California Dental Practice Act
Review and Update

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Dental Practice Act

- Part 1: Business and Professions Code
- Part 3: California Code of Regulations
- Part 4: Excerpts From Other Relevant Code Sections

Administration of Dental Practice Act

- Department of Consumer Affairs
- Dental Board of California (DBC)
- DBC consists of 8 practicing dentists, one registered dental hygienist, one registered dental assistant, four public members

Forum of Dental Assisting

- Administer & oversee "dental assisting auxiliary" licensure, examination & education
- Evaluates dental assisting programs, defines acceptable standards and curriculum content
- Reviews and evaluates applications for licensure, maintains records, issues auxiliary licenses and license renewals

Forum of Dental Assisting

- Advises DBC on regulation pertaining to "dental assistants"
- Advises DBC on types of exams
- May develop and/or administer exams
- Reports to DBC and makes recommendations on issues relating to dental assisting
Duties of the DBC

- Oversee the licensing and practice of Dentists, all licensed categories of dental assisting and dental assisting duties.
- Work with DHCC on infection control regulations and unprofessional conduct
- Protect the welfare and safety of the public

Duties of DHCC

- Evaluate all RDH, RDHAP, RDHEF educational programs that apply for approval and grant or deny the applications.
- Withdraw or revoke its prior approval of a RDH, RDHAP, RDHEF education program in accordance with regulations adopted by committee. The committee may withdraw or revoke a dental hygiene program approval if Commission on Dental Accreditation has indicated an intent to withdraw approval or has withdrawn approval.

Duties of DHCC

- Review and evaluate all RDH, RDHAP, RDHEF applications for licensure, issues and renews licenses
- Determine the appropriate type of license examination, develop and administer examinations
- Determine the amount fees
- Determine and enforce continuing education requirements

Duties of DHCC

- Deny, suspend, or revoke a license or otherwise enforce the provision of this article
- Make recommendation to the dental board regarding dental hygiene scope of practice issues
- Adopt, amend, and revoke rules and regulations to implement the provisions of this article, including the amount of required supervision
- The committee may employ employees and examiners that it deems necessary to carry out its functions and responsibilities under this article

Important Notification for Licensees

- Business and Professions Code Section 138 requires that all Dental Hygiene Committee of California (DHCC) licensees provide notification to their patients that they are licensed by the DHCC. The Notification can be as simple as the following language:
  
  NOTIFICATION TO CONSUMERS DENTAL HYGIENISTS ARE LICENSED AND REGULATED BY THE DENTAL HYGIENE COMMITTEE OF CALIFORNIA
  
  (916)263-1978
  WWW.DHCC.CA.GOV
Important Notification for Licensees

- Effective Nov 28, 2012 the following sign must be posted in office
  - NOTICE
  Dentists are licensed and regulated by the Dental Board of California
  (877) 729-7789
  www.dbc.ca.gov

Enforcement/Discipline

- Investigation-Patient treatment and office condition complaints
- Reprimand
- Probation
- Suspend License
- Revoke License

Peer Review

- What is it and does it exist for dental hygiene and dentistry?
- How does it work with the DHCC and DBC?
- What is an 805 report?

DHCC and DBC Updates

- July 1, 2011 Fingerprinting requirement
- July 1, 2012 DHCC and DBC will be required to suspend a license for outstanding tax obligations due the Franchise Tax Board of California or Board of Equalization.
- January 1, 2010 RDHAP may obtain a fictitious name permit from DHCC
- Licensing by portfolio regulations being set up for licensing of DDS
- January 1, 2015 License renewal fee for DDS increase to $525
- Sunset of DBC in progress

DHCC Updates

- Biennial Fee Increases starting January 1, 2014 as follows:
  - RDH – from $80.00 to $160.00
  - RDHAP – from $80.00 to $160.00
  - RDHEF – from $80.00 to $160.00
  - Fictitious Name Permits (FNP) – from $80.00 to $160.00
  - FNP ½ renewal fee – from $40.00 to $80.00
  - All delinquency fees will increase from $40.00 to $80.00

- State Boards candidates who do not pass the State board exam after taking it 3 times must show a certain amount of hours of remediation in order to take the State Board exam.
- State Board candidates who fail the board due to gross trauma must show they have completed a certain amount of hours to retake the State Board.
DHCC Updates

- Any new dental hygiene program seeking accreditation must show a needs assessment for starting the program and be approved by the DHCC
- These last three additions were added as on January 1, 2013

New Duty for RDH, RDHAP, RDAEF

- Interim Temporary Restorations (ITR’s)
- Currently DHCC is training educators who will then train students and RDH’s, RDHAP’s, and RDAEF’s along with students.
- The above dental professionals will be certified to place these restorations under general supervision utilizing Telehealth dentistry.
- This duty does not have to be done in traditional dental office

CE Requirements

- DDS – 50 units every two years, must include CPR (AHA or Red Cross), and 2 units of infection control and 2 units of DPA
- RDHAP - 35 units every two years, must include CPR (AHA or Red Cross), and 2 units of infection control and 2 units of DPA
- RDH, RDA, RDAEF, Ortho Assistant permit, Dental Sedation Assistant Permit – 25 units every two years must include CPR (AHA or Red Cross), and 2 units of infection control and 2 units of DPA

What is 80%?

- Courses in the actual delivery of dental services to the patient or the community, such as:
  - Courses in preventive services, diagnostic protocols and procedures (including physical evaluation, radiography, dental photography)
  - Comprehensive treatment planning, charting of the oral conditions, informed consent protocols and recordkeeping.
  - Courses dealing primarily with nutrition and nutrition counseling of the patient.
  - Courses in esthetic, corrective and restorative oral health diagnosis and treatment.
  - Courses in dentistry’s role in individual and community health emergencies and, disasters and disaster recovery.

80% continued

- Courses that pertain to the legal requirement governing the licensee in the areas of auxiliary employment and delegation of responsibilities; the Health Insurance Portability and Accountability Act (HIPAA) and actual delivery of care.
- Courses pertaining to federal, state and local regulations, guidelines or statute regarding workplace safety, fire and emergency, environmental safety, waste disposal and management, general office safety, and all training requirements set forth by the California Division of Occupational Safety and Health (Cal-DOSH) including the Bloodborne Pathogens Standard.
- Courses pertaining to the administration of general anesthesia, conscious sedation, oral conscious sedation or medical emergencies.

80% continued

- Courses pertaining to the evaluation, selection, use and care of dental instruments, sterilization equipment, operatory equipment, and personal protective attire.
- Courses in dependency issues and substance abuse such as alcohol and drug use as it relates to patient safety, professional misconduct, ethical considerations or malpractice.
- Courses in behavioral sciences, behavior guidance, and patient management in the delivery of care to all populations including special needs, pediatric and sedation patients when oriented specifically to the clinical care of the patient.
- Courses in the selection, incorporation, and use of current emerging technologies.
80% continued

- Courses in cultural competencies such as bilingual dental terminology, cross-cultural communication, provision of public health dentistry, and the dental professional’s role in provision of care in non-traditional settings when oriented specifically to the needs of the dental patient and will serve to enhance the patient experience.
- Courses in dentistry’s role in individual and community health programs.
- Courses pertaining to the legal and ethical aspects of the insurance industry, to include management of third party payer issues, dental billing practices, patient and provider appeals of payment disputes and patient management of billing matters.

20 Percent

- Courses in leadership development and team development.
- Coursework in teaching methodology and curricula development.
- Coursework in peer evaluation and case studies that include reviewing clinical evaluation procedures, reviewing diagnostic methods, studying radiographic data, study models and treatment planning procedures.
- Courses in human resource management and employee benefits.

Not Accepted CE Courses

- Courses designed to make the licensee a better business person or designed to improve licensee personal profitability, including motivation and marketing.
- Courses pertaining to the purchase or sale of a dental practice, business or office; courses in transfer of practice ownership, acquisition of partners and associates, practice evaluation, practice transitions, or retirement.
- Courses pertaining to the provision of elective facial cosmetic surgery as defined by the Dental Practice Act in Section 1638 unless the licensee has a special permit obtained from the Board to perform such procedures pursuant to Section 1638.1 of the Code.

RX writing

- No dental professional other than a dentist can write a prescription
- Controlled substances must be for a legitimate purpose
- Patient of record
- Not for self
- No altering or post-dating
Prescriptions for controlled substances should contain:

The name, quantity and strength of the medication and directions for use

Any person who knowingly violates prescription laws will be punished by imprisonment in the state prison or county jail for no longer than one year, by a fine not exceeding $20,000.00, or by both fine and imprisonment. It is illegal to issue a prescription that is false or fictitious in any respect; or to prescribe, administer, or furnish a controlled substance to oneself. Wholesalers or manufacturers may not furnish controlled substances for other than legitimate medical purposes.

Suspected Drug Use

- It is unprofessional conduct and unethical to practice and use recreational drugs.
- If you feel a co-worker is using recreational drugs you need to speak with your employer
- This person should never be practicing on people if they are under the influence of any substance. They need to remove themselves from practice until they are free from the substance.

Dental Materials Fact Sheet

- DBC shall develop a fact sheet describing and comparing the risks and efficacy of the various types of dental restorative materials that may be used to repair a dental patient's oral condition or defect
- Patients must be given this fact sheet before any restorative treatment is done. Patient must sign they received this sheet and a copy placed in chart.
- Available at www.dbc.ca.gov

Definitions

- Direct Supervision: mean the supervision of dental procedures based on instructions given by a licensed dentist, who must be physically present in the treatment facility during the performance of those procedures.
- General Supervision: means supervision of dental procedures based on instructions given by a licensed dentist but not requiring the physical presence of the supervising dentist during the performance of those procedures.
Patient of Record

- Refers to a patient who has been examined, has had a medical and dental history completed and evaluated, and has oral conditions diagnosed and a written plan developed by the licensed dentist.

Licensoring By Credentials

- Allows a dental health professional (RDH or DDS) to receive licensure in California without taking a clinical exam.
- Specific requirements must be met and submitted to DHCC or DBC

Licensure Requirements for DDS

- Examinations are performed and conducted by DBC
- Must pass the National Board
- Takes a clinical exam in operative dentistry, prosthodontics, and diagnosis and treatment in periodontics.
- Written exams demonstrating judgment in diagnosis-treatment planning, prosthetic dentistry, and endodontics
- Currently setting up requirements for licensure by portfolio

Licensure Requirements for RDH

- Satisfactory performance (75%) on the state clinical exam, WREB, or any other clinical dental hygiene exam approved by the committee
- Satisfactory completion of National Dental Hygiene Board Examination (75%)
- Satisfactory completion of the Law and Ethics test
- Submission of application and fees and completion of committee approved course of gingival soft tissue curettage, local anesthesia, and nitrous oxide

Failure of Exam Competency

- An examinee for RDH license who either fails to pass the clinical exam 3 times or as a result of gross trauma is not eligible for reexamination until examinee successfully completes remedial education at approved dental hygiene program or comparable organization approved by the committee
Licensure Requirements for RDH

- Licensing by Credentials
- A third or fourth year dental student (no longer valid January 1, 2014)
- Be fingerprinted and cleared through Department of Justice
- Completed a educational program for RDH approved by the committee, accredited by Commission of Dental Accreditation, and conducted by a degree granting institution

RDHEF Licensure Requirement

- Hold a current RDH license
- Complete clinical training approved by the committee in facility affiliated with a dental school under direct supervision of the dental school faculty
- Performs satisfactorily on an examination required by the committee
- Completes application and pays all fees
- No current programs for RDHEF

RDHAP Licensure

- Fill out application and pay fees and obtain a 75% on the California Law and Ethics test.
- Hold a current RDH license and been engaged in the practice of dental hygiene for a minimum of 2,000 hours during the immediately preceding 36 months.
- Completed a Bachelor’s degree or its equivalent from a college or institution of higher education that is accredited by a national or regional accrediting board and a minimum of 150 hours of additional educational requirements (RDHAP program)
- Participated and accepted into HMPP 155 program

RDHAP

- May practice as an employee of a DDS, or another RDHAP, independent contractor, or sole proprietor of an AP practice
- Employee of a primary care clinic or specialty clinic in H&S code 1204 and 1206, or employee of a clinic owned or operated by a public hospital that has a contract with the county government

RDHAP Duties

- May perform duties in the following places:
  - residences of the homebound
  - schools
  - residential facilities and other institutions
  - Dental health professional shortage areas as certified by the Office of Statewide Health and Planning Development
  - Operate one mobile clinic as their office, if owner is registered and operates according to established regulations of the DHCC

RDHAP

- All RDHAPs must register with Executive officer of DHCC their all their places of practice within 30 days of license being issued.
- If an RDHAP desires to more than one place of practice prior to opening additional offices they need to apply to the committee, obtain permission and pay the fees
**RDHAP**
- Cannot do any of the following:
  - Infer, purport, or advertise that they are able to provide dental services or make any type of dental diagnosis beyond dental hygiene treatment plan and services.
  - Hire a RDH to provide direct patient services unless they are a RDHAP
  - They may submit any insurance or third party claims
  - They may hire a dental assistant to perform retraction and suctioning.

**RDHAP**
- Must provide the DHCC documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services.
- Can provide services to a patient without obtaining written consent from a dentist for 18 months or more but after first date of services the patient must obtain a written verification they have been examined by a DDS, MD, or Surgeon and have a prescription for dental hygiene services.

**www.dhcc.ca.gov, business and profession code 2013, retrieved Dec 11, 2013**

**RDHAP**
- Must provide the DHCC documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services.

**RDH Duties**
- Any RDH, RDHEF, RDHAP duty if you were an RDH before Dec 31, 2005, if RDH, RDHEF, RDHAP, RDHEF licensed on or after January 1, 2006 must qualify and receive an RDH license to perform these duties.
- The practice of dental hygiene includes, dental hygiene assessment and development planning and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings.

**RDH Direct Supervision**
- Soft tissue curettage
- Administration of local anesthesia
- Administration of nitrous oxide and oxygen

**RDH General Supervision**
- Preventive and therapeutic interventions including Prophy and scaling and root planing
- Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease
- Impressions for bleaching trays and application and activation of agents with nonlaser, light-curing devices, and placements of in-office tooth-whitening devices.
**RDH Duties**

- A RDH may use any material or device approved for use in the performance of a service or procedure within his or her scope of practice with appropriate supervision if they have had appropriate education and training required to use the material or device.

**RDH No Supervision**

- Educational services, oral health training programs and oral health screenings
- Any patients with possible oral abnormalities to a DDS for a comprehensive exam, diagnosis and treatment plan
- Public health

**DHCC Educational Approval**

- Grants initial or renewal approval of programs for RDH, RDHAP, RDHEF
- Maintain high quality instruction and meet minimum standards set by ADA Accreditation
- New programs shall submit a feasibility study demonstrating a need for a new educational program and apply for approval prior to seeking ADA accreditation
- All schools must be accredited by a regional agency recognized by US Dept of Ed and able to grant associate degrees

**DO I have to wear a name tag?**

- Also, Business and Professions Code Section 680 provides: "Except as otherwise provided in this subdivision, a health care professional shall disclose, while working, his or her name and practitioner's license status, as granted by this state, on a name tag in at least 18 point type. A health care practitioner in a practice or an office, whose license is prominently displayed, may opt not to wear a name tag. If a health care practitioner or a licensed clinical social worker is working in a psychiatric setting or in a setting that is not licensed by the state, the employing entity or agency shall have the discretion to make an exception from the name tag requirement for individual safety or therapeutic concerns..." A "health care practitioner" includes a person holding only a radiation certificate, since the law defines a "health care practitioner" as any person licensed or regulated, and a radiation certificate holder is regulated.

**So...**

- In summary, if licenses are posted in view of the public, dental licensees do NOT need to wear name tags. Also, since dental offices themselves are not "licensed by the state", the owner has the discretion to make an exception for an individual employee from the name tag requirement for individual safety concerns.
Posting auxiliary duties

Regulation section 1068 requires that dental auxiliary duties be posted in a common area of the office.

Unprofessional Conduct

- A licensee who commits unprofessional conduct may have their license put on probation, suspended or revoked.
- Convicted of a crime substantially related to the licensees qualifications, functions or duties.

Unprofessional Conduct

- Obtaining any fee by fraud or misrepresentation
- Aiding and abetting of any unlicensed person to practice dentistry or dental hygiene
- The aiding or abetting of a licensed person to practice dentistry or dental hygiene unlawfully
- The committing of any act or acts of sexual abuse, misconduct, or relations with a patient that are substantially related to dental hygiene or dentistry

Unprofessional Conduct

- The use of any false, assumed, or fictitious name, either as an individual, firm, corporation or any name other than the name under which they are licensed to practice in advertising or any other manner indicating they are practicing or will practice dentistry unless the name is listed on the valid permit

Unprofessional Conduct

- The practice of accepting or receiving any commission or rebating in any form or manner of fees for professional services, radiographs, prescriptions, or other services or articles supplied to patients.
- The making use by the licensee or any agent of the licensee of any advertising statements of character tending to deceive or mislead the public

Unprofessional Conduct

- The advertising of either professional superiority or the advertising of performance of professional services in a superior manner
- The employing or making use of solicitors
- Advertising in violation of Section 651
- Advertising to guarantee any dental hygiene/dental services, or to perform any dental hygiene/dental service procedure painlessly
Unprofessional Conduct

- Violating any provisions of this division
- Permitting of any person to operate dental radiographic equipment who has not met the requirements to do so
- Clearly excessive administration of drugs or treatment, or the clearly excessive use of treatment procedures, and facilities as determined by the customary practice and standards of the dental hygiene profession.

www.dhcc.ca.gov, business and profession code 2013, retrieved Dec 11, 2013

Unprofessional Conduct

- The use of threats or harassment against any patient or licensee for providing evidence in any possible or actual disciplinary action, or other legal action; or the discharge of an employee based on an employee’s attempt to comply with provision in this chapter or aid in compliance
- Suspension or revocation of a license issued or discipline imposed, by another state

www.dhcc.ca.gov, business and profession code 2013, retrieved Dec 11, 2013

Unprofessional Conduct

- Alteration of a patient’s record with intent to deceive
- Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental hygiene profession
- The abandonment of the patient by the licensee, without written notice to the patient that treatment is to be discontinued.

www.dhcc.ca.gov, business and profession code 2013, retrieved Dec 11, 2013

Unprofessional Conduct

- The willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee
- Use of fraud in the procurement of any license issued
- Any action or conduct that would have warranted the denial of the license
- The aiding or abetting of a RDH, RDHAP, RDHEF to practice dental hygiene in a negligent or incompetent manner

www.dhcc.ca.gov, business and profession code 2013, retrieved Dec 11, 2013

Unprofessional Conduct

- The failure to report to the DHCC in writing within 7 days any of the following:
  - Death of a patient
  - Discovery of the death of a patient where dental hygiene services is related to cause of death
  - Patient being taken to hospital or emergency center for medical treatment which lasted longer than 24 hours as a result of treatment

www.dhcc.ca.gov, business and profession code 2013, retrieved Dec 11, 2013

Unprofessional Conduct

- RDH, RDHAP, RDHEF shall report to the DHCC all deaths occurring in his or her practice with a copy sent to the DBC if the death occurred while working as an employee in a dental office. A DDS shall report to the DBC and a copy sent to DHCC if the death was the result of treatment by the RDH, RDHAP, RDHEF
Unprofessional Conduct

- Obtain or possess in violation of law, except as directed by a licensed MD, Surgeon, DDS, PDM a controlled substance, or a dangerous drug, or alcoholic beverages or other intoxicating substances to an extent or manner dangerous or injurious to them or any person or the public that the use impairs the licensee’s ability to conduct with safety to the public the practice of dental hygiene/dentistry.

www.dhcc.ca.gov, business and profession code 2013, retrieved Dec 11, 2013

Unprofessional Conduct

- Convicted of a charge violating any federal statute, state statute regulating controlled substances
- RDH, RDHAP, RDHEF, RDA, RDAEF who performs a service on a patient in a dental office shall identify themselves in the patient record by signing his or her name or ID number and initials next to service performed and the treatment entries. Repeated violations of this in unprofessional conduct

www.dhcc.ca.gov, business and profession code 2013, retrieved Dec 11, 2013

Unprofessional Conduct

- To perform or hold yourself out as able to perform professional services beyond the scope of practice of your license and field of competence, as established by your education, experience or training
- This does not apply to research conducted by dental schools and dental hygiene schools

www.dhcc.ca.gov, business and profession code 2013, retrieved Dec 11, 2013

Unprofessional Conduct

- Must release patient’s record when DHCC request them from a patient’s written authorization to release the records within 15 days or a $250 fine will be imposed for every day it is late up to $5,000.
- The same goes for court order but the fine changes to $1,000.00 and is guilty of a misdemeanor and a dental facility will have a fine of $1,000 up to $10,000.

www.dhcc.ca.gov, business and profession code 2013, retrieved Dec 11, 2013

Records Request

- Records must be released when the patient presents a written request for them. The healthcare provider must permit this inspection within 5 working days after the receipt of the written request. The patient is entitled to copies at a cost not to exceed $0.25 per page or $0.50 per page for microfilm. Copies of x-rays need not be given to the patient if they are mailed directly to another healthcare provider upon written request of the patient. They must be mailed within 15 days of the request. All reasonable costs, not exceeding the original cost incurred by the healthcare provider in providing the copies, may be charged to the patient (Health & Safety Code 123110). The California Dental Board will consider refusal to present patient records when the patient gives a written request as grounds for disciplinary action including suspension or revocation of a dental license.

So who can you share with?

- In general, a healthcare provider may disclose confidential patient information pursuant to a written authorization given by the patient, or without an authorization if the disclosure is:
  - Pursuant to court order, search warrant, official investigation or subpoena,
  - To another healthcare provider for the purposes of diagnosis or treatment of that patient,
  - To an insurer or other entity responsible for payment for services provided to the patient,
  - To peer review bodies and professional licensing agencies (CC 56.10).
How long do you keep records?

- Patient records must be retained for a minimum of 7 years following the discharge of the patient. PAST no longer valid
- Now no standard
- Legal Cases may require longer retention

How a License Becomes Undisciplined

- First you must petition DBC or DHCC for reinstatement or modification
- It must be 3 years for reinstatement
- 2 years for early termination or modification
- 1 year for modification of a condition, or reinstatement of a license revoked for mental or physical illness, or termination, or modification of a condition, of a probation less than 5 years

How a License Becomes Undisciplined

- The petition must state the fact required by the committee
- It may be heard by the committee or assigned to an administrative law judge
- Things that are considered: activities of the petitioner since the disciplinary action was taken, the offense, petitioner's activities during the time the license was in good standing, petitioner's rehabilitative efforts, general reputation for truth, and professionability

Dental Team Diversion Program

- a voluntary, confidential program for CA licensed dentists and dental auxiliaries whose ability to practice may be impaired due to alcohol and/or drug abuse
- Managed Healthnet Services – 800/522-9198
- Voluntary request for admission and agrees to treatment guidelines
- Has NOT been convicted of sale of drugs or had previous disciplinary action for substance abuse

Diversion Program

- Participation is voluntary unless ordered by DHCC as condition of licensee's probation
- If currently being investigated you may contact DHCC and ask to participate
- Neither participation or acceptance into program will stop investigation or possible disciplinary action
- Participants are terminated for failure to comply with terms and condition and this is reported to DHCC
Abuse reporting Law

- 65% of abuse occurs in the head and neck region
- Dentist, RDH, RDA must sign statement that tell they have knowledge and will comply with penal code
- We can make a difference

Understanding reporting

- When: If you have a reasonable suspicion abuse or neglect has occurred
- What: Make an immediate call followed by a written report

Mandated reporting

- Section 11166 of the Penal Code requires any health practitioner, which includes dental auxiliaries, who has knowledge of, or observes, a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the instance to a child protective agency immediately, or as soon as practically possible.

Dental Assisting Categories

- Senate Bill 1546 – changes effective January 1, 2010
- Unlicensed dental assistant
- “Specialty” Dental Assistant
- Registered Dental Assistant
- Extended Functions Dental Assistant

But what if I am wrong?

- Any person making a child abuse report (request for an investigation) which is based upon their reasonable belief and which is made in good faith shall be immune from civil or criminal liability for making that report.
**Dental Assistant**

- Supervising licensed dentist responsible that each dental assistant after employed for 120 days of employment must complete the following within one year of employment:
  - Board approved 8 units course in infection control and 2 units California law.
  - A course in basic life support
  - Radiation safety course if taking radiographs
- Maybe trained on job or educated in a school.

**Dental Assistant Duties**

**General Supervision:**
- Extra-oral duties specified by supervising dentist.
- Taking radiographs after meeting requirements of Radiation Safety Code.
- Take intraoral and extra-oral photography.

**Direct Supervision:**
- Apply topical fluoride
- Take facebow transfers and bite registrations
- Place and remove rubber dam or other isolation devices
- Perform measurements for the purpose of orthodontic treatment.

**Dental Assistant Duties**

**Direct Supervision:**
- Take intra oral impression for all non-prosthodontic impressions
- Apply non-aerosol and non-caustic topical agents
- Remove post-extraction or perio surgical dressings after dentist examines area
- Place ortho elastic separators
- Assist in administering nitrous but may not start it or adjust the flow.

**Dental Assistant Duties**

**Direct Supervision:**
- Cure restorative or orthodontic materials in operative site with a light-curing device
- Examine orthodontic appliances
- Remove ligature ties and separators
- After adjustments by dentist, examine and seat removable orthodontic appliances and deliver care instructions to the patient.
**Dental Assistant Duties**

- Remove periodontal dressings
- Remove sutures after inspection of the site by the dentist
- Place patient monitoring sensors
- Monitor patient sedation limited to reading and transmitting information
- In school or public setting created by federal, state, county, or local govt. may apply fluoride under direction of dentist or physician

**Orthodontic Assistant Permit**

- Must complete 12 months of work experience as a dental assistant
- Successful completion of a board-approved course in DPA and 8 unit infection control class
- Successful completion of a board-approved Basic Life Support American Red Cross or AHA

**Orthodontic Assistant Permit**

- Complete a board-approved ortho assistant course, after 6 month of experience
- Pass a written exam
- Same CE credits of RDA (25 units)

**Orthodontic Assistant Permit**

Direct Supervision:

- All duties that a dental assistant is allowed to perform
- Prepare teeth for bonding, select, preposition, and cure orthodontic, after their position has been approved by dentist
- Remove only orthodontic brackets and attachments with removal of the bonding material by dentist

**Orthodontic Assistant Permit**

- Size, fit, and cement orthodontic bands
- Remove orthodontic bands and remove excess cement from supragingival surfaces of teeth with a hand instrument
- Place ligate archwires
- Remove excess cement with an ultrasonic scaler from supragingival surfaces (ortho only)
- Additional duties that the board may prescribe by regulation

**Dental Sedation Permit**

Direct Supervision:

- All duties that a dental assistant is allowed to perform
- Monitor patients undergoing conscious sedation or general anesthesia utilizing data from noninvasive instrumentation
**Dental Sedation Permit**
- Drug identification and draw, amount verified by DDS
- Add drugs, medications, and fluids to IV lines using a syringe provided that a supervising dentist is present at chairside
- Removal of IV lines
- Additional duties board may prescribe by regulation

**RDA License Requirements**
- Graduated from an educational program in RDA approved by board, and passing a written and practical exam
- Evidence of 15 months of satisfactory work experience and passing the written and practical exam
- Passing law and ethics test
- Board approved DPA course
- Board approved 8 unit infection control course

**RDA License Requirements**
- May also obtain permits in orthodontics and dental sedation and perform those duties
- Has 25 CE units for license renewal

**RDA Duties**
- Dentist will determine if duty can be performed under general or direct supervision
- All DA duties
- Mouth-mirror inspection and charting of oral cavity
- Apply and activate bleaching agents using a non-laser light-curing device

**RDA Duties**
- Use of automated caries detection devices and materials to gather information for diagnosis by the dentist
- Place bases and liners and bonding agents
- Remove excess cement from supragingival surfaces of teeth

**RDA Duties**
- Chemically prepare teeth for bonding
- Obtain intraoral images for CAD milled restorations
- Size stainless crowns, and temporary crown and ortho bands
- Make temporary crowns and cement and remove them, remove ortho bands
- Place ligature ties and arch wires
**RDA Duties**

- Dry endodontically treated canals
- Place of post-extraction and perio dressings
- Place, adjust, and finish direct provisional restorations.
- Adjust dentures extra-orally
- Polish coronal surfaces of teeth

**RDA Duties (Direct)**

- Removal of excess cement form coronal surfaces of teeth under ortho tx. With ultrasonic scaler, after completing a board approved course.
- Place Sealants after passing a board approved course. Direct supervision of DDS or RDH (Jan 2006)

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**RDAEF and RDHEF Duties**

- May perform all duties of DA, and RDA

**Direct Supervision:**

- Fit trial endo filling points
- Remove excess cement from subgingival tooth surfaces with a hand instrument
- Apply etchant for bonding restorative materials

**RDAEF I and RDHEF Duties**

**Direct Supervision:**

- Cord retraction of gingivae for impression procedures
- Take impressions for cast restorations, space maintainers, ortho appliances and occlusal guards
- Prepare enamel by etching for bonding
- Formulate indirect patterns for endo post and core settings

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**Extended Functions Dental Assistant**

- This is an addition to the existing RDAEF
- New Classification is Registered Restorative Assistant in Extended Functions (RDAEF II)
- Pass clinical test and law and ethics test must be a RDA

**RDAEF II**

- All duties are direct supervision and must be checked by dentist prior to dismissal of patient
- Conduct a preliminary evaluation of patient’s oral health including: charting, intraoral and extra oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation
- Perform oral health assessments in school-based, community projects under direction of DDS, RDH, RDHAP
**RDAEF II**

- Cord retraction of gingiva for impressions
- Size and fit endodontic master points and accessory points
- Cement endodontic master points and accessory points
- Take final impressions for tooth-borne removable prosthesis
- Polish and contour existing amalgam restorations

**Who’s denture was it anyway**

- Must be marked with name
- Initials okay if name too long
- Dentist keeps record of mark
- Best done when fabricating

**General Anesthesia**

- No dentist shall administer or order the administration of general anesthesia on an outpatient basis for dental patients unless the dentist either possesses a current license in good standing to practice dentistry in this state and holds a valid general anesthesia permit issued by the board or possesses a valid general anesthesia permit issued by the board.
- No dentist shall order the administration of general anesthesia unless the dentist is physically within the dental office at the time of the administration.
- A general anesthesia permit shall expire on the date provided unless it is renewed.

**Written Orders To Dental Technicians**

- All authorizations from a Dentist to a Dental Technician must contain (CCR 1063):
  - Date,
  - Description of the work,
  - Dentist’s signature,
  - and Dentist’s license number.

**Refunds of Duplicate payments**

- If the patient requests a refund, within 30 days following the request from that patient for a refund if the duplicate payment has been received, or within 30 days of receipt of the duplicate payment if the duplicate payment has not been received.
- If the patient does not request a refund, within 90 days of the date the physician and surgeon or dentist knows, or should have known, of the receipt of the duplicate payment, the physician and surgeon or dentist shall notify the patient of the duplicate payment, and the duplicate payment shall be refunded within 30 days unless the patient requests that a credit balance be retained.

Violation of this section shall constitute unprofessional conduct. Disciplinary proceedings shall be conducted.