



California Dental Practice Act: 2 Hour Course

Written by Lawrence J. Rose, Esquire January 2007

Updated by Terrie L. Brusino August 2010

Updated by Megan Wright, RDH, MS January 2017

Answer Sheet: California Dental Practice Act

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Course Description

This course meets the standards of the Dental Board of California (DBC) for a comprehensive review of the California Dental Practice Act (CDPA). All licensed dental professionals are mandated by the California Code of Regulation 1600 to receive instruction before each license renewal period. The course covers basics about the governing board, statutory mandates about the scope of dental practice for auxiliaries, laws governing the prescription of drugs, mandatory reporting requirements for abuse, license renewal information, ethics and the law based on state and national associations interpretations for dental professionals. This course also includes the most recent 2016 updates and alerts from the Dental Board. The DBC publishes a compilation of the Dental Practice Act and related laws, which can be ordered from the Board directly; the website address to order a copy is listed in this course. The CDPA course is suitable for all members of the dental team.

Objectives

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

- Understand the role of the Dental Board of California.
- Know the scope of practice for auxiliaries, like direct and indirect supervision of clinical tasks.
- Understand elements of licensure and license renewal.
- Describe enforcement ability of the Dental Board.
- Know the basics of laws about prescription medications.
- Understand diversion programs.
- Identify who are mandated reporters of abuse, violence, neglect.
- Discuss basic ethics related to dental practice and the law.

Introduction

Dental professionals, who are duly licensed or regulated by the Dental Board of California, have publicly entrusted legal and ethical responsibilities to the public treated in their dental offices. Dentists ultimately have the legal responsibility for non-maleficence, or in other words, to first do no harm to any patient and to protect their safety, and to ensure dental staff is similarly informed. To this end, the regulations and guidelines of California Dental Practice Act, a chapter of the California Business & Professions Code, contains the basic body of laws which govern the practice of dentistry in the state of California. [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 other applicable California statutes. The course is designed to summarize the Dental Practice Act and applicable related laws.

The Dental Board issues regular changes and updates, so it is necessary for licentiates to refer

to the board website: Dental Board of California (www.dbc.ca.gov), and to stay aware between licensing periods of amendments and changes to laws affecting dental practice. Also, this course strives to explain the material in understandable terminology and offers practical tips to apply the law in their practice.

About the Author

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.

The Dental Board of California

The Dental Board of California (DBC) is part of the Department of Consumer Affairs (DCA). The DCA is the California regulatory agency that oversees various professions who interact with the consumer public. The DCA was established to ensure businesses and professions that engage in activities which have potential impact on public health, safety and welfare of the people of the state of California, are adequately regulated and allow for input from the public if violations are suspected. The DCA oversees various boards, committees, and bureaus. The Agency regulates all health professions such as medical, dental, veterinary, and pharmacy, and also oversees professions not in healthcare such as building contractors, auto repair, and home furnishings.

The mission statement of the Dental Board of California reads:

The Dental Board of California's mission is to protect and promote the health and safety of consumers of the State of California.

Included in the DBC's mission to protect and promote the health and safety of consumers are responsibilities for:

- Licensing those dental health care professionals who demonstrate competency.
- Taking action to maintain the appropriate standard of care.
- Enhancing the education of licensees and consumers.

California Dental Board Members

The board consists of fourteen (14) members:

- 8 practicing dentists
- 4 public members
- 1 registered dental hygienist
- 1 registered dental assistant

Of the eight (8) practicing dentists, one shall be a

- Member of the faculty of any California dental college
- A dentist practicing in a non-profit community clinic

Other members of the Dental Board are appointed in this way:

- The Senate Rules Committee appoints one (1) public member.
- The Governor appoints two (2) public members, the dental hygienist, the dental assistant, and eight (8) licensed dentists.
- The Speaker of Assembly appoints one (1) public member.

Subcommittees

The Board is organized into standing committees and ad hoc committees. The president of the Board has the sole discretion to appoint the chairperson and the majority of the members to each committee.

The standing committees include:

- Examinations
- Enforcement
- Diversion

The ad hoc committees may include:

- Continuing education
- Licensure/permits

- Legislature
- Infection control

Allied Dental Health Professionals (ADHP)

The Committee on Dental Auxiliaries (COMDA) which previously was responsible for all Allied Dental Health Professionals was eliminated July 1, 2009.

Dental Hygienists

The Dental Hygiene Committee of California (DHCC) was established July 1, 2009, and is the regulatory entity for all dental hygiene licensees. The committee shall consist of nine members appointed by the Governor. Four shall be public members, one member shall be a practicing general or public health dentist who holds a current license in California, and four members shall be registered dental hygienists who hold current licenses in California. Of the registered dental hygienists members, one shall be licensed either in alternative practice or in extended functions, one shall be a dental hygiene educator, and two shall be registered dental hygienists. No public member shall have been licensed under this chapter within five years of the date of his or her appointment or have any current financial interest in a dental-related business.

The responsibilities of DHCC include issuing, reviewing, and revoking licenses as well as developing and administering examinations. Additional functions include adopting regulations and determining fees and continuing education requirements for all hygiene licensure categories.

Dental Assistants

Effective July 1, 2009, the Dental Board of California (Board) became the regulatory board for licensed Dentists (DDS), Registered Dental Assistants (RDAs), and Registered Dental Assistants in Extended Functions (RDAEFs) health care professionals. The responsibilities of the DBC related to dental assistants include: scope of practice and issuing, reviewing, and revoking licenses, as well as developing and administering examinations. Additional functions include adopting regulations and determining fees and continuing education requirements for all dental assisting categories.

Regulatory Powers of the Dental Board

The Dental Board has the authority to create new regulations relating to the practice of dentistry. Requests for new regulations or a change in current regulations can come from several different sources, such as organizations, individuals, and state agencies. Examples of sources for new regulations, laws, or changes:

Legislature

The California Legislature considers legislative bills which can have an effect on the

practice of dentistry. Once a bill is approved by both houses of the Legislature, and the governor ultimately signs the bill or allows the bill to become law without his signature, it will become a statute and is considered a law. Any change to that statute would require that an additional bill be authored and carried through the Legislature. Once a legislative bill is law, the Dental Board may be required to write and approve regulatory language to implement the statute.

Stakeholder

Any professional organization, consumer group, or other stakeholder can bring an idea or concern to the Board's attention that affects the practice of dentistry. The Board has the authority to consider any such requests. If the Board decides to pursue any new regulations, they are bound to follow a specific set of steps that includes public notices, public hearings, oversight from the Department of Consumer Affairs, and review by the Office of Administrative Law. The regulatory process can often take a year or longer.

Scope of Practice for Licensed Dental Personnel

Laws and regulations specifically define the duties that a dentist and each category of Allied Dental Health Professional (ADHP) are allowed to perform. The regulations also define the level of dentist supervision required and the settings in which an ADHP may perform the duties.

The two levels of supervision are:

1. Direct supervision
2. General supervision

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

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

Dentistry is defined as:

- The diagnosis or treatment, by surgery or other method, of diseases and lesions.
- The correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures. Such diagnosis or treatment may include all necessary related procedures including:
 - use of drugs
 - use of anesthetic agents
 - physical evaluation

Dentistry is **NOT** the practice of:

- Prescription of weight loss medications.
- Administration of injections such as the Hepatitis B vaccine to staff or others.
- Performance any treatment that falls outside the defined scope of practice.

Scope of Practice for Allied Dental Health Professionals (ADHP)

A clear understanding of scope of practice issues for ADHP is necessary to comply with existing and new regulations. In the past few years there have been many changes to the scope of practice, like:

- New required permits for practice of certain clinical functions.
- New license categories for extension of the existing license.
- New limitations on previous scope of previous categories.
- Training requirements for non-licensed staff.

Before and After the Dental Examination

Scope of practice issues and specific limitations apply to ADHPs, just like certain limitations apply to dentists. A licensed dentist must provide direction to all clinical activities of ADHP. For example:

BEFORE A DENTIST EXAMINES A PATIENT:

A dentist may require or permit an ADHP to perform the following duties, provided that the duties are authorized for the particular classification of ADHP:

1. Expose emergency radiographs upon direction of the dentist.
2. Perform extra-oral duties or functions specified by the dentist.
3. Perform mouth-mirror inspections of the oral cavity, including charting obvious lesions, malocclusions, existing restorations, and missing teeth.

AFTER A DENTIST PRELIMINARILY EXAMINES A PATIENT:

A dentist may require or permit any ADHP to perform procedures necessary for diagnostic purposes, provided that the procedures are permitted under the ADHP's authorized scope of practice.

This section does not apply to dentists providing examinations on a temporary basis outside a dental office, in settings such as health fairs and school screenings.

Registered Dental Hygienist (RDH)

The practice of dental hygiene includes dental hygiene assessment, development, planning, and implementation of a dental hygiene care plan. It also includes:

- Oral health education
- Nutritional counseling
- Oral health screenings

The specific duties include:

- scaling & root planing
- polish and contour restorations
- oral exfoliative cytology
- apply pit and fissure sealants
- preliminary examination, including but not limited to:
 - periodontal charting
 - intra and extra-oral examination of soft tissue
 - charting of lesions, existing restorations and missing teeth
 - classifying occlusion
 - myofunctional evaluations
- irrigate sub-gingivally with an antimicrobial and/or antibiotic liquid solutions

Evidence of satisfactory completion of a Board-approved course of instruction in the following three functions must be submitted to the DHCC prior to any performance thereof:

1. Periodontal soft tissue curettage.
2. Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity.
3. Administration of nitrous oxide and oxygen when used as an analgesic, utilizing fail-safe-type machines containing no other general anesthetic agents.

An individual who becomes licensed as an RDH in California on or after January 1, 2006, may no longer perform the duties in the scopes of practice of an RDA unless they also hold an RDA license.

The practice of dental hygiene **does not** include any of the following procedures:

- Diagnosis and comprehensive treatment planning.
- Placing, condensing, carving, or removal of permanent restorations.
- Surgery or cutting on hard and soft tissue including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
- Prescribing medication.
- Administering general anesthesia or oral or parenteral conscious sedation.

The supervising licensed dentist is responsible for determining the competency of their Allied Dental Health Professionals to perform allowable functions. Each ADHP must know their own scope of practice. It is a criminal offense to perform illegal functions. It is also grounds for license discipline of the person performing the illegal function and any person who aid or abets such illegal activity.

Registered Dental Hygienist in Alternative Practice (RDHAP)

A dental hygienist in alternative practice may provide services to a patient without obtaining written verification that the patient has been examined by a dentist or physician and surgeon licensed to practice in this state. If a dental hygienist in alternative practice provides services to a patient 18 months or more after the first date that they provide services to a patient, the RDHAP shall obtain written verification that the patient has been examined by a dentist or physician and surgeon licensed to practice in this state.

Prior to the establishment of an independent practice, an RDHAP shall provide to the committee documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services. The individual must also have:

- Been engaged in clinical practice as a dental hygienist for a minimum of 2,000 hours during the immediately preceding 36 months in either California or another state.
- A bachelors degree or its equivalent
- Completion of 150 hours of an approved educational program.
- Pass a written examination in California law and ethics required by the committee.
- Has received a letter of acceptance into the employment utilization phase of the Health Manpower Pilot Project No. 155 established by the Office of Statewide Health Planning and Development pursuant to Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 of the Health and Safety Code.

For the comprehensive Dental Board List of Permitted Duties, please visit:

www.dbc.ca.gov/formspubs/pub_permitted_duties.pdf for the California Dental Board list of permitted duties.

The Dental Assistant's Scope of Practice

The dental assisting profession in California is comprised of several different licensing tiers. Statutory language defines what type of care each level of assistant may perform and the level of supervision required. "Allowable Duties" in California for each dental assistant category are required to be posted conspicuously in all dental offices and the full list of duties can be found at the California Dental Board website www.dbc.ca.gov.

Legislation implemented January 1, 2010, had a profession-wide impact on all unlicensed dental assistants and their employers, and also applicants for Registered Dental Assistant (RDA) or Registered Dental Assistant in Extended Functions (RDAEF) licenses. The law added new allowable duties in all of these categories, and created two new permit categories:

1. Dental Sedation Assistant.
2. Orthodontic Assistant.

Current license holders may be required to take additional coursework to perform the new duties. Unlicensed dental assistants hired on or after January 1, 2010 are required to complete

two hour California Dental Practice Act course and an 8-hour Infection Control course which includes in-person clinical instruction.

Additionally, all dental assistants will be required to keep current certification in basic life support in accordance with American Heart Association courses for healthcare providers.

Dentist employers are responsible for ensuring any unlicensed dental assistant hired on or after January 1, 2010, and employed beyond 120 days, provide evidence of course completion for the two required courses within 12 months of the date of hire, including completion of at least 12 months of work experience as a dental assistant. The employer is also required to ensure any unlicensed dental assistant maintains basic life support certification.

A dental assistant, without a license, may perform basic supportive dental procedures, as authorized by law, under the general supervision of a licensed dentist. Basic supportive dental procedures are defined in law as: *those procedures that have technically elementary characteristics, are completely reversible, and are unlikely to precipitate potentially hazardous conditions for the patient being treated.*

These basic supportive dental procedures do not include those procedures authorized only for registered dental assistants (B&P 1750.1). The supervising licensed dentist is responsible for determining the competency of the dental assistant to perform the basic supportive dental procedures.

An unlicensed dental assistant's allowable clinical duties includes extra-oral (not in the mouth) tasks which may include:

- Charting/clinical recordkeeping procedures
- Sterilization tasks
- Infection control duties

Several new duties are currently permissible for the dental assistants, and include duties such as:

- Facebow transfers
- Intra-oral and extra-oral photography
- Bite registrations
- Taking intraoral impression for all non-prosthetic appliances

Registered Dental Assistant (RDA)

A Registered Dental Assistant may perform all the same duties of an unlicensed dental assistant as well as additional duties such as the following:

- Coronal polishing, after providing evidence to the Dental Board of having completed a board-approved certification course in the procedure
- Application of topical fluoride

- Application of sealants, after providing evidence to the Dental Board of having completed a board-approved Certification course in the procedure, certification is due by second license renewal
- Other duties as defined on the Dental Board website at www.dbc.ca.gov.

RDAs licensed after January 1, 2010, may chemically prepare teeth for bonding, place bonding agents, and place, adjust and finish direct provisional restorations after completing a board-approved course on these duties. A registered dental assistant licensed on and after January 1, 2010, shall provide evidence of successful completion of a board-approved course in the application of pit and fissure sealants prior to their second renewal. The license of a registered dental assistant who does not provide evidence of successful completion of that course shall not be renewed until evidence of course completion is provided.

Currently licensed RDAs must complete Board-approved education and training before they may chemically prepare teeth for bonding, place bonding agents, and place, adjust and finish direct provisional restorations.

As of January 1, 2010, the supervising licensed dentist is responsible for determining whether an authorized procedure performed by an RDA should be performed under general or direct supervision, except for procedures performed in specified public health clinics pursuant to Section 1204 of the Health and Safety Code or a clinic owned and operated by a hospital that maintains the primary contract under Section 17000 of the Welfare and Institutions Code. Within these specified clinics, coronal polishing, application of topical fluoride and application of sealants are allowed by either RDAs or RDAEFs under the direct supervision of a RDH or RDHAP.

Registered Dental Assistants in Extended Functions (RDAEF)

An RDAEF may perform all duties assigned to dental assistants and registered dental assistants. An RDAEF may perform the procedures listed below under the direct supervision of a licensed dentist when done so under the direct order, control and full professional responsibility of the supervising/employer dentist. The allowable duties of an RDAEF must be checked and approved by the supervising dentist prior to dismissal of the patient from the office.

Allowable Duties

1. Cord retraction of gingivae for impression procedures
2. Take impressions for cast restorations
3. Take impressions for space maintainers, orthodontic appliances and occlusal guards
4. Prepare enamel by etching for bonding
5. Formulate indirect patterns for endodontic post and core castings
6. Fit trial endodontic filling points
7. Apply pit and fissure sealants
8. Remove excess cement from subgingival tooth surfaces with a hand instrument;
9. Apply etchant for bonding restorative materials.

Registered dental assistants in extended functions may undertake the duties authorized by this section in a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in an equivalent facility approved by the board.

Several new duties have been added to this license that may be performed by RDAEFs licensed after January 1, 2010. Currently licensed RDAEFs may perform these new duties after completing education and training and successfully passing a state administered examination. RDAEFs licensed after January 1, 2010 may perform all duties and procedures that an RDA is authorized to perform and under the direct supervision of the dentist may:

1. Conduct a preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation.
2. Perform oral health assessments in school-based community health project settings under the direction of a dentist, RDH, or RDHAP.
3. Cord retraction of gingiva for impression procedures.
4. Size and fit endodontic master points and accessory points.
5. Cement endodontic master points and accessory points.
6. Take final impressions for permanent indirect restorations.
7. Take final impressions for tooth-borne removable prosthesis.
8. Polish and contour existing amalgam restorations.
9. Place, contour, finish and adjust all direct restorations.
10. Adjust and cement permanent indirect restorations.

Currently, licensed RDAEFs must successfully complete an examination consisting of the procedures above before they may perform procedures 1, 2, 5, 7, 8, 9, and 10.

An RDA or RDAEF may perform the following procedures while employed by or practicing in a primary care clinic or specialty clinic, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under the Welfare and Institutions Code, under the direct supervision of a registered dental hygienist or a registered dental hygienist in alternative practice:

- Coronal polishing (with certification)
- Application of topical fluoride
- Application of sealants (with certification)

A law passed in a 2014 legislative session, permitting RDAEFs with additional training to perform additional expanded functions:

- Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient, following protocols established by the supervising dentist, in the following settings:

(A) In a dental office setting

- (B) In public health settings, using telehealth for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist.
- Place protective restorations, identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:
 - (A) In either of the following settings:
 - (i) In a dental office setting, under the direct or general supervision of a dentist as determined by the dentist.
 - (ii) In public health settings, using telehealth for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist.
 - (B) After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

Orthodontic Assistant and Dental Sedation Assistant Permits

Effective January 1, 2010, dental assistants, registered dental assistants, and registered dental assistants in extended functions, who meet specified work experience and course requirements, and who pass a written examination may obtain an orthodontic assistant permit or dental sedation assistant permit.

Requirements for orthodontic and sedation permits:

1. Work Experience Requirement: Completed at least 12 months of experience as a dental assistant (training may not begin prior to 6 months work experience)
2. Board-Approved Course Requirements:
 - I. Dental Practice Act
 - II. 8 Hour infection control
 - III. Basic life support
 - IV. Dental sedation assistant course
 - V. Orthodontic assistant course
3. Examination Requirements

Completed at least 12 months of experience as a dental assistant (training may not begin prior

to 6 months work experience.)

Licensure and License Renewal

DDS/Doctor of Dental Surgery

Licensure

To practice dentistry in California, the following are various steps in applying for licensure:

- **Graduation from an ADA's Commission on Dental Accreditation (CODA) approved dental school or a board-approved dental school or Hybrid Portfolio Pathway**
- **Fulfill licensure examination requirements.**
- **Each licensed dental professional must maintain their competency.**
- **Complete continuing education requirements.**
- **Pay license renewal fees every two years.**
- **Apply for license, following Residential Licensure Pathway or Credential Licensure Pathway**

License Requirements

The DBC has been mandated by the California Legislature to accept applications from foreign dental schools for consideration. The process would allow any student from an approved foreign dental school to be eligible for licensure in California, with the same requirements as a U.S. dental school graduate.

DDS

There are many pathways to apply for licensure as a dentist:

- **Exam – Successfully complete a California board exam or the Western Regional Examination (WREB).**
- **Residency – Complete a minimum of 12 months of general practice residency or advanced education in a general dentistry program approved by the CODA. Detailed below.**
- **By Credential – Submit proof of having been in active clinical practice for 5000 hours in five of the last seven years, and of an active dental license issued by another state. Detailed below.**
- **Hybrid Portfolio- Detailed below.**

Note: The applicant may not have failed the California licensure exam or the WREB clinical exam within the last five years. A letter from WREB stating that the applicant has not failed the WREB exam must be submitted as proof.

Licensure by Residency

DDS

An individual may qualify for dental licensure on the basis of completion of a minimum of 12 months of a general practice residency or advanced education in general dentistry program approved by the ADA's Commission on Dental Accreditation (CODA). Complete details may be obtained at <http://www.dbc.ca.gov>.

Effective February 1, 2008 individuals may qualify for dental licensure on the basis of completion of a minimum of 12 months of a general practice residency or advanced education in general dentistry program approved by the ADA's Commission on Dental Accreditation (CODA) as long as the following requirements are submitted upon completion of the residency program:

Requirements include a completed application and application fee of \$100.00 with completed Residency 1(07/08) form and proof of:

- Graduation from a Commission on Dental Accreditation (CODA) of the ADA approved dental school or board approved dental school,
- Completion of a CODA-approved general practice residency OR advanced education in general dentistry program as certified by the program director on the Certification of Clinical Residency Completion form (07/08),
- Successful completion of Part I and Part II of the National Board Dental Examination of the Joint Commission on National Dental Examinations,
- Not failing the WREB or California clinical examination within the last five (5) years (A letter from WREB stating that the applicant has not failed the WREB clinical examination within the last five years is acceptable proof); and,
- Completion of fingerprinting requirements pursuant to Section 1629(b) of the Business and Professions code.

Additional requirements for issuance of a California dental license are:

- Successful completion of the California Law and Ethics exam, and
- Fingerprint clearances received from Dept. of Justice and the FBI, and
- Completion of Lic-2 (11/07) Application for Issuance of License and Registration of Place of Practice (will be mailed to the applicant upon completion of all other licensure requirements).

Licensure by Credential

DDS

The requirements for Licensure by Credential include, but are not limited to:

1. A completed application and payment of all fees.

- Mail to:
 - Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
- 2. A current license issued by another state to practice dentistry that is not revoked, suspended or otherwise restricted. Out of State Certification Form
- 3. Proof that the applicant has either been in active clinical practice or has been a full-time faculty member in an accredited dental education program and in active clinical practice for a total of at least 5,000 hours in five of the seven consecutive years immediately preceding the date of his or her application.
 - Residency – Maximum of two (2) years of clinical practice credit allowed for a residency training program accredited by the American Dental Association, Commission on Dental Accreditation
With two years of clinical practice, or a completed residency, the remainder of the 5-year requirement may be fulfilled with a contract to teach or to practice in settings specified in Business and Professions Code, Sections 1635.5(a)(3)(B) and 1635.5(a)(3)(C).
- 4. The applicant may not have failed the California licensure exam or the WREB clinical exam within the last five years. A letter from WREB stating that the applicant has not failed the WREB exam must be submitted as proof.
- 5. Fifty (50) units of continuing education in the last two years, including current mandatory courses.

Application to establish eligibility fee (non-refundable): \$283.00
(This does not include initial licensing fee, which will be assessed upon approval of application.)

Fingerprint clearance is required for licensure.

Hybrid Portfolio Pathway to Qualify for Initial Licensure as a General Dentist - Fact Sheet

Taken from the Dental Board of California website: http://www.dbc.ca.gov/applicants/hybrid_facts.shtml

The Hybrid Portfolio is an initial licensure pathway that allows the Dental Board of California (Board) to delegate the administration of the clinical examination as legally mandated by the California State Business and Professions Code to the five CODA approved Dental Schools in the State of California. The Clinical Competency Exams will be administered under direct oversight and regular auditing by the Board and will utilize the psychometric principles of standardization, calibration, and verification.

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- Currently, the required clinical examination is administered at the various dental schools within the state by either the Board or the Western Regional Examining Board (WREB), a private examining group, at the various dental schools within the state.
- The current clinical examination tests in only four clinical areas and is considered a "snap-shot", one point in time exam, as the candidate is assessed in a high-stakes evaluation of competency.
- Candidates pay an examination fee as high as \$2,000.00. Additionally, candidates are required to supply patients to sit for the examination.
- Patients may or may not be patients of record of the Dental School, and can be family members, friends, or obtained by other means, including Craig's List. Several patients are needed for the exam and are often purchased from a third party for up to \$2000 per patient
- Post-examination care is difficult at best if the patient involved with the clinical examination is not a patient of record for the participating Dental School.
- Hybrid Portfolio has been developed by the Board in conjunction with the five Dental Schools, and **validated** and modified by psychometric analysis.
- The Hybrid Portfolio will be much broader based. It will test in **seven** clinical areas on **patients of record** with Competency Exams requiring an **"on demand acceptable clinical performance"**.
- The Hybrid Portfolio consists of sequential candidate evaluation and passing a Competency Exam utilizing a patient of record in each of the following areas:
 - Oral Diagnosis and Treatment Planning; Completed case
 - Periodontics: Diagnosis, Scaling and Root Planing procedures
 - Direct Restorative: Class II amalgam or composite, and Class III composite
 - Indirect Restorative: Fixed Prosthodontics, Crown and Bridge Procedures
 - Endodontics: Completed case
 - Removable Prosthetics: Completed case
- The 5 Dental Schools have agreed to minimum Clinical Experiences that their students will achieve as a pre-requisite before the student will be deemed ready and thus allowed to sit for the Clinical Examination.
- These minimum clinical experiences are common requirements, and are within the individual school requirements for graduation. Consequently, a student will still need to meet all academic requirements for that Dental School for graduation, allowing for academic autonomy of individual Dental Schools.
- One advantage is that the student candidate can perform the required Competency Examinations throughout their dental school tenure utilizing normal standards of patient care while insuring patient protection in the process. Consequently, the examination is no longer a high pressure, high stakes, snap-shot evaluation.

- Additionally, the procedures are performed on patients who are of record of the individual Dental Schools, ensuring that follow-up care can be obtained if necessary for those involved with this process. Also, the pressure of acquiring patients is alleviated, as the Clinical Examination can be performed at any time once the Clinical Experience requirements have been met. This allows for public protection and safety, minimizing the potential exposure of the patient involved in the current snap-shot examination process.
- The student candidate competency during the Clinical Exams will be evaluated by calibrated examiners who are members of the Dental School faculty. This method has been found to be appropriate by psychometric analysis.
- The Board will continue to maintain authority over this process, assigning the final grade of Pass/Fail to the candidate at the completion of the seven Clinical Examinations.
- Candidates will be required to satisfactorily pass Parts 1 and 2 of the National Board examination and the California Law and Ethics Examination as well, and must be in good Academic Standing as reported by the Dean of each Dental School. They must have no pending ethical issues.
- The finger-printing and background check required by the Board will continue to be part of the application process.
- In order to ensure public safety, the Board will maintain oversight of the process utilizing current Dental Board Examiners.
- The fiscal impact will be significant, as the Board will no longer be required to perform a stand-alone clinical examination which will save considerable licensing funds.

SPECIAL PERMITS FOR DDS (Specific requirements can be found at: <http://www.dbc.ca.gov>)

Special permits are required for a dentist who may wish to use some form of patient sedation in their practice. The permits include:

- Oral Conscious Sedation for Adults.
- Oral Conscious Sedation for Minors.
- Conscious Sedation.
- General Anesthesia.
- General Anesthesia for Minors.

Each permit has specific:

- Educational requirements.
- Continuing education requirements.
- Renewal every two years.
- On-site inspection for all except for Oral Conscious Sedation.

Currently, as of November 2016, "Caleb's Bill," officially titled Assembly Bill No. 2235, was approved by the Governor and is in its final stages of revision, to better protect patients undergoing general anesthesia during dental procedures. The bill is named after a 6 year old child who was declared brain dead after his organs shut down, from an oral surgery mishap

while being sedated under general anesthesia. It sets out to better document unfortunate cases when patients require medical intervention due to complications and/or death arising from a dental procedure while under general anesthesia. This mandatory and collected data from the Practitioner, by way of the Dental Board, or Dental Hygiene Committee, will help decide if it would be safer to have separate Licensed Practitioners performing the general anesthesia and the other performing the dental procedure. There is grave concern that by having a single Practitioner perform both, that it is NOT ideal nor safe for any age patient, as hospitals routinely have separate Licensed Practitioners working together on patients undergoing general anesthesia.

Assembly Bill No. 2235

CHAPTER 519

An act to amend Sections 1680 and 1682 of, and to add Section 1601.4 to, the Business and Professions Code, relating to healing arts.

[Approved by Governor September 23, 2016. Filed with Secretary of State September 23, 2016.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2235, Thurmond. Board of Dentistry: pediatric anesthesia: committee.

The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California. That act authorizes a committee of the board to evaluate all suggestions or requests for regulatory changes related to the committee and to hold informational hearings in order to report and make appropriate recommendations to the board, after consultation with departmental legal counsel and the board's chief executive officer. The act requires a committee to include in any report regarding a proposed regulatory change, at a minimum, the specific language or the proposed change or changes and the reasons therefor, and any facts supporting the need for the change.

The act governs the use of general anesthesia, conscious sedation, and oral conscious sedation for pediatric and adult patients. The act makes it unprofessional conduct for a licensee to fail to report the death of a patient, or removal of a patient to a hospital or emergency center for medical treatment, that is related to a dental procedure, as specified. The act also makes it unprofessional conduct for any dentist to fail to obtain the written informed consent of a patient prior to administering general anesthesia or conscious sedation. In the case of a minor, the act requires that the consent be obtained from the child's parent or guardian.

This bill, which would be known as "Caleb's Law," would require the board, on or before January 1, 2017, to provide to the Legislature a report on whether current statutes and regulations for the administration and monitoring of pediatric anesthesia in dentistry provide adequate protection for pediatric dental patients and would require the board to make the report publicly available on the board's Internet Web site. The bill also would require the board to provide a report on pediatric deaths related to general anesthesia in dentistry at the time of its sunset review by the appropriate policy committees of the Legislature.

This bill would require that the report of the death of a patient, or removal of a patient to a hospital

or emergency center for medical treatment, be on a form or forms approved by the board and that the report include specified information. The bill authorizes the board to assess a penalty on any licensee who fails to make the required report. This bill, with regard to obtaining written informed consent for general anesthesia or conscious sedation in the case of a minor, would require that the written informed consent include specified information regarding anesthesia, as provided.

RDH/ Registered Dental Hygienist

To become licensed as a Registered Dental Hygienist in California an individual must, at minimum:

- Graduate from an ADA accredited dental hygiene program in the United States.
- Successfully complete the Dental Hygiene National Boards.
- Successfully complete the state clinical boards OR successfully meet credentialing methods
- Provide verification of completion of board approved courses in:
 - Administration of local anesthesia.
 - Soft tissue curettage.
 - Administration of nitrous oxide and oxygen.

This is overview of the requirements for license by credential for the RDH. Complete details may be obtained at www.dhcc.ca.gov.

- Licensure as a registered dental hygienist issued by another state that is not revoked, suspended, or otherwise restricted.
- Clinical practice as a registered dental hygienist for a minimum of 750 hrs per year for at least five years preceding date of application.
- Not been subject to disciplinary action by any state
- Graduation from an accredited dental hygiene school
- Satisfactory completion of the Dental Hygiene National Board Examination
- Completion of a state or regional clinical licensure examination
- Completion of a minimum of 25 units of continuing education, including completion of any continuing education requirements imposed by the board in California
- Completion of board approved courses of instruction in:
 - Periodontal soft tissue curettage.
 - Administration of local anesthetic.
 - Administration of nitrous oxide.

SPECIAL PERMITS FOR RDH

Special certificates are required for the Registered Dental Hygienist to perform:

- Periodontal soft tissue curettage.
- Administration of local anesthetic.
- Administration of nitrous oxide.

Attendance at a Board-approved course of instruction is required to obtain each of these licenses. The course of instruction must include patient treatment and written and clinical examinations. All graduates of California hygiene programs and individuals seeking licensure from out of state must complete courses in these three functions. Individuals who were licensed prior to such requirements have the option to be certified in these functions.

RDHAP/Registered Dental Hygienist in Alternative Practice

To become licensed as a Registered Dental Hygienist in Alternative Practice in California an individual must meet all requirements set forth for licensure as a RDH in California, plus:

- Hold a current RDH license.
- Have been engaged in clinical practice as a dental hygienist for a minimum of 2,000 hours in the preceding 36 months.
- Possess a Bachelor's degree or its equivalent.
- Complete 150 hours of an approved educational program.
- Pass a written examination prescribed by the DHCC.

RDA/Registered Dental Assistant

ALERT – Suspension of the Registered Dental Assistant (RDA) Practical Examination:

(<http://www.dbc.ca.gov/index.shtml>)

“On April 6, 2017, the Dental Board of California (Board) voted to suspend the Registered Dental Assistant (RDA) practical examination as a result of the findings of the review of the practical examination conducted by the Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA). Pursuant to Business and Professions Code Section 1752.1, the Board may vote to suspend the practical examination if the review conducted by the OPES concludes that the practical examination is unnecessary or does not accurately measure the competency of RDAs.

A public copy of the OPES Review of the Registered Dental Assistant Practical Examination may be found [here](#). The redacted sections in the report were necessary to protect confidential and sensitive information regarding the registered dental assistant practical examination

The suspension of the RDA practical examination commences on April 6, 2017 and shall remain suspended until July 1, 2017, at which time the practical examination shall be reinstated.

On February 10, 2016 the Legislative Counsel Bureau opined that if the Board suspends the RDA practical examination, the Board may, during that suspension, license an applicant who has not taken the practical examination, so long as that applicant meets all other requirements for licensure. A copy of this opinion may be found [here](#)

The Board will be contacting all current applicants for RDA licensure in the coming weeks regarding the outcome of this meeting and what next steps are necessary on their pathway to RDA licensure.

The Board will license applicants who have not taken, or have not successfully passed, the practical examination, if the applicant meets all other requirements of licensure, including successful completion of the RDA Written Examination and the RDA Law & Ethics Examination, until July 1, 2017.

As a result of the suspension of the RDA practical examination, the Board anticipates an increase in the number of phone, email, and mail inquiries relating to RDA licensure. Please note that such inquiries may take 4-5 business days for response.”

There are two pathways to obtain a Registered Dental Assistant license in California:

1. For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state
2. Successful completion of a formal education via a Dental Board-approved RDA program.

Also, need completion of the following:

- shall demonstrate satisfactory performance in both a state-administered written exam, and a Law & Ethics exam.
- Successful completion of Board-approved Radiation Safety certification course.
- Successful completion of Board-approved certification course in Coronal Polishing.

In addition to the requirements, individuals applying for registered dental assistant licensure on or after January 1, 2010, shall provide written evidence of successful completion within five years prior to application of all of the following:

- (1) A board-approved course in the Dental Practice Act.
- (2) A board-approved course in infection control.
- (3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

Optional Certifications for the RDA:

- Orthodontic Assistant Permit: Ultrasonic Scaling, **supragingival only**, for removal of Orthodontic Cement, in patients undergoing orthodontic treatment.
- Dental Sedation Assistant Permit

According to California law Chapter 4. Dentistry, Article 7. Dental Auxiliaries 1752.1:

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

- (1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.
- (2) Passage of a written examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.
- (g) A registered dental assistant with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an “RDA with orthodontic assistant permit,” or

“RDA with dental sedation assistant permit,” as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

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

(i) The board shall, in consultation with the Office of Professional Examination Services, conduct a review to determine whether a practical examination is necessary to demonstrate competency of registered dental assistants, and if so, how this examination should be developed and administered. The board shall submit its review and determination to the appropriate policy committees of the Legislature on or before July 1, 2017.

(j) Notwithstanding any other law, if the review conducted by the Office of Professional Examination Services pursuant to subdivision (i) concludes that the practical examination is unnecessary or does not accurately measure the competency of registered dental assistants, the board may vote to suspend the practical examination. The suspension of the practical examination shall commence on the date the board votes to suspend the practical examination and shall remain suspended until July 1, 2017, at which date the practical examination shall be reinstated. If the board votes to suspend the practical examination, the board shall post a notice on its Internet Web site stating that the practical examination has been suspended, until July 1, 2017.

- **Pit and Fissure Sealant Placement.**

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

RDAEF/Registered Dental Assistant in Extended Functions

To become licensed as a Registered Dental Assistant in Extended Functions in California an individual must:

- Currently be licensed as a RDA.
- Complete a Board approved course of instruction in all advanced functions in the RDAEF category.
- Pass written examinations administered by the course provider.
- Pass a comprehensive clinical examination administered by the Board.

SPECIAL PERMITS FOR RDA:

RDA

Registered dental assistants must be certified to perform:

- Ultrasonic scaling for orthodontic cement removal.

- Placement of pit and fissure sealants.
- Coronal polishing.
- Exposure and processing of radiographs.

DA - unlicensed

Although the DA is an unlicensed individual, each must have a California Radiation Safety certificate if they are required to expose and process radiographs. Such certification requires successful completion of a Board-approved course.

Orthodontic Assistant and Sedation Assistant Permits

Effective January 1, 2010, dental assistants, registered dental assistants, and registered dental assistants in extended functions who meet specified work experience and course requirements and who pass a written examination may obtain an orthodontic assistant permit or dental sedation assistant permit. Visit the Dental Board of California website for more information.

License Display for ALL Licensees

There is no requirement that licenses have to be posted. However, Business and Professions Code Section 1700 provides that a person is guilty of a misdemeanor and subject to disciplinary action if any person: *engages in the practice of dentistry without causing to be displayed in a conspicuous place in his or her office the name of each and every person employed there in the practice of dentistry.*

A health care professional shall disclose on a nametag in at least 18-point type:

- His or her name.
- License status, or
- Prominently display his or her license.

New changes to the Dental Practice Act now require that every dental licensee must communicate to a patient his or her name, license type, and highest level of academic degree by one or both of the following methods:

1. In writing at the patient's initial office visit.
2. In a prominent display in an area visible to patients in his or her place of practice.

License Renewal

Dentists and dental auxiliaries may renew their state license and make address changes online at <http://www.dbc.ca.gov>.

License renewal for all categories of dental professionals occurs every two years on the licensee's birthday.

- Payment of a license renewal fee and verification of the completion of continuing education requirements must occur prior to the expiration date.

- To assure C.E. units count toward license renewal, make sure the course provider is at least one of the following:
 - Dental Board of California Approved provider.
 - ADA Certified Education Recognition Program (CERP) provider.
 - AGD Program Approval for Continuing Education (PACE) provider.
- Always inform the dental board or licensing agency of an address change, which dentists can complete online at <http://www.dbc.ca.gov>, since state mail is not forwarded.

Mandatory Fingerprinting

Beginning July 1, 2011 licensed dentists, dental assistants, and dental hygienists who were licensed prior to January 1, 1999, or for whom an electronic record of fingerprint submission does not exist, are required to submit fingerprints as part of the license renewal process. Also, as a condition of renewal, a licensee must disclose if he or she has been convicted in the prior renewal cycle of any violation of law, except for traffic infraction under \$1,000 not involving alcohol, dangerous drugs, or controlled substances. Additionally, any disciplinary action against any other license held by the licensee must be disclosed.

The Dental Board's adoption of a fingerprinting and criminal background check regulation is consistent with other California health professional licensing agencies. Each licensee must pay the cost of fingerprinting and a criminal records check. See California Dental Board website www.cdb.ca.gov for forms and instructions.

Continuing Education for Licensure

Each licensee must renew their license every two years by the last day of the month of their birthday. As a courtesy, renewal notices are sent about 60 days prior to expiration, but the licensee is ultimately responsible for renewing his or her license.

Warning: It is a criminal offense to perform licensed duties with an expired, cancelled, or inactive license!

Continuing education courses must be taken from an approved provider. Every two years a licensee shall take at least the required number of continuing education units:

- Dentists 50 units
- RDH 25 units
- RDA 25 units
- RDHAP 35 units

The following courses are required for each license renewal, for all licensed dental professionals, every two years:

- Basic Life Support from an approved American Red Cross or American Heart Association provider.
- California Dental Practice Act (CDPA).
- Infection control.

Continuing Education Requirements

The minimum requirement for each renewal period is **50 hours for DDS, 25 hours for RDH/RDHEF (35 hours for RDHAP), 25 hours for RDA & RDAEF** of continuing education, including:

- Basic Life Support. Licensees renewing for the first time are exempt from this requirement. (Title 16 California Code of Regulations, Sections 1016 and 1017)
- 2 hours of California Infection Control
- 2 hours of California Dental Practice Act

Note: Infection Control and California Dental Practice Act may be taken online at any of the registered continuing education web sites (below). Eighty percent must be completed for Category I. The balance can be completed for Category II. No more than half of the required Continuing Education hours can be completed through home study or on line coursework.

Registered Continuing Education Providers

APPROVED CONTINUING EDUCATION WEB SITES

CE Courses need to be authorized & approved by the California Dental Board!

This course you are currently taking **IS** an authorized & approved CE Provider, listed on the CA Board website: http://www.dbc.ca.gov/licensees/cont_education.shtml

Provider Name: Access Continuing Education, Inc. **Web site:** <https://www.accesscontinuingeducation.com>

Continuing education providers need to be registered by the Dental Board. To verify whether a provider is registered with California, please their License Verification service. To learn how to become registered continuing education provider, please visit their continuing education provider permit page. For more information, contact The Dental Board at 916-263-2356 or dentalboard@dca.ca.gov.

CE Content

New Continuing Education regulations were adopted April 8, 2010. The DBC has divided acceptable continuing education course content into three areas. These are:

- 1) Mandatory course
 - i. California Dental Practice Act (CDPA)
 - ii. Infection Control
 - iii. Basic Life Support

IMPORTANT: Mandatory Courses: (i) CDPA and (ii) Infection Control, MUST BE PROVIDED BY APPROVED REGISTERED PROVIDERS WHO HAVE APPROVAL TO TEACH THE DESIGNATED COURSE/S WITH THE DENTAL BOARD OF CALIFORNIA!

- 2) Courses directly related to the actual delivery of dental services to the patient or the community.

- 3) Courses considered to be primarily of benefit to the licensee, such as practice management subjects.

No more than 20% of required units may be in courses considered to be primarily of benefit to the licensee. Such courses can include:

- Methods of patient record keeping.
- Skill development such as communication, behavioral sciences, patient management and motivation when oriented specifically to the needs of the dental practice.

A more complete listing of allowable and non-allowable course topics is located at:
<http://www.dbc.ca.gov>.

Interactive / Classroom and Homes Study Courses

Home study courses by Board-registered providers may be used toward continuing education requirements as long as the units do not exceed half of the total required credits. This is often referred to as the 50/50 rule.

Home study courses include:

- Tape-recorded courses
- Home-study materials
- Video courses
- On-line computer courses

Interactive instruction courses provided by Board-registered providers are accepted as full credit toward license renewal. They include live:

- Lecture
- Telephone conferencing
- Video conferencing
- Classroom study

Record Keeping

Each licensee should retain copies of their continuing education certifications for a period of 5 years and may be audited by the Board during that time. A licensee must NOT send evidence of completion of their required units with their renewal form, UNLESS requested to do so.

Inactive Status

A licensee can place their license on inactive status, which means that he or she must continue to pay their renewal fee, but is not required to complete the continuing education requirements.

Expired or Cancelled License 5 years or more:

BEFORE ANY APPLICATION PROCESSES MAY TAKE PLACE, AN APPLICANT (DDS/RDH/RDA-ALL LEVELS) MUST FIRST PETITION THE BOARD FOR ISSUANCE OF A

NEW LICENSE!

A license that has expired can only be renewed by payment of the required renewal fees and delinquency fees for each renewal period. A license that has been expired for more than five years is automatically cancelled and cannot be renewed. The holder of a cancelled certificate, permit, or license must complete and submit application for

DDS/DMD: <http://www.dbc.ca.gov/licensees/dds/general.shtml>

NEW LICENSE TO REPLACE CANCELLED LICENSE

If license has been cancelled 5 years or longer, applicant must petition the Board, **FIRST**, to be able to apply for a new License!

To apply for a new license to replace a cancelled license, submit a completed application form with applicable fees. The fee is based upon the expiration date of the cancelled dental license, delinquency fees, and current examination fees. Call the Board for a determination of the appropriate fee to submit with your application.

If you have used another name since your last renewal, you must submit a completed Notification of Name Change form, with required documentation.

For any yes response (above the arrow on the application) you need to provide a detailed letter of explanation. Also, if applicable, court where case was filed, case name, case number, and documents, a copy of complaint, transcripts, depositions, etc. Providing these documents at the time of application will expedite the review of your application. If you choose, you may also submit any treatment records or X-rays, as well as letters or documents from your attorney.

RDH/RDHAP/RDHEF: <http://www.dhcc.ca.gov/licensees/renewals.shtml>

EXPIRED AND CANCELLED LICENSES

If license has been cancelled 5 years or longer, applicant must petition the Board, **FIRST**, to be able to apply for a new License!

A license that has been expired for more than five years is automatically cancelled, and cannot be renewed, reinstated restored or reissued. The holder of a cancelled certificate must apply as a first time applicant for RDH Licensure.

RDA/RDAEF: <http://www.dbc.ca.gov/licensees/rda/renewals.shtml>

EXPIRED AND CANCELLED LICENSES

If license has been cancelled 5 years or longer, applicant must petition the Board, **FIRST**, to be able to apply for a new License!

A license/permit that has been expired for more than five years is automatically cancelled, and cannot be renewed. The holder of a cancelled certificate must either apply for a new license/permit, and pass the associated examination(s), or petition the Dental Board. To begin the process of the issuance of a new license/permit to replace a cancelled license, contact the Board via email at DAProgram@dca.ca.gov. In the email, please include your name, license number, current address, and phone number.

Enforcement by Dental Board

To provide optimum consumer protection, the Dental Board of California operates its own comprehensive enforcement program to manage and investigate complaints. Complaints can come from health care providers, consumers, law enforcement, insurance companies, or other sources. If an investigation shows cause, any licensee may be reprimanded or placed on probation, or have their license revoked or suspended by the Board or the DHCC.

Examples of Offenses or Cause for Investigation

Unprofessional Conduct

- Failing to complete appropriate continuing education.
- Providing fraudulent and forged evidence to the DBC or DHCC regarding continuing education.
- Falsifying a prescription for self-use.
- Practicing beyond the scope of the definition of dentistry.
- Requiring patients sign a “release from all claims” before releasing their records.
- Incompetence & Negligence.
- Failing to have a treatment plan or discuss it with the patient.
- Failing to implement or document precautions for handling a pediatric patient who had undergone heart surgery.
- Covering a pediatric patient’s mouth and nose to calm down the patient.

Gross Negligence

- Failing to properly review a patient’s health history.
- Failing to take a full-mouth series of radiographs during 18 months of treatment.
- Performing 17 improperly filled root canals on one patient.
- Treating an intoxicated patient who also took a Xanax tablet before dental treatment.
- Repeated Acts of Negligence & Incompetence
- Inappropriately performing multiple crown restorations.
- Failing to complete periodontal examinations over four years of treatment.
- Failing to obtain a biopsy on a lesion that was present for seven years.
- Failing to take radiographs on an orthodontic patient for three years.

Conviction of a Crime

The Dental Board of California has the jurisdiction to revoke or suspend a license for conviction of a crime substantially related to the qualifications, functions, or duties of a licensee. The DBC does not have to implement its own investigation and may use any court conviction as "conclusive evidence."

The types of crimes that constitute grounds for discipline are things in a licensee’s personal life that can reflect upon your professional life. They include, but are not limited to:

- Possession of a controlled substance.
- Sexual battery.
- Operating a vehicle under the influence of alcohol or drugs.
- Acts of physical violence.

Examples of Unprofessional Conduct

- Patient abandonment
- Self-prescribing medication
- Communicating with patients by using threats or harassment
- Aiding or abetting of any unlicensed person to practice dentistry
- Committing of any act or acts of sexual abuse, misconduct, or relations with a patient
- Alteration of a patient's record with intent to deceive
- Excessive prescribing or administering of drugs
- Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental profession
- Aiding or abetting of a licensed dentist or dental auxiliary to practice dentistry in a negligent or incompetent manner
- Practicing with an expired license

Dental Materials Fact Sheet (DMFS)

The Dental Board has developed and distributes a fact sheet describing and comparing the risks and efficacy of the various types of dental restorative materials that may be used to treat dental patients. The fact sheet must be provided to every new patient and to patients of record prior to the performance of restorative dental treatment.

The dentist must also:

- Acquire signed acknowledgment of receipt of the fact sheet by the patient.
- Place a copy in the patient's dental record.
- Provide any updated fact sheets to the patient.
- Provide a copy of the fact sheet to the patient upon request.

Failure to provide a patient the most current version of the Dental Materials Fact Sheet is an infraction of the CDPA, and is considered unprofessional conduct.

Probation

The Dental Board may place a licensee on probation, by specific means to rectify the condition which required discipline from the board. This includes but is not limited to additional training, medical exam by physicians appointed by the Board, limitations of practice, and restitution of fees to patients or payors.

Petition for Reinstatement of License/Permit

A person whose license, certificate, or permit has been revoked or suspended, who has been placed on probation, or whose license, certificate, or permit was surrendered pursuant to a

stipulated settlement as a condition to avoid a disciplinary administrative hearing, may petition the board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the minimum periods determined by the Board per the regulations of the Dental Practice Act. A petition will not be considered while the petitioner is under sentence for any criminal offense, including any court-imposed probation or parole.

Prescriptions and the Law

Prescriptions can only be written by the dentist. An individual practitioner, acting in the usual course of their professional practice, can issue a prescription for a controlled substance only as part of dental treatment.

Examples of non-legal prescriptions:

1. A prescription that is issued not in the usual course of professional treatment.
2. Prescribing, administering, dispensing, or furnishing a controlled substance to or for any person or animal not under the dentist's treatment.
3. False or fictitious prescriptions in any respect.
4. Prescribing, administering, or furnishing a controlled substance for one's self.

Controlled Substances

Schedule material provided by: U.S. Department of Justice, Drug Enforcement Administration

Schedule I

- The drug or other substance has a high potential for abuse.
- The drug or other substance has no currently accepted medical use in treatment in the United States.
- There is a lack of accepted safety for use of the drug or other substance under medical supervision.
- Some Schedule I substances are heroin, LSD, marijuana, and methaqualone.

Schedule II

- The drug or other substance has a high potential for abuse.
- The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.
- Abuse of the drug or other substance may lead to severe psychological or physical dependence.
- Schedule II substances include morphine, PCP, cocaine, methadone, and methamphetamine. Requires triplicate prescription.

Schedule III

- The drug or other substance has a potential for abuse less than the drugs or other substances in Schedules I and II.

- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.
- Anabolic steroids, codeine and hydrocodone with aspirin or Tylenol, and some barbiturates are Schedule III substances.

Schedule IV

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule III.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule III.
- Included in Schedule IV are Darvon, Talwin, Equanil, Valium and Xanax.

Schedule V

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule IV.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule IV.
- Over-the-counter cough medicines with codeine are classified in Schedule V.

Prescribing and SB 151

The prescribing of controlled substances changed with the passage of SB 151, which became effective on January 1, 2005.

Prescription: A written, oral, or electronically transmitted order from a prescriber to a pharmacy or pharmacist.

Cures: All information pertaining to the prescribing of Schedule II controlled substances is maintained in the Department of Justice Controlled Substance Utilization Review and Evaluation System (CURES).

All written prescriptions for Schedules II-V controlled substances must be on a new, tamper-resistant form. Dentists can obtain the forms from a security vendor approved by the Board of Pharmacy and the Department of Justice.

For a list of approved vendors, visit the state Bureau of Narcotic Enforcement at http://ag.ca.gov/bne/security_printer_list.php.

Administering Schedule II Drugs

The administration of Schedule II controlled substances does not have to be reported to CURES, BUT dentists who prescribe or administer a Schedule II controlled substance must maintain a record of the transaction that includes all of the following:

- Name and address of patient.
- Date of transaction.
- Character, including name, strength, and quantity Schedule II controlled substance involved.
- The pathology and purpose for which the Schedule II controlled substance is prescribed.

Recording this information in the patient's chart is sufficient. You are not required to maintain a separate log.

Drug Dispensing

Dispensing is providing a controlled substance in a container to the patient for later use. Dispensing Schedule II and Schedule III drugs must be reported monthly to CURES.

- Store the controlled substances in a locked cabinet or drawer.
- Maintain a log.
- Prior to dispensing, offer to give a written prescription to the patient that the patient may elect to have filled by any pharmacy. The patient must be given the option to obtain the medication at a pharmacy.
- Child-proof containers are now required for dispensing.

Dispensing prescribers must report those substances dispensed to the CURES program on a monthly basis, including the following information for each prescription filled:

Diversion Program Guidelines

The Legislature and the Dental Board of California (DBC) established a diversion program for licensed dental professionals who may be impaired by the abuse of dangerous drugs or alcohol. The program's aim is to treat licensed dental professionals who are so afflicted and allow them to return to the practice of dentistry in a manner that will not endanger the public health and safety of the citizens of California.

The diversion program was established in part as a voluntary alternative approach to traditional disciplinary actions. The DBC has established criteria for acceptance, denial, or termination of licentiates into the diversion program. An individual may enter the program either by:

- Voluntarily request or
- Board requirement as a condition of a licentiate's disciplinary probation.

If a licensed dental professional is determined to be abusing drugs or alcohol the Board:

- Could revoke their license with refusal to enter a diversion program.
- Can force the individual into a diversion program.
- Has the option to offer a diversion program as part of a rehabilitative package.
- Must offer the diversion program to all licensed individuals with a drug/alcohol problem.

Conditions

If a licensed dental professional is currently under investigation by the Board for any violations of the Dental Practice Act or other violations, they may request entry into the diversion program by contacting the board's Diversion Program Manager. Prior to authorizing a licensee to enter in the diversion program, the diversion program manager may require the individual to execute a statement of understanding. This states that the licensee understands that their violation of the Dental Practice Act or other statutes, that would otherwise be the basis for discipline, may still be investigated and the subject of disciplinary action.

Neither the acceptance nor participation in the diversion program will preclude the Board from investigating, or continuing to investigate, disciplinary action against any licensee for any unprofessional conduct committed before, during, or after participation in the diversion program.

Upon committee determination that a licensee has been rehabilitated and the diversion program is completed, the committee shall purge and destroy all records pertaining to the licensee's participation in a diversion program. Except if a licensee is non-compliant with the program agreement, Committee records pertaining to the treatment of a licensee in a program are kept confidential and are not subject to discovery or subpoena.

Mandated Reporting: Abuse, Violence, Neglect

In 1995, the California Legislature approved a law that was designed to help stop repeated instances of domestic violence and abuse. California law became a model for other bills for many other states. One of the intents of the law was that screening for domestic violence be part of every routine health care contact. "Mandated reporters" of suspected abuse are part of the California Penal Code Section 11160.

Mandated reporters are individuals in all aspects of health care that are required by law to report any physical condition to a patient that the health care provider knows or reasonably suspects to be caused by another person.

In dentistry, mandated reporters include:

- DDS
- RDH
- RDHEF
- RDHAP
- RDA
- RDAEF

Types of Abuse

- Child Abuse & Neglect.
- Elder Abuse & Neglect.
- Family Violence.
- Intimate Partner Violence.

For suspected child abuse or neglect, According to an insightful, online source listed here and cited, by Rady Children's Hospital of San Diego:

<http://mandatedreporter.ca.com/images/pub132.pdf>:

[Physical abuse (PC 11165.6) is defined as physical injury inflicted by other than accidental means on a child, or intentionally injuring a child. Child sexual abuse (PC 11165.1) includes sexual assault or sexual exploitation of anyone under the age of 18. Sexual assault includes sex acts with children, intentional masturbation in the presence of children, and child molestation. Sexual exploitation includes preparing, selling, or distributing pornographic materials involving children; performances involving obscene sexual conduct; and child prostitution. Willful cruelty or unjustified punishment (PC 11165.3) includes inflicting or permitting unjustifiable physical pain or mental suffering, or the endangerment of the child's person or health. "Mental suffering" in and of itself is not required to be reported; however, it may be reported. Penal Code 11166.05 states: "Any mandated reporter who has knowledge of or who reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9". (The specified agencies include any police department, sheriff's department, county probation department, if designated by the county to receive mandated reports, or the county welfare department.) Unlawful corporal punishment or injury (PC 11165.4), willfully inflicted, resulting in a traumatic condition. Neglect (PC 11165.2) of a child, whether "severe" or "general," must also be reported if the perpetrator is a person responsible for the child's welfare. It includes both acts and omissions that harm or threaten to harm the child's health or welfare. General neglect means the failure of a caregiver of a child to provide adequate food, clothing, shelter, medical care, or supervision, where no physical injury to the child has occurred. Severe neglect means the intentional failure of a caregiver to provide adequate food, clothing, shelter, or medical care where injury has occurred or is likely to occur. Severe neglect also includes those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered.

Parental or Caregiver Red Flags

Parent lacks understanding of normal child behaviors and development:

- o Has unrealistic expectations of child (e.g., toilet-training of a six-month-old)
- o Is unduly harsh and rigid about childrearing
- o Singles out one child as "bad", "evil", or "beyond control"

- o Attributes badness to child or misinterprets child's normal behavior (e.g., interprets an infant's crying as evidence that the child hates the parent)
- o Tells you of use of objects (belts, whips, clothes hanger) to discipline the child, or describes the use of inappropriate or extreme consequences (locking child in a closet, withholding meals)

Parent lacks understanding of the parent-child relationship and/or perceives child in a negative light:

- o Is unable to describe positive characteristics of child
- o Berates, humiliates, or belittles child constantly
- o Turns to child to have his/her own needs met
- o Is indifferent to child

Parenting is impaired by:

- o Depression or other mental illness
- o Substance abuse o Poverty/unemployment
- o Lack of social support
- o Domestic violence
- o Parental history of abuse or inadequate care (Note: Most abused children do not become abusive parents.)

Physical Indicators in the Child Physical Abuse

- Any injury in an infant, even a small bruise
- Injuries to the back, buttocks, ears, face (particularly the soft tissues of the cheek), neck, and genitalia
- Unexplained injuries, or injuries with improbable explanations
- Bruises or burns that are patterned or have a distinctive outline
- Broken bones, lacerations or unexplained bruises
- Burns (cigarette, scalding water, iron)
- Any injury when there is a delay in seeking appropriate medical care

Sexual Abuse

- Complaint of painful urination, defecation
- Difficulty sitting or walking
- Presence of sexually transmitted infection

Neglect · Inorganic failure to thrive (failure to gain weight at the expected rate) or a malnourished child

- Inappropriate dress for weather
- Dirty clothes, poor hygiene
- Unattended medical or dental conditions
- Developmental delays

Behavioral Indicators in the Child with regard to behavioral indicators, keep in mind that children react differently to being abused, and many abused children do not exhibit behavioral

symptoms. The presence of any of the following indicators does not prove that a child is being abused but should serve as a warning signal to look further. While some of these behaviors may occur more with one type of abuse than another, they may overlap.

Child red flags for abuse/neglect include:

- Anxiety
- Depression, self-mutilation, suicidal gestures/attempts
- Low self-esteem
- Social maladjustment: Delinquent behavior (such as running away from home), use of alcohol or other drugs, academic/behavioral problems in school
- Other significant behavioral changes

Physical Abuse

- Hostile, aggressive or verbally abusive towards others
- Fearful or withdrawn behavior
- Destructiveness (breaks windows, sets fires, etc.)
- Out-of-control behavior/poor anger management
- Wariness of adults
- Discomfort when other children cry
- Fear of parents/caretakers or of going

Sexual Abuse

The single most important indicator of sexual abuse is disclosure by the child. However, the nature of sexual abuse, the guilt and shame of the child victim, and the possible involvement of parents, stepparents, friends or others in a caretaker role, make it extremely difficult for children to report sexual abuse. It is not unusual for children to delay weeks, months, or even years before disclosing sexual abuse. In addition, sometimes a child who seeks help is accused of making up stories. Many people may not believe the victim because the abuser is well-liked and others cannot believe he or she could be capable of sexual abuse. When the matter does come to the attention of authorities, the child may give in to pressure from parents or caretakers and deny that sexual abuse has occurred. The child may feel guilty about "turning in" the abuser or breaking up the family, and recant or change his or her story. Although this pattern of denial is typical, it may result in skepticism when a child discloses sexual abuse. The sad reality of sexual abuse is that without third-party reporting, the child often remains trapped in secrecy by shame, fear, and threats by the abuser. It is important to recognize that children rarely fabricate these accounts; they should be taken seriously. In addition, mandated reporters must stay alert and responsive to children's behaviors that are associated with sexual abuse. Although children frequently find it difficult to report they are being abused, they often develop coping mechanisms and behaviors which bring them to the attention of others.

Red flag behaviors indicative of possible sexual abuse include:

- Sexualized behavior and/or knowledge beyond developmental expectations
- Fearful or withdrawn behavior
- Changes in eating, sleeping or toileting (e.g., bedwetting, fecal soiling)

- Extreme compliance or defiance
- Emotional and/or behavioral problems

Neglect

Possible symptoms of child neglect are often difficult to identify as they are less defined than those for physical or sexual abuse. Observation, home visits, and/or the child's description of his or her living situation may be necessary to identify sufficient circumstances for reporting suspicions of neglect. It is important to remember, however, that these indicators should be evaluated in the context of the family's culture, values and economic situation.

Behavioral indicators of possible neglect include:

- Clingy or indiscriminate attachment
- Socially withdrawn
- Internalized emotional symptoms such as anxiety and depression

Emotional Abuse

Although emotional abuse is not as clearly defined in the law as other forms of maltreatment, it is generally recognized as a pattern of behavior by a caretaker that impairs a child's emotional and/or psychological development. This may include constant criticism, threats, rejection, intimidation or humiliation, acts intended to produce fear or guilt, withholding of love and support, and isolation. Witnessing of domestic violence also falls within the scope of emotional abuse. Reasonable suspicion of emotional abuse that must be reported often results from verbal disclosures or direct observation and involves any person willfully causing or permitting any child to suffer unjustifiable physical pain or mental suffering, or endangering the child's person or health (Penal Code 11165.3). In the absence of a verbal disclosure or direct observation, suspicions of abuse may be reported when behavioral indicators alert the professional to suspect emotional abuse. Emotional and behavioral problems, in varying degrees, are common among children whose parents abuse them emotionally. Attention deficits, school difficulties, and poor social skills are among the most common. Penal Code 11166.05 provides that, "Any mandated reporter who has knowledge of or who reasonably suspects that a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, evidenced by states of being or behavior, including, but not limited to, severe anxiety, depression, withdrawal, or untoward aggressive behavior towards self or others, may make a report..." These emotional and behavioral patterns may, of course, be due to other causes, but the suspicion of abuse should not be dismissed. Emotional abuse is often difficult to prove; cumulative documentation by a child protection agency may be necessary for effective intervention. Finally, emotional abuse is most often reported along with concerns of other types of abuse; any child who is being physically abused, sexually abused, or neglected is also being emotionally abused.] -cited online source, Rady Children's Hospital of San Diego: <http://mandatedreporterca.com/images/pub132.pdf>.

Any signs of abuse or neglected must be reported!

For suspected elderly abuse or neglect, The following online document is listed and cited:
https://oag.ca.gov/sites/all/files/agweb/pdfs/bmfea/yld_text.pdf

[Abuse of an elder or dependent adult” is defined as the following:

- Physical abuse (includes sexual abuse);
- Neglect; • Financial abuse; Abandonment;
- Isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering;
- Deprivation by a custodian of goods or services that are necessary to avoid physical harm or mental suffering. (Welfare and Institutions Code Section 15610.07)

PHYSICAL ABUSE “Physical Abuse” means any of the following:

- Assault;
- Battery;
- Assault with a deadly weapon or force likely to produce great bodily injury;
- Unreasonable physical constraint, or continual deprivation of food or water;
- Sexual assault, that means any of the following: - Sexual battery; - Rape; - Rape in concert; - Spousal rape; - Incest; - Sodomy; - Oral copulation; - Penetration of a genital or anal opening by a foreign object.
- Use of a physical or chemical restraint or psychotropic medication under any of the following conditions: - For punishment. - For a period beyond that for which the medication was ordered pursuant to instructions of a physician and surgeon licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given. - For any purpose not authorized by the physician and surgeon. (Welfare and Institutions Code Section 15610.63)

Possible Indicators of Physical Abuse: The following descriptions are not necessarily proof of abuse, but they may be clues that a problem exists. Signs that may indicate someone has been a victim of abuse may include:

- Unusual or recurring scratches, bruises, skin tears, welts
- Bilateral bruising (bruises on opposite sides of the body)“Wrap around” bruises
- Bruises around the breasts or genital area Infections around the genital area
- Injuries caused by biting, cutting, pinching or twisting of limbs
- Burns (may be caused by hot water)
- Fractures or sprains
- Torn, stained or bloody underclothing
- Any untreated medical condition
- Signs of excessive drugging
- Injuries that are incompatible with explanations
- Intense fear reaction to people in general, or certain individuals in particular.

Descriptions are not necessarily proof of abuse, BUT they maybe clues that a problem exists.

NEGLECT “Neglect” means either of the following:

1. The negligent failure of any person having the care or custody of an elder or a dependent

adult to exercise that degree of care that a reasonable person in a like position would exercise.
2. The negligent failure of the person themselves to exercise that degree of care that a reasonable person in a like position would exercise.

Neglect includes, but is not limited to, all of the following:

1. Failure to assist in personal hygiene, or in the provision of food, clothing or shelter.
2. Failure to provide medical care for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.
3. Failure to protect from health and safety hazards.
4. Failure to prevent malnutrition or dehydration.
5. Failure of a person to provide the needs specified in paragraphs 1-4, inclusive, for themselves due to ignorance, illiteracy, incompetence, mental limitation, substance abuse or poor health. (Welfare and Institutions Code Section 15610.57)

Possible Indicators of Neglect The following descriptions are not necessarily proof of neglect, but they may be clues that a problem exists. Some signs that indicate a resident has been a victim of neglect may include:

- Skin disorders or untreated rashes
- Unkempt, dirty, matted or uncombed hair, unshaven
- Neglected bedsores
- Signs of dehydration, malnutrition or sudden weight loss
- Soiled bedding or clothing
- Inadequate clothing
- Hunger
- Absence of, or failure to give prescribed medication
- Lack of necessary dentures, hearing aids or eyeglasses
- Untreated or unattended medical conditions

ABANDONMENT "Abandonment" means: The desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody. (Welfare and Institutions Code Section 15610.05)

FINANCIAL ABUSE "Financial Abuse" occurs when a person or entity does any of the following:

1. Takes, secretes, appropriates, or retains real or personal property of an elder or dependent adult to a wrongful use or with intent to defraud, or both.
2. Assists in taking, secreting, appropriating, or retaining real or personal property of an elder or dependent adult to a wrongful use or with intent to defraud, or both.

(b) A person or entity shall be deemed to have taken, secreted, appropriated, or retained property for a wrongful use if, among other things, the person or entity takes, secretes, appropriates or retains possession of property in bad faith.

1. A person or entity shall be deemed to have acted in bad faith if the person or entity knew or should have known that the elder or dependent adult had the right to have the property transferred or made readily available to the elder or dependent adult or to his or her representative.

2. For purposes of this section, a person or entity should have known of a right specified in paragraph (1) if, on the basis of the information received by the person or entity or the person

or entity's authorized third party, or both, it is obvious to a reasonable person that the elder or dependent adult has a right specified in paragraph (1). (c) For purposes of this section, "representative" means a person or entity that is either of the following: 1. A conservator, trustee or other representative of the estate of an elder or dependent adult. 2. An attorney-in-fact of an elder or dependent adult who acts within the authority of the power of attorney. (Welfare and Institutions Code Section 15610.30)

Possible Indicators of Financial Abuse The following descriptions are not necessarily proof of financial abuse, but they may be clues that a problem exists. Some signs that indicate a resident has been a victim of financial abuse may include:

- Disappearance of papers, checkbooks, legal documents
- Staff assisting residents with credit card purchases, ATM withdrawals
- Lack of amenities: appropriate clothing, grooming items, etc.
- Bills unpaid despite availability of adequate financial resources
- Provision of services that are not necessary or requested
- Unusual activity in bank accounts, such as withdrawals from automatic teller machines when the person cannot get to the bank
- Denial of necessary and/or needed services by the person controlling the elder or dependent adult's resources
- Use of "representative payee" under suspicious circumstances
- Use of power of attorney or conservatorship when not indicated by certain circumstances

ISOLATION

"Isolation" means any of the following:

1. Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.
2. Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons.
3. False imprisonment, as defined in Section 236 of the Penal Code.
4. Physical restraint of an elder or dependent adult, for the purpose of preventing the elder or dependent adult from meeting with visitors.

A. The acts set forth in subdivision (a) shall be subject to a rebuttable presumption that they do not constitute isolation if they are performed pursuant to the instructions of a physician and surgeon licensed to practice medicine in the state, who is caring for the elder or dependent adult at the time the instructions are given, and who gives the instructions as part of his or her medical care.

B. The acts set forth in subdivision (a) shall not constitute isolation if they are performed in response to a reasonably perceived threat of danger to property or physical safety. (Welfare and Institutions Code Section 15610.43)

Examples of Isolation: – A nursing assistant tells a resident’s family member that the resident does not wish to speak to them. You are aware, however, that the resident does indeed want to speak to his or her family and has never expressed the desire not to talk with them. – A nursing assistant restrains a resident in bed and tells the resident’s family that the resident is too ill to have visitors. Possible Indicators of Isolation The following descriptions are not necessarily proof of isolation, but they may be clues that a problem exists. Some signs that indicate a resident has been a victim of isolation may include:

- Resident is hesitant to speak freely
- Resident is withdrawn, timid and perhaps overly fearful or untrusting

“Abduction” means the removal from this state and the restraint from returning to this state, of any elder or dependent adult who does not have the capacity to consent to the removal from this state and restraint from returning to this state, as well as the removal from this state or the restraint from returning to this state, of any conservatee without the consent of the conservator or the court. (Welfare and Institutions Code Section 15610.06) “Goods and Services Necessary to Avoid Physical Harm or Mental Suffering” include but are not limited to all of the following:

- The provision of medical care for physical and mental health needs
- Assistance in personal hygiene.
- Adequate clothing
- Adequately heated and ventilated shelter
- Protection from health and safety hazards. Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment.
- Transportation and assistance necessary to secure any of the needs set forth above. (Welfare and Institutions Code Section 15610.35) “Mental Suffering” means fear, agitation, confusion, severe depression or other forms of serious emotional distress that is brought about by threats, harassment or other forms of intimidating behavior. (Welfare and Institutions Code Section 15610.53) “Resident-to-Resident Abuse” means when one resident in a facility abuses another resident in the facility in any way.] -cited from https://oag.ca.gov/sites/all/files/agweb/pdfs/bmfea/yld_text.pdf

The abuse can be physical, mental or financial and legally must be reported!

Office Protocols

An important component of office protocol is to establish office procedures. Mandated reporter responsibilities are a team effort. Collaboration and sharing will assist in gathering as many observations and as much data as possible. One mandated reporter can make a report on behalf of the team.

Employers are required to discuss with each mandated reporter employee the fact that they are mandated reporters. Employers should place signed acknowledgment documents in the employee’s personnel file and they are strongly encouraged to provide training to these employees regarding their mandated reporter status

Clinical Protocol

The clinical protocol to gather "objective" observations begins when the patient enters the door of your practice. The protocol should include:

- General physical assessment.
- Behavior assessment.
- Patient histories.
- Oral examination.
- Documentation.
- Consultation.
- Determination if "action" is necessary.

Legal Issues & Reporting Suspected Abuse

Confidentiality

The mandated reporter's identity is kept confidential within the state offices involved in the reporting process. If a case should go to court, the mandated reporter's identity would be made known to the court through your written report and pertinent documentation, or if you were required to testify. Most cases do not go to court.

Immunity

A mandated reporter is immune from civil or criminal liability when filing a report, whether or not it turns out that abuse has occurred. However, this does not mean that the mandated reporter cannot be sued. If sued, the mandated reporter may incur legal fees which can be reimbursed by the state up to \$50,000.

Patient/Provider Privilege

In the case of mandated reporting for abuse and neglect, the health care provider/patient privilege does NOT apply. If a child, parent, caregiver, elder, dependent adult, or DV victim confides in you that abuse or neglect has occurred, you must report it and are not required to keep the information confidential. This communication is exempt from the HIPAA regulations and is recommended to tell the patient of the obligation to report—yet this is not required.

Penalties for Not Reporting

If a dental professional suspects abuse and/or neglect and does not report it, and the abuse is discovered to have occurred, the dental professional can be liable for civil or criminal prosecution that can result in a fine of \$1,000 and/or a jail term of up to 6 months.

How to Report Child Abuse

- Report suspected abuse immediately (or as soon as practically possible) by phone to Child Protective Services (CPS) in your county.
- A written report must be forwarded within 36 hours of receiving the information by phone regarding the incident.

Official forms, the general instructions, and definitions can be downloaded from the Department of Justice website.

Resources

- Child Protective Services, Adult Protective Services or local law enforcement.
- California Long Term Care Ombudsmen Crisis Line: 1-800-231-4024.
- California Department of Aging Information Line: 1-800-510-2020
<http://www.aging.ca.gov>.
- The National Domestic Violence Hotline: 1-800-799-SAFE.
- Crime and Violence Prevention Center, California Attorney General's Office
<http://www.safestate.org>.
- Dental Professionals Against Violence: 1-800-CDA-SMILE ext. 4921.

Ethics and the Law

CDA Code of Ethics: (Adopted by the California Dental Association House of Delegates November 2012)

<http://www.cda.org/about-cda/cda-code-of-ethics>:

“The privilege of being a dentist comes with a responsibility to society and to fellow members of the profession to conduct one’s professional activities in a highly ethical manner. California Dental Association (CDA) members agree to abide by the tenets embodied in the American Dental Association (ADA) Principles of Ethics and Code of Professional Conduct (ADA Code) and the CDA Code of Ethics. The CDA Code of Ethics, in general, pertains to 1) service to the public, 2) conduct in a dental office and between dental practitioners, and 3) how dental practices and services are promoted. By following the Code of Ethics, dentists build public trust and maintain high ethical standards for the benefit of all.”

Ethics, healthcare professional,

n. the principles and norms of proper professional conduct concerning the rights and duties of health care professionals themselves and their conduct toward patients and fellow practitioners, including the actions taken in the care of patients and family members. (Mosby's Dental Dictionary, 2nd edition.)

Service to the Public

Service to the public is the primary obligation of the dentist (or allied dental professional) as a

professional person. Service to the public includes the delivery of quality, competent, and timely care within the bounds of the clinical circumstances presented by the patient.

Accepting Patients into the Dental Practice

A dentist may exercise reasonable discretion in accepting patients into the dental practice. Yet, in keeping with the core value of justice, it is unethical for a dentist to refuse to accept a patient into the practice, deny dental service to a patient, or otherwise discriminate against a patient because of the patient's gender, sexual, racial, religious, or ethnic characteristics.

Standards of Care

Substandard care is unethical for a dentist (or allied dental professional) to render, or cause to be rendered. The California Dental Practice Act defines acts which fall below a standard of care.

Informed Consent

Fully informed consent is required for the ethical practice of dentistry and is the patient's right of self-decision. The patient's legal guardian must be informed if applicable.

Explanation of Treatment

A dentist has the obligation to fully explain proposed treatment, reasonable alternatives, and the risks of not performing treatment to the patient. The dentist shall explain treatment in a manner that is accurate, easily understood, and allows for the patient to be involved in treatment decisions.

Reporting Abuse

A licensed dental professional must report suspected abuse.

Patient Confidentiality

All members of the dental team are obliged to safeguard the confidentiality of patient records. Not only is confidentiality a supreme ethical issue, the federal HIPAA laws must be complied with specifically in the dental office.

Obligation to Inform

A dentist (or allied dental professional) has the obligation to inform patients of their present oral health status. A dentist has the duty to report instances of gross and/or continual faulty treatment. A dentist's evaluation would include finding out from the previous treating dentist under what circumstances and conditions the treatment was performed. A difference of opinion as to preferred treatment shall not be communicated to the patient in a disparaging manner that implies mistreatment.

Continuing Education

Licensed dental professionals have the obligation to advance their knowledge and keep their skills freshened by continuing education throughout their professional lives.

Representations and Claims

In order to properly serve the public, dentists have the obligation to represent themselves in a manner that contributes to the esteem of the profession.

False and Misleading Statements

A dentist (or allied dental professional) may not mislead a patient or misrepresent in any way, either directly or indirectly, the dentist's (or allied dental professional's) identity, training, competence, services, or fees. A statement or claim is false or misleading when it:

1. Contains a material misrepresentation of fact;
2. Is materially misleading because the statement as a whole makes only a partial disclosure of relevant facts; or
3. Is intended or is likely to create false or unjustified expectations of favorable results.

Subjective statements about the quality of dental services can raise ethical concerns. In particular, statements of opinion may be misleading if they are not honestly held, if they misrepresent the qualifications of the holder, or the basis of the opinion, or if the patient reasonably interprets them as implied statements of fact. The fundamental issue is whether the advertisement, taken as a whole, is false or misleading in a material respect.

Resources for Ethics Discussion

- American Dental Association Principles of Ethics and Code of Professional Conduct
- American Dental Association Constitution and Bylaws
- State of California Department of Consumer Affairs Dental Practice Act
- California Dental Association Bylaws
- CDA Code of Ethics
Adopted by the California CDA Code of Ethics
Adopted by the California Dental Association House of Delegates November 2012-
Dental Association House of Delegates November 2012

Updates from the California Dental Board

PEDIATRIC ANESTHESIA STUDY 2017

As of January 1, 2017, "the Dental Board of California (Board) has completed the Pediatric Anesthesia Study regarding whether or not California's present laws, regulations, and policies are sufficient to provide protection of pediatric patients during dental sedation and anesthesia. The Board held four meetings to discuss this issue and took public comment at each meeting. The final report, board recommendations, and the record of public comments can be viewed on

this website.”

<http://www.dbc.ca.gov/formspubs/pedanesthisiastudy20161230.pdf>

The Dental Board of California, in its Pediatric Anesthesia Study, concludes, “Pediatric sedation requirements Individual states have taken different approaches to the regulation of pediatric sedation. Twenty five states, including California have special requirements for young patients. California requirements apply to patients age 13 or under. An increasing number of states have adopted pediatric sedation educational requirements, equipment requirements, and permits over the past 10 years. All states regulate moderate sedation and deep sedation/GA , regardless of route of administration. Ten states (California, Colorado, Florida, Georgia, Kentucky, Louisiana, Missouri, Mississippi, North Carolina and Oklahoma) require permits for sedating pediatric patients. Sixteen states require specific training, some in addition to adult sedation training, to administer moderate/conscious sedation to pediatric patients. Approximately twenty nine states have specific requirements for pediatric sedation administered by the oral route. States differ in their definition of the pediatric patient. Several states define the pediatric patient as being under the age of 12 consistent with ADA Guidelines; however other states use 13, 14, 16 and 18 years of age. Most states, including California, specify that the practitioner must have appropriately sized equipment for pediatric patients. In s o m e states ACLS certification is d e e m e d sufficient for treating pediatric patients; Twenty states currently require PALS certification. California does not presently require certification in PALS. Although ten states have adopted the AAP-AAPD Guidelines, these usually apply to minimal and moderate sedation. Most states do not have specific requirements for the administration of deep sedation/general anesthesia to children.”

ALERT – Suspension of the Registered Dental Assistant (RDA) Practical Examination

<http://www.dbc.ca.gov/index.shtml>

On April 6, 2017, the Dental Board of California (Board) voted to suspend the Registered Dental Assistant (RDA) practical examination as a result of the findings of the review of the practical examination conducted by the Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA). Pursuant to Business and Professions Code Section 1752.1, the Board may vote to suspend the practical examination if the review conducted by the OPES concludes that the practical examination is unnecessary or does not accurately measure the competency of RDAs.

RDAs/RDEFs shall, still, demonstrate satisfactory performance in both a state-administered written exam, and a Law & Ethics exam, as well as, follow all enforceable licensure regulations that are still active. Please refer to licensure requirement section in this course.

NOTICE OF EXISTING LAW RELATING TO THE USE OF BOTOX AND DERMAL FILLERS

The Board has received many inquiries regarding the use of Botox and similar drugs. Under California law, dentistry is defined, in pertinent part, as “diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic

agents, and physical evaluation..." (Business and Professions Code section 1625). A dentist may, therefore, use any legally prescribed drugs to treat patients as long as the treatment is within the aforementioned scope of practice.

Business and Professions Code, **Section 1638.1**, states a person licensed pursuant to Section 1634 who wishes to perform elective facial cosmetic surgery shall first apply for and receive a permit to perform elective facial cosmetic surgery from the board.

APPLYING FOR AN ELECTIVE FACIAL COSMETIC SURGERY PERMIT

The primary requirements for a permit to perform Elective Facial Cosmetic Surgery are defined in Business and Professions Code, Section 1638.1.

The requirements for an Oral and Maxillofacial Surgery Elective Facial Cosmetic Surgery Permit include, but may not be limited to submitting the following documentation:

1. A completed **application** form.
2. Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.
3. Proof that the applicant has satisfied the criteria specified in either subparagraph (A) or (B).
4. Submit to the board a letter from the program director of the accredited residency program, or from the director of a postresidency fellowship program accredited by the Commission on Dental Accreditation of the American Dental Association.
5. Submit to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform from both categories as stated in subparagraph (A)(iii) (1) and (II).
6. Documentation showing the surgical privileges that the surgical privileges the applicant possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.
7. Proof that the applicant is on active status on the staff of a general acute care hospital to perform the surgical procedures set forth in paragraph (A) at that hospital.
8. An application fee of \$500.00

RENEWING YOUR PERMIT

An Elective Facial Cosmetic Surgery Permit expires when the permitholder license expires and must be renewed every two years. Every six years, prior to renewal of the permitholder's licensed and permit, the permitholder shall submit evidence acceptable to the credentialing committee that he or she has maintained continued competence to perform the procedures authorized by the permit.

A licensed California dentist who has been granted a permit to perform elective facial cosmetic surgery may utilize Botox and similar drugs purely for cosmetic purposes as long as it is legally prescribed and within the scope of practice for their permit (see Business and Professions Code section 1638.1). Please note that some permit holders may not be authorized to perform all cosmetic surgery procedures within the scope of the elective facial cosmetic surgery permit.

1. Additionally it should be noted that all procedures authorized under the Elective Facial Cosmetic Surgery permit must be performed in an acute care hospital, or an outpatient surgical facility accredited by the associations listed in Business and Professions Code section 1638.1(f).

ALERT - POTENTIAL LICENSE DENIAL OR SUSPENSION FOR FAILURE TO PAY TAXES

Effective July 1, 2012, the Dental Board of California is required to deny an application for licensure or suspend a license/certificate/registration if a licensee or applicant has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (AB 1424, Perea, Chapter 455, Statutes of 2011).

References

American Dental Association, Council on Ethics, Bylaws and Judicial Affairs. Principles of Ethics and Code of Professional Conduct. Chicago, 2005.

California Dental Association, patient information materials, including Dental Materials Fact Sheet information of dental licensees; www.dbc.ca.gov/formspubs/pub_dmfs2004.pdf accessed November 2016.

California Department of Justice

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Laurence Rose, Esq, sections of previous versions of this course. Sections of the California Penal Code 11160 Sections of the California Business & Profession Code

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United States Department of Justice

California Dental Practice Act Test

***If you have downloaded the course off the Internet and wish to submit your test online you must return to our website (www.dentallearning.org) to do so.**

1. All of the members of the Dental Board of California are appointed by the Governor.
 - a) True
 - b) False
2. Direct supervision means:
 - a) Performance of dental procedures based on instructions of a dentist, not requiring the physical presence.
 - b) Performing only the clinical functions allowed by the California Dental Board.
 - c) Performance of dental procedures based on the instructions of a dentist, who must be physically present.
 - d) Performance clinical dental functions before the dentist sees the patient.
3. Before a dentist examines a patient, an ADHP in an authorized classification of may:
 - a) Expose emergency radiographs upon the direction of a dentist.
 - b) Perform extra-oral duties of functions specified by the dentist.
 - c) Perform mouth-mirror inspections of the oral cavity, including charting obvious lesions, malocclusions, existing restorations, and missing teeth.
 - d) All of the above.
4. On January 1, 2010, the Dental Board of California created two new permit categories. Those new permit categories are:
 - a) Dental Sedation Assistant and Orthodontic Assistant
 - b) Dental Sedation Assistant and Infection Control Assistant
 - c) Orthodontic Assistant and Expanded Functions Assistant
 - d) None of the above.
5. A dental assistant without a license may perform basic supportive procedures, as authorized by law, under the general supervision of a licensed dentist.
 - a. True
 - b. False
6. Requirements for orthodontic and sedation permits include all of the following **EXCEPT**:
 - a) Work Experience Requirement
 - b) Board-Approved Course Requirements
 - c) Home Study Course Requirement
 - d) Examination Requirement

7. An individual who becomes licensed as an RDH in California on or after January 1, 2006, may no longer perform the duties in the scopes of practice of an RDA unless they also hold an RDA license.

- a) True
- b) False

8. There are three pathways to licensure as a dentist. The pathways are:

- a) Residency
- b) Exam
- c) By credential
- d) All of the above
- e) None of the above

9. Although desirable, a dental professional has no obligation to wear a name tag or display his or her license.

- a) True
- b) False

10. Beginning July 1, 2011, all licensed dentists, dental assistants, dental hygienists who were licensed before January 1, 1999, are required to submit fingerprints as part of the license renewal process.

- a) True
- b) False

11. Mandatory courses for license renewal include all of the following, **EXCEPT**:

- a) Basic Life Support
- b) Radiology Safety
- c) Infection Control
- d) California Dental Practice Act (CDPA)

12. Each licensee should retain copies of their continuing education certifications for a period of:

- a) 2 years
- b) 3 years
- c) 4 years
- d) 5 years

13. Examples of unprofessional conduct include:

- a) Patient abandonment
- b) Self-prescribing medication
- c) Alteration of a patient's record with intent to deceive
- d) Unsanitary or unsafe office conditions

e) All of the above

14. Dental Material Fact Sheets may be given to a patient only if they ask about the materials being used. Otherwise, it is up to the dentist to decide who gets the DMFS at the time of treatment.

- a) True
- b) b) False

15. Examples of non-legal prescriptions include all of the following, **EXCEPT**:

- a) Issuance of a prescription for a controlled substance only as part of dental treatment.
- b) Prescribing, administering, dispensing, or furnishing a controlled substance to or for any person or animal not under the dentist's treatment.
- c) False or fictitious prescriptions in any respect.
- d) Prescribing, administering, or furnishing a controlled substance for one's self.

16. Controlled Substances are regulated by the U.S. Department of Justice, Drug Enforcement Administration

- a) True
- b) False

17. Dispensing Schedule II and Schedule III drugs must be reported to CURES:

- a) Monthly
- b) Bi-annually
- c) Yearly
- d) Voluntarily

18. Diversion programs allow a licensed dental professional to avoid any additional investigations if they finish the program.

- a) True
- b) False

19. Mandated reporting includes all of the following, **EXCEPT**:

- a) Abuse
- b) Violence
- c) Neglect
- d) Unprofessional conduct

20. A licensed California dentist may perform elective administration of Botox for cosmetic purposes, if granted a permit, if legally prescribed, and if within their scope of practice.

- a) True
- b) b) False