



## **INSTRUCTIONS** **for Completing:**

### **Registered Dental Assistant in Extended Functions (RDAEF) Program Application for Approval by the Dental Board of California**

This Application reflects the requirements of Business and Professions Code Sections 1754.5, 1755, and 1758, which each program must meet to secure and maintain approval by the Dental Board to instruct in Registered Dental Assistant in Extended Functions (RDAEF) duties.

In the Application document, excerpts from the laws appear in normal text, while questions on the Application appear in italic text. The term “B&P” used in the Application document means “Business and Professions Code Section”.

1. Fee. A non-refundable application fee in the amount of \$1,400 payable to The Dental Board of California must be submitted with the Application unless your program is accredited by the Chancellor’s office of the California Community Colleges.
2. Number of Copies. One original and two copies (one of which may be on a 1x-52x compatible CD in Word format) of the Application and all required documents must be submitted.
3. Completion of Application. Each question on the Application must be answered fully. An incomplete Application will not be accepted.
4. Attachments. All required documents must be attached as separate Attachments as indicated within the Application, and all Attachments must be submitted with the Application unless otherwise noted.
5. Facilities, Equipment and Supplies. The Dental Board may choose to review the program facilities, equipment, and supplies.
6. Records Evaluation. The Dental Board may choose to review all of the required records such as records retained by the program director; practical and clinical examinations; minimum performance records, etc.

As more information is available, it will be posted on The Dental Board’s website at <http://www.dbc.ca.gov>, and distributed through future newsletters.



**Registered Dental Assistant in Extended Functions (RDAEF) Program  
Application for Approval by the Dental Board of California**

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Program: \_\_\_ Community College \_\_\_ Vocational Program \_\_\_ Dental School

\_\_\_ Private School \_\_\_ Other - specify: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Owner (if other than Program Director): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I certify under penalty of perjury under the laws of the State of California that this Application and all attachments are true and correct.**

\_\_\_\_\_  
**Signature of Program Director**

\_\_\_\_\_  
**Date**

**I certify that I will be responsible for the compliance of the program director with the laws governing Registered Dental Assistant in Extended Functions programs. I certify under penalty of perjury under the laws of the State of California that this Application and all attachments are true and correct.**

\_\_\_\_\_  
**Signature of Owner (if other than the Program Director)**

\_\_\_\_\_  
**Date**

(An "Owner" is the owner, if an individual, a partner, if a partnership, or the Executive Director, if a corporation.)

**(a) Educational Setting/Student Prerequisite.** The program shall be established at the post-secondary educational level. (Excerpt: B&P 1755(a)(5))

In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the board and shall provide evidence of successful completion of a board-approved pit and fissure sealant course. (Excerpt: B&P 1758(b))

**1. Is the program established at the post-secondary educational level?**

Yes  No

**2. In order to be admitted to the program, will each student be required to possess a valid, active, and current license as an RDA, and to have successfully completed a board-approved pit and fissure sealant course?**

Yes  No

**(b) Administration/Program Type.** Adequate provision for the supervision and operation of the program shall be made. (Excerpt: B&P 1758(c))

A program applying for approval to teach all of the duties specified in Section 1753.5 shall comply with all of the requirements of this section [B&P 1758]

A program applying for approval to teach existing RDAEFs the additional duties specified in Section 1753.6 shall comply with all of the requirements of this section [B&P 1758], except as specified. (Excerpt: 1758(a))

**3. Will adequate provision for the supervision and operation of the program be made?**

Yes  No

**4. Specify the type of program for which Application is being made:**

**Application to teach all of the duties specified in Business and Professions Code Section 1753.5 (instruction of all RDAEF duties to students who do not possess an RDAEF license)**

**Application to teach only existing RDAEFs the additional duties specified in Business and Professions Code Section 1753.6.**

**Application to teach both of the above.**

**(c) Program Director.** The program director shall possess a valid, active, and current license issued by the board. He or she shall actively participate in and be responsible for the day-to-day administration of the program, including the following requirements:

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

Informing the board of any major change to the program content, physical facilities, or faculty, within 10 days of the change.

Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in law. (Excerpt: B&P 1755(b))

Notwithstanding the requirements of Section 1755, the program director and each faculty member of an approved RDAEF program shall possess a valid, active, and current license as a dentist or an RDAEF. (Excerpt: B&P 1758(c))

**5. Does the program director possess a valid, active, and current dentist or RDAEF license issued by the Board? Attach as Question 5 Attachment the name and license number of the proposed program director.**

Yes  No

**6. Will the program director actively participate in and be responsible for the day-to-day administration of the program as specified above? Attach as Question 6 Attachment a description of the responsibilities of the program director.**

\_\_\_ Yes \_\_\_ No

**(d) Faculty.** Each faculty member shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching. No faculty member shall instruct in any procedure that he or she is not licensed or permitted to perform. (Excerpt: B&P 1755(c))

Notwithstanding the requirements of Section 1755, the program director and each faculty member of an approved RDAEF program shall possess a valid, active, and current license as a dentist or an RDAEF. In addition to the requirements of Section 1755, all faculty members responsible for clinical evaluation shall have completed a six-hour teaching methodology course in clinical evaluation *prior to conducting clinical evaluations of students.* (Excerpt: B&P 1758(c))

All faculty and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program director shall ensure and document compliance by faculty and staff. A program shall not be required to ensure that students complete instruction in basic life support prior to performing procedures on patients. (Excerpt: B&P 1755(f)).

**7. Has each faculty member been licensed by the Board as a dentist or RDAEF for at least two years, and possess experience in the subject matter he or she is teaching? Attach as Question 7 Attachment a table containing the name and license number of each faculty member.**

\_\_\_ Yes \_\_\_ No

**8. Has each faculty member responsible for clinical evaluation completed a six-hour methodology course in clinical evaluation? Attach as Question 8 Attachment a copy of the certificate of completion of a six-hour methodology course in clinical evaluation for each faculty member.**

\_\_\_ Yes \_\_\_ No

**9. Is each faculty and staff member certified in basic life support? Attach as Question 9 Attachment a copy of each faculty and staff members' current CPR card.**

\_\_\_ Yes \_\_\_ No

**(e) Student Certificate of Completion.** A certificate or other evidence of completion shall be issued to each student who successfully completes the program and shall include the student's name, *the* name of the program, the total number of program hours, the date of completion, and the signature of the program director or his or her designee. (Excerpt: B&P 1755(d)).

**10. Will a certificate or other evidence of completion be issued to each student who successfully completes the program as specified above? Attach as Question 10 Attachment a copy of the certificate of completion.**

\_\_\_ Yes \_\_\_ No

**(f) Emergency Management.** A written policy on managing emergency situations shall be made available to all students, faculty, and staff. (Excerpt: B&P 1755(f)).

**11. Does the program have a written policy on managing emergency situations, and will it be made available to all students, faculty, and staff? Attach as Question 11a Attachment a copy of the policy. Attach as Question 11b Attachment a description of the location of the eye wash stations and oxygen tank, a list of the contents of the first aid kit.**

\_\_\_ Yes \_\_\_ No

**(g) Infection Control/Hazardous Waste Disposal Protocols.** The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection, and hazard control and disposal of hazardous wastes, that comply with the board's regulations and other federal, state, and local

requirements. The program shall provide these protocols to all students, faculty, and appropriate staff to ensure compliance with these protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium. All reusable armamentarium shall be sterilized and nonreusable items properly disposed. (Excerpt: B&P 1755(f))

**12. Will OSHA attire and protective eyewear be required for each student?**

\_\_\_ Yes \_\_\_ No

**13. Does the course have written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, that comply with the board's regulations and other Federal, State, and local requirements, and will such protocols be provided to all students, faculty and appropriate staff? Attach as Question 13 Attachment a copy of such protocols for the following: PPE; equipment and supply infection control; biohazardous waste; management of occupational exposure to blood and body fluids; infection control protocol for operatory set-up and clean-up; infection control protocol during dental treatment; disinfection; sterilization; sanitization; barrier use; surface disinfection.**

\_\_\_ Yes \_\_\_ No

**14. Is adequate space provided for preparing and sterilizing all armamentarium? Attach as Question 14 Attachment a description of how reusable instruments are properly sterilized before use on patients.**

\_\_\_ Yes \_\_\_ No

**(h) Length of Program.**

The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 380 hours, including at least 100 hours of didactic instruction, at least 200 hours of laboratory instruction, and at least 80 hours of clinical instruction. (Excerpt: B&P 1758(c))

A program applying for approval to teach existing RDAEFs the additional duties specified in Section 1753.6 shall comply with all of the requirements of this section, except as follows:

(A) The program shall be no less than 288 hours, including at least 76 hours of didactic instruction, at least 180 hours of laboratory instruction, and at least 32 hours of clinical instruction.

(B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final impressions for permanent indirect restorations, or the fitting of master and accessory points.

(Excerpt: B&P 1758(a))

**15. Answer the section below that is appropriate for the type of program for which Application is being made.**

**a. For programs applying to teach all RDAEF duties to students who do not possess an RDAEF license, will the length of the program be of sufficient duration for each student to develop minimum competence in RDAEF duties, but in no event be less than 380 hours, including at least 100 hours of didactic instruction, at least 200 hours of laboratory instruction, and at least 80 hours of clinical instruction?**

\_\_\_ Yes \_\_\_ No

**Specify the hours for each of the following:**

Didactic: \_\_\_\_\_ Laboratory: \_\_\_\_\_ Clinical: \_\_\_\_\_

b. For programs applying to teach certain specified duties to students who already possess an RDAEF license, will the length of the program be of sufficient duration for each student to develop minimum competence in the additional RDAEF duties, **but in no event be less than 288 hours, including at least 76 hours of didactic instruction, at least 180 hours of laboratory instruction, and at least 32 hours of clinical instruction** (students shall not be required to complete instruction related to: (1) Cord retraction of gingivae for impression procedures; (2) Taking impressions for cast restorations; and (3) Fitting of master and accessory points.)

\_\_\_ Yes \_\_\_ No

**Specify the hours for each of the following:**

Didactic: \_\_\_\_\_ Laboratory: \_\_\_\_\_ Clinical: \_\_\_\_\_

**(i) Faculty/Student Ratios.** Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program is approved to instruct. (Excerpt: B&P 1755(e))

All instruction shall be provided under the direct supervision of program staff. (Excerpt: B&P 1758(c))

Laboratory instruction: There shall be at least one instructor for every 14 students who are simultaneously engaged in laboratory instruction.

Preclinical instruction: There shall be at least one instructor for every six students who are simultaneously engaged in preclinical instruction.

Clinical instruction: There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction. (Excerpt: B&P 1754.5))

**16. Will all instruction be provided under the direct supervision of program staff?**

\_\_\_ Yes \_\_\_ No

**17. Will there be at least the following number of instructors per student who are simultaneously engaged in the following instruction: 1 for every 14 students during laboratory instruction, 1 for every 6 students engaged in pre-clinical instruction, and 1 for every 6 students engaged in clinical instruction?**

\_\_\_ Yes \_\_\_ No

**Attach as Question 17 Attachment the following information in a table or chart in the following format for those sessions applicable to the program (do not complete these charts):**

Maximum Students enrolled per session:		Number of Operatories:	
Faculty/Student Ratios	Didactic:	Laboratory:	Clinical:

Class Session*	Hours**	Total Number of Students	Total Number of Faculty Providing Instruction (including Course Director)	Names of Faculty Providing Instruction (including Course Director)

\*Class Session – describe the day or days the class(es) meet, i.e., Monday and Wednesday evenings.

\*\*Hours – provide the hours per day(s)

**(j) Facilities and Resources.** The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program is approved to instruct. The program provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

The minimum requirement for armamentaria includes infection control materials specified by the Division of Occupational Safety and Health and the regulations of the board, protective eyewear, mask, and gloves for each student and faculty member, and appropriate eye protection for each piece of equipment.

(Excerpt: B&P 1755(e)(1) and (2))

(e) The following requirements are in addition to the requirements of Section 1755:

(1) The following are minimum requirements for equipment and armamentaria:

(A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operatory shall allow an articulated typodont to be mounted in a simulated head position.

(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.

(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.

(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform. (Excerpt: B&P 1758(e))

**18. Do the facilities and class scheduling provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that RDAEFs are authorized to perform? Attach as Question 18 Attachment a description of the entire facility, identifying the location of the following major areas of instruction: lecture area; laboratory; dental operatories; sterilization area.**

\_\_\_ Yes \_\_\_ No

**19. Do the location and number of general use equipment and armamentaria ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program is approved to instruct. Attach as Question 19 Attachment a list of the types, location, and number of the required equipment and armamentarium (see Section 1758 above).**

\_\_\_ Yes \_\_\_ No

**20. Will protective eyewear, mask, and gloves be required of or provided to student and faculty member, and appropriate eye protection provided for each piece of equipment?**

\_\_\_ Yes \_\_\_ No

**(k) Operatories.** Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency.

Each operatory shall contain functional equipment, including a power-operated chair for treating patients in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, and adjacent hand-washing sink.

Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient. (Excerpt: B&P 1755(e)(3))

Notwithstanding Section 1755, there shall be at least one operatory for every two students who are simultaneously engaged in clinical instruction. (Excerpt: B&P 1758(e))

**21. Are operatories sufficient in number to allow a ratio of at least one operator for every two students who are simultaneously engaged in clinical instruction? Are they of sufficient size to simultaneously accommodate one student, one instructor, and one patient? Do they contain functional equipment, including a power-operated chair for treating patients in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, and adjacent hand-washing sink? Attach as Question 21 Attachment a description of the operatories, their number, and a list of the equipment and supplies that are housed in the operatory area.**

\_\_\_ Yes \_\_\_ No

**(I) Program Content.**

(h) A detailed program outline shall clearly state curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction. General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program objectives. Students shall be provided with all of the following:

- (1) Specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical, and clinical examinations.
- (2) Standards of performance that state the minimum number of satisfactory performances that are required for each procedure.
- (3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that constitute a critical error and would cause the student to fail the procedure, and a description of each of the grades that may be assessed for each procedure. (Excerpt: B&P 1755(h))

Didactic Instruction. "Didactic instruction" means lectures, demonstrations, and other instruction without active participation by students. The approved provider or its designee may provide didactic instruction via electronic media, home study materials, or live lecture methodology if the provider has submitted that content for approval. (Excerpt: B&P 1754.5)

Laboratory and Clinical Instruction. "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods.

(c) "Preclinical instruction" means instruction in which students receive supervised experience performing procedures on students, faculty, or staff members.

(d) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical instruction shall only be performed upon successful demonstration and evaluation of preclinical skills. (B&P 1754.5)

(f) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (g) to (m), inclusive. In addition to the requirements of those subdivisions, didactic instruction shall include the following:

- (1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.
  - (2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion.
  - (3) Characteristics and manipulation of dental materials related to each procedure.
  - (4) Armamentaria for all procedures.
  - (5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.
  - (6) Occlusion: the review of articulation of maxillary and mandibular arches in maximum intercuspation.
  - (7) Tooth isolation and matrix methodology review.
- (g) General laboratory instruction shall include:
- (1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.
  - (2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.



(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

(h) With respect to preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

(1) Didactic instruction shall include the following:

(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.

(C) Overview of classifications of occlusion and myofunction.

(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.

(2) Preclinical instruction shall include performing an oral inspection on at least two other students.

(3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.

(i) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

(1) *Didactic* instruction shall include the following:

(A) Review of objectives, canal preparation, filling of root canal space.

(B) Description and goals of filling technique using lateral condensation techniques.

(C) Principles and techniques of fitting, cementing master and accessory points using lateral condensation including, characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.

(2) Laboratory instruction shall include fitting master and cementing cones on extracted teeth or assimilated teeth with canals, with two experiences each on a posterior and anterior tooth.

(j) With respect to gingival retraction, general instruction shall include:

(1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.

(2) Description and goals of cord retraction.

(3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.

(k) With respect to final impressions for permanent indirect and tooth-borne restorations:

(1) *Didactic* instruction shall include the following:

(A) Review of characteristics of impression material and custom.

(B) Description and goals of impression taking for permanent indirect restorations and tooth-borne prosthesis.

(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and tooth-borne prosthesis.

(2) Laboratory instruction shall include the following:

(A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.

(B) Impressions for tooth-borne removable prostheses, including taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.

(3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.

(l) With respect to placing, contouring, finishing, and adjusting direct restorations:

(1) *Didactic* instruction shall include the following:

(A) Review of cavity preparation factors and restorative material.

(B) Review of cavity liner, sedative, and insulating bases.

(C) Characteristics and manipulation of direct filling materials.

(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

(E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.

(F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include typondont experience on the following:

(A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(3) Clinical simulation and clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(m) With respect to adjusting and cementing permanent indirect restorations:

*(1) Didactic* instruction shall include the following:

(A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.

(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.

*(2) Laboratory instruction* shall include:

(A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.

(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination. (Excerpt: B&P 1758(f) through (m))

Student Examination. Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director. (Excerpt: B&P 1758(n))

**Note: See the above section regarding required practical and clinical examinations.**

**22. Will clinical instruction only be performed by students upon the successful demonstration and evaluation of their preclinical skills?**

\_\_\_ Yes \_\_\_ No

**23. Will instruction include all content described in Business and Professions Code Section 1758, governing the approval of RDAEF Programs (see above)?**

\_\_\_\_ Yes \_\_\_\_ No

**Attach as Question 23 Attachment the following for each program course/module:**

- ***Detailed program outline including subsections that clearly states curriculum subject matter and specifies instruction hours for each topic in the individual areas of didactic, lab, clinical, and externship instruction***
- ***General program objectives***
- ***Specific objectives in the cognitive and psychomotor domain***
- ***Criteria for all psychomotor skills***
- ***Minimum number of satisfactory performances for all psychomotor skills***
- ***Lesson plans (including information sheets, procedure sheets when applicable)***
- ***Process evaluation grade sheets***
- ***Product evaluation grade sheets***
- ***Practical and clinical examinations***
- ***Written examination examples and keys – To be provided at Site Visit***

## **APPENDIX 1: APPLICABLE LAWS AND REGULATIONS**

### **RDAEF Allowable Duties Beginning 1/1/10**

Following are sections of the Business and Professions Code that describe the allowable duties of RDAEFs beginning January 1, 2010.

#### **Business and Professions Code Section 1753.5 – Allowable Duties for RDAEFs Issued Licenses On and After 1/1/10**

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

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

(1) Conduct preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation.

(2) Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.

(3) Cord retraction of *gingiva* for impression procedures.

(4) Size and fit endodontic master points and accessory points.

(5) Cement endodontic master points and accessory points.

(6) Take final impressions for permanent indirect restorations.

(7) Take final impressions for tooth-borne removable prosthesis.

(8) Polish and contour existing amalgam restorations.

(9) Place, contour, finish, and adjust all direct restorations.

(10) Adjust and cement permanent indirect restorations.

(11) Other procedures authorized by regulations adopted by the board.

(c) All procedures required to be performed under direct supervision shall be checked and approved by the supervising licensed dentist prior to the patient's dismissal from the office.

#### **Business and Professions Code Section 1753.6 – Allowable Duties for RDAEFs Licensed Prior to 1/1/10**

1753.6. (a) 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 paragraphs (1) to (6), inclusive, until he or she provides evidence of having completed a board-approved course in the additional procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5, and an examination as specified in Section 1753.4:

(1) Cord retraction of *gingiva* for impression procedures.

(2) Take final impressions for permanent indirect restorations.

(3) Formulate indirect patterns for endodontic post and core castings.

(4) Fit trial endodontic filling points.

(5) Apply pit and fissure sealants.

(6) Remove excess cement from subgingival tooth surfaces with a hand instrument.

(b) This section shall become operative on January 1, 2010.

### **Requirements for Registered Dental Assistant in Extended Functions (RDAEF) Programs**

Following are the statutes governing Registered Dental Assistant in Extended Functions (RDAEF) programs.

#### **Business and Professions Code Section 1754.5 – Definitions/Faculty to Student Ratios**

1754.5. As used in this article, the following definitions shall apply:

(a) "Didactic instruction" means lectures, demonstrations, and other instruction without active participation by students. The approved provider or its designee may provide didactic instruction via electronic media, home study materials, or live lecture methodology if the provider has submitted that content for approval.

(b) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in laboratory instruction.

(c) "Preclinical instruction" means instruction in which students receive supervised experience performing procedures on students, faculty, or staff members. There shall be at least one instructor for every six students who are simultaneously engaged in preclinical instruction.

(d) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical instruction shall only be performed upon successful demonstration and evaluation of preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

(e) *This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.*

**Business and Professions Code Section 1755 – General Provisions Governing all Dental Assistant Programs and Courses**

1755. (a) (1) The criteria in subdivisions (b) to (h), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the board as provided in this article.

(2) The board may approve, provisionally approve, or deny approval of any program or course.

(3) Program and course records shall be subject to inspection by the board at any time.

(4) The board may withdraw approval at any time that it determines that a program or course does not meet the requirements established in this section or any other requirements of law.

(5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the board.

(b) The program or course director shall possess a valid, active, and current license issued by the board. The program or course director shall actively participate in and be responsible for the day-to-day administration of the program or course, including the following requirements:

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

(2) Informing the Board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.

(3) *Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this article.*

(c) *No faculty member shall instruct in any procedure that he or she is not licensed or permitted to perform. Each faculty member shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching.*

(d) A certificate or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the student's name, the name of the program or course, the total number of program or course hours, the date of completion, and the signature of the program or course director or his or her designee.

(e) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

(2) The minimum requirement for armamentaria includes infection control materials specified by the Division of Occupational Safety and Health and the regulations of the board, protective eyewear, mask, and gloves for each student and faculty member, and appropriate eye protection for each piece of equipment.

(3) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

(A) Each operatory shall contain functional equipment, including a power-operated chair for treating patients in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, and adjacent hand-washing sink.

(B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient.

(f) The program or course shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection, and hazard control and disposal of hazardous wastes, that comply with the board's regulations and other federal, state, and local requirements. The program or course shall provide these protocols to all students, faculty, and appropriate staff to ensure compliance with these protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium. All reusable armamentarium shall be sterilized and nonreusable items properly disposed.

(g) A written policy on managing emergency situations shall be made available to all students, faculty, and staff. All faculty and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course

director shall ensure and document compliance by faculty and staff. A program or course shall not be required to ensure that students complete instruction in basic life support prior to performing procedures on patients.

(h) A detailed program or course outline shall clearly state curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction. General program or course objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

(1) Specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical, and clinical examinations.

(2) Standards of performance that state the minimum number of satisfactory performances that are required for each procedure.

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that constitute a critical error and would cause the student to fail the procedure, and a description of each of the grades that may be assessed for each procedure.

(i) (1) If an extramural clinical facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty and shall not be provided in extramural facilities.

(2) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.

(3) The program or course director, or a designated faculty member, shall orient dentists who intend to provide extramural clinical facilities prior to the student assignment. Orientation shall include the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment. The program or course faculty and extramural clinic personnel shall use the same objective evaluation criteria.

(4) There shall be a written contract of affiliation with each extramural clinical facility, which shall describe the settings in which the clinical training will be received, and affirm that the dentist and clinic personnel acknowledge the legal scope of duties and infection control requirements, that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed, and that the equipment and armamentaria are in safe operating condition.

(j) *This section shall remain in effect only until January 1 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.*

#### **Business and Professions Code Section 1758 - Registered Dental Assistant in Extended Functions (RDAEF) Programs.**

1758. (a) In addition to the requirements of Section 1755, the following criteria shall be met by an educational program for registered dental assistants in extended functions (RDAEF) to secure and maintain approval by the board. *A program approved prior to January 1, 2009, shall comply with board regulations with regard to program content until the date specified in a written certification from the program to the board that it will begin teaching the duties that RDAEFs will be allowed to perform beginning January 1, 2010, which may include the instruction of existing RDAEFs in the additional duties specified in Section 1753.6. The certification shall be filed with the board no later than July 1, 2009, and the date on which the program shall comply with the program content specified in this section shall be no later than January 1, 2010.*

(1) A program applying for approval to teach all of the duties specified in Section 1753.5 shall comply with all of the requirements of this section. The board may approve RDAEF programs prior to January 1, 2010, and recognize the completion of these approved programs by students prior to January 1, 2010, but shall not issue a license to students graduating from such programs until on or after January 1, 2010.

(2) A program applying for approval to teach existing RDAEFs the additional duties specified in Section 1753.6 shall comply with all of the requirements of this section, except as follows:

(A) The program shall be no less than 288 hours, including at least 76 hours of didactic instruction, at least 180 hours of laboratory instruction, and at least 32 hours of clinical instruction.

(B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final impressions for permanent indirect restorations, or the fitting of master and accessory points.

(b) In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the board and shall provide evidence of successful completion of a board-approved pit and fissure sealant course.

(c) Adequate provision for the supervision and operation of the program shall be made. Notwithstanding the requirements of Section 1755, the program director and each faculty member of an approved RDAEF program shall possess a valid, active, and current license as a dentist or an RDAEF. In addition to the requirements of Section 1755, all faculty members responsible for clinical evaluation shall have completed a six-hour teaching methodology course in clinical evaluation *prior to conducting clinical evaluations of students.*

(d) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 380 hours, including at least 100 hours of didactic instruction, at least 200 hours of laboratory instruction, and at least 80 hours of clinical instruction. All instruction shall be provided under the direct supervision of program staff.

(e) The following requirements are in addition to the requirements of Section 1755:

(1) The following are minimum requirements for equipment and armamentaria:

(A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operatory shall allow an articulated typodont to be mounted in a simulated head position.

(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.

(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.

(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.

(2) Notwithstanding Section 1755, there shall be at least one operatory for every two students who are simultaneously engaged in clinical instruction.

(f) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (g) to (m), inclusive. In addition to the requirements of those subdivisions, didactic instruction shall include the following:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion.

(3) Characteristics and manipulation of dental materials related to each procedure.

(4) Armamentaria for all procedures.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Occlusion: the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(7) Tooth isolation and matrix methodology review.

(g) General laboratory instruction shall include:

(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.

(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.

(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

(h) *With respect to preliminary* evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

(1) Didactic instruction shall include the following:

(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.

(C) Overview of classifications of occlusion and myofunction.

(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.

(2) Preclinical instruction shall include performing an oral inspection on at least two other students.

(3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.

(i) *With respect to sizing, fitting, and cementing endodontic master points and accessory points:*

(1) *Didactic* instruction shall include the following:

(A) Review of objectives, canal preparation, filling of root canal space.

(B) Description and goals of filling technique using lateral condensation techniques.

(C) Principles and techniques of fitting, cementing master and accessory points using lateral condensation including, characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.

(2) Laboratory instruction shall include fitting master and cementing cones on extracted teeth or assimilated teeth with canals, with two experiences each on a posterior and anterior tooth.

(j) With respect to gingival retraction, general instruction shall include:

(1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.

(2) Description and goals of cord retraction.

(3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.

(k) With respect to final impressions for permanent indirect and tooth-borne *restorations*:

(1) *Didactic* instruction shall include the following:

(A) Review of characteristics of impression material and custom.

(B) Description and goals of impression taking for permanent indirect restorations and tooth-borne prosthesis.

(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and tooth-borne prosthesis.

(2) Laboratory instruction shall include the following:

(A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.

(B) Impressions for tooth-borne removable prostheses, including taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.

(3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.

(l) With respect to placing, contouring, finishing, and adjusting direct *restorations*:

(1) *Didactic* instruction shall include the following:

(A) Review of cavity preparation factors and restorative material.

(B) Review of cavity liner, sedative, and insulating bases.

(C) Characteristics and manipulation of direct filling materials.

(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

(E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.

(F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include tyodont experience on the following:

(A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(3) Clinical simulation and clinical instruction shall include experience with tyodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(m) With respect to adjusting and cementing permanent indirect *restorations*:

(1) *Didactic* instruction shall include the following:

(A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.

(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include:

(A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.



(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.

(n) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

*(o) This section shall remain in effect only until January 1, 2011, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2011, deletes or extends that date.*