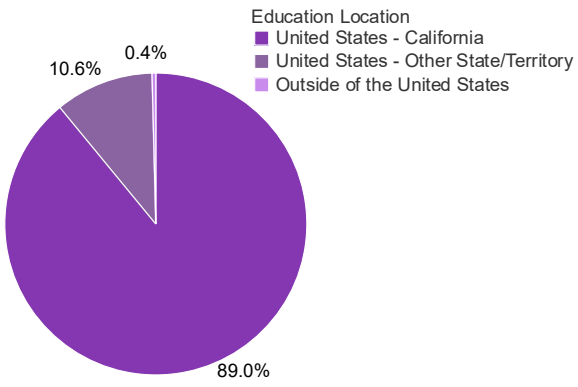
Table C-16: Supply Projections: Allied Health

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



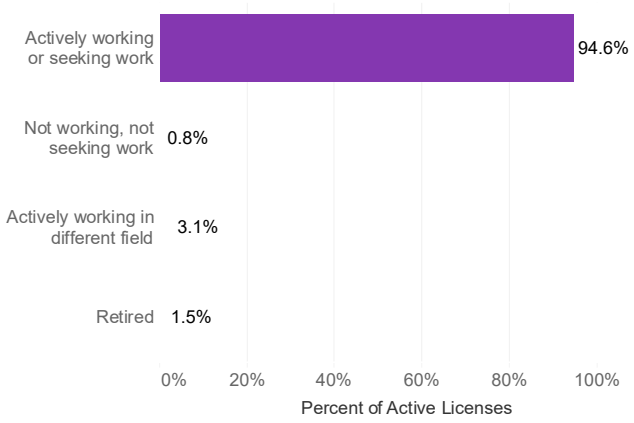
Nearly 100% of all Behavioral Health licensees complete their education in the U.S., with 89% receiving their initial qualifying degree in California, the highest of any health workforce group. Notable license types within the Behavioral Health workforce include Psychiatric Mental Health Nurses with 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

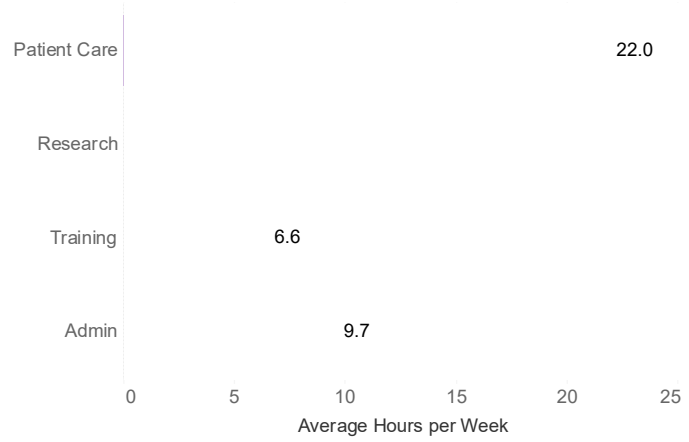


ranges for this license type (see *Figure D-5: Age Distribution: Behavioral Health*). These metrics will be used in the future to calculate more accurate supply data for each license type.

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

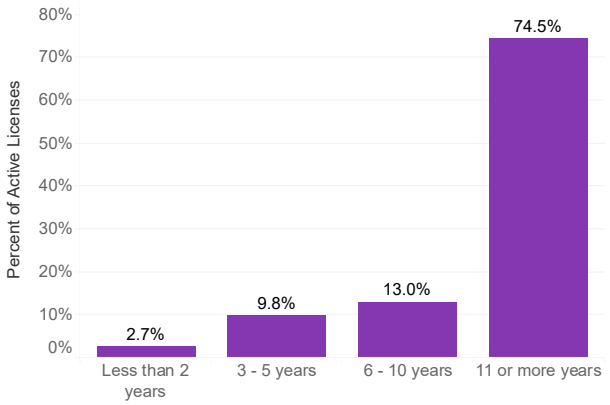


Full Time Equivalent (FTE) metrics were calculated for licensees that reported they were actively working in a position that required their license. On average, Behavioral Health licensees spend the highest number of hours per week on Patient Care (22.0 hours), and the least amount of time per week on 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

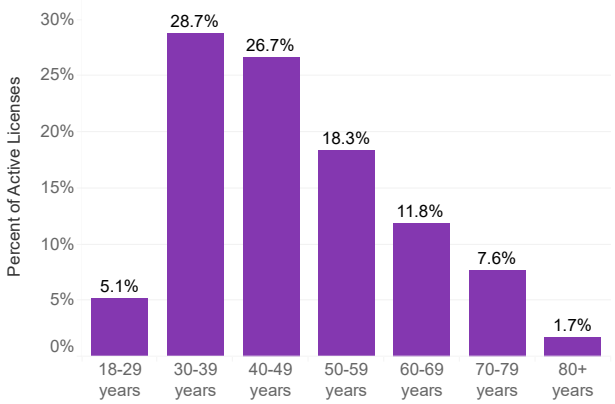


Among Behavioral Health licensees who reported actively working in a position that required their license, or were actively seeking work in their field, 74.5% estimated retiring in 11 or more years, and just under three percent estimated retiring within the next two years, the lowest of any health workforce 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

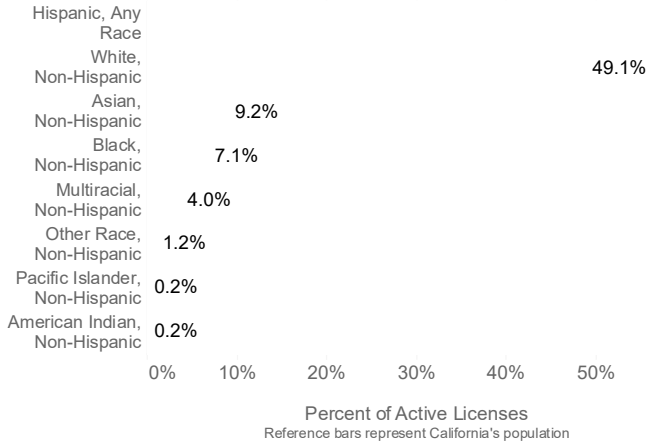


Overall, over 70% of Behavioral Health licensees are between the ages of 30 and 59 years old, with only 5.1% under the age of thirty, and 21.1% over the age of 59. License types with younger licensees include all four associate-level licenses, with 60% or more of licensees under the age of 40. License 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



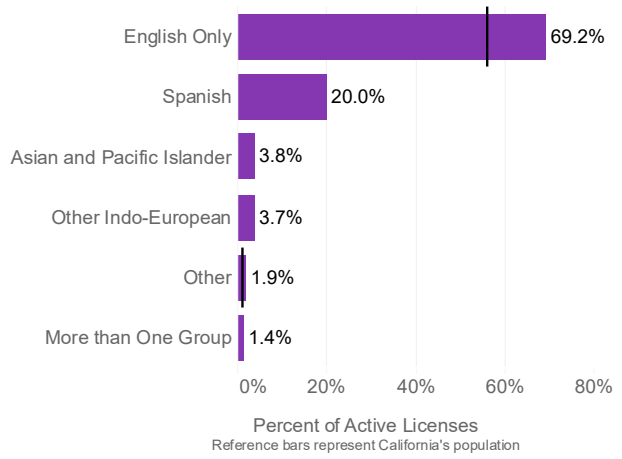
Across the Behavioral Health workforce, Hispanic, Any Race and Asian, Non-Hispanic licensees are the most underrepresented when compared to California's population, with only Associate Clinical Social Workers at or above the population average for Hispanic, Any Race and only Psychiatric Technicians at 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.

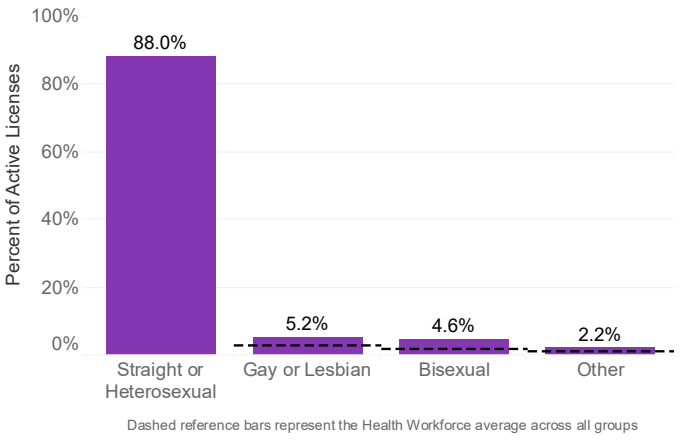
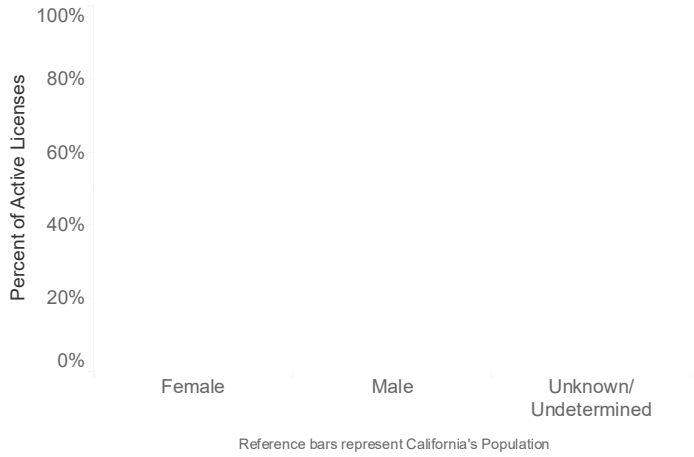


Table D-8: Sexual Orientation: Behavioral Health

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

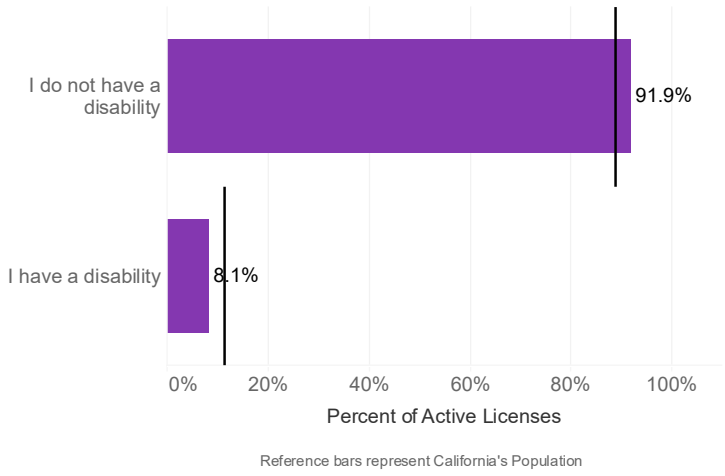
As a group, the majority (80.5%) of Behavioral Health licensees reported identifying as Female, and 18.6% reported identifying as Male. Licensees identifying as Transgender or not identifying as Male, Female or Transgender were nearly even at 0.4% and 0.5% each, and were the highest rates reported among 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*).

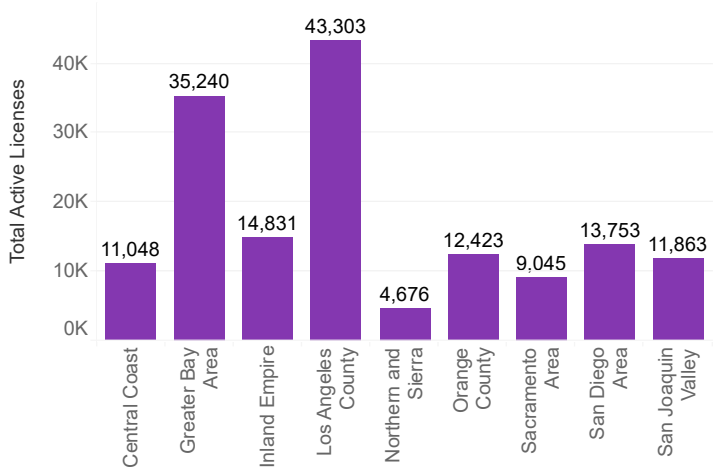
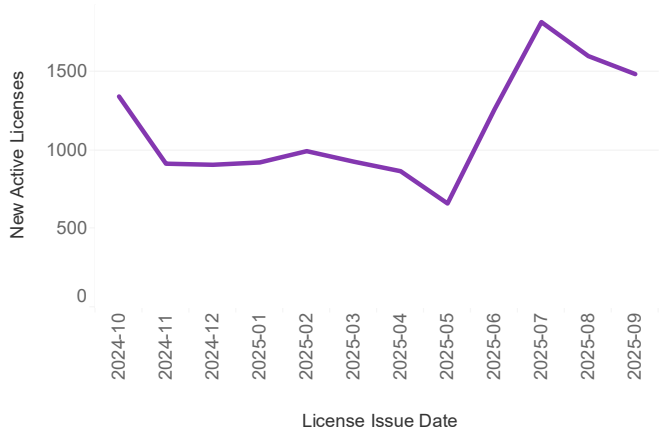


Table D-12: Active Licenses: Behavioral Health

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



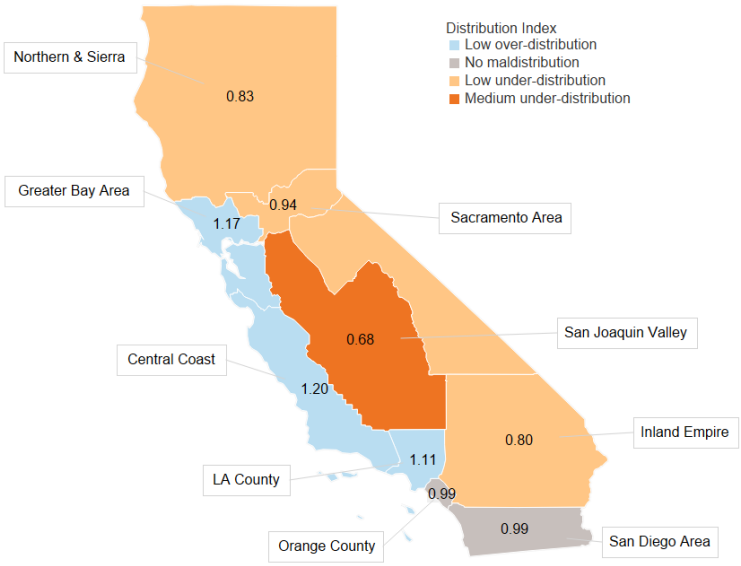
On average, there were 1,145 new active Behavioral Health licenses issued per month from October 2024 to September 2025. Within the Behavioral Health workforce, Associate Marriage and Family Therapists and Associate Clinical Social Workers make up the largest portion by total volume with an average of 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**

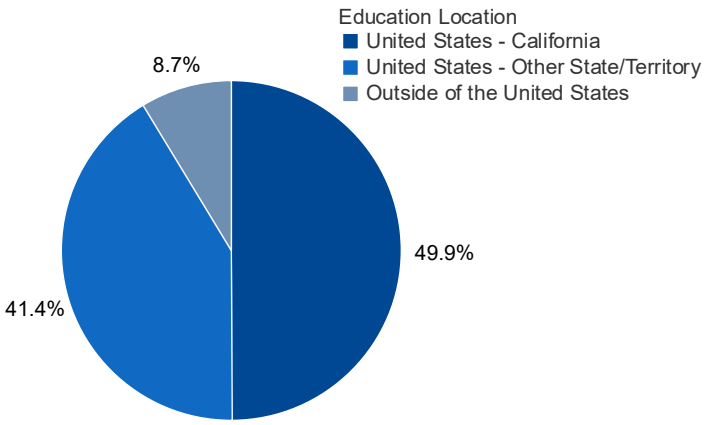
Low Under-Distribution (0.95-0.75) | No Maldistribution (0.95-1.05) | Low Over-Distribution (1.05-1.25)
Medium Under-Distribution (0.75-0.50) | Medium Over-Distribution (1.25-1.50)
High Under-Distribution (0.50 or less) | High Over-Distribution (1.50 or more)

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.

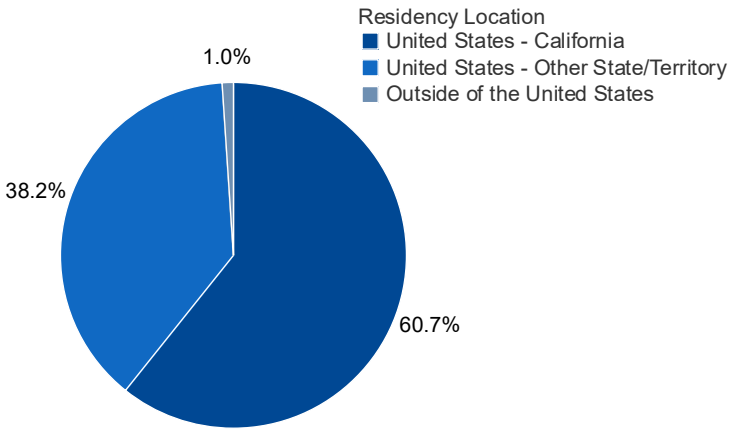
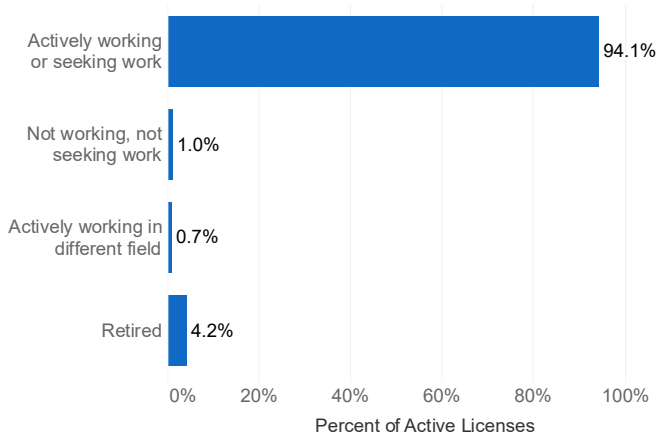


Table E-2: Residency Location: Medicine

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

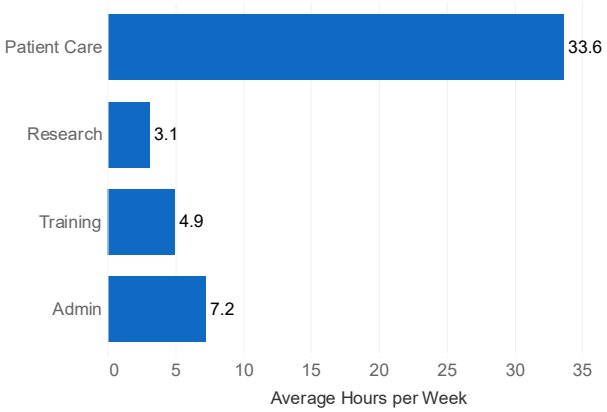


Nearly 95% of Medicine licensees are actively working or seeking work, while less than one percent are working in a different field. Over four percent have already retired, the highest of any health workforce group. Notable license types within the Medicine workforce include Naturopathic Doctors with 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

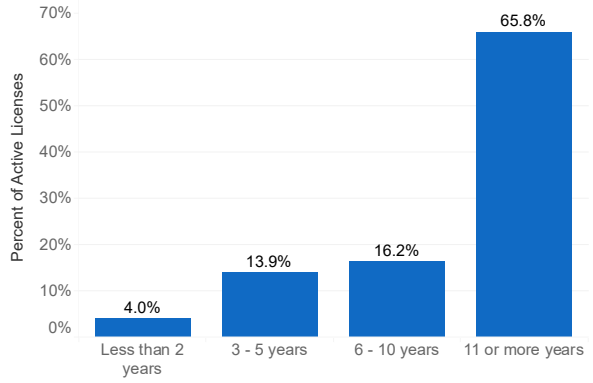


Full Time Equivalent (FTE) metrics were calculated for licensees that reported they were actively working in a position that required their license. On average, Medicine licensees spend the highest number of hours per week on Patient Care (33.6 hours), the highest of any health workforce group, and the 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*).

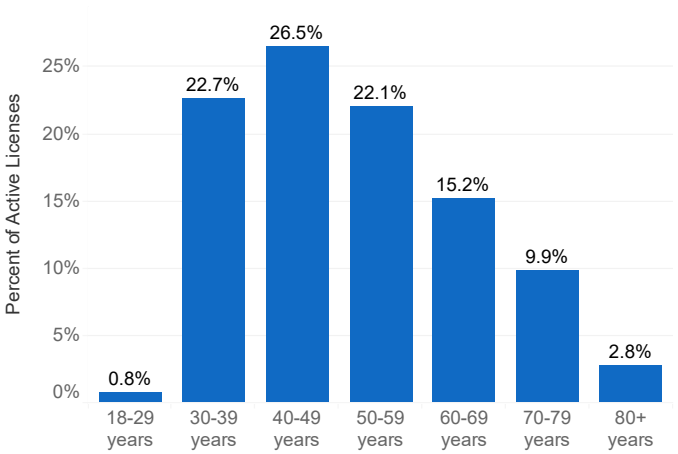
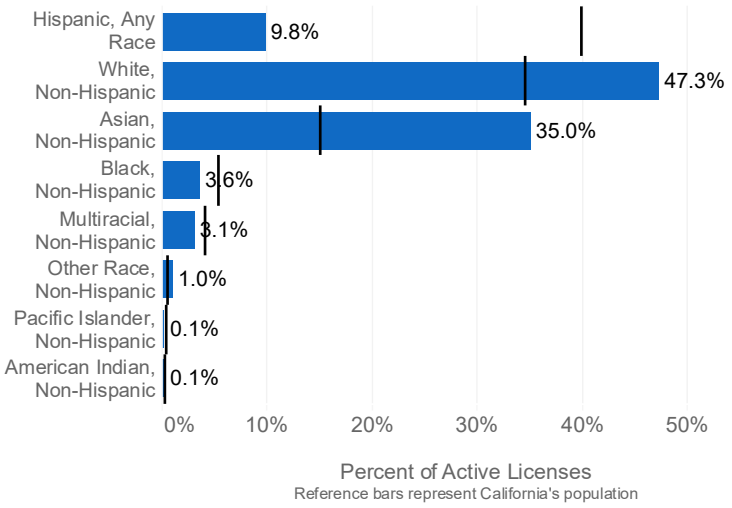


Table E-6: Age Distribution: Medicine

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.

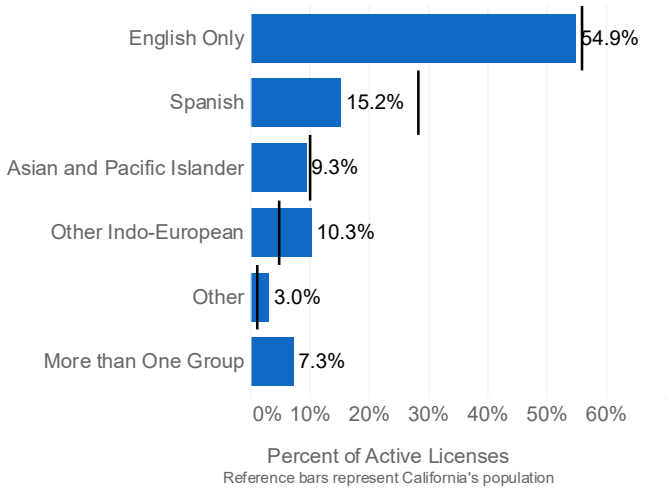
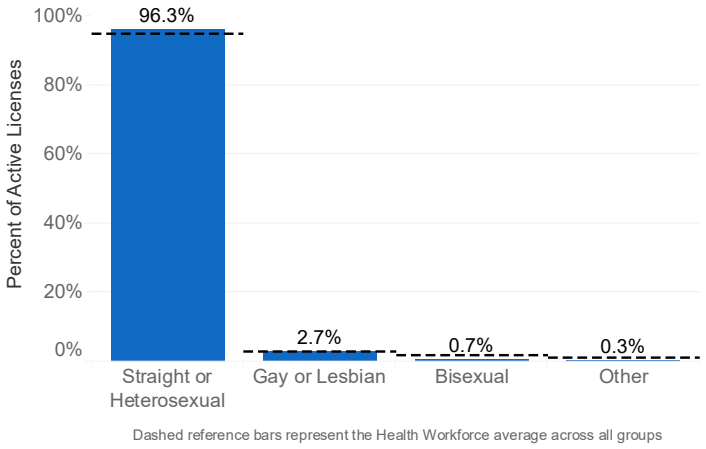


Table E-8: Languages Spoken: Medicine

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.

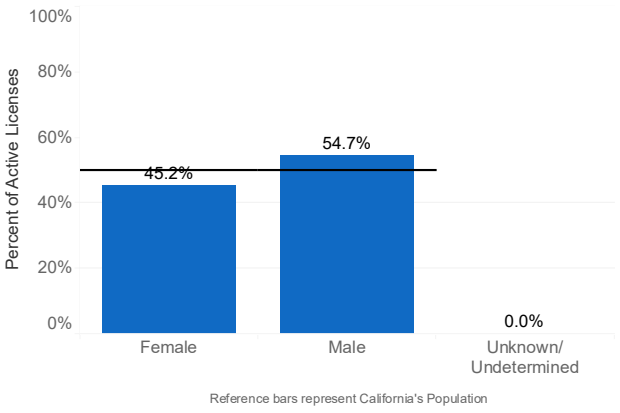
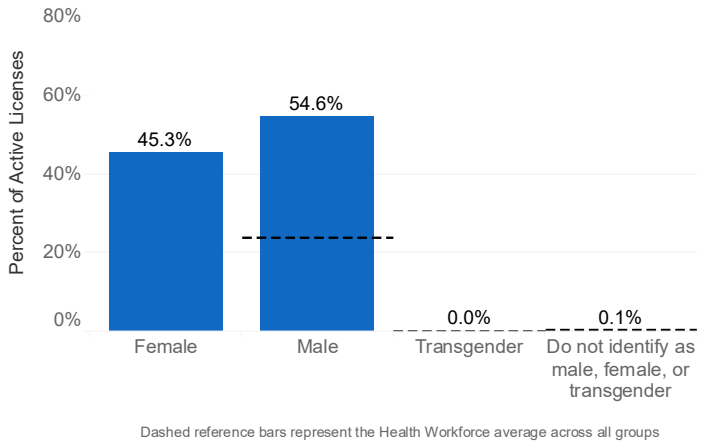


Table E-10: Sex at Birth: Medicine

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.

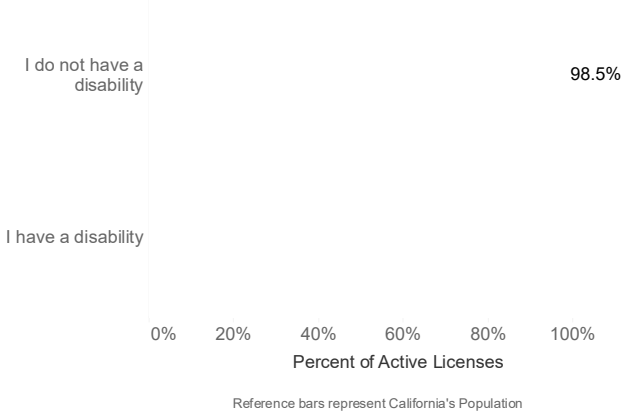
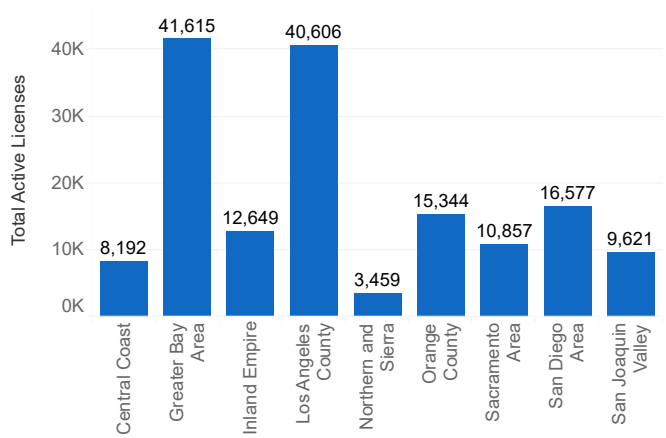


Table E-12: Disability Status: Medicine

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.

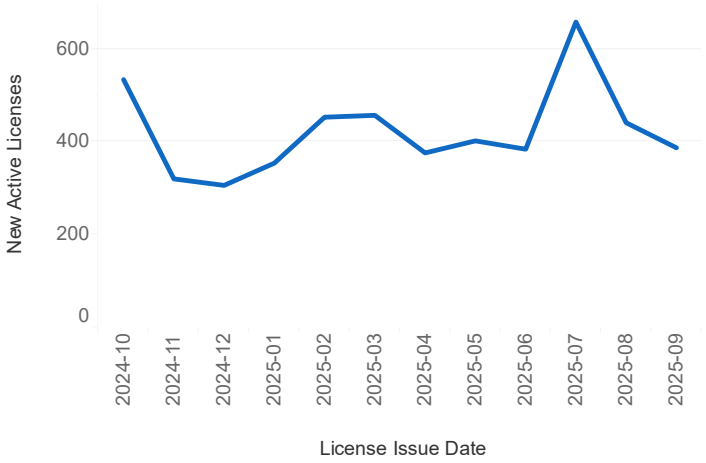
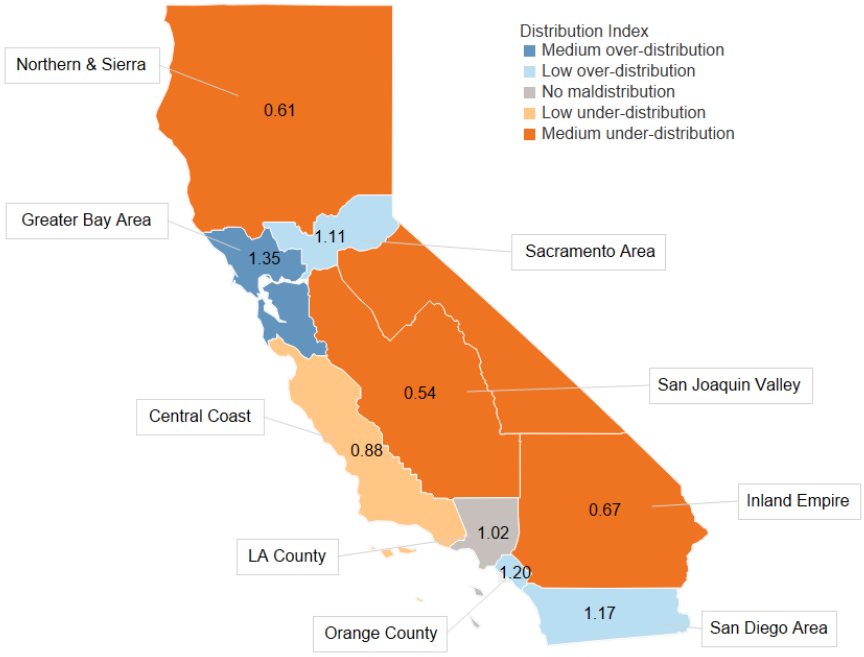


Table E-14: New Licenses: Medicine

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.

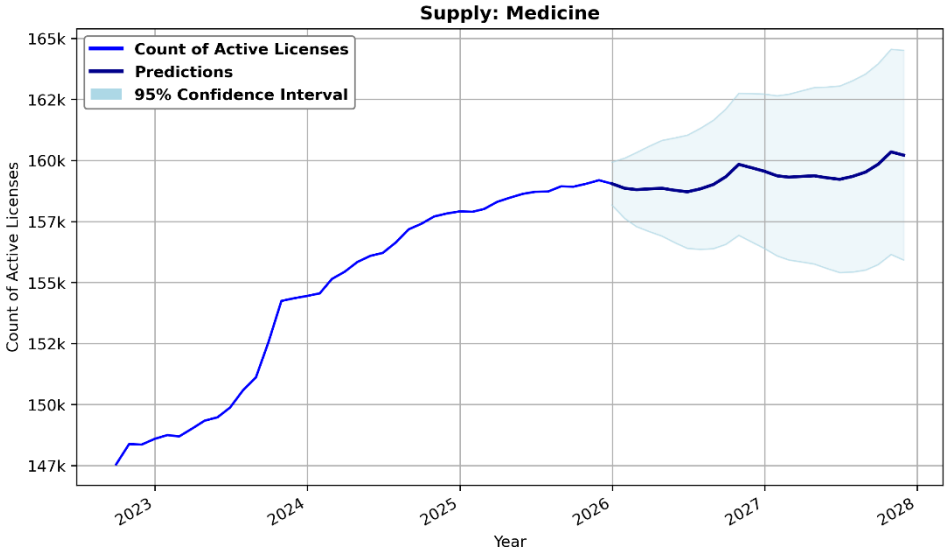
Table E-15: Distribution Index: Medicine

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

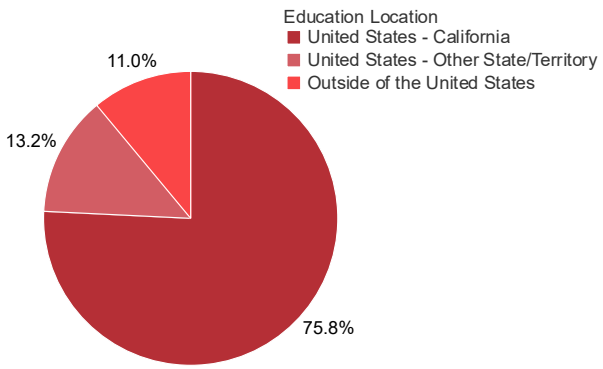
License Types	2022	2023	2024	2025	2026	2027
Naturopathic Doctor	793	794	828	837	850	864
Osteopathic Physician and Surgeon	9,747	10,843	11,530	11,962	12,669	13,399
Physician and Surgeon	123,242	126,399	129,638	129,724	128,555	127,449
Physician Assistant	13,764	14,515	15,403	16,399	17,257	18,130
Medicine 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.

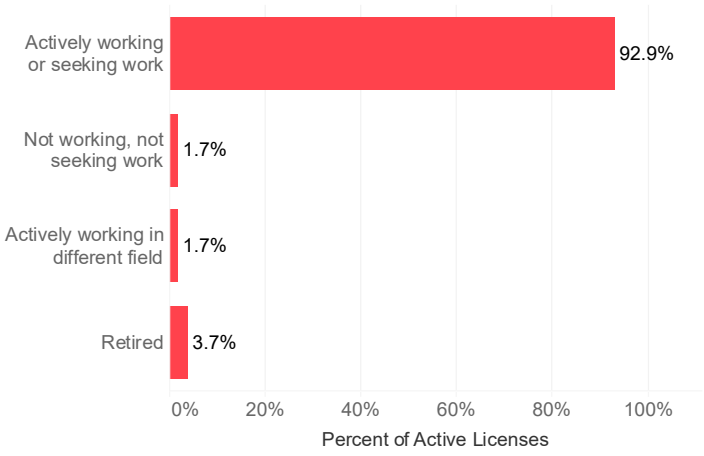
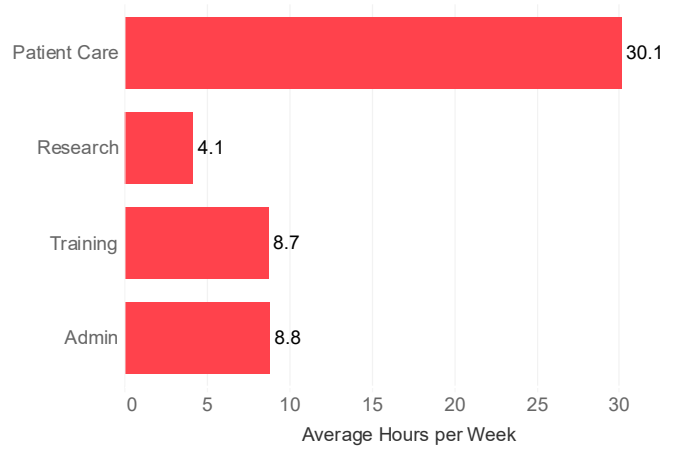


Table F-2: Employment Status: Nursing

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

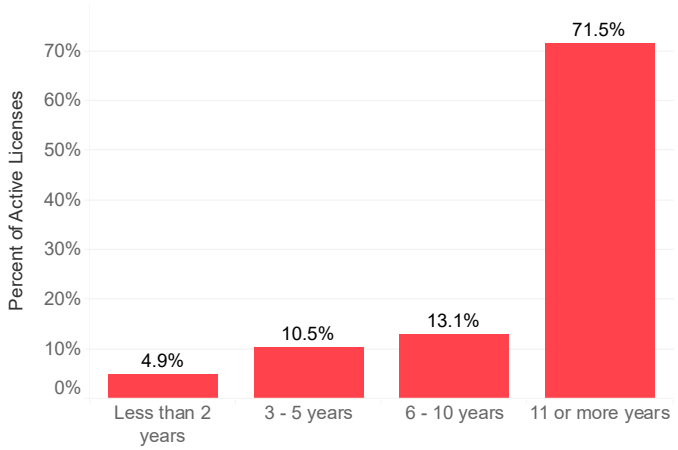


Full Time Equivalent (FTE) metrics were calculated for licensees that reported they were actively working in a position that required their license. On average, Nursing licensees spend the highest number of hours per week on Patient Care (30.1 hours), and the least amount of time per week on Research (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

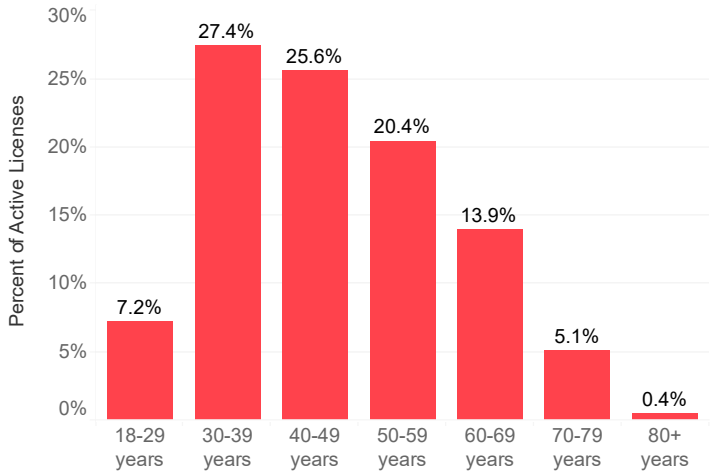


Among Nursing licensees who reported actively working in a position that required their license, or were actively seeking work in their field, 71.5% estimated retiring in 11 or more years, and 4.9% estimated retiring within the next two years, the highest rate among all health workforce groups. Of note 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.

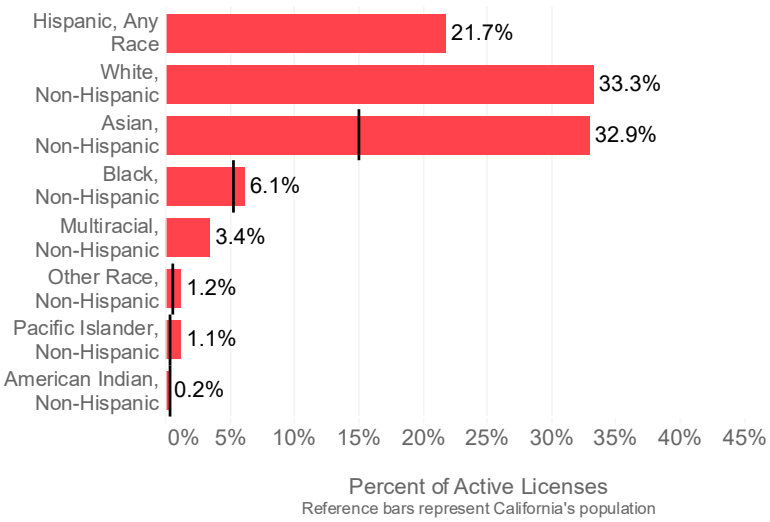
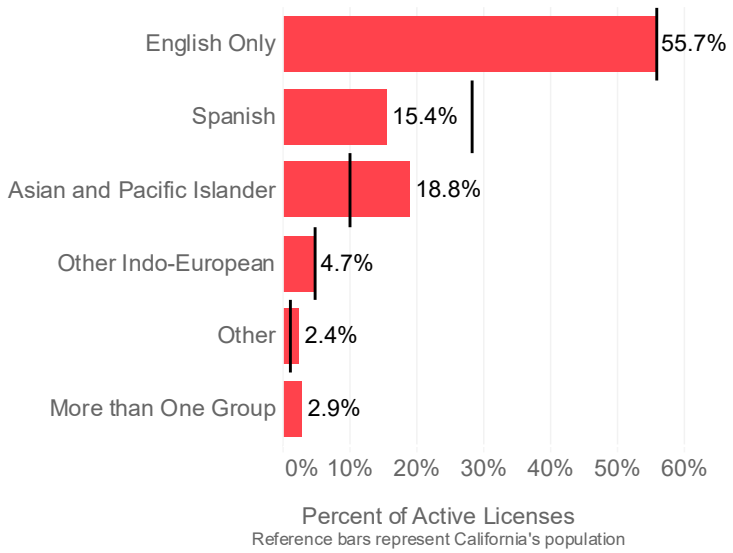


Table F-6: Race/Ethnicity: Nursing

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.

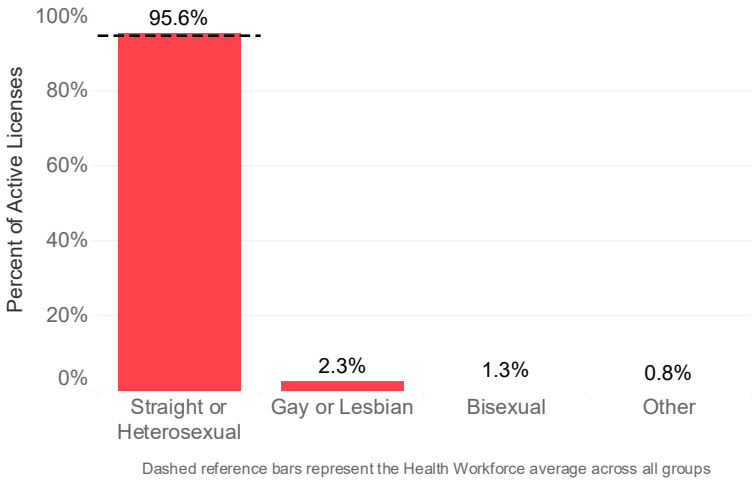
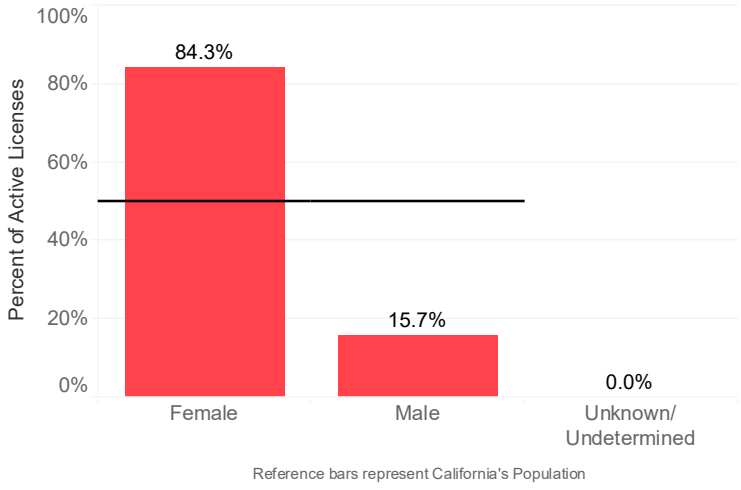


Table F-8: Sexual Orientation: Nursing

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

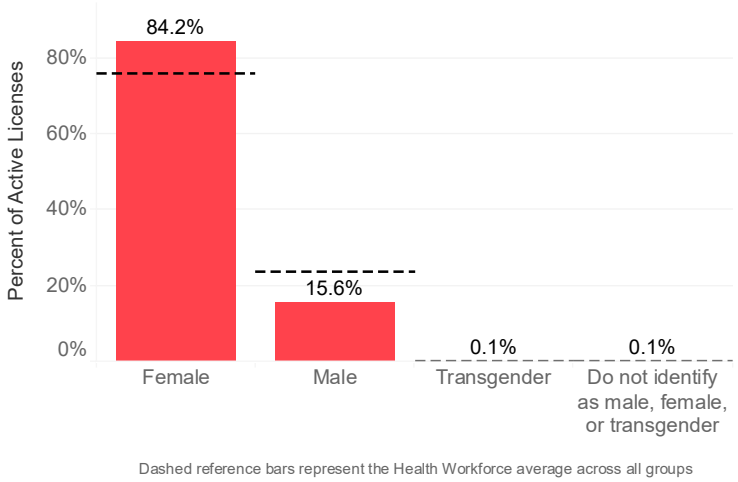


As a group, the majority (84.3%) of Nursing licensees reported identifying as Female, and nearly 16% reported identifying as Male. Less than 0.1% of licensees identified as Unknown/Undetermined. Sexes were very similarly distributed across all three license types within the Nursing group, with only a 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

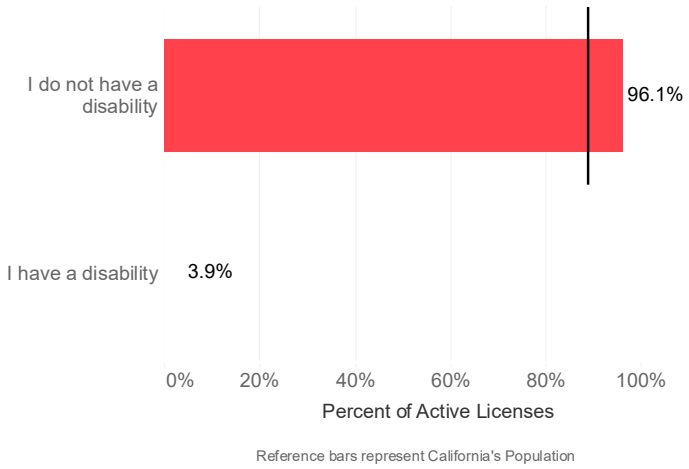


As a group, the majority (84.2%) of Nursing licensees reported identifying as Female, and 15.6% reported identifying as Male. Licensees identifying as Transgender or not identifying as Male, Female or Transgender were even at 0.1% each. Gender Identities were very similarly distributed across all three 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*).

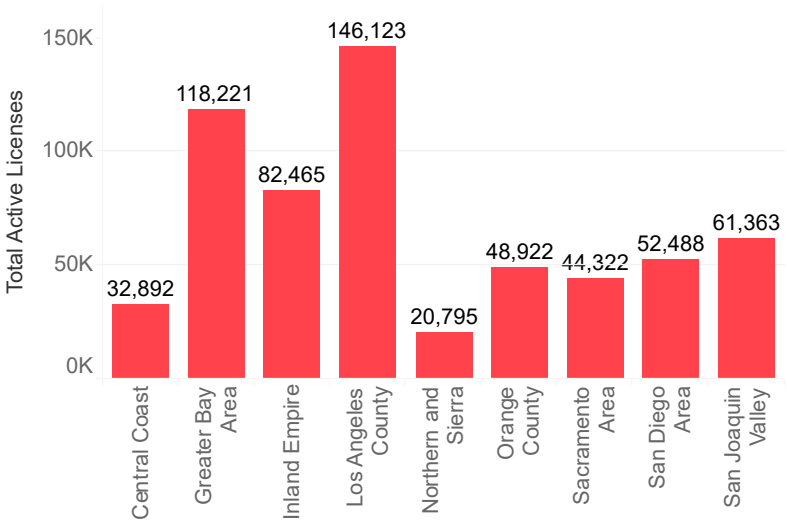
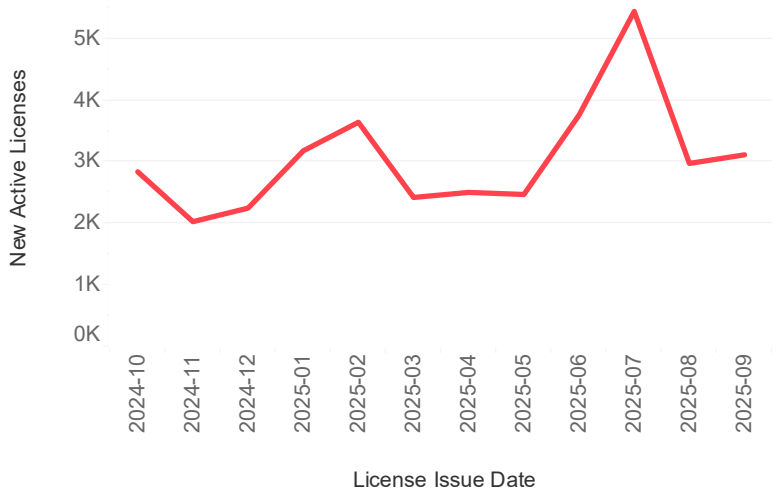


Table F-12: Active Licenses: Nursing

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.

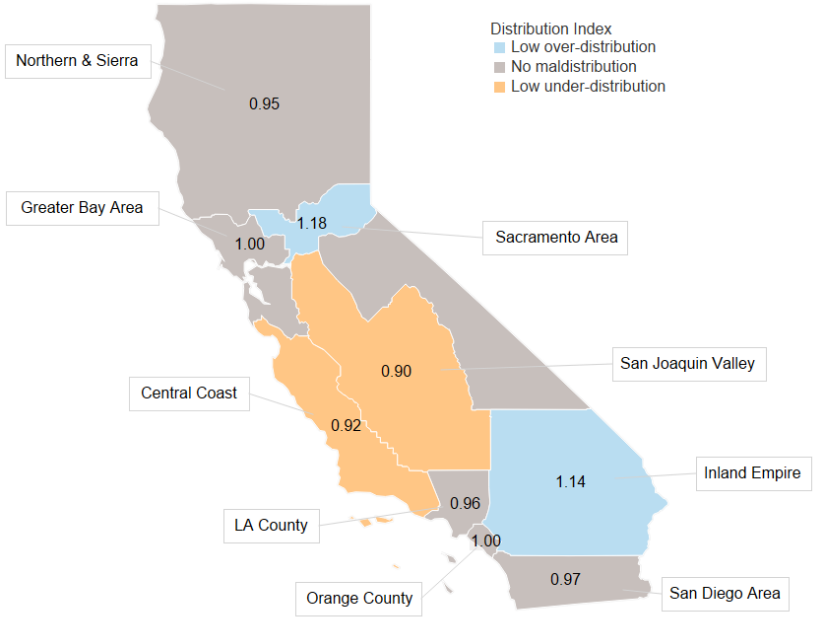
Table F-13: New Licenses: Nursing

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

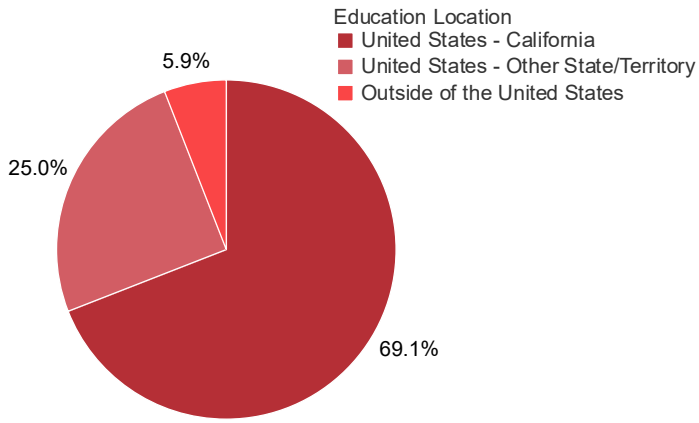
License Name	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern & Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Public Health Nurse	0.96	1.17	1.03	0.97	1.00	1.09	1.18	0.83	0.74
Registered Nurse	0.97	1.05	1.07	0.90	0.95	1.03	1.27	1.05	0.87
Vocational Nurse	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.

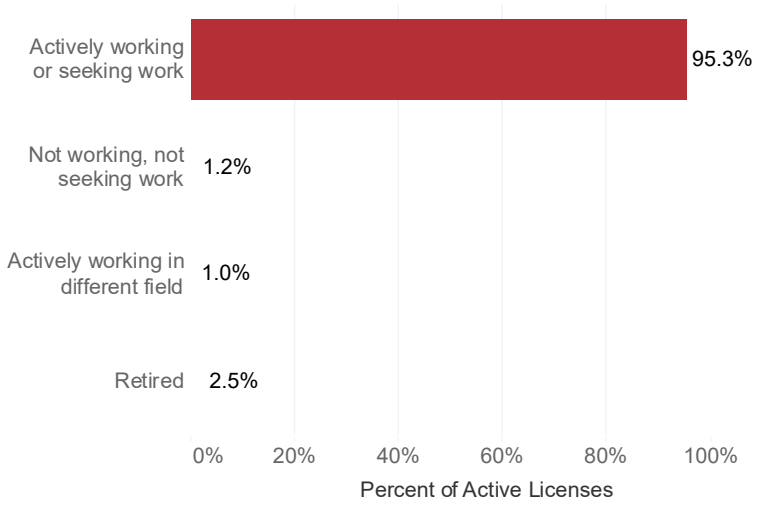
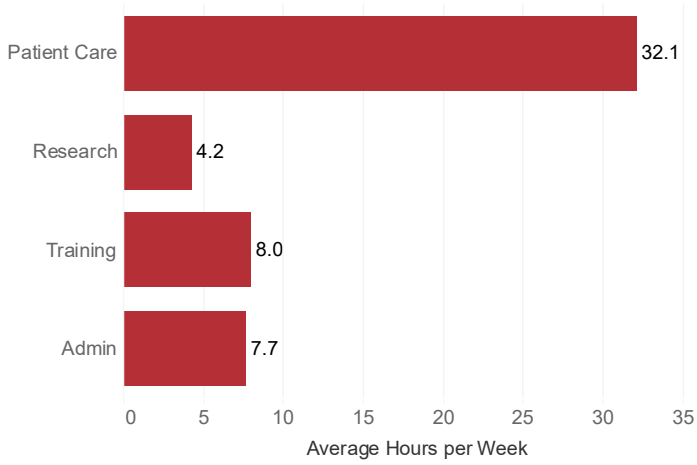


Table G-2: Employment Status: Advanced Practice Nursing

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



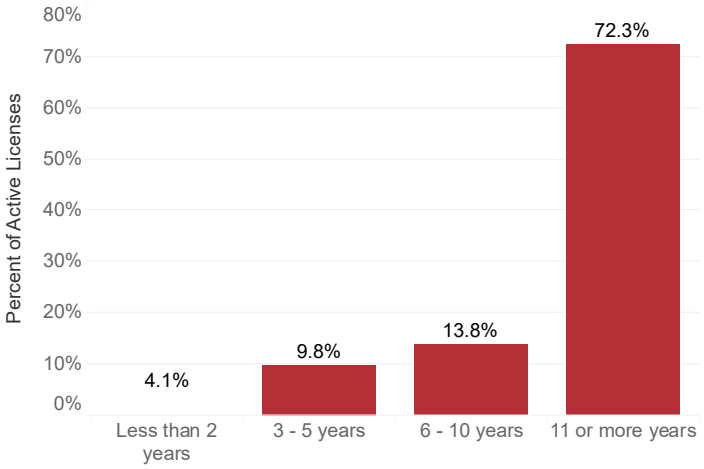
Full Time Equivalent (FTE) metrics were calculated for licensees that reported they were actively working in a position that required their license. On average, Advanced Practice Nursing licensees spend the highest number of hours per week on Patient Care (32.1 hours), and the least amount of time per 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



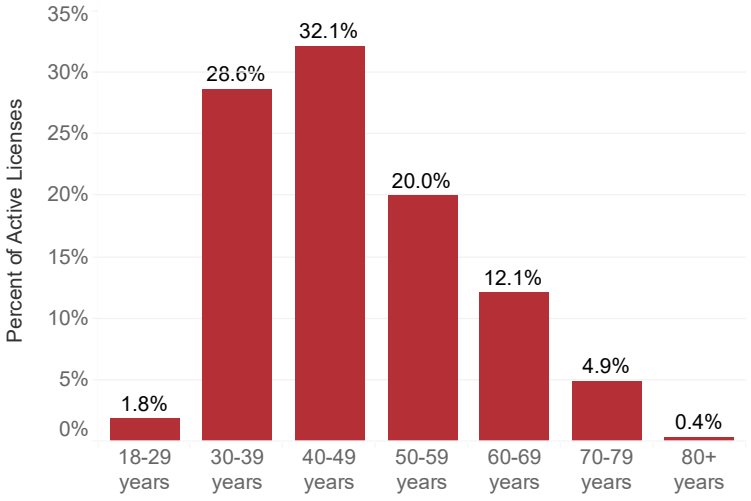
Among Advanced Practice Nursing licensees who reported actively working in a position that required their license, or were actively seeking work in their field, 72.3% estimated retiring in 11 or more years, and 4.1% estimated retiring within the next two years. Of note are Clinical Nurse Specialists, 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

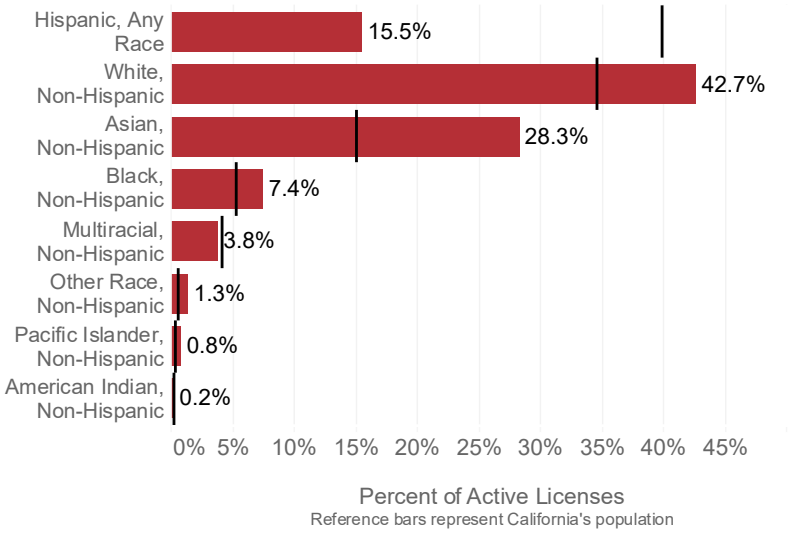


Overall, 80% of Advanced Practice Nursing licensees are between the ages of 30 and 59 years old, the highest across all health workforce groups, with only 1.8% under the age of thirty, and 17.4% over the age of 59. License types with younger licensees include Nurse Practitioners and Nurse Anesthetists 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



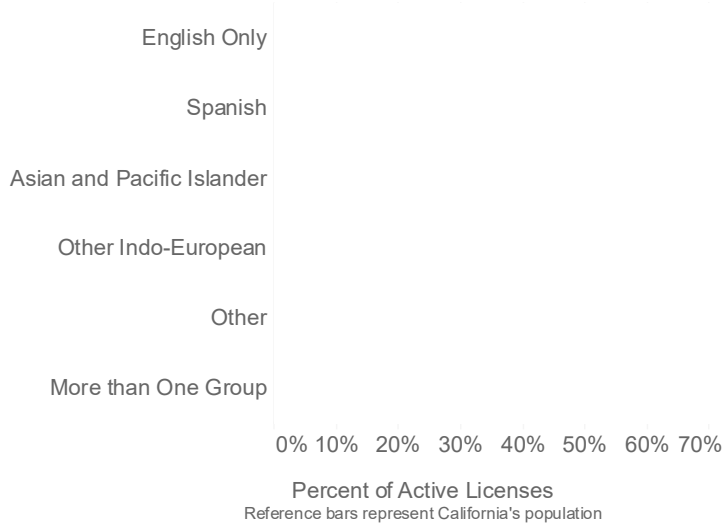
Across the Advanced Practice Nursing workforce, Hispanic, Any Race licensees are the most underrepresented when compared to California's population, with no license types at or above the population average. In addition, though American Indian, Non-Hispanic licensees are nearly equally represented in 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.

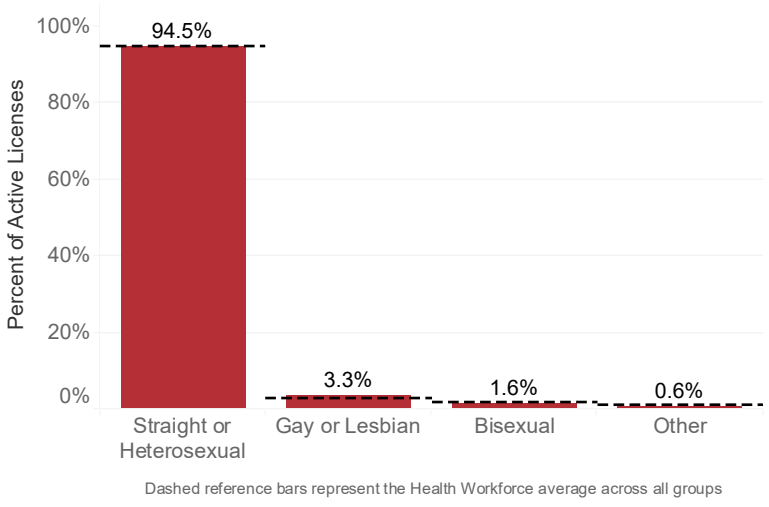
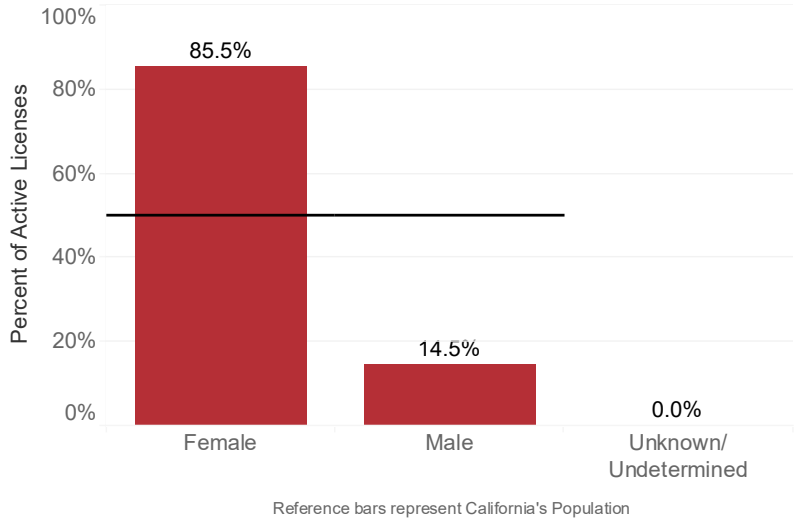


Table G-8: Sexual Orientation: Advanced Practice Nursing

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.

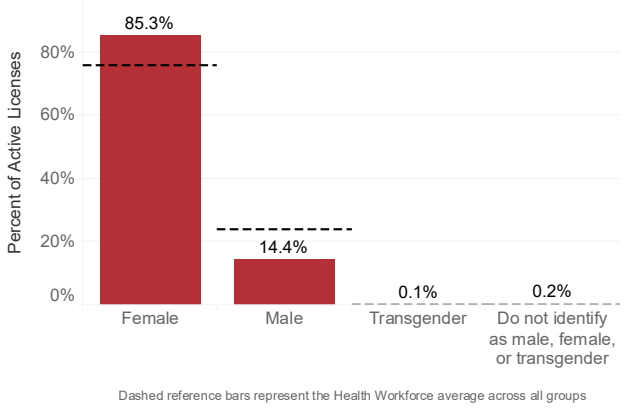
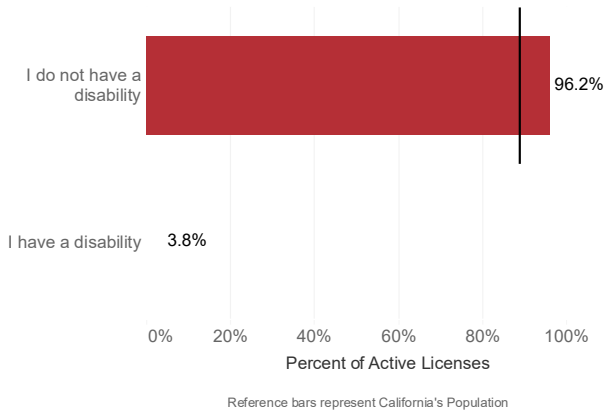


Table G-10: Gender Identity: Advanced Practice Nursing

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*).

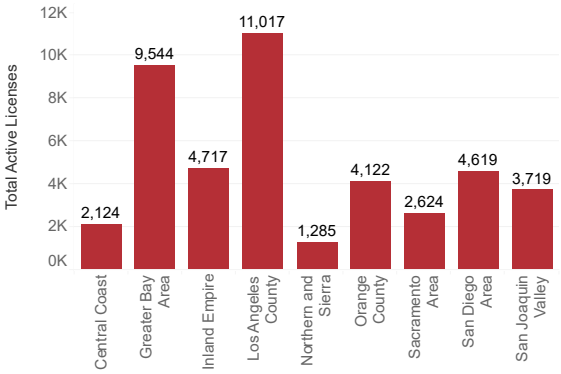
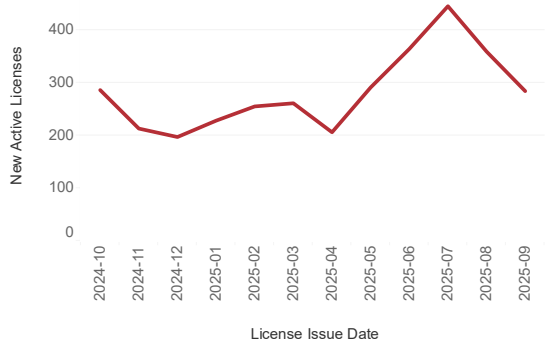


Table G-12: Active Licenses: Advanced Practice Nursing

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	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
Advanced Practice Group	**2,124**	**9,544**	**4,717**	**11,017**	**1,285**	**4,122**	**2,624**	**4,619**	**3,719**

Figure G-13: New Licenses: Advanced Practice Nursing

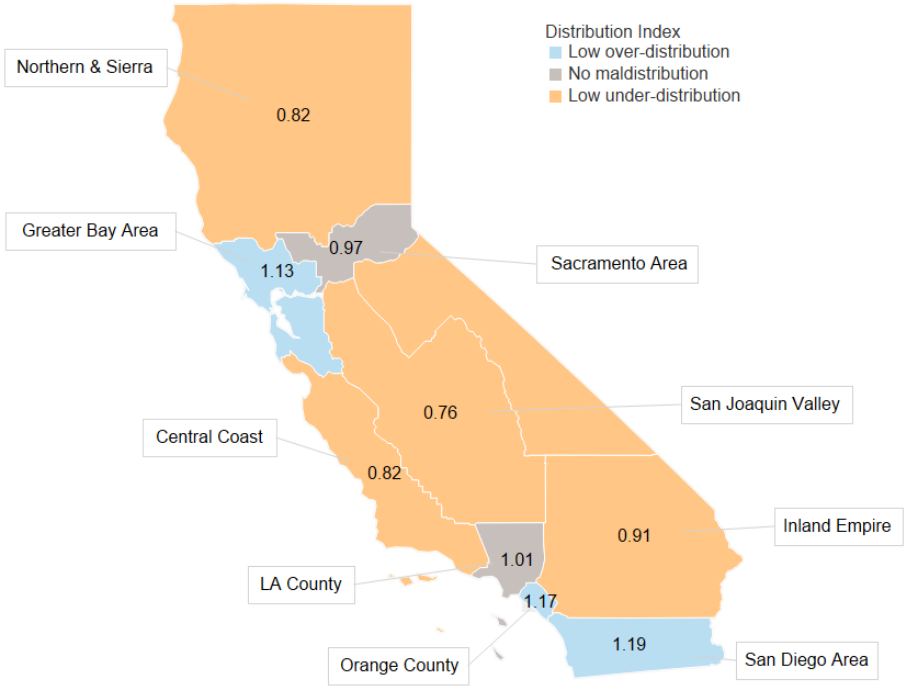


On average, there were 282 new active Advanced Practice Nursing licenses issued per month from October 2024 to September 2025. Within the Advanced Practice Nursing workforce, Nurse Practitioners make up the largest portion by total volume with an average of 257 new active licenses issued per month and 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

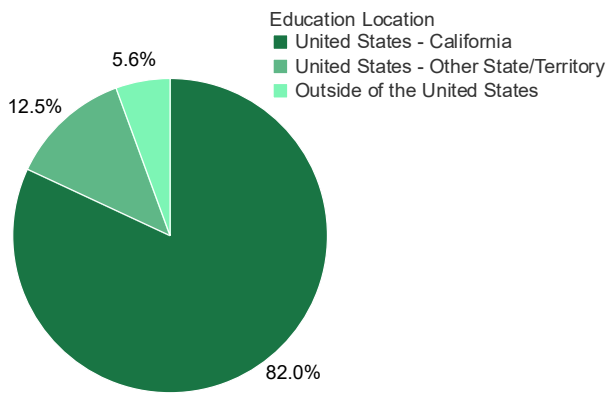
License Name	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern & Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
Clinical Nurse Specialist	0.72	1.78	0.61	0.77	0.22	0.80	0.91	1.86	0.48
Licensed Midwife	2.44	1.11	0.69	0.58	3.58	0.58	1.25	1.39	0.34
Nurse Anesthetist	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.

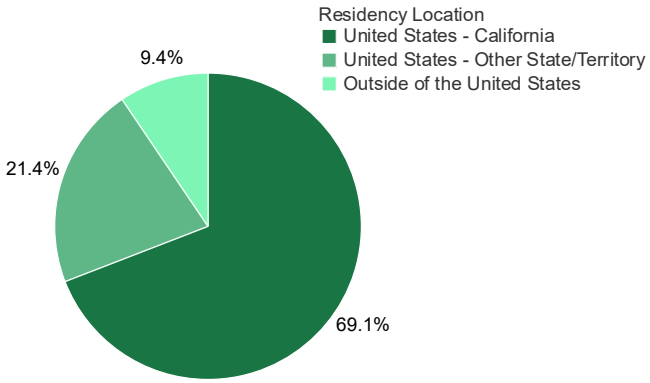
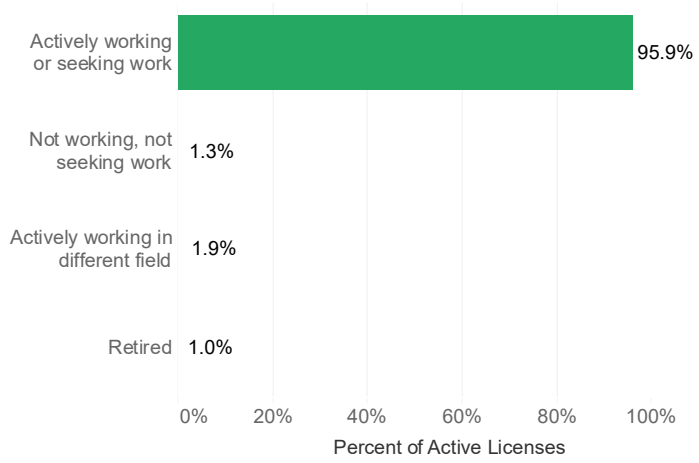


Table H-2: Residency Location: Oral Health

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.

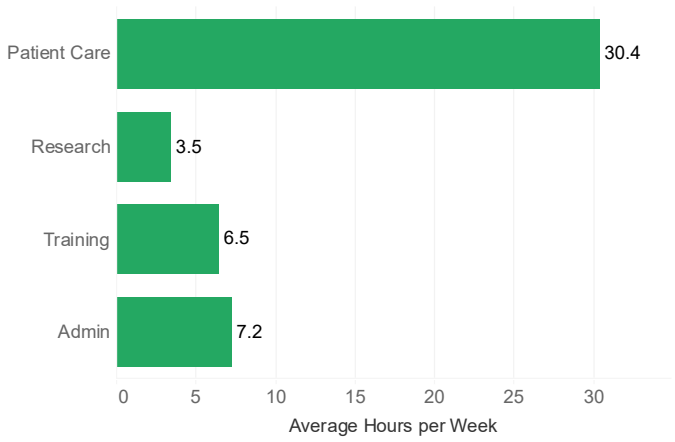
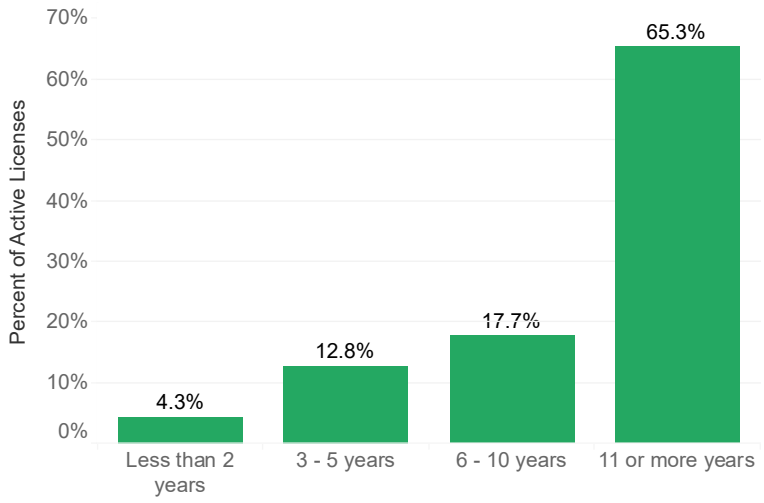


Table H-4: Full-Time Equivalent Metrics: Oral Health

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.

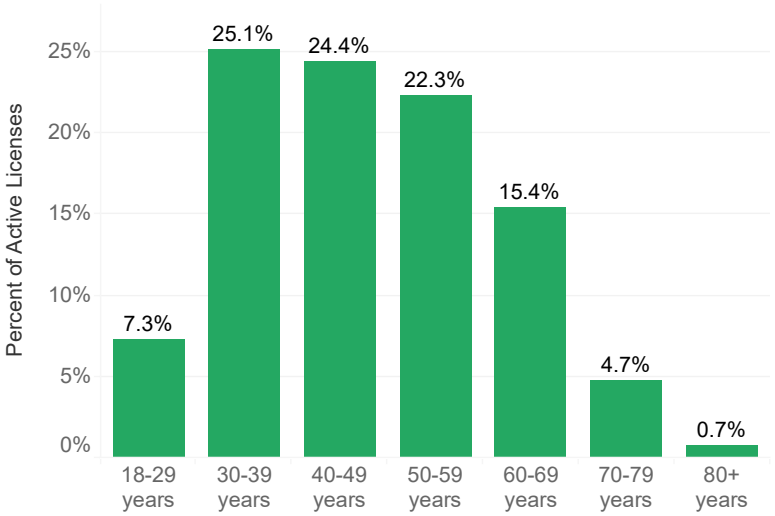
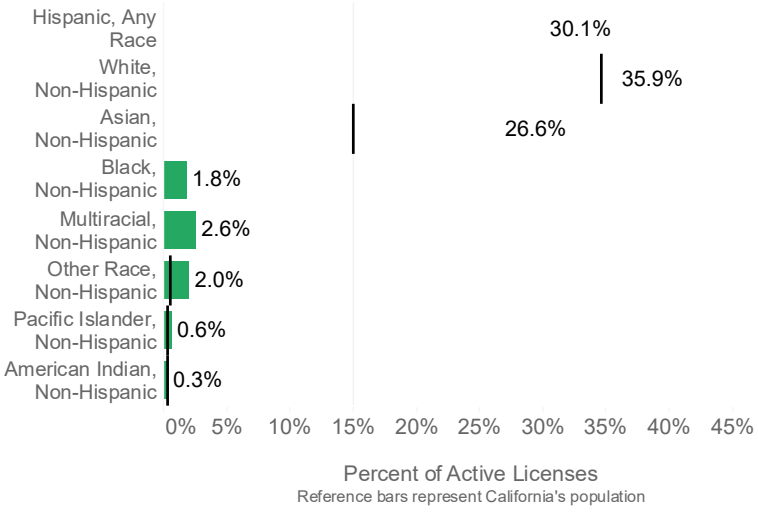


Table H-6: Age Distribution: Oral Health

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

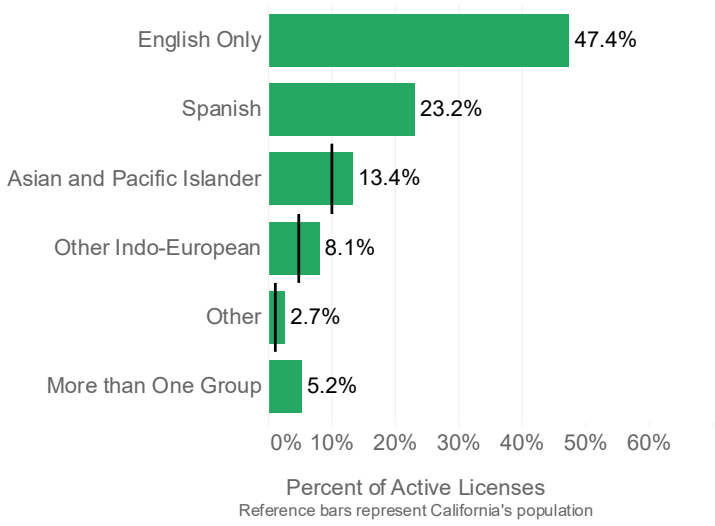


Across the Oral Health workforce, Hispanic, Any Race and Black, Non-Hispanic licensees are the most underrepresented when compared to California's population, with only one license type at or above the population average for Black, Non-Hispanic. In addition, no license types are at or above the population 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

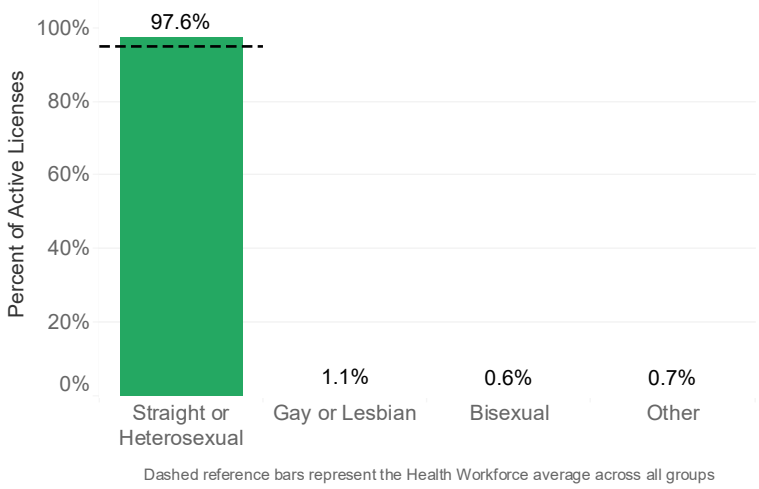


As a group, the Oral Health workforce is the most diverse linguistically, with the lowest rates of licensees speaking English Only in the health workforce and the highest rates of Spanish speaking licensees. However, Spanish is still underrepresented in the Oral Health workforce when compared to California's 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

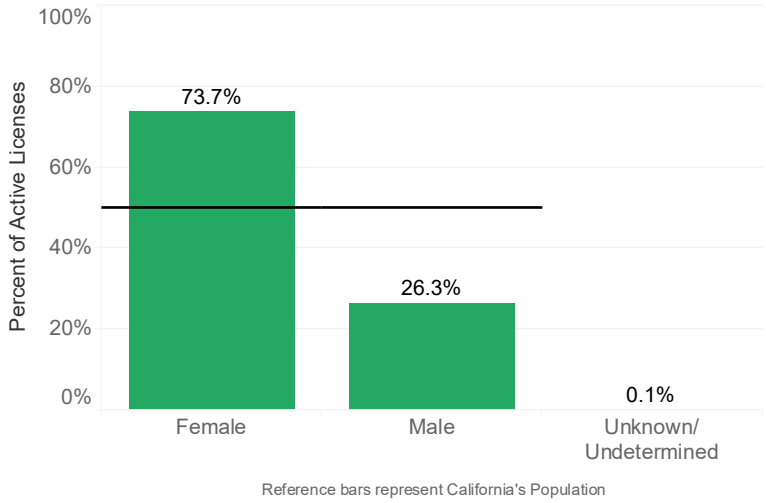


As a group, the majority (97.6%) of Oral Health licensees reported identifying as Straight or Heterosexual, the highest of any health workforce group, and just over one percent reported identifying as Gay or Lesbian, the lowest of any health workforce group. Licensees identifying as Bisexual and Other 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.

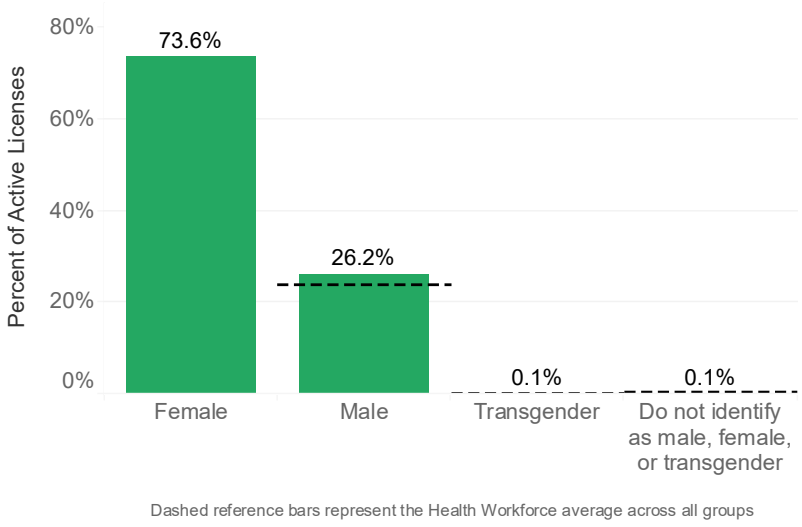
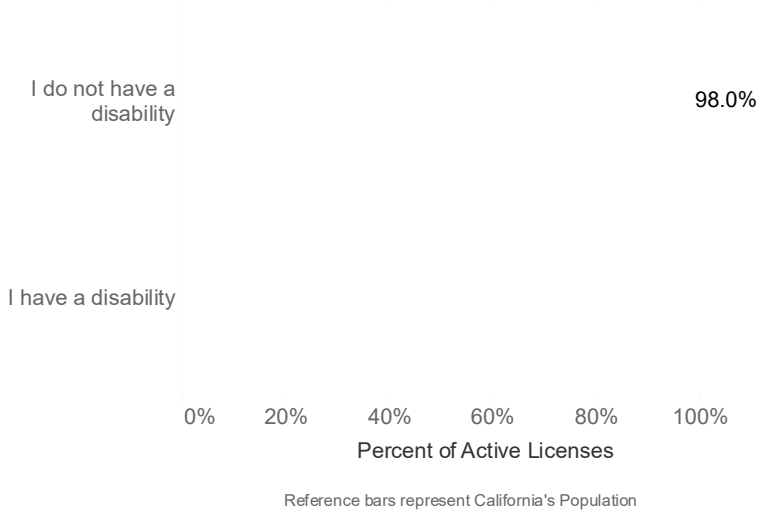


Table H-11: Gender Identity: Oral Health

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*).

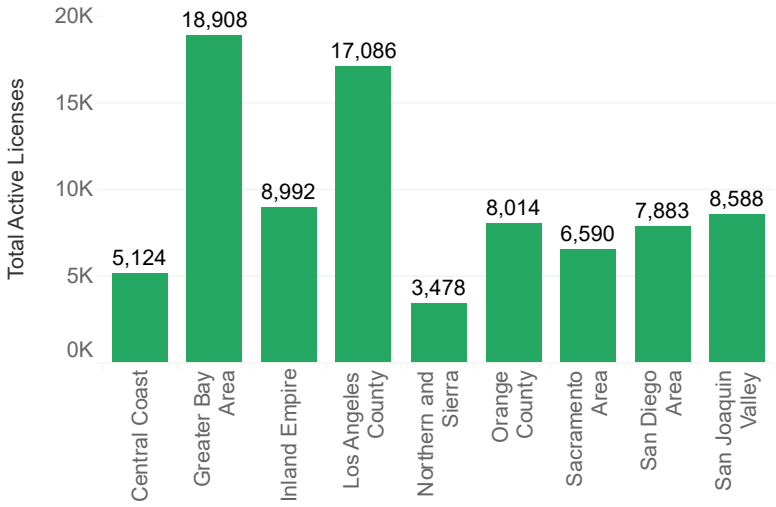
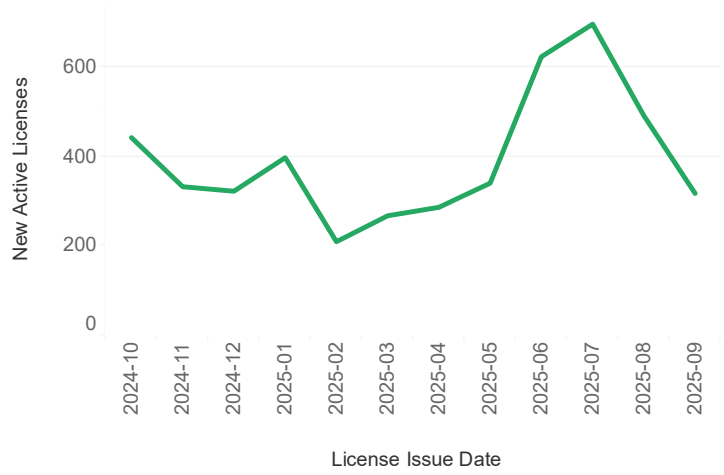


Table H-13: Active Licenses: Oral Health

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



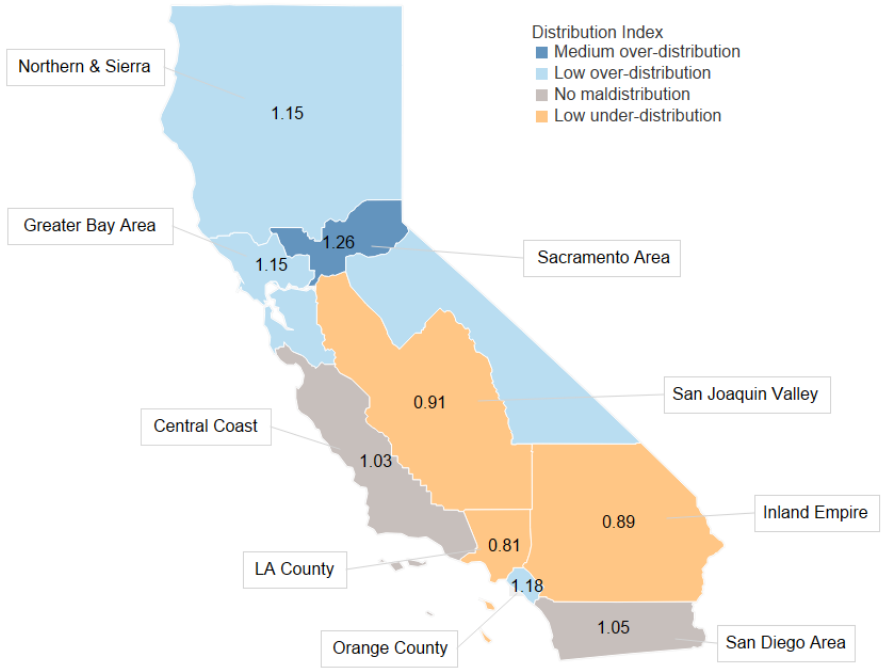
On average, there were 395 new active Oral Health licenses issued per month from October 2024 to September 2025. Within the Oral Health workforce, Registered Dental Assistants make up the largest portion by total volume with an average of 185 new active licenses issued per month, while Orthodontic Assistants 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.



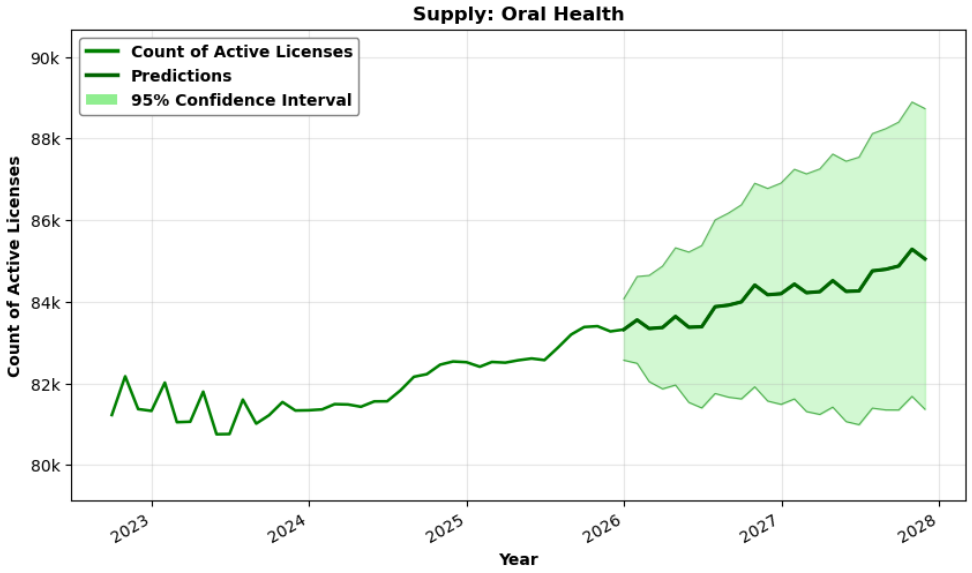
While the Greater Bay Area region has the highest total count of active Oral Health licenses by volume, the Sacramento Area region has the highest distribution of active licenses compared to the population. Similarly, while the Northern & Sierra region has the lowest total count of active Oral Health 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) ☐ 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)

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.

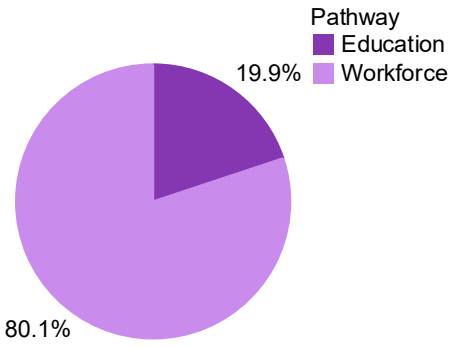
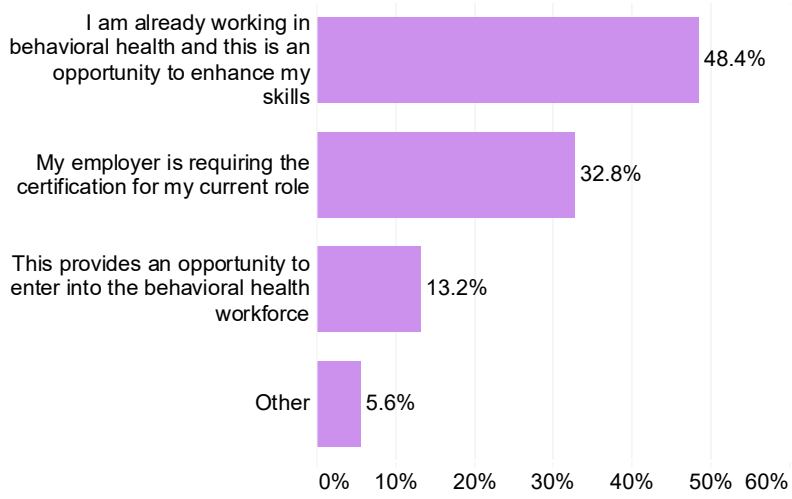


Table I-1: Pathway: Wellness Coaches

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



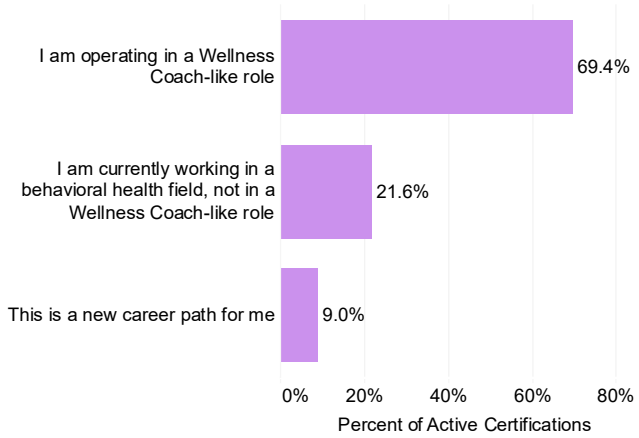
When asked for a reason for applying to be a Wellness Coach, nearly 50% reported they were already working in behavioral health and wanted to enhance their skills while 13.2% indicated they were using this certification as an opportunity to enter the Behavioral Health workforce. CWCII were slightly more 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.

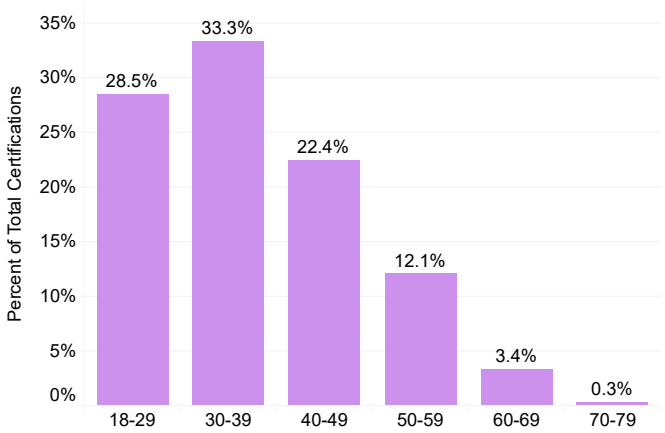
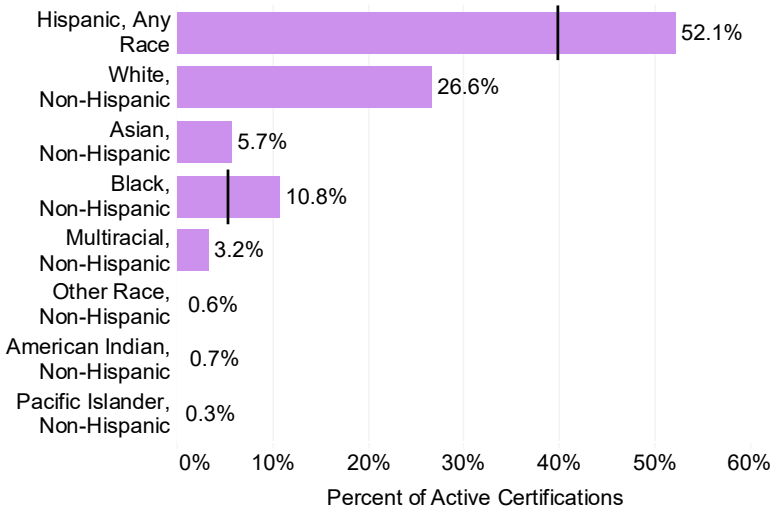


Table I-4: Age Distribution: Wellness Coaches

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.

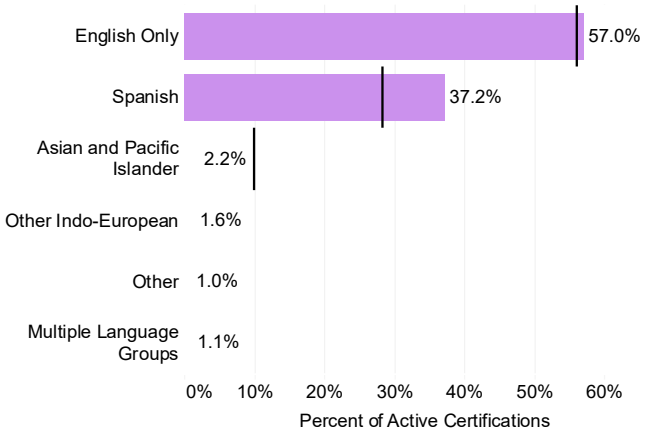
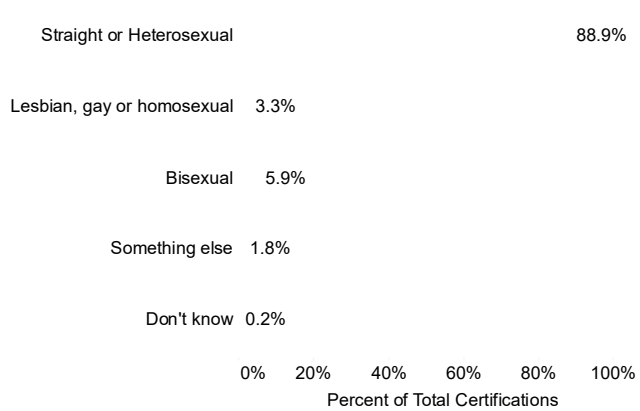


Table I-6: Languages Spoken: Wellness Coaches

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.

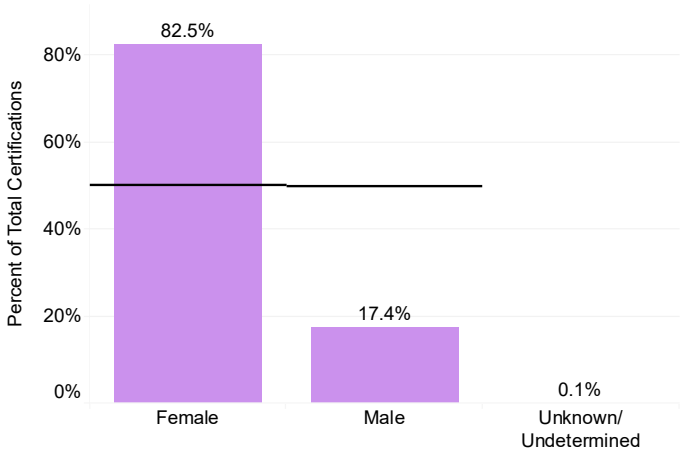
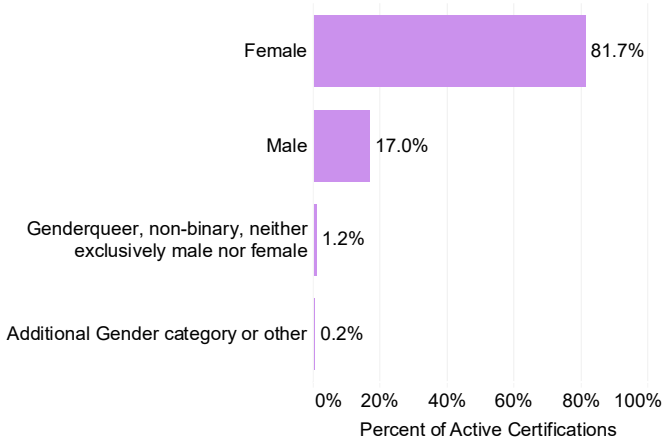


Table I-8: Sex at Birth: Wellness Coaches

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.

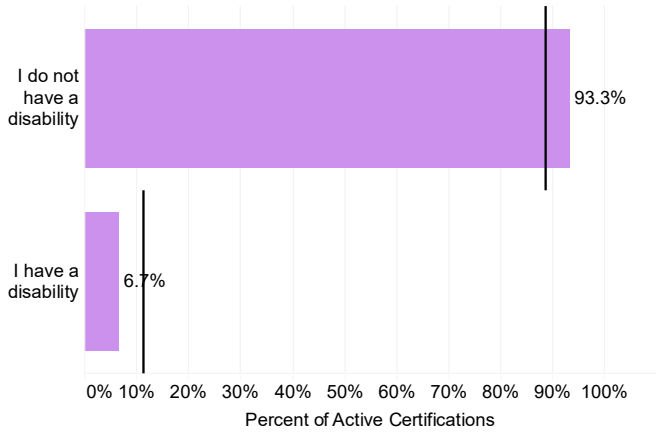
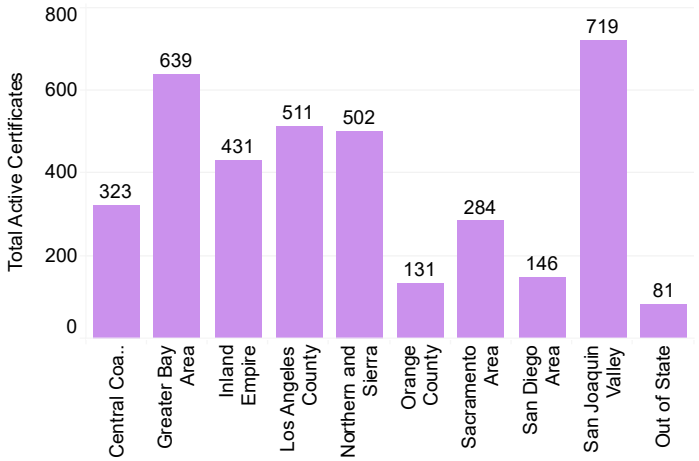


Table I-10: Disability Status: Wellness Coaches

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.

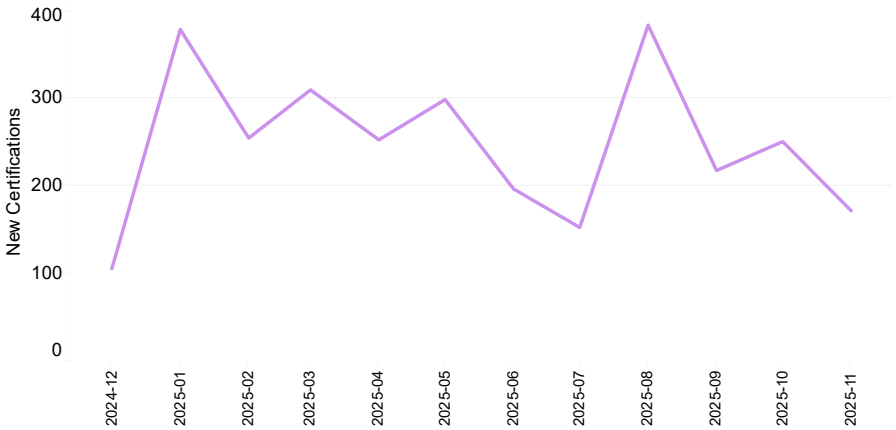
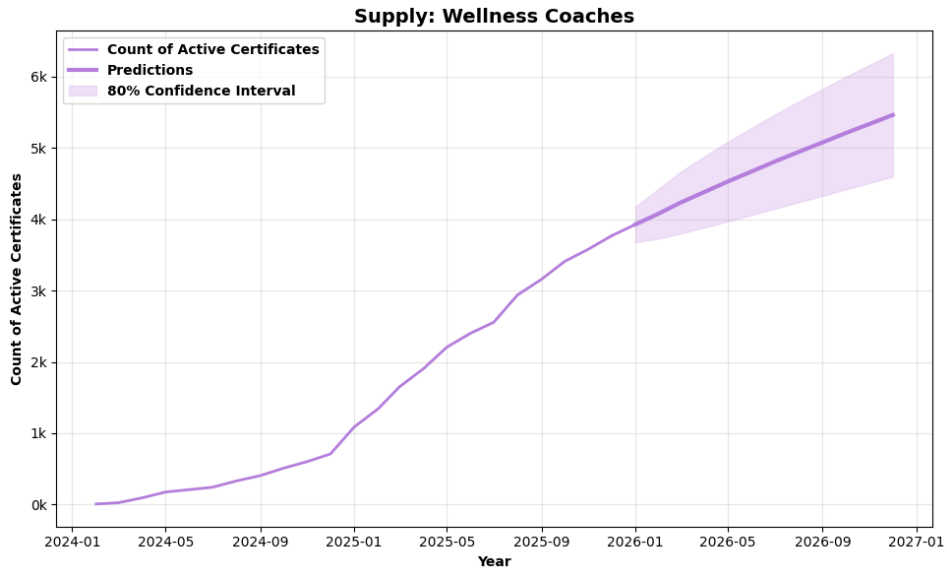


Table I-12: New Certificates: Wellness Coaches

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
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MEMORANDUM

DATE	October 9, 2026
TO	Members of the Dental Assisting Council
FROM	Brant Nelson, Supervisor I – Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 10.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

No action requested.

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MEMORANDUM

DATE	October 9, 2026
TO	Members of the Dental Assisting Council
FROM	Brant Nelson, Supervisor I – Legislative and Regulatory Specialist Dental Board of California
SUBJECT	**Agenda Item 10.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 for End of Two-Year Legislative Session 2025-2026 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

No action requested. This item is informational only.

Legislative Summary for
2025-2026 Legislative Session

Compiled by
The Dental Board of California
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Board Officers

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Rosalinda Olague, RDA, Vice President
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James Yu, DDS, MS

Executive Officer

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)

Strikes 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 bill would also require 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 bill 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 bill 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 bill would prohibit 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 bill would require 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 bill would authorize 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. The bill would require 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 bill would specify 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 bill would make its provisions operative on April 1, 2026, and apply 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. The bill would repeal those provisions 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 bill would authorize 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 making 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 bill 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. The bill enacts these changes 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 Assisting Council (Council) of the Dental Board of California (Board)
FROM	Tina Vallery, Division Chief Dental Assisting and License and Program Compliance Dental Board of California
SUBJECT	**Agenda Item 10.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 Council 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 Council is asked to review and discuss the legislative proposal to amend the definitions, DA, OA, DSA, RDA, and RDAEF duties discussed above and make one of the following motions.

Option 1 (support the proposed recommendation): Move to recommend to the Board the legislative proposal in **Attachment 1** for submission to the California State Legislature to amend Business and Professions Code sections 1684.5, 1741, 1750, 1750.1, 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 to recommend to the Board the legislative proposal in **Attachment 1**, as revised during this meeting, for submission to the California State Legislature to amend Business and Professions Code sections 1684.5, 1741, 1750, 1750.1, 1750.3, 1750.5, 1752.4, 1753.5, 1753.51, 1753.55 and 1753.6 regarding dental auxiliaries.

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

Attachment

1. Legislative Proposal to Amend Business and Professions Code Sections 1684.5, 1741, 1750, 1750.1, 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 14, 2026
TO	Members of the Dental Assisting Council
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 11.:** Election of 2027 Council Chair and Vice Chair

Background

The Dental Board of California (Board) Dental Assisting Council (Council) members will elect a Chairperson and a Vice-Chairperson for 2027.

Roles and Responsibilities

Chair:

- Reviews agenda items with Executive Officer prior to Council or Committee meetings.
- Approves the Council or Committee agendas.
- Chairs and facilitates Council or Committee meetings.
- Calls the roll or appoints a member to call the roll for each action item.
- Reports the activities of the Council or Committee to the full Board.

Vice Chair:

- In the absence of the presiding Chair, fulfills the Chairs responsibilities.

Pursuant to the Board, Council, and Committee Member Administrative Policy and Procedure Manual, Adopted August 2024, the Board's Executive Officer shall conduct the election of officers and shall set the general election procedure. The Executive Officer will ask for nominations for each office. The election of the Chair will occur first, followed by the Vice-Chair.