



California Dental Practice Act: 2 Hour Course

Written by Lawrence J. Rose, Esquire January 2007

Updated by Terrie L. Bruscino August 2010

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Course Objectives

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

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

About the Author

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Lawrence Rose is an attorney in the private practice of healthcare 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 healthcare 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 Healthcare, 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 healthcare 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.

Course Introduction

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

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

Dentistry Defined

Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions, and the corrections of malposition of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation.

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

Without limiting the foregoing, a person practices dentistry within the meaning of this chapter who does any one of the following (B & P 1625).

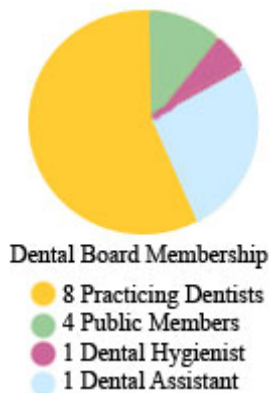
- By card, circular, pamphlet, newspaper or in any other way advertises themselves or represents themselves to be a dentist (B&P 1625);
- Performs, or offers to perform, an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws, or associated structures, or corrects malopposed positions thereof (B&P 625);
- In any way indicates that they will construct, alter, repair, or sell any bridge, crown, denture, prosthetic appliance or orthodontic appliance; makes or offers to make an examination of, with the intent to perform or cause to be performed by any operation on the human teeth, alveolar process, gums, jaws, or associated structures (B&P 1625); or
- Manages or conducts as a manager, proprietor, conductor, lessor, or otherwise, a place where dental operations are performed (B&P 1625).

Governing Agencies

The Department of Consumer Affairs

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

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



California Dental Board

(Formerly known as the Board of Dental Examiners of California)

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

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

Each professional member of the Board must have been active in California in their profession for at least five years before the date of their appointment. The public members may not be licentiates of the Board. No more than one member may be a member of the faculty of any dental college or dental department of any medical college in California. None

of the members may have any financial interest in any dental or medical college (B&P 1602). Members of the Board are appointed for a term of four years. If a member vacates office before the end of their term, someone is appointed to fill that position within 30 days. No member may serve on the Board for more than two terms (B&P 1603).

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

Citations (B&P 108, 125.9, 1611.5, 1680)

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

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

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

- Failure to comply with infection control guidelines.
- Unsafe and unsanitary conditions.
- Practicing with an expired license or permit.
- Aiding and/or abetting the unlicensed practice of Dentistry.
- False or misleading statement in advertising.
- Unlawfully advertised prices.
- Failure to meet or comply with requirements for conscious sedation and/or general anesthesia permits.
- Permitting auxiliaries to perform duties outside the scope of licensure.

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

Committee on Dental Auxiliaries

The Committee on Dental Auxiliaries consists of nine members appointed by the Governor of California (B&P 1744): one a member of the Dental Board of California; one licensed dentist and a member of the Board's Examining Committee; one a licensed dentist who is not on either the Board or Examining Committee; three licensed dental hygienists, at least one who is employed in a private practice; and three registered dental assistants. One of the hygienists and one of the assistants should be licensed in Expanded Functions (B&P 1743). The members may not serve for more than two consecutive 4-year terms. The members elect one chairperson each year. The Governor has the power to remove any member of the

Committee from office for neglect of any duty, incompetence, or unprofessional conduct (B&P 1744).

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

Peer Review

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

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

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

Applications

Application for a Dental License

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

- The application fee.
- Satisfactory evidence of graduation from an approved dental school.
- Two classifiable sets of fingerprints.
- Any records of any previous dental practice and verification of license status in other states.
- Satisfactory evidence of financial responsibility or of liability insurance for the clinical examination.
- Liability insurance that is considered satisfactory must be either the occurrence-type liability insurance or claims-made type with a minimum five years reporting endorsement. It must be issued by an insurance carrier authorized by the Insurance Commissioner, in the amount of \$100,000 for a single occurrence and \$300,000 for

multiple occurrences. It must cover injuries sustained by a dental patient in the licensing examination as a result of the applicant's actions. A \$300,000 surety bond posted with the Board would be considered satisfactory evidence of financial responsibility.

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

Abandonment of Applications

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

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

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

Grounds for Denial of a Dental License Application

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

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

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

When evaluating a rehabilitated applicant and their present eligibility for a license, the following criteria are considered (16 CCR 1020):

- The nature and severity of the act or crime,
- If the offense was done for the first time or was repeated,
- The time that has elapsed since commission of the crime,
- The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions, and
- Evidence of rehabilitation submitted by the applicant.

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

- The nature and severity of the crime,
- Total criminal record,
- Time since the crime was committed,
- Restitution, parole, or probation, and
- Evidence of rehabilitation.

Specialty Board Examinations

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

Registered Dental Assisting Applications

To apply for a license for registered dental assisting (RDA), a person must submit written evidence of either (16 CCR 1077): " graduation from an educational program in dental assisting approved by the Board, or " satisfactory evidence that the applicant has met the required 18 months satisfactory work experience as a dental assistant". An applicant shall obtain work experience verification forms from the board and supply such forms to those persons in whose employ the applicant obtained the required work experience. The completed form shall be returned to the board.

Registered Dental Assisting Extended Functions Licenses

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

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

Registered Dental Hygienist Licenses

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

Registered Dental Hygienist Extended Functions Licenses

A person may apply for a license as a registered dental hygienist in extended functions (RDHEF) if they meet the following requirements (16 CCR 1079.1):

- Licensed as a registered dental hygienist.
- Satisfactory evidence of having completed an approved RDHEF program.

Registered Dental Hygienist Alternative Practice Licenses

An RDH applying for a license to be a Registered Dental Hygienist in Alternative Practice (RDHAP) must (16 CCR 1079.2):

- Hold a current RDH License in California
- Have been engaged in clinical practice as an RDH for at least 2,000 hours in the preceding 36 months

- Have completed a bachelor's degree or it's equivalent from an approved college or institution of higher education
- Have completed an approved RDHAP program.

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

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

Dental Auxiliaries

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

General and Direct Supervision

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

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

- Diagnosis and treatment planning.
- Surgical or cutting procedures on hard or soft tissue.
- Fitting and adjusting of correctional and prosthodontic appliances.
- Prescription of medicines.
- Placement, condensation, carving or removal of permanent restorations, including final cementation procedures.
- Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals.
- Taking of impressions for prosthodontic appliances, bridges, or any other structures that may be worn in the mouth.
- Administration of injectable and/or general anesthesia (unless a dental hygienist licensed in local anesthesia under direct supervision).
- Oral prophylaxis procedures (unless a licensed dental hygienist).

Dental Assistant Duties and Settings

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

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

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

- Impressions for diagnostic and opposing models.

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

RDA Duties and Settings

The Board regulates the functions of registered dental assistants, whether the functions require direct or general supervision, and the settings within which they may work (16 CCR 1086). The Board periodically reviews and updates this list of functions. The supervising licensed dentist is responsible for determining the competency of the assistant to perform the allowable functions.

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

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

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

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

- Obtain endodontic cultures.
- Dry canals (previously opened by the supervising dentist), with absorbent points.
- Test pulp vitality.
- Place bases and liners on sound dentin.
- Remove excess cement from supragingival surfaces of teeth with a hand instrument or floss.
- Temporary cementation and removal of temporary crowns.
- Removal of orthodontic bands.
- Placement of orthodontic separators.

- Placement and ligation of arch wires.
- Placement of post-extraction and periodontal dressings.
- Take bite-registrations for diagnostic models for case study only.
- Coronal polishing (with evidence of satisfactory completion of a Board-approved course of instruction). This procedure may be performed before rubber dam application, placement of bands, crowns, restorations, fluoride application, acid etch procedures, or after the removal of dressings and packs. This is not to be interpreted as an oral prophylaxis (a procedure that may only be performed by a licensed dentist or registered dental hygienist). A licensed dentist or registered dental hygienist must determine that the teeth to be polished are free of calculus or other extraneous material before coronal polishing.
- Removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler (with evidence of satisfactory completion of a Board-approved course of instruction).
- Apply and activate bleaching agents with non-laser light-curing devices, and to directly fabricate temporary crowns intra-orally.

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

RDAEF Duties and Settings

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

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

- Cord retraction of gingivae for impression procedures,
- Take impressions for cast restorations,
- Take impressions for space maintainers, orthodontic appliances, and occlusal guards,
- Prepare enamel by etching for bonding procedures,
- Formulate indirect patterns for endodontic post and core castings,
- Fit trial endodontic filling points, and
- Apply pit and fissure sealants "remove excess cement from subgingival tooth surface with hand instrument".
- Apply etchant for bonding restorative materials.

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

RDH Duties and Settings

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

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

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

- Removal of lime deposits, accretions, and stains from the unattached surface of the teeth, and application of topical agents essential to complete prophylaxis.
- Root planning.
- Polish and contour restorations.
- Oral exfoliative cytology.
- Application of pit and fissure sealants.
- Place liquid medicaments subgingivally.
- Preliminary examination including: periodontal charting; intra and extra-oral examination of soft tissue; charting of lesions, existing restorations and missing teeth; classifying occlusion; and myofacial evaluation.

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

- Impressions for diagnostic and opposing models.
- Application of non-aerosol and non-caustic topical agents.
- Removal of post-extraction and periodontal dressings.
- Removing sutures.
- Taking intra-oral measurements for orthodontic procedures.
- Checking for loose bands.
- Removal of ligature ties.
- Application of topical fluoride.
- Placing elastic separators.
- Test pulp vitality.
- Remove excess cement from supragingival surfaces of teeth.
- Sizing stainless steel crowns, temporary crowns and removal of orthodontic bands.
- Placing post-extraction and periodontal dressings.

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

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

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

- The treatment facility of a licensed dentist.

- Licensed health facilities.
- Licensed clinics.
- Licensed community care facilities.
- Schools of any grade level.
- Public institutions, including federal, state, and local penal and correctional facilities.
- Mobile dental units operated by a public or governmental agency or a non-profit and charitable organization approved by the Board.
- Home of a non-ambulatory patient, provided there is a written note from a physician or registered nurse stating that the patient is unable to visit the dental office.
- Health fairs or similar non-profit community activities approved by the Board.

RDHEF Duties and Settings

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

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

- Cord retraction of gingiva for impression procedures.
- Taking impressions for cast restorations.
- Taking impressions for space maintainers, orthodontic appliances, and guards.
- Prepare enamel by etching for bonding.
- Formulate indirect patterns for endodontic post and core castings.
- Fit trial endodontic filling points.
- Apply etchant for bonding restorative materials.

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

RDHAP Duties and Settings

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

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

A RDHAP may not:

- In any way imply that he or she is able to provide dental services or make any type of dental health diagnosis beyond evaluating a patient's dental hygiene

status, providing a dental hygiene treatment plan, and providing the associated dental hygiene services.

- Hire a dental hygienist to provide patient services that is not licensed as an RDHAP.
- Provide hygiene services to a patient who does not submit a written prescription for dental hygiene services issued by a dentist, or physician and surgeon licensed in California who has performed a physical examination and a diagnosis of the patient no more than 15 months prior to the hygiene appointment.

An RDHAP may (B&P 1775):

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

Use of Dental Auxiliaries

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

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

Posting of Dental Auxiliary Duties

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

Miscellaneous Rules and Regulations

Emergency Medical Services

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

Emergency Care – The “Good Samaritan” law

Anyone licensed under the Dental Practice Act, who in good faith renders emergency care to someone outside that person's practice, or who gives emergency care at the request of another dentist for complications arising from prior care of another dentist, cannot be held liable for a civil suit if any damages result from the emergency care (B&P 1627.5). A dentist

is not liable for damages, injury, or death resulting from an emergency occurring in the dentist's office or in a hospital because of a failure to inform a patient of the possible consequences of a dental procedure if it is impossible to inform the patient because the patient is unconscious or because the procedure needed to be performed immediately, thereby not giving enough time to inform the patient (B&P 1627.7).

Access to Patient Health Records

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

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

- Pursuant to court order, search warrant, official investigation or subpoena,
- To another 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).

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.

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

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

Chart Entries

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

Written Orders To Dental Technicians

All authorizations from a Dentist to a Dental Technician must contain (CCR 1063):

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

Inspection of Books, Records, and Premises

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

Disposal of Hypodermic Needles

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

Prescriptions

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

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

A prescription for a controlled substance can only be issued to patients for a legitimate medical purpose by an individual practitioner acting in the usual course of their professional practice. The responsibility for the proper prescribing and dispensing is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Prescriptions for a controlled substance may not be filled after the seventh day following the date of its issue. Any person who knowingly violates prescription laws will be

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

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

Marked Dentures

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

Posting of Notice — Experimental Dental

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

Infection Control

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

These publications are:

- “Recommended Infection-Control Practices for Dentistry, 1993” from the U.S. Centers for Disease Control Morbidity and Mortality Weekly Report 1993, May 28, Vol. 41, No. RR-8, PP. 1-13.
- “Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings” from the U.S. Centers for Disease Control Morbidity and

Mortality Weekly Report 1988, June 24: pp. 37; 377-382; 387-388.

- Recommendations for Prevention of HIV Transmission in Health-Care Settings” from the U.S. Centers for Disease Control Morbidity and Mortality Weekly Report 1987 August 21; 36: 1-18S

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

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

Standard Precautions

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

Protective Attire

Medical exam gloves must be worn whenever there is a potential of contacting blood, blood-containing saliva, mucous membranes or "Other Potentially Infectious Materials (OPIM)." A new pair of gloves must be used for each patient, they may not be washed for reuse. Protective attire must be worn when there may be splatter of blood or OPIM. This attire must be removed before leaving the work area and stored for washing or disposal. Attire must be changed at least daily or between patients if visibly soiled. Attire may be disposable or reusable. Healthcare workers must wear surgical masks and chin-length plastic face shields or protective eye wear if there is any possibility of splatter of blood or OPIM. Surgical masks must be changed at least for each patient and more often if it becomes wet. Eyewear and face shields must be washed and disinfected at least between each patient or more often if visibly soiled.

Barrier Precautions

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

Hand Washing

Healthcare workers shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Anyone with weeping dermatitis or exudative lesions must not participate in direct patient care or in handling objects used for a patient until the condition is completely healed.

Needles and Sharps

Health care workers must use a recapping device or technique that would make it impossible for the point to come into contact with any part of their body. They must place used sharps in a puncture resistant container located near or in the operatory. Needles that will be used for more than one injection on the same patient must be recapped (using the

proper technique or placed in a safe area). Needles may not be bent or broken before disposal.

Sterilization and Disinfection

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

Dental Equipment

High-speed handpieces, low-speed components used intraorally, and other attachments (such as the air/water syringe tips and ultrasonic scaler tips) must be heat sterilized between each use. The water lines for the handpieces must be flushed for at least 20 to 30 seconds before and after each use. All dental units must have working antiretraction valves in the water lines. All dental unit lines must be flushed or purged with air for two minutes at the beginning of each workday. Sterile water or saline must be used as an irrigant or coolant during surgeries that involve the cutting of bone. Sterile coolant/irrigants must be delivered using a sterile delivery system.

Laboratory Materials

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

Spore Testing

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

Housekeeping and Laundry

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

Waste

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

Written Office Procedures

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

Dental Restorative Materials

A fact sheet will be developed by the California Dental Board on the subject of dental restorative materials (B&P 1648.10).

This fact sheet will include:

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

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

Glossary

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

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

Act The California Dental Practice Act

Basic Dental Supportive Procedures Fundamental duties or functions that may be performed by an unlicensed dental assistant under the supervision of a licensed dentist because of their technically elementary characteristics, complete reversibility, and inability to precipitate potentially hazardous conditions for the patient being treated.

Board Office Dental Board of California, 1432 Howe Avenue - Suite 85 Sacramento, CA 95825.

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

Conscious Sedation A minimally depressed level of consciousness produced by a pharmacologic or nonpharmacologic method (or a combination of the two) that retains the

patient's ability to maintain an airway independently and continuously and respond appropriately to physical stimulation and verbal command. This does not include conditions resulting from the administration of oral medications or the administration of a mixture of nitrous oxide and oxygen, whether administered alone or in combination with each other.

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

Course of Study An orderly learning experience.

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

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

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

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

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

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

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

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

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

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

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

Oral Prophylaxis Preventive dental procedures including complete removal of explorer-detectable calculus, soft deposits, plaque, stains, and the smoothing of unattached tooth

surfaces. The objective of this treatment is the creation of an environment in which hard and soft tissues can be maintained in good health by the patient.

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

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

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

Registered Dental Assistant in Extended Functions (RDAEF) A person licensed as a registered dental assistant who has completed post-licensure clinical and didactic training approved by the Board and satisfactorily performed on an examination designated by the Board for registered dental assistant in extended functions.

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

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

Registered Dental Hygienist in Extended Functions (RDHEF) A person licensed as a registered dental hygienist who has completed post-licensure clinical and didactic training approved by the Board and satisfactorily performs on an examination designated by the Board for registered dental hygienist in extended functions applicants.

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

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

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

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

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

Ordering the Dental Practice Act

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

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

Copies of the Dental Practice Act can be purchased through:
<p>Dental Board of California 2005 Evergreen Street, Suite 1550 Sacramento, CA 95815</p> <p>*Call 877-729-7789 (Toll Free) 916-263-2300 (Direct) or visit: http://www.dbc.ca.gov/index.shtml to find out the current volume and cost.</p>

California State Mandated Dental Practice Act: 2 Hour Course

Course Test

1. The Dental Board has the authority to issue administrative citations and fines.
 - a. True
 - b. False

2. Direct supervision by the dentist means:
 - a. the dentist must be somewhere in the State of California during the performance of the procedure by the auxiliary.
 - b. the dentist must be physically present in the office during the procedure.
 - c. the dentist must be directly involved in ordering the performance of the procedure.
 - d. b and c
 - e. none of the above.

3. General supervision means that the dentist orders the auxiliary to perform certain functions that they are licensed to do. The dentist does not need to be physically present in the facility at the time of the function.
 - a. True
 - b. False

4. Which of the following dental assisting procedures must be performed under the direct supervision of a licensed dentist?
 - a. taking impressions for diagnostic and opposing models.
 - b. removal of sutures.
 - c. holding anterior matrices.
 - d. all of the above.

5. The registered dental hygienist may perform which of the following procedures under the general supervision of a licensed dentist?
 - a. oral prophylaxis.
 - b. administration of local anesthetics.
 - c. administration of nitrous oxide-oxygen sedation.
 - d. debridement of a periodontal surgical site.

6. Any licentiate convicted of knowingly presenting a fraudulent claim to an insurance company can have their license revoked or suspended
 - a. True
 - b. False

7. All licenses must be renewed every _____ year(s) or they expire.
 - a. one
 - b. two
 - c. ten
 - d. dental licenses never expire.

8. Special permits are required for the administration of general anesthesia or conscious sedation.
 - a. True
 - b. False

9. Patients are entitled to a copy of their dental records and may attain a copy of both x-rays and files by:
 - a. notifying the dentist in writing.
 - b. paying a reasonable fee not to exceed the original cost.
 - c. receiving the copies in person
 - d. a and b.

10. The Board may reduce the renewal fee for any dentist who has practiced dentistry in California for 20 years or more, has reached retirement age, and who doesn't charge for their services.
 - a. True
 - b. False