

**State of California
Office of Administrative Law**

In re:
Dental Board of California

Regulatory Action:

Title 16, California Code of Regulations

Amend sections: 1012, 1017.2, 1021

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

OAL Matter Number: 2024-0116-01

OAL Matter Type: Regular (S)

This regular rulemaking action changes the processes for dental professionals to obtain replacement pocket licenses and wall certificates. The changes include prescribing the use of a new form, increasing the associated fee, and removing the requirement to submit fingerprints. This action also changes the processes for dental professionals to inactivate or reactivate a license. The changes include revising what evidence must be provided to demonstrate completion of the continuing education requirements for license reactivation and updating the existing form prescribed for use with license inactivation and reactivation.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 4/1/2024.

Date: February 27, 2024



Timothy Findley
Senior Attorney

For: Kenneth J. Pogue
Director

Original: Tracy Montez, Executive Officer
Copy: Lawrence Bruggeman

STATE OF CALIFORNIA - OFFICE OF ADMINISTRATIVE LAW
REGULAR
NOTICE PUBLICATION REGULATIONS SUBMISSION
STD. 400 (REV. 10/2019)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2023-1107-03	REGULATORY ACTION NUMBER 2024-0116-015	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Department of Consumer Affairs - California Dental Board			

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

FEB 27 2024

1:49 PM

OFFICE OF ADMIN. LAW
2024 JAN 16 PM 4:46

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE Replacement Lic. or Permits & Inactive Licenses		TITLE(S) 16	FIRST SECTION AFFECTED 1012	2. REQUESTED PUBLICATION DATE November 17, 2023
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON David Bruggeman	TELEPHONE NUMBER (916) 263-2027	FAX NUMBER (Optional) (916) 263-2140
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2023 46-2	PUBLICATION DATE 11/17/2023

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Replacement Licenses or Permits and Inactive Licenses	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.) TITLE(S) 16	ADOPT AMEND 1012, 1017.2, 1021 REPEAL

3. TYPE OF FILING			
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input checked="" type="checkbox"/> Other (Specify) Kimberly Kirchmeyer, Director, Department of Consumer Affairs			

7. CONTACT PERSON Lawrence Bruggeman	TELEPHONE NUMBER 916-263-2027	FAX NUMBER (Optional) 916-263-2140	E-MAIL ADDRESS (Optional) lawrence.bruggeman@dca.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE Tracy A. Montez	DATE Jan 10, 2024
TYPED NAME AND TITLE OF SIGNATORY Tracy A. Montez, Ph.D., Executive Officer	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

FEB 27 2024

Office of Administrative Law

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

ORDER OF ADOPTION

Amend Sections 1012, 1017.2, and 1021 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1012. ~~Lost, Destroyed or Mutilated Replacement Licenses or Permits.~~

(a) A licensee or permitholder who desires a replacement of their pocket license or wall certificate shall request a substitute from the Board by submitting a completed application to the Board certifying the loss, theft, mutilation or destruction of their pocket license or wall certificate, or a name change requiring issuance of their pocket license or wall certificate in the new name. For the purposes of this section, a completed application shall include a completed "Declaration and Request for Replacement Pocket License or Certificate," LIC-9 (New 5/2023) form, which is hereby incorporated by reference, and the nonrefundable fee for a substitute certificate or pocket license specified in Section 1021.

(b) A licensee or permitholder shall be issued a substitute pocket license or wall certificate upon request therefor meeting the requirements of this section. Such request shall be accompanied by an affidavit or declaration containing satisfactory evidence of the loss or destruction of his license certificate. A licensed dentist shall also submit fingerprints on forms provided by the board.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1614 and 1724, Business and Professions Code.

§ 1017.2. Inactive Licenses.

(a) A licensee who desires an inactive license and who is not currently engaged in any activity for which an active license is required, shall submit a completed Application to Inactivate/Activate ~~Activate/Inactivate~~ License, LIC-6 (New ~~42/09~~ 5/2023) that is incorporated herein by reference.

(b) In order to restore an inactive license to active status, the licensee shall submit a completed Application to Inactivate/Activate ~~Activate/Inactivate~~ License, LIC-6 (New ~~42/09~~ 5/2023) that is incorporated herein by reference, ~~accompanied by evidence certifying under penalty of perjury~~ that the licensee has completed the required number of hours of approved continuing education in compliance with this article within the last two years preceding such application. In addition, the licensee shall submit a full set of fingerprints as required by Section 1008.

(c) The holder of an inactive license shall continue to pay to the board the required biennial renewal fee specified by Section 1021.

(d) The board shall inform an applicant who wishes to activate/inactivate ~~his/her~~ their license in writing within 30 days whether the application is complete and accepted for filing or is deficient and what specific information is required. The board shall decide within 30 days after the filing of a completed application whether the applicant meets the requirements.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 700-704, 1601.2 and 1629(b), 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
[FN*]

(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.....~~\$50~~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

[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: 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.



DENTAL BOARD OF CALIFORNIA

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

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



APPLICATION TO ACTIVATE/ INACTIVATE LICENSE

Please type or print legibly

For Office Use Only: Approved Date _____

Disapproved Date _____

Full Legal Name of Licensee: Last First Middle Suffix (if any)

License Type and Number:

Email Address (if any):

Date of Birth:

Mailing Address:

☐ I wish to **ACTIVATE** my license. By signing this document, I certify that I have completed at least the following applicable minimum continuing education (CE) units within the last two years preceding this application:

For dentists: a minimum of **50** total CE units including the following mandatory coursework meeting the requirements of 16 CCR sections 1016, 1017, or 1066:

- a course in Infection Control (2 units),
- a course in the California Dental Practice Act (2 units),
- completion of certification in Basic Life Support (maximum of 4 units),
- a course on the responsibilities and requirements of prescribing Schedule II opioids (2 units),
- for dentists prescribing and administering vaccine, at least 1 hour of immunization training,
- for dentists with a general anesthesia permit, at least 24 hours of approved courses related to deep sedation or general anesthesia and an advanced cardiac life support course,
- for dentists with a moderate sedation permit, at least 15 hours related to moderate sedation and medical emergencies, and,
- for dentists with an oral conscious sedation permit, at least 7 hours related to oral conscious sedation of adult patients.

For Registered Dental Assistants (RDA), Registered Dental Assistants in Extended Functions (RDAEF), Dental Sedation Assistants (DSA), and Orthodontic Assistants (OA): a minimum of **25** CE units including the following mandatory coursework meeting the requirements of 16 CCR sections 1016, 1016.2, or 1017:

- a course in Infection Control (2 units),
- a course in the California Dental Practice Act (2 units), and,
- completion of certification in Basic Life Support (maximum of 4 units).

☐

I wish to **INACTIVATE** my license. I am not currently engaged in any activity for which an active license is required from the Dental Board of California under the provisions of the Dental Practice Act.

☐

Check this box indicating that you have read the following notice:

(1) Pursuant to Business and Professions Code section 702, a holder of an inactive license shall not do any of the following:

(a) Engage in any activity for which an active license is required.

(b) Represent that they have an active license.

(2) Pursuant to Business and Professions Code section 703, a holder of an inactive license must still renew their license and pay the biennial renewal fee (as set forth in Title 16, California Code of Regulations section 1021) but need not comply with any continuing education requirements.

(3) Prior to reactivating your license, you will be required to complete continuing education equivalent to that required for a single license renewal period (see specific items noted above for activating a license).

(4) Per Business and Professions Code section 1718.3, a license not renewed for five years from the license expiration date cannot be renewed, restored, reinstated, or reissued.

I certify under penalty of the laws of the State of California that all information provided on this form is true and correct and that I am the person named above on this form.

Signature

Date

INFORMATION COLLECTION AND ACCESS

This completed form must be submitted to the Dental Board of California (Board) as required by Business and Professions Code sections 700-704, and Title 16, California Code of Regulations (16 CCR) section 1017.2 or your application will not be processed (16 CCR section 1004). The information requested on this form is mandatory and will be used to determine eligibility for activation or reactivation (restoration) of a license. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure pursuant to Civil Code section 1798.40. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.

**DENTAL BOARD OF CALIFORNIA**

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

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

**DECLARATION AND REQUEST FOR REPLACEMENT POCKET LICENSE OR CERTIFICATE***Please type or print legibly***For Office Use Only:**

Amount _____ Receipt _____

File # _____ Date Processed _____

1. Full Legal Name: Last First Middle Suffix (if any):	2. License/Permit: Type and Number
3. For applicants seeking replacement due to name change: Name license was originally issued under (if different from above)	4. Date original license/permit was issued (MM,DD,YR)
5. Mailing Address:	6. Date of Birth:
7. Email Address (if any):	8. Telephone Number:

Request for Replacement of: (check appropriate box)

<input type="checkbox"/> Pocket License \$111 - Non-Refundable Fee	<input type="checkbox"/> Wall Certificate \$111 - Non-Refundable Fee
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I hereby request replacement of my wall certificate or pocket license for the following reason(s):

Reason for Request: (check appropriate box)

<input type="checkbox"/> Lost/Original Not Received	<input type="checkbox"/> Stolen	<input type="checkbox"/> Mutilated/Destroyed
<input type="checkbox"/> My Name Changed (per 16 CCR section 1013). Please issue me a replacement pocket license or wall certificate, as requested above, in the name listed in Box 1 of this form.		

*I certify under penalty of perjury under the laws of the State of California that all of the information provided on this form is true and correct and that I am the person named on the license or permit stated above.*_____
Signature_____
Date**INFORMATION COLLECTION AND ACCESS**

This completed form, including all applicable fees, must be submitted to the Dental Board of California (Board) as required by Title 16, California Code of Regulations (16 CCR) sections 1012 and 1021 or your application will not be processed (16 CCR section 1004). The information requested on this form is mandatory and will be used to determine eligibility for issuance of a replacement pocket license or wall certificate. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure pursuant to Civil Code section 1798.40. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.