

## The Dental Learning Network



# California Dental Practice Act

*6 Homestudy Credit Hours*

Lawrence J. Rose, Esquire

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# California Dental Practice Act

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## Course Objectives

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Upon completion of this course, the student should be able to:

- Summarize the California Dental Practice Act.
- List the governing agencies of the dental profession and define their functions.
- Describe the requirements for approval of various educational programs.
- List the requirements for applications of various dental professions.
- Describe the procedures for dental examinations.
- Describe the legal role and responsibilities of the dentist and dental auxiliaries.
- Distinguish between direct and indirect supervision and define which auxiliary responsibilities are in each category.
- Describe the various laws regarding licenses in the dental profession.
- Know where to find the yearly updates of the Dental Practice Act.

## Course Introduction

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The California Dental Practice Act is the chapter of the California Business & Professions Code that contains the basic body of laws governing Dentistry. [Business & Professions Code (“B&P”) 1600] California law requires that every dental professional must have a grasp of that basic body of the law, together with the related portions of the California Code of Regulations (“CCR”) and selected other California statutes. We have designed this course to summarize the Dental Practice Act and related laws through 2006. However, lawmakers change and add to these laws regularly. Licentiates should refer to the actual text of the law or consult a qualified attorney in serious matters.

The Dental Board of California publishes a compilation of the Dental Practice Act and related laws, which can be purchased from the Board. The address for ordering a copy of the Act follows the glossary.

### **Dentistry Defined**

*Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions, and the corrections of malposition 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.*

The Dental Practice Act defines **Dentistry** as follows:

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Without limiting the foregoing, a person practices dentistry within the meaning of this chapter who does any one of the following: [B&P 1625]

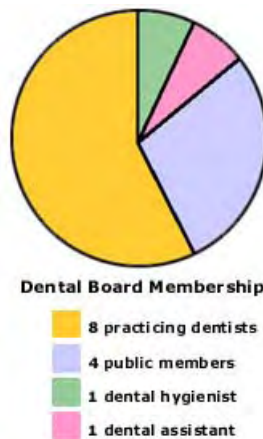
- by card, circular, pamphlet, newspaper or in any other way advertises themselves or represents themselves to be a dentist; [B&P 1625]
- performs, or offers to perform, an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws, or associated structures, or corrects malopposed positions thereof; [B&P 1625]
- in any way indicates that they will construct, alter, repair, or sell any bridge, crown, denture, prosthetic appliance or orthodontic appliance; makes or offers to make an examination of, with the intent to perform or cause to be performed by any operation on the human teeth, alveolar process, gums, jaws, or associated structures; [B&P 1625] or
- manages or conducts as a manager, proprietor, conductor, lessor, or otherwise, a place where dental operations are performed. [B&P 1625]

## Governing Agencies

### The Department of Consumer Affairs

*The State of California Department of Consumer Affairs regulates private businesses and professions that have an impact on public health, safety, and welfare. They set minimum qualifications and levels of competency for licensed persons to provide effective public services.*

The State of California Department of Consumer Affairs regulates private businesses and professions that have an impact on public health, safety, and welfare. They set minimum qualifications and levels of competency for licensed persons to provide effective public services. It registers these persons to ensure qualified performance according to accepted professional standards. This department investigates allegations of unprofessional conduct, incompetence, fraudulent action, or unlawful activity and has the authority to institute disciplinary action against these persons. Also, the department conducts periodic checks of licensees, registrants, or otherwise certified persons to make sure they are complying with the code. [B&P 101.6] The Governor of the State of California appoints and has the power to remove members of the Board of Consumer Affairs. [B&P 106]



### Dental Board of California

*(formerly known as the Board of Dental Examiners of California)*

The Dental Board of California is part of the Department of Consumer Affairs. They are the main authority for dentistry in the state. The Board consists of eight practicing dentists, one registered dental hygienist, one registered dental assistant, and four public members. They are organized into standing committees dealing with examinations, enforcement, auxiliary matters, and other appropriate subjects. [B&P 1601.1]

The Board's executive officer manages the Board Staff and field investigators, attends meetings and hearings, manages examinations, and notifies applicants of their examination results. [16 CCR 1001]

Each professional member of the Board must have been active in California in their profession for at least five years before the date of their appointment. The public members may not be licentiates of the Board. No more than one member may be a member of the

faculty of any dental college or dental department of any medical college in California. None of the members may have any financial interest in any dental or medical college. [B&P 1602] Members of the Board are appointed for a term of four years. If a member vacates office before the end of their term, someone is appointed to fill that position within 30 days. No member may serve on the Board for more than two terms. [B&P 1603]

The Governor of California appoints two of the public members, the dental assistant member, the dental hygienist member, and the eight licensed dentist members of the Board. The Senate Rules Committee and the Speaker of the Assembly each appoint a public member. Their initial appointment occupies the first and second public member vacancies as they occur. [B&P 1603] The Governor has the power to remove from office any member of the Board for continued neglect of duty, incompetence, or unprofessional conduct. [B&P 1605]

*Citations [B&P 108, 125.9, 1611.5, 1680]*

*Dental Licensees must allow the Board to inspect their offices, operatories, sterilization areas, and laboratories when there is suspicion of any violations of the law.*

The Dental Board has the authority to issue administrative citations and fines. Dental Licensees must allow the Board to inspect their offices, operatories, sterilization areas, and laboratories when there is suspicion of any violations of the law. If a dentist denies inspection, they risk the suspension or revocation of their license. Violations found in an inspection may be punishable by a fine or citation. The dentist is responsible to pay the fine and make the necessary changes. The Board can pursue disciplinary action or apply the fee to the renewal rate of the licensee if they do not pay the fee promptly.

The Board can issue citations for “unprofessional conduct,” including but not limited to:

- failure to comply with infection control guidelines
- unsafe and unsanitary conditions
- practicing with an expired license or permit
- aiding and/or abetting the unlicensed practice of Dentistry
- false or misleading statement in advertising
- unlawfully advertised prices
- failure to meet or comply with requirements for conscious sedation and/or general anesthesia permits
- permitting auxiliaries to perform duties outside the scope of licensure

The Board meets regularly to examine applicants, once each year in San Francisco and once each year in Los Angeles, after the commencement of the dental schools. They may also meet at other times and places as the Board may designate to transact its business.

#### Committee on Dental Auxiliaries

The Committee on Dental Auxiliaries consists of nine members appointed by the Governor of California [B&P 1744]: one a member of the Board of Dental Examiners; one licensed dentist and a member of the Board's Examining Committee; one a licensed dentist who is

not on either the Board or Examining Committee; three licensed dental hygienists, at least one who is employed in a private practice; and three registered dental assistants. One of the hygienists and one of the assistants should be licensed in Expanded Functions. [B&P 1743] The members may not serve for more than two consecutive 4-year terms. The members elect one chairperson each year. The Governor has the power to remove any member of the Committee from office for neglect of any duty, incompetence, or unprofessional conduct. [B&P 1744]

The Committee meets at least four times annually, (twice in Sacramento and twice in Los Angeles), and may schedule additional meetings if necessary. The Board sends notices at least two weeks in advance to people who express an interest in attending the meetings. [B&P 1749]

### Peer Review

The State of California uses the peer review system to preserve the highest standards of medical and dental practice, based on the legislature's recognition that "peer review, fairly conducted, will aid the appropriate state licensing boards in their responsibility to regulate and discipline errant healing arts practitioners." [B&P 809]

Under this system, a "peer review body" is obligated to investigate any circumstances that could result in the "denial or termination of staff privileges, membership or employment" because of a "medical disciplinary cause or reason." [B&P 805] Under the statute, a peer review board can consist of a committee of the professional staff of a health care facility, a licensed health care service plan (such as a dental HMO), or a committee of a professional society whose membership consist of at least 25% of the eligible licentiates in the area in which it operates. A "denial or termination" of privileges includes any reduction in the arrangements governing the scope of the licentiate's practice, including a decision not to extend or renew a contract, if that reduction is based on conduct that could be detrimental to patient care or safety. Any such change in a licentiate's practice arrangements must be reported to the appropriate licensing board, describing the circumstances and the sanctions imposed. [B&P 805] In California, this notice is known as an "805 Report."

If, following an investigation, a peer review body concludes that an 805 Report should issue, the licentiate must be given written notice of the body's "proposed final action." [B&P 809.1] At that point, the licentiate may request a formal hearing, administered in accord with the rights and procedures created by statute and/or the by-laws of the peer review body. [B&P 809.2]

### **Lawrence J. Rose, Esquire**

Lawrence Rose is an attorney in the private practice of health care law in San Francisco, California. For nearly twenty years, Mr. Rose has represented the entities involved in the finance and delivery of medical care, including health insurers, HMOs, physician groups, ambulatory surgery centers and other care facilities, medical specialty societies, and non-profit health care organizations, in litigation, issues of regulatory compliance, appearances before governmental administrative agencies, and in lobbying.

Particular areas of experience include:

- Managed care provider and member disputes.
- Licensure and regulatory issues with the Department of Managed Health Care, Department of Insurance, and Department of Health Services.
- HIPAA compliance for “Covered Entities” and employers
- Peer review and health plan/provider relations.
- Medi-Cal regulations and reimbursement appeals.
- Regulatory compliance and liability exposures in clinical research.
- Litigation risk management for health care organizations.

Other recent matters have involved FDA licensure of medical devices, third-party reimbursement of new technologies, and trademark and service mark compliance.

Mr. Rose has been responsible for court and jury trials, arbitrations, and appeals court arguments in federal and state courts throughout California, as well as testimony before the California legislature.

Earlier in his career, Mr. Rose devoted substantial attention to the litigation surrounding health benefits coverage for “experimental” medical therapies. As a result of that work, Mr. Rose was interviewed by the New York Times, the Wall Street Journal, the Los Angeles Times and CNN television, and appointed to the founding editorial board of Managed Care & Cancer: The Journal of Cancer Economics. Mr. Rose has received Martindale-Hubbell’s highest rating – AV.

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### **Approval of Dental Schools**

The Board approves dental schools that continuously maintain a high quality standard of instruction. A new school of dentistry in California must apply for provisional approval in its first academic year, then for final approval when its program is in full operation with students enrolled in the curriculum of each of the academic years. The Board may, instead of conducting its own independent investigation, accept the findings of any commission or accreditation agency approved by the Board. [16 CCR 1024] The Board must maintain a current file listing of all approved dental schools, including any limitations placed on the approval at the time of its grant. [16 CCR 1024.2]

A dental school must comply with the following requirements to secure and maintain approval status:

#### Standard of Proficiency

Each school must have an established criterion for measuring proficiency and accomplishment. All students must be evaluated according to this criterion and informed of their progress. [16 CCR 1024.1 (a)(2)]

#### Financial Management and Support

The income must primarily be used for the enrichment of teaching and the advancement of research. A clinical and infirmary service must be maintained at the level necessary to serve the needs of the students. [16 CCR 1024.1 (h)]

#### Physical Plant

The building and equipment must be maintained and replaced to provide the students with the most modern and educationally optimal environment. [16 CCR 1024.1 (e)]

#### Library

The school must have adequate library materials broad enough to meet the teaching and research needs of the students and faculty. [16 CCR 1024.1 (e) (3)]

#### Faculty

The dental school must employ an adequate staff of competent, full time faculty members with general education, professional training, and teaching experience. [16 CCR 1024.1 (d)]

#### Curriculum

The curriculum should be organized in a flexible manner to allow for adjustments and research advancements in the field of dentistry. The curriculum shall provide biomedical, behavioral, and clinical knowledge that is integrated and is of sufficient depth and scope for graduates to apply advances in modern biology to clinical practice and to integrate new medical knowledge and therapies relevant to oral health care.

The educational program shall be designed to ensure that graduates are at a minimum competent in providing all of the following types of oral health care within the scope of general dentistry to all types of patients: [16 CCR 1024.1 (c)]

- (A) Patient assessment and diagnosis
- (B) Comprehensive treatment planning
- (C) Health promotion and disease prevention
- (D) Informed consent
- (E) Anesthesia, sedation and pain and anxiety control
- (F) Restoration of teeth
- (G) Replacement of teeth
- (H) Periodontal therapy
- (I) Pulpal therapy
- (J) Oral mucosal disorders
- (K) Hard and soft tissue surgery
- (L) Dental emergencies
- (M) Malocclusion and space management
- (N) Evaluation of the outcomes of treatment

#### Extramural Dental Facility

Extramural dental facilities used by dental schools must be identified, qualified, and approved by the Board. Students use these facilities as an adjunct or extension of the dental school's clinical and laboratory departments. Part of the dental education program must consist of dental services provided to the public by dental students at an extramural site. Approved dental schools register their extramural facilities with the Board giving information pertaining to: faculty supervision, scope of treatment to be rendered, arrangements for postoperative care, name and location of the facility, date operation will begin, which discipline the facility is a part of, and a description of the equipment and facilities available. A copy of the agreement between the approved dental school and the affiliated institution, proving a contractual relationship, must also be submitted. [16 CCR 1025]

#### Mobile Dental Clinics Associated with Dental Schools

Mobile dental clinics must be identified, qualified, registered, and approved by the Board to be used as an extension of, or adjunct to, the clinical and laboratory departments of an approved dental school. A mobile dental unit is any clinical facility that may be towed, moved, or otherwise transported from one place to another where dental services are rendered for the use of dental school instruction. The Board requires that part of the dental student's education should be providing dental care to the public in a mobile dental unit. The program must be balanced so that it will provide the student with exposure to different aspects of dentistry not found in the primary clinical and laboratory environment of the dental school. The dental school must provide information to the Board including: faculty supervision, scope of treatment to be rendered, postoperative care, proposed itinerary showing locations and dates, discipline of instruction that is represented, and a description of the equipment and facilities available. Any changes must be reported to the Board. [16 CCR 1026]

### **General Requirements For Auxiliary Educational Programs**

The Board approves educational programs for registered dental assisting (RDA), registered dental assisting with expanded functions (RDAEF), registered dental hygiene (RDH), and registered dental hygiene with expanded functions (RDHEF) that continuously maintain a high quality standard of instruction. New educational programs must apply for approval before operation. [16 CCR 1070]

The Board's executive officer maintains a current listing of Board-approved educational programs for registered dental auxiliaries.

The following requirements are common to all auxiliary educational programs.

- Adequate financial resources necessary to support the required curriculum must be available.
- Safe, adequate, and educationally conducive lecture classrooms, operatories, x-ray operatories, and laboratories must be available to all students. All students must have opportunities to use modern equipment to develop their auxiliary skills.
- Adequate sterilization facilities must be available.
- X-ray areas must provide maximum protection to patients, students, faculty, and observers.
- The organization of the curriculum must be flexible, creating opportunities for exposure to advances in the practice of dentistry, dental hygiene, and dental assisting.
- The curriculum must be balanced, allowing for contributions to their specific field, effective instruction, and time for student independent study.
- The student must have reasonable access to dental and medical reference texts, current journals, audiovisual materials, and other necessary resources.
- Curriculum must provide the students with a basic understanding of and an ability to perform procedures with competence and judgment.
- All programs must provide clinical facilities or clinical resources to train the student. Students must have sufficient clinical experience to obtain competency in all functions.
- The school must employ an adequate staff of competent, full-time faculty members having general education, professional training, and teaching experience.

### **Requirements for Approval of RDA Educational Programs**

Along with the general requirements of all dental auxiliary educational programs, the following criteria must be met for a registered dental assistant educational program to be approved by the Board:

- The program must be established at the post-secondary education level or its equivalent.
- The program must have an advisory committee consisting of at least two registered dental assistants and two dentists who are currently licensed by the Board.
- The program must have adequate supervision and operation. A faculty member who is a dental assistant must be a California Registered Dental Assistant proficient in expanded duties.
- Licensed faculty members must participate in the instruction of appropriate procedures.
- The areas of didactic and laboratory instruction must include the following subjects:
  - Biomedical: dental-medical emergencies, basic life support, nutrition, preventive dentistry
  - Dental Science: dental materials, oral anatomy and physiology, oral pathology, pharmacology, morphology, microbiology
  - Dental Assisting: general and specialty dentistry, chair side assisting, legal/ethical aspects of dentistry, patient management, infection control
- The program must be long enough to provide the high level of dental assisting competence required by the Board, but not less than 720 hours. [16 CCR 1070.2]

### **Requirements for Approval of RDAEF Educational Programs**

Along with the general requirements of all dental auxiliary educational programs, the following criteria must be met for a registered dental assistant with expanded functions educational program to be approved by the Board:

- All students must possess a valid, active certificate as a registered dental assistant to be admitted into the program.
- The clinical training must be given at a dental school or facility that has a written contract of affiliation for such training with a dental school. An extension program of a university is not considered a dental school. The written contract of affiliation must include a description of the setting and must provide for direct supervision by faculty designated by the dental school. The affiliated dental facility may not be a private dental office unless the office is a site approved by the Board on the recommendation of a dental school.
- The areas of didactic and laboratory instruction must include at least the following areas related specifically to extended functions:
  - Biomedical: nutrition, preventive dentistry
  - Dental Science: materials, oral anatomy and physiology, oral pathology

- pharmacology, morphology, microbiology, histology
- Dental Assisting: general and special dentistry, legal/ethical aspects of dentistry, patient/dental personnel psychology
- Emergency procedures
- Coronal polishing in pit and fissure sealant procedures
- The program must be no less than 90 hours in length and must be sufficient to ensure that all students possess the necessary skills to consistently perform extended functions safely on a patient. [16 CCR 1071.1]

**Requirements for Approval of RDH Educational Programs**

Along with the general requirements of all dental auxiliary educational programs, the following criteria must be met for a registered dental hygiene educational program to be approved by the Board: [16 CCR 1072.1]

- The program should provide college level programs leading to an associate or higher degree.
- It must be either affiliated with or conducted by an approved dental school, or a school that is accredited to offer college level or college parallel programs by the American Dental Association Commission on Dental Accreditation.
- A minimum basis for admission to an approved educational program for dental hygienists is the successful completion of an accredited high school curriculum, or the recognized equivalent, that will permit entrance to an accredited college of liberal arts. The selection of students for admission to a hygiene educational program is based on estimates of their capacity for success in the study of dental hygiene. Each student is evaluated using all available and significant information, including: background, knowledge, aptitude for and interest in the study and practice of dental hygiene, and the range of quality subject matter in their scholastic record.
- The instruction be on the same level as that of a true University discipline and must include lectures, laboratory experiments and exercises in clinical practice under supervision. Each school must establish and maintain standards of proficiency and accomplishment of a qualitative nature, emphasizing thoroughness of didactic and laboratory requirements and precision in manual skills. Such standards should be available to all students, and should be used to evaluate progress or achievement in the curriculum
- The curriculum must contain the following subjects:
  - General subject matter: speech, English, sociology, psychology
  - Biomedical Sciences: general and microscopic anatomy, anatomy, physiology, microbiology, pathology, nutrition, pharmacology
  - Dental Sciences: anesthesia; dental and medical emergencies; tooth morphology; head, neck, and oral anatomy; oral pathology; oral embryology and histology; dental materials
  - Clinical Sciences and Practice: periodontology, clinical dental hygiene, legal and ethical aspects of dentistry, community dental health

It must include didactic and laboratory instruction of those registered dental assistant duties specifically delegable by a licensed dentist to a registered dental hygienist. Content of curriculum for approved dental hygiene educational

programs must specifically include instruction in periodontal soft tissue curettage; administration of local anesthetic agents (infiltration and conductive limited to the oral cavity); and administration of nitrous oxide and oxygen when used as an analgesic, using fail-safe type machines containing no other general anesthetic agents.

- The program must be at least two years, and not less than 1,600 hours. [CCR 1072.1]

#### Extramural Facilities for RDH Programs

An approved dental hygiene educational program must register extramural dental facilities with the Board. The registration must be accompanied by information supplied by the dental hygiene program pertaining to: faculty supervision, scope of treatment to be rendered, name and location of the facility, date operation will take place, which discipline of instruction is represented, and a brief description of the equipment and facilities available. A copy of the agreement between the approved dental hygiene program or parent university, and the affiliated institution must also be submitted. Any change must be reported to the Board. [16 CCR 1074]

#### **Requirements for Approval of RDHEF Educational Programs**

Along with the general requirements of all dental auxiliary educational programs, the following criteria must be met for a registered dental hygienist with extended functions educational program to be approved by the Board:

- Students must possess a valid, active license as a registered dental hygienist in California; have a current CPR certification; and have satisfactorily completed a Board-approved course of instruction in periodontal soft tissue curettage, administration of local anesthesia, and administration of nitrous oxide and oxygen.
- The clinical training must be given at a dental school or facility that has a written contract for such training with a dental school. An extension program of a university is not considered a dental school. The written contract of affiliation must include a description of the settings in which the clinical training is to take place and must provide for direct supervision by faculty designated by the dental school. The affiliated facility may not be a private dental office unless it is a site approved by the Board on recommendation of a dental school.
- Didactic and laboratory instruction must include at least the following areas and must be related specifically to extended functions:
  - Biomedical Sciences: anatomy and physiology, microbiology, oral pathology, periodontology, histology, morphology, pharmacology
  - Dental Sciences: anesthesia/analgesia, dental materials, occlusion, dental morphology
  - Emergency procedures
- The program must not be less than 90 hours in length and must ensure that all students will possess the necessary skills to consistently perform extended functions safely on a patient. [16 CCR 1073.1]

### **Requirements for Approval of RDHAP Educational Programs**

Along with the general requirements of all dental auxiliary educational programs, the following criteria must be met for a registered dental hygienist in alternative practice educational program to be approved by the Board:

- Students must possess a valid, active license as a registered dental hygienist in California; have a current CPR certification.
- Curriculum must include content designed to prepare the student to assess, plan, implement, and evaluate dental hygiene services as an independent practitioner in accord with the Business and Professions Code.
- The curriculum content shall include dental hygiene technique and theory, including oral pathology, treatment of special populations, medical histories and terminology, dental/medical emergencies, application of pit, resin or composite fissure sealants, and business administration and practice management.
- The program must not be less than 150 hours in length. [16 CCR 1073.3]

### **Requirements for Approval of Radiation Safety Courses**

The Board approves radiation safety courses that maintain a high quality standard of instruction. Its primary purpose must be to provide theory and clinical application in radiographic techniques. [16 CCR 1014]

Providers of the radiation safety courses must apply for approval by submitting an application and other required documents and information on forms available from the Board. The Board may conduct an on-site evaluation of the course. If the course meets all Board requirements, they will grant approval. The Board may withdraw their approval at any time after giving the course provider written notice (including the reason for withdrawal) and allowing reasonable opportunity to respond to the charges. Some reasons for withdrawal are: failure to comply with the Board's standards, fraud, misrepresentation, or violation of any applicable federal or state laws relating to the operation of radiographic equipment. [16 CCR 1014]

A course of instruction in radiation safety and radiography techniques offered by a school or program in dentistry, dental hygiene, or dental assisting must meet the following requirements for approval: [16 CCR 1014.1]

- The course is established at the postsecondary educational level or its equivalent.
- The program director actively participates in providing daily guidance of didactic, laboratory, and clinical assignments.
- The program director maintains copies of current curriculum, course outlines, objectives, faculty credentials, individual student records, issuance of certificates of completion, and a list of graduates for at least five years. The director must submit a form to the Board containing the name, address, and license number and last four digits of the social security number of each student who has completed the course and inform the Board of any significant changes

of course outlines or curriculum.

- The faculty must be qualified through academic preparation, professional expertise, and appropriate training. They must: [16 CCR 1014.1]
  - hold a valid special permit or valid license as a dentist, registered dental hygienist, or registered dental assistant issued by the Board
  - have a background in and current knowledge of dental radiography techniques, and
  - have either passed the radiation safety examination administered by the Board, a Board-approved radiation safety course, or an equivalent licensing examination as a dentist or dental hygienist.
- There must be an adequate number of faculty to instruct the number of students enrolled.
- The program must use a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing/processing facilities, and viewing spaces for mounting, viewing, and evaluating radiographs. A radiographic operatory is considered adequate if it is properly furnished with supplies and equipment for practical work. It must include at least one functioning radiography machine for every seven students that is filtered and collimated in compliance with Department of Health Services regulations. The machine must be equipped with the appropriate position-indicating devices for each technique being taught. The developing/processing facility is considered adequate if it is of sufficient size based on the number of students to accommodate their needs in the learning process. X-ray areas must provide protection to patients, students, faculty, and observers in full compliance with applicable statutes and regulations. They must provide adequate sterilizing facilities.
- Sufficient classroom instruction must be provided in at least the following subjects: [16 CCR 1014.1]
  - radiation physics and biology
  - radiation protection and safety
  - recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs
  - radiograph exposure and processing techniques
  - radiograph mounting or sequencing and viewing
  - intraoral techniques and dental radiograph armamentaria
  - interproximal examination
  - intraoral examination
  - identification and correction of faulty radiographs
  - infection control
  - radiographic record management
  - supplemental techniques
- Students may be given the opportunity to obtain credit with challenge examinations and other methods of evaluation.
- The amount of time spent in laboratory instruction should be enough that the student is able to successfully complete the following procedure on a mannequin:
  - taking two full mouth periapical surveys, consisting of at least 18 radiographs each, four of which must be bitewings
  - taking two bitewing surveys, consisting of at least 4 radiographs each
  - developing, processing, and mounting exposed radiographs

- evaluating the radiographs
- The procedure is considered successful if the radiograph is of diagnostic quality as defined by the American Association of Dental Schools' 1978 Position Paper on Dental Radiography. Exposures made on people must be for diagnostic purposes.
- The amount of clinical experience should be enough for the student to obtain competency in radiographic techniques. Clinical experience must include a minimum of four full mouth periapical surveys, consisting of at least 18 radiographs each, four of which must be bitewing. 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 exposures per subject. All clinical instruction must be performed under the supervision of a licensed dentist. The clinical facility and the managers of the radiation safety course must have a written contract describing the settings in which the training will be received and the necessary equipment and accessories available for the faculty and students.
- All students who successfully complete the radiation safety course receive a certificate of completion. The student must have received passing scores on both a written and clinical examination.

### **Continuing Education**

The Board has decided that it would serve the public interest to require California Licensed dental health professionals to take continuing education courses. [16 CCR 1015]

Continuing education courses must be designed to enhance the licentiate's knowledge, skill, or competence in the provision of service to patients or the community. Acceptable course topics include: dental and medical health, preventive dental services, diagnosis and treatment planning, clinical procedures, basic health sciences, dental administration, or the Dental Practice Act and other laws specifically related to dental practice.

Acceptable dental practice administration courses include but are not limited to: [16 CCR 1016]

- recall and scheduling systems
- comprehensive treatment planning
- instrument sterilization, alternate delivery systems
- patient record keeping

Course subjects considered to be outside the scope of the continuing education program include but are not limited to: [16 CCR 1016]

- money management
- the licentiate's personal finances or personal business matters
- basic educational or cultural subjects not related to the practice of dentistry
- general physical fitness or the licentiate's personal health
- presentations by political or public figures or anyone else that does not directly relate to dentistry
- basic communication skills
- the computerized dental office if the system is primarily for the licentiate's understanding and benefit
- memory training and speed reading
- improvement of office operations, motivation, or profit
- increasing office production, financial planning, marketing
- courses in which the licentiate benefits more than the patient

Course credit dealing with these subjects may not be submitted as part of the continuing education requirement.

Licenses are required to complete at least two units of their continuing education in Infection Control and two units in the California Dental Practice Act and regulations. The course in infection control must contain information that is consistent with the Board's regulations regarding infection control. The course in the California Dental Practice Act must contain but is not limited to scope of practice, requirements for renewal of license, use of auxiliaries, prescribing drugs, and violations of the Dental Practice Act. The units earned in the two required subjects will count toward the total units required for license renewal. Failure to take these courses will result in nonrenewal of a license. [16 CCR 1017]

Registered providers offer courses for credit toward satisfying the continuing education requirements of the Board. The provider assures the Board that all courses offered will be conducted on the same educational standards of scholarship and teaching as that required of a university discipline. The instructors must have had experience or education within the last five years in the subject being taught. [16 CCR 1016]

The courses must clearly state educational objectives that can realistically be accomplished within the framework of the course. Teaching methods (whether lecture, seminar, audiovisual, clinical, simulation, or home study with test) must be clearly defined. Each participant must be given the opportunity to provide a written evaluation of the course's quality. An opportunity to enroll in the course must be available to all dental licentiates. Any reference concerning credit offered by the course must be limited to: "This provider is authorized to confer units of California continuing education credit." One hour of contact instruction will earn one unit of continuing education credit. [16 CCR 1016]

The Board does not give prior approval to individual courses. The Board has the authority to audit any courses submitted for credit, whether there has been a complaint has been filed or not.

The course provider has the responsibility to furnish a written certificate to the graduates of the course as proof that the attendance requirements have been met. The certification must be given at the end of the course and contains the provider's name, course registration number, dates of attendance, and units earned. Space must be provided for the name, signature, and license number of the student. [16 CCR 1016]

When a course is sponsored by two or more providers, only one provider number is used for that course and that provider assumes full responsibility for compliance with the course requirements. [16 CCR 1016]

A licentiate may request continuing education credit for a class taken out of state or from anyone not registered with the State of California if all the Board's requirements for credit are met. Information on the course content, evidence from the course provider that the licentiate was in attendance, and an unregistered provider fee must be submitted to the Board. In the case of a scientific meeting or convention, evidence of the licentiate's attendance at the specific lecture is required. The Board issues a written certification that may be used as documentation of the continuing education units received. [16 CCR 1016]

### **Acupuncture Training**

A dentist who successfully completes a course of instruction approved by the Board may use the practice of acupuncture only as part of the practice of dentistry. The course of instruction will be considered approved if it meets the following requirements: [16 CCR 1064]

- The course must consist of not less than 50 hours of didactic instruction and 30 hours of clinical training, and must be of sufficient length to ensure that all students will possess the necessary skills to perform acupuncture safely, consistently, and effectively on a patient.
- It must include instruction in the following subjects: theoretical foundation of acupuncture with emphasis on current physiological concepts as they relate to traditional Chinese medicine; acupuncture anatomy and physiology; acupuncture techniques including instruction in the use of needling techniques; moxibustion; electroacupuncture and other noninvasive techniques for stimulating acupuncture points; precautions (e.g. sterilization of needles); contraindications and complications, including adverse systemic effects; and application of acupuncture to the practice of dentistry.
- Each instructor must either be an acupuncturist certified by the Acupuncture Examining Committee or a dentist who has completed a course in acupuncture and has used acupuncture in their practice prior to July 1, 1982.
- The course of instruction must be received from a dental school approved by the Board or from a college or school of acupuncture that has been approved by the Acupuncture Examining Committee.
- Each dentist must receive a certificate of completion from the course.
- No more than one acupuncturist may be employed in a private dental office. One acupuncturist per 20 dentists may work in a group practice. Fees charged by an acupuncturist in a dental office may not be shared with the dentist, and the acupuncturist may not give the dentist anything of value in exchange for referrals of patients. [B&P 1626.5]

## **Application for a Dental License**

To be licensed as a dentist in the State of California, an application must be submitted to the Board of Dental Examiners along with: [16 CCR 1028]

- the application fee
- satisfactory evidence of graduation from an approved dental school,
- two classifiable sets of fingerprints
- any records of any previous dental practice and verification of license status in other states
- satisfactory evidence of financial responsibility or of liability insurance for the clinical examination.
- Liability insurance that is considered satisfactory must be either the occurrence-type liability insurance or claims-made type with a minimum five years reporting endorsement. It must be issued by an insurance carrier authorized by the Insurance Commissioner, in the amount of \$100,000 for a single occurrence and \$300,000 for multiple occurrences. It must cover injuries sustained by a dental patient in the licensing examination as a result of the applicant's actions. A \$300,000 surety bond posted with the Board would be considered satisfactory evidence of financial responsibility.

Applicants must be 18 years of age or older. Applications must be filed with the Board at least 45 days before the date of the examination. If the applicant is expected to graduate less than 45 days before the examination, a certification from the school must accompany the application. Certification of actual graduation must be received by the Board at least 15 days before the examination.

## **Abandonment of Applications**

Applications will be considered to be abandoned if any of the following occurs:

- the applicant does not submit the application, examination, or reexamination fee within 180 days after notification by the Board,
- the applicant waits more than two years after submitting their application to take the licensing examination, or
- the applicant who fails an examination waits for more than two years to take their reexamination.

Any application received by the Board after the original has been abandoned is treated as a new application. [16 CCR 1004]

### **Grounds for Denial of a Dental License Application**

Any of the following are grounds for denying an application for a license: [B&P 480]

- knowingly making a false statement of fact required to be revealed in an application for a license,
- conviction of a crime,
- commission of any act involving dishonesty, fraud, or deceit with the intent to benefit oneself or to injure another, or
- commission of any act, which if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of a license.

No person will be denied a license solely on the basis that they have been convicted of a felony if they have a certificate of rehabilitation. [B&P 480]

When evaluating a rehabilitated applicant and their present eligibility for a license, the following criteria are considered:

- the nature and severity of the act or crime,
- if the offense was done for the first time or was repeated,
- the time that has elapsed since commission of the crime,
- the extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions, and
- evidence of rehabilitation submitted by the applicant. [16 CCR 1020]

When considering suspension or revocation of a current license, or when reviewing an application for reinstatement of a license, the Board takes the following facts under consideration: [16 CCR 1020]

- the nature and severity of the crime,
- total criminal record,
- time since the crime was committed,
- restitution, parole, or probation, and
- evidence of rehabilitation.

### **Specialty Board Examinations**

Specialty Board examinations may be applied for provided the applicant passes the general examination and gives proof of graduation from a college in their field of specialty.

### **RDA Applications**

To apply for a license for registered dental assisting, a person must submit written evidence of either: [16 CCR 1077]

- graduation from an educational program in dental assisting approved by the Board, or
- satisfactory evidence that the applicant has met the required 18 months satisfactory work experience as a dental assistant. 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.

### **RDAEF Licenses**

A person may apply for a license as a registered dental assistant in extended functions if they satisfy the following requirements: [16 CCR 1077.1]

- licensed as a registered dental assistant,
- satisfactory evidence that the applicant has successfully completed an approved RDAEF program

### **RDH Licenses**

A person may apply for a license as a dental hygienist if they can provide satisfactory evidence that they have been granted a diploma or certificate in dental hygiene from an approved dental hygiene educational program. [16 CCR 1079]

### **RDHEF Licenses**

A person may apply for a license as a registered dental hygienist in extended functions if they meet the following requirements:

- licensed as a registered dental hygienist
- satisfactory evidence of having completed an approved RDHEF program [16 CCR 1079.1]

**RDHAP Licenses**

An RDH applying for a license to be a Registered Dental Hygienist in Alternative Practice must:

- hold a current RDH License in California
- have been engaged in clinical practice as an RDH for at least 2,000 hours in the preceding 36 months
- have completed a bachelor's degree or it's equivalent from an approved college or institution of higher education
- have completed an approved RDHAP program. [16 CCR 1079.2]

The following table describes the amount of time the Board requires to process applications. In some instances the times will be shorter. Column A shows the number of days the Board takes to notify an applicant if their application is deficient of information and not adequate for processing. Column B shows the maximum number of days after filing of a complete application that the Board notifies the applicant of their decision to accept or deny the application.

<b>Name of Program or License</b>		
	<b>A</b>	<b>B</b>
Dental License [16 CCR 1069]	90	90
General Anesthesia or Conscious Sedation Permit [16 CCR 1069]	30	120
Fictitious Name Permit [16 CCR 1069]	30	75
Dental Corporation [16 CCR 1069]	30	75
Additional Office Permit [16 CCR 1069]	30	75
Extramural Facilities [16 CCR 1069]	30	75
Referral Services [16 CCR 1061]	30	30
Radiation Safety [16 CCR 1061]	60	75
Special permits [16 CCR 1061]	30	75
Mobile Dental Clinics [16 CCR 1061]	30	75
Continuing Education Providers [16 CCR 1061]	45	75
Dental License Renewal [16 CCR 1061]	30	90
Additional Office Renewal [16 CCR 1061]	30	90
Fictitious Name Renewal [16 CCR 10691]	30	90
General Anesthesia or Conscious Sedation Permit Renewal [16 CCR 1061]	30	90
Mobile Dental Clinics Renewal [16 CCR 1061]	30	90
RDA License [16 CCR 1069]	90	180
RDAEF License [16 CCR 1069]	75	120
RDH License [16 CCR 1069]	90	120
RDA Educational Program Review [16 CCR 1069]	120	150
RDA Coronal Polish/Ultrasonic Scaler Course Review [16 CCR 1069]	90	120
RDAEF Educational Program Review [16 CCR 1069]	90	120
Auxiliary License Renewal [16 CCR 1069]	30	90

### **General Dental Examination Procedures**

The Board has formulated rules for uniform conduct of examinations. Violations of the rules or instructions may result in failure of the examination. An examinee is expected to read and interpret instructions and test materials as part of the examination. Both questions and answers are to be written in English. [16 CCR 1033]

No persons other than those directly connected with the examination will be admitted to the examination rooms.

An examinee may be dismissed from all or part of the examination for acts that interfere with the Board's evaluation of professional competence. Such acts include:

- presentation of radiographs that have been duplicated, mislabeled, altered, or contrived to represent other than the patient's true condition, whether or not the misrepresentation was created by the examinee,
- assisting another examinee during the examination process or improperly obtaining answers from other persons during the course of the examination,
- failure to follow directions relative to the conduct of the examination, including termination of treatment procedures at the scheduled or announced time,
- leaving the examination area during the examination without permission of the Board,
- bringing any notes, textbooks, models, or other informative data into the examination room,
- altering questions or writing explanations to answers on the examination paper,
- copying examination questions or answers, or
- failing to occupy only the examination space assigned by the Board throughout the examination. [16 CCR 1033, 1033.1]

### **Conduct of Examinations**

Examinations for a license to practice dentistry must be anonymous. The Board randomly assigns each applicant a number by which the applicant is known for the examination. The grading area is separated from the examination area by barriers that block the examiners' view of examinees. No communication between grading examiners and clinical floor examiners is permitted except for oral communication conducted in the presence of Board staff. Communication is prohibited between grading examiners and applicants except written communications on Board-approved forms. [16 CCR 1034]

The examination by the Board must be sufficiently thorough to test the fitness of the applicant to practice dentistry. The applicant for a dental license will provide demonstrations of their skill in operative and prosthetic dentistry, diagnosis and treatment of periodontics, and judgment in treatment planning. It may also include an examination in California law and ethics. [16 CCR 1031]

## **Examination for a Dental License**

### **Theory Examination**

The applicant must submit proof of successful completion of the National Board of Dental Examiners' written examination 30 days before taking the California examination. [16 CCR 1030]

### **Demonstration of Skill**

Every applicant must complete written examinations in endodontics and removable prosthodontics. Clinical examinations consisting of periodontics, an amalgam restoration, and a composite resin restoration will be completed on patients. In addition, each applicant shall complete a simulation examination in fixed prosthetics. [16 CCR 1032]

### **General Clinical Examination Requirements**

All examinees must furnish patients, instruments, handpieces, and materials necessary to complete the required procedures. Chairs are provided by the Board. The patients must be in healthy condition for dental treatment. If the patient has a health condition requiring a medical consultation (heart murmur, rheumatic fever, prosthesis, etc.), the examinee must provide a written medical clearance. If necessary, the patient must be premedicated with appropriate antibiotics. A patient may be rejected if at least two examiners determine that there is a condition present that interferes with evaluation or is hazardous to other patients, applicants, or examiners. Conditions considered hazardous include: hepatitis, active herpetic lesions, acute periodontal or periapical abscesses, or necrotizing ulcerative gingivitis. The patient may also be rejected if at least two examiners concur that the proposed treatment demonstrates improper patient management. Situations demonstrating improper patient management include: contraindicating medical status of the patient, grossly pathologic or unhealthy oral conditions such as extremely heavy calculus deposits, pathology related to the tooth to be treated, or selection of a restoration that is not suited to the patient's biological or cosmetic requirements. The reason for rejection will be noted on the examination record and will be signed by both examiners. [16 CCR 1033.1]

Use of a sedative premedication is not allowed because the patient must be ambulatory during the examination. Local anesthetics may not be administered until the patient has been approved by the examiner.

Only dental assistants or registered dental assistants may assist the examinee at any time during the clinical phase of the examination (not dentists, dental hygienists, or nondental personnel). Patients may not be dismissed without the approval and signature of an examiner. An assignment may not be changed unless there is specific approval of the Board.

Clinical procedures will be discontinued if there is gross mutilation of the hard or soft tissue, including mechanical exposure of the pulp. Gross mismanagement of the patient or failure to use an aspirating syringe is also reason to stop the exam. Dismissal from the entire examination will result if a purported carious lesion is found to be artificially created, even if the examinee did not create the defect. [16 CCR 1033.1]

### Clinical Periodontics Examination

The clinical periodontics examination consists of a full mouth clinical periodontal examination, diagnosis, and the scaling of one quadrant of teeth as assigned by the Board. Scaling must include the complete removal of explorer-detectable calculus, soft deposits, plaque, and smoothing of the unattached tooth surfaces. All scaling must be done by hand instruments. Ultrasonic, sonic, handpiece-drive or other mechanical scaling devices may be used only at the direction of the Board. One patient is provided by the applicant for the entire periodontal examination, including the clinical, diagnosis, and scaling portions. Full mouth x-rays of the patient must be provided (18 radiographs, at least 4 bitewings). Radiographs must be of diagnostic quality depicting the current condition of the patient's mouth. If the patient is considered unacceptable by the examiner, it is the applicant's responsibility to provide another patient who is acceptable and has the required x-rays. [16 CCR 1032.3]

The patient must have a minimum of 20 natural teeth, four of which must be molars. One quadrant must have at least 6 natural teeth: one molar, one bicuspid, and one anterior tooth. These teeth must be free of conditions that would interfere with evaluation such as gross decay, faulty restorations, orthodontic bands, overhanging margins, or temporary restorations with subgingival margins. Probing depths of 3 to 6 millimeters in the interproximal areas, with some exceeding 3 millimeters must be present. Deviation of one millimeter from this range is acceptable. Moderate to heavy interproximal subgingival calculus must be explorer-detectable, radiographically evident, and present on at least 50 percent of the teeth. If an applicant is unable to find a patient with one quadrant meeting the requirements, a patient with the requirements present in two quadrants on the same side of the mouth may be accepted. The applicant must scale all teeth in both quadrants in the same time allotted for scaling one quadrant. [16 CCR 1032.3]

### Clinical Amalgam Restoration

Each applicant shall complete one Class II amalgam restoration in a vital posterior tooth, excluding the mandibular first bicuspid. The caries on the tooth must penetrate the dento-enamel junction and/or have a fractured cusp, a biologically unacceptable amalgam restoration, or endodontic treatment. A tooth with existing pin-retained or extensive internal restorative substructures will be unacceptable. The tooth to be restored must be in occlusion and contact with at least one adjacent tooth. [16 CCR 1032.4]

The amalgam restoration must be a Class 2 in a vital posterior tooth, not including the mandibular first bicuspid. The tooth must have a carious lesion that penetrates the dento-enamel junction. Proximal caries must be in contact with at least one adjacent tooth and the tooth must be in occlusion. There may not be any existing restoration on the tooth to be restored. [16 CCR 1032.4]

Satisfactory periapical and bitewing radiographs must be provided. The tooth may not be used in the examination if there is radiographic evidence of an excessively large pulp chamber, incomplete development of the root apex, pathologic involvement such as internal resorption, pulp stones, loss of bone support, or excessive widening of the periodontal attachment. Radiographs must have been taken within the last six months and must depict the current condition of the tooth. [16 CCR 1032.4]

A rubber dam must be used during the preparation of the amalgam. It must also be used during caries removal, debridement, pulp protection, and the placement of any bases or

buildups for cast gold onlays or crowns. The amalgam must have a rubber dam in place to be graded.

A preparation that has already been graded may not be altered unless an examiner gives their approval and signature. If a tooth becomes pathologically exposed, the preparation and restoration will be graded. Another tooth may be assigned at the discretion of the examiner. Teeth may be spot ground if desired. [16 CCR 1032.4]

#### Fixed Prosthetics Restorative Laboratory

Applicants must provide an articulated dentoform typodont with 32 synthetic teeth and soft rubber gingivae. The typodont must be an articulated Columbia typodont (numbers 560, 660, 860, 1360, or 1560) or Kilgore typodont D-95S-200 series or equivalent. Upper and lower members must be sealed with plaster. Applicants are required to prepare one or two teeth as assigned with a fixed prosthetics preparation. Preparations that may be assigned include: a 3/4 crown, 7/8 crown, full veneer crown, porcelain fused to metal crown, or Class 2 onlay. [16 CCR 1032.5]

#### Grading of Examinations

Each examiner grades independently. The final grade of each examinee is determined by averaging the grades obtained in the areas of endodontics, removable prosthodontics evaluation examination, periodontics, amalgam restoration, composite resin restoration, and clinical simulated fixed prosthetics preparation. A passing score is at least 75% or more for the overall average and a grade of 75% or more in at least four sections of the examination, except that an examinee will not pass if he or she receives a score of less than 75% in a section in which a patient is treated. The examinees will be notified of their score. The Board may, at its discretion, evaluate individual cases to determine if competency has been demonstrated. Examples of this include: if an examinee has obtained a grade of less than 75% in any two sections of the examination and has an overall average of at least 75%, or has obtained a grade of less than 75% in only one section of the examination and has an overall average of at least 70%. [16 CCR 1034]

#### Examination Review Procedures (Appeals)

Upon written request, every examinee who has failed an examination will be provided with a notice of those areas in which they were deficient. An unsuccessful examinee may appeal to the Board within sixty days following receipt of the examination results. The Board will respond in writing and may request a personal appearance by the examinee. The Board will then take such action, as it deems appropriate.

The following are grounds for appeal:

- significant procedural error in the examination process,
- evidence of adverse discrimination, or
- evidence of substantial disadvantage to the examinee.

The appeal must be in the form of a written letter specifying the grounds upon which the appeal is based. [16 CCR 1035]

### Multiple Failures of Examination

As of January 1, 1993, any applicant who fails their dental examination more than three times may not take another test until they have successfully completed the required additional education. Additional coursework must be taken at an approved dental school and be completed within one year of the date of notification of the applicant's third failure. [16 CCR 1036]

Proof of successful completion of the courses is required at the time of application for the test.

### **Graduates of Foreign Dental Schools**

#### Application and Licensure Requirements

A graduate of a foreign dental school who desires to take the licensure examination must apply, pay required fees, and provide the credentials and documentation specified by the Board not less than 90 days before the examination. [16 CCR 1040]

The applicant must submit the following documentation to the Board:

- A complete transcript of their academic and clinical dental school record. It must be accompanied by an affidavit showing that the applicant is the person named in the transcript, the transcript is accurate as far as the full number of academic years of undergraduate courses, and the courses of professional instruction in dentistry that were accomplished in a resident course of instruction.
- A legible, true copy of the dental diploma or degree earned as evidence of completion of the courses of dental instruction required for graduation. Another affidavit must be provided to show that the applicant is the person named in the diploma or degree, that they are the lawful holder, and that it was procured in a regular resident course of instruction and examination without fraud or misrepresentation.
- The two previous documents must be authenticated by either the president, secretary, dean, or registrar of the educational institution.

If the applicant is unable to furnish any of the documents or authentication required due to circumstances beyond their control, the Board may accept other documents that will establish the applicant's eligibility.

Applicants who graduate from a foreign dental school that has a reciprocal accreditation agreement that is satisfactory to the Board of Dental Examiners is exempt from the qualifying examination.

#### Pre-Examination Requirements for Graduates of Foreign Dental Schools

A graduate of a foreign dental school must successfully complete a written examination that is comprehensive and thorough enough to test the knowledge, skill, and competence of the applicant to practice dentistry. [16 CCR 1041] It may be the test given by the National Board of Dental Examiners or one similar to it, written in English. Evidence of successful completion must be submitted within 30 days of the practical examination date requested.

Any foreign trained applicant must pass this examination once, and anyone who has passed the written section does not need to retake it. Applicants who have passed the California written examination are also exempt from taking the written portion of the exam again.

The foreign graduate examinee must demonstrate their skill in restorative techniques in the presence of the Board members or examiners. Each will complete, to the satisfaction of the Board, all assigned restorations.

The applicant will be given one assignment in each of the following categories:

- Amalgam: A Class II amalgam. The tooth and surface is assigned at the examination.
- Cast Restorations: Two teeth from the following categories: MOD onlay, 3/4 crown, 7/8 crown, full metal crown or full all-porcelain crown, or porcelain-fused-to-metal crown.
- Wax-up and Model: Applicants take a full arch impression on a typodont. They must trim and articulate the model. The applicant does a wax-up for a cast restoration on a prepared tooth assigned at the examination. The wax-up is completed on a trimmed die and evaluated on the stone model.

The applicant must provide a crown and bridge typodont that is used for the examination in restorative techniques. The typodont must be the D95SDP-200 Dental Study Model by Kilgore International, Inc. Upper and lower members must be sealed with plaster.

The restorative technique examination must be completed within eight hours. The applicant is given three and one-half hours to complete the gold foil, two and one-half hours to complete the amalgam, and 2 hours to complete the cast restorations. Applicants must receive at least 75% in at least two of three sections of the examination and an overall score of at least 75% composite average for all three sections.

An applicant who passes the written exam and the restorative technique exam is then eligible to take the standard dental license examination required by all other applicants.

#### Multiple Failure of Qualifying Examination

Any foreign trained dental applicant who fails their qualifying examination three times may not apply for a fourth examination until they have successfully completed at least two academic years of education at an approved dental school. This dental school must be approved by the Commission of Dental Accreditation or a similar organization that is approved by the Board. The applicant must provide proof that the education was successfully completed at the time they apply for their reexamination.

## Auxiliary Examinations

### General Requirements for All Auxiliary Licenses

All applicants for registered dental auxiliaries must submit an application to the board with:

- the fee,
- two classifiable sets of fingerprints,
- and records of any other practice or licensing in other states.

### RDA Written Examination

All applicants for RDA licensure must complete a written task-oriented examination that will evaluate aptitude for all duties assignable to RDAs. The examination may include any or all the following subjects: nutrition, preventive dentistry, materials, oral anatomy and physiology, oral pathology, pharmacology, morphology, microbiology, dental assisting procedures in general and special dentistry, principles of business and practice management, legal and ethical aspects of dentistry, patient and dental personnel psychology, four-handed chair-side dental assisting, x-ray, sterilization, laboratory, and office emergencies. [16 CCR 1081]

### RDA Practical Examination

All RDA applicants who successfully complete the written examination must take a practical examination consisting of any or all of the below.

Application of:

- rubber dam
- a matrix band for amalgam preparation
- base/liner into a prepared tooth
- orthodontic separators
- periodontal dressing
- a temporary sedative dressing into a prepared tooth
- sizing and placement, or intraoral fabrication, of a temporary crown
- temporary cementation of a temporary crown

The procedure will be assigned by an RDA examination committee appointed by the Board. The procedures must be performed on a fully articulated maxillary and mandibular typodont secured with a bench clamp in the presence of the examiners. Each applicant must furnish their own typodont and the materials necessary to complete all six of the procedures. [16 CCR 1081.1]

## RDAEF Examination Requirements

The applicants for licensure as an RDAEF must successfully complete an examination of the following procedures:

- cord retraction of gingivae for impression procedures,
- taking impressions for cast restorations

The total time of the examination will not exceed two and one-half hours. Each applicant must provide one patient for the retraction and impression procedures. The patient must be over 18 years of age, whose health condition is acceptable for periodontal treatment. If health conditions indicate a need to consult the patient's physician (such as high blood pressure, heart murmur, rheumatic fever, heart condition, or prosthesis) the applicant must obtain a written clearance and premedication before the patient will be accepted. A patient with a hazardous condition may be rejected at the discretion of the examiners. A hazardous condition includes, but is not limited to: herpetic lesions, acute periodontal or periapical abscesses, or necrotizing ulcerative gingivitis. The patient may not have a history of hepatitis or had a heart attack, stroke, or cardiac surgery within the past six months. The tooth to be prepared must have mesial and distal contact. The preparation performed must have margins at or below the free gingival crest and must be one of the following: 7/8 crown, 3/4 crown, or full crown, including porcelain fused to metal. Alginate impression materials alone are not acceptable. Trial endodontic filling points must be fitted in a mounted natural tooth provided by the Board. The procedures must be performed in the presence of examiners appointed by the Board. The procedures may be tested, at the Board's discretion, in a Board-approved dental office or other facility. [16 CCR 1081.2]

## RDH Written Examination

All applicants for RDH licensure must successfully complete the National Board for dental hygienists and must submit confirmation of completion in enough time for the Board to receive it before the practical examination. [16 CCR 1082]

## RDH Clinical Examination Requirements

All applicants are given a clinical examination consisting of: examination of the patient, complete scaling of one or two quadrants (depending on patient selection), and root planing. [16 CCR 1082.1] Scaling and root planing includes but is not limited to, the complete removal of calculus, soft deposits and plaque, and smoothing of the unattached tooth surfaces. Ultrasonic, sonic, handpiece or other mechanical scaling devices may be used only at the direction of the Board. The clinical examination must be completed in a two-hour period. The time begins with the acceptance or rejection of the initial patient presented by the applicant. One patient is provided by the applicant. If a patient is considered unacceptable by the examiners, it is the applicant's responsibility to provide another patient who is acceptable. The applicant's ability to select an appropriate patient is considered part of the examination.

An acceptable patient is one who meets the following requirements:

- good health (see requirements of the patients for the RDAEF examination),

- does not have extreme tissue or tooth sensitivity that would interfere with proper probing and exploring by examiners,
- has at least one quadrant containing the following: At least six natural teeth that are free of conditions that would interfere with evaluation. Such conditions include: probing depths greater than 6mm, class 3 furcations, class 3 mobility, gross decay, faulty restorations, or full or partial veneer crowns with overhanging or undercut margins. Crowns with smooth margins are acceptable. The patient will not be rejected if there is one molar with a probing depth greater than 6mm. At least three of the natural teeth in the quadrant must be posterior teeth with interproximal pocket depths of 4 to 6 mm. Two of the posterior teeth must be molars.
- Subgingival calculus must be present that is explorer-detectable, moderate to heavy, and on a majority of the teeth. Some subgingival calculus must be on every tooth. The interproximal areas should have detectable ledges of calculus.

If the applicant is unable to find a patient with one quadrant to meet the requirements, they may provide a patient in which those requirements can be found in two quadrants of the same side of the mouth. Both quadrants must be scaled in the same time allotted for scaling one quadrant.

The applicant must provide:

- full mouth radiographs of the patient, (18 radiographs, at least four bite-wings), of diagnostic quality. Radiographs must have been taken no more than a year earlier.
- a color-coded Marquis-type periodontal probe, a sharp explorer, a clear-plane mouth mirror, a saliva ejector, scaling or root planing instruments, and all necessary armamentum for local anesthesia including an aspirating syringe.

The applicant must offer the administration of local anesthetic for the area to be scaled.

### RDHEF Examination Requirements

Each applicant must successfully complete an examination consisting of the following procedures:

- cord retraction of gingivae for impression procedures,
- taking impressions for cast restorations,

The examination period will not exceed 2.5 hours. Each applicant must provide one patient upon whom the retraction and impression procedures will be performed. The patient must meet the health requirements of the patient for RDAEF examinations. The tooth to be prepared must have mesial and distal contact. The preparation must have margins at or below the free gingival crest and must be one of the following: 7/8 crown, 3/4 crown, or full crown, including porcelain fused to metal. Alginate impressions alone are not acceptable. The procedures must be performed in the presence of examiners appointed by the Board, and may be at a Board-approved dental office or other facility. [16 CCR 1082.2]

**Passing Grades**

The applicants for RDH, RDA, RDHEF, and RDAEF must attain a grade of 75% or higher.  
[16 CCR 1083]

### **Introduction**

The Board makes provision for the full utilization of dental auxiliaries to meet the dental needs of the citizens of California. The classification of dental auxiliaries constitutes a career ladder, permitting the advancement to higher levels of licensure with additional education and without repeating training. The Board will review the list of functions for auxiliaries at least once every 7 years to assure that they are consistent with the standards of good dental practice and contribute to the welfare and health of patients.

### **General and Direct Supervision**

It is very important for the dentist and the auxiliary to be clear about the difference between general and direct supervision. General supervision means that the dentist orders the auxiliary to perform certain functions that they are licensed to do. The dentist does not need to be physically present in the facility at the time of the function. Direct supervision means that the dentist orders the procedure, is physically present in the office while the procedure is being performed, and checks the procedure before the patient leaves the office. The supervising dentist takes full professional responsibility for direct supervision procedures. [16 CCR 1085]

The following duties may not be performed by a dental auxiliary because they represent the practice of dentistry or require the knowledge, skill, and training of a licensed dentist:

- diagnosis and treatment planning
- surgical or cutting procedures on hard or soft tissue
- fitting and adjusting of correctional and prosthodontic appliances
- prescription of medicines
- placement, condensation, carving or removal of permanent restorations, including final cementation procedures
- irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals
- taking of impressions for prosthodontic appliances, bridges, or any other structures that may be worn in the mouth
- administration of injectable and/or general anesthesia (unless a dental hygienist licensed in local anesthesia under direct supervision)
- oral prophylaxis procedures (unless a licensed dental hygienist)

### **Dental Assistant Duties and Settings**

The following procedures may be performed by a dental assistant under the general supervision of a licensed dentist: [16 CCR 1085]

- basic supportive dental procedures, extra-oral duties, or functions specified by the supervising dentist
- operation of dental radiographic equipment for the purpose of oral radiography if the dental assistant is licensed to take x-rays
- examination of orthodontic appliances

The following procedures may be performed by a dental assistant under the direct supervision of a licensed dentist: [16 CCR 1085]

- impressions for diagnostic and opposing models
- take impressions for bleaching trays, temporary crowns and bridges, and sports guards
- application of nonaerosol and noncaustic topical agents
- removal of post-extraction and periodontal dressings
- placement of elastic orthodontic separators
- removal of orthodontic separators
- assisting in the administration of nitrous oxide analgesia or sedation. (A dental assistant must not initiate the administration of the gasses. They may not adjust the flow of the gases unless instructed to do so by the dentist who must be present at the chair side during the implementation of these instructions. In the case of a medical emergency, the person attending must take appropriate action.)
- holding of anterior matrices
- removal of sutures
- taking intra-oral measurements for orthodontic procedures
- seating adjusted retainers or headgear, including appropriate care instructions
- checking for loose bands
- removal of arch wires
- removal of ligature ties
- application of topical fluoride, after scaling and polishing by the supervising dentist or a registered dental hygienist
- placement and removal of rubber dams
- placement, wedging, and removal of matrices
- curing restorative or orthodontic materials in operative site with light-curing device.

### **RDA Duties and Settings**

The Board regulates the functions of registered dental assistants, whether the functions require direct or general supervision, and the settings within which they may work. [16 CCR 1086] The Board periodically reviews and updates this list of functions. The supervising

licensed dentist is responsible for determining the competency of the assistant to perform the allowable functions.

A registered dental assistant may perform all functions that may be performed by a dental assistant, under the same degree of supervision.

Additionally, under general supervision, a registered dental assistant may perform the following duties:

- mouth-mirror inspection of the oral cavity, including the charting of obvious lesions, existing restorations, and missing teeth
- placement and removal of temporary sedative dressings

The registered dental assistant may perform the following duties under the direct supervision of a licensed dentist:

- obtain endodontic cultures
- dry canals (previously opened by the supervising dentist), with absorbent points
- test pulp vitality
- place bases and liners on sound dentin
- remove excess cement from supragingival surfaces of teeth with a hand instrument or floss
- temporary cementation and removal of temporary crowns
- removal of orthodontic bands
- placement of orthodontic separators
- placement and ligation of arch wires
- placement of post-extraction and periodontal dressings
- take bite-registrations for diagnostic models for case study only
- coronal polishing (with evidence of satisfactory completion of a Board-approved course of instruction). This procedure may be performed before rubber dam application, placement of bands, crowns, restorations, fluoride application, acid etch procedures, or after the removal of dressings and packs. This is not to be interpreted as an oral prophylaxis (a procedure that may only be performed by a licensed dentist or registered dental hygienist). A licensed dentist or registered dental hygienist must determine that the teeth to be polished are free of calculus or other extraneous material before coronal polishing.
- removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler (with evidence of satisfactory completion of a Board-approved course of instruction).
- apply and activate bleaching agents with non-laser light-curing devices, and to directly fabricate temporary crowns intra-orally.

Registered dental assistants may perform these duties in a treatment facility under the jurisdiction and control of a supervising licensed dentist, or an equivalent facility approved by the Board.

### **RDAEF Duties and Settings**

An RDAEF may perform all duties assigned to dental assistants and registered dental assistants under the same degree of supervision. [16 CCR 1087]

An RDAEF may perform the following procedures under the direct supervision of a licensed dentist:

- cord retraction of gingivae for impression procedures,
- take impressions for cast restorations,
- take impressions for space maintainers, orthodontic appliances, and occlusal guards,
- prepare enamel by etching for bonding procedures,
- formulate indirect patterns for endodontic post and core castings,
- fit trial endodontic filling points, and
- apply pit and fissure sealants
- remove excess cement from subgingival tooth surface with hand instrument
- apply etchant for bonding restorative materials

Registered dental assistants in extended functions may perform these duties in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in a facility approved by the Board.

### **RDH Duties and Settings**

The Board determines which functions may be performed by a registered dental hygienist. [16 CCR 1088] This will be done upon recommendation of the Committee on Dental Auxiliaries within the standards of good dental practice and for the health and welfare of dental patients. Also, the Board determines which of these functions require direct or general supervision, and the settings within which registered dental hygienists may work.

A registered dental hygienist may perform the duties assigned to a dental assistant and a registered dental assistant under the required level of supervision.

Under general supervision a registered dental hygienist may perform the following duties:

- removal of lime deposits, accretions, and stains from the unattached surface of the teeth, and application of topical agents essential to complete prophylaxis,
- root planing,
- polish and contour restorations
- oral exfoliative cytology,
- application of pit and fissure sealants,
- place liquid medicaments subgingivally.
- preliminary examination including: periodontal charting; intra and extra-oral examination of soft tissue; charting of lesions, existing restorations and missing teeth; classifying occlusion; and myofacial evaluation.

The following dental assistant and registered dental assistant duties requiring direct supervision by a dentist:

- impressions for diagnostic and opposing models
- application of non-aerosol and non-caustic topical agents
- removal of post-extraction and periodontal dressings
- removing sutures
- taking intra-oral measurements for orthodontic procedures
- checking for loose bands
- removal of ligature ties
- application of topical fluoride
- placing elastic separators
- test pulp vitality
- remove excess cement from supragingival surfaces of teeth
- sizing stainless steel crowns, temporary crowns and removal of orthodontic bands
- placing post-extraction and periodontal dressings

The registered dental hygienist may perform the following procedures with evidence of successful completion of a Board-approved course under the direct supervision of a licensed dentist:

- the other duties of dental assistants and registered dental assistants not mentioned in the previous section
- administration of local anesthetic agents, (infiltration and conductive, limited to the oral cavity)
- administration of nitrous oxide and oxygen when used as an analgesic, using fail-safe machines containing no other general anesthetics

The registered dental hygienist may perform their duties in the following settings, provided the appropriate supervision requirements are met:

- the treatment facility of a licensed dentist
- licensed health facilities
- licensed clinics
- licensed community care facilities
- schools of any grade level
- public institutions, including federal, state, and local penal and correctional facilities
- mobile dental units operated by a public or governmental agency or a non-profit and charitable organization approved by the Board
- home of a non-ambulatory patient, provided there is a written note from a physician or registered nurse stating that the patient is unable to visit the dental office
- health fairs or similar non-profit community activities approved by the Board

### **RDHEF Duties and Settings**

The RDHEF may perform all duties assigned to dental assistants, registered dental assistants, and registered dental hygienists under the same degree of supervision required by the Board. [16 CCR 1089]

The RDHEF may also perform the following duties under the direct supervision of a licensed dentist:

- cord retraction of gingiva for impression procedures
- taking impressions for cast restorations
- taking impressions for space maintainers, orthodontic appliances, and guards
- prepare enamel by etching for bonding
- formulate indirect patterns for endodontic post and core castings
- fit trial endodontic filling points
- apply etchant for bonding restorative materials

The registered dental hygienist in extended functions may only perform their duties in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the Board.

### **RDHAP Duties and Settings**

A registered dental hygienist in alternative practice (RDHAP) may perform the functions of an RDH not requiring direct supervision of a dentist including scaling, root planing, and oral prophylaxis. [16 CCR 1090]

An RDHAP may practice in an office independently of a dentist in the following settings: residences of the homebound, schools, residential facilities and other institutions, dental health professional shortage areas as certified by the Office of Statewide Health Planning and Development. [B&P 1775]

A RDHAP may not:

- In any way imply that he or she is able to provide dental services or make any type of dental health diagnosis beyond evaluating a patient's dental hygiene status, providing a dental hygiene treatment plan, and providing the associated dental hygiene services.
- Hire a dental hygienist to provide patient services that is not licensed as an RDHAP.
- Provide hygiene services to a patient who does not submit a written prescription for dental hygiene services issued by a dentist, or physician and surgeon licensed in California who has performed a physical examination and a diagnosis of the patient no more than 15 months prior to the hygiene appointment.

An RDHAP may:

- Hire dental assistants for intraoral retraction and suctioning.
- Submit insurance claims for patient services,
- Employ other RDHAPs
- Provide dental hygiene services for patients presenting a prescription from a California licensed dentist or surgeon that is dated within 15 months of the procedure. [B&P 1775]

### **Use of Dental Auxiliaries**

A licensed dentist may not employ in their practice more than two dental auxiliaries who are licensed in extended functions.

Any person who claims, implies, or performs the functions of a registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or a registered dental hygienist in extended functions, without holding a current license will be guilty of a misdemeanor.

### **Posting of Dental Auxiliary Duties**

All dentists who employ auxiliaries must post a notice in a common area of the office that describes duties and functions of each auxiliary position and the type of supervision required by each. The notice must be readily accessible to all individuals under the supervision of the dentist. [16 CCR 1068]

### **Practicing Without a License**

It is unlawful for any person to practice dentistry without a valid license or special permit from the Board. There are, however, a few exceptions to this rule.

A person may practice dentistry, dental hygiene or registered dental assisting duties without a license in the following situations: [B&P 1626]

- the practice of oral surgery by a physician and surgeon licensed under the Medical Practice Act;
- the operations of a dental or dental hygiene student in a school approved by the Board of Dental Examiners;
- the operations of dentists licensed by another state and acting as an instructor in an approved dental college;
- the practice of dentistry by a dentist licensed in another state for the purpose of clinical demonstration before a medical or dental society or at a convention (the consent of the Board of Dental Examiners must be obtained prior to the demonstration);
- the construction of and verification of shade taking for crowns, bridges, and prosthetic or orthodontic appliances when the casts or impressions for this work have been made by a licensed dentist accompanied by a written authorization from the dentist;
- the manufacture or sale of wholesale dental supplies;
- the practice of dentistry or dental hygiene by applicants during a licensing examination, provided the examination is conducted in a dental college accredited by the Board; and
- personnel of the Air Force, Army, Coast Guard, Navy, employees of the United States Public Health Service, Veteran's Administration, or Bureau of Indian Affairs engaged in official duties.
- a department, bureau, office, division, or similar agency of the federal government providing these services exclusively on a federal reservation or other facility supported and maintained by the U.S. Government.

### **Discrimination Prohibited**

It is unlawful for the Licensing Board to require any qualification for licensing that has an adverse impact on any person due to their race, creed, color, national origin, ancestry, sex, age, medical condition, or physical handicap, unless such condition may impair job performance. It is unlawful to request such information on an application for a license, unless it may affect job performance. [B&P 125.6]

### **Suspension or Revocation of Licenses**

Licenses may be revoked for a variety of reasons. In general, negligent actions directly related to the field in which that person is licensed is grounds for suspension or revocation. [B&P 1680]

More specifically, the following actions are deemed questionable and will be investigated by the Board:

- unprofessional conduct;
- displaying a license that is fraudulent, revoked, or fictitious and purporting that it is a valid license;
- incompetence;
- gross or repeated acts of negligence;
- use of a license issued by mistake;
- conviction of a crime related to the function, qualification, or duties of their profession;
- obtaining a fee by fraud or misrepresentation;
- employment (either directly or indirectly) of a student, suspended, or unlicensed dentist to practice dentistry;
- aiding any unlicensed person to practice dentistry;
- aiding a licensed person to practice dentistry unlawfully;
- committing any acts of gross immorality related to dentistry;
- the use of a false, assumed, or fictitious name as an individual, firm, or corporation other than the one they are licensed under, in advertising or in another manner indicating the practice of dentistry unless they have a valid permit from the Board for that name;
- accepting a commission or rebating for fees charged for professional services or articles given to the patient;
- advertising professional superiority;
- using solicitors;
- using advertising to mislead or deceive the public;
- advertising that guarantees any dental service or to perform any dental procedure painlessly;
- violations of the law concerning dangerous drugs and controlled substance prescriptions;
- using nitrous oxide machines that are not fail-safe with an adequate exhaust system;
- excessive prescribing of drugs, diagnostic procedures, or treatment facilities;
- allowing an unlicensed person to operate x-ray equipment;
- altering a patient's record with the intent to deceive;
- threatening or harassing anyone for providing evidence in any disciplinary or legal action, or discharging an employee for providing such evidence;
- suspension or revocation of a license in another state;
- unsanitary or unsafe office conditions;
- abandonment of a patient without written notification of treatment discontinuation (the patient must have the opportunity to secure the services of another dentist and their health must not be jeopardize);
- willful misrepresentation of the facts surrounding a disciplinary action to the patient of any licentiate;
- failure to report to the Board within 7 days the death of a patient during dental treatment or death of a patient causally related to a dental procedure;
- fraud in the procurement of any license;
- action or conduct that would warrant denial of a license;
- aiding or abetting a licensed dentist or auxiliary to practice dentistry in a negligent or incompetent manner;

- participation in an unauthorized referral service or group advertisement;
- practicing dentistry with an expired license;
- failing to follow appropriate infection control guidelines specified by the Board;
- allowing any treatment on a patient who is not a patient of record of that dentist, except under limited circumstances. "Patient of record" is defined as 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;
- employing any person to perform the functions of a registered dental assistant, registered dental assistant in extended functions, registered dental hygienist, or registered dental hygienist in extended functions, who at the time of initial employment does not possess a valid license for those functions;
- stealing dental examination materials; and
- communicating with someone during the process of taking a dental examination.

Additional grounds for disciplinary action include: [B&P 1681, 1682]

- use of a controlled substance or dangerous drug not prescribed by a physician;
- use of alcoholic beverages to such an extent that it interferes with their work;
- conviction of more than one misdemeanor or of any felony related to the use of drugs or alcohol;
- a dentist performing dental procedures with conscious sedation or general anesthesia on more than one patient at a time unless the patients are constantly monitored by a professional licensed in either conscious sedation or general anesthesia;
- failure to monitor the patients recovering from sedation or anesthesia;
- use of personnel not certified in CPR to monitor the condition of patients recovering from anesthesia or sedation;
- failure to obtain written permission from the patient or guardian for use of conscious sedation or general anesthesia; or
- failure to report the death of a patient for whom sedation or general anesthesia was administered within 24 hours of the death.
- Knowingly permitting dental care that discourages necessary treatment or is excessive, unnecessary, incompetent, or grossly negligent.

Along with the disciplinary actions, these actions are considered misdemeanors, and are punishable by fines of no less than \$100 and no more than \$600 or by imprisonment for no less than 60 and no more than 180 days. [B&P 1680]

### **Other Misdemeanors**

Misdemeanors punishable by fines of no less than \$100 and no more than \$1,500 or a term in the county jail for no less than 10 days and no more than one year include: [B&P 1700]

- using the degree “doctor of dental surgery,” “doctor of dental science,” or “doctor of dental medicine” or the letters “D.D.S.,” “D.D.Sc.,” or “D.M.D.” without a diploma from a recognized dental school for that degree. [B&P 1700]
- failure to conspicuously display the name of each and every person employed to practice dentistry in the office. [B&P 1700]
- failure to furnish names of all persons practicing dentistry in a certain office and their credentials within 10 days of the Board's request. [B&P 1700]
- is under the influence of alcohol or a controlled substance while engaged in practicing dentistry on patients [B&P 1700]

Misdemeanors punishable by fines no less than \$200 and no more than \$3,000 or by a term in the county jail of no more than 6 months, or both for the first offense and fine no less than \$2,000 and no more than \$6,000 or by a term in the state prison or both for the second offense (which would be a felony) include: [B&P 1701]

- selling or offering to sell any dental degree or license.
- buying a dental license or degree fraudulently
- altering or counterfeiting any dental license
- using a diploma, certificate or transcript which is counterfeit or fraudulently issued
- willfully making a false statement in the application affidavit for a dental examination
- practicing dentistry without a valid license
- practicing dentistry under a fictitious or false name unless there is a permit from the Board to practice using that name.

### **Professional Reporting**

The Board of Dental Examiners maintains a central file of the names of all licensed dental personnel. [B&P 800] Included in this record are:

- convictions of crimes in any state that constitute unprofessional conduct;
- judgment or settlements requiring the professional or their insurance company to pay an amount of damages exceeding \$3,000 with respect to any claim for injury or death caused by the professional's negligence, error, omission in practice or rendering of unauthorized professional services;
- public complaint; and
- disciplinary information.

If the complaint is not acted upon within 5 years, or it is found to be untrue, it is removed from the central file.

### **Mental or Physical Illness**

If a licensing agency determines that someone is so ill, either mentally or physically, that their competency is impaired, action can be taken to limit the professional's ability to practice. [B&P 820, 822] The Board can revoke the license, suspend it, or place it on probation. Reinstatement of the person's license can occur when it is proven that they are no longer ill.

### **Insurance Fraud**

Any licentiate convicted of knowingly presenting a fraudulent claim to an insurance company can have their license revoked or suspended. [B&P 810]

### **Impaired Licentiates Program**

The Board of Dental Examiners has made a provision for dental professionals who are impaired due to the use of dangerous drugs or alcohol to receive rehabilitation treatment and return to practicing dentistry safely. [16 CCR 1020.1] The Drug Diversion Program is a voluntary alternative approach to traditional disciplinary actions.

To participate in the program, a person must:

- be a California licensed dentist or dental auxiliary;
- reside in California;
- abuse narcotics, dangerous drugs or alcohol in a manner that affects their ability to practice dentistry safely or competently;
- voluntarily request admission to the program;
- agree to any medical or psychiatric examination;
- cooperate with the program by providing medical information, disclosure authorizations, and releases of liability;
- agree in writing to cooperate and comply with all phases of the treatment program;
- not have been convicted of a crime involving the sale of narcotics or dangerous drugs; and
- not have had their license previously disciplined by the Board of Dental Examiners for substance abuse.

Drug diversion committees have been created to evaluate those professionals requesting to participate in the program, the treatment facilities available, and the professional's ability to return to practice following treatment. These committees consist of three licensed dentists, one licensed dental auxiliary, one public member, and one licensed physician or psychologist. All members must have experience or knowledge in the evaluation or management of persons impaired by alcohol or drugs.

The committee may deny an applicant entry into the program for a number of reasons including: [16 CCR 1020.4]

- not meeting the requirements,
- having been subject to disciplinary action by any state dental licensing authority,
- formal complaints or information involving any violation of the Dental Practice Act besides the abuse of alcohol or a controlled substance,
- if it is apparent to the committee that the participant will not benefit from the program, or
- if the person's participation would pose too great a risk to the public health, safety, or welfare.

The committee may terminate a person's participation in the program if they have failed to comply with the treatment or if the committee decides the licensee is not substantially benefiting from the program. [16 CCR 1020.3]

Records of participation or application to the program are confidential. Any other information that does not relate to the program can be used by the Board in any criminal or disciplinary Proceedings.

### **Change of Name**

If a person holding a license changes their name, they must submit an order of a court to change their name and their original license to the Board. [16 CCR 1013] This action must be taken within ten days of the name change. A substitute license containing the new name will be issued. The number of the license remains the same.

### **Lost, Destroyed, or Mutilated Licenses**

If a license is lost, destroyed, or mutilated, the licensee may obtain a substitute license by submitting a request and an affidavit or declaration containing satisfactory evidence of the destruction or loss. A licensed dentist must also submit their fingerprints on forms provided by the Board. [16 CCR 1012]

### **Registration of Place of Business**

The licensed dentist must register their place of practice and notify the Board of any changes within one month. When a dentist wants to have more than one place of practice, they must apply to the Board, pay a fee, and obtain permission before the opening of any additional practices. Normally, dentists are allowed only one place of practice. Special permission may be granted by the Board if the dentist is in personal attendance at each at least 50 percent of the time that each practice is open. [B&P 1650, 1651]

### **Mobile Dental Clinics Operated by Licensed Dentists**

A licensed dentist who wishes to operate a mobile dental clinic must apply to the Board and provide evidence of compliance with certain requirements.

The application fee is the same as for an additional office permit. The applicant must certify that:

- there is a written procedure for emergency follow-up care for patients treated in the clinic and includes arrangements for treatment in a dental facility that is permanently established in the area.
- the mobile dental clinic has communication facilities that would be adequate to contact help in the case of a medical or dental emergency.
- the clinic conforms to all applicable federal, state, and local laws, regulations, and ordinances regarding radiographic equipment, flammability, construction, sanitation, and zoning. All applicable county and city licenses must be in order.
- the driver has a valid California driver's license.

The applicant must maintain an official business or mailing address of record that is filed with the Board. The Board must be notified within 30 days of any changes. All written or printed documents distributed by the mobile dental clinic must contain the permanent address of record. Each mobile unit must have: ready access to a ramp or lift if services are provided to disabled persons; a properly functioning sterilization system; ready access to an adequate supply of potable water (including hot water); ready access to toilet facilities; and a covered, galvanized, stainless steel or other noncorrosive metal container for disposal of refuse and waste materials. The permit to operate a mobile dental clinic is renewed at the same time as the permit holder's dental license.

### **Group Practice Permits**

Three or more dentists practicing together as a group, association, partnership, or corporation working under a name other than the one appearing on their dental licenses must obtain a permit from the Board of Dental Examiners. [B&P 1701.5] Any dentist or pair of dentists must also obtain a permit to practice under a name other than the one on their dental license.

The Board will issue permits to dentists who meet the following requirements:

- licensed dentists.
- the practice is wholly owned and entirely operated by the dentist with business being conducted in a place owned or leased by the dentist(s).
- the name must contain the words "dental group", "dental practice," or "dental office," and the family name of one or more of the past, present, or prospective associates, partners, shareholders, or members of the group.
- all licensed professionals practicing at that location must be in good standing with the Board, having valid licenses and no charges of unprofessional conduct pending.

Permits can be revoked or suspended if it is found that any of these requirements are no longer being fulfilled at the practice.

### **License Renewal**

All licenses issued by the Board of Dental Examiners expire at midnight on the legal birth date of the license holder during the second year of a two-year term if they have not been

renewed. The Board has established a system of staggering license expiration dates so that a relatively equal number of licenses expire annually. [B&P 1715] No one is exempt from paying renewal fees. Every person licensed to practice dentistry or as an auxiliary must pay the fee regardless of the time when they were licensed or first had the right to practice dentistry. [B&P 1716] To renew an unexpired license, an application plus the renewal fee must be received by the Board before the expiration of the license. [B&P 1717]

An expired license may be renewed at any time within five years after its expiration by filing an application for renewal and paying all renewal and delinquency fees. A suspended license may be renewed, but renewal does not entitle the licensee to practice until the license is reinstated. A revoked license is subject to expiration, but it may not be renewed. If it is reinstated after the expiration, the license holder must pay a reinstatement fee equal to a renewal fee plus any delinquent fees that may have accrued at the time of the license revocation. [B&P 1718, 1718.1, 1718.2]

After five years, expired licenses may not be renewed as above and the license holder must apply for a new license. In this situation the individual must pay all the fees required for the application and all renewal and delinquent fees accrued since the date of the last renewal. They must take and pass the examination required for licensure, or substantially prove to the Board that they are qualified to practice. [B&P 1718.3]

### **Retired Dentists**

The Board may reduce the license renewal fee for retired dentists. [B&P 1716.1]

A retired dentists is any dentist who:

- has practiced dentistry in California for 20 years or more,
- has reached retirement age (according to the Social Security Act), and
- customarily provides their services free of charge to any person, organization, or agency. If there are nominal charges made, the entire amount in one calendar year may not exceed the amount that would disqualify the licentiate from receiving social security benefits.

The renewal fee may not be reduced more than one-half of the standard renewal fee.

### **Units of Continuing Education Required for License Renewal**

Every Dentist, Registered Dental Hygienist, or Registered Dental Assistant in the State of California is required to take a minimum number of continuing education credits to renew their license. [16 CCR 1017] New licentiates do not need to have the units for their first license renewal, but must begin to accrue credit hours for the second and successive renewals.

Licensees are required to complete at least two units of their continuing education in Infection Control and two units in California Law. The course in infection control must contain information that is consistent with the Board's regulations regarding infection control. The course in California law must contain but is not limited to scope of practice, requirements for renewal of license, use of auxiliaries, prescribing drugs, and violations of the Dental Practice Act. The units earned in the two required subjects will count toward the

total units required for license renewal. Failure to take these courses will result in nonrenewal of a license.

The Board requires completion of a course in basic life support approved by the American Red Cross or the American Heart Association for license renewal as well. Every two years each person with a general anesthesia permit must take and complete an advanced cardiac life support course including a comprehensive exam, either approved by the American Heart Association, or one that is identical to it. The material relating solely to hospital emergencies or neonatology may be omitted from this course. Failure to take the course will result in denial of renewal of the general anesthesia permit.

The following are the required number of continuing education hours required for license renewal:

- Dentists: 50 units/hours
- Dental Hygienists: 25 units/hours
- Dental Assistants: 25 units/hours

Tape-recorded courses and correspondence courses approved by the Board are acceptable for one half of the total units required. One unit of continuing education credit will be given for every hour of contact instruction. Eight units will be the maximum of credits earned in one day.

Any licentiate who is disabled and has not been able to practice for more than one year may apply for a waiver of the continuing education requirements for that renewal period. Certification of the disability must be provided to obtain this waiver. Once the licentiate is no longer disabled, the waiver becomes invalid.

Licentiatees must retain their certificates for continuing education credits for four years. The application for renewal of licenses only asks for a summary of the number of courses taken during the renewal period. The Board reserves the right to audit any license holder. In the event of an audit, the proofs of credit must be submitted to the Board. If a certification is not retained, the license holder must contact the provider of the course to obtain a duplicate certification. Providers are only allowed to issue duplicate certifications to licentiatees whose names appear on the provider's roster of students. The new certificate must be clearly marked "duplicate" and must contain the licentiate's name, the provider's name, course registration number, dates attended, and units earned.

### **Inactive Licenses**

A person who holds a license, but is not actively engaged in the practice of their profession, may maintain licensure in a non-practicing status. [16 CCR 1017.2] In order to have an active license placed under inactive status, the licensee must submit a form to the Board. The biennial renewal fees are still due and payable, but the continuing education requirements are waived. To restore an inactive license to active status, the licensee submits another application to the Board accompanied by evidence of completed units of continuing education for the last two years.

### **Oral and Maxillofacial Surgery**

Any licensed physician and surgeon who is currently licensed to practice medicine in California, and who also holds a license to practice dentistry which is either expired or valid only in another state, must apply to the Board for an oral and maxillofacial surgery permit if they plan on performing such operations. [B&P 1638]

The applicant must submit evidence that they are currently certified or eligible for certification in oral and maxillofacial surgery by a specialty board recognized by the Commission on Accreditation of the American Dental Association. The application must be accompanied by a fee and two classifiable sets of fingerprints. This permit will be automatically suspended if the holder's license to practice medicine in California becomes invalid for any reason.

### **General Anesthesia**

An applicant for a permit to administer or directly supervise the administration of general anesthesia must either be a licensed dentist in California, have a current permit for oral and maxillofacial surgery, or a specialty permit.

They must also have either: [16 CCR 1043.1]

- completed a residency program in general anesthesia for not less than one year which is approved by the Dental Board, or
- completed a graduate program in oral and maxillofacial surgery, which has been approved by the Commission on Accreditation of the American Dental Association.

The dentist may not order the administration of general anesthesia for a patient unless the dentist is physically within the office through the whole time of administration.

Every dentist with a permit to administer general anesthesia must have an on-site evaluation by the Board at least once every six years. The evaluation team chosen by the Board consists of two or more persons who have permits for general anesthesia and have practiced dental general anesthesia in their practice settings for a minimum of three years preceding their appointment. At least one of the evaluators must have experience in evaluation of dentists administering general anesthesia. At least two members of the team must have substantial experience in the administration of the type of anesthesia being evaluated. [16 CCR 1043.2] All offices evaluated by the onsite inspection team will meet the following standards: [16 CCR 1043.3]

The office must have an operating theater large enough to accommodate the patient on a table or in an operating chair with enough room for three people to freely move around it.

The operating chair or table must permit the patient to be positioned so the operating team can maintain the patient's airway, quickly alter position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

The lighting system must be adequate to evaluate the patient's skin and mucosal color. There must also be a backup lighting system which is battery powered and of sufficient intensity to permit completion of any operation in case of a general power failure.

The suction equipment must permit aspiration of the oral and pharyngeal cavities. A backup suction device must be available.

An oxygen delivery system must be available with adequate full face masks and appropriate connectors capable of delivering oxygen to the patient under positive pressure. A backup oxygen device must be available.

The office must have an adequate recovery area that has available oxygen, adequate lighting, suction, and electrical outlets. The operating theater may serve as the recovery area. The patient must be able to be observed by a member of the staff at all times during the recovery period.

The office must have adequate ancillary equipment including: laryngoscope complete with adequate selection of blades, spare batteries and bulbs; endotracheal tubes and appropriate connectors; oral airways; tonsillar or pharyngeal type suction tip adaptable to all office outlets; endotracheal tube forceps; sphygmomanometer and stethoscope; electrocardioscope and defibrillator; adequate equipment for the establishment of an intravenous infusion; and a precordial stethoscope, pulse oximeter.

The office must maintain records of the patient including: adequate medical history and physical evaluation records; anesthesia records including blood pressure, pulse, drugs and amounts administered; length of the procedure; any complications of anesthesia, a statement of patients' condition at discharge, and written consent of the patient or guardian.

Emergency drugs such as vasopressor, corticosteroid, bronchodilator, muscle relaxant, intravenous medication for treatment of cardiopulmonary arrest, narcotic antagonist, antihistaminic, anticholinergic, antiarrhythmic, coronary artery vasodilator, antihypertensive, anticonvulsant, oxygen, and 50% dextrose or other antihypoglycemic must be available in the office.

Every applicant for a general anesthesia permit must demonstrate a dental procedure using general anesthesia. Any anesthesia technique that is routinely employed can be demonstrated. Monitoring the patient's heart or pulse and respiration must be included. Other modalities to monitor will be determined by individual preference. The patient must be under constant observation by a member of the staff and sufficient time must be allowed for recovery. The applicant must also demonstrate knowledge of and a method of treatment for the following 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. [16 CCR 1043.4]

The inspection and evaluation is graded on a pass/fail system. The grade is determined by the Board and is based on the recommendation of the evaluators, who must be in unanimous agreement. If the evaluators are unable to reach a unanimous agreement, another evaluation is made with either two different evaluators or with a third evaluator on the original team. A dentist who fails the evaluation will not have their permit renewed. A dentist receiving a negative evaluation may appeal the decision in writing to the General

Anesthesia Committee of the Board and request a reevaluation. The appeal must state the grounds for the appeal and must be received by the Board within 30 days of issuance of the negative evaluation. However, the general anesthesia permit of an applicant who has failed an evaluation is automatically suspended 30 days after notice of the negative result unless the failures have been corrected in the interim. The Board will schedule a reevaluation upon of the appeal request; an additional evaluation fee will be charged. If a dentist fails two evaluations, they may appeal to the Board for review of the evaluations. In that instance, the Board may grant or deny the permit, or request further evaluation of the dentist with a Board member being present. [16 CCR 1043.6]

The general anesthesia permit must be renewed annually. At least 15 hours of continuing education specifically relating to general anesthesia must be completed every two years for the renewal of a general anesthesia permit. The credits may also be applied to the dental license renewal. The administration of general anesthesia by a dentist is only allowable in a dental setting and for dental care. [16 CCR 1043.8]

### **Use of Conscious Sedation**

A dentist who administers conscious sedation must have either: [B&P1647.2]

- a current California dental license in good standing and either a valid general anesthesia permit or a conscious sedation permit or,
- a current permit for oral and maxillofacial surgery or a specialty permit and either a valid general anesthesia permit or a conscious sedation permit.

The drugs and techniques used in conscious sedation must have a margin of safety wide enough to render unintended loss of consciousness unlikely, such that the patient will retain the ability to respond to physical stimuli or verbal commands. Very young or handicapped individuals may be incapable of the usually expected verbal response. A minimally depressed level of consciousness should be maintained for these patients. [B&P 1647.1]

The dentist who orders the administration of conscious sedation must be physically present in the treatment facility for the entire time the patient is sedated. [B&P 1647.2]

Any dentist who wishes to administer conscious sedation must submit an application, a fee, and evidence of successful completion of a conscious sedation course. The application must include documentation that equipment and drugs required by the Board are on the premises. The course in conscious sedation must be at least 60 hours of instruction and require satisfactory completion of at least 20 cases of administration of sedation for a variety of dental procedures. It must comply with the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry by the American Dental Association. [B&P 1647.3]

Dentists who wish to offer conscious sedation in their offices are required to pass the same type of onsite inspection and evaluation of their facility, equipment, personnel, and procedures as dentists offering general anesthesia. [16 CCR 1043.3] A dental procedure using conscious sedation must be observed and evaluated, and the dentist's response to simulated emergencies evaluated. [16 CCR 1043.4] Other provisions apply to dentists who wish to offer oral conscious sedation to patients under 13 years old. [16 CCR 1044]

### **X-ray License**

Every dentist and auxiliary operating x-ray equipment must pass a Board-approved course on radiation and pass a radiation safety exam. [B&P 1656] The areas of instruction required in such courses have been discussed above. [16 CCR 1014.1]

### **GROUP Referral Services**

The Board of Dental Examiners has set limits for advertising and participating in-group referral services. [B&P 650.2]

A group referral service must:

- not employ a solicitor to call for patients, the contact must be initiated by the patient,
- not impose a fee on the member dentists dependent on the number of referrals given,
- assure that participating dentists charge no more than their usual fee to any patient referred, and
- register with the Board of Dental Examiners and file a copy of referral contracts used.

### **Advertisements**

Advertising that is not allowed consists of false, fraudulent, misleading, or deceptive statements. [B&P 651]

Prohibited advertisements are those that:

- contain a misrepresentation of fact,
- are likely to mislead or deceive because of failure to disclose facts,
- are intended to create false expectations of favorable results,
- relate to fees, other than a standard consultation fee or a range of fees for specific services, without disclosing all variable factors or hidden costs, and
- use inexact references to prices with vague terms such as “as low as,” “and up,” “lowest prices,” and similar misleading phrases.

Any violation is considered a misdemeanor and is punishable by a jail sentence of no more than 6 months, a fine of no more than \$2,500, or both.

Advertising may include the following:

- the name of the practitioner
- the location of the office and its phone number
- the regular office hours
- languages other than English that the staff or dentist speaks
- practitioner's specialty
- private or public insurance plans which are accepted at the office
- names of schools from which the practitioner has graduated
- postgraduate training completed by the practitioner
- publications written by the practitioner

- teaching positions currently held by practitioner
- affiliation with hospitals or clinics
- charges and fees for services
- financial arrangements available
- graphics or illustrations used in the advertising may include: representations of the dentist, the staff or facility; representations of other people, provided that these are not used to make claims of professional superiority (including testimonials), illustrate any dental condition, or the recovery from a dental condition; or depiction of single teeth, dentures, or other dental appliances, provided that these are not used to illustrate any dental condition, recovery from a condition, or to make claims of professional superiority
- brand names of manufacturers, designers, the style, trade name, or color of products used in the office
- public health information encouraging preventative or corrective care
- any other item of information that is not likely to deceive, mislead, or is not fraudulent or false

### **Fee Advertising**

Fee advertising must be accurate and precise. [16 CCR 1050, 1051] Fees for dental services may be advertised provided the advertisement fully discloses all procedures and costs customarily included by the dental profession as part of the service, including: necessary diagnosis, radiographs, restorative treatment, drugs, local anesthesia or analgesia, materials, laboratory fees, and post-operative care. An advertisement claiming a discount must list the dollar amount of the non-discounted fee, the dollar amount of the discount fee or the percentage of the discount for the specific service, and inform the public of the duration that the discount will be available. The ad must also describe any specific groups who qualify for the discount or any other terms, conditions, or restrictions that apply. Advertising for dentures must include information about whether they are preformed or custom made. In the case of "immediate dentures," the details of later relines or other procedures must include the costs. The advertisement may include fees for various grades of dentures, providing that potentially misleading descriptive phrases are not used and the advertising discloses the major variables.

### **Moscone-Knox Professional Corporation Act**

The Moscone-Knox Professional Corporation Act is a provision of the general California corporation law, enacted to permit holders of certain professional licenses, including dentists, to practice in a corporate form, so as to obtain potential legal advantages. [Corporations Code 13400]. Shares of capital stock in a professional corporation may be issued only to licensed persons. A professional corporation may be owned by one person, who is the only shareholder and only director, and also serves as the president and treasurer of the corporation. Other unlicensed persons, such as members of the shareholder's family, may serve as the other officers of the corporation. If the professional corporation has only two shareholders they must be named as the directors. Between them they fill the offices of president, vice president, secretary, and treasurer. The corporation establishes in its articles or bylaws how the directors are selected and removed, their powers, duties, and compensation. The term of office may not exceed three years. No professional corporation may render services as a corporation until they have a valid certificate of registration.

Grounds for suspension of a corporation include:

- (1) if all shareholders of the corporation become disqualified persons (by losing their license to practice for any reason),
- (2) if the sole shareholder becomes a disqualified person,
- (3) if the corporation employs a disqualified person, or
- (4) if a violation is made of any rule or regulation of the profession of the corporation.

### **Dental Corporations**

To become a dental corporation, a corporation must register with the Board of Dental Examiners. [Corp. Code 13401; B&P 1800] The licensed persons eligible to become shareholders of a dental corporation include dentists and dental auxiliaries licensed by the State of California. [B&P 1800]

The name of a dental corporation and any name or names under which it may be rendering professional services must contain and be restricted to the name of one or more of the present, prospective, or former shareholders. The name must include the words "dental corporation" or wording or abbreviations denoting corporate existence, unless otherwise authorized by a valid permit. [B&P 1804]

Each director, shareholder, and officer of a dental corporation must be a licensed person as defined in the Professional Corporation Act. Exceptions to this requirement are found in the Moscone-Knox Professional Corporation Act. [B&P 1805]

A dental corporation must conduct its practice according to the rules and regulations of all other individual dentists. The Board holds the same powers of suspension, revocation, and discipline against a dental corporation as it does for individual dentists. [B&P1807] The

Board may formulate rules and regulations regarding articles of incorporation or bylaws of a dental corporation. [B&P 1808]

The dental corporation must report in writing to the Board any change in directors, officers, employees performing professional services, share ownership, and amendments to its articles of incorporation and bylaws. Stock owned by a disqualified person or a deceased person must be sold to the corporation or to the remaining shareholders. [16 CCR 1060]

The dental corporation must provide adequate security by insurance or otherwise for claims against it by its patients arising out of the rendering of professional services. Dental corporations that carry insurance must insure either the corporation or all the licensed persons employed by the corporation, against liability imposed by law for damages from rendering or failure to render dental services. The coverage must be in an amount for each claim of at least \$50,000 multiplied by the number of employees and in an aggregate amount per policy year of \$150,000 multiplied by the number of employees. However, the maximum coverage need not exceed \$150,000 for each claim and \$450,000 for all claims during the policy year. The deductible portion of the policy may not exceed \$5000 multiplied by the number of employees. All shareholders of the corporation are jointly liable for all claims established against the corporation up to the minimum amounts specified for insurance coverage. [16CCR 1059]

## Miscellaneous Rules and Regulations

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### **Emergency Medical Services**

In situations of a state of emergency, such as war or natural disaster, the Director of the Emergency Medical Services Authority may deploy specialty health care practitioners to deliver treatment. At times of emergency, these practitioners have immunity from liability for services rendered. The health care worker must prove licensure to the director before being deployed.

### **Emergency Care – The “Good Samaritan” Law**

Anyone licensed under the Dental Practice Act, who in good faith renders emergency care to someone outside that person's practice, or who gives emergency care at the request of another dentist for complications arising from prior care of another dentist, cannot be held liable for a civil suit if any damages result from the emergency care. [B&P 1627.5] A dentist is not liable for damages, injury, or death resulting from an emergency occurring in the dentist's office or in a hospital because of a failure to inform a patient of the possible consequences of a dental procedure if it is impossible to inform the patient because the patient is unconscious or because the procedure needed to be performed immediately, thereby not giving enough time to inform the patient. [B&P 1627.7]

### **Access to Patient Health Records**

Patient health records, including the health records created or maintained by dentists and dental auxiliaries, are confidential, and may only be disclosed in specific instances authorized by law. Those instances are generally governed by the California Confidentiality of Medical Information Act, Civil Code (“CC”) section 56. The federal Health Insurance Portability and Accountability Act (“HIPAA”) also imposes confidentiality requirements on certain health care providers who are subject to the provisions of that Act.

In general, a health care provider may disclose confidential patient information pursuant to an written authorization given by the patient, or without an authorization if the disclosure is:

- pursuant to court order, search warrant, official investigation or subpoena,
- to another health care provider for the purposes of diagnosis or treatment of that patient,
- to an insurer or other entity responsible for payment for services provided to the patient,
- to peer review bodies and professional licensing agencies. [CC 56.10]

Records must be released when the patient presents a written request for them. The health care provider must permit this inspection within 5 working days after the receipt of the written request. The patient is entitled to copies at a cost not to exceed \$0.25 per page or \$0.50 per page for microfilm. Copies of x-rays need not be given to the patient if they are mailed directly to another health care provider upon written request of the patient. They must be mailed within 15 days of the request. All reasonable costs, not exceeding the original cost incurred by the health care provider in providing the copies, may be charged to

the patient. [Health & Safety Code 123110] The Board of Dental Examiners will consider refusal to present patient records when the patient gives a written request as grounds for disciplinary action including suspension or revocation of a dental license.

These rules regarding patient access to health records also apply to a person's mental and physical health records. If it is detrimental to the patient's treatment, the records need not be released. A health care provider is not required to allow inspection or provide copies of records or portions of records when prohibited by existing laws that refer to confidential information about communicable disease carriers. More information regarding laws governing patient record privacy can be found in the following: Confidentiality of Medical Information Act, Insurance Information and Privacy Protection Act, and the Information Practices Act of 1977.

Patient records must be retained for a minimum of 7 years following the discharge of the patient.

### **Chart Entries**

The patient record must contain the date of treatment, service performed and an identification (name or number) of the dentist or auxiliary performing the treatment. Dentists who own, operate, or manage an office must ensure their employee's compliance with this law.

### **Written Orders To Dental Technicians**

All authorizations from a Dentist to a Dental Technician must contain: [CCR 1063]

- Date,
- Description of the work,
- Dentist's signature,
- and Dentist's license number.

### **Inspection of Books, Records, and Premises**

The Board of Dental Examiners has the authority to inspect the books, records, and office of any licensed dentist in response to complaints or violations that may lead to disciplinary action. [B&P 1611.5] Any dentist who does not allow this investigation may have their license revoked or suspended. The Board may hire inspectors or conduct the investigation themselves.

### **Disposal of Hypodermic Needles**

Any hypodermic needle or syringe is to be disposed and destroyed in a manner to render each unit unusable. A hypodermic needle or syringe may not be disposed of in a public place unless destroyed and placed in a container approximately its size. It must be rendered reasonably safe from an accidental cutting or sticking.

### **Prescriptions**

Physicians, dentists, podiatrists, and veterinarians are the only professionals who may write prescriptions. Anyone who counterfeits a prescription blank, or knowingly possesses three or more counterfeit prescription blanks may be punished by imprisonment in the state prison or the county jail for one year or less. Repeated excessive administration of drugs is a misdemeanor and is punishable by a fine not less than \$100 and not more than \$600 or imprisonment of no less than 60 days and no more than 180 days. It is also illegal to postdate or antedate a prescription. [B&P 725]

Anyone convicted of repeatedly prescribing or administering drugs or treatment in an excessive manner can be punished by a fine of no less than \$100, no more than \$600 or by imprisonment of not less than 60 days and not more than 180 days, or both the fine and the imprisonment. [B&P 725]

A prescription for a controlled substance can only be issued to patients for a legitimate medical purpose by an individual practitioner acting in the usual course of their professional practice. The responsibility for the proper prescribing and dispensing is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Prescriptions for a controlled substance may not be filled after the seventh day following the date of its issue. Any person who knowingly violates prescription laws will be punished by imprisonment in the state prison or county jail for no longer than one year, by a fine not exceeding \$20,000.00, or by both fine and imprisonment. It is illegal to issue a prescription that is false or fictitious in any respect; or to prescribe, administer, or furnish a controlled substance to oneself. Wholesalers or manufacturers may not furnish controlled substances for other than legitimate medical purposes.

Prescription blanks for controlled substances must be issued by the Department of Justice in serially numbered groups of not more than 100 forms each in triplicate. The prescription will contain: the name and address of the patient; the name, quantity, and strength of the medication; directions for use; and the address, category of professional licensure, and the registration number of the prescriber. The original and duplicate is delivered to the pharmacist filling the prescription. The duplicate is retained by the pharmacist. The original containing the pharmacist's name and address, along with the pharmacy's state license number, the date the prescription was filled, and the pharmacist's signature, is sent to the Department of Justice at the end of the month in which the prescription was filled.

### **Marked Dentures**

Every complete upper and lower denture fabricated by a dentist or by their direct order must be marked with the patient's name or social security number unless the patient objects. [B&P 1706] The initials of the patient may be used if the full name is not practical. The marking will be done during fabrication and will be permanent, legible and cosmetically acceptable. The dentist must inform the patient of the marking for identification purposes and the patient has the choice of what markings are to appear on the dentures. The dentist retains the records of the marked dentures and will release the information if an emergency requires personal identification by dental records.

### **Posting of Notice — Experimental Dental**

The manager of any experimental dental health program must post a notice in a conspicuous place within the treatment facility before any member of the public is treated. The notice must be approved by the Board and written in English (as well as a second language if needed in the community). This notice must clearly state the nature and intent of the program and stay in place until the program is completed. [16 CCR 1003]

### **Infection Control**

The Board of Dental Examiners has established a Minimum Standard for Infection Control. [16 CCR 1005] As a reference, the Board has previously cited three publications, which should be reviewed in full by every licentiate exposed to blood.

These publications are:

- “Recommended Infection-Control Practices for Dentistry, 1993” from the U.S. Centers for Disease Control Morbidity and Mortality Weekly Report 1993, May 28, Vol. 41, No. RR-8, PP. 1-13.
- “Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings” from the U.S. Centers for Disease Control Morbidity and Mortality Weekly Report 1988, June 24: pp. 37; 377-382; 387-388.
- “Recommendations for Prevention of HIV Transmission in Health-Care Settings” from the U.S. Centers for Disease Control Morbidity and Mortality Weekly Report 1987 August 21; 36: 1-18S

These standards are intended to minimize the transmission of bloodborne pathogens in the Dental setting. The Board is to review the standards at least annually.

Licenseses with one or more employees must comply with the California Occupational Safety and Health Administration Guidelines.

### **Standard Precautions**

Defined as an approach to infection control in which all human blood and some body fluids are handled as if they were known to contain Human Immunodeficiency Virus, Hepatitis B Virus, and other bloodborne pathogens. The Board requires all licentiates to use standard precautions in the care of all patients.

### **Protective Attire**

Medical exam gloves must be worn whenever there is a potential of contacting blood, blood-containing saliva, mucous membranes or "Other Potentially Infectious Materials (OPIM)." A new pair of gloves must be used for each patient, they may not be washed for reuse. Protective attire must be worn when there may be splatter of blood or OPIM. This attire must be removed before leaving the work area and stored for washing or disposal. Attire must be changed at least daily or between patients if visibly soiled. Attire may be disposable or

reusable. Health care workers must wear surgical masks and chin-length plastic face shields or protective eye wear if there is any possibility of splatter of blood or OPIM. Surgical masks must be changed at least for each patient and more often if it becomes wet. Eyewear and face shields must be washed and disinfected at least between each patient or more often if visibly soiled.

### Barrier Precautions

Surfaces that are difficult or impossible to clean and disinfect should be covered by impermeable covers. Shields should be on all lab equipment to reduce splatter.

### Hand Washing

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. Anyone with weeping dermatitis or exudative lesions must not participate in direct patient care or in handling objects used for a patient until the condition is completely healed.

### Needles and Sharps

Health care workers must use a recapping device or technique that would make it impossible for the point to come into contact with any part of their body. They must place used sharps in a puncture resistant container located near or in the operatory. Needles that will be used for more than one injection on the same patient must be recapped (using the proper technique or placed in a safe area). Needles may not be bent or broken before disposal.

### Sterilization and Disinfection

The Board defines categories for instrument sterilization and disinfection. Critical items include surgical and other instruments that will penetrate soft tissue or bone. These items must be sterilized after each use. The sterile instruments must be stored in a package that will maintain sterility until used. Semi-critical items are instruments that will not penetrate soft tissue or bone but will touch mucosa. These items must be sterilized after use or disinfected at a high level if they will be damaged by heat. Non-critical items will contact only intact skin and may be cleaned with an intermediate or low-level disinfectant after each use. All items that are intended to be disposable after a single use must be discarded after each patient. Critical and semi-critical instruments that are heat stable must be cleaned and sterilized by either steam under pressure (autoclaving), dry heat, or chemical vapor. Through precleaning of instruments for sterilization is recommended, preferably with an ultrasonic device or carefully with soapy water and a brush. The health care worker must wear appropriate protective wear and utility gloves when handling contaminated instruments. EPA-registered liquid or "cold" sterilants may be used for items that are not heat tolerant, but the properly timed cycle must be followed up by a rinse with sterile water and packaging in a sterile container until used.

### Dental Equipment

High-speed handpieces, low-speed components used intraorally, and other attachments (such as the air/water syringe tips and ultrasonic scaler tips) must be heat sterilized between

each use. The water lines for the handpieces must be flushed for at least 20 to 30 seconds before and after each use. All dental units must have working antiretraction valves in the water lines. All dental unit lines must be flushed or purged with air for two minutes at the beginning of each workday. Sterile water or saline must be used as an irrigant or coolant during surgeries that involve the cutting of bone. Sterile coolant/irrigants must be delivered using a sterile delivery system.

#### Laboratory Materials

Impressions, bite registrations, and trays must be disinfected before being sent to a dental laboratory. Prosthetic and orthodontic appliances and other cases returning from the lab must be disinfected with an intermediate-level disinfectant prior to delivery.

#### Spore Testing

All sterilizers must be tested weekly with a spore test to ensure proper function. The indicators must be placed in the center of a full load of instruments to adequately test the sterilization cycle.

#### Housekeeping and Laundry

All surfaces in the operatory that may have been contaminated by splatter must be cleaned and disinfected after each patient and at the end of the day with a disinfectant and disposable paper toweling. Walls and floors should be cleaned when visibly soiled. Blood spills should be cleaned (wearing utility gloves) with paper towels and disinfectant. Soiled laundry must be in a designated area for disposal or washing. Clothing should be washed according to the manufacturers' directions.

#### Waste

Solid waste with blood or body fluids should be placed in impervious, sealed bags and disposed of according to state, local, or federal laws. Regulated medical waste must be disposed of according to local regulations.

#### Written Office Procedures

A manual of written office protocol must be developed and include instrument processing, operatory cleaning, and injuries. It must be posted conspicuously in the office and the staff must know where it is.

### **Dental Restorative Materials**

A fact sheet will be developed by the Board of Dental Examiners on the subject of dental restorative materials. [B&P 1648.10]

This fact sheet will include:

- descriptions of the groups of materials that are now available for the restoration of an oral condition or defect,
- comparison of relative benefits and detriments of each group
- comparison of costs for each group, and
- encouragement of discussion between dentist and patient to review the various options of restorations.

This fact sheet will be made available to all licensed dentists and will be updated as necessary.

## Glossary

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**Academic year** A period of education consisting of 45 quarter units, 30 semester units, or a duration deemed equivalent by the Board.

**Accredited College** An institution approved by the Association of American Universities or by one of the recognized regional accrediting agencies.

**Act** The California Dental Practice Act

**Basic Dental Supportive Procedures** Fundamental duties or functions that 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.

**Board Office** The California Board of Dental Examiners office, which is located at 1432 Howe Ave., Sacramento, California 95825-3241

**Board's Executive Officer** The executive officer appointed by the Board

**Conscious Sedation** A minimally depressed level of consciousness produced by a pharmacologic or nonpharmacologic method (or a combination of the two) that retains the patient's ability to maintain an airway independently and continuously and respond appropriately to physical stimulation and verbal command. This does not include conditions resulting from 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.

**Coronal Polishing** A procedure limited to the removal of plaque and stain from exposed tooth surfaces, using an appropriate rotary instrument with rubber cup or brush and a polishing agent.

**Course of Study** An orderly learning experience.

**Debridement of the Periodontal Surgical Site** The thorough scaling and planing of the root of a tooth after the reflection of a flap and the removal of the gingivae internal to the incision by the supervising dentist. This does not include removal of soft connective tissue or osseous tissues.

**Dental Auxiliary** A person who may perform dental supportive procedures authorized by the Board and under the specified supervision of a licensed dentist.

**Dental Assistant** An unlicensed person who may perform basic supportive dental procedures specified by the Board under the supervision of a licensed dentist.

**Direct Supervision** 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.

**Examining Committee** The committee appointed by the Board to oversee examination procedures.

**Extramural Dental Facility** Any clinical facility employed by an approved dental school for instruction in dentistry that exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved dental school, and in which dental services are rendered.

**General Supervision** 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.

**Gingival** Pertaining to the gingivae, the mucous membrane with the supporting fibrous tissue.

**Licentiate** Any individual or corporation licensed or registered by the Board.

**Mobile Dental Unit** Any clinical facility that may be moved, towed or transported from one location to another, and in which dental services are rendered.

**Oral and Maxillofacial Surgery** The diagnosis, surgical and adjunctive treatment of diseases, injuries, and defects which involve the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

**Oral Prophylaxis** 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 is the creation of an environment in which hard and soft tissues can be maintained in good health by the patient.

**Periodontal Soft Tissue Curettage** The removal of tissue lining the periodontal pocket not involving the reflection of a flap.

**Placement of Intra-Oral Sutures** Using interrupted ligatures to unite gingival papillae for simple wound closure following closed gingival curettage or root planing. This does not include suturing of tissues raised beyond the mucogingival junction.

**Registered Dental Assistant (RDA)** A licensed person who may perform all procedures authorized by the Board and in addition may perform all functions that may be performed by a dental assistant under the designated supervision of a licensed dentist.

**Registered Dental Assistant in Extended Functions (RDAEF)** 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 functions.

**Registered Provider** One who offers courses of study for credit toward satisfying the continuing education requirements of the Board.

**Registered Dental Hygienist (RDH)** A licensed person who may perform all procedures authorized by the Board and in addition may perform all functions that may be performed by a dental assistant and registered dental assistant, under the designated supervision of a licensed dentist.

**Registered Dental Hygienist in Extended Functions (RDHEF)** A person licensed as a registered dental hygienist who has completed post-licensure clinical and didactic training

approved by the Board and satisfactorily performs on an examination designated by the Board for registered dental hygienist in extended functions applicants.

**Root Planing** The process of instrumentation by which the unattached surfaces of the root are made smooth by the removal of calculus and/or cementum. This procedure may not be performed after reflection of a flap except by a registered dental hygienist in extended functions, or a licensed dentist.

**Satisfactory Educational Qualification** Theory, laboratory and/or clinical experience approved by the Board.

**Satisfactory Work Experience** Performance of assigned duties or functions in a competent manner for a duration of time determined by the Board.

**Temporary Stabilization** The splinting of mobile teeth by use of materials appropriate for reversible procedures. This does not include using removable or fixed prostheses that would replace missing teeth. Occlusion must be evaluated by the supervising dentist.

**Unattached Tooth Surface** The portion of the crown and root surface to which no tissue is attached.

## Ordering the Dental Practice Act

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The Dental Practice Act is a compilation of laws that can be found in the Public Library.

- “West's Annotated California Codes,” the Business and Professions Code: Dentistry, Healing Arts-Pharmacy, Healing Arts-Acupuncture
- In Barclays Official California Code of Regulations Title 16. Professional and Vocational Regulation Division 10. Board of Dental Examiners.
- The Moscone-Knox Professional Corporations Act from the Corporations Code
- Government Code: Bagley-Keene Open Meeting Act, Licensing Examinations-Adverse Impact
- Health and Safety Code: Uniform Controlled Substances Act, Patient Access To Health Records.

Copies of the Dental Practice Act can be purchased through:

Dental Board of California  
1432 Howe Avenue – Suite 85  
Sacramento, CA 95825

Call 916-263-2140 to find out the current volume and cost.

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Please mark only one best answer to the following questions on the one page answer sheet. This test contains 25 questions. Please mark your answers in spaces numbered 1 through 25 on your answer sheet.

1. The Board of Dental Examiners consists of:
  - a. eight practicing dentists
  - b. one registered dental hygienist and one registered dental assistant.
  - c. four public members
  - d. a, b, and c
  - e. none of the above
  
2. The Governor of California appoints \_\_\_\_\_ to the Board of Dental Examiners:
  - a. two of the public members
  - b. none of the dentist members
  - c. the dental hygienist member
  - d. the dental assistant member
  - e. a, c, and d
  
3. The two public members of the California of the Board of Dental Examiners not appointed by the Governor are appointed by:
  - a. one by the Senate Rules Committee
  - b. one by the Senate Health Committee
  - c. one by the Speaker of the Assembly
  - d. a and c
  - e. b and c
  
4. The Board of Dental Examiners has the authority to issue administrative citations and fines.
  - a. true
  - b. false
  
5. The Peer Review Board consists of \_\_\_\_\_% of the licentiates in the same profession:
  - a. 4
  - b. 50
  - c. 25
  - d. 100
  
6. The Board maintains a file of approved dental schools.
  - a. true
  - b. false

7. RDA Education Programs must:
- a. have adequate sterilization facilities
  - b. be established at a post-secondary level
  - c. have an advisory committee
  - d. be of a long enough duration to assure competency in dental assisting procedures
  - e. all of the above
8. Which of the following subjects must be taught in a dental hygiene program?
- a. math
  - b. English
  - c. biomedical sciences
  - d. b and c
  - e. all of the above
9. Acceptable course subjects for continuing education courses include:
- a. dental and medical health
  - b. preventive dental services
  - c. diagnosis and treatment planning
  - d. clinical procedures
  - e. all of the above
10. Unacceptable continuing education course subjects include:
- a. general physical fitness or the licentiate's personal health
  - b. The Dental Practice Act
  - c. Management of the Anxious or Phobic Dental Patient
  - d. Infection Control and OSHA
11. A dentist who successfully completes a Board-approved course of instruction in acupuncture may use this technique only as part of the practice of dentistry.
- a. true
  - b. false
12. To apply for a license to practice dentistry in the State of California, a person must:
- a. be 18 years of age or older
  - b. pay a fee and submit an application and submit fingerprints
  - c. have liability insurance or proof of financial responsibility to cover any injury sustained by a patient during the clinical examination
  - d. all of the above.

13. A dental license application can be denied if:
- the person makes a false statement on their application
  - the person has been convicted of a crime
  - the person has been involved in a fraudulent act with the intent to injure someone
  - all of the above.
14. To apply for a license as a registered dental assistant, a person must show proof of:
- being HIV Negative
  - graduation from an approved dental assistant educational program
  - work experience of 18 months as a dental assistant
  - b or c
15. The maximum time after filing a complete application for RDA licensure in which the Board will notify the applicant of their acceptance or denial is:
- 30 days
  - 60 days
  - 90 days
  - 180 days
16. The maximum amount of time after filing a complete application for a dental license in which the Board will notify the applicant of their acceptance or denial is:
- 40 days
  - 60 days
  - 90 days
  - 100 days
17. The applicant for a dental examination may request the questions to be written in Spanish, Chinese, or German if that is the only language they understand.
- true
  - false
18. The patient submitted by an applicant for the dental licensure examination must:
- be in healthy condition for dental treatment
  - over 25 years of age
  - available to be treated by other students seeking acceptable patients
  - have all dental needs treated by the applicant following the examination
  - be paid a fee for their time.
19. A patient may be premedicated with a sedative prior to the dental licensure examination if they are uncomfortable with dental treatment or difficult to work on.
- true
  - false

20. Clinical procedures during the examination for a dental license must be discontinued if there is gross mutilation of the hard or soft tissue.
- a. true
  - b. false
21. RDA applicants must perform practical dental assisting duties such as application of a rubber dam and application of a matrix band on:
- a. a human patient
  - b. a typodont provided by the applicant
  - c. a mannequin provided by the Board
22. The patient selected for the RDH exam must have:
- a. acceptable health for dental treatment
  - b. explorer-detectable heavy to moderate subgingival calculus
  - c. teeth and tissue in healthy enough condition for examiners to probe without undue sensitivity
  - d. all of the above.
23. Direct supervision by the dentist means:
- a. the dentist must be somewhere in the State of California during the performance of the procedure by the auxiliary
  - b. the dentist must be physically present in the office during the procedure
  - c. the dentist must be directly involved in ordering the performance of the procedure
  - d. b and c
  - e. none of the above
24. General supervision means that the dentist directly orders the auxiliary to perform certain functions that they are licensed to do. The dentist does not need to be physically present in the facility at the time of the function.
- a. true
  - b. false
25. The supervising dentist must check and approve all functions of the registered dental assistant requiring direct supervision prior to the dismissal of the patient.
- a. true
  - b. false