

Excerpts from the Dental Practice Act and Regulations Related to Dental Assisting (January 1, 2010)

This document contains statutes and regulations (collectively referred to as “laws”) that specifically affect dental assisting.

- *This document does NOT contain all of the laws and regulations governing the practice of dentistry. To view all current statutes, go to leginfo.ca.gov – the statutes governing dentistry are in the Business and Professions Code beginning at Section 1600. To view all current regulations, go to www.oal.ca.gov – enter Title 16, and the regulation number, which begin at section 1000.*
- *As used in this document, the term “B&P” means the Business and Professions Code, while “regulation” means the regulations adopted by the Dental Board and contained in Title 16 of the California Code of Regulations, beginning at section 1000. In addition, the Dental Board of California is referred to in this document as “the Board”.*
- *The text of the actual statutes and regulations appear in regular text, while explanatory notes and headings appear in italic text. The terms “B&P” and “Regulation” precede each section only to identify whether they are statute or regulation; they are not part of the language of the actual statute or regulation. In addition, headings in parenthesis (heading) at the beginning of a B&P section are for clarity only, and are not a part of the actual statute.*
- *The laws are not in numerical order. They have been re-arranged by subject matter for ease of reference.*
- *This document is current as of the date contained in the footnote. Since laws change frequently as the result of legislation or regulatory action, the actual laws should be consulted in serious matters. This document is intended only as a general reference.*

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1. General

The regulation of dentists and dental assisting practitioners is primarily the responsibility of the Dental Board of California, which is referred to in this document as “the Board”. The Board is a State agency within the Department of Consumer Affairs.

B&P 101.6. The boards, bureaus, and commissions in the department are established for the purpose of ensuring that those private businesses and professions deemed to engage in activities which have potential impact upon the public health, safety, and welfare are adequately regulated in order to protect the people of California.

To this end, they establish minimum qualifications and levels of competency and license persons desiring to engage in the occupations they regulate upon determining that such persons possess the requisite skills and qualifications necessary to provide safe and effective services to the public, or register or otherwise certify persons in order to identify practitioners and ensure performance according to set and accepted professional standards. They provide a means for redress of grievances by investigating allegations of unprofessional conduct, incompetence, fraudulent action, or unlawful activity brought to their attention by members of the public and institute disciplinary action against persons licensed or registered under the provisions of this code when such action is warranted. In addition, they conduct periodic checks of licensees, registrants, or otherwise certified persons in order to ensure compliance with the relevant sections of this code.

a. Dental Board Members. *Most Board members are appointed by the Governor, with one public member appointed by the Legislature’s Senate Rules Committee and one by the Speaker of the Assembly.*

B&P 1601.1. {excerpt} (a) There shall be in the Department of Consumer Affairs the Dental Board of California in which the administration of this chapter is vested. The board shall consist of eight practicing dentists, one registered dental hygienist, one registered dental assistant, and four public members. Of the eight practicing dentists, one shall be a member of a faculty of any California dental college, and one shall be a dentist practicing in a nonprofit community clinic. The appointing powers, described in Section 1603, may appoint to the board a person who was a member of the prior board. The board shall be organized into standing committees dealing with examinations, enforcement, and other subjects as the board deems appropriate.
...”

b. Dental Board Administration of Laws. *The Dental Board administers the Dental Practice Act, which is in the Business and Professions Code (B&P Code) beginning at Section 1600. These are called “statutes”, which are passed by the California Legislature and signed by the Governor. The Board also has the authority to adopt administrative regulations to interpret or make the statutes specific, and these are called “rules” or “regulations”. They are contained in Title 16 of the California Code of Regulations beginning at Section 1000.*

There are also other laws affecting dental professionals not included in this document, including those in the general sections of the Business and Professions Code (beginning at Section 100), the Health and Safety Code, and others.

B&P 1601.2. Protection of the public shall be the highest priority for the Dental Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

B&P 1611. The board shall carry out the purposes and enforce the provisions of this chapter. It shall examine all applicants for a license to practice dentistry according to the provisions of this chapter and shall issue licenses to practice dentistry in this State to such applicants as successfully pass the examination of the board and otherwise comply with the provisions of this chapter. The board shall collect and apply all fees as directed by this chapter.

B&P 1614. (Rules and Regulations) The board may adopt reasonably necessary rules not inconsistent with the provisions of this chapter concerning:

- (a) The holding of meetings.
- (b) The holding of examinations.
- (c) The manner of issuance and reissuance of licenses.
- (d) The establishment of standards for the approval of dental colleges.
- (e) Prescribing subjects in which applicants are to be examined.
- (f) The administration and enforcement of this chapter.

Such rules shall be adopted, amended, or repealed in accordance with the provisions of the Administrative Procedure Act.

c. Dental Assisting Forum

B&P 1742. The Legislature hereby finds and declares that dental assistants provide a dental care service that is vital to good dental health. It is the intent of the Legislature that the board create and implement an effective forum where dental assistant services and regulatory oversight of dental assistants can be heard and discussed in full and where all matters relating to dental assistants in this state can be discussed, including, but not limited to, all of the following matters:

- (a) Requirements for dental assistant licensure and renewal.
- (b) Allowable dental assistant duties, settings, and supervision levels.
- (c) Appropriate standards of conduct and enforcement for dental assistants.

d. Board Staff Assigned to Dental Assisting Matters

B&P 1616.6. There is hereby established within the board a full-time management level staff position, under the direction of the executive officer, whose sole responsibilities shall be the management of matters related to dental assisting, including, but not limited to, education, examination, licensure, and enforcement.

2. The Practice of Dentistry: Definitions and Exemptions

Various laws define the practice of dentistry, specifying who must obtain a license before engaging in certain activities, while other laws exempt certain activities.

a. General Definition of the Practice of Dentistry

B&P 1625. Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Without limiting the foregoing, a person practices dentistry within the meaning of this chapter who does any one or more of the following:

(a) By card, circular, pamphlet, newspaper or in any other way advertises himself or represents himself to be a dentist.

(b) Performs, or offers to perform, an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws, or associated structures, or corrects malposed positions thereof.

(c) In any way indicates that he will perform by himself or his agents or servants any operation upon the human teeth, alveolar process, gums, jaws, or associated structures, or in any way indicates that he will construct, alter, repair, or sell any bridge, crown, denture or other prosthetic appliance or orthodontic appliance.

(d) Makes, or offers to make, an examination of, with the intent to perform or cause to be performed any operation on the human teeth, alveolar process, gums, jaws, or associated structures.

(e) Manages or conducts as manager, proprietor, conductor, lessor, or otherwise, a place where dental operations are performed.

b. Exemptions from the Practice of Dentistry – Specified Clinics

B&P 1625.1. (a) Any of the following entities may employ licensees and dental assistants and charge for the professional services they render, and shall not be deemed to be practicing dentistry within the meaning of Section 1625:

(1) A primary care clinic that is licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code.

(2) A primary care clinic that is exempt from licensure pursuant to subdivision (b), (c), or (h) of Section 1206 of the Health and Safety Code.

(3) A clinic owned or operated by a public hospital or health system.

(4) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

(b) The entities described in subdivision (a) shall not interfere with, control, or otherwise direct the professional judgment of a licensee or dental assistant acting within his or her scope of practice as defined in this chapter. A requirement that licensees shall constitute all or a percentage of the governing body of the entity shall not be applicable to these entities.

c. Exemptions from the Practice of Dentistry – Various

B&P 1626. It is unlawful for any person to engage in the practice of dentistry in the state, either privately or as an employee of a governmental agency or political subdivision, unless the person has a valid, unexpired license or special permit from the board.

The following practices, acts and operations, however, are exempt from the operation of this chapter:

(a) The practice of oral surgery by a physician and surgeon licensed under the Medical Practice Act.

(b) The operations, in dental schools approved by the board, of bona fide students of dentistry or dental hygiene in the school's clinical departments or laboratories or in a dental extension program approved by the board or in an advanced dental education program accredited by the Commission on Dental Accreditation of the American Dental Association or a national accrediting body approved by the board.

(c) The practice of dentistry by licensed dentists of other states or countries while appearing and operating as bona fide clinicians or instructors in dental colleges approved by the Dental Board of California.

(d) The practice of dentistry by licensed dentists of other states or countries in conducting or making a clinical demonstration before any bona fide dental or medical society, association, or convention; provided, however, the consent of the Dental Board of California to the making and conducting of the clinical demonstration shall be first had and obtained.

(e) The construction, making, verification of shade taking, alteration or repairing of bridges, crowns, dentures, or other prosthetic appliances, or orthodontic appliances, when the casts or impressions for this work have been made or taken by a licensed dentist, but a written authorization signed by a licensed dentist shall accompany the order for the work or it shall be performed in the office of a licensed dentist under his or her supervision. The burden of proving written authorization or direct supervision is upon the person charged with the violation of this chapter.

It is unlawful for any person acting under the exemption of this subdivision to represent or hold out to the public in any manner that he or she will perform or render any of the services exempted by this subdivision that are rendered or performed under the provisions of this chapter by a licensed dentist, including the construction, making, alteration or repairing of dental prosthetic or orthodontic appliances.

(f) The manufacture or sale of wholesale dental supplies.

(g) The practice of dentistry or dental hygiene by applicants during a licensing examination conducted in this state by the licensing agency of another state which does not have a dental school; provided, however, that the consent of the board to the conducting of the examination shall first have been obtained and that the examination shall be conducted in a dental college accredited by the board.

(h) The practice by personnel of the Air Force, Army, Coast Guard, or Navy or employees of the United States Public Health Service, Veterans' Administration, or Bureau of Indian Affairs when engaged in the discharge of official duties.

d. Exemptions from the Practice of Dentistry – Specified Students

B&P 1626.5. In addition to the exemptions set forth in Section 1626, the operations by bona fide students of registered dental assisting, registered dental assisting in extended functions, and registered dental hygiene in extended functions in the clinical departments or the laboratory of an educational program or school approved by the board, including operations by unlicensed students while engaged in clinical externship programs that have been approved by an approved educational program or school, and that are under the general programmatic and academic supervision of that educational program or school, are exempt from the operation of this chapter.

3. Dental Assisting

Various persons other than dentists are allowed to perform certain dental procedures in the manner specified in law. These include unlicensed dental assistants, Orthodontic Assistants (OA permit holders), Dental Sedation Assistants (DSA permit holders), Registered Dental Assistants (RDAs), Registered Dental Assistants in Extended Functions (RDAEFs), and various categories of Registered Dental Hygienists.

In 2008, legislation was passed that amended the laws in California affecting dental assisting, most of which became effective January 1, 2010, and include the following:

- ***Requirements for Unlicensed Dental Assistants.*** *Unlicensed dental assistants will be subject to new requirements beginning January 1, 2010, including passage of certain mandatory courses.*
- ***RDA Expansion of Duties.*** *New duties have been added to the scope of practice of RDAs beginning January 1, 2010.*
- ***Expansion of RDAEF Scope of Practice.*** *A new level of RDAEF has been created beginning January 1, 2010. These practitioners will be allowed to perform a number of new duties including the placement of composite and amalgam restorations.*
- ***OA and DSA permit holders.*** *Two new dental assisting categories are created beginning January 1, 2010: Orthodontic Assistant and Dental Sedation Assistant.*
- ***Committee on Dental Auxiliaries (COMDA).*** *Effective July 1, 2009, COMDA was eliminated, and its functions absorbed by the Dental Board. The new laws require that the Board establish a dental assisting forum, and a full-time management level staff position whose sole responsibility shall be the management of dental assisting matters.*
- ***RDHs.*** *Effective July 1, 2009, the regulation of the various categories of RDHs were transferred to a new Dental Hygiene Committee (beginning at B&P Section 1900). Laws regarding RDHs are not contained in this document.*

a. General

Regulation 1068. Posting of Dental Auxiliary Duties.

All dentists utilizing the services of dental auxiliaries shall post a notice in a common area of the office which delineates duties and functions deemed by the board as delegable within stipulated settings and/or circumstances. Such notice shall be readily accessible to all individuals under supervision of the dentist.

B&P 1741. (Definitions) As used in this article:

- (a) "Board" means the Dental Board of California.
- (b) "Direct supervision" means supervision of dental procedures based on instructions given by a licensed dentist, who must be physically present in the treatment facility during the performance of those procedures.
- (c) "General supervision" means supervision of dental procedures based on instructions given by a licensed dentist but not requiring the physical presence of the supervising dentist during the performance of those procedures.

Regulation 1067. Definitions.

As used in this subchapter:

(a) "Dental auxiliary" means a person who may perform dental supportive procedures authorized by the provisions of these regulations under the specified supervision of a licensed dentist.

(b) "Dental assistant" means an unlicensed person who may perform basic supportive dental procedures specified by these regulations under the supervision of a licensed dentist.

(c) "Registered dental assistant" or "RDA" means a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant under the designated supervision of a licensed dentist.

(d) "Registered dental hygienist" or "RDH" means a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant and registered dental assistant, under the designated supervision of a licensed dentist.

(e) "Registered dental assistant in extended functions" or "RDAEF" means a person licensed as a registered dental assistant who has completed post-licensure clinical and didactic training approved by the board and satisfactorily performed on an examination designated by the board for registered dental assistant in extended function applicants.

(f) "Registered dental hygienist in extended functions" or "RDHEF" means a person licensed as a registered dental hygienist who has completed post-licensure clinical and didactic training approved by the board and satisfactorily performed on an examination designated by the board for registered dental hygienist in extended functions applicants.

(g) "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.

(h) "Coronal polishing" means a procedure limited to the removal of plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with rubber cup or brush and a polishing agent.

(i) "Direct supervision" means supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during performance of those procedures.

(j) "General supervision" means supervision of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

(k) "Satisfactory educational qualification" means theory, laboratory and/or clinical experience approved by the board.

(l) "Basic supportive dental procedures" means fundamental duties or functions which may be performed by an unlicensed dental assistant under the supervision of a licensed dentist because of their technically elementary characteristics, complete reversibility and inability to precipitate potentially hazardous conditions for the patient being treated.

(m) "Root planing" means the process of instrumentation by which the unattached surfaces of the root are made smooth by the removal of calculus and/or cementum.

(n) "Periodontal soft tissue curettage" means the closed removal of tissue lining the periodontal pocket, not involving the reflection of a flap.

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

B&P 1751. (Review of Allowable Duties) (a) At least once every seven years, the board shall review the allowable duties for dental assistants, registered dental assistants, registered dental assistants in extended functions, dental sedation assistant permitholders, and orthodontic assistant permitholders, the supervision level for these categories, and the settings under which these duties may be performed, and shall update the regulations as necessary to keep them current with the state of the dental practice.

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

B&P1767. (Adoption of Regulations) The board shall adopt regulations necessary to implement the provisions of this article.

B&P 1771. (Misrepresentation – Misdemeanor) Any person, other than a person who has been issued a license or permit by the board, who holds himself or herself out as a registered dental assistant, orthodontic assistant permitholder, dental sedation assistant permitholder, or registered dental assistant in extended functions, or uses any other term indicating or implying he or she is licensed or permitted by the board as such, is guilty of a misdemeanor.

B&P 1656. (Radiation Safety) On and after January 1, 1985, every dentist licensed to practice dentistry in the state and any person working in a dentist's office who operates dental radiographic equipment shall meet at least one of the following requirements:

(a) Pass a course, approved by the board, in radiation safety which includes theory and clinical application in radiographic technique. The board shall require the courses to be taught by persons qualified in radiographic technique and shall adopt regulations specifying the qualifications for course instructors.

(b) Have passed a radiation safety examination conducted by the board prior to January 1, 1985.

B&P 1721.5. (State Dental Assistant Fund) (a) All funds received by the Treasurer pursuant to Section 1725 shall be placed in the State Dental Assistant Fund for the purposes of administering this chapter as it relates to dental assistants, registered dental assistants, registered dental assistants in extended functions, dental sedation assistant permitholders, and orthodontic assistant permitholders. Expenditure of these funds shall be subject to appropriation by the Legislature in the annual Budget Act.

(b) On July 1, 2009, all moneys in the State Dental Auxiliary Fund, other than the moneys described in Section 1945, shall be transferred to the State Dental Assistant Fund. The board's authority to expend those funds, as appropriated in the 2008 Budget Act, shall continue in order to carry out the provisions of this chapter as they related to dental assistants licensed under this chapter for the 2008-09 fiscal year, including the payment of any encumbrances related to dental assistants licensed under this chapter incurred by the State Dental Auxiliary Fund.

B&P 1725. (Fees) The amount of the fees prescribed by this chapter that relate to the licensing and permitting of dental assistants shall be established by board resolution and subject to the following limitations:

(a) The application fee for an original license shall not exceed twenty dollars (\$20). On and after January 1, 2010, the application fee for an original license shall not exceed fifty dollars (\$50).

(b) The fee for examination for licensure as a registered dental assistant shall not exceed fifty dollars (\$50) for the written examination and shall not exceed sixty dollars (\$60) for the practical examination.

(c) The fee for application and for the issuance of an orthodontic assistant permit or a dental sedation assistant permit shall not exceed fifty dollars (\$50).

(d) The fee for the written examination for an orthodontic assistant permit or a dental sedation assistant permit shall not exceed the actual cost of the examination.

(e) The fee for the written examination in law and ethics for a registered dental assistant shall not exceed the actual cost of the examination.

(f) The fee for examination for licensure as a registered dental assistant in extended functions shall not exceed the actual cost of the examination.

(g) The fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(h) For third- and fourth-year dental students, the fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(i) The fee for examination for licensure as a registered dental hygienist in extended functions shall not exceed the actual cost of the examination.

(j) The board shall establish the fee at an amount not to exceed the actual cost for licensure as a registered dental hygienist in alternative practice.

(k) The biennial renewal fee for a registered dental assistant whose license expires on or after January 1, 1991, shall not exceed sixty dollars (\$60). On or after January 1, 1992, the board may set the renewal fee for a registered dental assistant license, registered dental assistant in extended functions license, dental sedation assistant permit, or orthodontic assistant permit in an amount not to exceed eighty dollars (\$80).

(l) The delinquency fee shall not exceed twenty-five dollars (\$25) or one-half of the renewal fee, whichever is greater. Any delinquent license or permit may be restored only upon payment of all fees, including the delinquency fee.

(m) The fee for issuance of a duplicate registration, license, permit, or certificate to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars (\$25).

(n) The fee for each curriculum review and site evaluation for educational programs for registered dental assistants that are not accredited by a board-approved agency, or the Chancellor's office of the California Community Colleges shall not exceed one thousand four hundred dollars (\$1,400).

(o) The fee for review of each approval application for a course that is not accredited by a board-approved agency, or the Chancellor's office of the California Community Colleges shall not exceed three hundred dollars (\$300).

(p) No fees or charges other than those listed in subdivisions (a) to (o), inclusive, above shall be levied by the board in connection with the licensure or permitting of dental assistants, registered dental assistant educational program site evaluations and course evaluations pursuant to this chapter.

(q) Fees fixed by the board pursuant to this section shall not be subject to the approval of the Office of Administrative Law.

(r) Fees collected pursuant to this section shall be deposited in the State Dental Assistant Fund.

B&P 1765. (Performance of dental hygiene procedures) No person other than a licensed dental hygienist or a licensed dentist may engage in the practice of dental hygiene or perform dental hygiene procedures on patients, including, but not limited to, supragingival and subgingival scaling, dental hygiene assessment, and treatment planning, except for the following persons:

(a) A student enrolled in a dental or a dental hygiene school who is performing procedures as part of the regular curriculum of that program under the supervision of the faculty of that program.

(b) A dental assistant, registered dental assistant, or registered dental assistant in extended functions acting in accordance with the provisions of this chapter.

(c) A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions licensed in another jurisdiction performing a clinical demonstration for educational purposes.

b. Permitted Duties in Specified Settings

B&P 1777. While employed by or practicing in a primary care clinic or specialty clinic licensed pursuant to Section 1204 of the Health and Safety Code, in a primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code, the following shall apply:

(a) A dental assistant, registered dental assistant, or registered dental assistant in extended functions may perform any extraoral duty under the direct supervision of a registered dental hygienist or registered dental hygienist in alternative practice.

(b) A registered dental assistant or a registered dental assistant in extended functions may perform the following procedures under the direct supervision of a registered dental hygienist or a registered dental hygienist in alternative practice, pursuant to subdivision (b) of Section 1763:

(1) Coronal polishing.

(2) Application of topical fluoride.

(3) Application of sealants, after providing evidence to the board of having completed a board-approved course in that procedure.

(b) A registered dental assistant or a registered dental assistant in extended functions may perform the following procedures under the direct supervision of a registered dental hygienist or a registered dental hygienist in alternative practice, pursuant to subdivision (b) of Section 1763:

(1) Coronal polishing.

(2) Application of topical fluoride.

(3) Application of sealants, after providing evidence to the board of having completed a board-approved course in that procedure.

Health and Safety Code Section 104762. Within a public health setting or a public health program that is created or administered by a federal, state, or local governmental entity, any person may apply topical

fluoride, including fluoride varnish to the teeth of individuals who are being served in that setting or program, according to the prescription and protocol issued and established by a physician or dentist.

Health and Safety Code Section 104830. Pupils of public and private elementary and secondary schools, except pupils of community colleges, shall be provided the opportunity to receive within the school year the topical application of fluoride, including fluoride varnish, or other decay-inhibiting agent to the teeth in the manner approved by the department. The program of topical application shall be under the general direction of a dentist licensed in the state. Topical application of fluoride may include, according to the prescription and protocol established by the dentist, self-application or application by another person.

c. General Application Requirements. *Following are general application requirements that apply to all applicants for dental assisting licensure. There are additional specific requirements for each type of applicant in a later section.*

Regulation 1076. General Application Requirements.

(a) Application for licensure as a registered dental auxiliary shall be made on a form prescribed by the board and shall be accompanied by the following:

- (1) The fees fixed by the board;
- (2) Two classifiable sets of fingerprints on forms provided by the board;
- (3) Where applicable, a record of any previous dental assisting or hygiene practice and verification of license status in another jurisdiction.

(b) Completed applications shall be filed with the board not later than the following number of days prior to the date set for the examination for which application is made;

RDH - 45 days

RDA - 60 days

RDAEF and RDHEF - 45 days

An incomplete application shall be returned to the applicant together with a statement setting forth the reason for returning the application and indicating the amount of money, if any, which will be refunded. An application shall not be deemed incomplete for failure to establish compliance with educational requirements if the application is accompanied by a certification from an approved program that the applicant is expected to meet all educational requirements established for the license for which application has been made and if the approved program certifies not less than 30 days prior to examination that the applicant has in fact met such educational requirements.

The processing times for dental auxiliary licensure are set forth in Section 1069.(c) Permission to take an examination shall be granted to those applicants who have paid the necessary fees and whose credentials have been approved by the executive officer. Nothing contained herein shall be construed to limit the board's authority to seek from an applicant such other information as may be deemed necessary to evaluate the applicant's qualifications.

d. General Examination Requirements. *Following are general examination requirements that apply to all applicants for dental assisting licensure. There are specific requirements for each type of applicant in a later section.*

B&P 1749.1. (Law and ethics examinations) In addition to any other examination required by this article, the board may require applicants for licensure under this article to successfully complete an examination in California law and ethics.

Regulation 1080. General Procedures for Dental Auxiliary Written and Practical Examinations.

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of all dental auxiliary written and practical examinations.

(a) The ability of an examinee to read and interpret instructions and examination material is a part of the examination.

(b) No person shall be admitted to an examination room or laboratory unless he or she is wearing the appropriate badge.

(c) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which interfere with the Board's objective of evaluating professional competence. Such acts include, but are not limited to the following:

- (1) Allowing another person to take the examination in the place of, and under the identity of, the examinee.
- (2) Copying or otherwise obtaining examination answers from other persons during the course of an examination.
- (3) Bringing any notes, books, pictures, tape recorders, or other unauthorized materials into the examination area.
- (4) Assisting another examinee during the examination process.
- (5) Using the equipment, instruments, or materials belonging to another examinee.
- (6) Copying, photographing or in any way reproducing or recording examination questions or answers.
- (7) Bringing a previously prepared procedure or any portion thereof into a laboratory examination.
- (8) Leaving the assigned examination area without the permission of an exam administrator.
- (9) Failing to follow directions relative to the conduct of the examination, including termination of the examination at the scheduled or announced time.

Regulation 1080.1. General Procedures for Dental Auxiliary Clinical Examinations.

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of all dental auxiliary clinical examinations.

(a) Each examinee shall furnish patients, instruments, engines and materials necessary to carry the procedures to completion. The board will provide chairs.

(b) A patient provided by an examinee must be at least 18 years of age and shall be in a health condition acceptable for dental treatment. If conditions indicate a need to consult the patient's physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the examinee must obtain the necessary written medical clearance and/or evidence of premedication before the patient will be accepted. The examiners may, in their discretion, reject a patient who in the opinion of at least two examiners has a condition which interferes with evaluation or which may be hazardous to the patient, other patients, examinees or examiners. A hazardous condition includes, but is not limited to, acute symptomatic hepatitis, active herpetic lesions, acute periodontal or periapical abscesses, or necrotizing ulcerative gingivitis. Whenever a patient is rejected, the reason for such rejection shall be noted on the examination record and shall be signed by both rejecting examiners.

(c) No person shall be admitted to an examination clinic unless he or she is wearing the appropriate identification badge.

(d) An examinee may be dismissed from the entire examination, and a statement of issues may be filed against the examinee, for acts which inter

- (1) Allowing another person to take the examination in the place of, and under the identity of, the examinee.
- (2) Bringing any notes, books, pictures, tape recorders, or other unauthorized materials into the examination area.
- (3) Assisting another examinee during the examination process.
- (4) Using the equipment, instruments, or materials belonging to another examinee.
- (5) Presenting radiographs which have been altered, or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the examinee.
- (6) Failing to comply with the board's infection control regulations.
- (7) Failing to use an aspirating syringe for administering local anesthesia.
- (8) Premedicating a patient for purposes of sedation.
- (9) Dismissing a patient without the approval and signature of an examiner.
- (10) Leaving the assigned examination area without the permission of an exam administrator.
- (11) Failing to follow directions relative to the conduct of the examination, including termination of the examination at the scheduled or announced time.

(e) An examinee may be declared by the board to have failed the entire examination for demonstration of gross incompetence in treating a patient.

Regulation 1080.2. Conduct of Dental Auxiliary Examinations.

Examinations shall be anonymous. An anonymous examination is one conducted in accordance with procedures, including but not limited to those set forth below, which ensure and preserve anonymity of applicants.

(a) The board shall randomly assign each applicant a number, and said applicant shall be known by that number throughout the entire examination.

(b) Grading examiners shall not view examinees during the performance of the examination assignments.

(c) There shall be no communications between grading examiners and floor examiners except for oral communications conducted in the presence of board staff. There shall be no communication between grading examiners and examinees except written communications on board approved forms.

Regulation 1080.3. Dental Auxiliary Licensure Examination Review Procedures; Appeals.

(a) An examinee who has failed an examination shall be provided with notice, upon written request, of those areas in which he/she is deficient in the practical or clinical phases of such examination.

(b) An unsuccessful examinee who has been informed of the areas of deficiency in his/her performance on the practical or clinical phases of the examination and who has determined that one or more of the following errors was made during the course of his/her examination and grading may appeal to the board within sixty (60) days following receipt of his/her examination results:

(1) Significant procedural error in the examination process;

(2) Evidence of adverse discrimination;

(3) Evidence of substantial disadvantage to the examinee. Such appeal shall be made by means of a written letter specifying the grounds upon which the appeal is based. The Board shall respond to the appeal in writing and may request a personal appearance by the examinee. The Board shall thereafter take such action as it deems appropriate.

Regulation 1083. Passing Grades.

(a) Registered Dental Hygienist. Each applicant for licensure as a registered dental hygienist who attains a grade of 75% in the practical examination designated by the Board shall be considered as having passed the examination.

(b) Registered Dental Assistant. An applicant for licensure as a registered dental assistant shall be deemed to have passed the required examination only if the applicant has obtained a score of at least 75 on the written examination and at least 75% on the practical examination; provided, however, that an applicant who attains a grade of less than 75% in any single procedure shall be considered to have failed the entire practical examination.

(c) Registered Dental Assistant in Extended Functions. Each applicant for licensure as an RDAEF who attains a grade of at least 75% on each procedure in the examination shall be deemed to have passed the required examination.

(d) Registered Dental Hygienist in Extended Functions. Each applicant for licensure as an RDHEF who attains a grade of at least 75% on each procedure in the examination shall be deemed to have passed the required examination. A registered dental hygienist who has passed the RDAEF examination prior to December 31, 1991 shall be eligible for licensure as an RDHEF without further examination.

e. Unlicensed Dental Assistants. Following are the laws that specifically apply to unlicensed dental assistants.

B&P 1750. (Requirements) (a) A dental assistant is an individual who, without a license, may perform basic supportive dental procedures, as authorized by Section 1750.1 and by regulations adopted by the board, under the supervision of a 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 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 of a dental assistant shall be responsible for ensuring that the dental assistant who has been in continuous employment for 120 days or more, has already successfully completed, or successfully completes, all of the following within a year of the date of employment:

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

- (2) A board-approved course in infection control.
- (3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent and that provides the student the opportunity to engage in hands-on simulated clinical scenarios.
- (d) The employer of a dental assistant shall be responsible for ensuring that the dental assistant maintains certification in basic life support.
- (e) This section shall become operative on January 1, 2010.

B&P 1750.1. (Allowable Duties) (a) A dental assistant may perform the following duties under the general supervision of a supervising licensed dentist:

- (1) Extra-oral duties or procedures specified by the supervising licensed dentist, provided that these duties or procedures meet the definition of a basic supportive procedure specified in Section 1750.
- (2) Operate dental radiography equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of Section 1656.
- (3) Perform intraoral and extraoral photography.
- (b) A dental assistant may perform the following duties under the direct supervision of a supervising licensed dentist:
 - (1) Apply nonaerosol and noncaustic topical agents.
 - (2) Apply topical fluoride.
 - (3) Take intraoral impressions for all nonprosthodontic appliances.
 - (4) Take facebow transfers and bite registrations.
 - (5) Place and remove rubber dams or other isolation devices.
 - (6) Place, wedge, and remove matrices for restorative procedures.
 - (7) Remove postextraction dressings after inspection of the surgical site by the supervising licensed dentist.
 - (8) Perform measurements for the purposes of orthodontic treatment.
 - (9) Cure restorative or orthodontic materials in operative site with a light-curing device.
 - (10) Examine orthodontic appliances.
 - (11) Place and remove orthodontic separators.
 - (12) Remove ligature ties and archwires.
 - (13) After adjustment by the dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.
 - (14) Remove periodontal dressings.
 - (15) Remove sutures after inspection of the site by the dentist.
 - (16) Place patient monitoring sensors.
 - (17) Monitor patient sedation, limited to reading and transmitting information from the monitor display during the intraoperative phase of surgery for electrocardiogram waveform, carbon dioxide and end tidal carbon dioxide concentrations, respiratory cycle data, continuous noninvasive blood pressure data, or pulse arterial oxygen saturation measurements, for the purpose of interpretation and evaluation by a supervising licensed dentist who shall be at the patient's chairside during this procedure.
 - (18) Assist in the administration of nitrous oxide when used for analgesia or sedation. A dental assistant shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the supervising licensed dentist who shall be present at the patient's chairside during the implementation of these instructions. This paragraph shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.
- (c) Notwithstanding subdivision (b), when operating in a school-based setting or a public health program created or administered by a federal, state, county, or local governmental entity pursuant to Sections 104762 and 104830 of the Health and Safety Code, a dental assistant may apply topical fluoride under the general direction of a licensed dentist or physician.
- (d) Under the supervision of a registered dental hygienist in alternative practice, a dental assistant may perform intraoral retraction and suctioning.
- (e) The board may specify additional allowable duties by regulation.
- (f) The duties of a dental assistant or a dental assistant holding a permit in orthodontic assisting or in dental sedation do 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 or adjusting local or general anesthesia or oral or parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other and except as otherwise provided by law.

(g) The duties of a dental assistant are defined in subdivision (a) of Section 1750 and do not include any duty or procedure that only an orthodontic assistant permit holder, dental sedation assistant permit holder, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in alternative practice is allowed to perform.

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

f. Orthodontic Assistants. Following are the laws that specifically apply to Orthodontic Assistants.

B&P 1750.2. (Requirements) (a) On and after January 1, 2010, the board may issue an orthodontic assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Completion of at least 12 months of work experience as a dental assistant.

(2) Successful completion of a board-approved course in the Dental Practice Act and a board-approved, course in infection control.

(3) Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(4) Successful completion of a board-approved orthodontic assistant course, which may commence after the completion of six months of work experience as a dental assistant.

(5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.3.

(b) A person who holds an orthodontic assistant permit pursuant to this section shall be subject to the same continuing education requirements for registered dental assistants as established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

B&P 1750.3. (Allowable Duties) A person holding an orthodontic assistant permit pursuant to Section 1750.2 may perform the following duties under the direct supervision of a licensed dentist:

(a) All duties that a dental assistant is allowed to perform.

(b) Prepare teeth for bonding, and select, preposition, and cure orthodontic brackets after their position has been approved by the supervising licensed dentist.

(c) Remove only orthodontic brackets and attachments with removal of the bonding material by the supervising licensed dentist.

(d) Size, fit, and cement orthodontic bands.

(e) Remove orthodontic bands and remove excess cement from supragingival surfaces of teeth with a hand instrument.

(f) Place and ligate archwires.

(g) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.

(h) Any additional duties that the board may prescribe by regulation.

g. Dental Sedation Assistants. Following are the laws that specifically apply to Dental Sedation Assistants.

B&P 1750.4. (Requirements) (a) On and after January 1, 2010, the board may issue a dental sedation assistant permit to a person who files a completed application including a fee and provides evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Completion of at least 12 months of work experience as a dental assistant.

(2) Successful completion of a board-approved course in the Dental Practice Act and a board-approved, course in infection control.

(3) Successful completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(4) Successful completion of a board-approved dental sedation assistant course, which may commence after the completion of six months of work experience as a dental assistant.

(5) Passage of a written examination administered by the board after completion of all of the other requirements of this subdivision. The written examination shall encompass the knowledge, skills, and abilities necessary to competently perform the duties specified in Section 1750.5.

(b) A person who holds a permit pursuant to this section shall be subject to the continuing education requirements established by the board pursuant to Section 1645 and the renewal requirements of Article 6 (commencing with Section 1715).

B&P 1750.5. (Allowable Duties) A person holding a dental sedation assistant permit pursuant to Section 1750.4 may perform the following duties under the direct supervision of a licensed dentist or other licensed health

care professional authorized to administer conscious sedation or general anesthesia in the dental office:

(a) All duties that a dental assistant is allowed to perform.

(b) Monitor patients undergoing conscious 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 dentist or other licensed health care professional authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.

(c) 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.

(d) 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.

(e) Removal of intravenous lines.

(f) Any additional duties that the board may prescribe by regulation.

(g) The duties listed in subdivisions (b) to (e), inclusive, may not be performed in any setting other than a dental office or dental clinic.

h. Registered Dental Assistants (RDAs). *Following are the laws that specifically apply to Registered Dental Assistants (RDAs):*

Regulation 1077. RDA Applications.

(a) In addition to the requirements set forth in Section 1076, an application for licensure as a registered dental assistant shall be accompanied by the following:

(1) satisfactory evidence that the applicant has been granted a diploma or certificate in dental assisting from an educational program approved by the board; or

(2) satisfactory evidence that the applicant has met the required 18 months satisfactory work experience as a dental assistant. "Satisfactory work experience" means performance of the duties specified in Section 1085(b) and/or (c) in a competent manner, as determined by the dentist employer. An applicant shall obtain work experience verification forms from the board and supply such forms to those persons in whose employ the applicant obtained the required work experience. The completed form shall be returned to the board by such person.

(A) The 18 months of experience, which must be gained in California while employed by a California licensed dentist(s), shall be considered qualifying only if the experience was comprised of performing duties specified in Section 1085(b) and/or (c) during a majority of the experience hours;

(B) The 18 months shall be calculated as follows:

1. experience gained while working 20 or more hours per week shall be credited on a weekly basis, with 78 weeks considered equivalent to 18 months;

2. experience gained while working less than 20 hours per week shall be credited on an hourly basis, with 1,560 hours considered equivalent to 18 months.

Note: Statutes supercede regulations to the extent that the regulation is inconsistent with the statute. The 18 month experience requirement in regulation 1077 is superceded by the 15 month experience requirement specified in B&P 1752.1.

B&P 1752.1. (Requirements) (a) The board may license as a registered dental assistant a person who files an application and submits written evidence, satisfactory to the board, of one of the following eligibility requirements:

(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on a written and practical examination administered by the board.

(2) For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.

(3) For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.

(b) For purposes of this section, "satisfactory work experience" means performance of the duties specified in Section 1750.1 in a competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.

(c) The board shall give credit toward the work experience referred to in this section to persons who have graduated from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board pursuant to subdivision (a). The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. The board, in cooperation with the Superintendent of Public Instruction, shall establish the minimum criteria for the curriculum of nonboard-approved programs. Additionally, the board shall notify those programs only if the program's curriculum does not meet established minimum criteria, as except any requirement that the program be given in a postsecondary institution. Graduates of programs not meeting established minimum criteria shall not qualify for satisfactory work experience as defined by this section.

(d) In addition to the requirements specified in subdivision (a), each applicant for registered dental assistant licensure on or after July 1, 2002, shall provide evidence of having successfully completed board-approved courses in radiation safety and coronal polishing as a condition of licensure. The length and content of the courses shall be governed by applicable board regulations.

(e) In addition to the requirements specified in subdivisions (a) and (d), individuals applying for registered dental assistant licensure on or after January 1, 2010, shall demonstrate satisfactory performance on a written examination in law and ethics administered by the board and shall provide written evidence of successful completion within five years prior to application of all of the following:

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

(2) A board-approved course in infection control.

(3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(f) A registered dental assistant may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by submitting written evidence of the following:

(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.

(2) Passage of a written examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

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

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

B&P 1752.3. (Written and Practical Examinations) (a) On and after January 1, 2010, the written examination for registered dental assistant licensure required by Section 1752.1 shall comply with Section 139.

(b) On and after January 1, 2010, the practical examination for registered dental assistant licensure required by Section 1752.1 shall consist of three of the procedures described in paragraphs (1) to (4), inclusive. The specific procedures shall be assigned by a registered dental assistant examination committee appointed by the board and shall be graded by examiners appointed by the board. The procedures shall be performed on a fully articulated maxillary and mandibular typodont secured with a bench clamp. Each applicant shall furnish the required materials necessary to complete the examination.

- (1) Place a base or liner.
- (2) Place, adjust, and finish a direct provisional restoration.
- (3) Fabricate and adjust an indirect provisional restoration.
- (4) Cement an indirect provisional restoration.

B&P 1752.4. (Allowable Duties) (a) A registered dental assistant may perform all of the following duties:

- (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 to gather information for diagnosis by the dentist.
- (5) Obtain intraoral images for computer-aided design (CAD), milled restorations.
- (6) Pulp vitality testing and recording of findings.
- (7) Place bases, liners, and bonding agents.
- (8) Chemically prepare teeth for bonding.
- (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) Adjust dentures extra-orally.
- (15) Remove excess cement from surfaces of teeth with a hand instrument.
- (16) Polish coronal surfaces of the teeth.
- (17) Place ligature ties and archwires.
- (18) Remove orthodontic bands.
- (19) All duties that the board may prescribe by regulation.

(b) A registered dental assistant may only perform the following additional duties if he or she has completed a board-approved registered dental assistant educational program in those duties, or if he or she has provided evidence, satisfactory to the board, of having completed a board-approved course in those duties.

(1) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.

(2) The allowable duties of an orthodontic assistant permit holder 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 permit holder as specified in Section 1750.5.

(4) The application of pit and fissure sealants.

(c) Except as provided in Section 1777, the supervising licensed dentist shall be responsible for determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision.

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

B&P 1752.6. (Pit and Fissure Sealants) A registered dental assistant licensed on and after January 1, 2010, shall provide evidence of successful completion of a board-approved course in the application of pit and fissure sealants prior to the first expiration of his or her license that requires the completion of continuing education as a condition of renewal. The license of a registered dental assistant who does not provide evidence of successful completion of that course shall not be renewed until evidence of course completion is provided.

i. Registered Dental Assistants in Extended Functions (RDAEFs). *Following are the laws that specifically apply to Registered Dental Assistants in Extended Functions (RDAEFs):*

B&P 1753. (Requirements) (a) On and after January 1, 2010, the board may license as a registered dental assistant in extended functions a person who submits written evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current licensure as a registered dental assistant or completion of the requirements for licensure as a registered dental assistant.

(2) Successful completion of a board-approved course in the application of pit and fissure sealants.

(3) Successful completion of either of the following:

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

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

(4) Passage of a written examination and a clinical or practical examination administered by the board. The board shall designate whether the written examination shall be administered by the board or by the board-approved extended functions program.

(b) A registered dental assistant in extended functions may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by providing written evidence of the following:

(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.

(2) Passage of a written examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

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

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

B&P 1753.4. (Examinations) On and after January 1, 2010, each applicant for licensure as a registered dental assistant in extended functions shall successfully complete an examination consisting of the procedures described in subdivisions (a) and (b). On and after January 1, 2010, each person who holds a current and active registered dental assistant in extended functions license issued prior to January 1, 2010, who wishes to perform the duties specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5, shall successfully complete an examination consisting of the procedures described in subdivision (b). The specific procedures shall be assigned by a registered dental assistant in extended functions examination committee appointed by the board and shall be graded by examiners appointed by the board. Each applicant shall furnish the required materials necessary to complete the examination.

(a) Successful completion of the following two procedures on a patient provided by the applicant. The prepared tooth, prior to preparation, shall have had mesial and distal contact. The preparation performed shall have margins at or below the free gingival crest and shall be one of the following: 7/8 crown, 3/4 crown, or full crown, including porcelain fused to metal. Alginate impression materials alone shall not be acceptable:

- (1) Cord retraction of gingiva for impression procedures.
- (2) Take a final impression for a permanent indirect restoration.
- (b) Successful completion of two of the following procedures on a simulated patient head mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory:
 - (1) Place, condense, and carve an amalgam restoration.
 - (2) Place and contour a nonmetallic direct restoration.
 - (3) Polish and contour an existing amalgam restoration.

B&P 1753.5. (Allowable Duties of RDAEFs licensed on or after January 1, 2010) (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.

B&P 1753.6. (Allowable Duties for RDAEFs licensed prior to January 1, 2010) (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.

B&P 1753.7. (Utilization of RDAEFs) (a) A licensed dentist may simultaneously utilize in his or her practice no more than three dental assistants in extended functions or registered dental hygienists in extended functions licensed pursuant to Sections 1753 and 1918.

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

4. License Renewal and Maintenance

Dental assisting licensees and permit holders must meet certain requirements in order to maintain and renew their licenses and permits, including the completion of specified continuing education units.

Regulation 1012. Lost, Destroyed or Mutilated Licenses.

A licensee shall be issued a substitute license upon request therefore. 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.

Regulation 1013. Change of Name. Whenever a licentiate requests a change in the name under which he is licensed or presents an order of a court of competent jurisdiction to change his name, the board shall, upon surrender of the original license of said licentiate, issue a substitute license setting forth the name of said licentiate as changed. There shall also be set forth on the substitute license the number of the original license and the name in which it was issued.

B&P 1715. (Expiration of Licenses) Licenses issued under the provisions of this chapter, unless specifically excepted, expire at 12 midnight on the legal birth date of a licentiate of the board during the second year of a two-year term if not renewed.

The board shall establish procedures for the administration of the birth date renewal program, including, but not limited to, the establishment of a pro rata formula for the payment of fees by licentiates affected by the implementation of such program and the establishment of a system of staggered license expiration dates such that a relatively equal number of licenses expire annually.

B&P 1717. (License Renewal) To renew an unexpired license, the licensee shall, before the time at which the license would otherwise expire, apply for renewal on a form prescribed by the board and pay the renewal fee prescribed by this chapter. The receipt of the executive officer shall be indispensable evidence that payment has been made.

B&P 1718. (License Renewal) Except as otherwise provided in this chapter, an expired license may be renewed at any time within five years after its expiration on filing of application for renewal on a form prescribed by the board, and payment of all accrued renewal and delinquency fees. If the license is renewed more than 30 days after its expiration, the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this chapter. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the expiration date provided in Section 1715 which next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

B&P 1718.3. (License Renewal Required Within 5 Years) (a) A license which is not renewed within five years after its expiration may not be renewed, restored, reinstated, or reissued thereafter, but the holder of the license may apply for and obtain a new license if the following requirements are satisfied:

- (1) No fact, circumstance, or condition exists which would justify denial of licensure under Section 480.
- (2) He or she pays all of the fees which would be required of him or her if he or she were then applying for the license for the first time and all renewal and delinquency fees which have accrued since the date on which he or she last renewed his or her license.
- (3) He or she takes and passes the examination, if any, which would be required of him or her if he or she were then applying for the license for the first time, or otherwise establishes to the satisfaction of the board that with due regard for the public interest, he or she is qualified to practice the profession or activity in which he or she again seeks to be licensed.

(b) The board may impose conditions on any license issued pursuant to this section, as it deems necessary.

(c) The board may by regulation provide for the waiver or refund of all or any part of the examination fee in those cases in which a license is issued without an examination under this section.

B&P 1645. (Continuing Education) (a) Effective with the 1974 license renewal period, if the board determines that the public health and safety would be served by requiring all holders of licenses under this chapter to continue their education after receiving a license, it may require, as a condition to the renewal thereof, that they submit assurances satisfactory to the board that they will, during the succeeding two-year period, inform themselves of the developments in the practice of dentistry occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the board or by other means deemed equivalent by the board.

The board shall adopt regulations providing for the suspension of the licenses at the end of the two-year period until compliance with the assurances provided for in this section is accomplished.

(b) The board may also, as a condition of license renewal, require licentiates to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the board. The board may prescribe this mandatory coursework within the general areas of patient care, health and safety, and law and ethics. The mandatory coursework prescribed by the board shall not exceed fifteen hours per renewal period for dentists, and seven and one-half hours per renewal period for dental auxiliaries. Any mandatory coursework required by the board shall be credited toward the continuing education requirements established by the board pursuant to subdivision (a).

B&P 1645.1. (RDAs – Required Courses as a Condition of Renewal) (a) By January 1, 2006, a person who holds a registered dental assistant license shall provide evidence of having successfully completed board-approved courses in radiation safety and coronal polishing. The length and content of the courses shall be governed by applicable board regulations. Failure to comply with this section shall result in automatic suspension of the license, which shall be reinstated upon the receipt of evidence that the licensee has successfully completed the required courses. Completion of the courses may be counted toward fulfillment of the continuing education requirements governed by Section 1645.

(b) The holder of an inactive registered dental assistant license is only required to comply with subdivision (a) as a condition of returning his or her license to active status.

Regulation 1016. Providers and Courses.

(a) Course of Study Defined. "Course of study" means an orderly learning experience in the area of dental and medical health, preventive dental services, diagnosis and treatment planning, clinical procedures, basic health sciences, dental practice administration, or the Dental Practice Act and other laws specifically related to dental practice which is designed to directly enhance the licensee's knowledge, skill or competence in the provision of service to patients or the community.

(1) Category I: Courses in this category shall include courses in the actual delivery of dental services to the patient or the community. Such courses shall also include:

(A) Mandatory courses required by the Board for license renewal, such as Infection Control, California Dental Practice Act and a course in Basic Life Support as approved by American Red Cross or American Heart Association. At a minimum, course content for Infection Control shall include all content of Section 1005. At a minimum, course content for the Dental Practice Act [Division 2, Chapter 4 of the Code (beginning with s 1600)] shall instruct on acts in violation of the Dental Practice Act and attending regulations, and other statutory mandates relating to the dental practice. This includes utilization and scope of practice for auxiliaries; scope of practice for dentists; laws governing the prescribing of drugs; citations, fines, revocation, and suspension, and license renewal.

(B) Courses in preventive services, diagnosis (including physical evaluation, radiography, dental photography) and comprehensive treatment planning.

(C) Courses dealing primarily with nutrition counseling of the patient.

(D) Courses in corrective and restorative oral health treatment.

(E) Courses in dentistry's role in individual and community health emergencies and disasters.

(F) Courses that pertain to the legal requirement governing the licensee in the areas of auxiliary employment and delegation of responsibilities; the Health Insurance Portability and Accountability Act (HIPAA); actual delivery of care; and workplace, environmental and general safety.

(G) Courses addressing office instrument sterilization systems.

(2) Category II: Courses in this category shall include other courses directly related to the practice of dentistry. Such courses shall include:

(A) courses addressing the evaluation, improvement and/or methods of correction for recall and scheduling systems.

- (B) courses in organization and management of the dental practice including office design, and ergonomics, and the improvement of office operations for the patient's benefit and/or to improve the continuity of care provided to the patient.
 - (C) courses addressing the implementation and/or mechanism of alternative delivery systems.
 - (D) courses addressing patient record keeping.
 - (E) courses in skills such as communication, behavioral sciences, patient management and motivation when oriented specifically to the needs of the dental practice and will improve the health of the patient.
 - (F) courses in other subjects of direct concern to dentistry such as dentolegal matters, including but not limited to risk management, liability, and malpractice, employment law and employment practices.
 - (G) courses in methods of health care delivery and sociopolitical problems directly involving dentistry.
- (3) Courses considered to be outside the scope of the continuing education program include, but are not limited to, those in the following areas:
- (A) money management, the licensee's personal finances or personal business matters;
 - (B) basic educational or cultural subjects not related to the practice of dentistry;
 - (C) general physical fitness or the licensee's personal health;
 - (D) presentations by political or public figures or other persons that do not deal primarily with dental practice;
 - (E) basic skills such as memory training and speed reading;
 - (F) courses addressing the computerized dental office when the topic involves record management or new technology designed primarily for the licensee's understanding and benefit;
 - (G) courses designed to make the licensee a better business person or designed to improve licensee or staff motivation;
 - (H) courses pertaining to the improvement of office operations, licensee and staff convenience, or profit motive;
 - (I) courses which address increased office production; financial planning; employee benefits; marketing or motivational topics to increase productivity or profitability;
 - (J) courses in which the primary beneficiary is the licensee.

(b) Application and Renewal.

- (1) A "registered provider" is one who offers courses of study for credit toward satisfying the continuing education requirements of the board. Application for registration as a provider shall be made on a form prescribed by the board and shall be accompanied by the fee required by section 1021 and documentation that the provider meets the requirements set forth below.
- (2) Every provider's registration expires two years from the date of its issuance. A provider may renew its registration by filing an application for renewal on a form prescribed by the board, accompanied by the fee required by section 1021 and a list of all courses offered during the last renewal period pursuant to its registration, the name and qualifications of each instructor, and a summary of the content of each course of study.

(c) Standards for Registration. Those providers requesting registration shall meet the following criteria:

- (1) Each course of study shall be conducted on the same educational standards of scholarship and teaching as that required of a true university discipline and shall be supported by those facilities and educational resources necessary to comply with this requirement. Every instructor shall have education or experience within the last five years in the subject being taught. Each course of study shall clearly state educational objectives that can realistically be accomplished within the framework of the course. Teaching methods for each course of study shall be described (e.g., lecture, seminar, audiovisual, clinical, simulation, etc.). Each participant shall be given the opportunity to provide a written evaluation of the quality of the course.
- (2) The topic of instruction shall conform to subsection (a) above.
- (3) An opportunity to enroll in such courses of study is available to all dental licensees.
- (4) Reference by providers to courses offered for credit toward satisfying the board's continuing education requirements shall be limited to the announcement: "This provider is authorized to confer _____ units of California continuing education credit."

(d) Enforcement and Availability of Records. The board will not give prior approval to individual courses unless a course is required as a mandatory license renewal course. The minimum course content of all mandatory continuing education courses for all registered providers is set out in subsection (a)(1)(A). Providers shall be expected to adhere to these minimum course requirements or risk registered provider status. Beginning January 1, 2006, all registered providers shall submit their course outlines for Infection Control and California Dental Practice Act to the board staff for review and approval. All new applicants

for provider status shall submit course outlines for mandatory education courses at the time of application and prior to instruction of mandatory education courses.

In addition, the board will randomly audit other courses submitted for credit in addition to any course for which a complaint is received. If an audit is made, course organizers will be asked to submit to the board:

- (1) Faculty curriculum vitae;
- (2) Course content;
- (3) Educational objectives;
- (4) Teaching methods;
- (5) Evidence of evaluation;
- (6) Attendance records.

(e) Withdrawal of Registration.

(1) The board retains the right and authority to audit or monitor courses given by any provider. The board may withdraw or place restrictions on a provider's registration if the provider has disseminated any false or misleading information in connection with the continuing education program, fails to comply with regulations, misrepresents the course offered, makes any false statement on its application or otherwise violates any provision of the Dental Practice Act or the regulations adopted thereunder.

(2) Any provider whose registration is withdrawn or restricted shall be given a hearing before the board prior to the effective date of such action. The provider shall be given at least ten days notice of the grounds for the proposed action and the time and place of such hearing.

(f) Units of Credit for Attendance. One unit of credit shall be granted for every hour of contact instruction. This credit shall apply to either academic or clinical instruction. Eight units shall be the maximum continuing education credits granted in one day.

(g) Provider Responsibility.

(1) It shall be the responsibility of the provider to furnish a written certification to the licensee certifying that the licensee has met the attendance requirements of the course. Such certification shall not be issued until completion of the course and shall contain the provider's name, course registration number, dates attended and units earned filled in by the provider. Additionally, space shall be provided for the licensee's printed name, signature and license number.

(2) When two or more registered providers co-sponsor a course, only one provider number shall be used for that course and that provider must assume full responsibility for compliance with the requirements of this article.

(h) Out of State Course. A licensee who attends a course or program which meets all requirements for continuing education courses but which was given outside California by an unregistered provider may request continuing education credit by submitting information on course content and duration to the board and furnishing evidence from the provider of the course that the licensee was in attendance. In the case of a scientific meeting or convention, such evidence shall indicate that the licensee attended the specific lecture for which credit is requested. When the necessary requirements have been fulfilled, the board may issue a written certification which the licensee may then use for documentation of continuing education credits.

Regulation 1017. Units Required for Renewal of License.

(a) Effective January 1, 2006 as a condition of renewal, licensees are required to complete continuing education units for license renewal in each of the following subjects:

(1) infection control and

(2) California Dental Practice Act and attending regulations. Dentists and Dental Auxiliaries will be required to complete a minimum of 80% of their required units for license renewal in Category I subjects including two units of continuing education in infection control and two units in the California Dental Practice Act, and no more than 20% of their required units in Category II subjects. The mandatory units will count toward the total units required to renew a license, however, failure to complete the mandatory courses will result in non-renewal of a license. Any continuing education units accumulated before January 1, 2006, that meet the requirements in effect on the date the units were accumulated will be accepted by the board for license renewals taking place on or after January 1, 2006.

(b) Every licensee shall accumulate the continuing education units equal to the number of units indicated below during the biennial license renewal period and shall assure the board that he/she will accumulate such units during the succeeding two year renewal period; except that those new licensees who have been issued a license to practice for a period less than 2 years shall commence accumulating continuing education credits with the next biennial renewal period occurring after the issuance of a license

to practice. As part of the continuing education requirements, each licensee shall complete, at least once every two years, a course in basic life support approved by the American Red Cross or the American Heart Association. Each licensee who holds a general anesthesia permit shall take and complete, at least once every two years, either (1) an advanced cardiac life support course which is approved by the American Heart Association and which includes an examination on the materials presented in the course or (2) any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the course entitled "Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association in August 2000, which is incorporated herein by reference. Each licensee who holds a conscious sedation permit shall take and complete at least once every two years at least 15 total units of courses related to the administration of conscious sedation and to medical emergencies. Refusal to execute the required assurance shall result in non-renewal of the license.

(1) Dentists: 50 units.

(2) Registered dental hygienists: 25 units.

(3) Registered dental assistants: 25 units.

(4) Registered dental hygienists in extended functions: 25 units.

(5) Registered dental assistants in extended functions: 25 units.

(6) Registered dental hygienists in alternative practice 35 units.

(c) Notwithstanding any other provisions of this code, tape recorded courses, home study materials, video courses, and computer courses are considered correspondence courses, and if from registered providers, will be accepted for credit up to, but not exceeding, half of the total required credits. Interactive instruction courses such as live lecture, live telephone conferencing, live video conferencing, or live classroom study from registered providers, will be accepted for full credit.

(d) The license of any person who fails to accumulate the continuing education units set forth in (a) and (b), or to assure the board that he/she will accumulate such units, shall not be renewed until such time as the licensee complies with those requirements.

(e) A licensee who has not practiced in California for more than one year because the licensee is disabled need not comply with the continuing education requirements of this article during the renewal period within which such disability falls. Such licensee shall certify that he/she is eligible for waiver of the continuing education requirements. A licensee who ceases to be eligible for such waiver shall comply with the continuing education requirements for subsequent renewal periods.

(f) A licensee who applies for license renewal shall, on a form provided by the board, provide a summary of continuing education units earned during the license renewal period. The licensee shall retain for a period of four years the certifications issued to him/her at the time he/she attended the course and shall forward such certifications to the board only upon request by the board. A licensee who fails to retain a certification shall contact the provider and obtain a duplicate certification. Providers may issue duplicate certifications only to licensees whose names appear on the provider's roster of course attendees. The certification shall be clearly marked "duplicate" and shall contain the licensee's name, as well as the provider's name, course registration number, dates attended, and units earned. Any licensee who furnishes false or misleading information to the board regarding his continuing education units shall be subject to disciplinary action. The board will audit such licensee records as it deems necessary to assure that the continuing education requirements are met.

Regulation 1017.2. Inactive Licenses.

(a) A licensee who desires an inactive license shall submit an application to the board on a form provided by the board.

(b) In order to restore an inactive license to active status, the licensee shall submit an application to the board on a form provided by the board, accompanied by evidence 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.

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

(d) The board shall inform an applicant who wishes to activate/inactivate his/her license in writing with 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.

5. Required and Prohibited Conduct

This section contains various laws that govern the conduct of all dental professionals.

a. Sedation and Anesthesia. *There are many statutes and regulations that govern the administration of anesthesia and conscious sedation that are not included in the following partial list of applicable laws.*

B&P 1682. In addition to other acts constituting unprofessional conduct under this chapter, it is unprofessional conduct for:

(a) Any dentist performing dental procedures to have more than one patient undergoing conscious sedation or general anesthesia on an outpatient basis at any given time unless each patient is being continuously monitored on a one-to-one ratio while sedated by either the dentist or another licensed health professional authorized by law to administer conscious sedation or general anesthesia.

(b) Any dentist with patients recovering from conscious sedation or general anesthesia to fail to have the patients closely monitored by licensed health professionals experienced in the care and resuscitation of patients recovering from conscious sedation or general anesthesia. If one licensed professional is responsible for the recovery care of more than one patient at a time, all of the patients shall be physically in the same room to allow continuous visual contact with all patients and the patient to recovery staff ratio should not exceed three to one.

(c) Any dentist with patients who are undergoing conscious sedation to fail to have these patients continuously monitored during the dental procedure with a pulse oximeter or similar or superior monitoring equipment required by the board.

(d) Any dentist with patients who are undergoing conscious sedation to have dental office personnel directly involved with the care of those patients who are not certified in basic cardiac life support (CPR) and recertified biennially.

(e) Any dentist to fail to obtain the written informed consent of a patient prior to administering general anesthesia or conscious sedation. In the case of a minor, the consent shall be obtained from the child's parent or guardian.

B&P 1646. "General anesthesia," as used in this article, means a controlled state of depressed consciousness or unconsciousness, accompanied by partial or complete loss of protective reflexes, produced by a pharmacologic or nonpharmacologic method, or a combination thereof.

B&P 1646.1. (a) No dentist shall administer or order the administration of general anesthesia on an outpatient basis for dental patients unless the dentist either possesses a current license in good standing to practice dentistry in this state and holds a valid general anesthesia permit issued by the board or possesses a current permit under Section 1638 or 1640 and holds a valid general anesthesia permit issued by the board.

(b) No dentist shall order the administration of general anesthesia unless the dentist is physically within the dental office at the time of the administration.

(c) A general anesthesia permit shall expire on the date provided in Section 1715 which next occurs after its issuance, unless it is renewed as provided in this article.

(d) This article does not apply to the administration of local anesthesia or to conscious-patient sedation.

B&P 1646.3. Any dentist holding a permit shall maintain medical history, physical evaluation, and general anesthesia records as required by board regulations.

B&P 1647.1. (a) As used in this article, "conscious sedation" means a minimally depressed level of consciousness produced by a pharmacologic or nonpharmacologic method, or a combination thereof, that retains the patient's ability to maintain independently and continuously an airway, and respond appropriately to physical stimulation or verbal command.

"Conscious sedation" does not include the administration of oral medications or the administration of a mixture of nitrous oxide and oxygen, whether administered alone or in combination with each other.

(b) The drugs and techniques used in conscious sedation shall have a margin of safety wide enough to render unintended loss of consciousness unlikely. Further, patients whose only response is reflex withdrawal from painful stimuli shall not be considered to be in a state of conscious sedation.

(c) For the very young or handicapped individual, incapable of the usually expected verbal response, a minimally depressed level of consciousness for that individual should be maintained.

B&P 1647.2. (a) No dentist shall administer or order the administration of, conscious sedation on an outpatient basis for dental patients unless one of the following conditions is met:

(1) The dentist possesses a current license in good standing to practice dentistry in California and either holds a valid general anesthesia permit or obtains a permit issued by the board authorizing the dentist to administer conscious sedation.

(2) The dentist possesses a current permit under Section 1638 or 1640 and either holds a valid anesthesia permit or obtains a permit issued by the board authorizing the dentist to administer conscious sedation.

(b) A conscious sedation permit shall expire on the date specified in Section 1715 which next occurs after its issuance, unless it is renewed as provided in this article.

(c) This article shall not apply to the administration of local anesthesia or to general anesthesia.

(d) A dentist who orders the administration of conscious sedation shall be physically present in the treatment facility while the patient is sedated.

B&P 1647.6. A physical evaluation and medical history shall be taken before the administration of conscious sedation. Any dentist holding a permit shall maintain records of the physical evaluation, medical history, and conscious sedation procedures used as required by board regulations.

B&P 1647.11. (a) Notwithstanding subdivision (a) of Section 1647.2, a dentist may not administer oral conscious sedation on an outpatient basis to a minor patient unless one of the following conditions is met:

(1) The dentist possesses a current license in good standing to practice dentistry in California and either holds a valid general anesthesia permit, conscious sedation permit, or has been certified by the board, pursuant to Section 1647.12, to administer oral sedation to minor patients.

(2) The dentist possesses a current permit issued under Section 1638 or 1640 and either holds a valid general anesthesia permit, or conscious sedation permit, or possesses a certificate as a provider of oral conscious sedation to minor patients in compliance with, and pursuant to, this article.

(b) Certification as a provider of oral conscious sedation to minor patients expires at the same time the license or permit of the dentist expires unless renewed at the same time the dentist's license or permit is renewed after its issuance, unless certification is renewed as provided in this article.

(c) This article shall not apply to the administration of local anesthesia or a mixture of nitrous oxide and oxygen or to the administration, dispensing, or prescription of postoperative medications.

B&P 1647.14. (a) A physical evaluation and medical history shall be taken before the administration of, oral conscious sedation to a minor. Any dentist who administers, or orders the administration of, oral conscious sedation to a minor shall maintain records of the physical evaluation, medical history, and oral conscious sedation procedures used as required by the board regulations.

(b) A dentist who administers, or who orders the administration of, oral conscious sedation for a minor patient shall be physically present in the treatment facility while the patient is sedated and shall be present until discharge of the patient from the facility.

(c) The drugs and techniques used in oral conscious sedation to minors shall have a margin of safety wide enough to render unintended loss of consciousness unlikely.

B&P 1647.22. (a) A physical evaluation and medical history shall be taken before the administration of oral conscious sedation to an adult. Any dentist who administers, or orders the administration of, oral conscious sedation to an adult shall maintain records of the physical evaluation, medical history, and oral conscious sedation procedures used as required by the board regulations.

(b) A dentist who administers, or who orders the administration of, oral conscious sedation for an adult patient shall be physically present in the treatment facility while the patient is sedated, and shall be present until discharge of the patient from the facility.

(c) The drugs and techniques used in oral conscious sedation to adults shall have a margin of safety wide enough to render unintended loss of consciousness unlikely.

b. Dental Restorative Material Fact Sheet

B&P 1648.10. (a) The Board of Dental Examiners of California shall develop and distribute a fact sheet describing and comparing the risks and efficacy of the various types of dental restorative materials that may be used to repair a dental patient's oral condition or defect. The fact sheet shall include:

(1) A description of the groups of materials that are available to the profession for restoration of an oral condition or defect.

(2) A comparison of the relative benefits and detriments of each group of materials.

(3) A comparison of the cost considerations associated with each group of materials.

(4) A reference to encourage discussion between patient and dentist regarding materials and to inform the patient of his or her options.

(b) The fact sheet shall be made available by the Board of Dental Examiners of California to all licensed dentists.

(c) The Board of Dental Examiners of California shall update the fact sheet described in subdivision (a) as determined necessary by the board.

B&P 1648.15. The fact sheet set forth by Section 1648.10 shall be provided by a dentist to every new patient and to patients of record prior to the performance of dental restoration work. The dentist needs to provide the fact sheet to each patient only once pursuant to the previous requirements of this section. An acknowledgment of the receipt of the fact sheet by the patient shall be signed by the patient and a copy of it shall be placed in the patient's dental record. If updates to the fact sheet are made by the board, the updated fact sheet shall be given to patients in the manner provided above. A dentist shall also provide the fact sheet to the patient upon request.

B&P 1648.20. (a) This article shall not apply to any surgical, endodontic, periodontic, or orthodontic dental procedure in which dental restorative materials are not used.

(b) For purposes of this article, "dental restorative materials" means any structure or device placed into a patient's mouth with the intent that it remain there for an indefinite period beyond the completion of the dental procedure, including material used for filling cavities in, or rebuilding or repairing the organic structure of, a tooth or teeth, but excluding synthesized structures or devices intended to wholly replace an extracted tooth or teeth, such as implants.

c. Infection Control

Regulation 1005. Minimum Standards for Infection Control

(a) Definitions of terms used in this section:

(1) "Standard precautions" is a set of combined precautions that include the major components of universal precautions (designed to reduce the risk of transmission of blood borne pathogens) and body substance isolation (designed to reduce the risk of transmission of pathogens from moist body substances). Similar to universal precautions, standard precautions are used for care of all patients regardless of their diagnoses of personal infectious status.

(2) "Critical instruments" are surgical and other instruments used to penetrate soft tissue or bone.

(3) "Semi-critical instruments" are surgical and other instruments that are not used to penetrate soft tissue or bone, but contact oral tissue.

(4) "Non-critical instruments and devices" are instruments and devices that contact intact skin.

(5) "Low-level disinfection" is the least effective disinfection process, kills some bacteria, viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.

(6) "Intermediate-level disinfection" kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed, but does not necessarily kill spores.

(7) "High-level disinfection" kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.

(8) All germicides must be used in accordance with intended use and label instructions.

(9) "Sterilization" kills all forms of microbial life.

(10) "Personal Protective Equipment" includes items such as gloves, masks, protective eyewear and protective attire (gowns/labcoats) which are intended to prevent exposure to blood and body fluids.

(11) "Other Potentially Infectious Materials" (OPIM) means any one of the following: (A) human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (B) any unfixed tissue or organ (other than intact skin) from a human (living or dead); (C) HIV-containing cell or tissue cultures, organ culture and blood, or other tissues from experimental animals.

(b) Licensees shall comply with infection control precautions mandated by the California Division of Occupational Safety and Health (Cal-DOSH).

(c) All licensees shall comply with and enforce the following minimum precautions to minimize the transmission of pathogens in health care settings:

(1) Standard precautions shall be practiced in the care of all patients.

(2) A written protocol shall be developed by the licensee for proper instrument processing, operatory cleanliness, and management of injuries.

(3) A copy of this regulation shall be conspicuously posted in each dental office. Personal Protective Equipment:

(4) Health care workers shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear when treating patients whenever there is potential for splashing or spattering of blood or OPIM. After each patient, and during patient treatment if applicable, masks shall be changed if moist or contaminated. After each patient, face shields and protective eyewear shall be cleaned and disinfected, if contaminated.

(5) Health care workers shall wear reusable or disposable protective attire when their clothing or skin is likely to be soiled with blood or OPIM. Gowns must be changed daily or between patients if it should become moist or visibly soiled. Protective attire must be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal-DOSH Bloodborne Pathogens Standards. (Title 8, Cal. Code Regs., section 5193)

Hand Hygiene:

(6) Health care workers shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water.

(7) Health care workers who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.

Gloves:

(8) Medical exam gloves shall be worn whenever there is a potential for contact with mucous membranes, blood or OPIM. Gloves must be discarded upon completion of treatment and before leaving laboratories or areas of patient care activities. Healthcare workers shall perform hand hygiene procedures after removing and discarding gloves. Gloves shall not be washed before or after use.

Sterilization and Disinfection:

(9) Heat stable critical and semi-critical instruments shall be cleaned and sterilized before use by using steam under pressure (autoclaving), dry heat, or chemical vapor. FDA cleared chemical sterilants/disinfectants shall be used for sterilization of heat-sensitive critical items and for high-level disinfection of heat-sensitive semi-critical items.

(10) Critical and semi-critical instruments or containers of critical and semi-critical instruments sterilized by a heat or vapor method shall be packaged or wrapped before sterilization if they are not to be used immediately after being sterilized. These packages or containers shall remain sealed unless the instruments within them are placed onto a setup tray and covered with a moisture impervious barrier on the day the instruments will be used and shall be stored in a manner so as to prevent contamination.

(11) All high-speed dental hand pieces, low-speed hand piece components used intraorally, and other dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be heat-sterilized between patients.

(12) Single use disposable instruments (e.g. prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips) shall be used for one patient only and discarded.

(13) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades or other

sharp items and instruments shall be placed into sharps containers for disposal according to all applicable regulations.

(14) Proper functioning of the sterilization cycle shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results must be maintained for 12 months.

Irrigation:

(15) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.

Facilities:

(16) If items or surfaces likely to be contaminated are difficult to clean and disinfect they shall be protected with disposable impervious barriers.

(17) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a Cal-EPA registered, hospital grade low- to intermediate-level disinfectant after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal-EPA registered, hospital grade disinfectant.

(18) Dental unit water lines shall be anti-retractable. At the beginning of each workday, dental unit lines shall be purged with air, or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers and other devices. The dental unit line shall be flushed between each patient for a minimum of twenty (20) seconds.

(19) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

Lab Areas:

(20) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a disinfected, sterilized, or new ragwheel shall be used for each patient. Devices used to polish, trim or adjust contaminated intraoral devices shall be disinfected or sterilized.

(21) Intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(d) The Board shall review this regulation annually. _____ [FN1] Cal/EPA contacts: WEBSITE www.cdpr.ca.gov or Main Information Center (916) 324-0419.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1680, Business and Professions Code.

d. Criminal Offenses – Various Acts

B&P 1700. Any person, company, or association is guilty of a misdemeanor, and upon conviction thereof shall be punished by imprisonment in the county jail not less than 10 days nor more than one year, or by a fine of not less than one hundred dollars (\$100) nor more than one thousand five hundred dollars (\$1,500), or by both fine and imprisonment, who:

(a) Assumes the degree of "doctor of dental surgery," "doctor of dental science," or "doctor of dental medicine" or appends the letters "D.D.S.," or "D.D.Sc." or "D.M.D." to his or her name without having had the right to assume the title conferred upon him or her by diploma from a recognized dental college or school legally empowered to confer the same.

(b) Assumes any title, or appends any letters to his or her name, with the intent to represent falsely that he or she has received a dental degree or license.

(c) Engages in the practice of dentistry without causing to be displayed in a conspicuous place in his or her office the name of each and every person employed there in the practice of dentistry.

(d) Within 10 days after demand is made by the executive officer of the board, fails to furnish to the board the name and address of all persons practicing or assisting in the practice of dentistry in the office of the person, company, or association, at any time within 60 days prior to the demand, together with a sworn statement showing under and by what license or authority this person, company, or association and any employees are or have been practicing dentistry. This sworn statement shall not be used in any prosecution under this section.

(e) Is under the influence of alcohol or a controlled substance while engaged in the practice of dentistry in actual attendance on patients to an extent that impairs his or her ability to conduct the practice of dentistry with safety to patients and the public.

B&P 1700.5. Notwithstanding Section 1700, any person who holds a valid, unrevoked, and unsuspended certificate as a dentist under this chapter may append the letters "D.D.S." to his or her name, regardless of the degree conferred upon him or her by the dental college from which the licensee graduated.

B&P 1701. Any person is for the first offense guilty of a misdemeanor and shall be punishable by a fine of not less than two hundred dollars (\$200) or more than three thousand dollars (\$3,000), or by imprisonment in the county jail for not to exceed six months, or both, and for the second or a subsequent offense is guilty of a felony and upon conviction thereof shall be punished by a fine of not less than two thousand dollars (\$2,000) nor more than six thousand dollars (\$6,000), or by imprisonment in the state prison, or by both such fine and imprisonment, who:

(a) Sells or barter or offers to sell or barter any dental degree or any license or transcript made or purporting to be made pursuant to the laws regulating the license and registration of dentists.

(b) Purchases or procures by barter any such diploma, license or transcript with intent that the same shall be used in evidence of the holder's qualification to practice dentistry, or in fraud of the laws regulating such practice.

(c) With fraudulent intent, makes or attempts to make, counterfeits or alters in a material regard any such diploma, certificate or transcript.

(d) Uses, attempts or causes to be used, any such diploma, certificate or transcript which has been purchased, fraudulently issued, counterfeited or materially altered, either as a license to practice dentistry, or in order to procure registration as a dentist.

(e) In an affidavit, required of an applicant for examination, license or registration under this chapter, willfully makes a false statement in a material regard.

(f) Practices dentistry or offers to practice dentistry as it is defined in this chapter, either without a license, or when his license has been revoked or suspended.

(g) Under any false, assumed or fictitious name, either as an individual, firm, corporation or otherwise, or any name other than the name under which he is licensed, practices, advertises or in any other manner indicates that he is practicing or will practice dentistry, except such name as is specified in a valid permit issued pursuant to Section 1701.5.

B&P 1701.1. (a) Notwithstanding Sections 1700 and 1701, a person who willfully, under circumstances or conditions that cause or create risk of bodily harm, serious physical or mental illness, or death, practices or attempts to practice, or advertises or holds himself or herself out as practicing dentistry without having at the time of so doing a valid, unrevoked, and unsuspended certificate, license, registration, or permit as provided in this chapter, or without being authorized to perform that act pursuant to a certificate, license, registration, or permit obtained in accordance with some other provision of law, is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars (\$10,000), by imprisonment in the state prison, by imprisonment in a county jail not exceeding one year, or by both the fine and either imprisonment.

(b) A person who conspires with or aids and abets another to commit any act described in subdivision (a) is guilty of a public offense and subject to the punishment described in subdivision (a).

(c) The remedy provided in this section shall not preclude any other remedy provided by law.

B&P 1701.5. Any association or partnership or corporation or group of three or more dentists, engaging in practice under any name that would otherwise be in violation of Section 1701 may practice under this name if, and only if, the association, partnership, corporation or group holds an outstanding, unexpired, unsuspended, and unrevoked permit issued by the board under this section. On and after July 1, 1995, any individual dentist or pair of dentists engaging in the practice of dentistry under any name that would otherwise be in violation of Section 1701 may practice under that name if and only if the dentist or pair of dentists hold an outstanding, unexpired, unsuspended, and unrevoked permit issued by the board under this section. The board shall issue written permits authorizing the holder to use a name specified in the permit in connection with the holder's practice if, and only if, the board finds to its satisfaction that:

(a) The applicant or applicants are duly licensed dentists.

(b) The place or establishment, or the portion thereof, where the applicant or applicants practice, is owned or leased by the applicant or applicants, and the practice conducted at the place or establishment, or portion thereof, is wholly owned and entirely controlled by the applicant or applicants.

(c) The name that the applicant or applicants propose to operate contains at least one of the following designations: "dental group," "dental practice," or "dental office" and contains the family name of one or more of the past, present, or prospective associates, partners, shareholders, or members of the group, and is in conformity with Section 651 and subdivisions (i) and (l) of Section 1680.

(d) All licensed persons practicing at the location designated in the application hold valid and outstanding licenses and that no charges of unprofessional conduct are pending against any persons practicing at that location.

Permits issued under this section by the board shall expire and become invalid unless renewed at the times and in the manner provided for the renewal of certificates issued under this chapter.

Any permits issued under this section may be revoked or suspended at any time that the board finds that any one of the requirements for original issuance of a permit is no longer being fulfilled by the holder to whom the permit was issued. Proceedings for revocation or suspension shall be governed by the Administrative Procedure Act.

In the event charges of unprofessional conduct are filed against the holder of a permit issued under this section, or a member of an association or partnership or a member of a group or corporation to whom a permit has been issued under this section, proceedings shall not be commenced for revocation or suspension of the permit until final determination of the charges of unprofessional conduct and unless the charges have resulted in revocation or suspension of license.

e. Marking of Dentures

B&P 1706. (a) Every complete upper or lower denture fabricated by a licensed dentist, or fabricated pursuant to the dentist's work order, shall be marked with the patient's name, unless the patient objects. The initials of the patient may be shown alone, if use of the name of the patient is not practical. The markings shall be done during fabrication and shall be permanent, legible, and cosmetically acceptable. The exact location of the markings and the methods used to implant or apply them shall be determined by the dentist or dental laboratory fabricating the denture.

(b) The dentist shall inform the patient that the markings are to be used for identification only and that the patient shall have the option to decide whether or not the dentures shall be marked.

(c) The dentist shall retain the records of those marked dentures and shall not release the records to any person except to enforcement officers, in the event of an emergency requiring personal identification by means of dental records, or to anyone authorized by the patient.

f. Unprofessional Conduct - Various

B&P 1680. Unprofessional conduct by a person licensed under this chapter is defined as, but is not limited to, any one of the following:

(a) The obtaining of any fee by fraud or misrepresentation.

(b) The employment directly or indirectly of any student or suspended or unlicensed dentist to practice dentistry as defined in this chapter.

(c) The aiding or abetting of any unlicensed person to practice dentistry.

(d) The aiding or abetting of a licensed person to practice dentistry unlawfully.

(e) The committing of any act or acts of sexual abuse, misconduct, or relations with a patient that are substantially related to the practice of dentistry.

(f) The use of any false, assumed, or fictitious name, either as an individual, firm, corporation, or otherwise, or any name other than the name under which he or she is licensed to practice, in advertising or in any other manner indicating that he or she is practicing or will practice dentistry, except that name as is specified in a valid permit issued pursuant to Section 1701.5.

(g) The practice of accepting or receiving any commission or the rebating in any form or manner of fees for professional services, radiograms, prescriptions, or other services or articles supplied to patients.

(h) The making use by the licensee or any agent of the licensee of any advertising statements of a character tending to deceive or mislead the public.

(i) The advertising of either professional superiority or the advertising of performance of professional services in a superior manner. This subdivision shall not prohibit advertising permitted by subdivision (h) of Section 651.

(j) The employing or the making use of solicitors.

(k) The advertising in violation of Section 651.

(l) The advertising to guarantee any dental service, or to perform any dental operation painlessly. This subdivision shall not prohibit advertising permitted by Section 651.

(m) The violation of any of the provisions of law regulating the procurement, dispensing, or administration of dangerous drugs, as defined in Chapter 9 (commencing with Section 4000) or controlled substances, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code.

(n) The violation of any of the provisions of this division.

(o) The permitting of any person to operate dental radiographic equipment who has not met the requirements of Section 1656.

(p) The clearly excessive prescribing or administering of drugs or treatment, or the clearly excessive use of diagnostic procedures, or the clearly excessive use of diagnostic or treatment facilities, as determined by the customary practice and standards of the dental profession.

Any person who violates this subdivision is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars (\$100) or more than six hundred dollars (\$600), or by imprisonment for a term of not less than 60 days or more than 180 days, or by both a fine and imprisonment.

(q) The use of threats or harassment against any patient or licensee for providing evidence in any possible or actual disciplinary action, or other legal action; or the discharge of an employee primarily based on the employee's attempt to comply with the provisions of this chapter or to aid in the compliance.

(r) Suspension or revocation of a license issued, or discipline imposed, by another state or territory on grounds that would be the basis of discipline in this state.

(s) The alteration of a patient's record with intent to deceive.

(t) Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental profession.

(u) The abandonment of the patient by the licensee, without written notice to the patient that treatment is to be discontinued and before the patient has ample opportunity to secure the services of another dentist, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions and provided the health of the patient is not jeopardized.

(v) The willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee.

(w) Use of fraud in the procurement of any license issued pursuant to this chapter.

(x) Any action or conduct that would have warranted the denial of the license.

(y) The aiding or abetting of a licensed dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to practice dentistry in a negligent or incompetent manner.

(z) The failure to report to the board in writing within seven days any of the following: (1) the death of his or her patient during the performance of any dental or dental hygiene procedure; (2) the discovery of the death of a patient whose death is related to a dental or dental hygiene procedure performed by him or her; or (3) except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment for a period exceeding 24 hours of any patient to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, or any patient as a result of dental or dental hygiene treatment. With the exception of patients to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, removal to a hospital or emergency center that is the normal or expected treatment for the underlying dental condition is not required to be reported. Upon receipt of a report pursuant to this subdivision the board may conduct an inspection of the dental office if the board finds that it is necessary. A dentist shall report to the board all deaths occurring in his or her practice with a copy sent to the Dental Hygiene Committee of California if the death was the result of treatment by a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions shall report to the Dental Hygiene Committee of California all deaths occurring as the result of dental hygiene treatment, and a copy of the notification shall be sent to the board.

(aa) Participating in or operating any group advertising and referral services that are in violation of Section 650.2.

(ab) The failure to use a fail-safe machine with an appropriate exhaust system in the administration of nitrous oxide. The board shall, by regulation, define what constitutes a fail-safe machine.

(ac) Engaging in the practice of dentistry with an expired license.

(ad) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permiss holder, orthodontic assistant permiss holder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to patient, from patient to patient, and from patient to dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permiss holder, orthodontic assistant permiss holder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. The board shall review infection control guidelines, if necessary, on an annual basis and proposed changes shall be reviewed by the Dental Hygiene Committee of California to establish a consensus. The committee shall submit any recommended changes to the infection control guidelines for review to establish a consensus. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians, to encourage appropriate consistency in the implementation of this subdivision.

The board shall seek to ensure that all appropriate dental personnel are informed of the responsibility to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of bloodborne infectious diseases.

(ae) The utilization by a licensed dentist of any person to perform the functions of any registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permiss holder, orthodontic assistant permiss holder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions who, at the time of initial employment, does not possess a current, valid license or permit to perform those functions.

(af) The prescribing, dispensing, or furnishing of dangerous drugs or devices, as defined in Section 4022, in violation of Section 2242.1.

g. Controlled Substances – Unprofessional Conduct

B&P 1681. In addition to other acts constituting unprofessional conduct within the meaning of this chapter, it is unprofessional conduct for a person licensed under this chapter to do any of the following:

(a) Obtain or possess in violation of law, or except as directed by a licensed physician and surgeon, dentist, or podiatrist, administer to himself, any controlled substance, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in Article 8 (commencing with Section 4211) of Chapter 9.

(b) Use any controlled substance, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in Article 8 (commencing with Section 4211) of Chapter 9, or alcoholic beverages or other intoxicating substances, to an extent or in a manner dangerous or injurious to himself, to any person, or the public to the extent that such use impairs his ability to conduct with safety to the public the practice authorized by his license.

(c) The conviction of a charge of violating any federal statute or rules, or any statute or rule of this state, regulating controlled substances, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug, as defined in Article 8 (commencing with Section 4211) of Chapter 9, or the conviction of more than one misdemeanor, or any felony, involving the use or consumption of alcohol or drugs, if the conviction is substantially related to the practice authorized by his license. The record of conviction or certified copy thereof, certified by the clerk of the court or by the judge in whose court the conviction is had, shall be conclusive evidence of a violation of this section; a

plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section; the board may order the license suspended or revoked, or may decline to issue a license, when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under any provision of the Penal Code, including, but not limited to, Section 1203.4 of the Penal Code, allowing such person to withdraw his plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information or indictment.

h. Identification in Patient Record - Unprofessional Conduct

B&P 1683. (a) Every dentist, dental health professional, or other licensed health professional who performs a service on a patient in a dental office shall identify himself or herself in the patient record by signing his or her name, or an identification number and initials, next to the service performed and shall date those treatment entries in the record. Any person licensed under this chapter who owns, operates, or manages a dental office shall ensure compliance with this requirement.

(b) Repeated violations of this section constitutes unprofessional conduct.

i. Performing Services Beyond Scope of License or Competence – Unprofessional Conduct

B&P 1684. In addition to other acts constituting unprofessional conduct under this chapter, it is unprofessional conduct for a person licensed under this chapter to perform, or hold himself or herself out as able to perform, professional services beyond the scope of his or her license and field or fields of competence as established by his or her education, experience, training, or any combination thereof. This includes, but is not limited to, the use of any instrument or device in a manner that is not in accordance with the customary standards and practices of the dental profession.

This section shall not apply to research conducted by accredited dental schools or colleges, or to research conducted pursuant to an investigational device exemption issued by the United States Food and Drug Administration.

j. Requests for Dental Records

B&P 1684.1. (a) (1) A licensee who fails or refuses to comply with a request for the dental records of a patient, that is accompanied by that patient's written authorization for release of record to the board, within 15 days of receiving the request and authorization, shall pay to the board a civil penalty of two hundred fifty dollars (\$250) per day for each day that the documents have not been produced after the 15th day, up to a maximum of five thousand dollars (\$5,000) unless the licensee is unable to provide the documents within this time period for good cause.

(2) A health care facility shall comply with a request for the dental records of a patient that is accompanied by that patient's written authorization for release of records to the board together with a notice citing this section and describing the penalties for failure to comply with this section. Failure to provide the authorizing patient's dental records to the board within 30 days of receiving this request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to two hundred fifty dollars (\$250) per day for each day that the documents have not been produced after the 30th day, up to a maximum of five thousand dollars (\$5,000), unless the health care facility is unable to provide the documents within this time period for good cause. This paragraph shall not require health care facilities to assist the board in obtaining the patient's authorization. The board shall pay the reasonable cost of copying the dental records.

(b) (1) A licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board shall pay to the board a civil penalty of one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board shall be

tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(2) Any licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars (\$5,000). The fine shall be added to the licensee's renewal fee if it is not paid by the next succeeding renewal date. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(3) A health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of patient records to the board, that is accompanied by a notice citing this section and describing the penalties for failure to comply with this section, shall pay to the board a civil penalty of up to one thousand dollars (\$1,000) per day for each day that the documents have not been produced, up to ten thousand dollars (\$10,000), after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(4) Any health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars (\$5,000). Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(c) Multiple acts by a licensee in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars (\$5,000) or by imprisonment in a county jail not exceeding six months, or by both that fine and imprisonment. Multiple acts by a health care facility in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars (\$5,000) and shall be reported to the State Department of Health Services and shall be considered as grounds for disciplinary action with respect to licensure, including suspension or revocation of the license or certificate.

(d) A failure or refusal to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board constitutes unprofessional conduct and is grounds for suspension or revocation of his or her license.

(e) Imposition of the civil penalties authorized by this section shall be in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Division 3 of Title 2 of the Government Code).

(f) For the purposes of this section, a "health care facility" means a clinic or health care facility licensed or exempt from licensure pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

k. Patient of Record - Unprofessional Conduct

B&P 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) Perform extra-oral duties or functions specified by the dentist.
- (3) 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) 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.

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

I. Treatment - Unprofessional Conduct

B&P 1685. In addition to other acts constituting unprofessional conduct under this chapter, it is unprofessional conduct for a person licensed under this chapter to require, either directly or through an office policy, or knowingly permit the delivery of dental care that discourages necessary treatment or permits clearly excessive treatment, incompetent treatment, grossly negligent treatment, repeated negligent acts, or unnecessary treatment, as determined by the standard of practice in the community.

m. Mandatory Child Abuse and Neglect Reporting. *Dental licensees are mandated reporters under the Child Abuse and Neglect Reporting Act. For more information, go to Sections 11164 through 11174.3 of the California Penal Code.*

6. License Discipline

The Board may discipline a license for a variety of acts or omissions, many of which are contained below, and in the prior section. This section does NOT contain all of the remedies that the board or licensees may have.

B&P 1670. Any licentiate may have his license revoked or suspended or be reprimanded or be placed on probation by the board for unprofessional conduct, or incompetence, or gross negligence, or repeated acts of negligence in his or her profession, or for the issuance of a license by mistake, or for any other cause applicable to the licentiate provided in this chapter. The proceedings under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.

B&P 1670.1. Any licentiate under this chapter may have his or her license revoked or suspended or be reprimanded or be placed on probation by the board for conviction of a crime substantially related to the qualifications, functions, or duties of a dentist or dental auxiliary, in which case the record of conviction or a certified copy thereof, certified by the clerk of the court or by the judge in whose court the conviction is had, shall be conclusive evidence.

The board shall undertake proceedings under this section upon the receipt of a certified copy of the record of conviction. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge of a felony or of any misdemeanor substantially related to the qualifications, functions, or duties of a dentist or dental auxiliary is deemed to be a conviction within the meaning of this section. The board may order the license suspended or revoked, or may decline to issue a license, when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under any provision of the Penal Code, including, but not limited to, Section 1203.4 of the Penal Code, allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information or indictment.

B&P 1671. The board may discipline a licentiate by placing him or her on probation under various terms and conditions, which may include, but are not limited to, the following:

(a) Requiring the licentiate to obtain additional training or pass an examination upon completion of training, or both. The examination may be written, oral, or both, and may be a practical or clinical examination or both, at the option of the board.

(b) Requiring the licentiate to submit to a complete diagnostic examination by one or more physicians appointed by the board, if warranted by the physical or mental condition of the licentiate. If the board requires the licentiate to submit to such an examination, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians of the licentiate's choice.

(c) Restricting or limiting the extent, scope or type of practice of the licentiate.

(d) Requiring restitution of fees to the licentiate's patients or payers of services unless such restitution has already been made.

(e) Providing the option of alternative community service in lieu of all or part of a period of suspension in cases other than violations relating to quality of care.

B&P 1672. (a) When the board disciplines a licensee by placing him or her on probation, the board may, in addition to the terms and conditions described in Section 1671, require the licensee to pay the monetary costs associated with monitoring the licensee's probation.

(b) The board shall not renew the license of a licensee who fails to pay all of the costs he or she is ordered to pay pursuant to this section once the licensee has served his or her term of probation.

(c) The board shall not reinstate a license if the petitioner has failed to pay any costs he or she was ordered to pay pursuant to this section.

B&P 1686. A person whose license, certificate, or permit has been revoked or suspended, who has been placed on probation, or whose license, certificate, or permit was surrendered pursuant to a stipulated settlement as a condition to avoid a disciplinary administrative hearing, may petition the board for

reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum periods have elapsed from the effective date of the decision ordering disciplinary action:

(a) At least three years for reinstatement of a license revoked for unprofessional conduct or surrendered pursuant to a stipulated settlement as a condition to avoid an administrative disciplinary hearing.

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

(c) At least one year for modification of a condition, or reinstatement of a license revoked for mental or physical illness, or termination, or modification of a condition, of a probation of less than three years.

The petition shall state any fact required by the board.

The petition may be heard by the board, or the board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code.

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

The board or the administrative law judge may impose necessary terms and conditions on the licensee in reinstating a license, certificate, or permit or modifying a penalty.

No petition under this section shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the person. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

Nothing in this section shall be deemed to alter Sections 822 and 823.

B&P 1687. (a) Notwithstanding any other provision of law, with regard to an individual who is required to register as a sex offender pursuant to Section 290 of the Penal Code, or the equivalent in another state or territory, under military law, or under federal law, the board shall be subject to the following requirements:

(1) The board shall deny an application by the individual for licensure pursuant to this chapter.

(2) If the individual is licensed under this chapter, the board shall revoke the license of the individual.

The board shall not stay the revocation and place the license on probation.

(3) The board shall not reinstate or reissue the individual's licensure under this chapter. The board shall not issue a stay of license denial and place the license on probation.

(b) This section shall not apply to any of the following:

(1) An individual who has been relieved under Section 290.5 of the Penal Code of his or her duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law or the law of the jurisdiction that requires his or her registration as a sex offender.

(2) An individual who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code. However, nothing in this paragraph shall prohibit the board from exercising its discretion to discipline a licensee under other provisions of state law based upon the licensee's conviction under Section 314 of the Penal Code.

(3) Any administrative adjudication proceeding under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that is fully adjudicated prior to January 1, 2008. A petition for reinstatement of a revoked or surrendered license shall be considered a new proceeding for purposes of this paragraph, and the prohibition against reinstating a license to an individual who is required to register as a sex offender shall be applicable.

7. Citations and Fines

The Board may issue Citations and Fines for violations of the statutes and regulations. Refer to the Board's regulations beginning at Section 1023 for more information.

8. Diversion: Abuse of Dangerous Drugs and Alcohol

The Board administers a diversion program for practitioners whose competency may be impaired due to abuse of dangerous drugs and alcohol. Following is just one of the laws governing this program; interested persons should contact the Board for more information.

B&P 1695. (Diversion) It is the intent of the Legislature that the Board of Dental Examiners of California seek ways and means to identify and rehabilitate licentiates whose competency may be impaired due to abuse of dangerous drugs or alcohol, so that licentiates so afflicted may be treated and returned to the practice of dentistry in a manner which will not endanger the public health and safety. It is also the intent of the Legislature that the Board of Dental Examiners of California shall implement this legislation in part by establishing a diversion program as a voluntary alternative approach to traditional disciplinary actions.

9. Laws Governing Dental Assisting Courses and Programs

Dental assistants are required to complete certain courses and/or programs as specified in prior sections. The following laws govern the requirements that these courses and/or programs must meet in order to obtain and maintain approval by the Board.

a. Program/Course Definitions and Instructor Ratios. *The following general requirements apply to all courses and programs approved by the Board.*

B&P 1754.5. (Definitions and required ratios) 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.

b. General Provisions Applying to all Programs and Courses. *The following general requirements apply to all courses and programs approved by the Board.*

B&P 1755. (General requirements) (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) Any additional requirements that the board may prescribe by regulation.

(k) 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.

c. Infection Control Courses. *In addition to the requirements of sections 1754.5 and 1755 above, the following requirements must be met by an Infection Control Course in order to obtain and maintain approval by the Board.*

B&P 1756. In addition to the requirements of Section 1755, the following criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2, 1750.4, and 1752.1, to secure and maintain approval by the board:

(a) Adequate provisions for the supervision and operation of the course in infection control shall be made. Notwithstanding Section 1755, faculty shall not be required to be licensed by the board, but faculty shall have experience in the instruction of the infection control regulations and guidelines issued by the board and the Division of Occupational Safety and Health (Cal-DOSH). In addition to the requirements of Section 1755, all faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.

(b) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of infection control regulations and guidelines issued by the board and Cal-DOSH, but in no event less than eight hours, including at least four hours of didactic instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.

(c) The minimum requirements for equipment and armamentaria shall include personal protective equipment, FDA-approved sterilizer, ultrasonic unit or instrument processing device, sharps container, selection of instruments, equipment, and armamentaria that are necessary to instruct or demonstrate proper hazardous waste disposal, consistent with Cal-DOSH regulations, local, state, and federal mandates, and all other armamentaria required to instruct or properly demonstrate the subjects described in the course content.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) and (f).

(e) Didactic instruction shall include, at a minimum, the following as they relate to the infection control regulations of the board and of Cal-DOSH:

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

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

(3) Terms and protocols specified in the regulations of the board regarding the minimum standards for infection control.

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

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

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

(7) Principles and protocols associated with sharps management.

- (8) Principles and protocols of infection control for laboratory areas.
- (9) Principles and protocols of waterline maintenance.
- (10) Principles and protocols of regulated and nonregulated waste management.
- (11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.

(f) Preclinical instruction shall include three experiences in the following areas, with one used for a practical examination. Clinical instruction shall include two experiences in the following areas, with one used for a clinical examination:

- (1) Apply hand cleansing products and perform hand cleansing techniques and protocols.
- (2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.
- (3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.
- (4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.
- (5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.
- (6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.
- (7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.
- (8) Perform waterline maintenance, including use of water tests and purging of waterlines.
- (g) 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.
- (h) 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.

d. Orthodontic Assistant (OA) Courses. *In addition to the requirements of sections 1754.5 and 1755 above, the following requirements must be met by an Orthodontic Assistant Course in order to obtain and maintain approval by the Board.*

B&P 1756.1. In addition to the requirements of Section 1755, the following criteria shall be met by a orthodontic assistant permit course to secure and maintain approval by the board. The board may approve orthodontic assistant permit courses prior to January 1, 2010, and recognize the completion of orthodontic assistant permit courses by students prior to January 1, 2010, but the board may not issue an orthodontic assistant permit to students graduating from orthodontic assistant permit courses until on or after January 1, 2010.

(a) The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic assistant permitholders are authorized to perform, but in no event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction.

(b) The minimum requirements for equipment and armamentaria shall include banded or bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount or dental chair mounted mannequin head, curing light, regular typodont with full dentition and soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic instruments and adjunct material for all of the procedures that orthodontic assistant permitholders are authorized to perform.

(c) All faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (j), inclusive. In addition to the requirements of those subdivisions, instruction shall include basic background information on orthodontic practice, including orthodontic treatment review, charting, patient education, and legal and infection control requirements as they apply to orthodontic practice.

(e) The following requirements shall be met for sizing, fitting, cementing, and removing orthodontic bands:

(1) Didactic instruction shall include the following:

(A) Theory of band positioning and tooth movement.

(B) Characteristics of band material including malleability, stiffness, ductility, and work hardening.

(C) Techniques for orthodontic banding and removal, including all of the following:

(i) Armamentaria.

(ii) General principles of fitting and removing bands.

(iii) Normal placement requirements of brackets, tubes, lingual sheaths, lingual cleats, and buttons onto bands.

(iv) Orthodontic cements and adhesive materials: classifications, armamentaria, and mixing technique.

(v) Cementing bands: armamentaria, mixing technique, and band cementation procedures.

(vi) Procedure for removal of bands after cementation.

(2) Laboratory instruction shall include typodont experience in the sizing, fitting, cementing, and removal of four posterior first

molar bands a minimum of two times, with the cementing and removal of two first molar bands used as a practical examination.

(3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four posterior first molar bands on at least two patients.

(f) The following requirements shall be met for preparing teeth for bonding:

(1) Didactic instruction shall include the following: chemistry of etching materials and tooth surface preparation, application and time factors, armamentaria, and techniques for tooth etching.

(2) Laboratory instruction shall include typodont experience with etchant application in preparation for subsequent bracket bonding on four anterior and four posterior teeth a minimum of four times each, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall include etchant application in preparation for bracket bonding on anterior and posterior teeth on at least two patients.

(g) The following requirements shall be met for bracket positioning, bond curing, and removal of orthodontic brackets.

(1) Didactic instruction shall include the following:

(A) Characteristics and methods of orthodontic bonding.

(B) Armamentaria.

(C) Types of bracket bonding surfaces.

(D) Bonding material characteristics, application techniques, and curing time factors.

(E) Procedure for direct and indirect bracket bonding.

(F) Procedures for bracket or tube removal.

(2) Laboratory instruction shall include typodont experience with selecting, repositioning, tooth etching, positioning, curing and removing of four anterior and four posterior brackets a minimum of four times each, with one each of the four times used for a practical examination.

(3) Clinical instruction shall include selecting, adjusting, repositioning, etching, curing and removal of anterior and posterior brackets on at least two patients.

(h) The following requirements shall be met for archwire placement and ligation:

(1) Didactic instruction shall include the following:

(A) Archwire characteristics.

(B) Armamentaria.

(C) Procedures for placement of archwire previously adjusted by the dentist.

(D) Ligation systems, purpose and types, including elastic, wire, and self-ligating.

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

(A) The insertion of a preformed maxillary and mandibular archwire a minimum of four times per arch, with one of each of the four times used for a practical examination.

(B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures or self-ligating brackets a minimum of four times

per arch, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall include the following:

(A) Insertion of a preformed maxillary and mandibular archwire on at least two patients.

(B) Ligating both preformed maxillary and mandibular archwires using a combination of elastic and metal ligatures or self-ligating brackets on at least two patients for each.

- (i) The following requirements shall be met for cement removal with a hand instrument:
 - (1) Didactic instruction shall include, armamentaria and techniques of cement removal using hand instruments and related materials.
 - (2) Laboratory instruction shall include typodont experience on the removal of excess cement supragingivally from an orthodontically banded typodont using a hand instrument four times, with one of the four times used for a practical examination.
 - (3) Clinical instruction shall include removal of excess cement supragingivally from orthodontic bands with a hand instrument on at least two patients.
- (j) Instruction for cement removal with an ultrasonic scaler shall be in accordance with the regulations of the board governing courses in the removal of excess cement from teeth under orthodontic treatment with an ultrasonic scaler.
- (k) 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.
- (l) 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.

e. Dental Sedation Assistant (DSA) Courses. *In addition to the requirements of sections 1754.5 and 1755 above, the following requirements must be met by a Dental Sedation Assistant Course in order to obtain and maintain approval by the Board.*

B&P 1756.2. In addition to the requirements of Section 1755, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the board. The board may approve a dental sedation assistant permit course prior to January 1, 2010, and recognize the completion of these courses by students prior to January 1, 2010, but the board may not issue a dental sedation assistant permit to students graduating from dental sedation assistant permit courses until on or after January 1, 2010. As used in this section, "IV" means "intravenous."

- (a) (1) The course director or faculty may, in lieu of a license issued by the board, possess a valid, active, and current license issued in California as a certified registered nurse anesthetist or a physician and surgeon.
- (2) All faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.
- (b) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permitholders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction.
- (c) (1) The following are minimum requirements for equipment and armamentaria: one pulse oximeter for each six students; one automated external defibrillator (AED) or AED trainer; one capnograph or teaching device for monitoring of end tidal CO₂; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment that the regulations of the board require for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permitholders are authorized to perform.
- (2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permitholders are authorized to perform.

(3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are authorized to perform.

(e) General didactic instruction shall include:

(1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.

(3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.

(4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.

(5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.

(6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between conscious sedation, deep sedation, and general anesthesia.

(7) Overview of patient monitoring during conscious sedation and general anesthesia.

(8) Prevention, recognition, and management of complications.

(9) Obtaining informed consent.

(f) (1) With respect to medical emergencies, didactic instruction shall include an overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. Instruction shall include at least two experiences each, one of each of which shall be used for a practical examination.

(g) With respect to sedation and the pediatric patient, didactic instruction shall include the following:

(1) Psychological considerations.

(2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia.

(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patent airway.

(5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.

(6) Patient monitoring.

(7) Obtaining informed consent.

(8) Prevention, recognition, and management of complications, including principles of basic life support.

(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall include the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i) With respect to health history and patient assessment, didactic instruction shall include, but not be limited to, the recording of the following:

(1) Age, sex, weight, physical status (American Society of Anesthesiologists Classification), medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia

or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.

(2) General anesthesia or conscious sedation records including a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, amounts of time of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and ECG/EKG and use of AED:

(1) Didactic instruction shall include the following:

(A) Characteristics of pretracheal/precordial stethoscope.

(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.

(C) Characteristics of rhythm interpretation and waveform analysis basics.

(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.

(E) Characteristics and use of an AED.

(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.

(G) Procedure for use and monitoring of the heart with an ECG/EKG machine, including electrode placement, and the adjustment of such equipment.

(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

(2) Preclinical instruction shall include at least three experiences on another student or staff person for each of the following, one of each of which shall be used for an examination. Clinical instruction shall include at least three experiences on a patient for each of the following, one of each of which shall be used for a clinical examination:

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an electrocardiogram (ECG/EKG). Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(D) Use of an AED or AED trainer.

(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO₂ with pulse oximeter and capnograph:

(1) Didactic instruction shall include the following:

(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.

(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.

(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.

(D) Characteristics of manual and automatic respiration assessment.

(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.

(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.

(G) Procedure for use and maintenance of capnograph.

(H) Characteristics for monitoring blood and skin color and other related factors.

(I) Procedures and use of an oxygen delivery system.

(J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical and clinical instruction shall include at least three experiences on a student or staff person for each of the following, one of each of which shall be used for an examination.

Clinical instruction shall include at least three experiences on a patient for each of the following, one of which shall be used for a clinical examination:

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(l) With respect to drug identification and draw:

(1) Didactic instruction shall include:

(A) Characteristics of syringes and needles including use, types, gauges, lengths, and components.

(B) Characteristics of drug, medication, and fluid storage units, use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.

(C) Characteristics of drug draw including armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction shall include at least three experiences in the withdrawal of fluids from a vial or ampule in the amount specified by faculty, one of which shall be for a practical examination.

(3) Clinical instruction shall include at least three experiences in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or the extramural facility dentist.

(m) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall include:

(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.

(B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including amount and time intervals.

(D) Procedures for adding drugs, medications, and fluids by IV bolus.

(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction shall include at least three experiences of adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, one of which shall be used for a practical examination.

(3) Clinical instruction shall include at least three experiences adding fluids to existing IV lines on at least three patients in the presence of a licensed dentist.

(n) With respect to the removal of IV lines:

(1) Didactic instruction shall include overview and procedures for the removal of an IV line.

(2) Laboratory instruction shall include at least three experiences on a venipuncture training arm or in a simulated environment for IV removal, one of which shall be used for a practical examination.

(3) Clinical instruction shall include at least three experiences removing IV lines on at least three patients in the presence of a licensed dentist.

(o) 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.

(p) 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.

f. Registered Dental Assistant (RDA) Programs. *In addition to the requirements of sections 1754.5 and 1755 above, the following requirements must be met by a Registered Dental Assistant Program in order to obtain and maintain approval by the Board.*

B&P 1757. (a) A registered dental assistant program shall receive board approval prior to operation.

(1) In order for a registered dental assistant program to secure and maintain approval by the board, it shall meet the requirements of Section 1755 and the following requirements:

(A) Programs approved on or after January 1, 2009, shall meet all of the requirements of this section.

(B) Programs approved prior to January 1, 2009, shall meet all of the requirements of this section except as otherwise specified. Such a program shall continue to be approved only if it has certified to the board no later than April 30, 2009, on a form specified by the board, that it shall, no later than July 1, 2009, comply with all of the requirements of this section in providing instruction in all duties that registered dental assistants will be allowed to perform on and after January 1, 2010. The certification to the board shall contain the date on which the program will begin teaching those duties.

(2) A program shall notify the board in writing if it wishes to increase the maximum student enrollment for which it is approved and shall provide whatever additional documentation the board requires to reapprove the program for the increased enrollment prior to accepting additional students.

(3) The board may at any time conduct a thorough evaluation of an approved educational program's curriculum and facilities to determine whether the program meets the requirements for continued approval.

(4) The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.

(b) Programs shall have an advisory committee consisting of an equal number of registered dental assistants and dentists, including at least two registered dental assistants and two dentists, all currently licensed by the board. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program. Programs that admit students at different phases shall meet at least twice each year.

(c) Adequate provision for the supervision and operation of the program shall be made. In addition to the requirements of Section 1755, the following requirements shall be met:

(1) Each program faculty member shall have successfully completed a board-approved course in the application of pit and fissure sealants.

(2) By January 1, 2010, each faculty member shall have completed a board-approved course in instructional methodology of at least 30 hours, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed on or after January 1, 2010, shall complete a course in instructional methodology within six months of employment.

(3) The program director shall have teaching responsibilities that are less than those of a full-time faculty member. He or she shall actively participate in and be responsible for the day-to-day administration of the program including the following:

(A) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of mission criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.

(B) Holding periodic faculty meetings to provide for subject matter correlation and curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty.

(C) Maintaining for not less than five years' copies of minutes of all advisory committee meetings.

(4) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this section and Section 1755.

(d) The program shall have sufficient financial resources available to support the program and to comply with this section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of board approval of the program.

(e) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of laboratory instruction, and at least 85 hours of preclinical and clinical instruction conducted in the program's facilities under the direct supervision of program faculty. No more than 20 hours shall be devoted to instruction in clerical, administrative, practice management, or similar duties. A program approved prior to January 1, 2009, shall comply with board regulations with regard to required program hours until the date specified in the written certification from the program to the board that it will begin teaching the duties that registered dental assistants will be authorized to perform on and after January 1, 2010.

(f) In addition to the requirements of Section 1755 with regard to extramural instruction, no more than 25 percent of the required clinical instruction shall take place in extramural clinical facilities, and no more than 25 percent of extramural clinical instruction shall take place in a speciality dental practice.

(g) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants are authorized to perform. The following requirements are in addition to those contained in Section 1755:

(1) The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session and in ratios specified in Section 1070.2 of Title 16 of the California Code of Regulations: amalgamator, model trimmers, dental rotary equipment, vibrators, light curing devices, functional typodont and bench mounts, functional orthodontically banded typodonts, facebows, automated blood pressure device, EKG machine, pulse oximeters, capnograph or simulated device, sets of hand instruments for each procedure, respiration device, camera for intraoral use, camera for extraoral use, CAD machine or simulated device, caries

detection device, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties.

(2) One permanently preassembled tray for each procedure shall be provided for reference purposes.

(3) Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include access through the Internet, shall include materials relating to all subject areas of the program curriculum.

(4) Emergency materials shall include, but not be limited to, an oxygen tank that is readily available and functional. Medical materials for treating patients with life-threatening conditions shall be available for instruction and accessible to the operatories. Facilities that do not treat patients shall maintain a working model of a kit of such emergency materials for instructional purposes.

(h) The curriculum shall be established, reviewed, and amended as necessary to allow for changes in the practice of dentistry and registered dental assisting. Programs that admit students in phases shall provide students with basic instruction prior to participation in any other portion of the program that shall, at a minimum, include tooth anatomy, tooth numbering, general program guidelines and safety precautions, and infection control and sterilization protocols associated with and required for patient treatment. All programs shall provide students with additional instruction in the infection control regulations and guidelines of the board and Cal-DOSH prior to the student's performance of procedures on patients.

(i) (1) A program approved prior to January 1, 2009, shall comply with board regulations with regard to program content until the date specified in the written certification from the program to the board, as specified in subparagraph (B) of paragraph (1) of subdivision (a), after which time the program content shall meet the requirements of paragraph (2).

(2) Programs receiving initial approval on or after January 1, 2009, shall meet all the requirements of Section 1755, and subdivisions (j) and (k) of this section, and shall include the following additional content:

(A) A radiation safety course that meets all of the requirements of the regulations of the board.

(B) A coronal polishing course that meets all of the requirements of the regulations of the board.

(C) A pit and fissure sealant course that meets all of the requirements of the regulations of the board.

(D) A course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(3) On and after January 1, 2009, a program that desires to provide instruction in the following areas shall apply separately for approval to provide the following courses:

(A) A course in the removal of excess cement with an ultrasonic scaler, which course shall meet the requirements of the regulations of the board.

(B) An orthodontic assistant permit course that shall meet the requirements of Section 1756.1, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument. Notwithstanding Section 1756.1, an orthodontic assistant permit course provided by a registered dental assistant program, to the students enrolled in such program, shall be no less than 60 hours, including at least 12 hours of didactic instruction, at least 26 hours of preclinical instruction, and at least 22 hours of clinical instruction.

(C) A dental sedation assistant permit course that shall meet the requirements of Section 1756.2.

(j) General didactic instruction shall include, at a minimum, the following:

(1) Principles of general anatomy, physiology, oral embryology, tooth histology, and head-neck anatomy.

(2) Principles of abnormal conditions related to and including oral pathology, orthodontics, periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and esthetic dentistry.

(3) Legal requirements and ethics related to scope of practice, unprofessional conduct, and, patient records and confidentiality.

(4) Principles of infection control and hazardous communication requirements in compliance with the board's regulations and other federal, state, and local requirements.

(5) Principles and federal, state, and local requirements related to pharmacology.

(6) Principles of medical-dental emergencies and first aid management, including symptoms and treatment.

- (7) Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.
- (8) Principles of record classifications including management, storage, and retention protocol for all dental records.
- (9) Principles and protocols of special needs patient management.
- (10) Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.
- (11) Principles, protocols, manipulation, use, and armamentaria for dental materials.
- (12) Principles and protocols for oral hygiene preventative methods including, plaque identification, toothbrushing and flossing techniques, and nutrition.
- (13) Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.
- (14) Principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform.
- (k) Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that dental assistant and registered dental assistant is authorized to perform.
- (l) 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.
- (m) 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.

g. Registered Dental Assistant in Extended Functions (RDAEF) Programs. *In addition to the requirements of sections 1754.5 and 1755 above, the following requirements must be met by a Registered Dental Assistant in Extended Functions Program in order to obtain and maintain approval by the Board.*

B&P 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 toothborne 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 toothborne prosthesis.

(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne 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 toothborne 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 typodont 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.

(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.

h. Radiation Safety Courses. The following requirements must be met by a Radiation Safety Course in order to obtain and maintain approval by the Board.

Regulation Section 1014. Approval of Radiation Safety Courses.

(a) A radiation safety course is one which has as its primary purpose providing theory and clinical application in radiographic techniques. A single standard of care shall be maintained and the board shall approve only those courses which continuously maintain a high quality standard of instruction.

(b) A radiation safety course applying for approval shall submit to the board an application and other required documents and information on forms prescribed by the board. The board may approve or deny approval of any such course. Approval may be granted after evaluation of all components of the course has been performed and the report of such evaluation indicates that the course meets the board's requirements. The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards or for fraud, misrepresentation or violation of any applicable federal or state laws relating to the operation of radiographic equipment.

(d) The processing times for radiation safety course approval are set forth in Section 1061.

Regulation Section 1014.1. Requirements for Radiation Safety Courses.

A radiation safety course shall comply with the requirements set forth below in order to secure and maintain approval by the board. The course of instruction in radiation safety and radiography techniques offered by a school or program approved by the board for instruction in dentistry, dental hygiene or dental assisting shall be deemed to be an approved radiation safety course if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below.

(a) Educational Level. The course shall be established at the postsecondary educational level or a level deemed equivalent thereto by the board.

(b) Program Director. The program director, who may also be an instructor, shall actively participate in and be responsible for at least all of the following:

- (1) Providing daily guidance of didactic, laboratory and clinical assignments;
- (2) Maintaining all necessary records, including but not limited to the following:
 - (A) Copies of current curriculum, course outline and objectives;
 - (B) Faculty credentials;

(C) Individual student records, which shall include pre-clinical and clinical evaluations, examinations and copies of all successfully completed radiographic series used toward course completion. Records shall be maintained for at least five years from the date of course completion.

(3) Issuing certificates to each student who has successfully completed the course and maintaining a record of each certificate for at least five years from the date of its issuance;

(4) Transmitting to the board on a form prescribed by the board the name, last four digits of the social security number and, where applicable, license number of each student who has successfully completed the course;

(5) Informing the board of any significant revisions to the curriculum or course outlines.

(c) Faculty. The faculty shall be adequate in number, qualifications and composition and shall be suitably qualified through academic preparation, professional expertise, and/or appropriate training, as provided herein. Each faculty member shall possess the following qualifications:

(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the board;

(2) All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate dental radiographs. All faculty responsible for clinical evaluation shall have completed a two hour methodology course which shall include clinical evaluation criteria, course outline development, process evaluation, and product evaluation;

(3) Shall have either passed the radiation safety examination administered by the board or equivalent licensing examination as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice or, on or after January 1, 1985, shall have successfully completed a board approved radiation safety course.

(d) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing or processing facilities, and viewing spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided and all disinfection and sterilization procedures specified by board regulations shall be followed.

(1) A radiographic operatory shall be deemed adequate if it fully complies with the California Radiation Control Regulations (Title 17, Cal. Code Regs., commencing with section 30100), is properly equipped with supplies and equipment for practical work and includes for every seven students at least one functioning radiography machine which is adequately filtered and collimated in compliance with Department of Health Services regulations and which is equipped with the appropriate position-indicating devices for each technique being taught.

(2) The developing or processing facility shall be deemed adequate if it is of sufficient size, based upon the number of students, to accommodate students' needs in learning processing procedures and is properly equipped with supplies and equipment for practical work using either manual or automatic equipment.

(3) X-ray areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations.

(e) Program Content. Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of dental radiographic techniques.

(1) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instructional hours in the individual areas of didactic, laboratory, and clinical instruction.

(2) 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. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding dental radiation exposure. The course shall assure that students who successfully complete the course can expose, process and evaluate dental radiographs with minimum competence.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical and clinical examinations.

(4) Areas of instruction shall include at least the following as they relate to exposure, processing and evaluations of dental radiographs:

- (A) Radiation physics and biology
- (B) Radiation protection and safety
- (C) Recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs
- (D) Radiograph exposure and processing techniques using either manual or automatic methods
- (E) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity
- (F) Intraoral techniques and dental radiograph armamentaria, including holding devices
- (G) Interproximal examination including principles of exposure, methods of retention and evaluation
- (H) Intraoral examination including, principles of exposure, methods of retention and evaluation
- (I) Identification and correction of faulty radiographs
- (J) Supplemental techniques including the optional use of computerized digital radiography
- (K) Infection control in dental radiographic procedures
- (L) Radiographic record management.

Students may be given the opportunity to obtain credit by the use of challenge examinations and other methods of evaluation.

(f) Laboratory Instruction. Sufficient hours of laboratory instruction shall be provided to ensure that a student successfully completes on an x-ray manikin at least the procedures set forth below. A procedure has been successfully completed only if each radiograph is of diagnostic quality. There shall be no more than 6 students per instructor during laboratory instruction.

(1) Two full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings; no more than one series may be completed using computer digital radiographic equipment;

(2) Two bitewing series, consisting of at least 4 radiographs each;

(3) Developing or processing, and mounting or sequencing of exposed radiographs;

(4) Student and instructor written evaluation of radiographs.

(g) Clinical Experience. The course of instruction shall include sufficient clinical experience, as part of an organized program of instruction, to obtain clinical competency in radiographic techniques. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with one of the four patients used for the clinical examination. Clinical experience shall include:

(1) Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings. Traditional film packets must be double film. No more than three series may be completed using computer digital radiographic equipment. Such radiographs shall be of diagnostic quality. All exposures made on human subjects shall only be made for diagnostic purposes, and shall in no event exceed three (3) exposures per subject. All clinical procedures on human subjects shall be performed under the supervision of a licensed dentist in accordance with section 106975 of the Health and Safety Code.

(2) Developing or processing, and mounting or sequencing of exposed human subject radiographs;

(3) Student and instructor written evaluation of radiographs.

(h) Clinical Facilities. There shall be a written contract of affiliation with each clinical facility utilized by a course. Such contract shall describe the settings in which the clinical training will be received and shall provide that the clinical facility has the necessary equipment and accessories appropriate for the procedures to be performed and that such equipment and accessories are in safe operating condition. Such clinical facilities shall be subject to the same requirements as those specified in subdivision (g).

(i) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the radiation safety techniques, but shall in no event be less than 32 clock hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of clinical instruction.

(j) Certificates. A certificate shall be issued to each student who successfully completes the course. The certificate shall specify the number of course hours completed. A student shall be deemed to have successfully completed the course if the student has met all the course requirements and has obtained passing scores on both written and clinical examinations.

i. Pit and Fissure Sealant Courses. The following requirements must be met by a Pit and Fissure Sealant Course in order to obtain and maintain approval by the Board.

Regulation Section 1070.3. Approval of Pit and Fissure Sealant Courses.

The following minimum criteria shall be met for a course in the application of pit and fissure sealants to secure and maintain approval by the Board.

(a) Educational Setting. The course shall be established at the post-secondary educational level.

(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must have already completed a Board-approved course in coronal polishing.

(c) Administration/Facility. Adequate provision for the supervision and operation of the course shall be made.

(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed Board-approved courses in coronal polishing and the application of pit and fissure sealants. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate the application of pit and fissure sealants. All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation.

(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:

(A) Providing daily guidance of didactic, laboratory and clinical assignments.

(B) Maintaining for a period of not less than 5 years:

1. Copies of curricula, course outlines, objectives, and grading criteria.

2. Copies of faculty credentials, licenses, and certifications.

3. Individual student records, including those necessary to establish satisfactory completion of the course.

(C) Informing the Board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the application of pit and fissure sealants, but shall in no event be less than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 8 hours of clinical training.

(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.

(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in applying pit and fissure sealants. Such facilities shall include safe, adequate and educationally conducive:

(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students at any one time.

(A) Each operatory shall replicate a modern dental office containing 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; hand-washing sink; curing light, and all other armamentarium required to instruct in the application of pit and fissure sealants.

(B) Each operatory must be of sufficient size to accommodate a practitioner, a student, an instructor, and a patient at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in the application of pit and fissure sealants. Protective eyewear is required for each student.

(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.

(5) Emergency Materials/Basic Life Support.

(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.

(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of pit and fissure sealants.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.

(3) 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. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the application of pit and fissure sealants. The course shall assure that students who successfully complete the course can apply pit and fissure sealants with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to pit and fissure sealants:

(A) Dental Science - Oral Anatomy, Histology, Physiology, Oral Pathology, Normal/Abnormal Anatomical and Physiological Tooth Descriptions

(B) Morphology and Microbiology

(C) Dental Materials and Pharmacology

(D) Sealant Basics

1. Legal requirements
2. Description and goals of sealants
3. Indications and contraindications
4. Role in preventive programs

(E) Sealant Materials

1. Etchant and/or etchant/bond combination material composition, process, storage and handling
2. Sealant material composition, polymerization type, process, storage and handling
3. Armamentaria for etching and sealant application
4. Problem solving for etchant and sealant material placement/manipulation

(F) Sealant Criteria

1. Areas of application
2. Patient selection factors
3. Other indication factors

(G) Preparation Factors

1. Moisture control protocol
2. Tooth/teeth preparation procedures prior to etching or etchant/bond

(H) Acid Etching or Etchant/Bond Combination

1. Material preparation
2. Application areas

- 3. Application time factors
- 4. Armamentaria
- 5. Procedure
- 6. Etchant or etchant/bond evaluation criteria
- (I) Sealant Application
 - 1. Application areas
 - 2. Application time factors
 - 3. Armamentaria
 - 4. Procedure for chemical cure and light cure techniques
 - 5. Sealant evaluation criteria
 - 6. Sealant adjustment techniques
- (J) Infection control protocol
- (K) Clinical re-call re-evaluation protocols

(6) There shall be no more than 14 students per instructor during laboratory instruction. Laboratory instruction may be conducted on a typodont, a simulated model, and/or mounted extracted teeth. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in pit and fissure sealant application prior to the performance of procedures on patients.

(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with two of the four patients used for the clinical examination. Each clinical patient must have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained, for application of the etching, or etchant/bond combination, and sealant materials. Such clinical instruction shall include teeth in all four quadrants for each patient.

(h) Externship Instruction.

(1) If an extramural clinical facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of pit and fissure sealants.

(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.

(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.

(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.

(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.

(i) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to pit and fissure application.

(B) Explain the procedure to patients.

(C) Recognize decalcification, caries and fracture lines.

(D) Identify the indications and contraindications for sealants.

(E) Identify the characteristics of self curing and light cured sealant material.

(F) Define the appropriate patient selection factors and indication factors for sealant application.

(G) Utilize proper armamentaria in an organized sequence.

(H) Maintain appropriate moisture control protocol before and during application of etchant and sealant material.

(I) Demonstrate the proper technique for teeth preparation prior to etching.

(J) Select and dispense the proper amount of etchant and sealant material.

(K) Demonstrate the proper techniques for application of the etchant and sealant material.

(L) Implement problem solving techniques associated with pit and fissure sealants.

- (M) Evaluate the etchant and sealant placement techniques according to appropriate criteria.
 - (N) Check the occlusion and proximal contact for appropriate placement techniques.
 - (O) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.
 - (P) Maintain aseptic techniques including disposal of contaminated material.
- (2) Each student shall pass a written examination which reflects the entire curriculum content.
- (3) Each student shall pass a clinical examination in which the student successfully completes the application of pit and fissure sealants on two of the four clinical patients required for clinical instruction. The examination shall include teeth in all four quadrants.

j. Coronal Polishing Courses. The following requirements must be met by a Coronal Polishing Course in order to obtain and maintain approval by the Board.

Regulation Section 1070.4. Approval of Coronal Polishing Courses.

The following minimum criteria shall be met for a course in coronal polishing to secure and maintain approval by the Board.

- (a) Educational Setting. The course shall be established at the post-secondary educational level.
- (b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must satisfactorily demonstrate to the instructor clinical competency in infection control requirements prior to clinical instruction in coronal polishing.
- (c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.
 - (1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in coronal polishing. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate coronal polishing. All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation.
 - (2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:
 - (A) Providing guidance of didactic, laboratory and clinical assignments.
 - (B) Maintaining for a period of not less than 5 years:
 - i. Copies of curricula, course outlines, objectives, and grading criteria.
 - ii. Copies of faculty credentials, licenses, and certifications.
 - iii. Individual student records, including those necessary to establish satisfactory completion of the course.
 - (C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.
 - (d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than 12 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 4 hours of clinical training.
 - (e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.
 - (f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in coronal polishing. Such facilities shall include safe, adequate and educationally conducive:
 - (1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.
 - (2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any one time.
 - (A) Each operatory shall replicate a modern dental office containing 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; hand-washing sink; slow-speed handpiece, and all other armamentarium required to instruct in the performance of coronal polishing.

(B) Each operatory must be of sufficient size to accommodate a student, an instructor, and a patient at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in coronal polishing. Protective eyewear is required for each student.

(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.

(5) Emergency Materials/Basic Life Support.

(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.

(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the performance of coronal polishing.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.

(3) 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. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of coronal polishing. The course shall assure that students who successfully complete the course can perform coronal polishing with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to coronal polishing:

(A) Coronal Polishing Basics

- i. Legal requirements
- ii. Description and goals of coronal polishing
- iii. Indications and contraindications of coronal polishing
- iv. Criteria for an acceptable coronal polish

(B) Principles of plaque and stain formation

- i. Clinical description of plaque, intrinsic and extrinsic stains, and calculus
- ii. Etiology of plaque and stain
- iii. Clinical description of teeth that have been properly polished and are free of stain.
- iv. Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain

(C) Polishing materials

- i. Polishing agent composition, storage and handling
- ii. Abrasive material composition, storage, and handling, and factors which affect rate of abrasion
- iii. Disclosing agent composition, storage and handling
- iv. Armamentaria for disclosing and polishing techniques.
- v. Contraindications for disclosing and polishing techniques.

(D) Principals of tooth polishing

- i. Clinical application of disclosing before and after a coronal polish.
- ii. Instrument grasps and fulcrum techniques
- iii. Purpose and techniques of the mouth mirror for indirect vision and retraction.
- iv. Characteristics, manipulation and care of dental handpieces when performing a coronal polish.
- v. Pre-medication requirements for the compromised patient.
- vi. Use of adjunct materials for stain removal and polishing techniques

- vii. Techniques for coronal polishing of adults and children.
- viii. Procedures for cleaning fixed and removable prosthesis and orthodontic appliances.
- ix. Disclosing and polishing evaluation criteria.

(E) Infection control protocols

(6) There shall be no more than 6 students per instructor during laboratory instruction. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of coronal polishing prior to the performance of procedures on patients.

(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency, which may include externship instruction as provided in subdivision (h). There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on at least three patients, with two of the three patients used for the clinical examination.

(h) Externship Instruction.

(1) If an extramural clinical facility is utilized for clinical instruction as provided in subdivision (g)(7), students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of coronal polishing.

(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.

(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.

(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.

(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.

(i) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to coronal polishing.

(B) Explain the procedure to patients.

(C) Recognize decalcification and mottled enamel.

(D) Identify plaque, calculus and stain formation within the oral cavity.

(E) Identify the indications and contraindications for disclosing and coronal polishing.

(F) Identify the pre-medications for the compromised patient.

(G) Utilize proper armamentaria in an organized sequence for disclosing and polishing.

(H) Perform plaque disclosure.

(I) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

(J) Select and dispense the proper amount of polishing agent.

(K) Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use.

(L) Demonstrate the use of floss, tape, and abrasive strips when appropriate.

(M) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances.

(N) Maintain aseptic techniques including disposal of contaminated material.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a clinical examination in which the student successfully completes coronal polishing on two of the three clinical patients required for clinical instruction.

k. Ultrasonic Scaling Courses. The following requirements must be met by an Ultrasonic Scaling Course in order to obtain and maintain approval by the Board.

Regulation 1070.5 Approval of Ultrasonic Scaling Courses.

The following minimum criteria shall be met for a course in the removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler, hereinafter referred to as "ultrasonic scaling", to secure and maintain approval by the Board.

(a) Educational Setting. The course shall be established at the post-secondary educational level.

(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license.

(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.

(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in ultrasonic scaling. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach and evaluate ultrasonic scaling.

(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:

(A) Providing guidance of didactic and laboratory assignments.

(B) Maintaining for a period of not less than 5 years:

(i) Copies of curricula, course outlines, objectives, and grading criteria.

(ii) Copies of faculty credentials, licenses, and certifications.

(iii) Individual student records, including those necessary to establish satisfactory completion of the course.

(C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in ultrasonic scaling, but shall in no event be less than 4 clock hours, including at least 2 hours of laboratory training.

(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.

(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in ultrasonic scaling. Such facilities shall include safe, adequate and educationally conducive:

(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any one time.

(A) Each operatory shall replicate a modern dental office containing 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, hand-washing sink; and all other armamentarium required to instruct in the performance of ultrasonic scaling.

(B) Each operatory must be of sufficient size to accommodate a student and an instructor at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in ultrasonic scaling. There shall be at least one ultrasonic unit and orthodontically banded typodont for every four students. This procedure shall be performed by an operator wearing gloves, mask, and safety glasses.

(4) Infection Control. The program shall establish written laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space and equipment shall be provided for preparing and sterilizing all armamentarium.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the various protocols used in the performance of ultrasonic scaling.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic and laboratory instruction and practical examination evaluation criteria.

(3) 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. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of ultrasonic scaling. The course shall assure that students who successfully complete the course can perform ultrasonic scaling with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to ultrasonic scaling:

(A) Ultrasonic Scaling Basics

i. Legal requirements;

ii. Description and goals of ultrasonic scaling;

iii. Indications and contraindication of using an ultrasonic scaler as it relates to other methods of cement removal;

iv. Criteria for acceptable cement removal from orthodontically banded teeth.

(B) Tooth morphology and anatomy of the oral cavity as they relate to the use of an ultrasonic scaler in cement removal of orthodontically banded teeth.

(C) Armamentarium and equipment use and care.

(D) Principles of cement removal from orthodontically banded teeth

i. Characteristics of ultrasonic scaler units and tips for cement removal;

ii. Instrument grasps and fulcrum techniques;

iii. Purpose and techniques of the mouth mirror for indirect vision and retraction;

iv. Characteristics, manipulation and care of ultrasonic scaler unit when removing excess cement from orthodontically banded teeth;

v. Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel damage, thermal damage, and soft tissue damage;

vi. Patient and operator safety including systemic medical complications and managing patients with pacemakers;

vii. Use of adjunct material for removal of excess cement from orthodontically banded teeth;

viii. Techniques for removal of excess cement from orthodontically banded teeth on a banded typodont;

ix. Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded typodont.

(E) Infection control protocols

(6) There shall be no more than six (6) students per instructor during laboratory instruction.

Laboratory experience will consist of practice on orthodontically banded typodonts. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of ultrasonic scaling prior to examination on two orthodontically banded typodonts for evaluation of clinical competence.

(h) Extramural Instruction.

(1) If an extramural facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised instruction in the removal of excess cement from orthodontically banded teeth.

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

(3) Objective evaluation criteria shall be used by the program faculty and extramural personnel.

(4) Dentists who intend to provide extramural facilities shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.

(5) There shall be a written contract of affiliation with each extramural facility utilized by the program. Such contract shall describe the settings in which the instruction will be received, affirm that the extramural facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.

(i) Evaluation and Examination.

- (1) Upon completion of the course, each student must be able to:
 - (A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands.
 - (B) Describe the necessary aspects of pre-operative instructions to patients.
 - (C) Recognize loose appliances.
 - (D) Recognize decalcification and mottled enamel.
 - (E) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.
 - (F) Identify pre-medications for the compromised patient.
 - (G) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.
 - (H) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.
 - (I) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.
 - (J) Maintain aseptic techniques including disposal of contaminated materials.
- (2) Each student shall pass a written examination which reflects the entire curriculum content.
- (3) Each student shall pass a laboratory examination on two orthodontically banded typodonts which represent all four quadrants which have been banded using cementation product(s) easily visible to the operator.