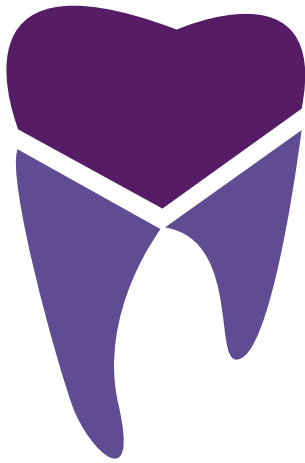




DHBC

Dental Hygiene
Board of California

**Friday, October 9, 2026
DHBC FULL BOARD Meeting Materials
(Teleconference Meeting)**



Notice is hereby given that a public meeting of the
Dental Hygiene Board of California (DHBC) will be held as follows:

DHBC MEETING AGENDA (Teleconference)

The DHBC welcomes and encourages public participation in its meetings.
The public may take appropriate opportunities to comment on any issue before the Board at the
time the item is heard.

Meeting Date and Time

Friday, October 9, 2026
10:30 a.m. until Adjournment

**The DHBC will conduct the meeting in accordance with Government Code section
11123, subdivision (b), via WebEx teleconference for interaction.**

Instructions for WebEx Meeting Participation

The preferred audio connection is via telephone conference and not the microphone
and speakers on your computer. The phone number and access code will be
provided as part of your connection to the meeting. Please see the instructions
attached here to observe and participate in the meeting using WebEx from a
Microsoft Windows-based PC. Members of the public may, but are not obligated to,
provide their names or personal information as a condition of observing or
participating in the meeting. When signing into the WebEx platform, participants may
be asked for their name and email address. Participants who choose not to provide
their names will be required to provide a unique identifier, such as their initials or
another alternative, so that the meeting moderator can identify individuals who wish
to make a public comment. Participants who choose not to provide their email
address may utilize a fictitious email address in the following sample format:
XXXXXX@mailinator.com.

For all those who wish to participate or observe the meeting, please log on to the
website below. If the hyperlink does not work when clicked on, you may need to
highlight the entire hyperlink, then right click. When the popup window opens, click on
“Open Hyperlink” to activate it, and join the meeting.

To participate virtually in the WebEx meeting on **Friday, October 9, 2026:**

[Click Here to Join the Meeting](#)

Or copy and paste the link text below into an internet browser:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m7f56e06d68de50583b4ff1954396c4fc>

If joining using the link above:

Webinar number: 2491 654 5128

Webinar password: DHBC109

If joining by phone:

+1-415-655-0001 US Toll

Access code: 2491 654 5128

Passcode: 3422109

Members of the Board & Locations

Board Member	Teleconference Meeting Location
Joanne Pacheco, President RDH Educator Member	Fresno City College Health Sciences Building Room 130 1101 E. University Ave. Fresno, CA
Michael Long RDHAP Member	Livermore Public Library - Civic Center Conference Room 131 1188 S. Livermore Ave., Livermore, CA 94550
Dr. Sridevi Ponnala Dentist Member	Eden United Church of the Christ Conference room on 2nd floor 21455 Birch St., Hayward, CA 94541
Dr. Julie Elginer Public Member	UCLA Community Health Sciences Building, 3rd Floor Roemer Library Conference Room 650 Charles E. Young Drive Los Angeles, CA 90095
Nicholas Kiet Quach Public Member	Alhambra Library 101 S First Street Alhambra, CA 91801 On the day of the meeting, please see the front desk for the specific study room/meeting room location.

Additional Location for the Public (No Board Member Present)

DHBC Headquarters Building
2005 Evergreen Street
1st Floor Lake Tahoe Room 1290
Sacramento, CA 95815

**The DHBC welcomes and encourages public participation in its meetings.
Please see public comment specifics at the end of this agenda.**

The DHBC may act on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice.

Agenda

1. Roll Call & Establishment of Quorum.
2. Public Comment for Items Not on the Agenda.
[The DHBC may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting [Government Code sections 11125 & 11125.7(a).]
3. Discussion and Possible Action on the Draft 2027 Sunset Review Report.
4. Proposal of Future Agenda Items.
5. Adjournment.

Public comments will be taken on the agenda items at the time the specified item is raised. Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at their discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting [Government Code sections 11125, 11125.7(a).]

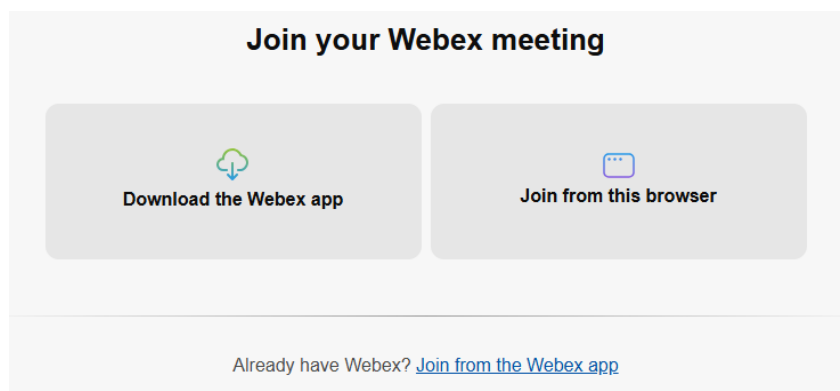
A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the DHBC at 916-263-1978, via email at dhbcinfo@dca.ca.gov, or by sending a written request to 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815. Providing your request at least five business days prior to the meeting will help to ensure availability of the requested accommodation.

For questions about the meeting, please contact the DHBC at 916-263-1978, via email at dhbcinfo@dca.ca.gov, or by sending a written request to Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815.

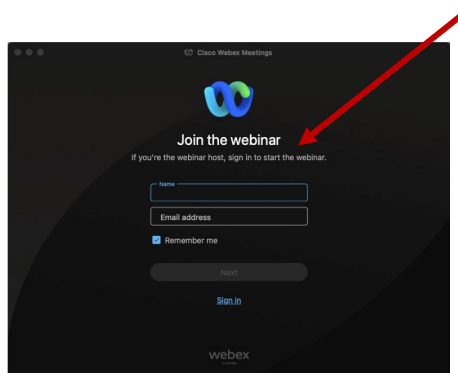
Recommended: Join using the meeting link.

- 1 Click on the meeting link. This can be found in the meeting notice you received and is on the meeting agenda.
- 2 If you already have Webex on your device, click the bottom instruction, "Join from the Webex app."

If you have **not** previously used Webex on your device, your web browser will offer "Download the Webex app." Follow the download link and follow the instructions to install Webex.



- 3 Enter your name and email address*. Click "Next."
Accept any request for permission to use your microphone and/or camera.



*Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative as well as a fictitious email address like in the following sample format: XXXXX@mailinator.com.

Alternative 1. Join from Webex.com

- 1 Click on “Join a Meeting” at the top of the Webex window.



- 2 Enter the meeting/event number and click “Continue.” Enter the event password and click “OK.” This can be found in the meeting notice you received or on the meeting agenda.

To view more information about the event, enter the event password.

- 3 The meeting information will be displayed. Click “Join Event.”

< Back to List

Meeting Name

Jones, Shelly@DCA | 9:45 AM - 9:55 AM | Thursday, Oct 14 2021 |
(UTC-07:00) Pacific Time (US & Canada)



Join Event

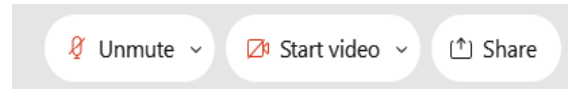
OR

Alternative 2. Connect via Telephone



You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice or on the agenda.

Microphone control (mute/unmute button) is located at the bottom of your Webex window.



Green microphone = Unmuted: People in the meeting can hear you.



Red microphone = Muted: No one in the meeting can hear you.

Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator invites them to unmute their microphone. Only panelists will be offered starting their video camera.

Attendees/Members of the Public

Joined via Meeting Link

The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.



Joined via Telephone (Call-in User)



- When you are asked to unmute yourself, press *6.
- When you are finished speaking, press *6 to mute yourself again.

If you cannot hear or be heard

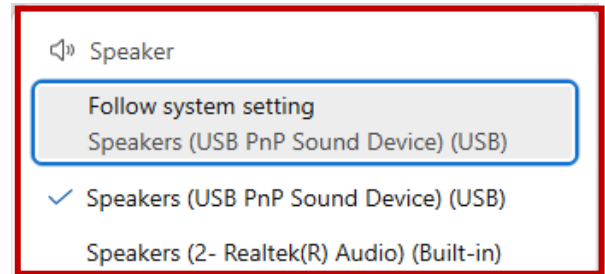
1 Click on the bottom facing arrow located on the Mute/Unmute button at the bottom of the Webex window.



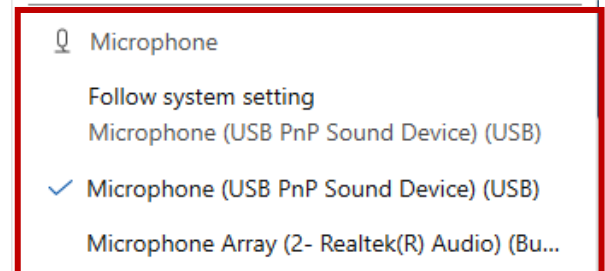
2 From the drop-down menu, select different:

- A. Speaker options if **you can't hear** participants.
- B. Microphone options if **participants can't hear you**.
- C. Audio settings will offer testing of your devices, and let you choose a different device.

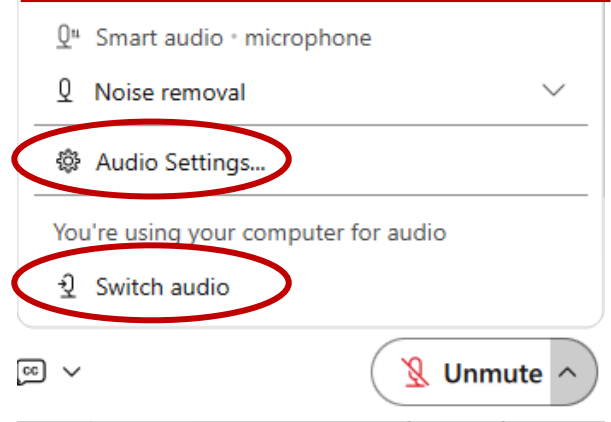
A



B

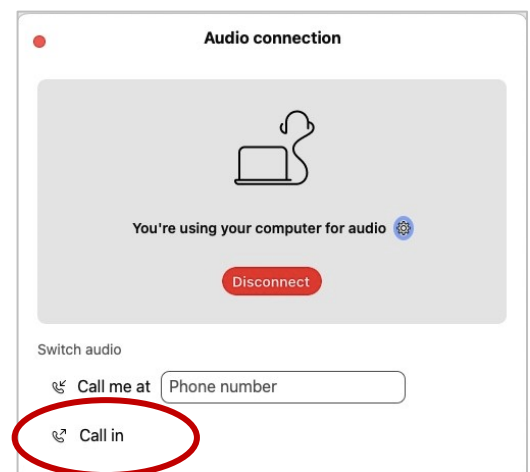


C



3 To link your phone to your Webex session, enabling your phone to become your microphone and speaker source:

- Click on "Switch audio".
- Select "Call in", which will show the phone number to call and the meeting login information.



Joined via Meeting Link

- Locate the hand icon at the bottom of the Webex window.
- Click the hand icon to raise your hand.
- Repeat this process to lower your hand.



The moderator will call you by name and indicate a request has been sent to unmute your microphone.

Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.

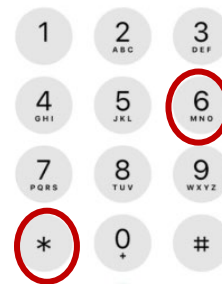
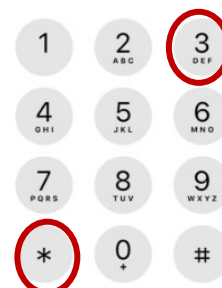


Joined via Telephone (Call-in User)

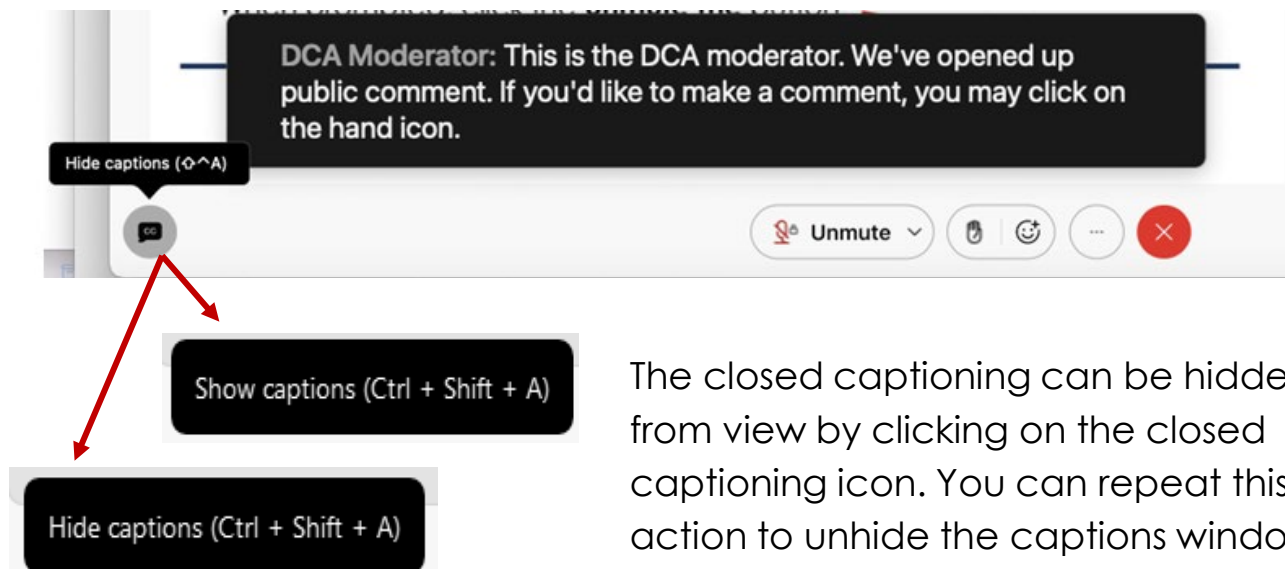


Press *3 to raise or lower your hand.

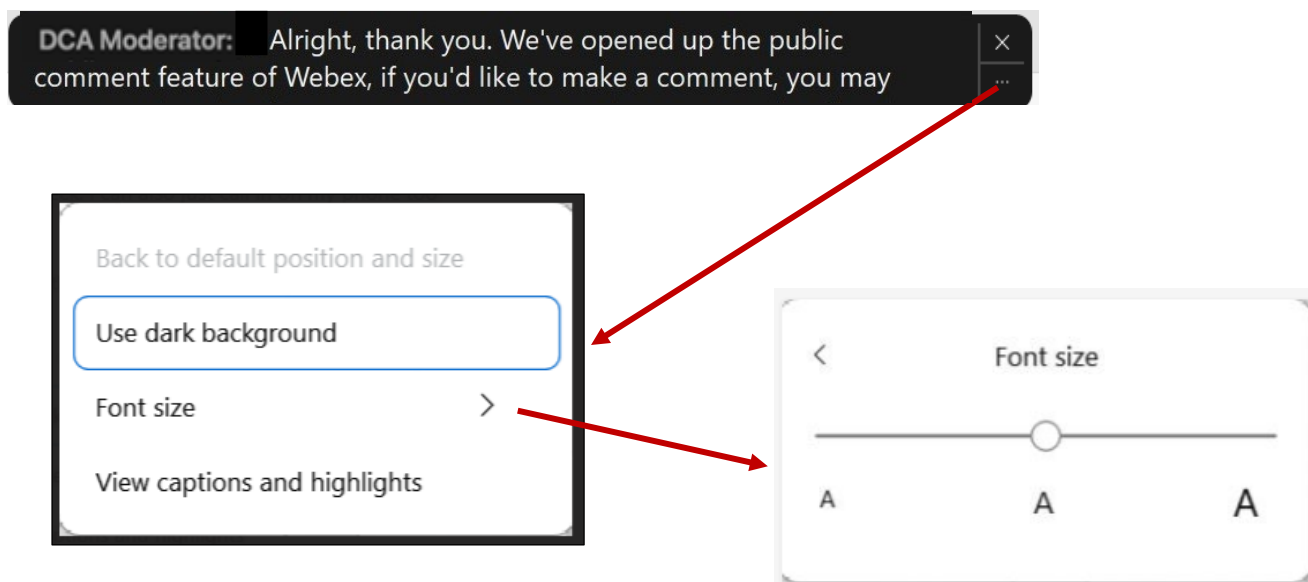
- When you are asked to unmute yourself, press *6.
- When you are finished speaking, press *6 to mute yourself again.



Webex provides real-time closed captioning displayed in a dialog box in your Webex window. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



You can view the closed captioning dialog box with a light or dark background or change the font size by clicking the 3 dots on the right side of the dialog box.





Member	Present	Absent
Julie Elginer		
Sonia “Pat” Hansen		
Sherman King		
Michael Long		
Joanne Pacheco		
Sridevi Ponnala		
Nicolas Kiet Quach		
Naleni “Lolly” Tribble-Agarwal		

Friday, October 9, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 1.

Roll Call & Establishment of Quorum.



Friday, October 9, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 2.

Public Comment for Items Not on the Agenda.

[The Board may not discuss or act on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code Sections 11125 & 11125.7(a).]



Friday, October 9, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 3.

**Discussion and Possible Action on the
Draft 2027 Sunset Review Report.**

MEMORANDUM

DATE	October 9, 2026
TO	Dental Hygiene Board of California
FROM	Anthony Lum Executive Officer
SUBJECT	FULL 3: Discussion and Possible Action on the Draft 2027 Sunset Review Report

BACKGROUND

Sunset Review is the process where the Legislature has an opportunity to review a board program to determine whether to continue it. Board programs must complete this process every 4-5 years as a method to inform the Legislature on its current status, update on prior issues and their progress, whether there are any new issues for the program to address, and is an opportunity for the Board to request additional resources for Board needs, if necessary.

For each Sunset Review, staff assemble a very complex and detailed draft report containing information from the past four years addressing questions from the Legislature for the Board to consider and make revisions, if needed. This meeting is the first opportunity for the Board to review the draft report and make any recommended edits or changes to be brought back at a subsequent Board meeting for approval prior to submission to the Legislature. The Board will also review potential cover pages to be used for the report and select a version for it. The due date this year for the report to be submitted to the Legislature is January 5, 2027.

STAFF RECOMMENDATION

Staff recommends for the Full Board to review the draft 2027 DHBC Sunset Review Report in its entirety and provide recommendation and guidance for any edits or revisions to the report to be returned at the next meeting with revisions for approval. Also, staff request for the Board to select an option for the cover page for use on the report.

PROPOSED MOTION LANGUAGE:

I move for the Full Board to review the draft 2027 DHBC Sunset Review Report in its entirety and provide recommendation and guidance for any edits or revisions to the report including the selected cover page to be returned at the next meeting with revisions for approval.

DENTAL HYGIENE BOARD OF CALIFORNIA

BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

As of January 5, 2027

Section 1 –

Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.¹ Describe the occupations/professions that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).²

In 2002, the Joint Legislative Sunset Review Committee (JLSRC) agreed that “dental hygienists had reached the point where their responsibilities warranted a regulatory body, separate from the Dental Board of California (DBC).” The Dental Hygiene Committee of California (DHCC, Committee) was created in fiscal year (FY) 2009/10 as result of the passage of Senate Bill (SB) 853 (Ch. 31, Statutes of 2008) in 2008. In 2018, SB 1482 (Ch. 858, Statutes of 2018) provided the authority for the DHCC to change to the Dental Hygiene Board of California (DHBC, Board) which was effective as of January 1, 2019. This change was substantial for several reasons. First, the name change legitimized the Board as an independent, autonomous government body and not a subdivision of another entity. Second, the replacement of “Committee” with “Board” emphasized that the Board is not affiliated or under the purview of the DBC. Although the Committee was never under the purview of the DBC since its inception, it was perceived to be under the DBC because many dental hygiene licensing entities across the nation are structured this way. The Board continues to be the only self-regulating dental hygiene oversight government agency with the mission of consumer protection in the United States. The Board maintains authority over all aspects of licensing, enforcement, and investigation of California dental hygienists. Additionally, the Board approves all dental hygiene educational programs (DHEPs) in the state, providing the required education to become a licensed dental hygienist. According to the Business and Professions Code (BPC), Section 1900, the purpose of the Board is “to permit the full utilization of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions in order to meet the dental care needs of all of the state's citizens.” The Board is responsible for overseeing three categories of dental hygienists: registered dental hygienist (RDH), registered dental hygienist in alternative practice (RDHAP), and registered dental hygienist in extended functions (RDHEF). As a self-regulating agency, the Board develops, maintains, and administers written licensing law and ethics examinations; conducts occupational analyses of the various professional categories; evaluates and approves educational programs and courses; pursues legislation; promulgates regulations and maintains licensing and enforcement responsibilities for the dental hygiene profession. In addition, the Board participates in outreach and support of the dental and dental hygiene community with the goal of ensuring the highest quality of oral healthcare for all Californians. The Board regulates the dental hygiene profession as provided by the authority pursuant to BPC sections 1900 – 1967.4, California Code of Regulations (CCR), Title 16, sections 1100 – 1144, in addition to several sections in DBC regulations pertaining to dental hygienists in the Dental Practice

¹ The term “board” in this document refers to a board, bureau, commission, committee, council, department, division, program, or agency, as applicable. Please change the term “board” throughout this document to appropriately refer to the entity being reviewed.

² The term “license” in this document includes a license, certificate, permit or registration.

Act. The Board is provided the authority to use these regulations until the Board promulgates their own regulations pursuant to 16 CCR section 1906(d).

1. Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

The Board consists of nine members (four dental hygienists, four public members, and one practicing general or public health dentist): seven members appointed by the Governor, one public member appointed by the Assembly Speaker of the House; and one public member appointed by the Senate Rules Committee. Prior to 2019, all Board members were appointed by the Governor. The function of the Board is to discuss, deliberate, address, hear public comment, and act upon any programmatic, legislative, regulatory, or other issue or policy that may affect the professional population, interested stakeholders, and the consumers of California.

Board Committees are as follows: Education Committee, Enforcement Committee, Legislative and Regulatory Committee, and the Licensing and Examination Committee. Each Board committee consists of three to five members appointed by the Board President to review, discuss, deliberate, hear public comment, and vote on any issue(s) that pertain to the specific committee's jurisdiction and to bring forth recommendation(s) to the full Board to discuss and take possible action.

- a) **Education Committee** – The Education Committee oversees the DHEPs and make recommendations to the Board on policy matters related to curriculum, faculty, administration, and approval. Oversight includes enforcing DHEP statutes, regulations, and Commission on Dental Accreditation (CODA) Standards to increase consistency, safety, and quality; recommending possible enforcement action against a DHEP for non-compliance of the law and CODA Standards; aiding in the development of informational brochures and other publications; and participation in the planning of outreach events for consumers, applicants, and licensees.
- b) **Enforcement Committee** – The Enforcement Committee advises the Board on policy matters that relate to protecting the health and safety of California consumers through the enforcement of laws and regulations governing the practice of dental hygiene. This includes maintenance of disciplinary guidelines, Uniform Standards, and other recommendations on the enforcement of the Board's statutes and regulations.
- c) **Legislative and Regulatory Committee** – The Legislative and Regulatory Committee advocates for statutes, promulgate regulations, and adopts policies and procedures that strengthen and support the Board's mandates, mission, and vision. The Legislation and Regulatory Committee reviews and tracks legislation closely related to the practice of dental hygiene and makes recommendations to the Board for possible action. It also creates regulations that govern the profession affecting licensees, the DHEPs, and enhances consumer protection.
- d) **Licensing and Examination Committee** – The Licensing and Examination Committee advises the Board on policy matters relating to the examination and licensing of individuals applying to practice dental hygiene in California. The Licensing and Examination Committee advises on and oversees licensing standards, qualifications, and provides oversight of the Law and Ethics examination(s) to protect consumers while ensuring reasonable access to the profession. It also addresses specific licensing and examination issues pertaining to this subject including special permits.

Table 1a shows the attendance record for the board members over the past four years. It includes both current and past members who have served since the last sunset review report.

Dental Hygiene Board of California 2027 Sunset Review Report																								
TABLE 1a. BOARD MEETING ATTENDANCE																								
	July 23, 2022 - S. San Francisco	October 8, 2022 - Webex	November 19, 2022 - Webex	February 4, 2023 - Webex	March 18, 2023 - Webex	June 17, 2023 - Webex	July 22, 2023 - Sacramento	November 18, 2023 - Sacramento	March 22, 2024 - Sacramento	March 23, 2024 - Sacramento	July 19-20, 2024 - Sacramento	November 15, 2024 - Webex	November 16, 2024 - Sacramento	March 21-22, 2025 - Sacramento	May 27, 2025 - Webex	July 19, 2025 - Sacramento	November 8, 2025 - Sacramento	March 13, 2026 - Webex	March 27-28, 2026 - Sacramento	May 23, 2026 - Webex	July 17-18, 2026 - Sacramento	October 9, 2026 - Webex	November 13-14, 2026 - Sacramento	
	BOARD MEMBERS																							
	FY 2022/23					FY 2023/24					FY 2024/25					FY 2025/26					FY 2026/27			
	Current																							
	Naleni "Lolly" Agarwal*	N/A	N/A	N/A	N/A	X	X	X	X	X	X	X	X	X	X	X	X	-	-	-	X	X		
	Julie Elginer***	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	X	X	-	X			
	Sonia "Pat" Hansen*	X	X	X	X	X	X	X	X	X	X	-	X	X	X	-	X	X	-	X	-	X		
	Sherman King*	X	X	-	X	X	X	X	-	X	X	X	-	-	X	-	X	X	-	X	X	-		
	Michael Long*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	X	X	X	X	X	X	-	X	X	X	X	X	X		
	Joanne Pacheco*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	X	X	X	X	X		
	Sridevi Ponnala*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	-	X	X	X	X	X	-	X	X	-	X		
	Nicolas Kiet Quach**	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	X	X		
	VACANT*	SG	SG	-	N/A	JM	JM	JM	JM	JM	JM	JM	JM	JM	JM	JM	JM	JM	N/A	N/A	N/A	N/A		
	Past																							
	Denise Davis	X	-	X	X	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Carmen Dones	X	X	X	X	X	X	X	X	X	X	X	X	X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Susan Good (SG)	X	X	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Noel Kelsch	-	-	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Timothy Martinez	X	X	X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Justin Matthews (JM)	N/A	N/A	N/A	N/A	X	X	X	X	X	X	X	X	X	X	X	X	X	N/A	N/A	N/A	N/A	N/A	N/A	
Nicolette Moultrie	-	-	X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Erin Yee	X	X	-	X	X	X	X	X	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
LEGEND: X Attended (-) Absent N/A- Not Appointed/No Longer Appointed *Governor Appointee **Senate Rules Committee Appointee ***Assembly Speaker Appointee NOTE For currently VACANT position, past member initials show which member participated.																								

Table 1b. Board/Committee Member Roster					
Member Name (Include any vacancies and a brief member biography)	Date First Appointed	Date Reappointed	Date Term Expires	Appointing Authority	Type (public or professional)
Naleni "Lolly" Agarwal	02/06/2023	TBD	01/01/2027	Governor	Professional (RDH)
Julie Elginer	10/31/2024	TBD	01/01/2028	Assembly Speaker	Public
Sonia "Pat" Hansen	06/24/2022	TBD (in 1-year grace period)	01/01/2026	Governor	Professional (RDH)
Sherman King	05/25/2022	TBD (in 1-year grace period)	01/01/2026	Governor	Public
Michael Long	10/13/2023	02/14/2025	01/01/2029	Governor	Professional (RDHAP)
Joanne Pacheco	03/05/2025	TBD	01/01/2028	Governor	Professional (RDH Educator)
Sridevi Ponnala	09/2023	TBD	01/01/2027	Governor	Professional (Dentist Member)
Nicolas Kiet Quach	07/16/2025	TBD	01/01/2028	Senate Rules Committee	Public
VACANT	TBD	TBD	TBD	Governor	Public

Table 1b. Committee Member Roster				
Board Member	Education Committee	Enforcement Committee	Legislative and Regulatory Committee	Licensing and Examination Committee
Naleni "Lolly" Agarwal, RDH Member	-	X	X	-
Julie Elginer, Public Member	X	X	X*	-
Sonia "Pat" Hansen, RDH Member	X	X*	-	X
Sherman King, Public Member	-	X	-	X
Michael Long, RDHAP Member	X	-	-	X*
Joanne Pacheco, RDH Educator Member	X*	-	X	-
Sridevi Ponnala, Dentist Member	X	-	X	X
Nicolas Kiet Quach, Public Member	-	X	X	X
VACANT, Public Member	-	-	-	-
LEGEND: X* - Committee Chair, X - Committee Member, (-) - Not Part of Committee				

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?

Over the past four years, the Board has not had any issues holding meetings due to lack of quorum and is privileged to have active and engaging board members. Whenever there is a scheduled meeting, the number of members either meets or exceeds the required number of members to establish quorum. Of note, only one meeting was cancelled in 2023, but

rescheduled at a later date in 2024 to enable staff to further research a few issues to be presented to the Board at rescheduled meeting date (addressing a strategic planning session).

3. Describe any major changes to the board since the last Sunset Review, including, but not limited to:

- Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning). The Board continues to grow and expand programmatically to address its workload and mandate of consumer protection. The Board has experienced many staff changes due to existing experienced staff seeking other professional growth opportunities. The Board has a licensee population of a medium sized board; however, it currently has the staff size of a small board which has gradually grown over the years yet still does not afford promotional opportunities as frequently as staff seek them.

The Board also updated its strategic plan in 2024 to address current and foreseeable issues and will implement its provisions through 2028.

- All legislation sponsored by the board and affecting the board since the last Sunset Review.

Assembly Bill (AB) 1257 (Berman, Ch. 677, Statutes of 2023)

This bill authorized an appointing authority to remove a member of the board appointed by that appointing authority, as specified. This bill would also extend the repeal date of the board and related appointment provisions to January 1, 2028.

This bill authorized that graduation from a California accredited dental hygiene college approved by the board within the preceding 3 years satisfies the requirement for satisfactory performance of the dental hygiene examination given by the Western Regional Examining Board or any other clinical or dental hygiene examination approved by the board. This bill would additionally require an applicant for licensure as a registered dental hygienist to maintain a current, valid certification in basic life support, as prescribed.

This bill authorized the Board to increase the prescribed mandatory coursework to 10 hours per renewal period.

This bill authorized a person licensed as a registered dental hygienist to provide to provide oral health in-service training to staff in a long-term health care facility.

Senate Bill (SB)1451 (Ashby, Ch. 481, Statutes of 2024)

This bill deleted the provision requiring the Dental Board of California to approve, modify, or reject, and, if requested by the dental hygiene board, to provide reasons for rejecting or significantly modifying, the above-described recommendations submitted by the dental hygiene board. The bill would authorize a registered dental hygienist in alternative practice with an existing practice in a dental health professional shortage area to continue to provide dental hygiene services if certification by the department is removed and the registered dental hygienist in alternative practice annually provides specified information to certain patients.

- All regulation changes approved by the board since the last Sunset Review. Include the status of each regulatory change approved by the board.

The following regulatory packages were approved by the Board and have gone through the rulemaking process, approved by the Office of Administrative Law, filed with the Secretary of State, and have become effective since its last Sunset Review Report was submitted in November 2022:

- **Retired Status - Section 1119 of Title 16 of the CCR.**

The Board received inquiries regarding options for RDHs who wish to retire from practice. Currently, RDHs may only allow their licenses to lapse (become delinquent, expire, or cancel), or be placed in an inactive status, which requires payment of a fee. AB 2859 (Low, Chapter 473, Statutes of 2016) enacted BPC section 464 which authorized the Board to establish by regulation a retired category of licensure for its licensees who are not actively engaged in the practice of their profession. The Board addressed this inequity with this proposed rulemaking.

16 CCR section 1119: (1) implemented minimum eligibility requirements for obtaining and maintaining a retired license, including ineligibility criteria if the license is currently expired, suspended, revoked, or otherwise punitively restricted; (2) established exemptions from continuing education and renewal requirements for the holder of a retired license; (3) prohibited a retired licensee from engaging in activity requiring a license; (4) provided the Board is not prevented from investigating or taking actions against a retired license; and (5) established criteria for the restoration of a retired license to active status. It will also adopt application forms for applying for inactive status and reactivating a retired license.

Submitted to Secretary of State: November 16, 2022. Effective Date: January 1, 2023.

- **Process for Approval of New RDH, RDHAP, and RDHEF Educational Programs - Section 1104.1 of Title 16 of the CCR.**

BPC section 1941 sets forth the criteria for the Board's process of approval of new RDH educational programs. Section 1104.1 provides the requirements and application for approval of a new RDH educational program.

16 CCR section 1104.1: (1) required new RDHAP and Registered Dental Hygienist in Extended Functions (RDHEF) educational programs to submit a feasibility study to the Board as a part of the application process; (2) referenced the Commission on Dental Accreditation (CODA) standards by reference to their title and location instead of the date on which they were last revised; and (3) updated the form incorporated by reference, EDP-I-01 Rev 12/15, to make it consistent with regulatory language.

Submitted to Secretary of State: February 1, 2023. Effective Date: April 1, 2023.

- **Reviews, Site Visits, Citation and Fine, and Probationary Status for Dental Hygiene Educational Programs - Section 1104.3 of Title 16 of the CCR.**

SB 1482 (Hill, Chapter 858, Statutes of 2018) (SB 1482) added BPC section 1941.5. BPC section 1941.5 provides express statutory authority for the Board to conduct periodic surveys, evaluations, and announced and unannounced site visits to existing and new DHEPs. Additionally, BPC section 1941.5 authorizes the Board to place an existing or new DHEP on probation with terms, issue a citation and fine, or withdraw approval of a DHEP if a DHEP does not comply with DHEP requirements and the Commission on Dental Accreditation of the

American Dental Association (CODA) standards.

16 CCR section 1104.3: (1) established requirements for DHEPs to provide the Board access to program records to establish compliance with Board educational program requirements; (2) established requirements for the Board to issue citations and fines to DHEPs if the Board determines a DHEP is in violation of any law, regulation, or standard applicable to a DHEP; and (3) established requirements for the Board to place a DHEP on probation due to violation of any law, regulation, or standard applicable to a DHEP if the Board determines the violation, after review of evidence presented to the Board, warrants a probationary status.

Submitted to Secretary of State: March 27, 2023. Effective Date: July 1, 2023.

• **Temporary Licensure (Military Spouses or Partners) - Section 1114 of Title 16 of the CCR.**

AB 107 (Salas, Chapter 693, Statutes of 2021) enacted BPC section 115.6 which requires the Board, on and after January 1, 2023, and after appropriate investigation, to issue temporary licenses to military spouse applicants if the applicant meets specified requirements. Applicants must provide evidence satisfactory to the Board the applicant is married to, or in a domestic partnership or other legal union with an active-duty member of the United States (U.S.) Armed Forces who is assigned to a duty station in this state under official active-duty military orders.

To address the lack of a regulatory framework to issue a temporary license established by AB 107, the Board added new regulatory section 1114 under Title 16 of the CCR to establish requirements for temporary licensure.

Submitted to Secretary of State: January 17, 2024. Effective Date: April 1, 2024.

• **Mobile Dental Hygiene Clinics; Issuance of Approval - Section 1116 of Title 16 of the CCR.**

Senate Bill (SB) 534 (Jones, Chapter 491, Statutes of 2021) amended statutory requirements of BPC sections 1926.1 and 1926.2. The Board currently regulates 661 RDHAPs and received multiple requests from RDHAPs to promulgate regulations which would allow RDHAPs to establish a Mobile Dental Hygiene Clinic (MDHC) to serve their patients who do not currently have access to, or the physical ability to access, traditional dental hygiene care. To address the lack of a regulatory framework to govern and ensure consistency within the statutory requirements of BPC sections 1926.3 and 1926.4 established by SB 534, the Board added section 1116.5 under Title 16 of the CCR to establish requirements for MDHC operation.

Submitted to Secretary of State: November 22, 2024. Effective Date: January 1, 2025.

• **Registered Dental Hygienist in Alternative Practice, Physical Facility Registration - Section 1116.5 of Title 16 of the CCR.**

SB 534 (Jones, Chapter 491, Statutes of 2021) amended statutory requirements of BPC sections 1926.3 and 1926.4. The Board currently regulates 661 RDHAPs and many have physical facilities serving their patients directly or where their portable equipment is maintained.

To address the lack of a regulatory framework to govern and ensure consistency within the

statutory requirements of BPC sections 1926.3 and 1926.4 established by SB 534, the Board added section 1116.5 under Title 16 of the CCR to establish requirements for physical facility registration and operation.

Submitted to Secretary of State: November 22, 2024. Effective Date: January 1, 2025.

• **Requirements for RDH Educational Programs - Section 1105 of Title 16 of the CCR.**

At the February 10, 2023, meeting of the Commission on Dental Accreditation of the American Dental Association (CODA), there was discussion concerning increasing the faculty to student ratios for DHEPs. In response, at the March 18, 2023, Full Board Teleconference, the Board discussed the faculty to student ratio information and received several comments urging the Board to develop language to maintain the current faculty to student ratios in the Board's educational regulations, citing concerns about the competence of graduating students who have not had enough clinical guidance and that a higher faculty to student ratio would negatively impact the ability to deliver safe patient care.

Section 1105 was amended by establishing a faculty to student ratio in regulation which maintains the faculty to student ratio in preclinical and clinical sessions as 5 students to 1 faculty, radiography laboratory sessions as 5 students to 1 faculty, and other dental sciences laboratory sessions as 10 students to 1 faculty, that are currently in place in dental hygiene educational programs, thereby protecting consumer safety during their treatment as patients, and a student's right to receive adequate faculty guidance in their quest to gain foundational knowledge to be a well-educated and safe practitioner.

Submitted to Secretary of State: May 29, 2024. Effective Date: July 1, 2024.

• **Appeals Process and Reinstatement of Withdrawn Dental Hygiene Educational Programs - Section 1105.4 of Title 16 of the CCR.**

Existing law provides the Board shall renew approval of a DHEP provided the DHEP continues to meet requirements prescribed by the Board. More specifically, the Board may deny or withdraw its approval of an educational program. If the Board denies or withdraws approval of a program, the reasons for withdrawal or denial will be provided. Existing law already provides that any educational program whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee prior to the effective date of such action. However, the Board determined there was no clear process within 16 CCR section 1105.4 to reinstate Board approval of DHEPs withdrawn due to noncompliance with Board laws and regulations. Additionally, the Board determined there was no clear guidance as to requirements to maintain the withdrawn status of DHEPs should the DHEP not comply with the Board directives.

16 CCR section 1105.4: 1) established a process by which to reinstate Board approval of DHEPs withdrawn due to noncompliance with Board laws and regulations; and 2) established requirements to maintain the withdrawn status of DHEPs should the DHEP not comply with Board directives.

Submitted to Secretary of State: January 27, 2025. Effective Date: April 1, 2025.

REGULATIONS PACKAGES APPROVED BY THE BOARD AND IN THE REGULATORY PROCESS:

- **Mobile Dental Hygiene Clinics; Issuance of Approval and Registered Dental Hygienist in Alternative Practice, Physical Facility Registration - Sections 1116 and 1116.5 of Title 16 of the CCR.**

Senate Bill 1202 (Leno, Chapter 331, Statutes of 2012) (SB 1202) added BPC sections 1926.1 and 1926.2 to the Code, authorizing RDHAPs to operate mobile dental hygiene clinics (MDHCs). Additionally, SB 1202 added BPC sections 1926.3, and 1926.4, requiring RDHAPs to register their place or places of practice (physical facilities) with the executive officer and to receive permission from the Board, subject to a biennial renewal fee, to have an additional place of practice.

On January 1, 2025, California Code of Regulations (CCR), Title 16, sections 1116 and 1116.5 went into effect for the registration MDHCs and physical facilities by RDHAPs. Subsequently, the Board was apprised by stakeholders about confusion regarding the requirements for registration of physical facilities as a stand-alone practice versus registration of physical facilities to maintain portable equipment, as well as for requirements applicable to registration of an MDHC.

The proposed amendments to section 1116 and 1116.5 will enhance clarity by: (1) providing a correct definition which aligns with statutory authority; (2) providing direction to an RDHAP as to where they may open a physical facility to provide patient dental hygiene care; (3) correcting inconsistent language to provide the requirements for registration of physical facilities as a stand-alone practice versus registration of physical facilities to maintain portable equipment; (4) clarifying when RDHAPs are required to possess emergency oxygen units during dental hygiene practice; (5) providing correct statutory references due to amendments within the text; and (6) providing RDHAPs with updated forms which align with regulatory text and providing a correct a regulatory reference.

Additionally, the proposal will promote public safety by ensuring RDHAPs are in possession of necessary lifesaving equipment when providing dental hygiene services to their patients.

4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).

The Board, with the assistance of the DCA Office of Professional Examination Services (OPES), completed its most recent occupational analysis (OA) for registered dental hygienists (RDH) and registered dental hygienists in alternative practice (RDHAP) in 2025 to ensure validation of its examinations. The OA report is mandated by Business and Professions Code section 139 and by DCA OPES 22-01 Licensure Examination Validation Policy. An OA is normally conducted every 5-7 years. The results and final copy of the OA for RDH and RDHAP license categories are located in the Attachment section of this Sunset Review Report.

5. List the status of all national associations to which the board belongs.

- Does the board's membership include voting privileges?
Currently, the Board is a member-state of the Central Regional Dental Testing Services (CRDTS), Inc., which provides regional clinical examination testing for dental hygiene licensee applicants. The Board is afforded voting privileges as a member-state. New Board members still needs to be selected to replace the prior members who termed out of their Board member service.

- List committees, workshops, working groups, task forces, etc., on which the board participates.

The Board has its internal committees of Education, Enforcement, Legislative and Regulatory, and Licensing and Examination which meets at each scheduled Board meeting. Additionally, they may schedule independent committee meetings, with the President's approval, at any time needed to address issues affecting their committee.

In addition to its standard meetings, the Board also conducts Ad-hoc and taskforce meetings to address specific issues presented to the Board.

Furthermore, the Board has initiated townhall meetings to obtain public, stakeholder, and interested parties' input on issues to be addressed.

The Board, in conjunction with the OPES, participated in Law and Ethics examination workshops where licensees are brought in to create the questions to be asked on the examinations. One group of licensees creates a pool of questions, while the second group vets them with the assistance of a psychometrician to create a final pool of questions to be used on the exams. These workshops occur annually and on an ongoing basis so the exam questions stay current.

- How many meetings did board representative(s) attend? When and where?

Since the 2022/23 fiscal year, the Board has conducted the following number of meetings where board members participated:

- 23 scheduled Board meetings.
- 15 Board Committee meetings. The locations have been in Sacramento and online via Webex. The Board intends to begin scheduling meetings outside of Sacramento as it did pre-pandemic with an effort to focus on meetings at DHEP facilities for improved access instead of hotels provided the meeting logistics may be accommodated [i.e., WiFi bandwidth for Webcasting (video), Webex for teleconference access, and a meeting room that can be set up appropriately where a head table to fit 15 people and chairs for up to 50 public members may attend].
- *Ad-hoc Committees: 3
- *Taskforce meetings: 7
- Townhall meetings: 2
- The Board President and Executive Officer also provided Board update reports to the Dental Board of California (DBC) twice per year to advise of any potential activity that could affect both boards. The DBC additionally provides updated reports to the Board at scheduled board meetings.

*Note: only two Board members participated in these meetings to comply with the Bagley-Keene Open Meetings Act for the requirement of public meeting notice if three or more members participate.

- If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

The Board requires licensee candidates to pass the National Dental Hygiene Board (NDHBE) to be eligible for licensure. The NDHBE fulfills the written examination requirement needed for dental hygiene students to successfully complete a California-approved and CODA accredited DHEP, as proof of graduation from a DHEP that is accredited by CODA and approved by the Board is required for licensure.

The Joint Commission on National Dental Examinations (JCNDE) is the agency responsible for the development and administration of the NDHBE. The 15-member commission includes representatives from dental and dental hygiene schools, dental practices, state dental examining boards, dentists, dental hygienists, dental students, and the public. A standing committee of the JCNDE includes dental hygienists who serve as consultants regarding the NDHBE examination; however, no current board members serve on this commission.

Section 2 – Fiscal and Staff

Fiscal Issues

6. Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

No, the Board's fund is not continuously appropriated. It is reviewed, amended, and approved on an annual basis by the Legislature and the Governor.

7. Using *Table 2. Fund Condition*, describe the board's current reserve level, spending, and if a statutory reserve level exists.

The Board's current reserve level is 23 months as of FM 12 projections of Fiscal Year 2025-26. Pursuant to BPC section 128.5(a), the Board's statutory fund limit may not exceed two years in reserve. The Board does not have a statutorily required minimum reserve level. The Board's fund is currently healthy. The budget is monitored monthly by the Executive Officer and Budget Office staff.

Table 2. Fund Condition (list dollars in thousands)						
	FY 2022/23	FY 2023/24	FY 2024/25	FY 202/26*	FY 2026/27**	FY 2027/28**
Beginning Balance ¹	\$1,601	\$2,649	\$3,850	\$4,840	\$5,995	\$6,448
Revenues and Transfers	\$3,344	\$3,578	\$3,626	\$3,648	\$3,527	\$3,575
Total Resources	\$4,945	\$6,227	\$7,476	\$8,488	\$9,522	\$10,023
Budget Authority	\$2,882	\$2,961	\$2,816	\$2,857	\$2,839	\$2,924
Expenditures²	\$2,312	\$2,393	\$2,636	\$2,493	\$3,074	\$3,159
Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Accrued Interest, Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Loans Repaid From General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Fund Balance	\$2,633	\$3,834	\$4,840	\$5,995	\$6,448	\$6,864

Table 2. Fund Condition (list dollars in thousands)						
	FY 2022/23	FY 2023/24	FY 2024/25	FY 202/26*	FY 2026/27**	FY 2027/28**
Months in Reserve	13.2	17.5	23.3	23.4	24.5	25.4

¹Actuals include prior year adjustments

²Expenditures include reimbursements and direct draws to the fund

*Projected based on FM 13

**Estimate

8. Describe if/when a deficit is projected to occur and if/when a fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

The Board's fund remains in the black and should remain solvent for a number of years before another fee increase is required. Current fund solvency projections show that a License Renewal Fee increase will not be required for at least five years depending on the number of unexpected expenditures that arise during this time period. A possible fee decrease has been discussed as the Board's fund is projected to exceed its two-year reserve limit. The main fee that sustains and impacts the Board's fund for an extended period is the License Renewal Fees. Table 2 displays the Board's Fund Condition.

9. Using Table 2, **Fund Condition**, describe year over year expenditure fluctuations and the cause for the fluctuations.

The increase from FY 2022-23 to FY 2023-24 is largely driven by natural increases in staff salaries and benefits in Personnel Services.

The increase from FY 2023-24 to FY 2024-25 is largely driven by natural increases in staff salaries and benefits in Personnel Services.

The decrease from FY 2024-25 to FY 2025-26 reflects lower Personnel Services costs due to staff position vacancies creating salary savings and less expenditure.

10. Using Table 3, **Expenditures by Program Component**, describe the amounts and percentages of expenditures by program component, including the cause of fluctuations aside from increasing personnel costs. Provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Table 3. Expenditures by Program Component (list dollars in thousands)								
	FY 2022/23		FY 2023/24		FY 2024/25		FY 2025/26	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	\$244	\$360	\$304	\$235	\$482	\$332	\$417	\$265
Examination	\$61	\$73	\$76	\$45	\$80	\$112	\$57	\$83
Licensing	\$366	\$97	\$380	\$86	\$322	\$71	\$333	\$59
Administration *	\$362	\$65	\$500	\$86	\$447	\$71	\$463	\$59
DCA Pro Rata	\$0	\$477	\$0	\$503	\$0	\$522	\$0	\$531

Diversion (if applicable)	NA	NA	NA	NA	NA	NA	NA	NA
TOTALS	\$1,033	\$1,072	\$1,260	\$955	\$1,331	\$1,108	\$1,270	\$997
* Administration includes costs for executive staff, board, administrative support, and fiscal services.								

11. Describe the amount the board has spent on business modernization, including contributions to the BreEZe program, which should be described separately.

The Board's efforts to modernize its business are relegated to improvements to the computer system (BreEZe) as issues arise and continue to build and expand our program (staff and functions) since we're a fairly new board (established in 2009) and are still growing to address issues to enhance consumer protection. Items such as increased improvements of the Board's website to provide easier use and up to date information plus proposing regulations to provide RDHAPs registration privileges to operate mobile dental hygiene clinics to improve access to dental hygiene care. The table below shows the BreEZe computer costs incurred by the Board over the preceding four years back to FY 2021/22 because the past FY, 2025/26, are not available at the time of this report.

BREEZE COMPUTER COSTS OVER PAST FOUR FISCAL YEARS	
Fiscal Year (FY)	Cost to Board/FY
2021-22	\$76,000
2022-23	\$61,000
2023-24	\$57,000
2024-25	\$55,000

Note: FY 2025-26 were not available as of the writing of the report.

12. Describe license renewal cycles and the history of fee changes over the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citations) for each fee charged by the board.

The Board is a special fund agency that generates its revenue from fees charged to applicants and licensees through the collection of examination, licensing, and license renewal fees. These fees support the licensing, examination, enforcement, and administration programs, including processing and issuing licenses, maintaining Board records, dental hygiene law and ethics examinations, mediating consumer complaints, investigation costs, enforcing statutes, disciplinary actions, personnel expenditures, administrative costs, and general operating expenses. The fees also pay for the oversight of Board-approved DHEPs in California that prepare students for entry into the dental hygiene profession.

The license renewal cycle is a biennial process. Licenses expire every two years on the last day of a licensee's birth month of an odd or even year depending on when they were born for ease of memory. For example: if a licensee is born in July of an even year and they renewed the license at the end of July 2022, their license would need to be renewed prior to July 31, 2024 (two years later) for them to continue possessing a valid and current license. If it is a licensee's first renewal after license issuance, the duration they have an active license is normally less than 24 months by law and once renewed, the license will be placed on a biennial renewal cycle to expire every 24 months. The Board's authority to charge the fees in its schedule is provided in BPC section 1944.

The Board raised its fees as a last resort when it was evident that the fund was projected to be insolvent. The Board raised the following fees in the past five years:

1) Biennial License Renewal Fee for RDH and RDHEF – This fee was increased on July 1, 2022, from \$160 to \$300.

2) License Renewal Delinquency Fee for RDH and RDHEF – This fee was increased concurrently with the Biennial License Renewal Fee. It increased from \$80 to \$150, ½ of the current License Renewal Fee.

3) Certification of Licensure Fee – This fee was increased from \$25 to \$50 to capture the workload cost of processing and sending information to other states and jurisdictions of a licensee's licensure status.

4) Special Permit Fee – This fee was increased from \$150 to \$300 for out-of-state licensed dental hygiene faculty to come to California to temporarily teach in DHEPs until they obtain a California dental hygiene license.

Table 4. Fee Schedule and Revenue							(list revenue dollars in thousands)
Fee	Current Fee Amount	Statutory Limit	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	FY 2025/26 Revenue	% of Total Revenue
Delinq Ren RDH	\$150	\$250	\$41	\$51	\$46	\$46	1.3%
Delinq Ren RDHAP	\$80	\$250	\$1	\$1	\$1	\$2	0.0%
Delinq Ren RDHAP FNP	\$80	\$250	\$1	\$0	\$0	\$1	0.0%
App Fee New Dent Hyg Prog	\$2,100	\$2,100	\$0	\$0	\$2	\$4	0.0%
CE Course Review Fee	\$250	\$500	\$0	\$0	\$2	\$0	0.0%
Duplicate License Fee	\$25	\$25	\$5	\$5	\$6	\$5	0.1%
FTB Cite Fine Collection	Variable	Variable	\$1	\$0	\$3	\$3	0.0%
Citations & Fines	Variable	Variable	\$180	\$291	\$200	\$158	5.8%
License Certification	\$50	\$50	\$15	\$16	\$16	\$15	0.4%
License Fee RDHAP	\$150	\$250	\$25	\$16	\$20	\$23	0.6%
Initial Lic Fee RDHAP FNP	\$160	\$160	\$2	\$3	\$2	\$2	0.1%
Initial Lic 1/2 RDHAP FNP	\$80	\$80	\$0	\$0	\$1	\$1	0.0%
App Fee RDHAP	\$100	\$100	\$10	\$7	\$8	\$9	0.2%
App Fee RDH	\$100	\$100	\$71	\$74	\$82	\$87	2.2%
Reg Fee Mobile DH Unit	\$150	\$150	\$0	\$0	\$0	\$1	0.0%
App Fee RDHAP Addt'L Off	\$160	\$250	\$0	\$0	\$0	\$1	0.0%
App Fee RDH Original Lic	\$100	\$150	\$71	\$74	\$82	\$87	2.2%
O. S. SLN Course	N/A	N/A	\$0	\$1	\$1	\$0	0.0%
O. S. App SLN Review	\$500	\$500	\$0	\$1	\$1	\$1	0.0%
Initial Retired Lic App	\$80	\$80	\$20	\$30	\$26	\$23	0.7%
Investment Income - Surplus Money Investments	Variable	Variable	\$56	\$145	\$208	\$229	4.5%

Table 4. Fee Schedule and Revenue							(list revenue dollars in thousands)
Fee	Current Fee Amount	Statutory Limit	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	FY 2025/26 Revenue	% of Total Revenue
Renewal RDHAP FNP	\$160	\$80	\$10	\$9	\$10	\$12	0.3%
Renewal RDH	\$300	\$500	\$2,732	\$2,760	\$2,831	\$2,847	78.7%
Renewal RDHAP	\$160	\$500	\$58	\$62	\$62	\$71	1.8%
Renewal RDHEF	\$300	\$500	\$2	\$3	\$2	\$3	0.1%
Reactivate Retire Lic App	\$160	\$160	\$0	\$0	\$1	\$2	0.0%
Misc Revenue	Variable	Variable	\$43	\$29	\$13	\$15	0.7%
Total Revenue	-	-	\$3,344	\$3,578	\$3,626	\$3,648	\$14,196

13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

Table 5. Budget Change Proposals (BCPs)								
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved
1111-068-BCP-2022-GB	22-23	Increase annual continuing education audits for license renewal compliance.	1.0 Staff Services Analyst	1.0 Staff Services Analyst	\$96,000	\$96,000	\$33,000 for BY 22-23 and \$25,000 ongoing	\$33,000 for BY 22-23 and \$25,000 ongoing
1111-125-BCP-2022-GB	22-23	Implement Chapter 491, Statutes of 2021 (SB 534).	1.0 Associate Governmental Program Analyst	1.0 Associate Governmental Program Analyst	\$124,000	\$124,000	\$33,000 for BY 22-23 and \$25,000 ongoing	\$33,000 for BY 22-23 and \$25,000 ongoing

Staffing Issues

14. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

The Board has had numerous staffing challenges over the years including vacancies due to staff turnover and retention. Fortunately, these issues did not stem from programmatic or management issues, but from the staff gaining and expanding their experience and knowledge while working for the Board to where they move on to further advance their careers and professional goals. Board management is proud that all staff who have left the Board moved on for promotions for the betterment of themselves and their families. The Board does not have a large number of staff positions, so promotional opportunities are infrequent and low in number.

The licensing unit would benefit from establishing a designated Licensing Lead to ensure operational needs are met effectively and to allow the Licensing Manager to focus on higher-

level managerial responsibilities and outreach activities. Currently, the manager is directly responsible for processing applications for RDHAP, Mobile Dental Hygiene Clinics, Physical Practice/Portable Equipment permits, and Fictitious Name Permits and renewals. Creating a lead analyst position would strengthen the unit's overall application review capacity and provide essential support to analysts who require assistance, thereby improving workflow, consistency, and timeliness across the licensing program.

15. Describe the board's staff development efforts and total spent annually on staff development. (cf., Section 12, Attachment D).

The Board is fortunate to be a part of the DCA which provides a plethora of educational and training course options for all staff at minimal to no cost. The DCA training program is called SOLID Training Solutions and is funded through departmental costs. SOLID provides most of the education and training courses in topics such as contracts, project management, purchasing, job growth skills, sexual harassment, business writing, upward mobility, and many other topics that apply to the state's work environment and careers. As such, the Board has budgeted to spend up to \$10,000 each year for training staff utilizing external vendors such as CalHR (California Department of Human Resources) or other training vendors, but most of the training topics used daily are covered by SOLID. Management is also very willing to approve external training courses or new project opportunities for staff, if there is adequate coverage in the office to maintain program operations.

The Board continues to cross-train staff across multiple functions to ensure the unit maintains sufficient knowledge, experience, and skills to support operational needs, address potential vacancies, and create opportunities for promotion and retention. Additionally, the annual Performance Appraisal Summary is reviewed and discussed with each staff member. The Board encourages and requires staff to participate in training courses offered through the Department of Consumer Affairs to support professional development and maintain a high level of competency within the programs.

Section 3 – Licensing Program

Table 6. Licensee Population					
		FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
Registered Dental Hygienist (RDH)	Active ³	18,019	18,203	18,286	18,397
	Out of State	983	2,012	641	1,161
	Out of Country	61	4,088	14	21
	Delinquent/Expired	4,105	4,088	3,968	3,909
	Retired Status <i>if applicable</i>	394	740	918	987
	Inactive	1,630	1,336	1,248	1,225
	Other ⁴	219	220	-	220
Registered Dental Hygienist in Alternative	Active	751	780	800	813
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A
	Delinquent/Expired	109	129	141	137
	Retired Status <i>if applicable</i>	21	36	39	51

³ Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

⁴ Other is defined as a status type that does not allow practice in California, other than retired or inactive.

Practice (RDHAP)	Inactive	60	68	66	63
	Other	2	3	3	3
Registered Dental Hygienist in Extended Functions (RDHEF)	Active	18	15	15	14
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A
	Delinquent/Expired	6	9	8	8
	Retired Status <i>if applicable</i>	0	0	0	0
	Inactive	2	2	2	0
	Other	0	0	0	0
Fictitious Name Permits (FNP)	Active	140	150	155	158
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A
	Delinquent/Expired	70	70	68	70

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.

16. What are the board's performance targets/expectations for its licensing⁵ program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board's performance targets and expectations for its licensing program were aligned with the guidelines established under 16 CCR section 1069 prior to its repeal on July 16, 2024. The Board is actively engaged in the rulemaking process to promulgate regulations under 16 CCR sections 1111, 1111.5, 1112, and 1112.5 to reestablish licensing guidelines similar to what was previously in place.

In the interim until Board licensing regulations are approved, the Board continues to adhere to the timelines outlined in the former "Permit Reform Act of 1981" for application processing. This framework provides detailed requirements for processing permits, applications, certifications, registrations, or other authorizations issued by a state agency overseeing dental licensure. The Board follows these timelines and consistently maintains processing periods below the maximum limits.

As specified, the maximum time allowed to notify an applicant whether their application is complete or deficient is 90 days. The Board currently processes applications within 45 business days, which remains well within the broader statutory timeframe of 90 days to contact the applicant and 120 days for initial processing of the application.

17. Using Table 7a, **Licensing Data by Type**, describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

The Board is very fortunate with the experience of our Licensing Analysts conducting the application processing work with minimal backlog and our application processing time is well within the timeline afforded by the law. However, to prevent this status from changing and maintain the applicant's processing satisfaction, the Board needs an additional Licensing Analyst

for continuity, as one of them is being redirected and cross-trained as a priority to assume responsibilities in another position as backup should that person leave (succession planning). The new duties require an extensive amount of training and can take years to learn them efficiently. The new analyst will also take extended time to learn the application for licensure processing tasks prior to the heavy application season. This occurs during the Spring through Summer of each year after students graduate from their respective schools. If further authority is needed for this area, the Board will pursue legislation and regulations to enhance its mandate of consumer protection.

Table 7a. Licensing Data by Type										
		Received	Approved /Issued	Closed	Pending Applications			Application Process Times		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total (Close of FY))
FY 2022/23	Exams: WREB/ CRDTS/ ADEX	850	933	41	-	-	-	25	39	32
	Licensure By Credential (LBC)	45	24	12	-	-	-	44	88	70
	License Renewal									
	RDH	10,594	9,397	585	-	-	-	5	0	5
	RDHAP	372	365	21	-	-	-	32	0	32
	RDHEF	17	17	0	-	-	-	0	0	0
FY 2023/24	Exams: WREB/ CRDTS/ ADEX	814	782	30	-	-	-	6	15	11
	Licensure By Credential (LBC)	36	34	11	-	-	-	92	86	87
	License Renewal									
	RDH	10,288	9,392	1,159	-	-	-	4	0	4
	RDHAP	440	402	41	-	-	-	8	0	8
	RDHEF	15	12	0	-	-	-	20	0	20
FY 2024/25	Exams: WREB/ CRDTS/ ADEX	811	775	22	-	-	-	4	18	8
	Licensure By Credential (LBC)	34	25	10	-	-	-	21	56	55
	License Renewal									
	RDH	10,204	9,429	919	-	-	-	2	0	2
	RDHAP	432	392	20	-	-	-	6	0	6
	RDHEF	6	5	1	-	-	-	4	0	4
FY 2025/26	Exams: WREB/ CRDTS/	883	825	29	-	-	-	7	18	9

ADEX									
Licensure By Credential (LBC)	20	20	7	-	-	-	11	55	37
License Renewal									
RDH	10,751	9,400	970	-	-	-	3	0	3
RDHAP	98	81	3	-	-	-	26	33	26
RDHEF	11	11	2	-	-	-	2	0	2
* Optional. List if tracked by the board.									

Table 7b. License Denial				
	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
License Applications Denied (no hearing requested)	1	5	3	4
SOIs Filed	4	3	1	3
Average Days to File SOI (from request for hearing to SOI filed)	56	46	35	57
SOIs Declined	0	0	0	0
SOIs Withdrawn	0	0	0	0
SOIs Dismissed (license granted)	0	0	0	0
License Issued with Probation / Probationary License Issued	4	2	1	1
Average Days to Complete (from SOI filing to outcome)	74	131	112	128

18. How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

Over the past four years, the Board has denied ten (10) applications for licensure due to criminal history substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC section 480. With the Board receiving well over 1,000 applications for licensure each year, the rate of licensure denial due to related convictions pursuant to BPC section 480 is extremely low as shown in the table below.

Substantially Related Convictions (BPC § 480)	
Year of Conviction	Conviction Description
2021	Conviction of DUI - Blood Alcohol Content (BAC) of .19%
2022	Conviction of DUI - Blood Alcohol Content (BAC) of .204%.
2022	Conviction of DUI - Blood Alcohol Content (BAC) of .22% and 32 nanograms per milliliter of amphetamines.
2022	Conviction of DUI - Blood Alcohol Content (BAC) of .09%.
2022	Conviction of DUI - Blood Alcohol Content (BAC) of .204%.
2023	Conviction of DUI - Blood Alcohol Content (BAC) of .22%.
2023	Conviction of DUI - Blood Alcohol Content (BAC) of .184%.
2024	Conviction for Possession of Child or Youth Pornography
2025	Conviction of DUI - Blood Alcohol Content (BAC) of .17%
2026	Conviction of DUI - Blood Alcohol Content (BAC) of .116%.

19. How does the board verify information provided by the applicant?

The Board verifies information provided by the applicant by thoroughly reviewing all the required documentation received whether in hard copy, electronic form, or obtained through direct online access to another agency. Licensing staff ensure in documents they review are official and possess watermarks, stamps, seals, or other official identifier of the agency, educational program, or examination administrator providing the information. Verifications from other states or jurisdictions where the applicant may have possessed a license also require an official signature or seal to ensure acceptance.

- What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?

The Board requires all applicants to submit electronic fingerprints (LiveScan) or hard fingerprint cards to be processed by the Department of Justice and the Federal Bureau of Investigations for any prior criminal history or disciplinary actions. If there is a history, the Board requests the submission of any pertinent court documents, and a letter of explanation about the unlawful act from the applicant.

- Does the board fingerprint all applicants?

Yes, the Board requires fingerprints submitted by everyone applying for a California dental hygiene license pursuant to BPC section 1916.

- Have all current licensees been fingerprinted? If not, explain.

Yes, all current dental hygiene licensees have been fingerprinted.

- Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

Yes, there is a national practitioner's databank related to disciplinary actions for dental hygienists. The Board participates in this databank and checks it prior to the issuance of a dental hygiene license. The Board does not check the databank for a licensee renewing their dental hygiene license because licensees attest under the penalty of perjury to not having committed a crime within the previous two years.

- Does the board require primary source documentation?

Yes, the Board requires primary source documentation to be submitted to us pursuant to BPC section 1917, to obtain a California dental hygiene license. The documentation consists of: a) Proof of satisfactory completion directly from the NDHBE; b) Proof of graduation directly from a DHEP approved by the Board and accredited by CODA; c) Proof of satisfactory completion of a clinical examination administered by CDCA/WREB/ADEX or CRDTS, or other board-approved clinical examination if the applicant graduated from a California DHEP more than three years ago. If the application is submitted within three years of graduation, the passage of a clinical examination is not needed; and d) Proof of satisfactory completion of the Board's Law and Ethics Examination.

- Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

Yes, the Board sends "No Longer Interested" notifications to the DOJ for licenses that have been revoked. The Board sends them to the DOJ electronically through the BreZE computer system. An individual who has had a license revoked and petitions the Board for reinstatement must apply as a new applicant and include the submission of electronic fingerprints or hardcopy fingerprint cards. Currently, there is no backlog in sending these notifications to the DOJ.

20. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

The Board does not differentiate between out-of-state, out-of-country, and in-state applicants. The legal requirements and process for licensure for all applicants are the same pursuant to BPC sections 1917 and 1917.1. The only exception is the implementation of BPC section 115.5 whereby these individuals are granted priority during the application process due to their spouse or domestic partner's military status.

21. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

The Board identifies applicants who are military veterans in compliance with BPC section 114.5. Once an applicant has been determined to be a veteran, their application gets first priority for processing.

- How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?

Over the years, the Board has not received any applicants attempting to use their military education, training, or experience to qualify for a California dental hygiene license. This is because the military primarily focuses on educating and training dentists and dental assistants and not dental hygienists. Most of the applications for licensure submitted to the Board are from the active military person's spouse, significant other, or family member that has traveled with them to California due to the transfer of assignment. If the military does begin to educate and train dental hygienists, the Board would be open to review the curriculum for acceptance to be applied toward a California dental hygiene license.

- How many licensees has the board waived fees or requirements for pursuant to BPC section 114.3, and what has the impact been on board revenues?

To date, there has only been one licensee who has requested the license renewal fee and continuing education requirement waived. As a result of this single occurrence, there hasn't been any fiscal impact on the Board's revenue.

- How many applications has the board expedited pursuant to BPC section 115.5?

The DHBC has expedited the licensure process for a total of 111 applications for military spouses for the fiscal years 21/22 -25/26 to comply with this section of law. The breakdown for each fiscal year is as follows:

- FY 21/22 – 5 applicants.
- FY 22/23 – 29 applicants.
- FY 23/24 - 24 applicants.
- FY 24/25 - 29 applicants.
- FY 25/26 - 24 applicants.

Examinations

22. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English? Are interpreters or translation services permitted?

There are two examinations required for California graduates if they apply for the license within three years of graduation. They are:

- The NBDHE (National Board Dental Hygiene Examination) written examination.
- DHBC's California Law and Ethics Examination.

For those CA graduates applying after three years from graduation and all out of state applicants, there are three examinations that are required for licensure. They are:

- The NBDHE (National Board Dental Hygiene Examination) written examination.
- The CDCA/WREB/ADEX (Commission on Dental Competency Assessments, Western Regional Examination Board examinations and American Board of Dental Examiners). The CDCA/WREB/ADEX examination series consists of computer simulations and clinical examinations performed on patients and manikins.
- CRDTS (Central Regional Dental Testing Services).
- DHBC's California Law and Ethics Examination.

The purpose of the NBDHE is to ensure that each examination candidate and applicant for licensure has achieved the level of knowledge, skill, and judgment necessary to practice in a safe and responsible manner. Accordingly, all candidates are expected to pass the examination on their own merit without assistance and are expected to maintain the confidentiality of the examination. Members of the public who entrust dental hygienists with their well-being expect they are professional, trustworthy, and competent individuals.

The NBDHE is a comprehensive examination consisting of 350 multiple-choice examination items. The examination has two components: a discipline-based component and a case-based component. The discipline-based component includes 200 items addressing three major areas: 1) Scientific Basis for Dental Hygiene Practice; 2) Provision of Clinical Dental Hygiene Services; and 3) Community Health/Research Principles.

The case-based component includes 150 case-based items that refer to 12 to 15 dental hygiene patient cases. These cases presented in this component contain information dealing with adult and child patients by means of patient histories, dental charts, radiographs, and clinical photographs. Information about the American Dental Association NBDHE is available in their 2017 Guide on their website at: www.ada.org under the Education/Careers tab.

The purpose of the CDCA/WREB/ADEX and CRDTS regional clinical examinations is to evaluate an applicant's ability to utilize professional judgment and clinical competency in providing oral health care to patients. By completing a regional examination, the results are portable should the licensee choose to move to another state or jurisdiction and obtain a license there. The exam results, if accepted by the new state or jurisdiction, can be used to fulfill the clinical exam requirement for licensure.

Prior to issuance of a license, an applicant for licensure as a dental hygienist shall successfully complete a supplemental written examination approved by the Board in Law and Ethics. The Board's Law and Ethics Examination, as stated in 16 CCR section 1082.3, requires: (a) The examination shall test the applicant's knowledge of California Law as it relates to the practice of dental hygiene; (b) The examination on ethics shall test the applicant's ability to recognize and apply ethical principles as they relate to the practice of dental hygiene; and (c) An examinee shall be deemed to have passed the examination if his/her score is at least 75% in each examination. All of the above examinations (national boards, clinical, and law and ethics examinations) are only available in English.

23. What are pass rates for first time vs. retakes in the past 4 fiscal years? Please include pass rates for **all** examinations offered, including examinations offered in a language other than English. *Include a separate data table for each language offered.*

The Board only administers the California Law and Ethics Examination for RDH and RDHAPs in English. The Board is in discussions to possibly initiate a Spanish version of the examinations, but it's still in the discussion phase and open to consider other alternatives such as interpreters allowed in the testing lab. The first chart shows the pass rates for first time takers over the past four years and the second shows the data of first-time takers versus applicants retaking the examination.

Pass Rate for First Time Takers of the CA Law and Ethics Examination				
Fiscal Year	FY 2022/23	FY 2023/24	FY 2024/25	22025/26
RDH	82%	81%	68%	65%
RDHAP	72%	75%	87%	83%

Pass Rate for First Time Takers vs. Retakers of the CA Law and Ethics Examination					
RDH Applicants					
Fiscal Year	Number of First Timers	Percentage	Number of Retakers	Percentage	Total Passed
22/23	691	82%	152	18%	843
23/24	439	81%	105	19%	544
24/25	552	68%	257	32%	809
25/26	556	65%	303	35%	859

Pass Rate for First Time Takers vs. Retakers of the CA Law and Ethics Examination					
RDHAP Applicants					
Fiscal Year	Number of First Timers	Percentage	Number of Retakers	Percentage	Total Passed
22/23	63	72%	24	28%	87
23/24	43	75%	14	25%	57

24/25	68	87%	10	13%	78
25/26	71	83%	15	17%	86

Table 8(a). Examination Data ⁶					
California Examination					
License Type		RDH	RDHAP	RDHEF	
Exam Title		Registered Dental Hygienist Law and Ethics Examination	Registered Dental Hygienist in Alternative Practice Law and Ethics Examination	Registered Dental Hygienist in Extended Functions (License is no longer issued)	
FY 2022/23	Number of Candidates	895	113	0	
	Overall Pass %	85%	77%	0	
	Overall Fail %	15%	23%	0	
FY 2023/24	Number of Candidates	668	77	0	
	Overall Pass %	81%	74%	0	
	Overall Fail %	19%	26%	0	
FY 2024/25	Number of Candidates	1,163	92	0	
	Overall Pass %	70%	85%	0	
	Overall Fail %	30%	15%	0	
FY 2025/26	Number of Candidates	1,230	108	0	
	Overall Pass %	70%	80%	0	
	Overall Fail %	30%	20%	0	
Date of Last OA		7/2025	7/2025	N/A	
Name of OA Developer		DCA OPES	DCA OPES	N/A	
Target OA Date		2030	2030	N/A	

Table 8(b). National Examination (NBDHE).				
License Type		RDH	RDHAP	RDHEF
Exam Title		NBDHE	N/A*	N/A*
FY 2022/23	Number of Candidates	N/A*	N/A*	N/A*
	Overall Pass %	N/A*	N/A*	N/A*
	Overall Fail %	N/A*	N/A*	N/A*
FY 2023/24	Number of Candidates	N/A*	N/A*	N/A*
	Overall Pass %	N/A*	N/A*	N/A*
	Overall Fail %	N/A*	N/A*	N/A*
	Number of Candidates	N/A*	N/A*	N/A*

⁶ This table includes all exams for all license types as well as the pass/fail rate. Include as many examination types as necessary to cover all exams for all license types.

FY 2024/25	Overall Pass %	N/A*	N/A*	N/A*
	Overall Fail %	N/A*	N/A*	N/A*
FY 2025/26	Number of Candidates	N/A*	N/A*	N/A*
	Overall Pass %	N/A*	N/A*	N/A*
	Overall Fail %	N/A*	N/A*	N/A*
Date of Last OA		2025	2025	N/A*
Name of OA Developer		Determined by National Exam administrator.	Determined by National Exam administrator.	N/A*
Target OA Date		2030	2030	N/A*

* **NOTE:** The NBDHE is only for the initial RDH license. The RDH license is the pre-licensure requirement for the more advanced California licenses of RDHAP and RDHEF (which is no longer issued). The NBDHE only allows the Board to electronically obtain exam scores for individual applicants and does not provide any group or bulk data annually for their examination which is the reason for no National examination data.

24. Is the board using computer-based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

The Board's RDH and RDHAP Law and Ethics Examinations are computer-based tests. The Law and Ethics Examinations are available at multiple testing centers in California and nationwide and administered on a continuous basis once an applicant is qualified by the Board. Applicants schedule their own examination appointments at their convenience. The Board uses a secure vendor, Psychological Services, Incorporated (PSI Services, Inc.), as part of the department-wide contract to administer the law and ethics examinations.

25. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe. Has the board approved any amendments, or is the board considering amendments to address the hindrances presented by these statutes?

Currently, there are no existing statutes that hinder the efficient and effective processing of the Board's licensing applications. The application process is direct and efficient where there are several requirements' applicants must complete and submit to the Board prior to being deemed eligible for the California Law and Ethics written examination. Once the applicant passes the exam, which is the last requirement to be completed, the dental hygiene license is issued.

26. When did the board last conduct an occupational analysis that validated the requirement for a California-specific examination? When does the board plan to revisit this issue? Has the Board identified any reason to update, revise, or eliminate its current California-specific examination?

The Board's last Occupational Analysis was conducted on July 2025, for the RDH and RDHAP Law and Ethics Examination. The Board has examination development workshops scheduled for September 30, 2026.

School Approvals

27. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval

process?

There are many legal requirements regarding approval of a California DHEP. To summarize for you instead of expanding out in several lengthy pages, please review the table below identifying the sections of law pertaining specifically to school approval and maintenance and the titles of the statutory and regulatory sections of law.

California Business and Professions Code (Statutes)	
Section	Title
1902.3	Registered Dental Hygienist Licensed in Another State; Issuance of Permit to Practice; Teaching Position; Requirements
1905	Board Functions
1915	Limitations on Who May Engage in the Practice of Dental Hygiene
1941	Approval of Educational Programs; Need for New Educational Programs
1941.5	Compliance with Educational Program Requirements
1942	"Extramural Dental Facility"; Registration
California Code of Regulations, Title 16 (Regulations)	
Section	Title
1005	Minimum Standards for Infection Control
1074	Extramural Facility
1100	Definitions
1103	Educational Programs Definitions
1104	Approval of New RDH Educational Programs and Continuation of Approval for Approved RDH Educational Programs
1104.1	Process for Approval of a New RDH Educational Program
1104.2	Appeals Process for New RDH Programs
1104.3	Reviews, Site Visits, Citations and Fines, and Probationary Status for Dental Hygiene Educational Programs
1105	Requirements for RDH Educational Programs
1105.1	Faculty
1105.2	Required Curriculum

1105.3	Changes to an Approved Program
1105.4	Appeals Process and Reinstatement of Withdrawn Dental Hygiene Educational Programs.
1106	Radiation Safety Certificate.
1107	RDH Course in Periodontal Soft Tissue Curettage, Local Anesthesia, and Nitrous Oxide-Oxygen Analgesia (SLN)
1108	Remedial Education
1109	Approval of Curriculum Requirements for Radiographic Decision-Making and Interim Therapeutic Restoration Courses for the Registered Dental Hygienist (RDH), Registered Dental Hygienist in Alternative Practice (RDHAP), and Registered Dental Hygienist in Extended Functions (RDHEF).
1133	Minimum Standards for Infection Control

The Board maintains sole approval of all DHEPs in California pursuant to BPC section 1941. If a California DHEP does not have the Board's approval or they lose the Board's approval, graduates of the California DHEP are not eligible for licensure in California.

Additionally, all DHEPs must be accredited by CODA. CODA was established in 1975 and is nationally recognized by the United States Department of Education as the sole agency to accredit dental and dental-related education programs conducted at the post-secondary level across the nation.

The Bureau of Private Postsecondary Education (BPPE) is generally responsible for protecting consumers and students against fraud, misrepresentation, or other business practices at private postsecondary institutions that may lead to loss of a student's tuition and related educational funds; establishing and enforcing minimum standards for ethical business practices and the health and safety and fiscal integrity of postsecondary education institutions; and establishing and enforcing minimum standards for instructional quality and institutional stability for all students in all types of private postsecondary educational and vocational institutions.

The Board maintains communication with BPPE for possible companion cases if the review of the DHEP discovers an issue under BPPE's purview. The Board utilizes its laws and regulations in conjunction with the CODA Standards to oversee the approval of the California DHEPs. The BPPE has no role in the approval of the DHEPs but does review potential issues forwarded to it by the Board concerning the private DHEPs for any deviation in educational standards.

28. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

There are 26 Registered Dental Hygienist educational programs and three Registered Dental Hygiene in Alternative Practice educational programs (collectively DHEPs) for a total of 29 DHEPs approved by the Board.

Recently, the Board provisionally approved two new DHEPs: 1) California Baptist University (Riverside, CA) was provisionally approved at the March 25, 2025, Board meeting, with a projected start date of Fall 2028; and 2) Stanbridge University (San Marcos, CA) was provisionally approved at the July 18, 2026, Board meeting, with a projected start date of Fall 2027. A third DHEP by Gurnick Academy of Medical Arts was provisionally approved by the Board on March 28, 2026, however, withdrew their request from the approval process on June 12, 2026.

To date, the Board has reviewed all 29 DHEPs in 66 separate site visits since the Board's inception of the review program in December of 2016.

Each DHEP is reviewed on a rotational basis based upon their CODA accreditation review timeline (about every seven years) or sooner if the Board becomes aware of substantive changes to the dental hygiene educational program or complaints about the program are received by the Board and it is determined to be egregious enough to warrant a site visit. Much of the information gathered by the DHEP for the CODA site reviews overlaps with information the Board reviews for its approval so it can be used for both agencies.

The Board may withdraw a DHEP's approval pursuant to BPC section 1902(a)(2) if warranted, but would occur after intermediate steps of probation, citation and fine and possibly after a DHEP's appeal to the Board's decision to remove its approval. The Board provides ample opportunity for a DHEP to comply with the law and CODA Standards to continue its Board approval before further action is taken. If the Board votes to remove approval from the DHEP, it won't prohibit the DHEP from continuing to teach but would result in its students being deemed ineligible to obtain a CA dental hygiene license. See Table 28a for the dental hygiene schools the Board reviews and approves.

Table 28a. California Dental Hygiene Educational Programs (DHEPs)		
School Name	Location	License Type
Registered Dental Hygienist (RDH) Programs		
Cabrillo College	Aptos, CA	RDH
Carrington College – Sacramento	Sacramento, CA	RDH
Carrington College – Ontario (formerly San Joaquin Valley College – Ontario)	Ontario, CA	RDH
Carrington College – San Jose	San Jose, CA	RDH
Carrington College – Visalia (formerly San Joaquin Valley College – Visalia)	Visalia, CA	
Cerritos College	Norwalk, CA	RDH
Chabot College	Hayward, CA	RDH
Concorde Career College – Garden Grove	Garden Grove, CA	RDH
Concorde Career College – San Bernardino	San Bernardino, CA	RDH
Concorde Career College – San Diego	San Diego, CA	RDH
Cypress College	Cypress, CA	RDH
Diablo Valley College	Pleasant Hill, CA	RDH
Foothill College	Los Altos Hills, CA	RDH
Fresno City College	Fresno, CA	RDH
Loma Linda University	Loma Linda, CA	RDH

Moreno Valley College	Moreno Valley, CA	RDH
Oxnard College	Oxnard, CA	RDH
Pasadena City College	Pasadena, CA	RDH
Sacramento City College	Sacramento, CA	RDH
Santa Rosa Junior College	Santa Rosa, CA	RDH
Shasta College	Redding, CA	RDH
Southwestern College	National City, CA	RDH
Taft College	Taft, CA	RDH
University of the Pacific	San Francisco, CA	RDH
West Coast University	Anaheim, CA	RDH
West Los Angeles College	Culver City, CA	RDH
Registered Dental Hygienist in Alternative Practice (RDHAP) Programs		
California Northstate University	Elk Grove, CA	RDHAP
University of the Pacific	San Francisco, CA	RDHAP
West Los Angeles College	Culver City, CA	RDHAP

29. What are the board's legal requirements regarding approval of international schools?

The Board currently has no legal requirements or interest to review or approve international dental hygiene schools. The workload, travel, and extensive use of Board resources would be immense and cost prohibitive for the Board's small budget and staff. Also, pursuant to BPC sections 1917 and 1917.1, to obtain a California dental hygiene license, the applicant must have completed their dental hygiene education at an educational institution accredited by CODA and if in California, it must have California Board approval, as well. The international institution would be required to have CODA's accreditation in addition to Board approval should they attempt to start a DHEP in California. The Board would need to obtain statutory authority, regulations to approve international schools, and an abundance of fiscal and staff resources to review and accept out of country dental hygiene education.

Continuing Education/Competency Requirements

30. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

The Board requires licensees to complete a certain number of continuing education (CE) hours to renew the dental hygiene license and to assist with continued competency for the practitioner in the profession. CE hour requirements are as follows: Registered Dental Hygienists – 25 CE hours. Registered Dental Hygienists in Alternative Practice – 35 CE hours. Registered Dental Hygienists in Extended Functions – 25 CE hours (see CE table below).

Pursuant to BPC section 1936.1(a), the Board requires as a condition of license renewal that licensees submit assurances satisfactory to the Board that they will, during the preceding two-year period, inform themselves of the developments in the practice of dental hygiene occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the Board. The Board also requires as a condition of license renewal, specific coursework to be completed in Basic Life Support, Infection Control, and the Dental Practice Act (DPA) for each renewal. This attestation under the penalty of perjury of CE completion is noted on the licensee's

online License Renewal Application and the paper License Renewal Application at each renewal that's completed.

Continuing Education			
License Type	Frequency of Renewal	Number of CE Hours Required Each Cycle	Percentage of Licensees Audited
RDH	Biennial	25	5%
RDHAP	Biennial	35	5%
RDHEF	Biennial	25	5%

- How does the board verify CE or other competency requirements? Has the board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

The Board verifies licensees' completion of CE by conducting random CE audits. Pursuant to BPC section 1936.1 and section 16 CCR section 1017(n), licensees are required to retain certificates of course completion for three renewal periods (6 years) and must provide copies to the Board upon request for audit purposes. Licensees attest under penalty of perjury on their License Renewal Application at the time of renewal that they have completed the required number and type of CE hours. The Board's random audits serve as a subsequent verification that licensees have, in fact, completed the CE coursework required for license renewal.

The Board has not engaged with the Department regarding primary source verification of CE completion through the Department's cloud system. While future discussions between the two agencies may explore the potential use of this verification method, the Board currently finds that reviewing submitted CE certificates of completion is sufficient for audit and compliance purposes.

- Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

Yes, the Board conducts random CE audits of its licensees. Licensees are expected to follow the laws and regulations that govern their license including the completion of the required CE hours to renew the license over the 24 months prior to its expiration. Licensees attest under the penalty of perjury at the time of completing the License Renewal Application that they have completed not only the required number of CE hours and method (only a maximum 50% of the completed CE hours can be done through online recorded means), including Board-specific requirements in Infection Control, and the Dental Practice Act, but the Board specific requirement in Basic Life Support must be completed during a live, in-person session. The CE hours must also be completed by CE providers approved by the DBC or approving entities accepted by the DBC. Any deviation discovered through the CE Audit is grounds for failure unless CE documentation can be produced as a result of the audit to show CE compliance for the selected license renewal. The licensee is provided with a reasonable amount of time to comply and if additional documentation is not produced to show CE compliance, further administrative action such as a citation and fine may be administered against the license. The licensee does have the right to appeal any administrative action taken against the license for the Board's consideration.

- What are consequences for failing a CE audit?

If a licensee fails a CE audit, their file is forwarded to the Citation and Fine desk for further administrative action, which could possibly result in a citation, fine, and Order of Abatement. The amount of the fine is determined by the extent of the non-compliance (lack of CE hours completed) discovered during the CE audit. Fines are higher if the Board's mandatory coursework or a high number of CE hours is incomplete. The licensee will not be allowed to renew their license if the citation, fine or order of abatement is not completed, as a hold is placed on their license record for the next renewal.

- How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

The DHBC conducted a total of 2,415 CE audits for fiscal years 2022/23 through 2025/26. The total failed CE audit is 1,002. The Board's average overall failure rate for the fiscal years listed is 40%.

Fiscal Year	Passed	Fail	Failure Rate
2022/23	399	258	39%
2023/24	164	102	39%
2024/25	525	349	40%
2025/26	417	293	41%

- Who approves CE courses? What is the board's course approval policy?

CE providers and courses approved by the DBC are deemed acceptable and approved by the Board to apply toward the CE license renewal requirement.

- Who approves CE providers? If the board approves them, what is the board's application review process?

CE providers and courses approved by the Dental Board of California are recognized as acceptable and authorized by the Board. Pursuant to BPC section 1936.1(c), the Board has the authority to approve continuing education providers and courses, but due to other program priorities, limited staffing and resources, and the effective performance of the existing CE provider and course approval process, the Board has elected to prioritize other regulatory responsibilities over direct CE provider and course approval functions.

- How many applications for CE providers and CE courses were received? How many were approved?

The Board occasionally receives inquiries regarding the approval of CE providers and courses. Those that are received are forwarded to the DBC for review. Because the Board does not currently conduct its own approval process and instead relies on the vetting performed by the DBC, no applications for CE providers or courses have been submitted to the Board.

- Does the board audit CE providers? If so, describe the board's policy and process.

The Board does not audit CE providers so there are no policies and processes in place to complete this function.

- Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance-based assessments of the licensee's continuing competence.

The Board has not prioritized a review of its current CE policy because available indicators and communications suggest that dental hygiene practitioners are adhering to ethical standards and rarely deviate from the standard of care. In reviewing CE certificates of completion during CE audits, it appears those licensees selected for audit and pass are completing the appropriate type of course and of sufficient duration to aid them in their professional capacities. Although the Board receives practice-related complaints from consumers each year, most are closed due to insufficient evidence showing no deviation in the standard of care or are billing issues. Complaints that fall outside the Board's jurisdiction are referred to the appropriate agency, and many others involve billing issues that are beyond the Board's authority.

Section 4 – Enforcement Program

31. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The Board's performance targets and expectations align with The DCAs Consumer Protection Enforcement Initiative (CPEI) Performance Measures (PM). The performance measures focus on effective and timely investigation of complaints and adjudication of disciplinary actions by setting a specified number of days for action. The targets of these measures, and what the Board has accomplished over the past four fiscal years are as follows:

Measure	Target	Actual FY 2022/23	Actual FY 2023/24	Actual FY 2024/25	Actual FY 2025/26
PM 2 - Average number of days to complete complaint intake.	10 Days	3 Days	2 Days	1 Day	2 Days
PM 3 - Average number of days to complete closed cases not resulting in formal discipline.	120 Days	82 Days	100 Days	81 Days	119 Days
PM 4 - Average number of days to complete cases resulting in formal discipline.	540 Days	485 Days	292 Days	725 Days	1,049 Days
PM 7 - Average number of days from the date a probation monitor is assigned to a probationer to the date the monitor makes first contact.	10 Days	1 Day	1 Day	1 Day	2 Days
PM 8 - Average number of days from the time a violation is reported to the program to the time the monitor responds.	10 Days	1 Day	1 Day	3 Days	1 Day

Over the past four fiscal years, the Board has met all performance targets except for PM 4, which measures the number of days required to complete cases resulting in formal discipline. This

measure depends heavily on external partners, including the Attorney General's Office and the Office of Administrative Hearings (OAH), whose processes are outside of the Board's control. Although the Board has not met this target for the past two fiscal years, it has made notable progress in fiscal years 2022–2023 and 2023–2024 by reducing the average number of days to close complaints transmitted to the Attorney General's Office. Staff continue to collaborate closely with the Office of the Attorney General to further decrease the overall cycle time for these cases. This improvement is reflected in the reduction of the overall average days to complete formal discipline cases from 703 days during the last Sunset Review reporting period to 638 days in the current Sunset Review reporting period.

32. Referring to Table 9., **Enforcement Statistics**, explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

Table 9. Enforcement Statistics				
	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
COMPLAINTS				
Intake				
Received	400	472	461	452
Closed without Referral for Investigation	4	2	1	3
Referred to INV	395	470	461	446
Pending (close of FY)	1	0	1	3
Conviction / Arrest				
CONV Received	106	87	81	72
CONV Closed Without Referral for Investigation	0	0	0	0
CONV Referred to INV	106	87	81	72
CONV Pending (close of FY)	0	0	0	0
Source of Complaint⁷				
Public	61	74	76	75
Licensee/Professional Groups	12	38	48	24
Governmental Agencies	24	39	45	62
Internal	380	391	350	297
Other	6	0	5	3
Anonymous	28	19	20	63
Average Time to Refer for Investigation (from receipt of complaint / conviction to referral for investigation)	2	2	1	2
Average Time to Closure (from receipt of complaint / conviction to closure at intake)	12	16	1	5
Average Time at Intake (from receipt of complaint / conviction to closure or referral for investigation)	2	2	1	2
INVESTIGATION				
Desk Investigations				
Opened	446	507	497	467
Closed	464	531	510	417
Average Days to Close (from assignment to investigation closure)	212	224	163	186
Pending (close of FY)	100	68	65	62

⁷ Source of complaint refers to complaints and convictions received. The summation of intake and convictions should match the total of source of complaint.

Non-Sworn Investigation				
Opened	55	53	45	53
Closed	39	69	54	23
Average Days to Close (from assignment to investigation closure)	310	324	197	262
Pending (close of FY)	61	33	17	48
Sworn Investigation				
Opened	N/A	N/A	N/A	N/A
Closed	N/A	N/A	N/A	N/A
Average Days to Close (from assignment to investigation closure)	N/A	N/A	N/A	N/A
Pending (close of FY)	N/A	N/A	N/A	N/A
All investigations⁸				
Opened	501	560	542	519
Closed	503	600	564	442
Average Days for All Investigation Outcomes (from start investigation to investigation closure or referral for prosecution)	87	113	96	95
Average Days for Investigation Closures (from start investigation to investigation closure)	88	123	96	90
Average Days for Investigation When Referring for Prosecution (from start investigation to referral for prosecution)	385	398	306	394
Average Days from Receipt of Complaint to Investigation Closure	88	123	96	91
Pending (close of FY)	161	101	82	160
DIVISION OF INVESTIGATION⁹				
Average Days to Refer to Division of Investigation (from complaint receipt to referral for investigation)	N/A	N/A	N/A	N/A
Average Days for Division of Investigation to Complete (from DOI receipt to return to program of referral)	N/A	N/A	N/A	N/A
Average Days from Return to Referral to AG (from DOI investigation to AG referral)	N/A	N/A	N/A	N/A
CITATION AND FINE				
Citations Issued	324	380	311	263
Average Days to Complete (from complaint receipt / inspection conducted to citation issued)	74	16	51	63
Amount of Fines Assessed	\$267,250	\$305,300	\$257,350	\$199,558
Amount of Fines Reduced, Withdrawn, Dismissed	\$18,525	\$21,650	\$20,575	\$17,050
Amount Collected	\$195,125	\$296,819	\$209,045	\$171,499
CRIMINAL ACTION				
Referred for Criminal Prosecution	0	0	0	0
ACCUSATION				
Accusations Filed	12	8	25	7
Accusations Declined	0	1	0	0
Accusations Withdrawn	0	0	1	0
Accusations Dismissed	0	0	0	0
Average Days from Referral to Accusations Filed (from AG referral to Accusation filed)	60	67	98	84
INTERIM ACTION				
ISO & TRO Issued	0	0	0	0
PC 23 Orders Issued	0	0	0	0

⁸ The summation of desk, non-sworn, and sworn investigations should match the total of all investigations.

⁹ Include if applicable and able to obtain data.

Other Suspension/Restriction Orders Issued	0	0	0	0
Referred for Diversion	0	0	0	0
Petition to Compel Examination Ordered	0	0	0	0
DISCIPLINE				
AG Cases Initiated (cases referred to the AG in that year)	11	18	22	8
AG Cases Pending Pre-Accusation (close of FY)	6	8	2	1
AG Cases Pending Post-Accusation (close of FY)	4	13	17	10
DISCIPLINARY OUTCOMES				
Revocation	1	1	2	8
Surrender	1	2	0	0
Suspension only	0	0	0	0
Probation with Suspension	0	0	0	0
Probation only	7	2	7	4
Public Reprimand / Public Reprimand / Public Letter of Reprimand	6	1	8	3
Other	0	0	0	0
DISCIPLINARY ACTIONS				
Proposed Decision	1	3	0	1
Default Decision	1	1	2	8
Stipulations	6	2	15	6
Average Days to Complete After Accusation (from Accusation filed to imposing formal discipline)	305	303	208	259
Average Days from Closure of Investigation to Imposing Formal Discipline	290	343	312	365
Average Days to Impose Discipline (from complaint receipt to imposing formal discipline)	633	664	991	1,023
PROBATION				
Probations Completed	9	4	8	6
Probationers Pending (close of FY)	24	20	21	21
Probationers Tolerated *	3	3	3	3
Petitions to Revoke Probation / Accusation and Petition to Revoke Probation Filed	0	0	4	3
SUBSEQUENT DISCIPLINE¹⁰				
Probations Revoked	2	0	1	2
Probationers License Surrendered	2	0	0	0
Additional Probation Only	1	0	0	1
Suspension Only Added	0	0	0	0
Other Conditions Added Only	0	0	0	0
Other Probation Outcome	0	0	0	0
SUBSTANCE ABUSING LICENSEES **				
Probationers Subject to Drug Testing	16	21	26	19
Drug Tests Ordered	576	621	621	684
Positive Drug Tests	1	3	3	3
PETITIONS				
Petition for Termination or Modification Granted	1	0	0	1
Petition for Termination or Modification Denied	0	0	0	1
Petition for Reinstatement Granted	3	0	0	1
Petition for Reinstatement Denied	0	0	0	0
DIVERSION **				
New Participants	0	0	0	0
Successful Completions	0	0	0	0
Participants (close of FY)	0	0	0	0

¹⁰ Do not include these numbers in the Disciplinary Outcomes section above.

Terminations	0	0	0	0
Terminations for Public Threat	0	0	0	0
Drug Tests Ordered	0	0	0	0
Positive Drug Tests	0	0	0	0

Table 10. Enforcement Aging						
	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26	Cases Closed	Average %
Investigations (Average %)						
Closed Within:						
90 Days	366	486	453	271	1,576	78%
91 – 180 Days	80	17	36	19	152	8%
181 – 1 Year	28	36	25	27	116	6%
1 – 2 Years	25	41	36	20	122	6%
2 – 3 Years	2	17	13	10	42	3%
Over 3 Years	2	3	1	1	7	1%
Total Investigation Cases Closed	503	600	564	348	2,015	100%
Attorney General Cases (Average %)						
Closed Within:						
0 – 1 Year	3	3	3	8	31	38%
1 – 2 Years	8	3	5	7	21	41%
2 – 3 Years	3	0	6	0	4	11%
3 – 4 Years	2	0	5	0	2	8%
Over 4 Years	0	0	2	0	0	2%
Total Attorney General Cases Closed	16	6	21	15	58	100%

33. What do overall statistics show as to increases or decreases in disciplinary action since last review?

- Please explain any challenges contributing to unmet performance targets, such as outlier cases, procedural barriers, difficulties in obtaining evidence, etc.

During the current Sunset Review period, the overall statistics show a continued increase in disciplinary action taken compared to the last Sunset Review. This rise corresponds with sustained high levels of complaint and conviction intake, which continued to drive a larger volume of cases through the enforcement process. Additional improvements in case processing operations further strengthened the Board's ability to investigate and advance cases to formal discipline. As a result, the program saw increases in key indicators, including higher numbers of accusations filed, more revocations, expanded use of public reprimands, and a noticeable rise in default decisions. Although some categories, such as probation-only outcomes and voluntary surrenders, remained relatively stable, the general trend reflects heightened enforcement activity and more assertive disciplinary outcomes across the current Sunset Review period.

34. How are cases prioritized? What is the board's compliant prioritization policy?

Complaints are prioritized according to the *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009). When the Board receives a complaint, it is reviewed to determine the alleged violation(s).

Cases involving consumer harm or consumer death due to gross negligence, incompetence, repeated negligent acts, excessive treatment, sexual misconduct, practicing while under the influence, physical or mental abuse, unlicensed activity, or arrests and convictions substantially related to the area of practice are considered the highest priority. Cases involving theft of prescription drugs or providing prescription drugs without a prescription are also included in this category.

Among these highest-priority cases, those related to scope of practice and consumer harm are referred to the Special Investigator. The Special Investigator may interview complainants and licensees, conduct site visits, and request medical and employment records. Expert opinions will also be requested when necessary. Cases related to arrests and convictions are referred to the Enforcement Analyst, who will obtain court records to determine the severity of the offense. Complaints that did not result in consumer harm but allege negligence, incompetence, physical or mental abuse, unlicensed activity, or multiple complaints involving the same licensee are classified as high priority. Complaints involving false advertising, patient abandonment, fraud, failure to release medical records, record-keeping violations, breach of confidentiality, or applicant misconduct are classified as routine priority. Both high-priority and routine cases are assigned to the Special Investigator and they are triaged according to egregiousness from the information provided to determine which case is handled first.

- Please provide a brief summary of the board's formal discipline.

The Board files a Statement of Issues or an Accusation and requests an administrative hearing for cases involving criminal convictions, fraud, and consumer harm. After filing an Accusation, the Board attempts to negotiate stipulated settlement terms with the licensee. Settlement terms may include probation, cost recovery, and, in some cases, remedial education.

Probationary terms allow the Board to monitor the licensee through daily check-ins and, when necessary, weekly drug and alcohol testing to ensure compliance. Probationers who fail to comply with the terms of probation or violate the Board's statutes and regulations are referred to the Attorney General's Office for additional disciplinary action.

35. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

California law imposes several mandatory reporting requirements that ensures the Boards is notified of significant events involving licensees. The Department of Justice must report arrests and convictions to the Board under Penal Code section 11105.2; insurers must report professional liability settlements or arbitration awards over \$3,000 under BPC sections 801 and uninsured licensees must report the same under section 802. Court clerks are required to report judgments exceeding \$30,000 related to a licensee's negligence within 10 days pursuant to BPC section 803. Dental hygiene licensees must report patient deaths associated with dental hygiene procedures within seven days under BPC section 1950.5. Additionally, licensees are mandated reporters of suspected child abuse or neglect under the Child Abuse and Neglect Reporting Act (Penal Code section 11164 et seq.).

The Board does experience problems receiving some of the required reports. Cases involving criminal convictions often require the Board to obtain documentation from multiple law enforcement agencies and state or federal courts, but these agencies sometimes fail to respond

or take an extended amount of time to provide the requested records, causing significant delays in case processing. In addition, some agencies charge fees for certified arrest reports or court documents, which can further slow down the Board's ability to move cases forward. To address these issues, improvements such as streamlined record-request processes, stronger interagency communication, standardized response timelines, and reduced or subsidized fees for required documents could help ensure the Board receives the necessary information in a timely manner.

- What is the dollar threshold for settlement reports received by the board?

The dollar threshold for settlement reports that must be submitted to the Board is more than \$3,000, which applies both to insurers reporting professional liability settlements or arbitration awards under BPC section 801 and to uninsured licensees reporting settlements, judgments, or arbitration awards under BPC section 802.

- What is the average dollar amount of settlements reported to the board?

The Board did not receive any settlement reports during the last four years.

36. Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

The Board, through its Disciplinary Guidelines and the Office of the Attorney General, enters into settlements with licensees that are tailored to the specific circumstances of each case. Using the Disciplinary Guidelines and Uniform Standards for Substance Abuse as a framework, the Board may negotiate settlements that include the voluntary surrender of a license, probation with standard and optional conditions allowing continued practice under strict oversight, public reproof for violations of the Dental Practice Act, or full license revocation. Each stipulated settlement must be reviewed and approved by the Executive Officer and voted on by Board members. These settlements often provide a more efficient resolution for both the Board and the licensee, while maintaining the Board's core mission of consumer protection.

- What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

The Board no longer enters into stipulated settlements prior to filing an Accusation, Statement of Issues, or Petition to Revoke Probation, and now relies on the Attorney General's Office before initiating an accusation.

- What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

Over the past four years, the Board settled 34 post-accusation cases, while six (6) cases resulted in a hearing.

- What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

Over the past four years, 85 percent of post-accusation cases were resolved through settlement rather than adjudicated through formal hearing.

37. Does the board operate with a statute of limitations? If so, please describe and provide the citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

The Board does not operate under a statute of limitations; however, its policy is to triage all complaints and process them as quickly as possible.

38. Describe the board's efforts to address unlicensed activity and the underground economy.

Unlicensed activity violations are a high priority for both the DCA and the Board. To help prevent these violations, the Board provides educational information on its website for the public and licensees and recommends that all dental offices require dental hygienists to show proof of licensure through a valid Board-issued pocket license or wall certificate. The public may also verify a licensee's status using the DCA's online License Search. Additionally, all licensees must complete mandatory CE courses related to the Dental Practice Act every renewal cycle. Most unlicensed activity cases received by the Board involve licensees who failed to renew their licenses and continued practicing under a "Delinquent" status. These cases are investigated by the Enforcement Unit, and if substantiated, may result in citation and fine or referral to the Attorney General's Office for prosecution.

Cite and Fine

39. Discuss the extent to which the board utilizes cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the \$5,000 statutory limit? Does the board have authority to issue fines greater than \$5,000? If so, under what circumstances?

BPC section 125.9 authorizes the Board to issue citations and assess fines for violations of the Dental Practice Act. Since the previous Sunset Review, the Board has continued to utilize this authority to address matters that warrant issuance of a citation and fine. The Cite and Fine Program serves as an efficient and cost-effective mechanism for educating licensees and achieving compliance when violations of the Dental Practice Act occur. This program provides an alternative means for addressing cases that do not meet the threshold for formal disciplinary action. When a violation is substantiated but does not rise to the level requiring formal discipline, a citation and fine may be issued. Although a citation and fine is not considered formal disciplinary action, it is subject to public disclosure pursuant to the California Public Records Act.

The Board's regulations related to its cite and fine authority were most recently updated in July 2023. During this regulatory action, the Board adopted 16 CCR section 1104.3. This addition established a comprehensive regulatory framework expressly outlining the Board's authority to issue citations and impose fines on DHEPs. Specifically, subsection (b)(1) through (5) delineates the circumstances under which such citations and fines may be issued, the types of violations subject to enforcement, and the procedural requirements associated with the administration of the cite-and-fine process. This regulatory update clarified and strengthened the Board's enforcement authority by providing greater specificity regarding its oversight of educational programs and by formalizing standards for compliance and accountability under the Dental Practice Act.

The Board has not increased its maximum fines to the \$5,000.00 statutory limit.

The Board does not have the authority to issue fines greater than \$5,000.00.

40. How is cite and fine used? What types of violations are the basis for citation and fine?

The Board utilizes citations and fines as a streamlined, cost-effective method for addressing minor violations of the Dental Practice Act and for promoting licensee compliance through education. Citations are reserved for less serious infractions, such as failure to report a change of address, certain criminal convictions, and other issues that do not warrant formal administrative action. In issuing citations, the Board aims to protect California consumers by directing the licensee's attention to the violation, reinforcing the applicable laws, and underscoring the importance of adhering to professional standards of dental hygiene practice. When determining whether to issue a citation and fine, the Board considers the nature and severity of the violation, the time elapsed since it occurred, the potential impact on consumers, the licensee's history of prior violations, and any evidence indicating that the violation was willful or intentional.

41. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine has the board held or requested in the last 4 fiscal years?

Over the past four fiscal years, the Board has conducted a total of 181 informal office conferences for licensees who requested such review. During the same period, seven appeals were filed under the Administrative Procedure Act.

42. What are the five most common violations for which citations are issued?

The five (5) most common violations for which citations are issued include convictions for crimes substantially related to a licensee's professional qualifications or duties, acts of unprofessional conduct, practicing with an inactive or expired license, failure to comply with continuing education audit requirements, and failure to report a change of address or name.

43. What is average fine pre- and post- appeal?

Informal office conference decisions issued within the last four fiscal years have a pre-appeal average fine of \$974.00, compared with a post-appeal average fine of \$670.00.

44. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines. If the board does not use Franchise Tax Board intercepts, describe the rationale behind that decision and steps the board has taken to increase its collection rate.

The Board sends request for payment notices for outstanding fine balances at 30-day intervals starting 30 days from the citation due date. If the balance is not paid 30 days after the third notice is sent, then the citation is referred to the Franchise Tax Board (FTB) intercept program via the Department of Consumer Affairs Accounts Receivables Unit. The Board has sent 39 records to the FTB for collection over the past four fiscal years.

Cost Recovery and Restitution

45. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

The Board actively pursues cost recovery in accordance with BPC section 125.3, which authorizes reimbursement for reasonable costs associated with the investigation and prosecution of formal disciplinary matters, including investigative expenses and Attorney General-related charges. Cost recovery is a standard term of probation outlined in the Board's Disciplinary Guidelines and is

sought in all cases eligible for reimbursement, whether resolved through a stipulated settlement or a Proposed Decision issued by an Administrative Law Judge. The Board may reduce cost recovery amounts as an incentive to reach a stipulated settlement, a practice that benefits all parties by reducing adjudication costs, shortening processing timelines, and enhancing public protection through quicker resolution and earlier disclosure. As with all disciplinary actions, stipulated settlements require approval by the Board before becoming effective. In cases resulting in license revocation or voluntary surrender, individuals may later petition for reinstatement after the statutorily required waiting period.

There have been no changes implemented in the Board cost recovery efforts since the last review.

46. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

The amount of cost recovery ordered in cases resulting in revocation, surrender, or probation through stipulated settlement varies significantly and depends on factors such as the duration of the investigation and the Attorney General's prosecution costs. For probationary cases, cost recovery is collected as a required condition of probation, and all probationers must satisfy the outstanding balance no later than six months before completing their probation. In matters involving revocation or surrender of a license, ordered costs are considered uncollectable unless and until the individual petitions for reinstatement or reapplies for licensure.

The Enforcement Unit makes use of the FTB Intercept Program as part of its collection efforts.

47. Are there cases for which the board does not seek cost recovery? Why?

The Board does not seek cost recovery in a statement of issues against an applicant, petitions to revoke probation, public reprovls, or default decisions, as it does not have the authority to do so. Although cost recovery may be ordered in surrender and revocation cases, most of this cost recovery will not be collected until the Board grants a petition for reinstatement of the license. The Board also does not seek cost recovery for petitions for reinstatement or to modify or terminate probation. A decision granting a petition for reinstatement or to terminate probation would include a provision for the petitioner to satisfy all cost reimbursement orders in the underlying disciplinary order.

48. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery. If the board does not use Franchise Tax Board intercepts, describe methods the board uses to collect cost recovery.

The Enforcement Unit works with probationers to establish payment plans to ensure cost recovery is paid before the conclusion of probation. When a probationer does not comply, the Enforcement Unit will issue a request for payment- notice. Once all three required request for payment- notice have been issued the outstanding balance is referred to the FTB for interception. This same process is followed for cases that resulted in revoked or voluntarily surrendered licenses. This process ensures consistent and efficient collection of cost recovery obligations across all eligible cases.

Table 11. Cost Recovery¹¹ (list dollars in thousands)				
	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
Total Enforcement Expenditures	\$604,000	\$539,000	\$814,000	\$682,000
Potential Cases for Recovery *	1	4	15	7
Cases Recovery Ordered	1	4	15	7
Amount of Cost Recovery Ordered	\$64,907	\$10,583	\$63,037	\$37,560
Amount Collected	\$30,671	\$30,029	\$25,252	\$33,318

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

49. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

BPC section 1951(d) provides the Board with the ability to require repayment of fees to patients or payers of services in cases where a consumer has experienced a direct financial loss due to a licensee's conduct. Restitution may be imposed as a probation term when appropriate and is evaluated on a case-by-case basis within the Board's existing disciplinary framework. Evidence relating to the amount of restitution is introduced at the administrative hearing or provided during settlement negotiations. Failure to pay restitution is considered a violation of probation and can result in further discipline or license revocation.

To date, the Board has not requested restitution in any case.

Table 12. Restitution (list dollars in thousands)				
	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26
Amount Ordered	\$0.00	\$ 0.00	\$0.00	\$ 0.00
Amount Collected	\$0.00	\$0.00	\$0.00	\$0.00

Section 5 – Public Information Policies

50. How does the board use the internet to keep the public informed of board activities? Does the board post meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

The Board has an established website (www.dhbc.ca.gov) where it posts the latest and greatest information possible including Board meeting schedules, meeting materials, and any important alerts or messages for public view. The meeting materials are posted as quickly as possible once they are approved to be posted by Board management. The goal is to have the meeting materials posted two weeks prior to the meeting, but circumstances such as last-minute additions, edits, or statistical gathering frequently prohibit the posting of this duration. The average posting time is a week to week and a half prior to the meeting. Board staff are working to revise their procedures and practices to have program information cut off deadlines sooner to

¹¹ Cost recovery may include information from prior fiscal years.

accommodate more review time to have the materials posted earlier prior to meetings. The meeting materials remain posted on the website indefinitely and should only show the current year's meeting materials for ready public view. Older meeting materials are available on the website; however, the user must first click on the Archive folder at the bottom of the meeting schedule page of the website. Draft meeting minutes are not posted on the website. Only Board-approved minutes once reviewed, edited, and voted upon are posted on the website indefinitely, after the next board meeting. The final minutes remain on the website indefinitely similarly to the meeting materials.

51. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long will archived webcast meetings remain available online?

Yes, the Board webcasts its scheduled Board meetings and will continue to do so in the future if logistics permit. We're currently using a hybrid system of conducting our meetings in person, through Webcast for video, and Webex for distant participants to provide accessibility through teleconference. Because the Board has interest in resuming scheduled meetings away from Sacramento at DHEPs to increase exposure for both public and professional participation, locations may be limited based upon the logistics needed to Webcast or Webex. Staff hopes in this day and age of technology there won't be too many logistical issues to address.

52. Does the board establish an annual meeting calendar and post it on the board's web site?

Yes. The Board votes on its scheduled Board meetings for the following year or two normally at the November meeting of the preceding year (or earlier) and once decided upon, the dates are posted on the Board's website. The Board's remaining 2026 and scheduled 2027 Board meetings are currently posted on the website for public view.

53. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*?

- Does the board post accusations and disciplinary actions consistent with BPC § 27, if applicable?

Yes. The Board uses the DCA's Recommended Minimum Standards for Consumer Complaint Disclosure when posting actions against licensees.

- Does the board post complaint data on its website? If so, please provide a brief description of each data point reported on the website along with any statutory or regulatory authorization.

No. Complaints submitted against licensees are kept confidential and are not posted on the website. Only if some type of Board action is rendered against a licensee is the action posted on the licensee's record. Although complaints are vital components and justification to investigate a licensee, the licensee is still entitled to due process of the law and until action is taken against them, the information remains confidential.

- Does the board post citations for unlicensed practice on its website?

Yes and no. For licensees who do not have a valid dental hygiene license (i.e., not renewed) and are found practicing without a valid dental hygiene license, the citation information can be found on the licensee's record when conducting a License Search. For cases where an individual

is found to be practicing dental hygiene without a valid license and has not ever possessed a CA dental hygiene license, the Board is working on a process to post those individuals on the website to inform the public.

54. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

The Board provides the following types of information about its dental hygienist licensees: Specialty areas, license status, disciplinary action, permits, certifications, and any associated license types are linked to the dental hygiene license for public view.

55. What methods does the board use to provide consumer outreach and education?

The Board and staff have made attempts in the past to obtain additional staff resources to address consumer outreach and education over the years to no avail. Our outreach and communications efforts could be substantially increased by having an assigned staff person address these issues as we are currently limited in the number of events we can attend or participate in due to our small number of staff. By having a staff person concentrate their efforts for outreach and communication, it would help to promote the Board to stakeholders, professional associations, licensees, applicants, and the public since we are the only government agency in the nation that oversees the dental hygiene licensee population. Other tasks this position would be responsible for would be to extend our efforts to communicate through social media outlets, improve our online efforts, and update and modernize the Board's website.

Currently, staff attend a couple of professional association events per year and provide online and in person licensing sessions to graduating dental hygiene educational program students. These outreach and communication tasks are vital for a board program in today's society to manage issues and respond to them quickly as they arise.

Section 6 – Online Practice Issues

56. Discuss the prevalence of online practice and whether there are issues with unlicensed activity.

- How does the board regulate online/internet practice?

Registered Dental Hygienists are required to work under the supervision of a licensed dentist at a physical dental office where there are no independent online/internet business practices. The extent of the Board's current efforts is to monitor online sites and social media for dental hygienists who advertise their services independent of a supervising dentist which equals the unsupervised practice of dental hygiene. Those individuals are directly contacted by enforcement staff to inform them of the law and how it's illegal for them to advertise independent dental hygiene services (or other services outside the scope of practice for a dental hygienist like Botox injections) and ordered to cease the advertisement or services being provided or risk Board action against their license. If there is continued non-compliance, the Board will open a complaint against the licensee and pursue enforcement action, if necessary.

There is a license category (RDHAP) who may advertise and provide dental hygiene services independent of a license dentist's supervision. By law, these licensees may provide service to patients in underserved areas, the homebound, or individuals in institutions autonomously for up to 18 months before a prescription from a licensed dentist or physician and surgeon is required to continue the dental hygiene services.

- How does the board regulate online/internet business practices outside of California?

The Board does not have any additional jurisdiction outside of California's borders. As such, the Board has no authority about what occurs in other states but will contact a state's licensing agency to inform them of any wrongdoing by dental hygienists or their online/internet content.

- Does the board need statutory authority or statutory clarification to more effectively regulate online practice, if applicable?

Currently, online practice of dental hygiene is not a major issue of concern for the Board due to the previous answers provided. If it does become a larger problem in the future, the Board will seek statutory authority for action it deems necessary to appropriately oversee the online practice of dental hygiene. Until the laws are changed to enhance the online practice of dental hygiene, no foreseeable laws are needed.

Section 7 – Workforce Development and Job Creation

57. What actions has the board taken in terms of workforce development?

The Board's primary mission is consumer protection. With this focus, there are four specific actions the Board takes that enhance workforce development in the state. They are:

- 1) The Board is mandated to oversee the state's DHEPs to ensure they are teaching and preparing students to enter the workforce and become safe practitioners. Ongoing monitoring of these programs is vital so they follow the law and standards that maintain their accreditation.
- 2) The Board develops and maintains the California Law and Ethics examination for dental hygiene which applicants must pass to be issued the license. Using dental hygiene subject matter experts, in conjunction with the DCA Office of Professional Examination Services, they create and vet questions to be used on the examination so the questions for applicants are up to date and current for today's practitioner. Annual workshops are used to continue updating the examinations so there's a constant supply of vetted questions readily available for the exam should one need replacement or updating.
- 3) The Board's actions of vetting applicants from in and out of state from individuals seeking a California dental hygiene license ensure all minimum qualifications have been met to issue the license. By reviewing all qualifications, newly licensed individuals enter the workforce expected to follow the laws and regulations that govern the profession.
- 4) For existing licensees, the Board mandates CE coursework completed to renew the dental hygiene license every two years. The Board has a certain number of mandatory CE hours to

complete and the remaining hours to be finished are the licensee's choice with the Board recommendation to complete hours that pertain to the profession whether it'd be patient care and techniques, documentation, or other practice aspect that promotes learning new aspects of the profession. By having licensees complete these CE hours, it provides the opportunity for licensees to remain current and knowledgeable within their profession.

58. Describe any assessment the board has conducted on the impact of licensing delays.

Because the Board has the sole responsibility to oversee the licensing process of all California dental hygienists and hygienists coming from out of state, delays in the process can affect how quickly these individuals can obtain a job and provide their dental hygiene services to the public. Thankfully for the initial licensee, Board staff have performed extremely well in communicating the requirements necessary to process an application to applicants for them to submit these items quickly to reduce the application processing time. If there is any delay in issuing a license, it's mostly due to the applicant not submitting requirements to continue the processing of their application. By law, staff have 90 days to contact an applicant of any deficiencies in requirements to continue the application process. Currently, staff have an average of issuing the license within 45 days, which is half the time to simply contact the applicant, much less to issue the license.

59. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

The Board is in frequent communication with all the DHEP directors and faculty to offer any assistance, outreach, or other information about the licensing process. The Board has updated its website with easy to read and use information about the licensing process and what's expected of them to submit for requirements to obtain the license. Board staff conduct regular online outreach events with DHEPs that contact and schedule these sessions with staff so their graduating students can be informed of the licensing process and ask any questions they need responses to. The Board's Executive Officer frequently contacts program directors of any new requirements, procedures, or information they need to be aware of pertaining to the educational programs.

60. Describe any barriers to licensure and/or employment the board believes exist.

The Board believes there are minimal barriers in obtaining a California dental hygiene license. If a student has the resources and drive to become a dental hygienist, the opportunity is awaiting them. The dental hygiene educational programs are offered at California community colleges where tuition is low, inexpensive resources are available, and there's many of them throughout the state offering the program (currently there are 17 of the 26 educational programs located in community colleges), or if time is more valuable to the student, they may enroll at a private institution where the tuition is higher, but the duration of the DHEP may be shorter allowing qualified graduating students to enter the workforce faster.

The only barrier the Board has identified is the background check should there be a history of criminal behavior. This process could delay an applicant obtaining the California dental hygiene license until the situation is thoroughly investigated. To date, most applicants with this situation have been issued a license, some with conditions.

An employment limiting factor is that many graduates and existing licensees alike gather in more populated areas of the state because this is where most dental practices who hire dental

hygienists are located. An ongoing effort with the California Dental Hygienists' Association (CDHA) has been to encourage licensees to work in more rural areas of the state, but the Board can't force individuals to work in areas less likely to have jobs or a steady patient workload. Although some in the dental realm say there's a dental hygienist shortage, the Board's licensee population and geographical distribution indicate there's a maldistribution of licensees throughout the state and not a shortage of practitioners. A strong incentive would be for higher salaries and wages for dental hygienists in rural areas to entice them to move away from the populated areas for work.

61. Provide any workforce development data collected by the board, such as:

a. Workforce shortages

The Board maintains statistical data of where licensees are located in the state based upon their address of record on file with the Board. This information only provides the area they reside and not the work location, as many dental hygienists work at several locations or work for temporary agencies that send them to multiple locations per week. This makes tracking work locations almost impossible with so many licensees frequently changing their work locations.

Many states have reported a dental hygiene workforce shortage where they are located; however, in California and according to our geographic statistics, there's not a dental hygienist workforce shortage, but a maldistribution of the licensees we currently have, as most congregate in highly populated areas of the state where dental practices/jobs and patients are readily available and in abundance. The Board realizes that more dental hygienists need to distribute themselves in more rural areas, but unless there is incentive to move away from the cities, it's difficult to convince licensees to move.

Also, the Board is working to help promote its license category of Registered Dental hygienist in Alternative Practice (RDHAP) who is dedicated to providing dental hygiene services to the underserved populations autonomously (for up to 18 months), many of which are located in more rural areas of the state. The Board worked on regulations to implement mobile dental hygiene clinics so these licensees can be portable and travel to more rural areas to provide their dental hygiene services. Now that the regulations are approved, the Board anticipates an increase in RDHAP numbers out in the rural communities to provide their services.

b. Successful training programs.

The Board has not focused on any new training programs but did manage to increase the Board-required continuing education hours cap should it be necessary to increase the number of required CE hours for dental hygienists to renew the license from 7.5 to 10 in 2024. This helps to provide the opportunity for licensees to remain up to date and current with dental hygiene practice techniques and issues.

62. What actions has the board taken to help reduce or eliminate inequities experienced by vulnerable communities, including low- and moderate-income communities, communities of color, and other marginalized communities, or otherwise avoid harming those communities?

The Board's primary mission is consumer protection in all communities within the borders of the state. This includes vulnerable communities, low to moderate income communities, communities of color, other marginalized communities, and affluent communities, too. The Board does not select one specific community type over another when providing our services and provides them to every community and consumer in the state. If a citizen within these communities believes they

have been wrongly treated during their dental hygiene appointment and not simply overcharged for the services, Board staff gladly recommend they submit a consumer complaint for us to review, gather information, and research to determine whether there was any deviation in the standard of care provided by the licensee. If it's determined there was a deviation in the standard of care, further Board action may be warranted but they are entitled to due process.

Section 8 – Current Issues

63. Describe how the board is participating in development of online application and payment capability and any other secondary IT issues affecting the board.

The Board fully accepts and encourages applicants and licensees to use our online resources (BreEZe computer system) to apply for licensure, renew the license, apply for a permit, change address of record, or other task that the individual needs and to pay the fees using a credit card. We inform the users that by completing their tasks online, it's the quickest and most efficient way to get what they need completed. Board staff are always there to help and provide assistance, but the most effective and accessible method is to use our online resources for action.

- Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?

Yes, the Board uses BreEZe as we were a part of Release II in 2016. Although computer system changes take time to be implemented, our change requests have been processed in a timely fashion depending on the issue.

- If the board is not utilizing BreEZe, what is the board's plan for future IT needs? What discussions has the board had with DCA about IT needs and options? Is the board currently using a bridge or workaround system?

The Board is on BreEZe since 2016 and try to use it to its full capacity.

Section 9 – Board Action and Response to Prior Sunset Issues

Include the following:

- Background information concerning the issue as it pertains to the board.

In its last Sunset Review in 2023, the Board requested the following:

- a) Amend BPC section 1917 to remove the clinical exam requirement to obtain the California dental hygiene license.

Result: Beginning January 1, 2024, the clinical examination requirement stated in BPC section 1917 was removed for California applicants who apply for the California dental hygiene license within 3 years of graduation. Graduates who wait beyond the 3 years or for any out-of-state applicants, the clinical examination requirement is maintained.

- b) Increase the maximum number of board-required CE hours required to renew the California dental hygiene license from 7.5 to 10 in the instance additional subject matter is needed by the Board for licensees to complete.

Result: AB 1257 (Berman, Ch. 677, Statutes of 2023) revised the statutory language to increase the Board-required continuing education hours cap from 7.5 to 10 if it's needed.

- c) Amend statutory language to allow Registered Dental Hygienists in Alternative Practice (RDHAP) to provide oral health in-service training to staff in long-term healthcare facilities.

Result: AB 1257 (Berman, Ch. 677, Statutes of 2023) was revised the statutory language in Health and Safety Code (HSC) section 1315(b)(2) to allow RDHs to provide oral health in-service training to staff in long-term care facilities.

- d) New statutory language that allows a stand-alone RDHAP dental hygiene practice to remain in place even if the Dental Health Professional Shortage Area is reclassified as to no longer be a shortage area.

Result: SB 1451 (Ashby, Ch. 481, Statutes of 2024) amended BPC section 1926(d) allowing a stand-alone RDHAP dental hygiene practice to remain in place even if the Dental Health Professional Shortage Area is reclassified as to no longer be a shortage area.

- e) Amend BPC section 1909 to change the supervision level from Direct Supervision of a licensed dentist to the dentist's discretion as to the level of supervision when performing soft tissue curettage, administering local anesthesia, and administering nitrous oxide and oxygen analgesia.

Result: The Legislative Sunset Committee recommended continuing dialog with interested stakeholders to see if the proposed amendment is agreeable to all including the Dental Board of California. The issue is still pending as it's been questioned whether the Board should address it as a consumer protection issue or as a scope expansion issue.

- Short discussion of recommendations made by the Committees during prior Sunset Review.

The Committee recommendations made on the issues contained in the Board's last Sunset Review in 2023 that weren't approved recommended to continue discussions and dialog with all interested stakeholders to continue our efforts to resolve the indicated issues. The Board is grateful for the three provisions approved (elimination of the clinical examination requirements for CA graduates, increasing the Board's required CE hour cap from 7.5 to 10, and approving for RDHs to provide oral healthcare in-service training to staff in long-term care facilities) and will continue to lead discussions for the other remaining items with stakeholders.

- What action the board took in response to the recommendation or findings made under prior Sunset Review.

The Board followed up with the Committee recommendations with interested stakeholders to address the issues as detailed in a - e above with the results of each issue shown separately. The issues that were not resolved have ongoing dialog to continue communication on the issues with the expectation of a compromised solution.

- Any recommendations the board has for dealing with the issue, if appropriate.

The pending issues are not easily resolved and will take time, so obtaining buy-in by all interested stakeholders is paramount in successful progression on the issues. It may take several meetings to hear everyone's concerns on the issues and to work them out, but the effort is there to continue communicating about them.

Section 10 – New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, and legislative changes) for each of the following:

- Issues raised under prior Sunset Review that have not been addressed.

Issues raised under the prior Sunset Review within the Board's purview were addressed.

- New issues identified by the board in this report.

Staffing issues to address communications and outreach and the licensing application processing.

In today's technology-rich environment, the Board is lacking staff directly responsible for promoting the Board, dental hygiene issues, and communications through social media/online, email notifications, outreach events, and continually updating the website. Staff have requested such staff resources in the past to no avail because the request did not fit the parameters of requesting new positions. However, the Board believes this person to be a vital part of the required resources to complete the Board's strategic plan objectives and goals to be more involved with the community and the profession alike.

Also, an additional staff position to address licensing issues such as the expected inflow of applications when two new DHEPs open. The current situation is the Licensing staff are overwhelmed with the applications received as most DHEPs graduate their students at the same time, license renewal issues that are ongoing, and email and phone call responses are delayed to where customer service is compromised beyond the Board's policy to respond within 48 hours for both emails and phone calls received. By adding Licensing staff to support these functions it would benefit the applicants, licensees, and the Board to strive and accomplish its strategic plan Licensing objectives and goals to improve the program's efficiencies.

- New issues not previously discussed in this report.

(Note: The underlined sections are the new statutory language requested to be added in the amendment to existing language. Strikeout sections are to be removed).

- 1) The Board receives numerous inquiries each year from foreign trained dentists who come to California expecting to be able to work as dental hygienists. The problem is that the Board has no means to validate or confirm the individual's level of education and training from their respective country. The Board does accept applicants from out-of-state;

however, they must have graduated from an institution that's accredited by the CODA who is the respected accrediting agency for dental and dental hygiene schools across the nation and allows reciprocity approval of Canadian DHEPs. Other foreign countries do not have the accreditation or educational standards like the United States to know their education and training meet a certain level to safely provide dental hygiene services to California citizens. To ensure these individuals are appropriately educated and trained to provide dental hygiene services, the Board requests to **amend Business and Professions Code (BPC) section 1917** with the following additional language:

(1) Applicants who have completed their education in a non-CODA-accredited educational program for dentists or dental hygienists shall not be eligible for licensure by the Dental Hygiene Board of California.

Justification: By adding this statutory language, it would not only help to protect the consumers of California but protect the employment prospects of the hundreds of dental hygiene students enrolled in California dental hygiene educational programs (DHEP) throughout the state, and the profession itself. Additionally, this would encourage and incentivize younger students to consider the dental hygiene profession as a career, thereby ensuring jobs and workforce stability for these students for future employment.

Furthermore, if dentists or registered dental hygienists (RDH) from non-accredited programs are allowed to be licensed, it may signal the beginning of the demise of the dental hygiene profession in California. California is a destination state where people from around the world look to relocate due to the climate, demographics, and culture that exist here. If foreign-trained dentists (or dental hygienists) are allowed to become California licensed dental hygienists without first being educated and trained in the profession to current CODA and Board standards, it would take away dental hygiene employment opportunities from students graduating from CODA-accredited programs and existing licensees alike. Once this occurs, potential dental hygiene students will steer away from applying to the respective DHEP of choice with no future job opportunities in the profession. In turn, the lower number of applicants to DHEPs would result in the gradual closure of the dozens of California DHEPs due to lack of student enrollment and the high cost to operate them.

There has already been an attempt through legislation in 2026 (Assembly Bill 1952 – Berman, 2025-26) to allow foreign-trained dentists to obtain a California RDH license simply by challenging the dental hygiene clinical and Law and Ethics examinations and meet certain other requirements. However, the effort failed in the Legislature, but the Board anticipates another proposal soon because of certain stakeholder interest and the misinformation that there's a dental hygienists shortage in California when there's not. California is experiencing a maldistribution of the dental hygiene licensees as they congregate in more populated areas of the state where dental practice jobs and patients are located and not a licensee shortage.

Most of the dentists trained in other countries attempting to obtain a California RDH license are only doing so temporarily until they are accepted into the California International Dental Program offered at California dental schools. This is so they can work in the dental profession and use the foreign dental education and training they already possess. However, dentistry and dental hygiene are two entirely different skill sets where dental hygiene techniques are not readily taught in other countries. By flooding the dental market with foreign-trained dentists licensed as dental hygienists, even temporarily, it would have a

severe, direct, and possibly detrimental impact on the dental hygiene profession if jobs are not available.

There are already established and approved pathways to obtain a California RDH license these individuals could follow. By circumventing this established process and proper vetting, it may directly put California consumers at risk and cause irreparable harm to patients.

- 2) The Board currently oversees a license category titled the Registered Dental Hygienist in Alternative Practice (RDHAP) who is allowed to provide dental hygiene services autonomously for up to 18 months without a prescription on patients located in underserved areas, the homebound, residential institutions, and dental practices. In an effort to improve the oversight of this license category, the Board requests to require the licensees submit information to the Board as to how and where they are providing their dental hygiene services so we can monitor the practice for any issues including deviation in the standard of care. The Board requests to **amend BPC 1926.3** to the following:

(a) Every person who is now or hereafter licensed as a registered dental hygienist in alternative practice in this state shall register with the executive officer, on forms prescribed by the dental hygiene board within 30 calendar days, the physical facility of registered dental hygienist in alternative practice or, if the registered dental hygienist in alternative practice has more than one physical facility pursuant to Section 1926.4, all of the physical facilities. If the registered dental hygienist in alternative practice does not have a physical facility, the registered dental hygienist in alternative practice shall notify the executive officer of their working location upon licensure and at every biennial license renewal. ~~A person licensed by the dental hygiene board shall register with the executive officer within 30 days after the date of the issuance of the person's license as a registered dental hygienist in alternative practice.~~

Justification: By having newly licensed and existing RDHAPs notify the Board of how and where they intend to practice (portable equipment, mobile dental hygiene clinic, or stand-alone practice), it would assist the Board's oversight and documentation efforts of these licensees especially since they are allowed to practice autonomously without the supervision of a licensed dentist. Currently, the Board has no direct knowledge of where these licensees are providing their dental hygiene services as there's no reporting requirement established. By amending this section of law, it would establish a reporting requirement for RDHAPs to enhance the Board's oversight of the profession and improved statistical gathering for future reporting.

- 3) There is an issue pertaining to dental hygiene educational programs and recent accreditation language revisions from the United States Department of Education (USDE) that needs revision to the CA law. In 2020 unbeknownst to the Board, the USDE revised its terminology to no longer use "national" and "regional" accreditation but instead to use "institutional" and "programmatic" accreditation for institutions of higher education. Within the Board's laws pertaining to educational programs (specifically, BPC section 1941(c)), it states "regional" accreditation recognized by the USDE only with no reference to other accreditation bodies or terminology. The Board requests to revise BPC section 1941(c) with the following revision:

(c) For purposes of this section, a new or existing educational program for RDHs means a program provided by a college or institution of higher education that is accredited by a regional accrediting agency or a dental hygiene board-recognized agency whose mission includes the accreditation of institutions offering allied health education programs, recognized by the United States Department of Education and that has as its primary purpose providing college level courses leading to an associate or higher degree, that is either affiliated with or conducted by a dental school ~~approved by the dental board,~~ or that is accredited to offer college level or college parallel programs by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the dental hygiene board.

Justification: By approving the proposed amended language above, it would accomplish two things. First, it would align the 2020 approved United States Department of Education language for "institutional" and "programmatic" accreditation to be recognized by the Board; and second, to still be able to continue using "regional" accreditation in the law that's still widely accepted in most California institutions of higher education.

Additionally, the Dental Board no longer approves dental educational programs and relies on CODA's accreditation process. Therefore, it is appropriate to strike "approved by the dental board" in BPC section 1941(c).

- 4) Need for additional statutory language to allow the Board's Executive Officer to rescind or withdraw a citation under certain circumstances. The Board requests the following additional statutory language to create a new section, BPC section 1950.1, to address this issue:

a) The Executive Officer may rescind or withdraw a citation in the following circumstances:

(1) If the licensee presents new evidence after the appeal process and demonstrates the licensee would not have violated the Dental Practice Act when the initial citation was issued.

(2) If the citation is a result of an administrative action and the licensee maintains compliance of the law for which the citation was issued after a three-year period.

Justification: In the normal process of issuing citations, the Board's Enforcement staff and Executive Officer complete their program responsibilities in an effort of due process for the licensee. However, a situation arose during a continuing education (CE) audit where a citation was issued correctly to the licensee who initially failed the audit but later submitted documentation to validate her CE compliance for the license renewal and, if the documents were received timely, would not have been issued a citation. Unfortunately, the current law does not provide a provision for the Board's Executive Officer to withdraw or rescind a citation that was issued or issued in error. The newly proposed and requested statutory language section would resolve this problem under specific circumstances.

- 5) **Incorrect information in CORP section 13401.5(q).** This is a Board request to revise the Corporations Code to correct an error in CORP section 13401.5(q) where it states that a Registered Dental Hygienist in Alternative Practice (RDHAP) may employ Registered Dental Hygienists (RDH) and/or Registered Dental Hygienists in Extended Functions (RDHEF). This section is in direct contradiction to Business and Professions Code sections 1927 and 1929

where they specifically state an RDHAP can only hire another RDHAP to provide dental hygiene services to assist in the practice and no reference to RDHs or RDHEFs exists.

Justification: Because the Corporations Code is in direct contradiction to the Business and Professions Code, the Board requests to revise the section of the Corporations Code to accurately reflect what's stated in the sections of the Business and Professions Code to eliminate any confusion to the public or interested stakeholders.

- New issues raised by the Committees.

No new issues from the Committees have been noted by the Board.

Section 11 Attachments

Please provide the following attachments:

- A. Board's administrative manual.

The Board is currently revising its administrative manual, so the previous 2022 edition has been attached as a placeholder until the new version is complete which is expected in early 2027.

- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).

- C. Major studies, if any (cf., Section 1, Question 4).

The Board's 2025 Occupational Analysis for the RDH and RDHAP licensure categories has been attached.

- D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

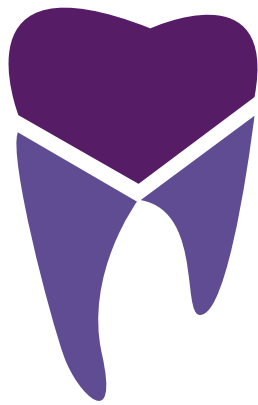
Year-end organizational charts for the last four fiscal years has been attached.

Attachment Documents for 2027 DHBC Sunset Review Report

- A) Board's Administrative Manual.**
- B) Current Organizational Chart showing relationship of committees to the Board and membership of each committee.**
- C) Major Studies.**
 - 1) 2025 Occupational Analysis for Registered Dental Hygienist (RDH).**
 - 2) 2025 Occupational Analysis for Registered Dental Hygienist in Alternative Practice (RDHAP).**
- D) Year-end organizational charts for last four (4) fiscal years.**

NOTE FOR 2027 SUNSET REVIEW REPORT:

The Dental Hygiene Board's Board Member Procedural Manual is currently being revised by an assigned Committee and will be completed in early 2027. The 2022 edition of the manual has been used as a placeholder for the 2027 DHBC Sunset Review Report until the 2027 edition is approved and released for use.



DHBC

Dental Hygiene
Board of California

Member Guidelines & Procedure Manual
September 2022

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Chapter 1
INTRODUCTION

The Dental Hygiene Board of California (DHBC) is the only self-regulating dental hygiene agency of its kind in the United States. The California Legislature established the Dental Hygiene Committee of California in 2008 as an independent committee within the Department of Consumer Affairs (DCA). In 2018 through Senate Bill 1482 (Ch. 858, Statutes of 2018), the Legislature approved for the Committee to become a full autonomous Board (DHBC) under the purview of DCA. In California, the DHBC holds authority to regulate the dental hygiene profession under the guidance of statutes contained in the Business and Professions Code (BPC), Sections 1900 - 1967.4 and sections of the California Code of Regulations (CCR). The following is a summary of the DHBC's responsibilities:

- Pursue legislation;
- Author and enforce regulations;
- Grant, renew, and withdraw approval of dental hygiene educational programs;
- Conduct feasibility studies for new dental hygiene educational programs;
- Develop and maintain the dental hygiene Law and Ethics Examination in conjunction with the Office of Professional Examination Services;
- Issue, suspend, and revoke dental hygiene licenses and permits;
- Oversee licenses placed on probation;
- Conduct investigation of and administer enforcement for licensing violations; and
- Participate in outreach and support of the dental and dental hygiene community.

DHBC members are appointed by the Governor and the Legislature. The Governor appoints seven board members, and the State Assembly Speaker appoints one public member while the Senate Rules Committee appoints a second public member. A standard term of appointment is four years in duration. The Governor and Legislature shall have the power to remove any member from the DHBC for neglect of duty required by law, for incompetence, or for unprofessional or dishonorable conduct. In the event that a member resigns, the resigning member shall send a letter to the Governor notifying the Governor of the member's resignation

and effective last date of service. A copy of the letter of resignation shall be sent to the Director of DCA, the DHBC President, and the DHBC Executive Officer (EO).

This procedure manual is provided to guide members in the discharge of their duties and to ensure DHBC effectiveness and efficiency.

Chapter 2

COMPOSITION

Members - The DHBC shall consist of nine members. There shall be four public members, four registered dental hygienist (RDH) members, and one dentist member. Each licensed member shall possess, at the time of appointment and throughout the member's term on the DHBC, a valid California license in good standing to practice in the member's respective field of dentistry or dental hygiene.

- Public members - No public member shall have been licensed under this chapter within five years of the public member's date of appointment, nor shall the public member possess or acquire any financial interest in a business related to the practice of dentistry or dental hygiene during the public member's term on the DHBC.
- RDH members - Of the RDH members, one shall be licensed either in alternative practice or in extended functions; one shall be a dental hygiene educator; and two shall be RDHs.
- Dentist member - The dentist member shall be licensed either as a general dentist or a public health dentist.

Mid - term vacancies shall be filled by Governor or Legislative appointment depending upon which board member creates the vacancy, and the newly appointed member shall serve the remainder of his or her predecessor's unexpired term.

Member Officers - The DHBC shall elect a President, a Vice President, and a Secretary from its membership. The election shall be held at the final meeting of the calendar year. The newly elected member officers shall assume their respective offices on January 1st of the following year. Each term of service for a member officer position is one year. No person shall serve as

a member officer for more than two consecutive years unless extenuating circumstances prevail, requiring the majority of the members vote in favor of an extension. If an office becomes vacant during the year, an election shall be held at the next meeting.

President - The President is the spokesperson for the DHBC. The President represents the DHBC by attending hearings and other meetings with legislators, DCA, and stakeholders. The President attends Dental Board of California meetings as necessary. The President may testify, sign letters, and address the media on behalf of the DHBC. The President shall copy the EO on all written communications made on behalf of the DHBC and the EO shall forward the communication to all members.

The President is the chief official responsible for DHBC business. The President chairs and facilitates DHBC meetings, approves DHBC meeting agendas, signs specified full Board enforcement orders, establishes committees, appoints the Chairperson and members of each committee, and when necessary, assigns members at large to serve in the absence of committee members. The President may establish task forces to research policy questions or other issues as needed.

The President is the immediate supervisor of the EO. Specific instructions for work on policy matters by the EO from DHBC members shall be coordinated through the President. The President shall meet and communicate with the EO on a regular basis. The President holds approval authority for the EO's timesheets, travel expense claims, and leave requests. The President performs the following duties to lead the EO evaluation process:

- The President shall obtain an Executive Officer Performance Evaluation Guide from DCA Office of Human Resources (DCA OHR).
- The President shall distribute the Executive Officer Performance Evaluation Guide to DHBC members.
- The President shall collect each member's input and create a draft EO Performance Appraisal and Salary Administration.
- The President shall present a draft EO Performance Appraisal and Salary Administration to the DHBC annually.

- The President shall ensure that discussion of EO Performance Appraisal and Salary Administration is noticed on the DHBC meeting agenda for which it will be deliberated. Deliberation on EO Performance Appraisal and Salary Administration shall be conducted annually. Deliberation on the EO Performance Appraisal and Salary Administration shall be conducted in closed session unless the EO requests to the President in writing that the matter be discussed in open session.
- Before the close of deliberations, the President shall ensure that the DHBC approves an EO Performance Appraisal and Salary Administration Report.
- The President shall provide the EO with a written EO Performance Appraisal and Salary Administration Report annually.
- The President shall initiate the Exempt Position Request (EPR) process through the DCA OHR should the board determine that a salary adjustment or elevation in exempt position level of the EO is warranted.

Vice President - The Vice President assists the President at the President's request and may assume the duties above in the President's absence.

Secretary - The Secretary calls the roll at each DHBC meeting and reports whether a quorum is established. The Secretary also calls the roll vote for each agenda item voted upon and records the official vote results for the record.

Executive Officer - The EO is the chief administrative officer responsible for implementing the policies and directives of the DHBC.

- Recruitment and Selection - The DHBC shall institute an open recruitment plan to maintain a pool of qualified candidates. The DHBC shall also work with the DCA OHR for recruitment procedures. The selection of an EO shall be included as an item of business which must be noticed in a written agenda and transacted at a public meeting.
- Appointment - The appointed EO is exempt from civil service and serves at the pleasure of the DHBC. Appointment of the EO is subject to approval by the Director of the DCA.
- Supervision – The President is the direct supervisor of the EO. The EO, with the assistance of an Assistant EO, manages and supervises the staff.

- Vacancy – In the event the EO's position becomes vacant, the DHBC shall appoint the Assistant EO to serve as Interim EO until a permanent appointment can be made. The Interim EO's salary shall be set at an amount within the EO's salary range and the salary shall be applied to the first day of service as an Interim EO. The DHBC shall hold a special meeting within 30 days of the EO's vacancy to appoint an Interim EO, confirm the salary amount, and to initiate the selection process for a new EO.

Staff - Employees of the DHBC, with the exception of the EO, are civil service employees. Their conditions of employment (including pay, benefits, discipline, and evaluations) are governed by a myriad of civil service laws and regulations as well as collective bargaining labor agreements. Because of this complexity, it is appropriate that the DHBC delegate all authority and responsibility for managing the DHBC staff to the EO and AEO.

Chapter 3

TRAINING & CERTIFICATION REQUIREMENTS

DHBC members are required to complete the following training. Upon completion of each course, members shall send a copy of their Certificate of Completion to the EO or maintain the record in the online Learning Management System (LMS). The EO shall retain a copy of each certificate in the member's personnel file and shall forward additional copies to the appropriate oversight agencies as required.

- Board Member Orientation
- California Ethics Training for State Officials
- Conflict of Interest Certification
- Defensive Driver Training
- Sexual Harassment Prevention

Board Member Orientation Training - Every newly appointed and/or reappointed member is required to complete a New Board Member Orientation training program presented by the DCA within one year of assuming office. The training covers functions, responsibilities, and

obligations entailed in service as a DHBC member. For more information and assistance with scheduling, please contact:

SOLID Training Solutions
1747 Market Blvd., Ste. 270
Sacramento, CA 95834
(916) 574-8316
SOLID@dca.ca.gov

California Ethics Training for State Officials - Every newly appointed and/or reappointed member is required to complete the California Ethics Training for State Officials course within six months of appointment and every two years thereafter. The Attorney General's Website, <http://oag.ca.gov/ethics>, contains both an interactive version of the training as well as an accessible text-only version.

Conflict of Interest Certification - Every newly appointed and/or reappointed member is required to certify, within 10 days of appointment, and each year thereafter, specific documents to the general effect that he or she will perform all duties of a DHBC member in an impartial manner, free from bias caused by personal financial interests or the interest of persons who have supported the member. These documents, along with further explanation of conflict-of-interest restrictions and requirements, are available through the Board Member Resource Center on the DCA Website or through the Fair Political Practices Commission (FPPC) at:

http://www.dcaboardmembers.ca.gov/member_info/conflict_interest.shtml.

<https://www.fppc.ca.gov/>

Defensive Driver Training - Each member who will drive a vehicle in the course of any official function as a DHBC member, including commuting to DHBC meetings, shall complete, within 10 days of appointment, and every four years thereafter, the Department of General Service's (DGS) Defensive Driver Training. This training can be accessed through the DGS Website at:

www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.aspx.

Sexual Harassment Prevention - Every newly appointed and/or reappointed member is required to complete Sexual Harassment Prevention training within six months of appointment and every two years thereafter. DCA's Equal Opportunity Employment Office can provide instructions on how to obtain this training.

Equal Employment Opportunity Office
1625 N. Market Blvd., Ste. N330
Sacramento, CA 95834
(916) 574-8280

http://www.dcaboardmembers.ca.gov/training/harassment_prevention.shtml

Chapter 4

BAGLEY-KEENE OPEN MEETING ACT

Meetings are subject to all provisions of the Bagley-Keene Open Meeting Act. This act governs meetings of state regulatory boards and committee meetings of those boards when the committee consists of more than two members. The act specifies meeting notice and agenda requirements and prohibits discussing or taking action on items not included in the agenda.

All members are encouraged to read the entire Bagley-Keene Open Meeting Act guide prepared by DCA Legal Affairs and accessible through the DCA Internet Web Site at:

http://www.dca.ca.gov/publications/bagleykeene_meetingact.pdf.

Key points include the following:

- The DHBC shall post notice to the public on the Internet at least 10 calendar days before regular meetings are held. Alternate format notices shall be made available, upon request, for persons with disabilities.
- The notice shall include the agenda.
- During the meeting, the only items that shall be discussed are the items on the noticed agenda, with the exception that the public may raise issues during the Public Comment portion of the meeting.

- Issues raised during the meeting but not agendaized may, at the discretion of the President, be placed on a future meeting's agenda for discussion.
- For all action items at DHBC meetings, as well as subcommittee meetings of three or more members, the law now requires the DHBC to conduct a roll call vote for each action item voted upon for the record including the abstention of each member present for that action item. The DHBC shall include this information in its meeting minutes.
- Provision is made to allow special meetings for certain circumstances in which adherence to the 10-day notice requirement would impose a substantial hardship on the state body or where immediate action is required to protect public interest.
- Members shall not contact other members in order to discuss, deliberate, or take action outside the meeting on a matter within the subject matter of the DHBC.
- Members are strongly discouraged from using cell phones during any meeting as this may give the impression of unlawful member-to-member communication.
- Members may seek further clarification and instruction from the EO.
- With the advancement of technology, many meetings are now conducted through online teleconference or video methods. Unless there are new laws that change the parameters of the Open Meetings Act, the same key points must be followed for meetings consisting of two or more board or committee members.

Chapter 5

OPERATIONS

General Rules of Conduct -

- Members shall recognize the valuable contributions of all DHBC members.
- Members shall commit appropriate time and effort to DHBC responsibilities including reviewing meeting notes, administrative cases, and other materials provided by staff.
- Members shall adhere to the principles of fairness and impartiality in the discharge of their duty to protect the public, without bias, through the enforcement of DHBC laws and the creation of regulations to govern the practice of dental hygiene.
- Members shall conduct their business in an open manner so that the public may be both informed and involved in accordance with the Bagley-Keene Open Meeting Act.

- Members shall neither privately nor publicly lobby for, nor shall they publicly endorse, or otherwise engage in any personal efforts that would tend to promote their own personal or political views or goals when those views or goals are in opposition to a position adopted by the DHBC.
- Members shall never participate in making a governmental decision, or in any way attempt to use their official position to influence a governmental decision, in which there is a financial interest to the member or the potential of such. Any DHBC member who feels they are entering into a situation where there is a potential for a conflict of interest shall immediately consult the EO or DHBC's legal counsel.
- Members shall never accept gifts from applicants, licensees, or members of the profession while serving on the DHBC.
- Members shall not disclose or otherwise make known the contents or nature of sensitive, private, or confidential documents or information related to DHBC business.
- Members shall not speak or act on behalf of the DHBC without first notifying the EO and obtaining permission from the President.

Full Committee Meetings - The DHBC shall meet at least two times each calendar year with an option for a third meeting, if necessary, to conduct DHBC business. The DHBC shall make a reasonable effort to vary the location of meetings, as economically feasible, to best serve the public and licensees.

Member attendance and active participation is critical to the success of DHBC meetings; therefore, if at any time a member cannot attend a meeting, it is imperative that the member notify the EO as soon as possible so that the EO can verify that a sufficient number of members will be present at the meeting to establish a quorum. To vote on an item of business, a quorum must be present. The presence of five members is necessary to establish a quorum. When a quorum is not present, but members are in attendance at a noticed meeting, members may discuss items of business but they may not take any action.

The President may ascertain from any member whose level of attendance and active participation at noticed meetings and whose timely submittal of mail votes is below standard whether or not the member is able or willing to continue to serve.

Agendas - Any member may submit items to the EO for consideration for future meeting agendas. The President and EO shall review all proposed agenda items received at least 30 days prior to the noticed meeting and the President shall determine which items shall be placed on that meeting's agenda. The EO shall provide the agenda to all members at least 10 days prior to the meeting and the EO shall provide the meeting packet to all members by email no later than seven days prior to the meeting.

Agendas shall focus on the specific tasks assigned by the DHBC and shall include:

- Time for public comment.
- Time for members to recommend new issues to be brought to the DHBC's attention.
- Time for a lunch break if the meeting is a full day.
- Committee agendas shall only contain items dealing with subjects assigned to the respective committee.
- Teleconference agendas shall include the meeting identification and passcode for the public to access the meeting.

Committees - Committees are advisory groups formed to research and deliberate on specific categories of concern, then recommend actions to the full Board for approval. The President shall appoint members to fill positions on each standing committee. A member may serve on multiple committees. Members who attend a committee meeting when not appointed to that committee may sit in the audience but shall not participate in the meeting discussion or voting. There are four standing committees:

- Licensing and Examination Committee
- Enforcement Committee
- Legislative and Regulatory Committee
- Education Committee

Licensing and Examination Committee - The purpose of the Licensing and Examination Committee is to advise the DHBC on policy matters relating to examination and licensure.

Enforcement Committee - The purpose of the Enforcement Committee is to advise the DHBC on policy matters related to protecting the health and safety of consumers. This includes evaluation of disciplinary statutes and maintenance of regulations and guidelines pertaining to enforcement.

Legislative and Regulatory Committee - The purpose of the Legislative and Regulatory Committee is to review and track legislation that affects the DHBC and to recommend positions on legislation. The committee also provides information and recommendations on regulatory additions or changes.

Education Committee - The purpose of the Education Committee is to advise the DHBC on granting, renewing, or withdrawing approval of educational programs and curriculum content. The committee also provides information and recommendations on feasibility studies for new educational programs.

Ad Hoc Committees - The President may establish ad hoc committees as needed. Any member may request that an ad hoc committee be established. The ad hoc committee is charged with an in-depth review of a specific issue and a recommendation to the DHBC.

Staff Assistance – The DHBC staff are available to provide support and consultation to the DHBC members and committees; however, members must funnel all communications and requests for staff assistance through the EO.

Recordkeeping - All public meetings are recorded using either audio and/or video recording equipment. Recordings shall be maintained until either 30 days from the meeting or until after the minutes are approved or accepted, whichever is later. Teleconferences may also be recorded for the minutes and record.

Minutes - Meeting minutes are a summary, not a transcript, of the proceedings. Only a quorum may approve meeting minutes and when less than a quorum is present, they may accept the minutes. A vote shall be taken regarding whether or not to accept/approve the minutes at the next meeting following the meeting for which the minutes pertain. Approved or accepted minutes for the open session portions of DHBC meetings shall be made available for

distribution to the public and placed on the DHBC's Internet Web Site within 30 working days of approval/acceptance.

Voting - All votes shall be captured in a roll call format pursuant to the Bagley-Keene Open Meeting Act and reflected as such in the minutes.

Chapter 6

DISCIPLINARY MATTERS INVOLVING LICENSEES

When a disciplinary matter involving a licensee arises, the Enforcement Analyst shall prepare a comprehensive report on the issue and provide it to all DHBC members. At the close of the report, the Enforcement Analyst shall propose various positions or stipulations for members to consider regarding the matter and shall provide each member a mail ballot and copy of the voting policy.

Voting on Disciplinary Matters - Each member may vote by mail ballot in favor of one of the proposed disciplinary positions or stipulations, or the member may vote to hold for discussion by writing on his or her ballot "hold for discussion" as well as the reason for the request to hold for discussion. If two or more members vote to hold for discussion, the matter is set aside until it can be discussed during a closed session at the next meeting. Members shall cast new votes after the discussion.

The DHBC shall approve, by a majority vote, any proposed decision or stipulation before the formal discipline becomes final and the penalty can take effect.

For stipulations, a background memorandum from the assigned deputy attorney general accompanies the mail ballot. A two-week deadline is generally given for return of the mail ballot to the DHBC's office.

If the matter is held for discussion, legal counsel will preside over the closed session to assure compliance with the Administrative Procedure Act and Open Meeting Act.

Security Regarding Disciplinary Matters - Members shall not directly participate in complaint handling or investigations. The following guidelines apply but members should contact the EO or DHBC legal counsel for answers to specific questions.

- No member shall access a licensee's or candidate's file.
- Members shall not intervene on behalf of a licensee, candidate for licensure, or respondent for any reason.
- If a member is contacted by a licensee, candidate for licensure, respondent, or by a respondent's attorney, the member shall refer the person making contact to the EO and shall immediately notify the EO of the contact event.

Chapter 7

SALARY PER DIEM

Members fill non-salaried positions but are paid \$100 per day for each meeting, training, or other day actually spent in the discharge of official DHBC duties. Members are reimbursed travel and other expenses necessarily incurred in the performance of official duties. They are paid from the DHBC's funds (BPC Section 103). Salary per diem and travel reimbursement shall be rendered in accordance with the following guidelines:

- The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a DHBC or committee meeting until that meeting is adjourned. Travel time is not included in this component.
- No salary per diem or reimbursement for travel-related expenses shall be paid to members except for attendance at official meetings unless a substantial official service is performed by the member. In the event of attendance at gatherings, events, hearings, conferences, or meetings other than official DHBC or committee meetings in which a substantial official service is performed, the member shall notify the EO and gain approval from the DHBC President prior to the member's attendance.
- For DHBC-specified work, members may be compensated for actual time spent performing work authorized by the President. This may include, but is not limited to,

authorized attendance at other gatherings, events, meetings, trainings, hearings, or conferences.

- Reimbursable work does not include miscellaneous reading and information gathering for business not related to any meeting, preparation time for a presentation, or participation at meetings not related to official duties.

Chapter 8

TRAVEL REIMBURSEMENT

Members shall obtain the President's approval prior to embarking on any travel in support of the DHBC except for DHBC meetings and mandatory training.

Rules governing members' reimbursement of authorized travel expenses are consistent with rules that apply to management-level state staff. Members shall coordinate with the EO as soon as possible upon return from travel to file travel expense claims.

Chapter 9
ADDITIONAL RESOURCES

Sample Mail Ballot

Model with Separate Hold Provisions

To: All DHBC Members

From: Enforcement Analyst

Date:

RE: Mail Ballot for [First] [Last], License No. _____ Case No. _____

THIS MAIL BALLOT MUST BE RETURNED TO THE DHBC NO LATER THAN _____

(If the ballot does not reach the DHBC by this date your vote may not be counted and the DHBC may lose jurisdiction to act).

Please review the attached documents and vote on the above case. Upon completion of this mail ballot, please return it to me in the enclosed envelope or fax it to me at (916) 263-2688 by the date noted above.

The decision presented is a:

___ Proposed Decision. The DHBC will lose jurisdiction to act on _____
[Government Code Section 11517(d)].

___ Stipulated Decision

___ Default Decision

___ Probationary License

Please choose one option:

___ I vote to adopt (Choose this option if you accept the decision as written).

___ I vote to reject (Choose this option if you have questions or concerns).

___ I vote to recuse myself (Choose this option if you believe you have a conflict).

___ I vote to hold for discussion (Choose this option if you would like to discuss at the next DHBC meeting)

DHBC Member Signature

Date

If you have procedural questions about the decision, please contact me at (916) 576-5005.

EXPLANATION OF ENFORCEMENT TERMS

Accusation - Charges filed against a licensee alleging violations of the laws and regulations relating to the practice of dental hygiene.

Default Decision - Licensee fails to respond to the Accusation by filing a Notice of Defense or fails to appear at the administrative hearing.

Denied - The application for licensure as a dental hygienist is denied.

Decision - The order of the DHBC in a disciplinary action.

Interim Suspension Order (ISO) - An order issued upon petition by the DHBC, suspending a licensee from all or a part of his or her practice in dental hygiene.

Petition to Revoke Probation - Charges filed against a probationer seeking revocation of their license based upon violation(s) of probation.

Probation - Terms and conditions placed on a licensee for a specific period of time as a result of disciplinary action.

Probationary License - A conditional license issued to an applicant with terms and conditions for a specific period of time.

Public Reprimand - Licensee was reprimanded for a minor violation(s).

Revoked - Licensee's right to practice is ended and the license is taken back.

Revoked, Stayed, Probation - "Stayed" means the revocation is postponed. Professional practice may continue so long as the licensee complies with the specific terms and conditions ordered. Violation of probation may result in the revocation that was postponed.

Statement of Issues - Charges filed against an applicant to deny licensure.

Stipulated Decision - A Settlement agreed to in lieu of a formal hearing to resolve the accusation and impose discipline.

Surrender - Licensee stipulates to surrender the license. The right to practice is ended.

Suspension - Licensee is prohibited from practicing for a specific period of time.

EXPLANATION OF MAIL BALLOT TERMS

Adopt - A vote to adopt the proposed action means that you accept the action as presented.

Default Decision - If an accusation mailed to the last known address is returned by the post office as unclaimed, or if a respondent fails to file a Notice of Defense or fails to appear at the hearing, the respondent is considered in default. The penalty in a case resolved by default is generally revocation of the license. A default decision can be set aside and the case set for hearing if 1) the respondent petitions for reconsideration before the effective date of the decision; and 2) the DHBC grants the petition.

Hold for Discussion - In addition to voting, you should mark this box if you have a question or concern about the decision and would like to discuss the matter with fellow members during a closed session. If you vote to reject, you may also wish to hold the case. TWO votes must be received to hold a case. If the case is a **stipulated decision**, the DHBC staff can explain why they entered into the agreement. If the case is either type, you may contact the DHBC's assigned legal counsel to discuss the merits of the case.

Proposed Decision - Following a hearing, the administrative law judge shall draft a proposed decision recommending an outcome based on the facts and the DHBC's disciplinary guidelines. At its discretion, the DHBC may impose a lesser penalty than that in the proposed decision. If the DHBC desires to increase a proposed penalty, however, it must vote to reject or non-adopt the proposed decision, read the transcript of the hearing, and review all exhibits prior to acting on the case.

Recusal - Mark this box if you believe you cannot participate in making the decision because you have a specific conflict. Common examples are if the person is a member of your family, a close personal friend, or business partner. If you are unsure if you should recuse yourself, you should contact the EO or the assigned DHBC legal counsel.

Reject - A vote to reject (non-adopt) the proposed action means that you disagree with one or more portions of the proposed action and do not want it adopted as the DHBC's decision. This

vote should be used if you believe an additional term or condition of probation should be added (or deleted), or would otherwise modify the proposed penalty.

Stipulated Decision - At any time during the disciplinary process, the parties to the matter (the EO and the respondent) can agree to a disposition of the case. With the EO's consent, the Deputy Attorney General can negotiate a stipulated decision (also referred to as a stipulated agreement) based on the DHBC's disciplinary guidelines. The DHBC may adopt the stipulated decision as proposed, may counter-offer and recommend other provisions, or may reject the agreement. If respondent declines to accept a proposed counteroffer, the case continues in the standard disciplinary process.

Summary of Outcomes - If a proposed decision is rejected, the transcript will be ordered and the case scheduled for argument according to DHBC policy. After reviewing the record, the DHBC will be able to adopt the decision as previously written or modify the decision as it deems appropriate, except that a cost recovery order may not be increased. If a stipulated decision is rejected, the case will be set for hearing unless a counteroffer is made during a closed session. If a default decision is rejected, the case will be set for hearing.

ACRONYMS

Agencies

AGO	Attorney General's Office
DBC	Dental Board of California
DCA	Department of Consumer Affairs
DHBC	Dental Hygiene Board of California
DHCC	Dental Hygiene Committee of California
OAH	Office of Administrative Hearings
OAL	Office of Administrative Law
OPES	Office of Professional Examination Services
PSI	Psychological Services Incorporated

Organizations

ADHA	American Dental Hygienists Association
CDHA	California Dental Hygienists Association
CDA	California Dental Association
CDHEA	California Dental Hygiene Educators Association
CAPS	California Assoc. of Private Post-Secondary Schools
CCC	California Community Colleges
CODA	Commission on Dental Accreditation
CRDTS	Central Regional Dental Testing Services, Inc.
WREB	Western Regional Examination Board

Codes

BPC	Business and Professions Code
CAC	California Administrative Code
CCR	California Code of Regulations
CGCGOV	California Government Code

Titles

AG	Attorney General
ALJ	Administrative Law Judge
DA	District Attorney
DAG	Deputy Attorney General
EO	Executive Officer

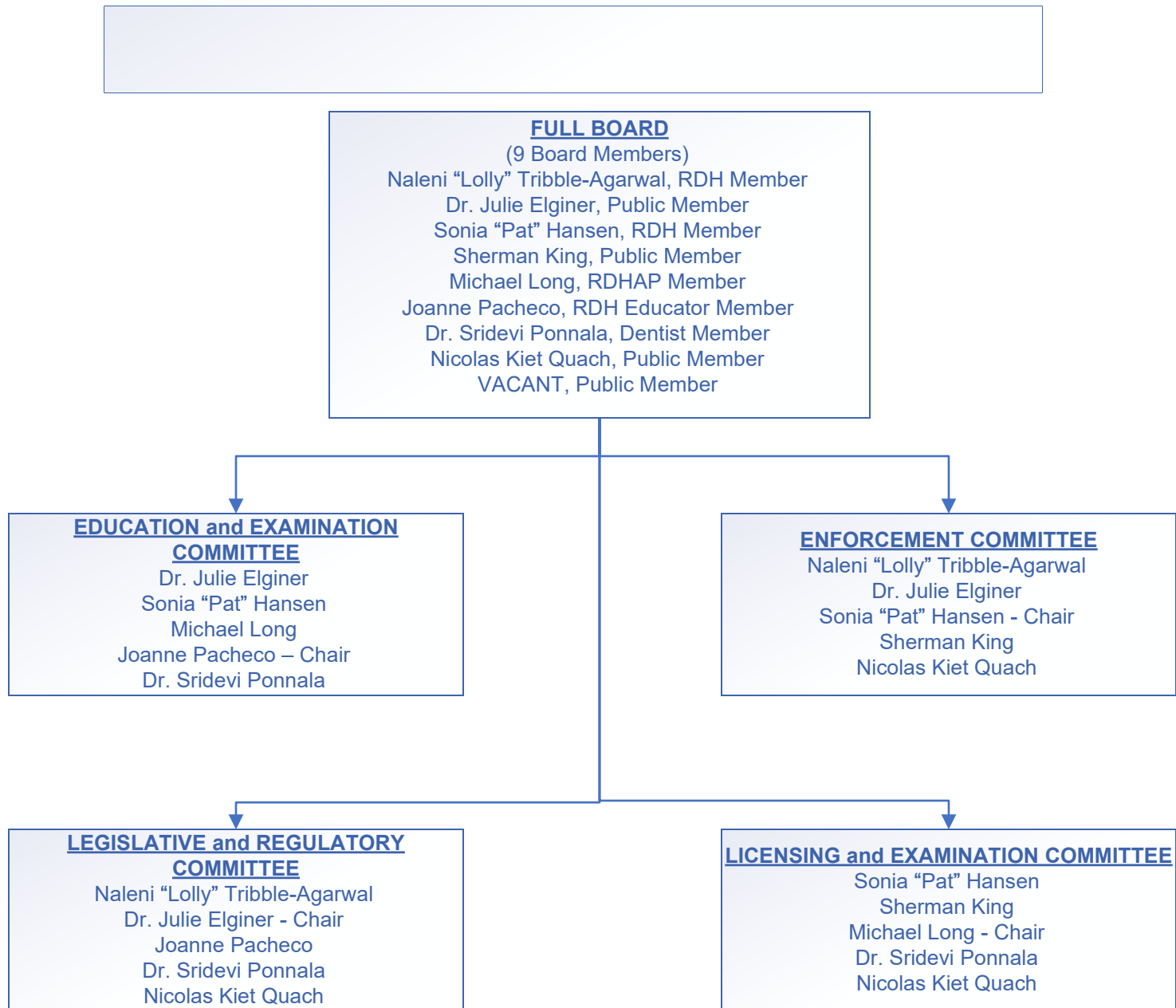
Licenses

FNP	Fictitious Name Permit
LBC	Licensure by Credential
RDH	Registered Dental Hygienist
RDHAP	Registered Dental Hygienist in Alternative Practice
RDHEF	Registered Dental Hygienist in Extended Functions
SLN	Soft Tissue Curettage, Local Anesthetic, and Nitrous Oxide and Oxygen Administration

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2026 DHBC Organizational Chart showing relationship of committees to the Board and membership of each committee.



Studies for 2027 DHBC Sunset Review Report

DHBC 2025 Occupational Analysis for:

- 1) Registered Dental Hygienist.**
- 2) Registered Dental Hygienist in
Alternative Practice.**



OCCUPATIONAL ANALYSIS OF THE
REGISTERED DENTAL HYGIENIST PROFESSION



DENTAL HYGIENE BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL HYGIENIST PROFESSION



July 2025



OFFICE OF PROFESSIONAL EXAMINATION SERVICES

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This occupational analysis report is mandated by California Business and Professions Code § 139 and by DCA *OPES 22-01 Licensure Examination Validation Policy*.

EXECUTIVE SUMMARY

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the registered dental hygienist (RDH) profession in California. The purpose of the OA is to define practice in terms of critical tasks that RDHs must be able to perform safely and competently at the time of licensure. The results of this OA provide a description of practice for the RDH profession and provide the basis for constructing a valid and legally defensible California RDH Laws and Ethics Examination.

OPES test specialists began by researching the profession and conducting telephone interviews with licensed RDHs working throughout California. The purpose of these interviews was to identify the tasks performed by RDHs and to specify the knowledge required to perform those tasks safely and competently. Using the information gathered from the research and interviews, OPES test specialists developed a preliminary list of tasks performed by RDHs in their practice, along with a list of the knowledge needed to perform those tasks.

In November 2024, OPES convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing RDH practice in California. RDHs participated in the workshops as subject matter experts (SMEs). The SMEs represented the profession in terms of location of practice and years licensed. The SMEs also linked each task with the knowledge required to perform that task and reviewed demographic questions for a two-part OA questionnaire to be completed by a sample of RDHs statewide.

After the workshop, OPES test specialists developed the OA questionnaire. The development included a pilot study that was conducted using a group of RDHs who participated in the telephone interviews and the November 2024 workshop. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered December 2024–February 2025.

In the first part of the OA questionnaire, RDHs were asked to provide demographic information related to their work settings and practice. In the second part, RDHs were asked to rate specific tasks by frequency (i.e., how

often the RDH performs the task in their current practice) and importance (i.e., how important the task is to effective performance in their current practice). The RDHs were also asked to rate each knowledge statement by importance (i.e., how important the knowledge is to effective performance in their current practice).

In December 2024, on behalf of the Board, OPES sent an email to a sample of 7,970 actively practicing RDHs, inviting them to complete the online OA questionnaire. The email invitation was sent to RDHs for whom the Board had an email address on file. Three reminder emails were sent after the initial invitation was made.

A total of 1,297 RDHs, or approximately 16.3% of the RDHs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 887 (11.1%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as RDHs in California. Second, OPES excluded data from questionnaires that contained a large portion of incomplete responses.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement.

Once the data were analyzed, OPES conducted a second workshop with SMEs in February 2025. The SMEs evaluated the criticality indices and determined whether any task statements should be excluded from the examination outline. They also reviewed the list of knowledge statements to verify that each statement was critical for safe and competent entry-level performance as an RDH in California. The SMEs established the final linkage between tasks and knowledge statements, organized the tasks and knowledge statements into content areas, and wrote descriptions of those content areas. The SMEs then evaluated the preliminary content area weights and determined the final weights for the California RDH description of practice.

The description of practice is structured into four content areas weighted relative to each of the other content areas. The new description of practice identifies the tasks and knowledge critical to safe and competent RDH practice in California at the time of licensure.

Results of this OA provide information regarding current practice that can be used to develop valid and legally defensible examinations and to make job-related decisions regarding occupational licensure. The description of practice developed as a result of this OA also provides a basis for developing the California Registered Dental Hygienist Laws and Ethics Examination.

OVERVIEW OF THE REGISTERED DENTAL HYGIENIST DESCRIPTION OF PRACTICE

CONTENT AREA	CONTENT AREA DESCRIPTION	PERCENT WEIGHT
1. Patient Evaluation and Dental Hygiene Assessments	This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.	20
2. Dental Hygiene Treatment	This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.	40
3. Health and Safety	This content area assesses a candidate's ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.	15
4. Dental Hygiene Laws and Ethics	This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.	25
TOTAL		100

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of the registered dental hygienist (RDH) profession in California. The purpose of the OA is to identify critical activities performed by RDHs in California. The results of this OA provide a description of practice for the RDH profession and a basis for developing a valid and legally defensible Registered Dental Hygienist Laws and Ethics Examination.

PARTICIPATION OF SUBJECT MATTER EXPERTS

California RDHs participated as subject matter experts (SMEs) during the OA to ensure that the description of practice directly reflects current RDH practice in California. These SMEs represented the occupation in terms of geographic location of practice and years licensed. The SMEs provided technical expertise and information regarding different aspects of current RDH practice. During the workshops, the SMEs developed and reviewed the tasks and knowledge statements describing RDH practice, organized the tasks and knowledge statements into content areas, evaluated the responses to the OA questionnaire, and developed the description of practice and examination outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purposes of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code (BPC) § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.

- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure, certification, or registration program to meet these standards, it must be solidly based upon the occupational activities required for practice.

DESCRIPTION OF OCCUPATION

The RDH occupation is described as follows in BPC § 1908, 1909, and 1910:

BPC § 1908

- (a) 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.
- (b) The practice of dental hygiene does not include any of the following procedures:
 - (1) Diagnosis and comprehensive treatment planning.
 - (2) Placing, condensing, carving, or removal of permanent restorations.
 - (3) Surgery or cutting on hard and soft tissues including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
 - (4) Prescribing medication.
 - (5) Administering local or general anesthesia or oral parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other, or local anesthesia pursuant to BPC § 1909.

BPC § 1909

A registered dental hygienist is authorized to perform the following procedures under direct supervision of a licensed dentist, after submitting to the dental hygiene board evidence of satisfactory completion of a course of instruction, approved by the dental hygiene board, in the procedures:

- (1) Soft-tissue curettage.
- (2) Administration of local anesthesia.
- (3) Administration of nitrous oxide and oxygen, whether administered alone or in combination with each other.

BPC § 1910

A registered dental hygienist is authorized to perform the following procedures under general supervision:

- (a) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing.
- (b) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.
- (c) The taking of impressions for bleaching trays and application and activation of agents with nonlaser, light-curing devices.
- (d) The taking of impressions for bleaching trays and placements of in-office, tooth-whitening devices.

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CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

TASKS AND KNOWLEDGE STATEMENTS

To develop a preliminary list of tasks and knowledge statements, OPES test specialists integrated information gathered from literature reviews of profession-related sources (e.g., previous OA reports, articles, laws and regulations, industry publications) and from telephone interviews with licensed registered dental hygienists working throughout California. The statements were then organized into major content areas of practice.

In November 2024, OPES test specialists facilitated a workshop. Five SMEs with varying years of experience and practicing in different geographic locations participated in the workshop. The SMEs evaluated the tasks and knowledge statements for technical accuracy, level of specificity, and comprehensiveness of assessment of practice. The SMEs also performed a preliminary linkage of the tasks and knowledge statements. The purpose of the linkage was to identify the knowledge required for performance of each task and to verify that each identified knowledge statement was important for safe and competent performance as an RDA. The linkage ensured that all tasks were linked to at least one knowledge statement and that each knowledge statement was linked to at least one task. The SMEs also evaluated the scales that would be used for rating tasks and knowledge statements. In addition, SMEs evaluated the organization of task statements within content areas to ensure that the content areas were independent and non-overlapping.

Finally, the SMEs reviewed and revised the proposed demographic questions for the online OA questionnaire.

OPES used the final list of tasks, associated knowledge statements, demographic questions, and rating scales to develop the online OA questionnaire that was sent to a sample of RDHs statewide.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed the online OA questionnaire designed to solicit RDHs' ratings of the tasks and knowledge statements. The surveyed RDHs were asked to rate how often they perform each task in their current practice (Frequency) and how important each task is to effective performance of their current practice (Importance). In addition, they were asked to rate how important each knowledge statement is to the effective performance of their current practice (Importance). The OA questionnaire also included a demographic section to obtain relevant professional background information about responding RDHs. The OA questionnaire is Appendix A.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was sent to the 7 SMEs who participated in the telephone interviews and the 5 SMEs who participated in the OA workshop. OPES received feedback on the pilot study from 4 respondents. The SMEs reviewed the tasks and knowledge statements in the questionnaire for technical accuracy and for whether they reflected RDH practice. The SMEs also provided feedback about the estimated time for completion, online navigation, and ease of use of the questionnaire. OPES used this feedback to refine the final questionnaire, which was administered December 18, 2024–February 9, 2025.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In December 2024, on behalf of the Board, OPES sent an email to a sample of 7,970 actively practicing RDHs for whom the Board had an email address on file, inviting them to complete the online OA questionnaire. Reminder emails were sent biweekly after the initial invitation. The email invitation to practitioners is Appendix B.

A total of 1,297 RDHs, or approximately 16.3% of the RDHs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 887 (11.1%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently holding a license and practicing as RDHs in California. Second, OPES excluded data from questionnaires with a large portion of incomplete responses.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, the responding RDHs reported a range of years of experience from 0–5 (21.9%) to more than 16 (46.2%), which accounted for most respondents. The rest of the respondents held their RDH license for 6–10 years (15.4%) or 11–15 years (16.5%).

Table 2 and Figure 2 show other licenses or certificates that respondents reported holding in addition to their RDH license. Most respondents reported holding an administration of local anesthesia certificate (91.9%), while 90.4% of respondents reported that they held an administration of nitrous oxide and oxygen certificate. In addition, 85.2% of respondents reported holding a periodontal soft tissue curettage certificate. Respondents also reported that they held a certificate in radiographic decision-making (30.8%). A small percentage of respondents reported that they held an RDA license (17.1%), an interim therapeutic restorations certificate (14.1%), or an RDAEF license (0.8%).

Table 3 and Figure 3 show that most respondents work 31–40 hours per week (44.5%), while 25.7% of respondents work 21–30 hours per week. Smaller percentages of respondents reported working 11–20 hours (14.8%), 1–10 hours (8.7%), or more than 40 hours (6.3%).

Table 4 and Figure 4 show that 85.1% of the respondents reported that their primary work setting was located in an urban area, and 14.9% reported that it was located in a rural area.

Table 5 and Figure 5 show that 89.5% of respondents reported that they worked in general dentistry, while 3.7% described their primary work setting as periodontics, and 0.7% as pedodontics. A small percentage of respondents (6.1%) described their primary work setting as “other.”

Table 6 and Figure 6 show that 61.9% of respondents reported working in 1 dental office, while 24.4% reported working in 2 dental offices, and 13.8% reported working in 3 or more dental offices.

Table 7 shows that 3.9% of respondents are employed as an RDH instructor, while 96.1% of respondents are not RDH instructors.

Table 8 shows the geographical regions where respondents perform most of their work. A breakdown of regional data organized by county is Appendix C.

Additional demographic information from respondents can be found in Tables 1–8 and Figures 1–6.

TABLE 1 – NUMBER OF YEARS LICENSED AS A REGISTERED DENTAL HYGIENIST

YEARS	NUMBER (N)	PERCENT
0–5	194	21.9
6–10	137	15.4
11–15	146	16.5
16 or more	410	46.2
Total	887	100

FIGURE 1 – NUMBER OF YEARS LICENSED AS A REGISTERED DENTAL HYGIENIST

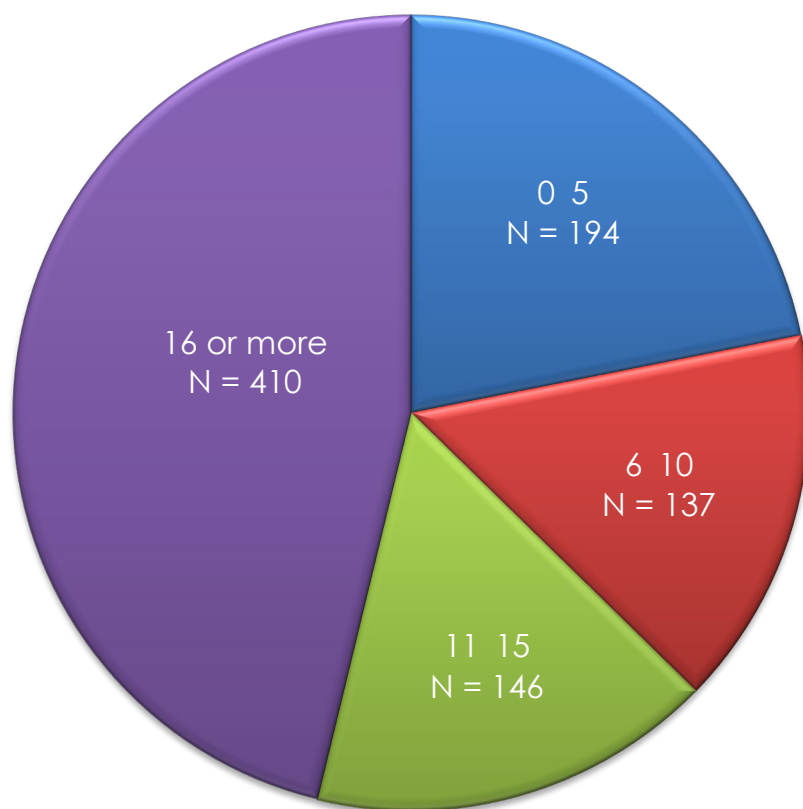


TABLE 2 – LICENSES AND CERTIFICATES HELD IN ADDITION TO REGISTERED DENTAL HYGIENIST

LICENSE/CERTIFICATE*	NUMBER (N)	PERCENT**
RDA	152	17.1
RDAEF	7	0.8
Periodontal Soft Tissue Curettage	756	85.2
Administration of Local Anesthesia	815	91.9
Administration of Nitrous Oxide and Oxygen	802	90.4
Radiographic Decision-making	273	30.8
Interim Therapeutic Restorations	125	14.1
None	16	1.8

*NOTE: Respondents were asked to select all that apply.

**NOTE: Percentages indicate the proportion in the sample of respondents.

FIGURE 2 – LICENSES AND CERTIFICATES HELD IN ADDITION TO REGISTERED DENTAL HYGIENIST

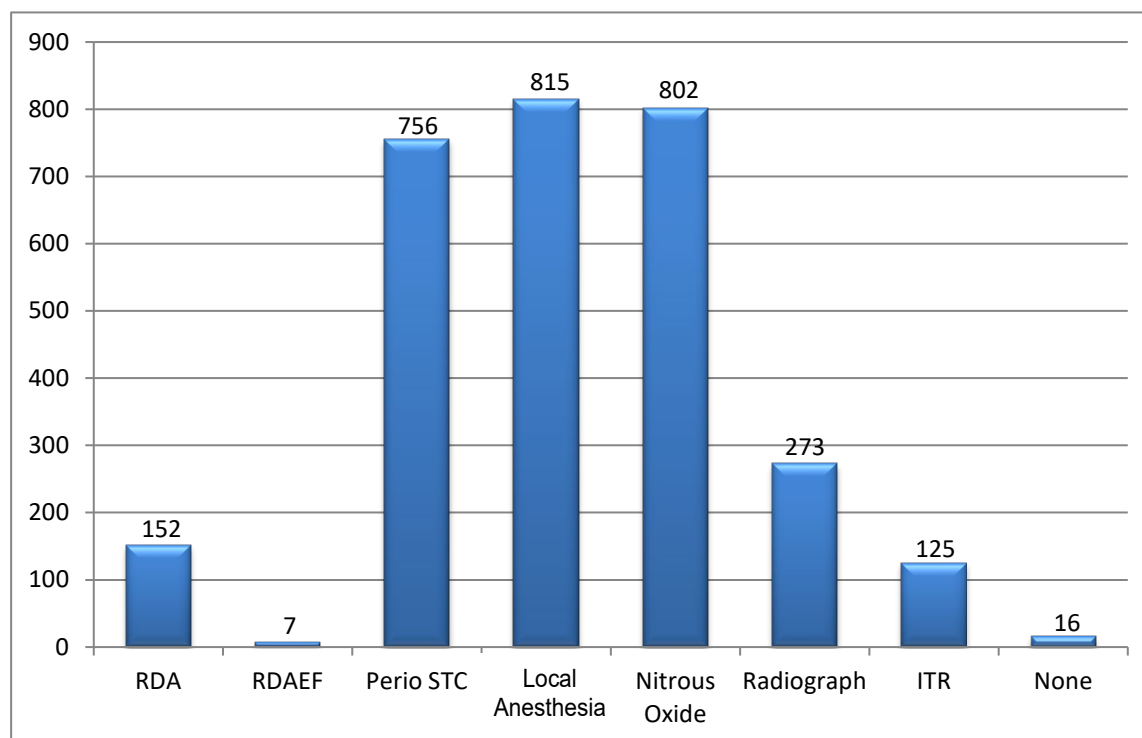


TABLE 3 – NUMBER OF HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
1–10	77	8.7
11–20	131	14.8
21–30	228	25.7
31–40	395	44.5
41 or more	56	6.3
Total	867	100

FIGURE 3 – NUMBER OF HOURS WORKED PER WEEK

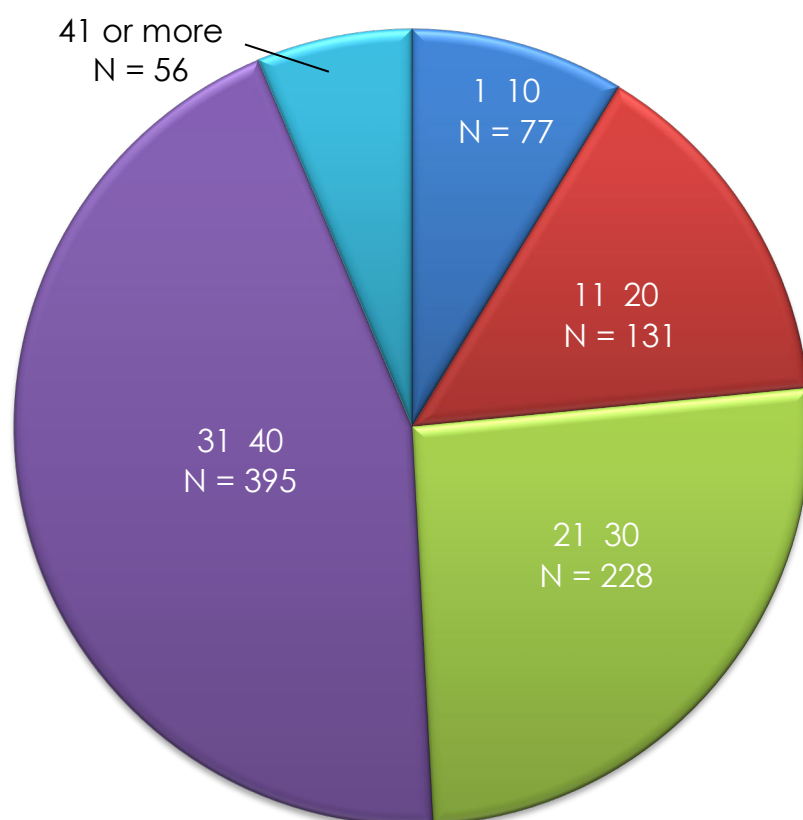


TABLE 4 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	755	85.1
Rural (fewer than 50,000 people)	132	14.9
Total	887	100

FIGURE 4 – LOCATION OF PRIMARY WORK SETTING

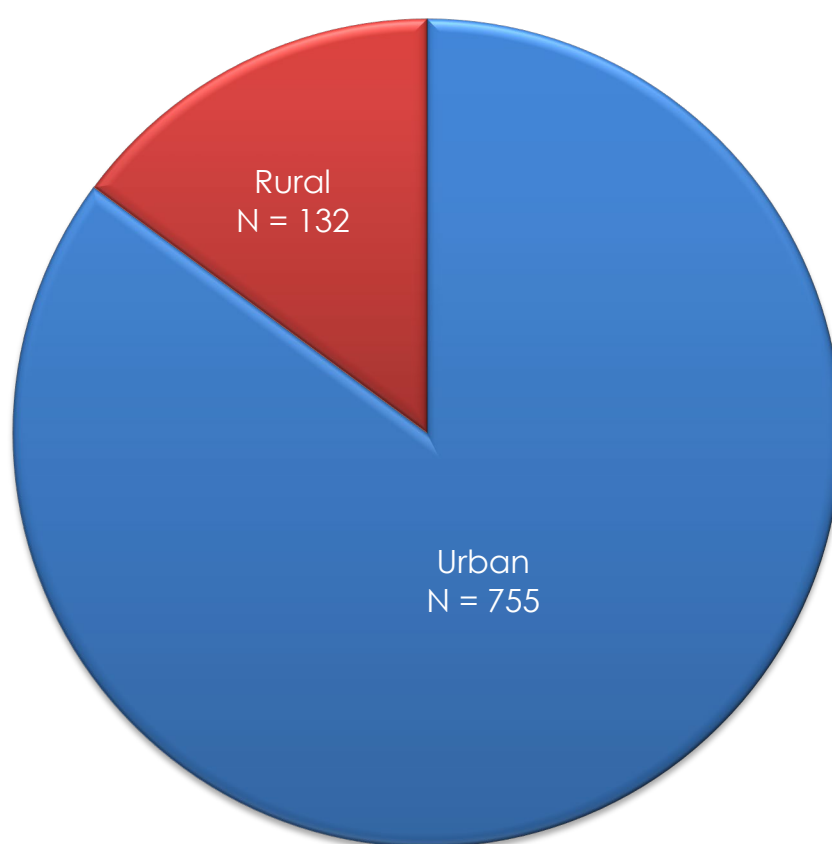


TABLE 5 – DENTAL PRACTICE DESCRIPTION

DENTAL PRACTICE	NUMBER (N)	PERCENT
General dentistry	794	89.5
Periodontic dentistry	33	3.7
Pedodontic dentistry	6	0.7
Other	54	6.1
Total	887	100

FIGURE 5 – DENTAL PRACTICE DESCRIPTION

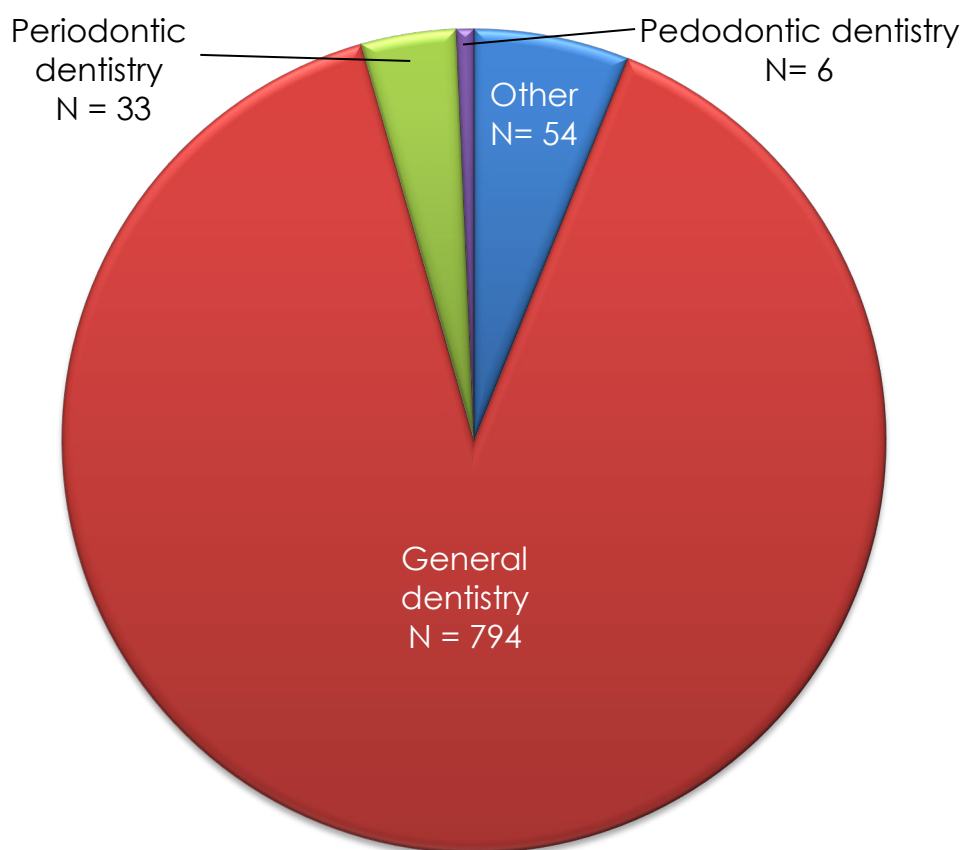


TABLE 6 – NUMBER OF OFFICES IN WHICH REGISTERED DENTAL HYGIENIST WORKED

OFFICES	NUMBER (N)	PERCENT*
1	549	61.9
2	216	24.4
3 or more	122	13.8
Total	887	*100.1

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 6 – NUMBER OF OFFICES IN WHICH REGISTERED DENTAL HYGIENIST WORKED

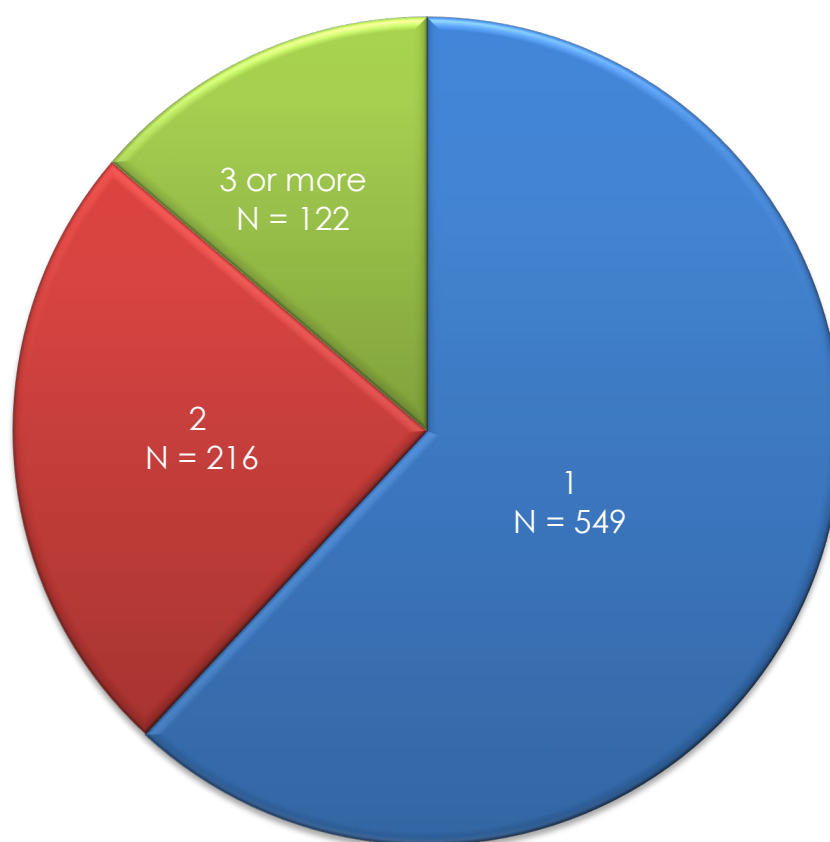


TABLE 7 – EMPLOYED AS AN INSTRUCTOR AT AN ACCREDITED HYGIENE SCHOOL

INSTRUCTOR	NUMBER (N)	PERCENT
Yes	35	3.9
No	852	96.1
Total	887	100

TABLE 8 – RESPONDENTS BY REGION*

REGION NAME	NUMBER (N)	PERCENT**
Los Angeles County and Vicinity	227	25.6
San Francisco Bay Area	180	20.3
San Joaquin Valley	88	9.9
Sacramento Valley	68	7.7
San Diego County and Vicinity	101	11.4
Shasta/Cascade	21	2.4
Riverside and Vicinity	57	6.4
Sierra Mountain Valley	52	5.9
North Coast	34	3.8
South Coast and Central Coast	59	6.7
Total	887	**100.1

*NOTE: Appendix C shows a more detailed breakdown of the frequencies by region.

**NOTE: Percentages do not add to 100 due to rounding.

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task and knowledge statement ratings obtained from the questionnaire respondents with a standard index of reliability, coefficient alpha (α), which ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the tasks and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 9 displays the reliability coefficients for the task statement rating scales in each content area. Table 10 displays the reliability coefficients for the knowledge statement rating scale in each content area. These results indicate that the responding RDHs rated the tasks and knowledge statements consistently throughout the questionnaire.

TABLE 9 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	FREQUENCY	IMPORTANCE
1. Patient Evaluation and Dental Hygiene Assessments	16	.882	.876
2. Dental Hygiene Treatment	18	.859	.814
3. Health and Safety	9	.870	.819
4. Dental Hygiene Laws and Ethics	29	.922	.941

TABLE 10 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	IMPORTANCE
1. Patient Evaluation and Dental Hygiene Assessments	54	.981
2. Dental Hygiene Treatment	40	.972
3. Health and Safety	25	.968
4. Dental Hygiene Laws and Ethics	63	.985

TASK CRITICALITY INDICES

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (Fi) and the importance rating (Ii) for each task. Next, OPES averaged the multiplication products across respondents as shown below.

$$\text{Task criticality index} = \text{mean } [(Fi) \times (Ii)]$$

The tasks were grouped by content area and sorted in descending order by their criticality index. The tasks included in the questionnaire, their mean frequency and importance ratings, and their associated criticality indices are Appendix D.

OPES test specialists convened a workshop consisting of 7 SMEs in February 2025. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and competent RDH practice. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index to determine whether to establish a cutoff value below which tasks should be eliminated. Based on their review of the relative importance of tasks to RDH practice, the SMEs determined that no cutoff value should be set and that all the tasks should be retained.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements included in the questionnaire, sorted in descending order by content area, and presented along with their mean importance ratings, are Appendix E.

The SMEs who participated in the February 2025 workshop also reviewed the knowledge statement mean importance ratings. After reviewing the mean importance ratings and considering their relative importance to RDH practice, the SMEs determined that no cutoff value should be set, and that all knowledge statements should be retained.

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the February 2025 workshop confirmed the final linkage of tasks and knowledge statements. The SMEs worked individually to verify that the knowledge statements linked to each task were critical to competent performance of that task.

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CHAPTER 5 | DESCRIPTION OF PRACTICE

CONTENT AREAS AND WEIGHTS

The SMEs who participated in the February 2025 workshop were also asked to finalize the weights of the content areas that would form the Registered Dental Hygienist description of practice. OPES test specialists presented the SMEs with preliminary weights that had been calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry-level RDH practice in California. Through discussion, the SMEs determined that adjustments to the preliminary weights were necessary to more accurately reflect the relative importance of each area to RDH practice. The content area weights for “Dental Hygiene Treatment” increased, while the content area weights for the rest of the content areas decreased. A summary of the preliminary and final content area weights for the RDH description of practice is presented in Table 11.

TABLE 11 – CONTENT AREA WEIGHTS

CONTENT AREA	PERCENT PRELIMINARY WEIGHT	PERCENT FINAL WEIGHT
1. Patient Evaluation and Dental Hygiene Assessments	22	20
2. Dental Hygiene Treatment	23	40
3. Health and Safety	16	15
4. Dental Hygiene Laws and Ethics	39	25
Total	100	100

The SMEs reviewed the content areas and wrote descriptions for each content area. They organized the tasks and knowledge statements into subareas within each content area and distributed the content area weight across the subareas. The content areas, subareas, and associated weights were then finalized and provide the basis for the RDH description of practice. The final description of practice is presented in Table 12.

TABLE 12 – REGISTERED DENTAL HYGIENIST DESCRIPTION OF PRACTICE (2025)

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%)

This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1A. Chief Complaints and Patient History (10%)	T1. Evaluate patient chief complaint to establish reason patient is seeking dental hygiene treatment.	K1. Knowledge of methods for identifying patient dental hygiene needs. K2. Knowledge of techniques for establishing patient rapport and trust. K3. Knowledge of types of dental conditions and complications that require consultation with other providers and specialists.
	T2. Evaluate patient vital signs to determine current physiological status to proceed with dental hygiene treatment.	K4. Knowledge of standards for measuring patient vital signs based on patient health status. K5. Knowledge of signs of elevated and abnormal vital sign readings. K6. Knowledge of techniques for establishing baseline measures of patient vital signs and identifying clinical significance of readings.
	T3. Assess patient medical history to obtain baseline information about patient health status and monitor changes over time.	K7. Knowledge of medical conditions and physiological states that have implications for dental hygiene treatment. K8. Knowledge of the relationship between systemic and oral health. K9. Knowledge of methods for collecting information about patient medical and dental history. K10. Knowledge of types of medical conditions that require prophylactic premedication for dental hygiene procedures. K11. Knowledge of types of medical conditions and complications that require consultation with other providers and specialists.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued

This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1A. Chief Complaints and Patient History 10%), continued	T4. Assess pharmacological, supplement, and drug history to identify potential risks or contraindications for dental hygiene treatment.	K12. Knowledge of types of pharmacologic agents, supplements, and drugs that require special consideration during dental hygiene treatment. K13. Knowledge of risks associated with pharmacologic agents, supplements, and drugs related to dental hygiene treatment.
	T5. Assess patient dental history to obtain information about prior dental care, complications, or adverse events relevant to current oral health.	K14. Knowledge of the relationship between dental history and current oral health.
	T6. Evaluate patient diet and oral health habits to determine implications for systemic and oral health.	K15. Knowledge of the relationship between diet and oral health.
		K16. Knowledge of the relationship between substance and tobacco use and oral health. K17. Knowledge of the relationship between oral hygiene habits and oral health.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued

This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1B. Assessment and Detection (10%)	T7. Conduct a myofunctional evaluation of the head and neck region to identify function of oral and facial structures.	K18. Knowledge of types of muscles and physiological structures in the head and neck region.
		K19. Knowledge of techniques for performing evaluation of the myofunction of the head and neck region.
		K20. Knowledge of signs of atypical and abnormal myofunction of structures in the head and neck region.
		K21. Knowledge of signs of temporal mandibular dysfunction.
	T8. Perform extraoral examination of hard and soft tissue to identify conditions related to patient oral health.	K22. Knowledge of types of anatomical structures and landmarks of the extraoral regions.
		K23. Knowledge of signs of healthy and pathological extraoral hard and soft tissues.
		K24. Knowledge of techniques for performing extraoral examinations.
		K25. Knowledge of the relationship between extraoral abnormalities, pathology, and oral health.
	T9. Perform intraoral examination of hard and soft tissue to identify conditions related to patient oral health.	K26. Knowledge of types of anatomical structures and landmarks of the intraoral cavity.
		K27. Knowledge of signs of healthy and pathological intraoral hard and soft tissues.
		K28. Knowledge of methods for performing intraoral examinations.
		K29. Knowledge of the relationship between intraoral abnormalities, pathology, and oral health.
	T10. Assess dental deposits and stains to determine extent of calculus formation.	K30. Knowledge of the relationship between microorganisms, biofilm, and calculus formation.
		K31. Knowledge of classifications of dental deposits.
		K32. Knowledge of types of extrinsic and intrinsic dental stains.
		K33. Knowledge of methods for assessing dental deposits and stains.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued

This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1B. Assessment and Detection (10%), continued	T11. Review existing restorative treatments and assess for caries and tooth damage to identify patient risks.	K34. Knowledge of classifications of dental caries and restorations. K35. Knowledge of techniques for identifying pulpal damage. K36. Knowledge of techniques for evaluating level of dental attrition, abrasion, erosion, lesion, and fracture. K37. Knowledge of techniques for performing dental caries detection and risk assessment.
	T12. Identify occlusion classification to determine the relationship of the maxillary and mandibular teeth.	K38. Knowledge of classifications of occlusion and malocclusion. K39. Knowledge of effects of occlusion and malocclusion on oral health. K40. Knowledge of methods for identifying occlusion and malocclusion.
	T13. Assess periodontium to identify clinical signs of healthy or diseased tissue and structures.	K41. Knowledge of components and structures of the periodontium. K42. Knowledge of signs and histologic characteristics of healthy and diseased periodontium. K43. Knowledge of classifications of periodontal and peri-implant diseases and conditions. K44. Knowledge of factors that increase risk for onset and progression of periodontal diseases. K45. Knowledge of factors that impact gingival plaque accumulation. K46. Knowledge of techniques for assessing the periodontium.
	T14. Assess presentation of dental implants and prosthetics to determine hygiene needs.	K47. Knowledge of components of peri-implants, implants, and prosthetics. K48. Knowledge of signs of peri-implantitis mucositis or other implant pathology that require dentist evaluation. K49. Knowledge of methods for determining hygiene maintenance needs of dental implants and prosthetics.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued

This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1B. Assessment and Detection (10%), continued	T15. Perform intraoral and extraoral cancer screening to detect signs and symptoms that require further medical attention.	K50. Knowledge of signs and symptoms of early and late presentations of intraoral and extraoral cancer. K51. Knowledge of methods for detecting intraoral and extraoral cancer. K52. Knowledge of types of intraoral and extraoral cancers.
	T16. Determine type of imaging needed to obtain diagnostic information based on patient assessment.	K53. Knowledge of types of radiographic imaging. K54. Knowledge of criteria for determining type of diagnostic images to be performed.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%)

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2A. Developing a Care Plan (7%)	T17. Develop overall oral hygiene indices to establish a baseline of oral health and monitor patient self-care progress.	K55. Knowledge of criteria for establishing oral hygiene indices. K56. Knowledge of methods for translating clinical evaluations into measurable oral hygiene indices.
	T18. Develop comprehensive dental hygiene care plans to address patient needs based on clinical assessments.	K57. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment. K58. Knowledge of methods to develop dental hygiene care plans that address individual patient needs.
2B. Dental Hygiene Procedures (10%)	T19. Perform scaling and root planing to remove deposits and stains from the surfaces of teeth.	K59. Knowledge of techniques for performing scaling and root planing using hand instruments. K60. Knowledge of techniques for performing scaling and root planing using ultrasonic or other power instruments.
	T20. Perform oral prophylaxis to remove deposits and stains from the surfaces of teeth.	K61. Knowledge of techniques for performing oral prophylaxis using hand instruments. K62. Knowledge of techniques for performing oral prophylaxis using ultrasonic or other power instruments.
	T21. Perform soft tissue curettage under supervision of a dentist to address periodontal disease.	K63. Knowledge of techniques for removing bacteria and diseased tissue on and under the gums.
	T22. Perform coronal polishing to remove supragingival and subgingival biofilm and stain.	K64. Knowledge of procedures to perform coronal polishing to remove supragingival biofilm and stain. K65. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.
	T23. Evaluate the presence or absence of biofilm, calculus, and stain before and after instrumentation.	K66. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.
	T24. Address hygiene maintenance needs of dental implants, prosthetics, and restorations to maintain integrity and biocompatibility of components.	K67. Knowledge of procedures for cleaning and polishing removable appliances. K68. Knowledge of procedures for cleaning and polishing dental implants, prosthetics, and restorations.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%), continued

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2C. Prophylaxis Procedures (9%)	T25. Apply fluoride and other caries-preventing agents to protect teeth.	K69. Knowledge of methods used to prevent caries. K70. Knowledge of procedures to apply fluoride to teeth.
	T26. Apply pit and fissure sealants to prevent dental caries.	K71. Knowledge of types of pit and fissure sealants and their uses. K72. Knowledge of factors that impact retention of pit and fissure sealants. K73. Knowledge of indications and contraindications for using pit and fissure sealants. K74. Knowledge of techniques for applying pit and fissure sealants.
	T27. Apply antimicrobial agents to prevent or control periodontal disease.	K75. Knowledge of types of antimicrobial agents and their active ingredients. K76. Knowledge of indications and contraindications for using antimicrobial agents. K77. Knowledge of techniques for delivering antimicrobial agents.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%), continued

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2 D . Pain and Anxiety Management (7%)	Administer topical anesthetic to control patient pain.	K78. Knowledge of procedures to administer topical anesthetic.
		K79. Knowledge of conditions that require application of topical anesthesia.
		K80. Knowledge of drug properties, side effects, interactions, and contraindications of topical anesthetic as they relate to dental hygiene treatment.
	T28. Administer local anesthetic to patients for pain control under supervision of a dentist.	K81. Knowledge of procedures to administer local anesthetic.
		K82. Knowledge of conditions that require administration of local anesthetic.
	T29. Administer nitrous oxide under dentist supervision to control patient pain and anxiety.	K83. Knowledge of drug properties, side effects, interactions, and contraindications of local anesthetic as they relate to dental hygiene treatment.
		K84. Knowledge of procedures to administer nitrous oxide.
		K85. Knowledge of conditions that require administration of nitrous oxide.
		K86. Knowledge of drug properties, side effects, interactions, and contraindications of nitrous oxide as they relate to dental hygiene treatment.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%), continued

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2E. Patient Education (7%)	T30. Educate patients about oral hygiene to promote oral health.	K87. Knowledge of effects of poor oral hygiene and care related to oral health. K88. Knowledge of methods for educating patients about oral hygiene.
	T31. Educate patients about dietary recommendations to promote oral health.	K89. Knowledge of effects of foods and beverages on oral health. K90. Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.
	T32. Provide patients with individualized oral hygiene instructions to address unique oral health needs.	K91. Knowledge of individualized oral hygiene instructions to address specific patient needs.
	T33. Provide patients with post-treatment instructions to promote patient compliance.	K92. Knowledge of symptoms patients may encounter after treatment. K93. Knowledge of techniques for pain management after treatment. K94. Knowledge of methods for educating patients about post-treatment instruction.

CONTENT AREA 3: HEALTH AND SAFETY (15%)

This content area assesses a candidate's ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Tasks	Knowledge Statements
T35. Provide patients with safety precautions to ensure protection during dental hygiene treatment.	K95. Knowledge of methods for using safety precautions with patients. K96. Knowledge of types of safety equipment for protecting patients. K97. Knowledge of techniques for protecting patients during diagnostic tests and imaging.
T36. Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	K98. Knowledge of equipment for providing protective barriers and air evacuation systems. K99. Knowledge of techniques for using barriers, air evacuation systems, and rinses. K100. Knowledge of types of infectious diseases and their modes of transmission.
T37. Sanitize hands according to protocols to prevent the transmission of diseases.	K101. Knowledge of techniques for sanitizing hands before and during dental hygiene treatments. K102. Knowledge of types of infectious diseases and their modes of transmission.
T38. Wear personal protective equipment to prevent contamination.	K103. Knowledge of techniques for using personal protective equipment.
T39. Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	K104. Knowledge of techniques for preventing the spread of infectious diseases. K105. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.
T40. Identify signs of medical emergencies to address situations that require immediate intervention.	K106. Knowledge of signs and symptoms of allergic reaction and anaphylactic shock. K107. Knowledge of signs of medical crisis and emergency. K108. Knowledge of methods for obtaining emergency medical assistance. K109. Knowledge of methods for administering emergency first aid and CPR.

CONTENT AREA 3: HEALTH AND SAFETY (15%), continued

This content area assesses a candidate's ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Tasks	Knowledge Statements
T41. Disinfect treatment area and equipment before and after dental hygiene treatment.	K110. Knowledge of methods for disinfecting treatment areas and equipment. K111. Knowledge of barrier techniques for protecting treatment areas and equipment. K112. Knowledge of methods for monitoring dental waterlines and water quality. K113. Knowledge of methods for disinfecting evacuation lines. K114. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.
T42. Sterilize instruments to prevent patient-to-patient disease transmission.	K115. Knowledge of types of sterilization processes and related equipment. K116. Knowledge of procedures for sterilizing instruments. K117. Knowledge of techniques for storing instruments before and after sterilization.
T43. Adhere to disposal safety protocols to discard biohazard materials or sharps.	K118. Knowledge of techniques for safely disposing of biohazard materials. K119. Knowledge of techniques for safely disposing of sharps.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%)

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4 A . Patient Autonomy and Consent for Treatment (7%)	T44. Disclose all relevant treatment options to assist patients in making informed treatment decisions.	K120. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.
	T45. Respect patient autonomy in making decisions about their care.	K121. Knowledge of laws about patient right to make treatment decisions. K122. Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.
	T46. Obtain informed consent to authorize dental hygiene treatment.	K123. Knowledge of requirements regarding informed consent for treatment.
	T47. Comply with requirements to provide oral care to minor patients.	K124. Knowledge of requirements for treating minor patients. K125. Knowledge of requirements regarding consent to treat and refuse treatment of minors. K126. Knowledge of requirements regarding access to information related to treatment of minors.
	T48. Maintain patient confidentiality to protect their inherent right to privacy in treatment.	K127. Knowledge of requirements regarding the release of confidential patient information.
	T49. Comply with requirements regarding requests for records to protect patient rights.	K128. Knowledge of requirements regarding patient right to access treatment records. K129. Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.
	T50. Comply with the provisions of the Health Information Portability and Accountability Act (HIPAA) to protect sensitive patient information.	K130. Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).
	T51. Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.	K131. Knowledge of requirements regarding geographic limitations in providing telehealth. K132. Knowledge of requirements regarding standards of care and delivery of telehealth.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4B. Mandated Reporting Requirements (3%)	T52. Report known or suspected child or neglect to protect the health and safety of minors.	K133. Knowledge of signs of child abuse and neglect. K134. Knowledge of laws regarding mandated reporting of child abuse and neglect. K135. Knowledge of procedures for filing mandated reports with protective authorities.
	T53. Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.	K136. Knowledge of signs of abuse, neglect, and exploitation of dependent adults. K137. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults. K135. Knowledge of procedures for filing mandated reports with protective authorities.
	T54. Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.	K138. Knowledge of signs of abuse, neglect, and exploitation of older adults. K139. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults. K135. Knowledge of procedures for filing mandated reports with protective authorities.
4C. Professional Dental Hygiene Practice (8%)	T55. Adhere to requirements regarding scope of practice to respect professional boundaries.	K140. Knowledge of legal requirements regarding RDH scope of practice.
	T56. Maintain professional conduct within and outside work hours to uphold professional integrity.	K141. Knowledge of requirements regarding professional conduct. K142. Knowledge of the relationship between personal and professional actions and public trust. K143. Knowledge of the principles of universality. K144. Knowledge of the principles of ethical behaviors that prevent harm to patients and society.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4C. Professional Dental Hygiene Practice (8%), continued	T57. Comply with license requirements to keep dental hygiene license current and valid.	K145. Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license. K146. Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions. K147. Knowledge of requirements regarding continuing education to maintaining dental hygiene license.
	T58. Maintain patient records according to requirements for documentation, storage, and disposal.	K148. Knowledge of requirements regarding documentation of treatments provided. K149. Knowledge of requirements regarding the storage and disposal of treatment records. K150. Knowledge of protocols for documenting in patient dental records.
	T59. Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.	K151. Knowledge of requirements regarding disclosures and notification of fees and fee changes. K152. Knowledge of requirements regarding the collection of fees and surcharges.
	T60. Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.	K153. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.
4D. Obligation to the Patient and Society (7%)	T61. Practice within scope of competence to provide treatment consistent with level of training and experience.	K154. Knowledge of ethical standards about the use of techniques or approaches within level of competence. K155. Knowledge of ethical standards about remaining current on professional developments.
	T62. Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.	K156. Knowledge of methods regarding cultural sensitivity in working with diverse patients. K157. Knowledge of the principles of complementarity. K158. Knowledge of standards that prohibit discrimination in professional services and conduct.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4D. Obligation to the Patient and Society (7%), continued	T63. Provide services in a manner that protects all patients to minimize harm to patients and others.	K159. Knowledge of the principles of non-maleficence. K160. Knowledge of methods for preventing harm to patients.
	T64. Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.	K161. Knowledge of ethical standards about conflict-of-interest situations. K162. Knowledge of methods for managing conflict of interest situations.
	T65. Maintain professionalism while providing oral health services to patients.	K163. Knowledge of the relationship between personal values and professional objectivity.
		K164. Knowledge of methods for managing the impact of personal values on treatment.
		K165. Knowledge of methods for maintaining objectivity in providing services to patients.
		K166. Knowledge of methods for managing the impact of personal issues on professional performance or judgement.
	T66. Adhere to standards regarding practicing while impaired to prevent harm to patients.	K167. Knowledge of standards about practicing when impaired.
		K168. Knowledge of standards about practicing under the influence of alcohol or other substances.
	T67. Maintain standard of care to align with patient oral health care needs.	K169. Knowledge of standards about providing services in the best interest of patients.
		K170. Knowledge of standards about excessive treatment and limiting patient care.
	T68. Promote well-being of patients to protect their best interest and welfare.	K171. Knowledge of standards about acting in the best interest of patients.
		K172. Knowledge of methods for enhancing the well-being of patients.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4D. Obligation to the Patient and Society (7%), continued	T69. Manage safety concerns and crisis situations that arise during treatment to protect patients and others.	K173. Knowledge of procedures regarding the management of safety needs. K174. Knowledge of methods for addressing patient safety needs.
	T70. Refer patients to other providers to address situations that require additional treatment or expertise.	K175. Knowledge of ethical standards about referrals for services to meet patient oral health care needs.
	T71. Collaborate with other professionals to meet patient oral health care needs.	K176. Knowledge of standards about participating with other professionals in providing patient care.
		K177. Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.
	T72. Address unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.	K178. Knowledge of signs of colleague impairments that jeopardize professional judgment.
		K179. Knowledge of types of colleague behaviors that require intervention or action.
		K180. Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.

CHAPTER 6 | CALIFORNIA REGISTERED DENTAL HYGIENIST LAWS AND ETHICS EXAMINATION OUTLINE

CALIFORNIA REGISTERED DENTAL HYGIENIST LAWS AND ETHICS EXAMINATION

At this time, California licensure as an RDH requires meeting educational, examination, and experience requirements, including the California RDH Laws and Ethics Examination.

The California description of practice was used to develop the examination outline for the California RDH Laws and Ethics Examination. SMEs who participated in the February 2025 workshop were asked to identify the tasks and knowledge statements that they believed were California-specific. The SMEs determined that all tasks and knowledge statements within the Laws and Ethics content areas should remain in the examination outline for the California RDH Laws and Ethics Examination.

CONTENT AREAS AND WEIGHTS

In February 2025, OPES facilitated a workshop with 7 SMEs. Before the workshop, OPES organized that tasks and knowledge statements from the preliminary California RDH Laws and Ethics Examination Outline into a proposed examination outline with 3 content areas. The SMEs determined the final content areas, descriptions, and content area weights. After the examination outline was finalized, OPES renumbered the tasks and knowledge statements. The final examination outline for the California RDH Laws and Ethics Examination is presented in Table 13. A summary of content area weights for the California RDH Laws and Ethics Examination Outline is presented in Table 14. Appendix F provides a conversion chart indicating the original task and knowledge statement numbers in the California RDH Description of Practice and the new task and knowledge statement numbers in the California RDH Laws and Ethics Examination Outline.

TABLE 13 – CALIFORNIA REGISTERED DENTAL HYGIENIST LAWS AND ETHICS
EXAMINATION OUTLINE CONTENT AREA WEIGHTS

CONTENT AREA	PERCENT AREA WEIGHTS
1. Consent, Confidentiality, and Patient Privacy	35
1A. Informed Consent and Patient Autonomy	20
1B. Patient Privacy and Protecting Private Health Information	9
1C. Limits to Confidentiality and Mandated Reporting	6
2. Standards for Professional Dental Hygiene Practice	35
2A. Scope of Practice, Professional Conduct, and Adherence to License Requirements	20
2B. Professional Practices	15
3. Obligation to the Patient and Professional Role	30
3A. Obligation to the Patient	20
3B. Obligation to Professional Dental Hygiene Role	10
Total	100

TABLE 14 – CALIFORNIA REGISTERED DENTAL HYGIENIST LAWS AND ETHICS EXAMINATION OUTLINE (2025)

CONTENT AREA 1: CONSENT, CONFIDENTIALITY, AND PATIENT PRIVACY (35%)

This content area assesses a candidate's knowledge of California laws and regulations pertaining to consent for treatment, confidentiality, and patient privacy.

Tasks		Knowledge Statements
1.A. Informed Consent and Patient's Rights Regarding Treatment Decisions (20%)	T1. Disclose all relevant treatment options to assist patients in making informed treatment decisions.	K1. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.
	T2. Respect patient autonomy in making decisions about their care.	K2. Knowledge of laws about patient right to make treatment decisions. K3. Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.
	T3. Obtain informed consent to authorize dental hygiene treatment.	K4. Knowledge of requirements regarding informed consent for treatment.
	T4. Comply with requirements to provide oral care to minor patients.	K5. Knowledge of requirements for treating minor patients. K6. Knowledge of requirements regarding consent to treat and refuse treatment of minors. K7. Knowledge of requirements regarding access to information related to treatment of minors.

CONTENT AREA 1: CONSENT, CONFIDENTIALITY, AND PATIENT PRIVACY (35%), continued

This content area assesses a candidate's knowledge of California laws and regulations pertaining to consent for treatment, confidentiality, and patient privacy.

	Tasks	Knowledge Statements
1B. Patient Privacy and Protected Health Information (9%)	T5. Maintain patient confidentiality to protect their inherent right to privacy in treatment.	K8. Knowledge of requirements regarding the release of confidential patient information.
	T6. Comply with requirements regarding requests for records to protect patient rights.	K9. Knowledge of requirements regarding patient right to access treatment records. K10. Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.
	T7. Comply with the provisions of the Health Information Portability and Accountability Act (HIPAA) to protect sensitive patient information.	K11. Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).
	T8. Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.	K12. Knowledge of requirements regarding geographic limitations in providing telehealth. K13. Knowledge of requirements regarding standards of care and delivery of telehealth.

CONTENT AREA 1: CONSENT, CONFIDENTIALITY, AND PATIENT PRIVACY (35%), CONTNUED

This content area assesses a candidate's knowledge of California laws and regulations pertaining to mandated reporting.

Tasks		Knowledge Statements
1C. Limits to Confidentiality and Mandated Reporting (6%)	T9. Report known or suspected child abuse or neglect to protect the health and safety of minors.	K14. Knowledge of signs of child abuse and neglect. K15. Knowledge of laws regarding mandated reporting of child abuse and neglect. K16. Knowledge of procedures for filing mandated reports with protective authorities.
	T10. Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.	K17. Knowledge of signs of abuse, neglect, and exploitation of dependent adults. K18. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults. K16. Knowledge of procedures for filing mandated reports with protective authorities.
	T11. Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.	K19. Knowledge of signs of abuse, neglect, and exploitation of older adults. K20. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults. K16. Knowledge of procedures for filing mandated reports with protective authorities.

CONTENT AREA 2: STANDARDS FOR PROFESSIONAL DENTAL HYGIENE PRACTICE (35%)

This content area assesses a candidate's knowledge of California laws and regulations to maintain standards in the dental hygiene practice.

Tasks		Knowledge Statements
2A. Scope of Practice, Professional Conduct, and Adherence to License Requirements (20%)	T12. Adhere to requirements regarding scope of practice to respect professional boundaries.	K21. Knowledge of legal requirements regarding RDH scope of practice.
	T13. Maintain professional conduct within and outside work hours to uphold professional integrity.	K22. Knowledge of requirements regarding professional conduct.
		K23. Knowledge of the relationship between personal and professional actions and public trust.
		K24. Knowledge of the principles of universality. K25. Knowledge of the principles of ethical behaviors that prevent harm to patients and society.
44	T14. Comply with license requirements to keep dental hygiene license current and valid.	K26. Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license.
		K27. Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions.
		K28. Knowledge of requirements regarding continuing education to maintaining dental hygiene license.

CONTENT AREA 2: STANDARDS FOR PROFESSIONAL DENTAL HYGIENE PRACTICE (35%), CONTINUED

This content area assesses a candidate's knowledge of California laws and regulations to maintain standards in the dental hygiene practice.

	Tasks	Knowledge Statements
2B. Professional Practices (15%)	T15. Maintain patient records according to requirements for documentation, storage, and disposal.	K29. Knowledge of requirements regarding documentation of treatments provided. K30. Knowledge of requirements regarding the storage and disposal of treatment records. K31. Knowledge of protocols for documenting in patient dental records.
	T16. Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.	K32. Knowledge of requirements regarding disclosures and notification of fees and fee changes. K33. Knowledge of requirements regarding the collection of fees and surcharges.
	T17. Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided. records to protect patient rights.	K34. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%)

This content area assesses a candidate's knowledge of California laws and regulations pertaining to ethics.

	Tasks	Knowledge Statements
3A. Obligation to the Patient (20%)	T18. Practice within scope of competence to provide treatment consistent with level of training and experience.	K35. Knowledge of ethical standards about the use of techniques or approaches within level of competence. K36. Knowledge of ethical standards about remaining current on professional developments.
	T19. Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.	K37. Knowledge of methods regarding cultural sensitivity in working with diverse patients. K38. Knowledge of the principles of complementarity. K39. Knowledge of standards that prohibit discrimination in professional services and conduct.
	T20. Provide services in a manner that protects all patients to minimize harm to patients and others.	K40. Knowledge of the principles of non-maleficence. K41. Knowledge of methods for preventing harm to patients.
	T21. Maintain standard of care to align with patient oral health care needs.	K42. Knowledge of standards about providing services in the best interest of patients. K43. Knowledge of standards about excessive treatment and limiting patient care.
	T22. Promote well-being of patients to protect their best interest and welfare.	K44. Knowledge of standards about acting in the best interest of patients.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%), CONTINUED

This content area assesses a candidate's knowledge of California laws and regulations pertaining to ethics.

Tasks		Knowledge Statements
3A. Obligations to the Patient (20%), continued	T23. Manage safety concerns and crisis situations that arise during treatment to protect patients and others.	K45. Knowledge of methods for enhancing the well-being of patients. K46. Knowledge of procedures regarding the management of safety needs. K47. Knowledge of methods for addressing patient safety needs.
	T24. Refer patients to other providers to address situations that require additional treatment or expertise.	K48. Knowledge of ethical standards about referrals for services to meet patient oral health care needs.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%), CONTINUED

This content area assesses a candidate's knowledge of California laws and regulations pertaining to ethics.

Tasks		Knowledge Statements
3B. Obligations within Professional Role (10%)	T25. Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.	K49. Knowledge of ethical standards about conflict-of-interest situations. K50. Knowledge of methods for managing conflict of interest situations.
	T26. Maintain professionalism while providing oral health services to patients.	K51. Knowledge of the relationship between personal values and professional objectivity. K52. Knowledge of methods for managing the impact of personal values on treatment. K53. Knowledge of methods for maintaining objectivity in providing services to patients. K54. Knowledge of methods for managing the impact of personal issues on professional performance or judgement.
	T27. Adhere to standards regarding practicing while impaired to prevent harm to patients.	K55. Knowledge of standards about practicing when impaired. K56. Knowledge of standards about practicing under the influence of alcohol or other substances.
	T28. Collaborate with other professionals to meet patient oral health care needs.	K57. Knowledge of standards about participating with other professionals in providing patient care. K58. Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%), CONTINUED

This content area assesses a candidate's knowledge of California laws and regulations pertaining to ethics.

Tasks		Knowledge Statements
3B. Obligations within Professional Role (10%), continued	T29. Address unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.	K59. Knowledge of signs of colleague impairments that jeopardize professional judgment.
		K60. Knowledge of types of colleague behaviors that require intervention or action.
		K61. Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.

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CHAPTER 7 | CONCLUSION

The OA of the RDH profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent RDH practice. Results of this OA provide information regarding current practice that can be used to develop valid and legally defensible examinations and to make job-related decisions regarding occupational licensure.

Use of the California Registered Dental Hygienist Laws and Ethics Examination outline contained in this report ensures that the Board is compliant with BPC § 139.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

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APPENDIX A | QUESTIONNAIRE

2025 Registered Dental Hygienist Occupational Analysis

Message from the Dental Hygiene Board of California

Dear Licensed Dental Hygienists:

Thank you for taking this survey for the occupational analysis of the dental hygiene profession by the Dental Hygiene Board of California (Board).

The Board is collecting information about the tasks currently performed by dental hygienists in California, the importance of the tasks, and the knowledge needed to perform the tasks safely and effectively. We will use this information to ensure that the dental hygiene examinations reflect current practice in California. We worked with different groups of dental hygienists to develop a survey to capture this information. The survey should take about an hour to complete.

For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages. The weblink is available 24 hours a day, 7 days a week. Please submit your completed survey by February 2, 2025.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other dental hygienists, and only group data will be analyzed.

If you have questions or need assistance with the survey, please contact Shana Larrucea with the Office of Professional Examination Services at Shana.Larrucea@dca.ca.gov.

Thank you, on behalf of the Board, for completing this survey. We value your contributions and appreciate your dedication to the dental hygiene profession in California!

Sincerely,

**Anthony Lum
Executive Officer
Dental Hygiene Board of California**

Part I - Personal Data

Complete this survey only if you are currently licensed and have worked as a dental hygienist in California within the last 12 months.

The Board recognizes that every licensed dental hygienist may not perform all of the tasks and use all of the knowledge contained in this survey. However, your participation is essential to the success of this study.

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey.

* 1. Do you currently work as a licensed dental hygienist in California?

☐ Yes

☐ No

Part I - Personal Data

2. How long have you been working as a licensed dental hygienist in California?

- ☐ 0 to 5 years
- ☐ 6 to 10 years
- ☐ 11 to 15 years
- ☐ 16 or more years

3. Which of the following California licenses or certifications do you hold? (Select all that apply)

- ☐ None
- ☐ RDA
- ☐ RDAEF
- ☐ Periodontal soft tissue curettage
- ☐ Administration of local anesthesia
- ☐ Administration of nitrous oxide and oxygen
- ☐ Radiographic Decision Making
- ☐ Interim Therapeutic Restorations
- ☐ Other (please specify)

4. How many hours per week do you work as a licensed dental hygienist?

- ☐ 1 to 10 hours
- ☐ 11 to 20 hours
- ☐ 21 to 30 hours
- ☐ 31 to 40 hours
- ☐ 41 or more hours

5. How would you describe your primary work setting?

- ☐ General
- ☐ Endodontic
- ☐ Orthodontic
- ☐ Periodontic
- ☐ Pedodontic
- ☐ Oral surgery
- ☐ Other (Please specify)

6. What is the location of your primary work setting?

- ☐ Urban (50,000 people or more)
- ☐ Rural (fewer than 50,000 people)

7. How many different offices employ you as a dental hygienist?

- ☐ 1
- ☐ 2
- ☐ 3 or more

8. Are you an instructor at a dental hygiene school?

- ☐ Yes
- ☐ No

Part I - Personal Data

9. In what California county do you perform the majority of your work?

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| ☐ Alameda | ☐ Marin | ☐ San Mateo |
| ☐ Alpine | ☐ Mariposa | ☐ Santa Barbara |
| ☐ Amador | ☐ Mendocino | ☐ Santa Clara |
| ☐ Butte | ☐ Merced | ☐ Santa Cruz |
| ☐ Calaveras | ☐ Modoc | ☐ Shasta |
| ☐ Colusa | ☐ Mono | ☐ Sierra |
| ☐ Contra Costa | ☐ Monterey | ☐ Siskiyou |
| ☐ Del Norte | ☐ Napa | ☐ Solano |
| ☐ El Dorado | ☐ Nevada | ☐ Sonoma |
| ☐ Fresno | ☐ Orange | ☐ Stanislaus |
| ☐ Glenn | ☐ Placer | ☐ Sutter |
| ☐ Humboldt | ☐ Plumas | ☐ Tehama |
| ☐ Imperial | ☐ Riverside | ☐ Trinity |
| ☐ Inyo | ☐ Sacramento | ☐ Tulare |
| ☐ Kern | ☐ San Benito | ☐ Tuolumne |
| ☐ Kings | ☐ San Bernardino | ☐ Ventura |
| ☐ Lake | ☐ San Diego | ☐ Yolo |
| ☐ Lassen | ☐ San Francisco | ☐ Yuba |
| ☐ Los Angeles | ☐ San Joaquin | |
| ☐ Madera | ☐ San Luis Obispo | |

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASKS

This part of the survey lists 72 tasks. Please rate each task as it relates to your current job as a dental hygienist.

Rate the tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance). The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current job. Your Frequency and Importance ratings should be separate and independent. The ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is NOT part of your current job, rate the task "0" (zero) Frequency and "0" (zero) Importance. Use the following Frequency and Importance rating scales to rate each task statement.

FREQUENCY SCALE

HOW OFTEN do you perform these tasks in your current job? Make your ratings relative to all other tasks you have performed over the past year.

0 - DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.

1 - RARELY. I perform this task least often in my current job relative to other tasks I perform in my current job.

2 - SELDOM. I perform this task less often than most other tasks I perform in my current job.

3 - REGULARLY. I perform this task as often as other tasks I perform in my current job.

4 - OFTEN. I perform this task more often than most other tasks I perform in my current job.

5 - VERY OFTEN. I perform this task most often in my current job relative to other tasks I perform.

IMPORTANCE RATING SCALE

HOW IMPORTANT are these tasks in the effective performance of your current job?

0 - NOT IMPORTANT; DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.

1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance in my current job.

2 - FAIRLY IMPORTANT. This task is fairly important for effective performance in my current job.

3 - MODERATELY IMPORTANT. This task is moderately important for effective performance in my current job.

4 - VERY IMPORTANT. This task is very important for effective performance in my current job.

5 - CRITICALLY IMPORTANT. This task is extremely important for effective

performance in my current job.

Part II - Task Ratings**Content Area 1: Patient Evaluation and Dental Hygiene Assessments**

10. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T1. Evaluate patient chief complaint to establish reason patient is seeking dental hygiene treatment.		
T2. Evaluate patient vital signs to determine current physiological status to proceed with dental hygiene treatment.		
T3. Assess patient medical history to obtain baseline information about patient health status and monitor changes over time.		
T4. Assess pharmacological, supplement, and drug history to identify potential risks or contraindications for dental hygiene treatment.		
T5. Assess patient dental history to obtain information about prior dental care, complications, or adverse events relevant to current oral health.		
T6. Evaluate		

patient diet and oral health habits to determine implications for systemic and oral health.

T7. Conduct a myofunctional evaluation of the head and neck region to identify function of oral and facial structures.

T8. Perform extraoral examination of hard and soft tissue to identify conditions related to patient oral health.

T9. Perform intraoral examination of hard and soft tissue to identify conditions related to patient oral health.

T10. Assess dental deposits and stains to determine extent of calculus formation.

T11. Review existing restorative treatments and assess for caries and tooth damage to identify patient risks.

T12. Identify occlusion classification to determine the relationship of the maxillary and mandibular teeth.

T13. Assess periodontium to identify clinical signs of healthy or diseased tissue and

structures.

T14. Assess presentation of dental implants and prosthetics to determine hygiene needs.

T15. Perform intraoral and extraoral cancer screening to detect signs and symptoms that require further medical attention.

T16. Determine type of imaging needed to obtain diagnostic information based on patient assessment.

2025 Registered Dental Hygienist Occupational Analysis

Part II - Task Ratings

Content Area 2: Dental Hygiene Treatment

11. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T17. Develop overall oral hygiene indices to establish a baseline of oral health and monitor patient self-care progress.		
T18. Develop comprehensive dental hygiene care plans to address patient needs based on clinical assessments.		
T19. Perform scaling and root planing to remove deposits and stains from the surfaces of teeth.		
T20. Perform oral prophylaxis to remove deposits and stains from the surfaces of teeth.		
T21. Perform soft tissue curettage under supervision of a dentist to address periodontal disease.		
T22. Perform coronal polishing to remove supragingival and subgingival biofilm and stain.		
T23. Evaluate the presence or absence of biofilm, calculus,		

and stain before
and after
instrumentation.

T24. Address
hygiene
maintenance
needs of dental
implants,
prosthesis, and
restorations to
maintain
integrity and
biocompatibility
of components.

T25. Apply
fluoride and
other caries-
preventing
agents to protect
teeth.

T26. Apply pit
and fissure
sealants to
prevent dental
caries.

T27. Apply
antimicrobial
agents under
direction of
dentist to prevent
or control
periodontal
disease.

T28. Administer
topical anesthetic
to control patient
pain.

T29. Administer
local anesthetic
to patients for
pain control
under
supervision of a
dentist.

T30. Administer
nitrous oxide
under dentist
supervision to
control patient
pain and anxiety.

T31. Educate
patients about
oral hygiene to
promote oral
health.

T32. Educate
patients about
dietary
recommendations
to promote oral
health.

T33. Provide patients with individualized oral hygiene instructions to address unique oral health needs.

T34. Provide patients with post-treatment instructions to promote patient compliance.

2025 Registered Dental Hygienist Occupational Analysis

Part II - Task Ratings

Content Area 3: Health and Safety

12. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T35. Provide patients with safety precautions to ensure protection during dental hygiene treatment.		
T36. Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.		
T37. Sanitize hands according to protocols to prevent the transmission of diseases.		
T38. Wear personal protective equipment to prevent contamination.		
T39. Adhere to infectious disease prevention protocols to reduce risk of disease transmission.		
T40. Identify signs of medical emergencies to address		

situations that require immediate intervention.

T4.1. Disinfect treatment area and equipment before and after dental hygiene treatment.

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T4.2. Sterilize instruments to prevent patient-to-patient disease transmission.

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T4.3. Adhere to disposal safety protocols to discard biohazard materials or sharps.

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Part II - Task Ratings**Content Area 4: Dental Hygiene Law and Ethics**

13. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T44. Disclose all relevant treatment options to assist patients in making informed treatment decisions.		
T45. Respect patient autonomy in making decisions about their care.		
T46. Obtain informed consent to authorize dental hygiene treatment.		
T47. Comply with requirements to provide oral care to minor patients.		
T48. Maintain patient confidentiality to protect their inherent right to privacy in treatment.		
T49. Comply with requirements regarding requests for records to protect patient rights.		
T50. Comply with the provisions of the Health Information Portability and		

Accountability
Act (HITEAA) to
protect
sensitive
patient
information.

T51. Comply
with laws
regarding
telehealth to
deliver dental
hygiene
services using
information
and
communication
technologies.

T52. Report
known or
suspected child
abuse or
neglect to
protect the
health and
safety of
minors.

T53. Report
known or
suspected
abuse, neglect,
or exploitation
of dependent
adults to
protect
vulnerable
populations.

T54. Report
known or
suspected
abuse, neglect,
or exploitation
of older adults
to protect
vulnerable
populations.

T55. Adhere to
requirements
regarding
scope of
practice to
respect
professional
boundaries.

T56. Maintain
professional
conduct within
and outside
work hours to
uphold
professional
integrity.

T57. Comply

with license requirements to keep dental hygiene license current and valid.		
Tb10. Maintain patient records according to requirements for documentation, storage, and disposal.		
Tb11. Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.		
Tb12. Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.		
Tb13. Practice within scope of competence to provide treatment consistent with level of training and experience.		
Tb14. Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.		
Tb15. Provide services in a manner that protects all patients to minimize harm to patients and others.		

T64. Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.		
T65. Maintain professionalism while providing oral health services to patients.		
T66. Adhere to standards regarding practicing while impaired to prevent harm to patients.		
T67. Maintain standard of care to align with patient oral health care needs.		
T68. Promote well-being of patients to protect their best interest and welfare.		
T69. Manage safety concerns and crisis situations that arise during treatment to protect patients and others.		
T70. Refer patients to other providers to address situations that require additional treatment or expertise.		
T71. Collaborate with other professionals to meet patient oral health care needs.		
T72. Address		

unethical or
incompetent
conduct of
colleagues to
protect the
wellbeing and
best interest of
patients.

Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the survey contains 182 knowledge statements. Please rate each knowledge statement based on how important the knowledge is to the effective performance of the tasks in your current job as a dental hygienist. If a knowledge statement is NOT part of your current job, rate the statement "0" (zero) for importance.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this knowledge in the effective performance of your current job? Use the following scale to make your ratings.

0 - DOES NOT APPLY TO MY CURRENT JOB; NOT REQUIRED. This knowledge is not required to perform my current job.

1 - OF MINOR IMPORTANCE. This knowledge is of minor importance for effective performance of my current job.

2 - FAIRLY IMPORTANT. This knowledge is fairly important for effective performance of my current job.

3 - MODERATELY IMPORTANT. This knowledge is moderately important for effective performance of my current job.

4 - VERY IMPORTANT. This knowledge is very important for effective performance of my current job.

5 - CRITICALLY IMPORTANT. This knowledge is essential for effective performance of my current job.

2025 Registered Dental Hygienist Occupational Analysis

Part III - Knowledge Ratings

Content Area 1: Patient Evaluation and Dental Hygiene Assessments

14.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K1. Knowledge of methods for identifying patient dental hygiene needs.	☐	☐	☐	☐	☐	☐
K2. Knowledge of techniques for establishing patient rapport and trust.	☐	☐	☐	☐	☐	☐
K3. Knowledge of types of dental conditions and complications that require consultation with other providers and specialists.	☐	☐	☐	☐	☐	☐
K4. Knowledge of standards for measuring patient vital signs based on patient health status.	☐	☐	☐	☐	☐	☐
K5. Knowledge of signs of elevated and abnormal vital sign readings.	☐	☐	☐	☐	☐	☐
K6. Knowledge of techniques for establishing baseline measures of patient vital signs and identifying clinical significance of readings.	☐	☐	☐	☐	☐	☐
K7. Knowledge of medical conditions and physiological states that have implications for dental hygiene treatment.	☐	☐	☐	☐	☐	☐
K8. Knowledge of the relationship between systemic and oral health.	☐	☐	☐	☐	☐	☐
K9. Knowledge of methods for collecting information about patient medical and dental history.	☐	☐	☐	☐	☐	☐
K10. Knowledge of types of medical conditions that require prophylactic premedication for dental hygiene procedures.	☐	☐	☐	☐	☐	☐
K11. Knowledge of types of medical conditions and complications that require consultation with other providers and specialists.	☐	☐	☐	☐	☐	☐
K12. Knowledge of types of pharmacologic agents, supplements, and drugs that require special consideration during dental hygiene treatment.	☐	☐	☐	☐	☐	☐

K13. Knowledge of risks associated with pharmacologic agents, supplements, and drugs related to dental hygiene treatment.	☐	☐	☐	☐	☐	☐
K14. Knowledge of the relationship between dental history and current oral health.	☐	☐	☐	☐	☐	☐
K15. Knowledge of the relationship between diet and oral health.	☐	☐	☐	☐	☐	☐
K16. Knowledge of the relationship between substance and tobacco use and oral health.	☐	☐	☐	☐	☐	☐
K17. Knowledge of the relationship between oral hygiene habits and oral health.	☐	☐	☐	☐	☐	☐
K18. Knowledge of types of muscles and physiological structures in the head and neck region.	☐	☐	☐	☐	☐	☐
K19. Knowledge of techniques for performing evaluation of the myofunction of the head and neck region.	☐	☐	☐	☐	☐	☐
K20. Knowledge of signs of atypical and abnormal myofunction of structures in the head and neck region.	☐	☐	☐	☐	☐	☐
K21. Knowledge of signs of temporal mandibular dysfunction.	☐	☐	☐	☐	☐	☐
K22. Knowledge of types of anatomical structures and landmarks of the extraoral regions.	☐	☐	☐	☐	☐	☐
K23. Knowledge of signs of healthy and pathological extraoral hard and soft tissues.	☐	☐	☐	☐	☐	☐
K24. Knowledge of techniques for performing extraoral examinations.	☐	☐	☐	☐	☐	☐
K25. Knowledge of the relationship between extraoral abnormalities, pathology, and oral health.	☐	☐	☐	☐	☐	☐
K26. Knowledge of types of anatomical structures and landmarks of the intraoral cavity.	☐	☐	☐	☐	☐	☐
K27. Knowledge of signs of healthy and pathological intraoral hard and soft tissues.	☐	☐	☐	☐	☐	☐
K28. Knowledge of methods for performing intraoral examinations.	☐	☐	☐	☐	☐	☐
K29. Knowledge of the relationship between intraoral abnormalities, pathology, and oral health.	☐	☐	☐	☐	☐	☐
K30. Knowledge of the relationship between microorganisms, biofilm, and calculus formation.	☐	☐	☐	☐	☐	☐
K31. Knowledge of classifications of	☐	☐	☐	☐	☐	☐

dental deposits.	☐	☐	☐	☐	☐	☐
K32. Knowledge of types of extrinsic and intrinsic dental stains.	☐	☐	☐	☐	☐	☐
K33. Knowledge of methods for assessing dental deposits and stains.	☐	☐	☐	☐	☐	☐
K34. Knowledge of classifications of dental caries and restorations.	☐	☐	☐	☐	☐	☐
K35. Knowledge of techniques for identifying pulpal damage.	☐	☐	☐	☐	☐	☐
K36. Knowledge of techniques for evaluating level of dental attrition, abrasion, erosion, lesion, and fracture.	☐	☐	☐	☐	☐	☐
K37. Knowledge of techniques for performing dental caries detection and risk assessment.	☐	☐	☐	☐	☐	☐
K38. Knowledge of classifications of occlusion and malocclusion.	☐	☐	☐	☐	☐	☐
K39. Knowledge of effects of occlusion and malocclusion on oral health.	☐	☐	☐	☐	☐	☐
K40. Knowledge of methods for identifying occlusion and malocclusion.	☐	☐	☐	☐	☐	☐
K41. Knowledge of components and structures of the periodontium.	☐	☐	☐	☐	☐	☐
K42. Knowledge of signs and histologic characteristics of healthy and diseased periodontium.	☐	☐	☐	☐	☐	☐
K43. Knowledge of classifications of periodontal and peri-implant diseases and conditions.	☐	☐	☐	☐	☐	☐
K44. Knowledge of factors that increase risk for onset and progression of periodontal diseases.	☐	☐	☐	☐	☐	☐
K45. Knowledge of factors that impact gingival plaque accumulation.	☐	☐	☐	☐	☐	☐
K46. Knowledge of techniques for assessing the periodontium.	☐	☐	☐	☐	☐	☐
K47. Knowledge of components of peri-implants, implants, and prosthetics.	☐	☐	☐	☐	☐	☐
K48. Knowledge of signs of peri-implantitis mucositis or other implant pathology that require dentist evaluation.	☐	☐	☐	☐	☐	☐
K49. Knowledge of methods for determining hygiene maintenance needs of dental implants and prosthetics.	☐	☐	☐	☐	☐	☐
K50. Knowledge of signs and symptoms of early and late presentations of intraoral and extraoral cancer.	☐	☐	☐	☐	☐	☐
K51. Knowledge of methods for detecting intraoral and extraoral cancer.	☐	☐	☐	☐	☐	☐
K52. Knowledge of types of intraoral and	☐	☐	☐	☐	☐	☐

extraoral cancers.

☐ ☐ ☐ ☐ ☐ ☐

K53. Knowledge of types of radiographic imaging.

☐ ☐ ☐ ☐ ☐ ☐

K54. Knowledge of criteria for determining type of diagnostic images to be performed.

☐ ☐ ☐ ☐ ☐ ☐

2025 Registered Dental Hygienist Occupational Analysis

Part III - Knowledge Ratings

Content Area 2: Dental Hygiene Treatment

15.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K55. Knowledge of criteria for establishing oral hygiene indices.	☐	☐	☐	☐	☐	☐
K56. Knowledge of methods for translating clinical evaluations into measurable oral hygiene indices.	☐	☐	☐	☐	☐	☐
K57. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	☐	☐	☐	☐	☐	☐
K58. Knowledge of methods to develop dental hygiene care plans that address individual patient needs.	☐	☐	☐	☐	☐	☐
K59. Knowledge of techniques for performing scaling and root planing using hand instruments.	☐	☐	☐	☐	☐	☐
K60. Knowledge of techniques for performing scaling and root planing using ultrasonic or other power instruments.	☐	☐	☐	☐	☐	☐
K61. Knowledge of techniques for performing oral prophylaxis using hand instruments.	☐	☐	☐	☐	☐	☐
K62. Knowledge of techniques for performing oral prophylaxis using ultrasonic or other power instruments.	☐	☐	☐	☐	☐	☐
K63. Knowledge of techniques for removing bacteria and diseased tissue on and under the gums.	☐	☐	☐	☐	☐	☐
K64. Knowledge of procedures to perform coronal polishing to remove supragingival biofilm and stain.	☐	☐	☐	☐	☐	☐
K65. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	☐	☐	☐	☐	☐	☐
K66. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	☐	☐	☐	☐	☐	☐
K67. Knowledge of procedures for	☐	☐	☐	☐	☐	☐

cleaning and polishing removable appliances.	☐	☐	☐	☐	☐	☐
K68. Knowledge of procedures for cleaning and polishing dental implants, prosthetics, and restorations.	☐	☐	☐	☐	☐	☐
K69. Knowledge of methods used to prevent caries.	☐	☐	☐	☐	☐	☐
K70. Knowledge of procedures to apply fluoride to teeth.	☐	☐	☐	☐	☐	☐
K71. Knowledge of types of pit and fissure sealants and their uses.	☐	☐	☐	☐	☐	☐
K72. Knowledge of factors that impact retention of pit and fissure sealants.	☐	☐	☐	☐	☐	☐
K73. Knowledge of indications and contraindications for using pit and fissure sealants.	☐	☐	☐	☐	☐	☐
K74. Knowledge of techniques for applying pit and fissure sealants.	☐	☐	☐	☐	☐	☐
K75. Knowledge of types of antimicrobial agents and their active ingredients.	☐	☐	☐	☐	☐	☐
K76. Knowledge of indications and contraindications for using antimicrobial agents.	☐	☐	☐	☐	☐	☐
K77. Knowledge of techniques for delivering antimicrobial agents.	☐	☐	☐	☐	☐	☐
K78. Knowledge of procedures to administer topical anesthetic.	☐	☐	☐	☐	☐	☐
K79. Knowledge of conditions that require application of topical anesthesia.	☐	☐	☐	☐	☐	☐
K80. Knowledge of drug properties, side effects, interactions, and contraindications of topical anesthetic as they relate to dental hygiene treatment.	☐	☐	☐	☐	☐	☐
K81. Knowledge of procedures to administer local anesthetic.	☐	☐	☐	☐	☐	☐
K82. Knowledge of conditions that require administration of local anesthetic.	☐	☐	☐	☐	☐	☐
K83. Knowledge of drug properties, side effects, interactions, and contraindications of local anesthetic as they relate to dental hygiene treatment.	☐	☐	☐	☐	☐	☐
K84. Knowledge of procedures to administer nitrous oxide.	☐	☐	☐	☐	☐	☐
K85. Knowledge of conditions that require administration of nitrous oxide.	☐	☐	☐	☐	☐	☐
K86. Knowledge of drug properties, side effects, interactions, and contraindications of nitrous oxide as they relate to dental hygiene treatment.	☐	☐	☐	☐	☐	☐

K87. Knowledge of effects of poor oral hygiene and care related to oral health.	☐	☐	☐	☐	☐	☐
K88. Knowledge of methods for educating patients about oral hygiene.	☐	☐	☐	☐	☐	☐
K89. Knowledge of effects of foods and beverages on oral health.	☐	☐	☐	☐	☐	☐
K90. Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.	☐	☐	☐	☐	☐	☐
K91. Knowledge of individualized oral hygiene instructions to address specific patient needs.	☐	☐	☐	☐	☐	☐
K92. Knowledge of symptoms patients may encounter after treatment.	☐	☐	☐	☐	☐	☐
K93. Knowledge of techniques for pain management after treatment.	☐	☐	☐	☐	☐	☐
K94. Knowledge of methods for educating patients about post-treatment instructions.	☐	☐	☐	☐	☐	☐

Part III - Knowledge Ratings**Content Area 3: Health and Safety**

16.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K95. Knowledge of methods for using safety precautions with patients.	☐	☐	☐	☐	☐	☐
K96. Knowledge of types of safety equipment for protecting patients.	☐	☐	☐	☐	☐	☐
K97. Knowledge of techniques for protecting patients during diagnostic tests and imaging.	☐	☐	☐	☐	☐	☐
K98. Knowledge of equipment for providing protective barriers and air evacuation systems.	☐	☐	☐	☐	☐	☐
K99. Knowledge of techniques for using barriers, air evacuation systems, and rinses.	☐	☐	☐	☐	☐	☐
K100. Knowledge of types of infectious diseases and their modes of transmission.	☐	☐	☐	☐	☐	☐
K101. Knowledge of techniques for sanitizing hands before and during dental hygiene treatments.	☐	☐	☐	☐	☐	☐
K102. Knowledge of types of infectious diseases and their modes of transmission.	☐	☐	☐	☐	☐	☐
K103. Knowledge of techniques for using personal protective equipment.	☐	☐	☐	☐	☐	☐
K104. Knowledge of techniques for preventing the spread of infectious diseases.	☐	☐	☐	☐	☐	☐
K105. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	☐	☐	☐	☐	☐	☐
K106. Knowledge of signs and symptoms of allergic reaction and anaphylactic shock.	☐	☐	☐	☐	☐	☐
K107. Knowledge of signs of medical crisis and emergency.	☐	☐	☐	☐	☐	☐
K108. Knowledge of methods for obtaining emergency medical assistance.	☐	☐	☐	☐	☐	☐

K109. Knowledge of methods for administering emergency first aid and CPR.	☐	☐	☐	☐	☐	☐
K110. Knowledge of methods for disinfecting treatment areas and equipment.	☐	☐	☐	☐	☐	☐
K111. Knowledge of barrier techniques for protecting treatment areas and equipment.	☐	☐	☐	☐	☐	☐
K112. Knowledge of methods for monitoring dental waterlines and water quality.	☐	☐	☐	☐	☐	☐
K113. Knowledge of methods for disinfecting evacuation lines.	☐	☐	☐	☐	☐	☐
K114. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	☐	☐	☐	☐	☐	☐
K115. Knowledge of types of sterilization processes and related equipment.	☐	☐	☐	☐	☐	☐
K116. Knowledge of procedures for sterilizing instruments.	☐	☐	☐	☐	☐	☐
K117. Knowledge of techniques for storing instruments before and after sterilization.	☐	☐	☐	☐	☐	☐
K118. Knowledge of techniques for safely disposing of biohazard materials.	☐	☐	☐	☐	☐	☐
K119. Knowledge of techniques for safely disposing of sharps.	☐	☐	☐	☐	☐	☐

2025 Registered Dental Hygienist Occupational Analysis

Part III - Knowledge Ratings

Content Area 4: Dental Hygiene Law and Ethics

17.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K120. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.	☐	☐	☐	☐	☐	☐
K121. Knowledge of laws about patient right to make treatment decisions.	☐	☐	☐	☐	☐	☐
K122. Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.	☐	☐	☐	☐	☐	☐
K123. Knowledge of requirements regarding informed consent for treatment.	☐	☐	☐	☐	☐	☐
K124. Knowledge of requirements for treating minor patients.	☐	☐	☐	☐	☐	☐
K125. Knowledge of requirements regarding consent to treat and refuse treatment of minors.	☐	☐	☐	☐	☐	☐
K126. Knowledge of requirements regarding access to information related to treatment of minors.	☐	☐	☐	☐	☐	☐
K127. Knowledge of requirements regarding the release of confidential patient information.	☐	☐	☐	☐	☐	☐
K128. Knowledge of requirements regarding patient right to access treatment records.	☐	☐	☐	☐	☐	☐
K129. Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.	☐	☐	☐	☐	☐	☐
K130. Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).	☐	☐	☐	☐	☐	☐
K131. Knowledge of requirements regarding geographic limitations in providing telehealth.	☐	☐	☐	☐	☐	☐
K132. Knowledge of requirements regarding standards of care and delivery	☐	☐	☐	☐	☐	☐

of telehealth.						
K133. Knowledge of signs of child abuse and neglect.	☐	☐	☐	☐	☐	☐
K134. Knowledge of laws regarding mandated reporting of child abuse and neglect.	☐	☐	☐	☐	☐	☐
K135. Knowledge of procedures for filing mandated reports with protective authorities.	☐	☐	☐	☐	☐	☐
K136. Knowledge of signs of abuse, neglect, and exploitation of dependent adults.	☐	☐	☐	☐	☐	☐
K137. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults.	☐	☐	☐	☐	☐	☐
K138. Knowledge of procedures for filing mandated reports with protective authorities.	☐	☐	☐	☐	☐	☐
K139. Knowledge of signs of abuse, neglect, and exploitation of older adults.	☐	☐	☐	☐	☐	☐
K140. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults.	☐	☐	☐	☐	☐	☐
K141. Knowledge of procedures for filing mandated reports with protective authorities.	☐	☐	☐	☐	☐	☐
K142. Knowledge of legal requirements regarding RDH scope of practice.	☐	☐	☐	☐	☐	☐
K143. Knowledge of requirements regarding professional conduct.	☐	☐	☐	☐	☐	☐
K144. Knowledge of the relationship between personal and professional actions and public trust.	☐	☐	☐	☐	☐	☐
K145. Knowledge of the principles of universality.	☐	☐	☐	☐	☐	☐
K146. Knowledge of the principles of ethical behaviors that prevent harm to patients and society.	☐	☐	☐	☐	☐	☐
K147. Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license.	☐	☐	☐	☐	☐	☐
K148. Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions.	☐	☐	☐	☐	☐	☐
K149. Knowledge of requirements regarding continuing education to maintaining dental hygiene license.	☐	☐	☐	☐	☐	☐
K150. Knowledge of requirements regarding documentation of treatments provided.	☐	☐	☐	☐	☐	☐
K151. Knowledge of requirements	☐	☐	☐	☐	☐	☐

regarding the storage and disposal of treatment records.	☐	☐	☐	☐	☐	☐
K152. Knowledge of protocols for documenting in patient dental records.	☐	☐	☐	☐	☐	☐
K153. Knowledge of requirements regarding disclosures and notification of fees and fee changes.	☐	☐	☐	☐	☐	☐
K154. Knowledge of requirements regarding the collection of fees and surcharges.	☐	☐	☐	☐	☐	☐
K155. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.	☐	☐	☐	☐	☐	☐
K156. Knowledge of ethical standards about the use of techniques or approaches within level of competence.	☐	☐	☐	☐	☐	☐
K157. Knowledge of ethical standards about remaining current on professional developments.	☐	☐	☐	☐	☐	☐
K158. Knowledge of methods regarding cultural sensitivity in working with diverse patients.	☐	☐	☐	☐	☐	☐
K159. Knowledge of the principles of complementarity.	☐	☐	☐	☐	☐	☐
K160. Knowledge of standards that prohibit discrimination in professional services and conduct.	☐	☐	☐	☐	☐	☐
K161. Knowledge of the principles of non-maleficence.	☐	☐	☐	☐	☐	☐
K162. Knowledge of methods for preventing harm to patients.	☐	☐	☐	☐	☐	☐
K163. Knowledge of ethical standards about conflict-of-interest situations.	☐	☐	☐	☐	☐	☐
K164. Knowledge of methods for managing conflict of interest situations.	☐	☐	☐	☐	☐	☐
K165. Knowledge of the relationship between personal values and professional objectivity.	☐	☐	☐	☐	☐	☐
K166. Knowledge of methods for managing the impact of personal values on treatment.	☐	☐	☐	☐	☐	☐
K167. Knowledge of methods for maintaining objectivity in providing services to patients.	☐	☐	☐	☐	☐	☐
K168. Knowledge of methods for managing the impact of personal issues on professional performance or judgement.	☐	☐	☐	☐	☐	☐
K169. Knowledge of standards about practicing when impaired.	☐	☐	☐	☐	☐	☐
K170. Knowledge of standards about	☐	☐	☐	☐	☐	☐

practicing under the influence of alcohol or other substances.	☐	☐	☐	☐	☐	☐
K171. Knowledge of standards about providing services in the best interest of patients.	☐	☐	☐	☐	☐	☐
K172. Knowledge of standards about excessive treatment and limiting patient care.	☐	☐	☐	☐	☐	☐
K173. Knowledge of standards about acting in the best interest of patients.	☐	☐	☐	☐	☐	☐
K174. Knowledge of methods for enhancing the well-being of patients.	☐	☐	☐	☐	☐	☐
K175. Knowledge of procedures regarding the management of safety needs.	☐	☐	☐	☐	☐	☐
K176. Knowledge of methods for addressing patient safety needs.	☐	☐	☐	☐	☐	☐
K177. Knowledge of ethical standards about referrals for services to meet patient oral health care needs.	☐	☐	☐	☐	☐	☐
K178. Knowledge of standards about participating with other professionals in providing patient care.	☐	☐	☐	☐	☐	☐
K179. Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.	☐	☐	☐	☐	☐	☐
K180. Knowledge of signs of colleague impairments that jeopardize professional judgment.	☐	☐	☐	☐	☐	☐
K181. Knowledge of types of colleague behaviors that require intervention or action.	☐	☐	☐	☐	☐	☐
K182. Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.	☐	☐	☐	☐	☐	☐

Thank you!

Thank you for taking the time to complete this survey! The Dental Hygiene Board of California values your contribution to this study.

APPENDIX B | QUESTIONNAIRE EMAIL INVITATION

2025 Registered Dental Hygienist Occupational Analysis

Good afternoon,

The Dental Hygiene Board of California (Board) is conducting an occupational analysis (OA) of the dental hygienist profession in California. You have been selected to complete an important survey.

The survey is a part of the OA, which identifies competencies that will provide the basis for developing future licensure examinations in California.

We understand that your time is valuable. However, your participation in the survey is essential to this process. Your responses will be kept confidential.

The survey weblink will be available 24/7. Please complete it by February 9, 2025. It will take approximately 30 to 60 minutes to complete.

We value your contributions and appreciate your dedication to the dental hygienist profession in California!

Sincerely,
Shana Larrucea
Office of Professional Examination Services

Shana.larrucea@dca.ca.gov

APPENDIX C | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	144
Orange	83
TOTAL	227

NORTH COAST

County of Practice	Frequency
Del Norte	1
Humboldt	4
Mendocino	4
Sonoma	25
TOTAL	34

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	33
San Bernardino	24
TOTAL	57

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	9
Colusa	0
Glenn	0
Lake	1
Sacramento	47
Sutter	4
Yolo	6
Yuba	1
TOTAL	68

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	1
San Diego	100
TOTAL	101

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	38
Contra Costa	30
Marin	9
Napa	7
San Francisco	15
San Mateo	23
Santa Clara	38
Santa Cruz	10
Solano	10
TOTAL	180

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	25
Kern	13
Kings	6
Madera	2
Merced	3
San Joaquin	16
Stanislaus	15
Tulare	8
TOTAL	88

SHASTA/CASCADE

County of Practice	Frequency
Lassen	0
Plumas	1
Shasta	11
Siskiyou	2
Tehama	6
Trinity	1
TOTAL	21

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Alpine	0
Amador	2
Calaveras	0
El Dorado	9
Inyo	1
Mariposa	0
Nevada	5
Placer	33
Sierra	0
Tuolumne	2
TOTAL	52

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	11
San Benito	2
San Luis Obispo	13
Santa Barbara	12
Ventura	21
TOTAL	59

APPENDIX D | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

Content Area 1: Patient and Evaluation and Dental Hygiene Assessments

	Task	Mean Frequency	Mean Importance	Task Criticality Index
T3.	Assess patient medical history to obtain baseline information about patient health status and monitor changes over time.	4.72	4.67	22.37
T13.	Assess periodontium to identify clinical signs of healthy or diseased tissue and structures.	4.68	4.62	21.85
T10.	Assess dental deposits and stains to determine extent of calculus formation.	4.70	4.49	21.26
T9.	Perform intraoral examination of hard and soft tissue to identify conditions related to patient oral health.	4.54	4.50	20.89
T4.	Assess pharmacological, supplement, and drug history to identify potential risks or contraindications for dental hygiene treatment.	4.49	4.51	20.84
T15.	Perform intraoral and extraoral cancer screening to detect signs and symptoms that require further medical attention.	4.35	4.55	20.49
T1.	Evaluate patient chief complaint to establish reason patient is seeking dental hygiene treatment.	4.49	4.40	20.34
T5.	Assess patient dental history to obtain information about prior dental care, complications, or adverse events relevant to current oral health.	4.36	4.17	18.77
T16.	Determine type of imaging needed to obtain diagnostic information based on patient assessment.	4.07	4.20	17.87
T14.	Assess presentation of dental implants and prosthetics to determine hygiene needs.	4.19	4.13	17.79
T11.	Review existing restorative treatments and assess for caries and tooth damage to identify patient risks.	4.18	4.07	17.64
T8.	Perform extraoral examination of hard and soft tissue to identify conditions related to patient oral health.	3.85	3.94	16.41

Content Area 1: Patient and Evaluation and Dental Hygiene Assessments, continued

	Task	Mean Frequency	Mean Importance	Task Criticality Index
T6.	Evaluate patient diet and oral health habits to determine implications for systemic and oral health.	3.70	3.77	14.74
T2.	Evaluate patient vital signs to determine current physiological status to proceed with dental hygiene treatment.	3.31	3.77	13.86
T7.	Conduct a myofunctional evaluation of the head and neck region to identify function of oral and facial structures.	2.92	3.23	10.89
T12.	Identify occlusion classification to determine the relationship of the maxillary and mandibular teeth.	2.93	3.16	10.39

Content Area 2: Dental Hygiene Treatment

	Task	Mean Frequency	Mean Importance	Task Criticality Index
T31.	Educate patients about oral hygiene to promote oral health.	4.81	4.62	22.40
T20.	Perform oral prophylaxis to remove deposits and stains from the surfaces of teeth.	4.79	4.58	22.08
T23.	Evaluate the presence or absence of biofilm, calculus, and stain before and after instrumentation.	4.67	4.46	21.11
T33.	Provide patients with individualized oral hygiene instructions to address unique oral health needs.	4.64	4.46	20.99
T19.	Perform scaling and root planing to remove deposits and stains from the surfaces of teeth.	4.25	4.66	20.06
T34.	Provide patients with post-treatment instructions to promote patient compliance.	4.47	4.33	19.80
T18.	Develop comprehensive dental hygiene care plans to address patient needs based on clinical assessments.	4.37	4.29	19.31
T24.	Address hygiene maintenance needs of dental implants, prosthetics, and restorations to maintain integrity and biocompatibility of components.	4.29	4.26	18.91
T22.	Perform coronal polishing to remove supragingival and subgingival biofilm and stain.	4.72	3.86	18.50
T17.	Develop overall oral hygiene indices to establish a baseline of oral health and monitor patient self-care progress.	4.04	3.95	17.06
T32.	Educate patients about dietary recommendations to promote oral health.	3.88	3.94	15.96
T25.	Apply fluoride and other caries-preventing agents to protect teeth.	3.98	3.84	15.80

Content Area 2: Dental Hygiene Treatment, continued

	Task	Mean Frequency	Mean Importance	Task Criticality Index
T29.	Administer local anesthetic to patients for pain control under supervision of a dentist.	3.56	4.11	15.38
T28.	Administer topical anesthetic to control patient pain.	3.69	3.83	14.83
T21.	Perform soft tissue curettage under supervision of a dentist to address periodontal disease.	2.83	3.35	11.01
T27.	Apply antimicrobial agents under direction of dentist to prevent or control periodontal disease.	2.74	3.16	10.16
T26.	Apply pit and fissure sealants to prevent dental caries.	1.80	2.93	6.54
T30.	Administer nitrous oxide under dentist supervision to control patient pain and anxiety.	1.62	2.57	5.42

Content Area 3: Health and Safety

	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
T41.	Disinfect treatment area and equipment before and after dental hygiene treatment.	4.85	4.93	24.03
T39.	Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	4.86	4.92	23.98
T38.	Wear personal protective equipment to prevent contamination.	4.85	4.87	23.78
T37.	Sanitize hands according to protocols to prevent the transmission of diseases.	4.83	4.86	23.57
T43.	Adhere to disposal safety protocols to discard biohazard materials or sharps.	4.77	4.90	23.40
T42.	Sterilize instruments to prevent patient-to-patient disease transmission.	4.72	4.89	23.32
T36.	Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	4.41	4.43	20.37
T35.	Provide patients with safety precautions to ensure protection during dental hygiene treatment.	4.22	4.11	18.33
T40.	Identify signs of medical emergencies to address situations that require immediate intervention.	3.62	4.67	16.93

Content Area 4: Dental Hygiene Laws and Ethics

	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
T57.	Comply with license requirements to keep dental hygiene license current and valid.	4.81	4.81	23.30
T61.	Practice within scope of competence to provide treatment consistent with level of training and experience.	4.78	4.70	22.75
T48.	Maintain patient confidentiality to protect their inherent right to privacy in treatment.	4.76	4.69	22.54
T63.	Provide services in a manner that protects all patients to minimize harm to patients and others.	4.75	4.67	22.48
T65.	Maintain professionalism while providing oral health services to patients.	4.79	4.59	22.14
T67.	Maintain standard of care to align with patient oral health care needs.	4.75	4.61	21.98
T50.	Comply with the provisions of the Health Information Portability and Accountability Act (HIPAA) to protect sensitive patient information.	4.60	4.57	21.68
T55.	Adhere to requirements regarding scope of practice to respect professional boundaries.	4.59	4.63	21.58
T68.	Promote well-being of patients to protect their best interest and welfare.	4.69	4.55	21.50
T45.	Respect patient autonomy in making decisions about their care.	4.61	4.44	20.70
T56.	Maintain professional conduct within and outside work hours to uphold professional integrity.	4.64	4.38	20.58
T62.	Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.	4.43	4.32	19.81

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
T58.	Maintain patient records according to requirements for documentation, storage, and disposal.	4.26	4.29	19.76
T66.	Adhere to standards regarding practicing while impaired to prevent harm to patients.	4.11	4.39	19.13
T44.	Disclose all relevant treatment options to assist patients in making informed treatment decisions.	4.30	4.33	19.09
T46.	Obtain informed consent to authorize dental hygiene treatment.	4.15	4.26	18.88
T47.	Comply with requirements to provide oral care to minor patients.	4.15	4.31	18.77
T70.	Refer patients to other providers to address situations that require additional treatment or expertise.	3.89	4.31	17.47
T71.	Collaborate with other professionals to meet patient oral health care needs.	3.78	4.15	16.43
T69.	Manage safety concerns and crisis situations that arise during treatment to protect patients and others.	3.53	4.39	15.67
T64.	Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.	3.50	3.86	15.11
T49.	Comply with requirements regarding requests for records to protect patient rights.	3.29	3.59	14.35
T72.	Address unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.	2.28	4.10	9.34
T59.	Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.	2.27	2.86	9.25

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
T60.	Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.	2.35	2.69	9.10
T51.	Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.	2.02	2.51	8.00
T52.	Report known or suspected child abuse or neglect to protect the health and safety of minors.	1.49	4.43	6.44
T53.	Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.	1.45	4.51	6.34
T54.	Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.	1.42	4.51	6.26

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APPENDIX E | KNOWLEDGE STATEMENT MEAN IMPORTANCE RATINGS BY CONTENT AREA

Content Area 1: Patient Evaluation and Dental Hygiene Assessments

Knowledge Statement	Importance
K10. Knowledge of types of medical conditions that require prophylactic premedication for dental hygiene procedures.	4.78
K1. Knowledge of methods for identifying patient dental hygiene needs.	4.66
K51. Knowledge of methods for detecting intraoral and extraoral cancer.	4.63
K50. Knowledge of signs and symptoms of early and late presentations of intraoral and extraoral cancer.	4.62
K12. Knowledge of types of pharmacologic agents, supplements, and drugs that require special consideration during dental hygiene treatment.	4.61
K44. Knowledge of factors that increase risk for onset and progression of periodontal diseases.	4.61
K27. Knowledge of signs of healthy and pathological intraoral hard and soft tissues.	4.60
K8. Knowledge of the relationship between systemic and oral health.	4.578
K7. Knowledge of medical conditions and physiological states that have implications for dental hygiene treatment.	
K11. Knowledge of types of medical conditions and complications that require consultation with other providers and specialists.	4.56
K13. Knowledge of risks associated with pharmacologic agents, supplements, and drugs related to dental hygiene treatment.	4.56
K17. Knowledge of the relationship between oral hygiene habits and oral health.	4.54
K26. Knowledge of types of anatomical structures and landmarks of the intraoral cavity.	4.54
K30. Knowledge of the relationship between microorganisms, biofilm, and calculus formation.	4.54
K45. Knowledge of factors that impact gingival plaque accumulation.	4.53
K46. Knowledge of techniques for assessing the periodontium.	4.53
K3. Knowledge of types of dental conditions and complications that require consultation with other providers and specialists.	4.52
K9. Knowledge of methods for collecting information about patient medical and dental history.	4.52
K29. Knowledge of the relationship between intraoral abnormalities, pathology, and oral health.	4.52

Content Area 1: Patient Evaluation and Dental Hygiene Assessments, continued

	Knowledge Statement	Importance
K28.	Knowledge of methods for performing intraoral examinations.	4.49
K5.	Knowledge of signs of elevated and abnormal vital sign readings.	4.48
K42.	Knowledge of signs and histologic characteristics of healthy and diseased periodontium.	4.48
K2.	Knowledge of techniques for establishing patient rapport and trust.	4.47
K14.	Knowledge of the relationship between dental history and current oral health.	4.47
K41.	Knowledge of components and structures of the periodontium.	4.45
K43.	Knowledge of classifications of periodontal and peri-implant diseases and conditions.	4.45
K49.	Knowledge of methods for determining hygiene maintenance needs of dental implants and prosthetics.	4.44
K16.	Knowledge of the relationship between substance and tobacco use and oral health.	4.43
K52.	Knowledge of types of intraoral and extraoral cancers.	4.42
K53.	Knowledge of types of radiographic imaging.	4.42
K23.	Knowledge of signs of healthy and pathological extraoral hard and soft tissues.	4.38
K48.	Knowledge of signs of peri-implantitis mucositis or other implant pathology that require dentist evaluation.	4.36
K4.	Knowledge of standards for measuring patient vital signs based on patient health status.	4.35
K6.	Knowledge of techniques for establishing baseline measures of patient vital signs and identifying clinical significance of readings.	4.32
K25.	Knowledge of the relationship between extraoral abnormalities, pathology, and oral health.	4.30
K15.	Knowledge of the relationship between diet and oral health.	4.29
K31.	Knowledge of classifications of dental deposits.	4.26
K33.	Knowledge of methods for assessing dental deposits and stains.	4.26

Content Area 1: Patient Evaluation and Dental Hygiene Assessments, continued

	Knowledge Statement	Importance
K54.	Knowledge of criteria for determining type of diagnostic images to be performed.	4.26
K24.	Knowledge of techniques for performing extraoral examinations.	4.22
K22.	Knowledge of types of anatomical structures and landmarks of the extraoral regions.	4.19
K36.	Knowledge of techniques for evaluating level of dental attrition, abrasion, erosion, lesion, and fracture.	4.19
K18.	Knowledge of types of muscles and physiological structures in the head and neck region.	4.18
K47.	Knowledge of components of peri-implants, implants, and prosthetics.	4.15
K37.	Knowledge of techniques for performing dental caries detection and risk assessment.	4.12
K21.	Knowledge of signs of temporal mandibular dysfunction.	4.09
K34.	Knowledge of classifications of dental caries and restorations.	4.09
K32.	Knowledge of types of extrinsic and intrinsic dental stains.	4.06
K39.	Knowledge of effects of occlusion and malocclusion on oral health.	4.01
K20.	Knowledge of signs of atypical and abnormal myofunction of structures in the head and neck region.	3.94
K19.	Knowledge of techniques for performing evaluation of the myofunction of the head and neck region.	3.87
K40.	Knowledge of methods for identifying occlusion and malocclusion.	3.84
K38.	Knowledge of classifications of occlusion and malocclusion.	3.83
K35.	Knowledge of techniques for identifying pulpal damage.	3.70

Content Area 2: Dental Hygiene Treatment

	Knowledge Statement	Importance
K81.	Knowledge of procedures to administer local anesthetic.	4.75
K59.	Knowledge of techniques for performing scaling and root planing using hand instruments.	4.74
K61.	Knowledge of techniques for performing oral prophylaxis using hand instruments.	4.74
K83.	Knowledge of drug properties, side effects, interactions, and contraindications of local anesthetic as they relate to dental hygiene treatment.	4.73
K82.	Knowledge of conditions that require administration of local anesthetic.	4.71
K60.	Knowledge of techniques for performing scaling and root planing using ultrasonic or other power instruments.	4.69
K63.	Knowledge of techniques for removing bacteria and diseased tissue on and under the gums.	4.69
K62.	Knowledge of techniques for performing oral prophylaxis using ultrasonic or other power instruments.	4.68
K65.	Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	4.64
K66.	Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	4.64
K87.	Knowledge of effects of poor oral hygiene and care related to oral health.	4.64
K88.	Knowledge of methods for educating patients about oral hygiene.	4.60
K80.	Knowledge of drug properties, side effects, interactions, and contraindications of topical anesthetic as they relate to dental hygiene treatment.	4.57
K69.	Knowledge of methods used to prevent caries.	4.55
K91.	Knowledge of individualized oral hygiene instructions to address specific patient needs.	4.55
K92.	Knowledge of symptoms patients may encounter after treatment.	4.54
K94.	Knowledge of methods for educating patients about post-treatment instructions.	4.53
K93.	Knowledge of techniques for pain management after treatment.	4.50
K58.	Knowledge of methods to develop dental hygiene care plans that address individual patient needs.	4.49

Content Area 2: Dental Hygiene Treatment, continued

	Knowledge Statement	Importance
K89.	Knowledge of effects of foods and beverages on oral health.	4.478
K57.	Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	4.46
K64.	Knowledge of procedures to perform coronal polishing to remove supragingival biofilm and stain.	4.46
K78.	Knowledge of procedures to administer topical anesthetic.	4.44
K70.	Knowledge of procedures to apply fluoride to teeth.	4.42
K79.	Knowledge of conditions that require application of topical anesthesia.	4.42
K68.	Knowledge of procedures for cleaning and polishing dental implants, prosthetics, and restorations.	4.39
K90.	Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.	4.36
K86.	Knowledge of drug properties, side effects, interactions, and contraindications of nitrous oxide as they relate to dental hygiene treatment.	4.35
K76.	Knowledge of indications and contraindications for using antimicrobial agents.	4.29
K77.	Knowledge of techniques for delivering antimicrobial agents.	4.27
K84.	Knowledge of procedures to administer nitrous oxide.	4.26
K67.	Knowledge of procedures for cleaning and polishing removable appliances.	4.23
K75.	Knowledge of types of antimicrobial agents and their active ingredients.	4.19
K85.	Knowledge of conditions that require administration of nitrous oxide.	4.19
K55.	Knowledge of criteria for establishing oral hygiene indices.	4.09
K56.	Knowledge of methods for translating clinical evaluations into measurable oral hygiene indices.	4.03
K73.	Knowledge of indications and contraindications for using pit and fissure sealants.	3.93
K72.	Knowledge of factors that impact retention of pit and fissure sealants.	3.89
K74.	Knowledge of techniques for applying pit and fissure sealants.	3.82

Content Area 2: Dental Hygiene Treatment, continued

	Knowledge Statement	Importance
K71.	Knowledge of types of pit and fissure sealants and their uses.	3.80

Content Area 3: Health and Safety

	Knowledge Statement	Importance
K104.	Knowledge of techniques for preventing the spread of infectious diseases.	4.83
K107.	Knowledge of signs of medical crisis and emergency.	4.83
K109.	Knowledge of methods for administering emergency first aid and CPR.	4.83
K110.	Knowledge of methods for disinfecting treatment areas and equipment.	4.83
K106.	Knowledge of signs and symptoms of allergic reaction and anaphylactic shock.	4.82
K108.	Knowledge of methods for obtaining emergency medical assistance.	4.81
K105.	Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	4.80
K101.	Knowledge of techniques for sanitizing hands before and during dental hygiene treatments.	4.78
K103.	Knowledge of techniques for using personal protective equipment.	4.77
K111.	Knowledge of barrier techniques for protecting treatment areas and equipment.	4.77
K116.	Knowledge of procedures for sterilizing instruments.	4.77
K100.	Knowledge of types of infectious diseases and their modes of transmission.	4.76
K102.	Knowledge of types of infectious diseases and their modes of transmission.	4.75
K114.	Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	4.73
K115.	Knowledge of types of sterilization processes and related equipment.	4.73
K118.	Knowledge of techniques for safely disposing of biohazard materials.	4.73
K119.	Knowledge of techniques for safely disposing of sharps.	4.73
K117.	Knowledge of techniques for storing instruments before and after sterilization.	4.71
K95.	Knowledge of methods for using safety precautions with patients.	4.66

Content Area 3: Health and Safety, continued

	Knowledge Statement	Importance
K96.	Knowledge of types of safety equipment for protecting patients.	4.65
K97.	Knowledge of techniques for protecting patients during diagnostic tests and imaging.	4.63
K98.	Knowledge of equipment for providing protective barriers and air evacuation systems.	4.63
K99.	Knowledge of techniques for using barriers, air evacuation systems, and rinses.	4.63
K113.	Knowledge of methods for disinfecting evacuation lines.	4.55
K112.	Knowledge of methods for monitoring dental waterlines and water quality.	4.52

Content Area 4: Dental Hygiene Laws and Ethics

	Knowledge Statement	Importance
K147.	Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license.	4.71
K142.	Knowledge of legal requirements regarding RDH scope of practice.	4.70
K149.	Knowledge of requirements regarding continuing education to maintaining dental hygiene license.	4.70
K150.	Knowledge of requirements regarding documentation of treatments provided.	4.67
K162.	Knowledge of methods for preventing harm to patients.	4.63
K182.	Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.	4.63
K143.	Knowledge of requirements regarding professional conduct.	4.62
K171.	Knowledge of standards about providing services in the best interest of patients.	4.61
K139.	Knowledge of signs of abuse, neglect, and exploitation of older adults.	4.59
K136.	Knowledge of signs of abuse, neglect, and exploitation of dependent adults.	4.58
K173.	Knowledge of standards about acting in the best interest of patients.	4.58
K175.	Knowledge of procedures regarding the management of safety needs.	4.58
K137.	Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults.	4.57
K176.	Knowledge of methods for addressing patient safety needs.	4.57
K152.	Knowledge of protocols for documenting in patient dental records.	4.56
K133.	Knowledge of signs of child abuse and neglect.	4.54
K144.	Knowledge of the relationship between personal and professional actions and public trust.	4.54
K146.	Knowledge of the principles of ethical behaviors that prevent harm to patients and society.	4.54
K170.	Knowledge of standards about practicing under the influence of alcohol or other substances.	4.53
K174.	Knowledge of methods for enhancing the well-being of patients.	4.53
K134.	Knowledge of laws regarding mandated reporting of child abuse and neglect.	4.52

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Knowledge Statement	Importance
K140.	Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults.	4.52
K172.	Knowledge of standards about excessive treatment and limiting patient care.	4.51
K157.	Knowledge of ethical standards about remaining current on professional developments.	4.49
K169.	Knowledge of standards about practicing when impaired.	4.49
K130.	Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).	4.48
K156.	Knowledge of ethical standards about the use of techniques or approaches within level of competence.	4.46
K177.	Knowledge of ethical standards about referrals for services to meet patient oral health care needs.	4.46
K148.	Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions.	4.45
K178.	Knowledge of standards about participating with other professionals in providing patient care.	4.44
K160.	Knowledge of standards that prohibit discrimination in professional services and conduct.	4.43
K122.	Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.	4.41
K123.	Knowledge of requirements regarding informed consent for treatment.	4.41
K181.	Knowledge of types of colleague behaviors that require intervention or action.	4.41
K167.	Knowledge of methods for maintaining objectivity in providing services to patients.	4.40
K168.	Knowledge of methods for managing the impact of personal issues on professional performance or judgement.	4.40
K180.	Knowledge of signs of colleague impairments that jeopardize professional judgment.	4.40
K135.	Knowledge of procedures for filing mandated reports with protective authorities.	4.30
K138.	Knowledge of procedures for filing mandated reports with protective authorities.	4.37
K161.	Knowledge of the principles of non-maleficence.	4.37
K124.	Knowledge of requirements for treating minor patients.	4.36
K121.	Knowledge of laws about patient right to make treatment decisions.	4.34

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Knowledge Statement	Importance
K165.	Knowledge of the relationship between personal values and professional objectivity.	4.34
K163.	Knowledge of ethical standards about conflict-of-interest situations.	4.33
K166.	Knowledge of methods for managing the impact of personal values on treatment.	4.33
K158.	Knowledge of methods regarding cultural sensitivity in working with diverse patients.	4.32
K141.	Knowledge of procedures for filing mandated reports with protective authorities.	4.31
K127.	Knowledge of requirements regarding the release of confidential patient information.	4.30
K179.	Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.	4.30
K125.	Knowledge of requirements regarding consent to treat and refuse treatment of minors.	4.30
K145.	Knowledge of the principles of universality.	4.30
K120.	Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.	4.28
K126.	Knowledge of requirements regarding access to information related to treatment of minors.	4.26
K164.	Knowledge of methods for managing conflict of interest situations.	4.21
K128.	Knowledge of requirements regarding patient right to access treatment records.	4.13
K129.	Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.	4.05
K159.	Knowledge of the principles of complementarity.	4.01
K151.	Knowledge of requirements regarding the storage and disposal of treatment records.	3.95
K155.	Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.	3.32
K153.	Knowledge of requirements regarding disclosures and notification of fees and fee changes.	3.20
K132.	Knowledge of requirements regarding standards of care and delivery of telehealth.	3.01
K131.	Knowledge of requirements regarding geographic limitations in providing telehealth.	3.00
K154.	Knowledge of requirements regarding the collection of fees and surcharges.	2.99

APPENDIX F | TASKS AND KNOWLEDGE STATEMENTS RENUMBERED FOR THE CALIFORNIA RDH LAWS AND ETHICS EXAMINATION

RENUMBERING OF TASKS

Original Task Number in California RDH Description of Practice	New Task Number in California RDH Laws and Ethics Examination Outline
44	1
45	2
46	3
47	4
48	5
49	6
50	7
51	8
52	9
53	10
54	11
55	12
56	13
57	14
58	15
59	16
60	17
61	18
62	19
63	20
64	25
65	26
66	27
67	21
68	22
69	23
70	24
71	28
72	29

RENUMBERING OF KNOWLEDGE STATEMENTS

Original Knowledge Statement Number in California RDH Description of Practice	New Knowledge Statement Number in California RDH Laws and Ethics Examination Outline
120	1
121	2
122	3
123	4
124	5
125	6
126	7
127	8
128	9
129	10
130	11
131	12
132	13
133	14
134	15
135	16
136	17
137	18
138	16
139	19
140	20
141	16
142	21
143	22
144	23
145	24
146	25
147	26
148	27
149	28
150	29
151	30
152	31
153	32
154	33
155	34
156	35
157	36
158	37
159	38
160	39

RENUMBERING OF KNOWLEDGE STATEMENTS, continued

Original Knowledge Statement Number in California RDH Description of Practice	New Knowledge Statement Number in California RDH Laws and Ethics Examination Outline
161	40
162	41
163	49
164	50
165	51
166	52
167	53
168	54
169	55
170	56
171	42
172	43
173	44
174	45
175	46
176	47
177	48
178	57
179	58
180	59
181	60
182	61



OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL HYGIENIST
IN ALTERNATIVE PRACTICE PROFESSION



DENTAL HYGIENE BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL HYGIENIST
IN ALTERNATIVE PRACTICE PROFESSION



July 2025



OFFICE OF PROFESSIONAL EXAMINATION SERVICES

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This occupational analysis report is mandated by California Business and Professions Code § 139 and by DCA *OPES 22-01 Licensure Examination Validation Policy*.

EXECUTIVE SUMMARY

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the registered dental hygienist in alternative practice (RDHAP) profession in California. The purpose of the OA is to define practice in terms of critical tasks that RDHAPs must be able to perform safely and competently at the time of licensure. The results of this OA provide a description of practice for the RDHAP profession and provide the basis for constructing a valid and legally defensible California RDHAP Laws and Ethics Examination.

OPES test specialists began by researching the profession and conducting telephone interviews with licensed RDHAPs working throughout California. The purpose of these interviews was to identify the tasks performed by RDHAPs and to specify the knowledge required to perform those tasks safely and competently. Using the information gathered from the research and interviews, OPES test specialists developed a preliminary list of tasks performed by RDHAPs in their practice, along with a list of the knowledge needed to perform those tasks.

In November 2024, OPES convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing RDHAP practice in California. RDHAPs participated in the workshops as subject matter experts (SMEs). The SMEs represented the profession in terms of location of practice and years licensed. The SMEs also linked each task with the knowledge required to perform that task and reviewed demographic questions for a two-part OA questionnaire to be completed by a sample of RDHAPs statewide.

After the workshop, OPES test specialists developed the OA questionnaire. The development included a pilot study that was conducted using a group of RDHAPs who participated in the telephone interviews and the November 2024 workshop. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered December 2024–February 2025.

In the first part of the OA questionnaire, RDHAPs were asked to provide demographic information related to their work settings and practice. In the second part, RDHAPs were asked to rate specific tasks by frequency (i.e., how often the RDHAP performs the task in their current practice) and importance

(i.e., how important the task is to effective performance in their current practice). The RDHAPs were also asked to rate each knowledge statement by importance (i.e., how important the knowledge is to effective performance in their current practice).

In December 2024, on behalf of the Board, OPES sent an email to all 747 actively practicing RDHAPs, inviting them to complete the online OA questionnaire. The email invitation was sent to RDHAPs for whom the Board had an email address on file. Three reminder emails were sent after the initial invitation was made.

A total of 165 RDHAPs, or approximately 22.1% of the RDHAPs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 76 (10.2%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently licensed and practicing as RDHAPs in California. Second, OPES excluded data from questionnaires that contained a large portion of incomplete responses.

OPES test specialists then performed data analyses of the task and knowledge ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement.

Once the data were analyzed, OPES conducted a second workshop with SMEs in February 2025. The SMEs evaluated the criticality indices and determined whether any task statements should be excluded from the examination outline. They also reviewed the list of knowledge statements to verify that each statement was critical for safe and competent entry-level performance as an RDHAP in California. The SMEs established the final linkage between tasks and knowledge statements, organized the tasks and knowledge statements into content areas, and wrote descriptions of those content areas. The SMEs then evaluated the preliminary content area weights and determined the final weights for the California RDHAP description of practice.

The description of practice is structured into four content areas weighted relative to each of the other content areas. The new description of practice identifies the tasks and knowledge critical to safe and competent RDHAP practice in California at the time of licensure.

Results of this OA provide information regarding current practice that can be used to develop valid and legally defensible examinations and to make job-related decisions regarding occupational licensure. The description of practice developed as a result of this OA provides a basis for developing the California Registered Dental Hygienist in Alternative Practice Laws and Ethics Examination.

OVERVIEW OF THE REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE
DESCRIPTION OF PRACTICE

CONTENT AREA	CONTENT AREA DESCRIPTION	PERCENT WEIGHT
1. Patient Evaluation and Dental Hygiene Assessments	This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.	20
2. Dental Hygiene Treatment	This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.	40
3. Health and Safety	This content area assesses a candidate's ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.	15
4. Dental Hygiene Laws and Ethics	This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, and practice standards in dental hygiene in alternative practice.	25
TOTAL		100

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Hygiene Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of the registered dental hygienist in alternative practice (RDHAP) profession in California. The purpose of the OA is to identify critical activities performed by RDHAPs in California. The results of this OA provide a description of practice for the RDHAP profession and a basis for developing a valid and legally defensible Registered Dental Hygienist in Alternative Practice Laws and Ethics Examination.

PARTICIPATION OF SUBJECT MATTER EXPERTS

California RDHAPs participated as subject matter experts (SMEs) during the OA to ensure that the description of practice directly reflects current RDHAP practice in California. These SMEs represented the occupation in terms of geographic location of practice and years licensed. The SMEs provided technical expertise and information regarding different aspects of current RDHAP practice. During the workshops, the SMEs developed and reviewed the tasks and knowledge statements describing RDHAP practice, organized the tasks and knowledge statements into content areas, evaluated the responses to the OA questionnaire, and developed the description of practice and examination outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purposes of OAs, the following laws and guidelines are authoritative:

- California Business and Professions Code (BPC) § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.

- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure, certification, or registration program to meet these standards, it must be solidly based upon the occupational activities required for practice.

DESCRIPTION OF OCCUPATION

The RDHAP occupation is described as follows in BPC § 1908, 1910, and 1926:

BPC § 1908

- (a) 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.
- (b) The practice of dental hygiene does not include any of the following procedures:
 - (1) Diagnosis and comprehensive treatment planning.
 - (2) Placing, condensing, carving, or removal of permanent restorations.
 - (3) Surgery or cutting on hard and soft tissues including, but not limited to, the removal of teeth and the cutting and suturing of soft tissue.
 - (4) Prescribing medication.
 - (5) Administering local or general anesthesia or oral parenteral conscious sedation, except for the administration of nitrous oxide and oxygen, whether administered alone or in combination with each other, or local anesthesia pursuant to BPC § 1909.

BPC § 1910

A registered dental hygienist is authorized to perform the following procedures under general supervision:

- (a) Preventive and therapeutic interventions, including oral prophylaxis, scaling, and root planing.
- (b) Application of topical, therapeutic, and subgingival agents used for the control of caries and periodontal disease.

BPC § 1926

A registered dental hygienist in alternative practice may perform the duties authorized pursuant to subdivision (a) of Section 1907, subdivision (a) of Section 1908, and subdivisions (a) and (b) of Section 1910 in the following settings:

- (a) Residences of the homebound.
- (b) Schools.
- (c) Residential facilities and other institutions and medical settings that a residential facility patient has been transferred to for outpatient services.
- (d) Dental health professional shortage areas, as certified by the Department of Health Care Access and information in accordance with existing office guidelines. If the dental health professional shortage area certification is removed, a registered dental hygienist in alternative practice with an existing practice in the area may continue to provide dental hygiene services and shall annually provide patients treated at an existing practice with a list of dentists in the previous dental health professional shortage area who may be able to see the patient for comprehensive services.
- (e) Dental offices.

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CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

TASKS AND KNOWLEDGE STATEMENTS

To develop a preliminary list of tasks and knowledge statements, OPES test specialists integrated information gathered from literature reviews of profession-related sources (e.g., previous OA reports, articles, laws and regulations, industry publications) and from telephone interviews with licensed registered dental hygienists in alternative practice working throughout California. The statements were then organized into major content areas of practice.

In November 2024, OPES test specialists facilitated a workshop. Five SMEs with varying years of experience and practicing in different geographic locations participated in the workshop. The SMEs evaluated the tasks and knowledge statements for technical accuracy, level of specificity, and comprehensiveness of assessment of practice. The SMEs also performed a preliminary linkage of the tasks and knowledge statements. The purpose of the linkage was to identify the knowledge required for performance of each task and to verify that each identified knowledge statement was important for safe and competent performance as an RDHAP. The linkage ensured that all tasks were linked to at least one knowledge statement and that each knowledge statement was linked to at least one task. The SMEs also evaluated the scales that would be used for rating tasks and knowledge statements. In addition, SMEs evaluated the organization of task statements within content areas to ensure that the content areas were independent and non-overlapping.

Finally, the SMEs reviewed and revised the proposed demographic questions for the online OA questionnaire.

OPES used the final list of tasks, associated knowledge statements, demographic questions, and rating scales to develop the online OA questionnaire that was sent to a sample of RDHAPs statewide.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed the online OA questionnaire designed to solicit RDHAPs' ratings of the tasks and knowledge statements. The surveyed RDHAPs were asked to rate how often they perform each task in their current practice (Frequency) and how important each task is to effective performance of their current practice (Importance). In addition, they were asked to rate how important each knowledge statement is to the effective performance of their current practice (Importance). The OA questionnaire also included a demographic section to obtain relevant professional background information about responding RDHAPs. The OA questionnaire is Appendix A.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was sent to the 7 SMEs who participated in the telephone interviews and the 5 SMEs who participated in the OA workshop. The SMEs reviewed the tasks and knowledge statements in the questionnaire for technical accuracy and for whether they reflected RDHAP practice. The SMEs also provided feedback about the estimated time for completion, online navigation, and ease of use of the questionnaire. OPES used this feedback to refine the final questionnaire, which was administered December 18, 2024–February 9, 2025.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In December 2024, on behalf of the Board, OPES sent an email to the 747 actively practicing RDHAPs for whom the Board had an email address on file, inviting them to complete the online OA questionnaire. Reminder emails were sent biweekly after the initial invitation. The email invitation to practitioners is Appendix B.

A total of 165 RDHAPs, or approximately 22.1% of the RDHAPs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 76 (10.2%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently holding a license and practicing as RDHAPs in California. Second, OPES excluded data from questionnaires with a large portion of incomplete responses.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, a little over half of the responding RDHAPs reported the number of years licensed 0–5 years as 52.6%, while the rest of the respondents reported the number of years licensed as 6–10 years (17.1%), 11–15 years (19.7%), and 16 or more years (10.5%).

Table 2 and Figure 2 show other licenses or certificates that respondents reported holding in addition to their RDHAP license. Most respondents reported holding an administration of local anesthesia certificate (93.4%), while 89.5% of respondents reported that they held an administration of nitrous oxide and oxygen certificate, and 85.5% of respondents reported that they held a periodontal soft tissue curettage certificate. Respondents also reported that they held a certificate in radiographic decision-making (46.1%), an RDA license (26.3%), and an interim therapeutic restorations certificate (25%). A small percentage of respondents reported that they held an RDAEF license (5.3%) or no other license or certificate (3.9%).

Table 3 and Figure 3 show that most respondents reported working 1–10 hours per week (34.2%), while 23.7% of respondents reported working 11–20 hours per week, 15.8% of respondents reported working 21–30 hours per week, and 19.7% of respondents reported working 31–40 hours per week. A smaller percentage of respondents reported working 41 or more hours per week (6.6%).

Table 4 and Figure 4 show that 68.4% of respondents reported that their primary work setting was located in an urban area, and 31.6% reported that it was located in a rural area.

Table 5 and Figure 5 show that 59.2% of respondents reported that they worked in general dentistry, while 32.9% described their primary work setting as “other.” Smaller percentages of respondents described their primary work setting as pedodontics (6.6%) and periodontics (1.3%).

Table 6 and Figure 6 show that 60.5% of respondents reported working in 1 dental office, while 17.1% reported working in 2 dental offices, and 9.2% reported working in 3 or more dental offices.

Table 7 shows that 9.2% of respondents are employed as an RDHAP instructor, while 90.8% of respondents are not RDHAP instructors.

Table 8 shows the geographical regions where respondents perform most of their work. A breakdown of regional data organized by county is Appendix C.

Additional demographic information from respondents can be found in Tables 1–8 and Figures 1–6.

TABLE 1 – NUMBER OF YEARS LICENSED AS AN RDHAP

YEARS	NUMBER (N)	PERCENT
0–5	40	52.6
6–10	13	17.1
11–15	15	19.7
16 or more	8	10.5
Total	76	99.9*

*NOTE: Percentages do not add to 100 due to rounding.

FIGURE 1 – NUMBER OF YEARS LICENSED AS AN RDHAP

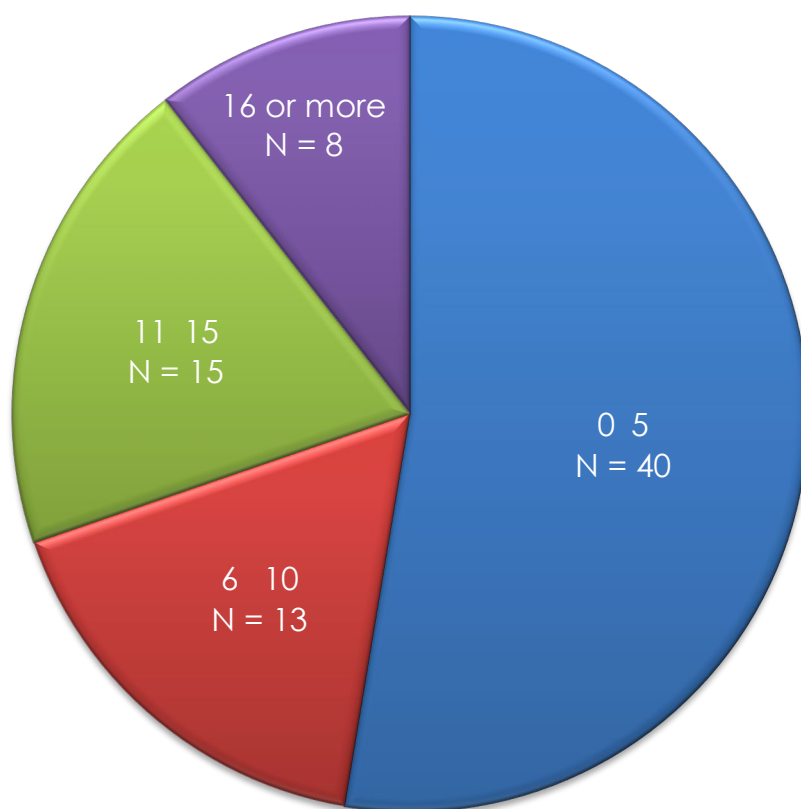


TABLE 2 – LICENSES AND CERTIFICATES HELD IN ADDITION TO RDHAP

LICENSE/CERTIFICATE*	NUMBER (N)	PERCENT**
RDA	20	26.3
RDAEF	4	5.3
Periodontal Soft Tissue Curettage	65	85.5
Administration of Local Anesthesia	71	93.4
Administration of Nitrous Oxide and Oxygen	68	89.5
Radiographic Decision-Making	35	46.1
Interim Therapeutic Restorations	19	25.0
None	3	3.9

*NOTE: Respondents were asked to select all that apply.

**NOTE: Percentages indicate the proportion in the sample of respondents.

FIGURE 2 – LICENSES AND CERTIFICATES HELD IN ADDITION TO RDHAP

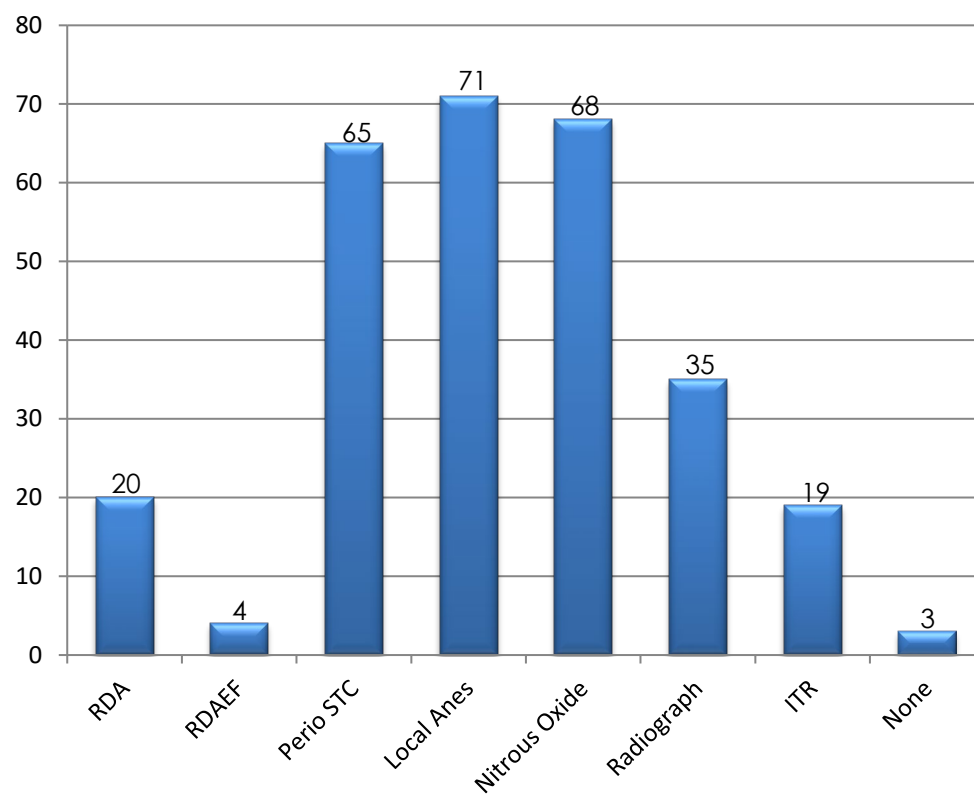


TABLE 3 – NUMBER OF HOURS WORKED PER WEEK

HOURS	NUMBER (N)	PERCENT
1–10	26	34.2
11–20	18	23.7
21–30	12	15.8
31–40	15	19.7
41 or more	5	6.6
Total	76	100

FIGURE 3 – NUMBER OF HOURS WORKED PER WEEK

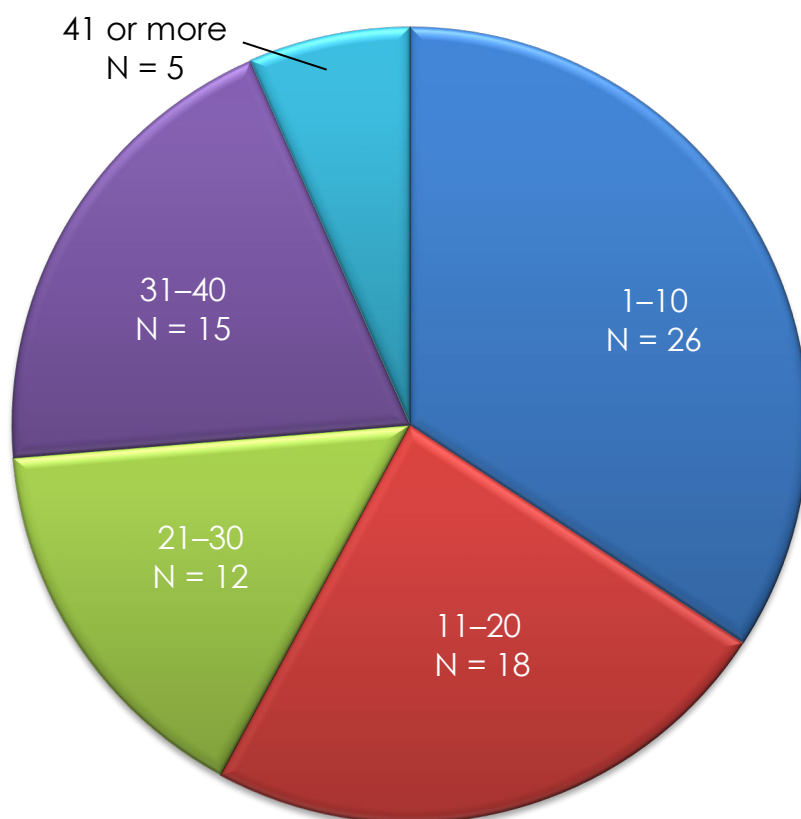


TABLE 4 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	52	68.4
Rural (fewer than 50,000 people)	24	31.6
Total	76	100

FIGURE 4 – LOCATION OF PRIMARY WORK SETTING

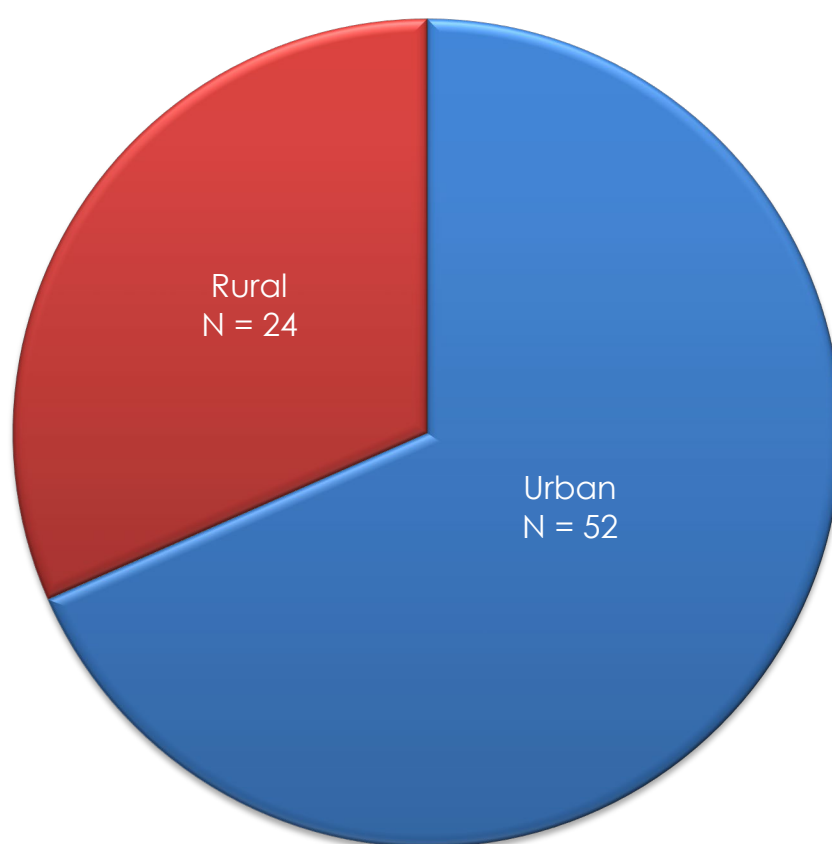


TABLE 5 – DENTAL PRACTICE DESCRIPTION

DENTAL PRACTICE	NUMBER (N)	PERCENT
General dentistry	45	59.2
Periodontic dentistry	1	1.3
Pedodontic dentistry	5	6.6
Other	25	32.9
Total	76	100

FIGURE 5 – DENTAL PRACTICE DESCRIPTION

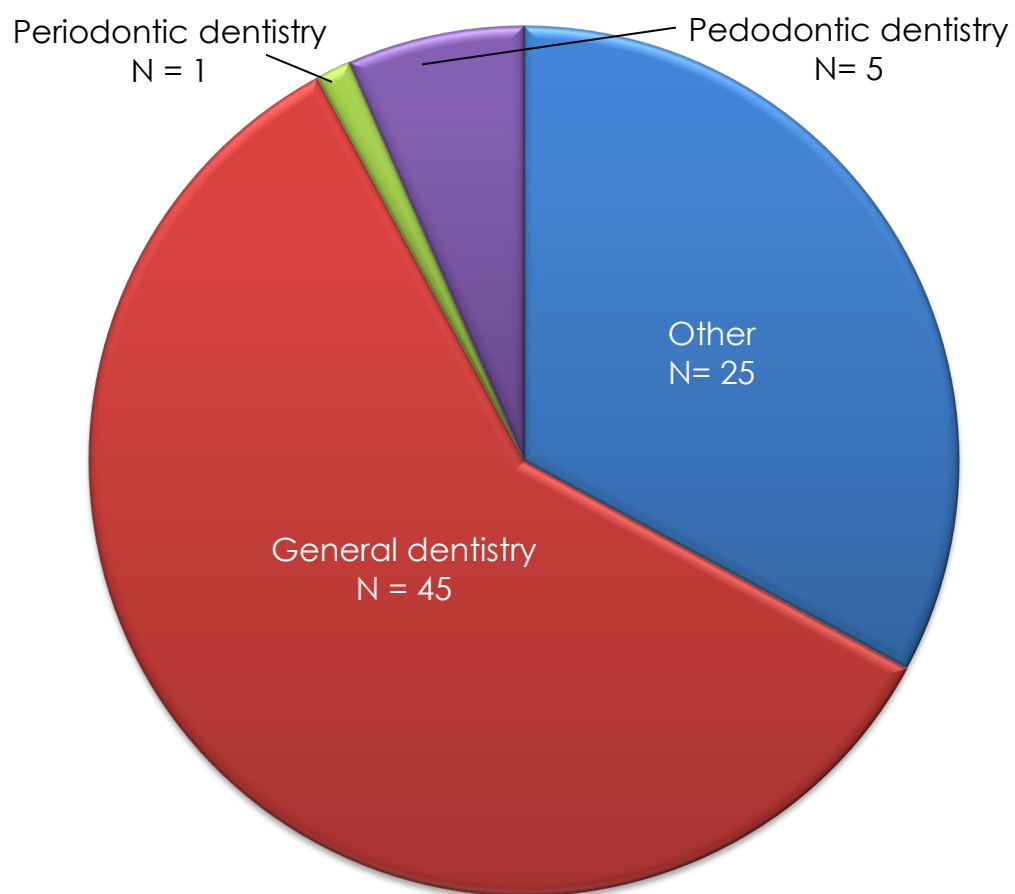


TABLE 6 – NUMBER OF OFFICES IN WHICH RDHAP WORKED

OFFICES	NUMBER (N)	PERCENT
1	46	60.5
2	13	17.1
3 or more	7	9.2
Missing	10	13.2
Total	76	100

FIGURE 6 – NUMBER OF OFFICES IN WHICH RDHAP WORKED

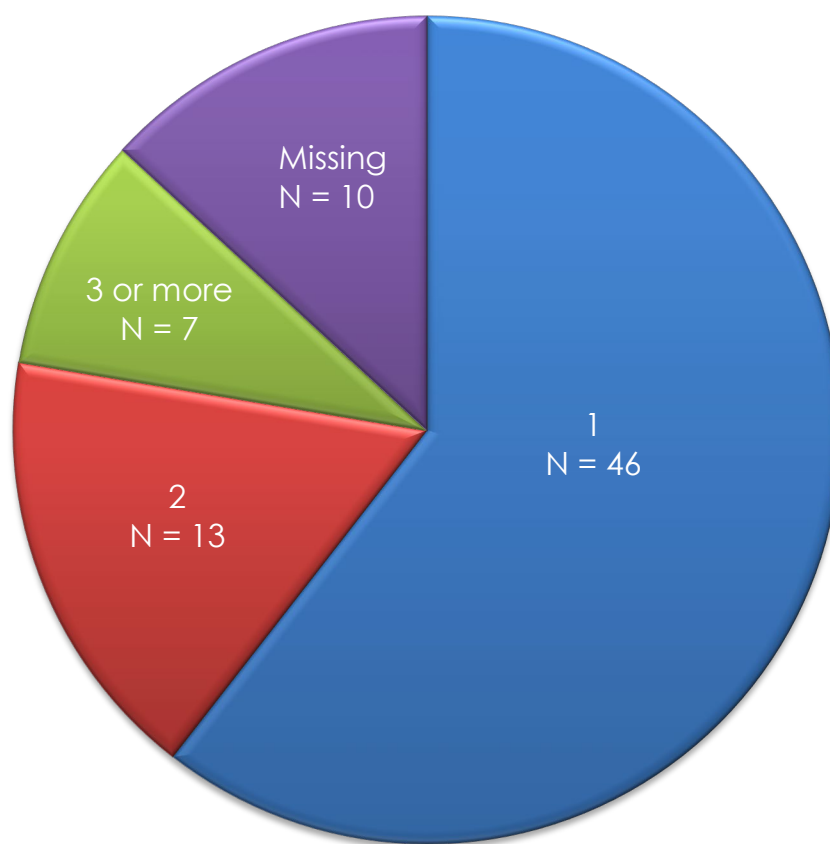


TABLE 7 – EMPLOYED AS AN INSTRUCTOR AT AN ACCREDITED HYGIENE SCHOOL

INSTRUCTOR	NUMBER (N)	PERCENT
Yes	7	9.2
No	69	90.8
Total	76	100

TABLE 8 – RESPONDENTS BY REGION*

REGION NAME	NUMBER (N)	PERCENT**
Los Angeles County and Vicinity	18	23.7
San Francisco Bay Area	14	18.4
San Joaquin Valley	11	14.5
Sacramento Valley	4	5.3
San Diego County and Vicinity	7	9.2
Shasta/Cascade	4	5.3
Riverside and Vicinity	8	10.5
Sierra Mountain Valley	1	1.3
North Coast	5	6.6
South Coast and Central Coast	4	5.3
Total	76	**100.1

*NOTE: Appendix C shows a more detailed breakdown of the frequencies by region.

**NOTE: Percentages do not add to 100 due to rounding.

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task and knowledge statement ratings obtained from the questionnaire respondents with a standard index of reliability, coefficient alpha (α), which ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the tasks and knowledge statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 9 displays the reliability coefficients for the task statement rating scales in each content area. The overall ratings of task frequency and task importance across content areas were highly reliable (Frequency $\alpha = .942$; Importance $\alpha = .954$). Table 10 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across content areas were highly reliable ($\alpha = .992$). These results indicate that the responding RDHAPs rated the tasks and knowledge statements consistently throughout the questionnaire.

TABLE 9 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	FREQUENCY	IMPORTANCE
1. Patient Evaluation and Dental Hygiene Assessments	16	.944	.868
2. Dental Hygiene Treatment	17	.899	.944
3. Health and Safety	9	.809	.801
4. Dental Hygiene Laws and Ethics	36	.894	.908

TABLE 10 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	IMPORTANCE
1. Patient Evaluation and Dental Hygiene Assessments	54	.983
2. Dental Hygiene Treatment	39	.972
3. Health and Safety	25	.959
4. Dental Hygiene Laws and Ethics	73	.983

TASK CRITICALITY INDICES

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (Fi) and the importance rating (Ii) for each task. Next, OPES averaged the multiplication products across respondents as shown below.

$$\text{Task criticality index} = \text{mean } [(Fi) \times (Ii)]$$

The tasks were grouped by content area and sorted in descending order by their criticality index. The tasks included in the questionnaire, their mean frequency and importance ratings, and their associated criticality indices are Appendix D.

OPES test specialists convened a workshop consisting of 7 SMEs in February 2025. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and competent RDHAP practice. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index to determine whether to establish a cutoff value below which tasks should be eliminated. Based on their review of the relative importance of tasks to RDHAP practice, the SMEs determined that no cutoff value should be set and that all the tasks should be retained.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements included in the questionnaire, sorted in descending order by content area, and presented along with their mean importance ratings, are Appendix E.

The SMEs who participated in the February 2025 workshop also reviewed the knowledge statement mean importance ratings. After reviewing the mean importance ratings and considering their relative importance to RDHAP practice, the SMEs determined that no cutoff value should be set, and that all knowledge statements should be retained.

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the February 2025 workshop confirmed the final linkage of tasks and knowledge statements. The SMEs worked individually to verify that the knowledge statements linked to each task were critical to competent performance of that task.

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CHAPTER 5 | DESCRIPTION OF PRACTICE

CONTENT AREAS AND WEIGHTS

The SMEs who participated in the February 2025 workshop were also asked to finalize the weights of the content areas that would form the Registered Dental Hygienist in Alternative Practice description of practice. OPES test specialists presented the SMEs with preliminary weights that had been calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\text{Sum of Criticality Indices for Tasks in Content Area}}{\text{Sum of Criticality Indices for All Tasks}} = \text{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry-level RDHAP practice in California. Through discussion, the SMEs determined that adjustments to the preliminary weights were necessary to more accurately reflect the relative importance of each area to RDHAP practice. The content area weights for “Dental Hygiene Treatment” increased, while the weights for “Patient Evaluation and Dental Hygiene Assessment” and “Dental Hygiene Law and Ethics” decreased. A summary of the preliminary and final content area weights for the RDHAP description of practice is presented in Table 11.

TABLE 11 – CONTENT AREA WEIGHTS

CONTENT AREA	PERCENT PRELIMINARY WEIGHT	PERCENT FINAL WEIGHT
1. Patient Evaluation and Dental Hygiene Assessments	23	20
2. Dental Hygiene Treatment	24	40
3. Health and Safety	15	15
4. Dental Hygiene Laws and Ethics	38	25
Total	100	100

The SMEs reviewed the content areas and wrote descriptions for each content area. They organized the tasks and knowledge statements into subareas within each content area and distributed the content area weight across the subareas. The content areas, subareas, and associated weights were then finalized and provide the basis for the Registered Dental Hygienist in Alternative Practice description of practice. The final description of practice is presented in Table 12.

TABLE 12 – REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE DESCRIPTION OF PRACTICE (2025)

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%)

This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1A. Chief Complaints and Patient History (10%)	T1. Evaluate patient chief complaint to establish reason patient is seeking dental hygiene treatment.	K1. Knowledge of methods for identifying patient dental hygiene needs. K2. Knowledge of techniques for establishing patient rapport and trust. K3. Knowledge of types of dental conditions and complications that require consultation with other providers and specialists.
	T2. Evaluate patient vital signs to determine current physiological status to proceed with dental hygiene treatment.	K4. Knowledge of standards for measuring patient vital signs based on patient health status. K5. Knowledge of signs of elevated and abnormal vital sign readings. K6. Knowledge of techniques for establishing baseline measures of patient vital signs and identifying clinical significance of readings.
	T3. Assess patient medical history to obtain baseline information about patient health status and monitor changes over time.	K7. Knowledge of medical conditions and physiological states that have implications for dental hygiene treatment. K8. Knowledge of the relationship between systemic and oral health. K9. Knowledge of methods for collecting information about patient medical and dental history. K10. Knowledge of types of medical conditions that require prophylactic premedication for dental hygiene procedures. K11. Knowledge of types of medical conditions and complications that require consultation with other providers and specialists.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued

This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1A. Chief Complaints and Patient History (10%), continued	T4. Assess pharmacological, supplement, and drug history to identify potential risks or contraindications for dental hygiene treatment.	K12. Knowledge of types of pharmacologic agents, supplements, and drugs that require special consideration during dental hygiene treatment. K13. Knowledge of risks associated with pharmacologic agents, supplements, and drugs related to dental hygiene treatment.
	T5. Assess patient dental history to obtain information about prior dental care, complications, or adverse events relevant to current oral health.	K14. Knowledge of the relationship between dental history and current oral health.
	T6. Evaluate patient diet and oral health habits to determine implications for systemic and oral health.	K15. Knowledge of the relationship between diet and oral health. K16. Knowledge of the relationship between substance and tobacco use and oral health. K17. Knowledge of the relationship between oral hygiene habits and oral health.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued

This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1B. Assessment and Detection (10%)	T7. Conduct a myofunctional evaluation of the head and neck region to identify function of oral and facial structures.	K18. Knowledge of types of muscles and physiological structures in the head and neck region.
		K19. Knowledge of techniques for performing evaluation of the myofunction of the head and neck region.
		K20. Knowledge of signs of atypical and abnormal myofunction of structures in the head and neck region.
		K21. Knowledge of signs of temporal mandibular dysfunction.
	T8. Perform extraoral examination of hard and soft tissue to identify conditions related to patient oral health.	K22. Knowledge of types of anatomical structures and landmarks of the extraoral regions.
		K23. Knowledge of signs of healthy and pathological extraoral hard and soft tissues.
		K24. Knowledge of techniques for performing extraoral examinations.
		K25. Knowledge of the relationship between extraoral abnormalities, pathology, and oral health.
	T9. Perform intraoral examination of hard and soft tissue to identify conditions related to patient oral health.	K26. Knowledge of types of anatomical structures and landmarks of the intraoral cavity.
		K27. Knowledge of signs of healthy and pathological intraoral hard and soft tissues.
		K28. Knowledge of methods for performing intraoral examinations.
		K29. Knowledge of the relationship between intraoral abnormalities, pathology, and oral health.
	T10. Assess dental deposits and stains to determine extent of calculus formation.	K30. Knowledge of the relationship between microorganisms, biofilm, and calculus formation.
		K31. Knowledge of classifications of dental deposits.
		K32. Knowledge of types of extrinsic and intrinsic dental stains.
		K33. Knowledge of methods for assessing dental deposits and stains.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued

This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1B. Assessment and Detection (10%)	T11. Review existing restorative treatments and assess for caries and tooth damage to identify patient risks.	K34. Knowledge of classifications of dental caries and restorations. K35. Knowledge of techniques for identifying pulpal damage. K36. Knowledge of techniques for evaluating level of dental attrition, abrasion, erosion, lesion, and fracture. K37. Knowledge of techniques for performing dental caries detection and risk assessment.
	T12. Identify occlusion classification to determine the relationship of the maxillary and mandibular teeth.	K38. Knowledge of classifications of occlusion and malocclusion. K39. Knowledge of effects of occlusion and malocclusion on oral health. K40. Knowledge of methods for identifying occlusion and malocclusion.
	T13. Assess periodontium to identify clinical signs of healthy or diseased tissue and structures.	K41. Knowledge of components and structures of the periodontium. K42. Knowledge of signs and histologic characteristics of healthy and diseased periodontium. K43. Knowledge of classifications of periodontal and peri-implant diseases and conditions. K44. Knowledge of factors that increase risk for onset and progression of periodontal diseases. K45. Knowledge of factors that impact gingival plaque accumulation. K46. Knowledge of techniques for assessing the periodontium.
	T14. Assess presentation of dental implants and prosthetics to determine hygiene needs.	K47. Knowledge of components of peri-implants, implants, and prosthetics. K48. Knowledge of signs of peri-implantitis mucositis or other implant pathology that require dentist evaluation. K49. Knowledge of methods for determining hygiene maintenance needs of dental implants and prosthetics.

CONTENT AREA 1: PATIENT EVALUATION AND DENTAL HYGIENE ASSESSMENTS (20%), continued

This content area assesses a candidate's knowledge of completing a medical history screening and a comprehensive oral health assessment.

Section	Tasks	Knowledge Statements
1B. Assessment and Detection (10%), continued	T15. Perform intraoral and extraoral cancer screening to detect signs and symptoms that require further medical attention.	K50. Knowledge of signs and symptoms of early and late presentations of intraoral and extraoral cancer. K51. Knowledge of methods for detecting intraoral and extraoral cancer. K52. Knowledge of types of intraoral and extraoral cancers.
	T16. Determine type of imaging needed to obtain diagnostic information based on patient assessment.	K53. Knowledge of types of radiographic imaging. K54. Knowledge of criteria for determining type of diagnostic images to be performed.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%)

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2A. Developing a Care Plan (5%)	T17. Develop overall oral hygiene indices to establish a baseline of oral health and monitor patient self-care progress.	K55. Knowledge of criteria for establishing oral hygiene indices. K56. Knowledge of methods for translating clinical evaluations into measurable oral hygiene indices.
	T18. Develop comprehensive dental hygiene care plans to address patient needs based on clinical assessments.	K57. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment. K58. Knowledge of methods to develop dental hygiene care plans that address individual patient needs.
2B. Dental Hygiene Procedures (15%)	T19. Perform scaling and root planing to remove deposits and stains from the surfaces of teeth.	K59. Knowledge of techniques for performing scaling and root planing using hand instruments. K60. Knowledge of techniques for performing scaling and root planing using ultrasonic or other power instruments.
	T20. Perform oral prophylaxis to remove deposits and stains from the surfaces of teeth.	K61. Knowledge of techniques for performing oral prophylaxis using hand instruments. K62. Knowledge of techniques for performing oral prophylaxis using ultrasonic or other power instruments.
	T21. Perform coronal polishing to remove supragingival and subgingival biofilm and stain.	K63. Knowledge of procedures to perform coronal polishing to remove supragingival biofilm and stain. K64. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.
	T22. Evaluate the presence or absence of biofilm, calculus, and stain before and after instrumentation.	K65. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.
	T23. Address hygiene maintenance needs of dental implants, prosthetics, and restorations to maintain integrity and biocompatibility of components.	K66. Knowledge of procedures for cleaning and polishing removable appliances. K67. Knowledge of procedures for cleaning and polishing dental implants, prosthetics, and restorations.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%), continued

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2C. Prophylaxis Procedures (10%)	T24. Apply fluoride and other caries-preventing agents to protect teeth.	K68. Knowledge of methods used to prevent caries. K69. Knowledge of procedures to apply fluoride to teeth.
	T25. Apply pit and fissure sealants to prevent dental caries.	K70. Knowledge of types of pit and fissure sealants and their uses. K71. Knowledge of factors that impact retention of pit and fissure sealants. K72. Knowledge of indications and contraindications for using pit and fissure sealants. K73. Knowledge of techniques for applying pit and fissure sealants.
	T26. Apply antimicrobial agents to prevent or control periodontal disease.	K74. Knowledge of types of antimicrobial agents and their active ingredients. K75. Knowledge of indications and contraindications for using antimicrobial agents. K76. Knowledge of techniques for delivering antimicrobial agents.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%), continued

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2D. Pain and Anxiety Management (5%)	T27. Administer topical anesthetic to control patient pain.	K77. Knowledge of procedures to administer topical anesthetic. K78. Knowledge of conditions that require application of topical anesthesia. K79. Knowledge of drug properties, side effects, interactions, and contraindications of topical anesthetic as they relate to dental hygiene treatment.
	T28. Administer local anesthetic to patients for pain control under supervision of a dentist.	K80. Knowledge of procedures to administer local anesthetic. K81. Knowledge of conditions that require administration of local anesthetic. K82. Knowledge of drug properties, side effects, interactions, and contraindications of local anesthetic as they relate to dental hygiene treatment.
	T29. Administer nitrous oxide under dentist supervision to control patient pain and anxiety.	K83. Knowledge of procedures to administer nitrous oxide. K84. Knowledge of conditions that require administration of nitrous oxide. K85. Knowledge of drug properties, side effects, interactions, and contraindications of nitrous oxide as they relate to dental hygiene treatment.

CONTENT AREA 2: DENTAL HYGIENE TREATMENT (40%), continued

This content area assesses a candidate's knowledge of dental hygiene treatment planning, dental hygiene treatments, and patient education.

Section	Tasks	Knowledge Statements
2E. Patient Education (5%)	T30. Educate patients about oral hygiene to promote oral health.	K86. Knowledge of effects of poor oral hygiene and care related to oral health. K87. Knowledge of methods for educating patients about oral hygiene.
	T31. Educate patients about dietary recommendations to promote oral health.	K88. Knowledge of effects of foods and beverages on oral health. K89. Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.
	T32. Provide patients with individualized oral hygiene instructions to address unique oral health needs.	K90. Knowledge of individualized oral hygiene instructions to address specific patient needs.
	T33. Provide patients with post-treatment instructions to promote patient compliance.	K91. Knowledge of symptoms patients may encounter after treatment. K92. Knowledge of techniques for pain management after treatment. K93. Knowledge of methods for educating patients about post-treatment instructions.

CONTENT AREA 3: HEALTH AND SAFETY (15%)

This content area assesses a candidate's ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Tasks	Knowledge Statements
T34. Provide patients with safety precautions to ensure protection during dental hygiene treatment.	K94. Knowledge of methods for using safety precautions with patients. K95. Knowledge of types of safety equipment for protecting patients. K96. Knowledge of techniques for protecting patients during diagnostic tests and imaging.
T35. Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	K97. Knowledge of equipment for providing protective barriers and air evacuation systems. K98. Knowledge of techniques for using barriers, air evacuation systems, and rinses. K99. Knowledge of types of infectious diseases and their modes of transmission.
T36. Sanitize hands according to protocols to prevent the transmission of diseases.	K100. Knowledge of techniques for sanitizing hands before and during dental hygiene treatments. K101. Knowledge of types of infectious diseases and their modes of transmission.
T37. Wear personal protective equipment to prevent contamination.	K102. Knowledge of techniques for using personal protective equipment.
T38. Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	K103. Knowledge of techniques for preventing the spread of infectious diseases. K104. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.
T39. Identify signs of medical emergencies to address situations that require immediate intervention.	K105. Knowledge of signs and symptoms of allergic reaction and anaphylactic shock. K106. Knowledge of signs of medical crisis and emergency. K107. Knowledge of methods for obtaining emergency medical assistance. K108. Knowledge of methods for administering emergency first aid and CPR.

CONTENT AREA 3: HEALTH AND SAFETY (15%), continued

This content area assesses a candidate's ability to maintain a safe and sanitary work environment and to adhere to infection control protocols and standard precautions.

Tasks	Knowledge Statements
T40. Disinfect treatment area and equipment before and after dental hygiene treatment.	K109. Knowledge of methods for disinfecting treatment areas and equipment. K110. Knowledge of barrier techniques for protecting treatment areas and equipment. K111. Knowledge of methods for monitoring dental waterlines and water quality. K112. Knowledge of methods for disinfecting evacuation lines. K113. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.
T41. Sterilize instruments to prevent patient-to-patient disease transmission.	K114. Knowledge of types of sterilization processes and related equipment. K115. Knowledge of procedures for sterilizing instruments. K116. Knowledge of techniques for storing instruments before and after sterilization.
T42. Adhere to disposal safety protocols to discard biohazard materials or sharps.	K117. Knowledge of techniques for safely disposing of biohazard materials. K118. Knowledge of techniques for safely disposing of sharps.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%)

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4A. Patient Autonomy and Consent for Treatment (8%)	T43. Disclose all relevant treatment options to assist patients in making informed treatment decisions.	K119. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.
	T44. Respect patient autonomy in making decisions about their care.	K120. Knowledge of laws about patient right to make treatment decisions. K121. Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.
	T45. Obtain informed consent to authorize dental hygiene treatment.	K122. Knowledge of requirements regarding informed consent for treatment.
	T46. Comply with requirements to provide oral care to minor patients.	K123. Knowledge of requirements for treating minor patients. K124. Knowledge of requirements regarding consent to treat and refuse treatment of minors. K125. Knowledge of requirements regarding access to information related to treatment of minors.
	T47. Maintain patient confidentiality to protect their inherent right to privacy in treatment.	K126. Knowledge of requirements regarding the release of confidential patient information.
	T48. Comply with requirements regarding requests for records to protect patient rights.	K127. Knowledge of requirements regarding patient right to access treatment records. K128. Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.
	T49. Comply with the provisions of the Health Information Portability and Accountability Act (HIPAA) to protect sensitive patient information.	K129. Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).
	T50. Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.	K130. Knowledge of requirements regarding geographic limitations in providing telehealth. K131. Knowledge of requirements regarding standards of care and delivery of telehealth.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4B. Mandated Reporting Requirements (2%)	T51. Report known or suspected child abuse or neglect to protect the health and safety of minors.	K132. Knowledge of signs of child abuse and neglect.
		K133. Knowledge of laws regarding mandated reporting of child abuse and neglect.
		K134. Knowledge of procedures for filing mandated reports with protective authorities.
	T52. Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.	K135. Knowledge of signs of abuse, neglect, and exploitation of dependent adults.
		K136. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults.
		K137. Knowledge of procedures for filing mandated reports with protective authorities.
4C. Professional Dental Hygiene Practice (10%)	T53. Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.	K138. Knowledge of signs of abuse, neglect, and exploitation of older adults.
		K139. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults.
		K140. Knowledge of procedures for filing mandated reports with protective authorities.
	T54. Adhere to requirements regarding scope of practice to respect professional boundaries.	K141. Knowledge of legal requirements regarding RDHAP scope of practice.
		K142. Knowledge of requirements regarding professional conduct.
		K143. Knowledge of the relationship between personal and professional actions and public trust.
	T55. Maintain professional conduct within and outside work hours to uphold professional integrity.	K144. Knowledge of the principles of universality.
		K145. Knowledge of the principles of ethical behaviors that prevent harm to patients and society.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4C. Professional Dental Hygiene Practice (10%), continued	T56. Comply with license requirements to keep dental hygiene license current and valid.	K146. Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license. K147. Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions. K148. Knowledge of requirements regarding continuing education to maintaining dental hygiene license.
	T57. Maintain patient records according to requirements for documentation, storage, and disposal.	K149. Knowledge of requirements regarding documentation of treatments provided. K150. Knowledge of requirements regarding the storage and disposal of treatment records. K151. Knowledge of protocols for documenting in patient dental records.
	T58. Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.	K152. Knowledge of requirements regarding disclosures and notification of fees and fee changes. K153. Knowledge of requirements regarding the collection of fees and surcharges.
	T59. Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.	K154. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.
	T60. Obtain written prescription by a dentist to provide dental hygiene treatment.	K155. Knowledge of laws regarding obtaining written prescriptions from physicians and dentists.
	T61. Submit claims to third party payers for dental hygiene services performed.	K156. Knowledge of documentation required to submit claims to third party payers for dental hygiene services performed. K157. Knowledge of procedures for receiving insurance reimbursements.
	T62. Employe dental professionals to assist in maintaining a practice.	K158. Knowledge of laws related to hiring for a dental hygiene in alternative practice business.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4C. Professional Dental Hygiene Practice (10%), continued	T63. Operate a mobile or portable dental hygiene clinic to provide dental hygiene services in underserved or nontraditional settings.	K159. Knowledge of laws related to operating a mobile or portable dental hygiene in alternative practice business.
	T64. Adhere to laws regarding billing, billing codes, and documentation.	K160. Knowledge of laws regarding discounted fees and services to patients.
	T65. Coordinate treatment with dentist and other healthcare professionals to provide patient with needed care.	K161. Knowledge of methods for coordinating patient dental care with other providers. K162. Knowledge of types or referrals needed for providing patients with needed care.
	T66. Provide dental hygiene services in nontraditional settings.	K163. Knowledge of conditions necessary for providing dental hygiene treatment in nontraditional settings. K164. Knowledge of methods needed for practicing dental hygiene services in nontraditional settings.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4D. Obligation to the Patient and Society (5%), continued	T67. Practice within scope of competence to provide treatment consistent with level of training and experience.	K165. Knowledge of ethical standards about the use of techniques or approaches within level of competence. K166. Knowledge of ethical standards about remaining current on professional developments.
	T68. Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity	K167. Knowledge of methods regarding cultural sensitivity in working with diverse patients. K168. Knowledge of the principles of complementarity. K169. Knowledge of standards that prohibit discrimination in professional services and conduct.
	T69. Provide services in a manner that protects all patients to minimize harm to patients and others.	K170. Knowledge of the principles of non-maleficence. K171. Knowledge of methods for preventing harm to patients.
	T70. Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.	K172. Knowledge of ethical standards about conflict-of-interest situations. K173. Knowledge of methods for managing conflict of interest situations.
	T71. Maintain professionalism while providing oral health services to patients.	K174. Knowledge of the relationship between personal values and professional objectivity. K175. Knowledge of methods for managing the impact of personal values on treatment. K176. Knowledge of methods for maintaining objectivity in providing services to patients. K177. Knowledge of methods for managing the impact of personal issues on professional performance or judgement.
	T72. Adhere to standards regarding practicing while impaired to prevent harm to patients.	K178. Knowledge of standards about practicing when impaired. K179. Knowledge of standards about practicing under the influence of alcohol or other substances.

CONTENT AREA 4: DENTAL HYGIENE LAWS AND ETHICS (25%), continued

This content area assesses a candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, patient confidentiality, using telehealth methods and technology, and mandated reporting.

Section	Tasks	Knowledge Statements
4D. Obligation to the Patient and Society (5%), continued	T73. Maintain standard of care to align with patient oral health care needs.	K180. Knowledge of standards about providing services in the best interest of patients. K181. Knowledge of standards about excessive treatment and limiting patient care.
	T74. Promote well-being of patients to protect their best interest and welfare.	K182. Knowledge of standards about acting in the best interest of patients. K183. Knowledge of methods for enhancing the well-being of patients.
	T75. Manage safety concerns and crisis situations that arise during treatment to protect patients and others.	K184. Knowledge of procedures regarding the management of safety needs. K185. Knowledge of methods for addressing patient safety needs.
	T76. Refer patients to other providers to address situations that require additional treatment or expertise.	K186. Knowledge of ethical standards about referrals for services to meet patient oral health care needs.
	T77. Collaborate with other professionals to meet patient oral health care needs.	K187. Knowledge of standards about participating with other professionals in providing patient care. K188. Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.
	T78. Address unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.	K189. Knowledge of signs of colleague impairments that jeopardize professional judgment. K190. Knowledge of types of colleague behaviors that require intervention or action. K191. Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.

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CHAPTER 6 | CALIFORNIA REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE LAWS AND ETHICS EXAMINATION OUTLINE

CALIFORNIA RDHAP LAWS AND ETHICS EXAMINATION

At this time, California licensure as an RDHAP is granted by meeting educational and experience requirements and passing the NBDHE; the Western Regional Examination Board (WREB) or the National Dental Hygiene Clinical Examination developed by Central Regional Dental Testing Services (CRDTS); and the California RDHAP Laws and Ethics Examination.

The SMEs who participated in the February 2025 workshop were asked to develop a preliminary examination outline for the California RDHAP Laws and Ethics Examination by identifying the tasks and knowledge statements that they believed were California-specific. The SMEs determined that all tasks and knowledge statements within the Laws and Ethics content areas should remain in the examination outline for the California RDHAP Laws and Ethics Examination.

CONTENT AREAS AND WEIGHTS

In February 2025, OPES facilitated a workshop with 7 SMEs. Before the workshop, OPES organized the tasks and knowledge statements from the preliminary California RDHAP Laws and Ethics Examination Outline into a proposed examination outline with 3 content areas. The SMEs determined the final content area names, descriptions, and content area weights. After the examination outline was finalized, OPES renumbered the tasks and knowledge statements. The final examination outline for the California RDHAP Laws and Ethics Examination consists of 3 content areas and is presented in Table 13. A summary of content area weights for the California RDHAP Laws and Ethics Examination Outline is presented in Table 14. Appendix F provides a conversion chart indicating the original task and knowledge statement numbers in the California RDHAP Description of Practice and the new task and knowledge statement numbers in the California RDHAP Laws and Ethics Examination Outline.

TABLE 13 – CALIFORNIA RDHAP LAWS AND ETHICS EXAMINATION OUTLINE

CONTENT AREA	PERCENT AREA WEIGHTS
1. Consent, Confidentiality, and Patient Privacy	30
1A. Informed Consent and Patient Autonomy	15
1B. Patient Privacy and Protecting Private Health Information	9
1C. Limits to Confidentiality	6
2. Standards for Professional Dental Hygiene Alternative Practice	40
2A. Scope of Practice, Professional Conduct, and Adherence to License Requirements	15
2B. Alternative Practices Standards	10
2C. Professional Practices	15
3. Obligation to the Patient and Professional Role	30
3A. Obligation to the Patient	20
3B. Obligation to Professional Dental Hygiene Alternative Practice Role	10
Total	100

TABLE 14 – REGISTERED DENTAL HYGIENIST IN ALTERNATIVE PRACTICE LAWS AND ETHICS EXAMINATION OUTLINE (2025)

CONTENT AREA 1: CONSENT, CONFIDENTIALITY, AND PATIENT PRIVACY (30%)

This content area assesses a candidate's knowledge of California laws and ethics pertaining to patient autonomy, privacy, and consent.

Section	Tasks	Knowledge Statements
1A. Informed Consent, Confidentiality, and Patient Privacy (15%)	T1. Disclose all relevant treatment options to assist patients in making informed treatment decisions.	K1. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.
	T2. Respect patient autonomy in making decisions about their care.	K2. Knowledge of laws about patient right to make treatment decisions.
		K3. Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.
	T3. Obtain informed consent to authorize dental hygiene treatment.	K4. Knowledge of requirements regarding informed consent for treatment.
	T4. Comply with requirements to provide oral care to minor patients.	K5. Knowledge of requirements for treating minor patients.
		K6. Knowledge of requirements regarding consent to treat and refuse treatment of minors.
		K7. Knowledge of requirements regarding access to information related to treatment of minors.

CONTENT AREA 1: CONSENT, CONFIDENTIALITY, AND PATIENT PRIVACY (30%), CONTINUED

This content area assesses a candidate's knowledge of California laws and ethics pertaining to patient autonomy, privacy, and consent.

Section	Tasks	Knowledge Statements
1B. Patient Privacy and Protecting Private Health Information (9%)	T5. Maintain patient confidentiality to protect their inherent right to privacy in treatment.	K8. Knowledge of requirements regarding the release of confidential patient information.
	T6. Comply with requirements regarding requests for records to protect patient rights.	K9. Knowledge of requirements regarding patient right to access treatment records. K10. Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.
	T7. Comply with the provisions of the Health Information Portability and Accountability Act (HIPAA) to protect sensitive patient information.	K11. Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).
	T8. Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.	K12. Knowledge of requirements regarding geographic limitations in providing telehealth. K13. Knowledge of requirements regarding standards of care and delivery of telehealth.

CONTENT AREA 1: CONSENT, CONFIDENTIALITY, AND PATIENT PRIVACY (30%), CONTINUED

This content area assesses a candidate's knowledge of California laws and ethics pertaining to patient autonomy, privacy, and consent.

Section	Tasks	Knowledge Statements
1C. Limits to Confidentiality (6%)	T9. Report known or suspected child abuse or neglect to protect the health and safety of minors.	K14. Knowledge of signs of child abuse and neglect. K15. Knowledge of laws regarding mandated reporting of child abuse and neglect. K16. Knowledge of procedures for filing mandated reports with protective authorities.
	T10. Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.	K17. Knowledge of signs of abuse, neglect, and exploitation of dependent adults. K18. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults. K16. Knowledge of procedures for filing mandated reports with protective authorities.
	T11. Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.	K19. Knowledge of signs of abuse, neglect, and exploitation of older adults. K20. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults. K16. Knowledge of procedures for filing mandated reports with protective authorities.

CONTENT AREA 2: STANDARDS FOR PROFESSIONAL DENTAL HYGIENE ALTERNATIVE PRACTICE (40%)

This content area assesses a candidate's knowledge of California laws and ethics related to maintaining professional standards in the dental hygiene in alternative practice profession.

Section	Tasks	Knowledge Statements
2A. Scope of Practice, Professional Conduct, and Adherence to License Requirements (15%)	T12. Adhere to requirements regarding scope of practice to respect professional boundaries.	K21. Knowledge of legal requirements regarding RDHAP scope of practice.
	T13. Maintain professional conduct within and outside work hours to uphold professional integrity.	K22. Knowledge of requirements regarding professional conduct.
		K23. Knowledge of the relationship between personal and professional actions and public trust.
		K24. Knowledge of the principles of universality.
	T14. Comply with license requirements to keep dental hygiene license current and valid.	K25. Knowledge of the principles of ethical behaviors that prevent harm to patients and society.
		K26. Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license.
		K27. Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions.
		K28. Knowledge of requirements regarding continuing education to maintaining dental hygiene license.

CONTENT AREA 2: STANDARDS FOR PROFESSIONAL DENTAL HYGIENE ALTERNATIVE PRACTICE (40%), CONTINUED

This content area assesses a candidate's knowledge of California laws and ethics related to maintaining professional standards in the dental hygiene in alternative practice profession.

Section	Tasks	Knowledge Statements
2B. Alternative Practices Standards (10%)	T15. Obtain written prescription by a dentist to provide dental hygiene treatment.	K29. Knowledge of laws regarding obtaining written prescriptions from physicians and dentists.
	T16. Operate a mobile or portable dental hygiene clinic to provide dental hygiene services in underserved or nontraditional settings.	K30. Knowledge of laws related to operating a mobile or portable dental hygiene clinic.
	T17. Provide dental hygiene services in nontraditional settings.	K31. Knowledge of conditions necessary for providing dental hygiene treatment in nontraditional settings. K32. Knowledge of methods needed for practicing dental hygiene services in nontraditional settings.
	T18. Coordinate treatment with dentist and other healthcare professionals to provide patients with needed care.	K33. Knowledge of methods for coordinating patient dental care with other providers. K34. Knowledge of types of referrals needed for providing patient with needed care.
	T19. Employ dental professionals to assist in maintaining a practice.	K35. Knowledge of laws related to hiring for a dental hygiene in alternative practice business.

CONTENT AREA 2: STANDARDS FOR PROFESSIONAL DENTAL HYGIENE ALTERNATIVE PRACTICE (40%), CONTINUED

This content area assesses a candidate's knowledge of California laws and ethics pertaining to maintaining professional standards in the dental hygiene in alternative practice profession.

Section	Tasks	Knowledge Statements
2C. Professional Practices (15%)	T20. Maintain patient records according to requirements for documentation, storage, and disposal.	K36. Knowledge of requirements regarding documentation of treatments provided. K37. Knowledge of requirements regarding the storage and disposal of treatment records. K38. Knowledge of protocols for documenting in patient dental records.
	T21. Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.	K39. Knowledge of requirements regarding disclosures and notification of fees and fee changes. K40. Knowledge of requirements regarding the collection of fees and surcharges.
	T22. Submit claims to third party payers for dental hygiene services performed.	T41. Knowledge of documentation required to submit claims to third party payers for dental hygiene services performed. T42. Knowledge of procedures for receiving insurance reimbursements.
	T23. Adhere to laws regarding billing, billing codes, and documentation.	T43. Knowledge of laws regarding discounted fees and services to patients.
	T24. Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.	K44. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%)

This content area assesses a candidate's knowledge of requirements pertaining to professional obligations to the patient and the professional role of dental hygiene in alternative practice.

Section	Tasks	Knowledge Statements
3A. Obligation to the Patient (20%)	T25. Practice within scope of competence to provide treatment consistent with level of training and experience.	K45. Knowledge of ethical standards about the use of techniques or approaches within level of competence. K46. Knowledge of ethical standards about remaining current on professional developments.
	T26. Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.	K47. Knowledge of methods regarding maintaining cultural sensitivity in working with diverse patients. K48. Knowledge of the principles of complementarity. K49. Knowledge of standards that prohibit discrimination in professional services and conduct.
	T27. Provide services in a manner that protects all patients to minimize harm to patients and others.	K50. Knowledge of the principles of non-maleficence. K51. Knowledge of methods for preventing harm to patients.
	T28. Maintain standard of care to align with patient oral health care needs.	K52. Knowledge of standards about providing services in the best interest of patients. K53. Knowledge of standards about excessive treatment and limiting patient care.
	T29. Promote well-being of patients to protect their best interest and welfare.	K54. Knowledge of standards about acting in the best interest of patients. K55. Knowledge of methods for enhancing the well-being of patients.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%), continued

This content area assesses a candidate's knowledge of requirements pertaining to professional obligations to the patient and the professional role of dental hygiene in alternative practice.

Section	Tasks	Knowledge Statements
3A. Obligation to the Patient (20%), continued	T30. Manage safety concerns and crisis situations that arise during treatment to protect patients and others.	K56. Knowledge of procedures regarding the management of safety needs. K57. Knowledge of methods for addressing patient safety needs.
	T31. Refer patients to other providers to address situations that require additional treatment or expertise.	K58. Knowledge of ethical standards about referrals for services to meet patient oral health care needs.

CONTENT AREA 3: OBLIGATION TO THE PATIENT AND PROFESSIONAL ROLE (30%)

This content area assesses a candidate's knowledge of requirements pertaining to professional obligations to the patient and the professional role of dental hygiene in alternative practice.

Section	Tasks	Knowledge Statements
3B. Obligation to Professional Dental Hygiene Alternative Practice Role (10%)	T32. Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.	K59. Knowledge of ethical standards about conflict-of-interest situations. K60. Knowledge of methods for managing conflict of interest situations.
	T33. Maintain professionalism while providing oral health services to patients.	K61. Knowledge of the relationship between personal values and professional objectivity. K62. Knowledge of methods for managing the impact of personal values on treatment. K63. Knowledge of methods for maintaining objectivity in providing services to patients. K64. Knowledge of methods for managing the impact of personal issues on professional performance or judgement.
	T34. Adhere to standards regarding practicing while impaired to prevent harm to patients.	K65. Knowledge of standards about practicing when impaired. K66. Knowledge of standards about practicing under the influence of alcohol or other substances.

CONTENT AREA 3: OBLIGATION TO THE PATIENT, PROFESSIONAL ROME (30%), continued

This content area assesses a candidate's knowledge of requirements pertaining to professional obligations to the patient and the professional role of dental hygiene in alternative practice.

Section	Tasks	Knowledge Statements
3B. Obligation to Professional Dental Hygiene in Alternative Practice Role (10%), continued	T35. Collaborate with other professionals to meet patient oral health care needs.	K67. Knowledge of standards about participating with other professionals in providing patient care. K68. Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.
	T36. Address unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.	K69. Knowledge of signs of colleague impairments that jeopardize professional judgment. K70. Knowledge of types of colleague behaviors that require intervention or action. K71. Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.

CHAPTER 7 | CONCLUSION

The OA of the RDHAP profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent RDHAP practice. Results of this OA provide information regarding current practice that can be used to develop valid and legally defensible examinations and to make job-related decisions regarding occupational licensure.

Use of the California Registered Dental Hygienist in Alternative Practice Examination outline contained in this report ensures that the Board is compliant with BPC § 139.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

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APPENDIX A | QUESTIONNAIRE

2025 Registered Dental Hygienist in Alternative Practice Occupational Analysis

Message from the Dental Hygiene Board of California

Dear Licensed Dental Hygienists in Alternative Practice:

Thank you for taking this survey for the occupational analysis of the dental hygiene in alternative practice profession by the Dental Hygiene Board of California (Board).

The Board is collecting information about the tasks currently performed by dental hygienists in alternative practice in California, the importance of the tasks, and the knowledge needed to perform the tasks safely and effectively. We will use this information to ensure that the dental hygiene in alternative practice examinations reflect current practice in California. We worked with different groups of dental hygienists in alternative practice to develop a survey to capture this information. The survey should take about an hour to complete.

For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages. The weblink is available 24 hours a day, 7 days a week. Please submit your completed survey by February 2, 2025.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other dental hygienists in alternative practice, and only group data will be analyzed.

If you have questions or need assistance with the survey, please contact Shana Larrucea with the Office of Professional Examination Services at Shana.Larrucea@dca.ca.gov.

Thank you, on behalf of the Board, for completing this survey. We value your contributions and appreciate your dedication to the dental hygiene in alternative practice profession in California!

Sincerely,

**Anthony Lum
Executive Officer
Dental Hygiene Board of California**

Part I - Personal Data

Complete this survey only if you are currently licensed and have worked as a dental hygienist in alternative practice in California within the last 12 months.

The Board recognizes that every licensed dental hygienist in alternative practice may not perform all of the tasks and use all of the knowledge contained in this survey. However, your participation is essential to the success of this study.

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey.

* 1. Do you currently work as a licensed dental hygienist in alternative practice in California?

☐ Yes

☐ No

Part I - Personal Data

2. How long have you been working as a licensed dental hygienist in alternative practice in California?

- ☐ 0 to 5 years
- ☐ 6 to 10 years
- ☐ 11 to 15 years
- ☐ 16 or more years

3. Which of the following California licenses or certifications do you hold? (Select all that apply)

- ☐ None
- ☐ RDA
- ☐ RDAEF
- ☐ Periodontal soft tissue curettage
- ☐ Administration of local anesthesia
- ☐ Administration of nitrous oxide and oxygen
- ☐ Radiographic Decision Making
- ☐ Interim Therapeutic Restorations
- ☐ Other (please specify)

4. How many hours per week do you work as a licensed dental hygienist in alternative practice?

- ☐ 1 to 10 hours
- ☐ 11 to 20 hours
- ☐ 21 to 30 hours
- ☐ 31 to 40 hours
- ☐ 41 or more hours

5. How would you describe your primary work setting?

- ☐ General
- ☐ Endodontic
- ☐ Orthodontic
- ☐ Periodontic
- ☐ Pedodontic
- ☐ Oral surgery
- ☐ Other (Please specify)

6. What is the location of your primary work setting?

- ☐ Urban (50,000 people or more)
- ☐ Rural (fewer than 50,000 people)

7. How many different offices employ you as a dental hygienist in alternative practice?

- ☐ 1
- ☐ 2
- ☐ 3 or more

8. Are you an instructor at a dental hygiene school?

- ☐ Yes
- ☐ No

Part I - Personal Data

9. In what California county do you perform the majority of your work?

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| ☐ Alameda | ☐ Marin | ☐ San Mateo |
| ☐ Alpine | ☐ Mariposa | ☐ Santa Barbara |
| ☐ Amador | ☐ Mendocino | ☐ Santa Clara |
| ☐ Butte | ☐ Merced | ☐ Santa Cruz |
| ☐ Calaveras | ☐ Modoc | ☐ Shasta |
| ☐ Colusa | ☐ Mono | ☐ Sierra |
| ☐ Contra Costa | ☐ Monterey | ☐ Siskiyou |
| ☐ Del Norte | ☐ Napa | ☐ Solano |
| ☐ El Dorado | ☐ Nevada | ☐ Sonoma |
| ☐ Fresno | ☐ Orange | ☐ Stanislaus |
| ☐ Glenn | ☐ Placer | ☐ Sutter |
| ☐ Humboldt | ☐ Plumas | ☐ Tehama |
| ☐ Imperial | ☐ Riverside | ☐ Trinity |
| ☐ Inyo | ☐ Sacramento | ☐ Tulare |
| ☐ Kern | ☐ San Benito | ☐ Tuolumne |
| ☐ Kings | ☐ San Bernardino | ☐ Ventura |
| ☐ Lake | ☐ San Diego | ☐ Yolo |
| ☐ Lassen | ☐ San Francisco | ☐ Yuba |
| ☐ Los Angeles | ☐ San Joaquin | |
| ☐ Madera | ☐ San Luis Obispo | |

Part II - Task Ratings

INSTRUCTIONS FOR RATING TASKS

This part of the survey lists 78 tasks. Please rate each task as it relates to your current job as a dental hygienist in alternative practice.

Rate the tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance). The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow in each box to see the rating options, and then select the value that applies to your current job. Your Frequency and Importance ratings should be separate and independent. The ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is NOT part of your current job, rate the task "0" (zero) Frequency and "0" (zero) Importance. Use the following Frequency and Importance rating scales to rate each task statement.

FREQUENCY SCALE

HOW OFTEN do you perform these tasks in your current job? Make your ratings relative to all other tasks you have performed over the past year.

0 - DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.

1 - RARELY. I perform this task least often in my current job relative to other tasks I perform in my current job.

2 - SELDOM. I perform this task less often than most other tasks I perform in my current job.

3 - REGULARLY. I perform this task as often as other tasks I perform in my current job.

4 - OFTEN. I perform this task more often than most other tasks I perform in my current job.

5 - VERY OFTEN. I perform this task most often in my current job relative to other tasks I perform.

IMPORTANCE RATING SCALE

HOW IMPORTANT are these tasks in the effective performance of your current job?

0 - NOT IMPORTANT; DOES NOT APPLY TO MY CURRENT JOB. I do not perform this task in my current job.

1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance in my current job.

2 - FAIRLY IMPORTANT. This task is fairly important for effective performance in my current job.

3 - MODERATELY IMPORTANT. This task is moderately important for effective performance in my current job.

4 - VERY IMPORTANT. This task is very important for effective performance in my current job.

5 - CRITICALLY IMPORTANT. This task is extremely important for effective

performance in my current job.&

Part II - Task Ratings**Content Area 1: Patient Evaluation and Dental Hygiene Assessments**

10. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T1. Evaluate patient chief complaint to establish reason patient is seeking dental hygiene treatment.		
T2. Evaluate patient vital signs to determine current physiological status to proceed with dental hygiene treatment.		
T3. Assess patient medical history to obtain baseline information about patient health status and monitor changes over time.		
T4. Assess pharmacological, supplement, and drug history to identify potential risks or contraindications for dental hygiene treatment.		
T5. Assess patient dental history to obtain information about prior dental care, complications, or adverse events relevant to current oral health.		
T6. Evaluate		

patient diet and oral health habits to determine implications for systemic and oral health.

T7. Conduct a myofunctional evaluation of the head and neck region to identify function of oral and facial structures.

T8. Perform extraoral examination of hard and soft tissue to identify conditions related to patient oral health.

T9. Perform intraoral examination of hard and soft tissue to identify conditions related to patient oral health.

T10. Assess dental deposits and stains to determine extent of calculus formation.

T11. Review existing restorative treatments and assess for caries and tooth damage to identify patient risks.

T12. Identify occlusion classification to determine the relationship of the maxillary and mandibular teeth.

T13. Assess periodontium to identify clinical signs of healthy or diseased tissue and

structures.	
T14. Assess presentation of dental implants and prosthetics to determine hygiene needs.	
T15. Perform intraoral and extraoral cancer screening to detect signs and symptoms that require further medical attention.	
T16. Determine type of imaging needed to obtain diagnostic information based on patient assessment.	

Part II - Task Ratings**Content Area 2: Dental Hygiene Treatment**

11. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T17. Develop overall oral hygiene indices to establish a baseline of oral health and monitor patient self-care progress.		
T18. Develop comprehensive dental hygiene care plans to address patient needs based on clinical assessments.		
T19. Perform scaling and root planing to remove deposits and stains from the surfaces of teeth.		
T20. Perform oral prophylaxis to remove deposits and stains from the surfaces of teeth.		
T21. Perform manual polishing to remove supragingival and subgingival biofilm and stain.		
T22. Evaluate the presence or absence of biofilm, calculus, and stain before and after instrumentation.		
T23. Address hygiene maintenance needs of dental implants.		

prosthetics, and restorations to maintain integrity and biocompatibility of components.		
T24. Apply fluoride and other caries-preventing agents to protect teeth.		
T25. Apply pit and fissure sealants to prevent dental caries.		
T26. Apply antimicrobial agents under direction of dentist to prevent or control periodontal disease.		
T27. Administer topical anesthetic to control patient pain.		
T28. Administer local anesthetic to patients for pain control under supervision of a dentist.		
T29. Administer nitrous oxide under dentist supervision to control patient pain and anxiety.		
T30. Educate patients about oral hygiene to promote oral health.		
T31. Educate patients about dietary recommendations to promote oral health.		
T32. Provide patients with individualized oral hygiene instructions to address unique oral health needs.		

133. Provide patients with post-treatment instructions to promote patient compliance.

Part II - Task Ratings**Content Area 3: Health and Safety**

12. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T34. Provide patients with safety precautions to ensure protection during dental hygiene treatment.		
T35. Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.		
T36. Sanitize hands according to protocols to prevent the transmission of diseases.		
T37. Wear personal protective equipment to prevent contamination.		
T38. Adhere to infectious disease prevention protocols to reduce risk of disease transmission.		
T39. Identify signs of medical emergencies to address		

situations that
require
immediate
intervention.

T4.0. Disinfect
treatment area
and equipment
before and
after dental
hygiene
treatment.

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T4.1. Sterilize
instruments to
prevent
patient-to-
patient disease
transmission.

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T4.2. Adhere to
disposal safety
protocols to
discard
biohazard
materials or
sharps.

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Part II - Task Ratings**Content Area 4: Dental Hygiene Law and Ethics**

13. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current job (Importance).

	Frequency	Importance
T43. Disclose all relevant treatment options to assist patients in making informed treatment decisions.		
T44. Respect patient autonomy in making decisions about their care.		
T45. Obtain informed consent to authorize dental hygiene treatment.		
T46. Comply with requirements to provide oral care to minor patients.		
T47. Maintain patient confidentiality to protect their inherent right to privacy in treatment.		
T48. Comply with requirements regarding requests for records to protect patient rights.		
T49. Comply with the provisions of the Health Information Portability and		

Accountability
Act (HITEAA) to
protect
sensitive
patient
information.

150. Comply
with laws
regarding
telehealth to
deliver dental
hygiene
services using
information
and
communication
technologies.

151. Report
known or
suspected child
abuse or
neglect to
protect the
health and
safety of
minors.

152. Report
known or
suspected
abuse, neglect,
or exploitation
of dependent
adults to
protect
vulnerable
populations.

153. Report
known or
suspected
abuse, neglect,
or exploitation
of older adults
to protect
vulnerable
populations.

154. Adhere to
requirements
regarding
scope of
practice to
respect
professional
boundaries.

155. Maintain
professional
conduct within
and outside
work hours to
uphold
professional
integrity.

156. Comply

with license requirements to keep dental hygiene license current and valid.		
157. Maintain patient records according to requirements for documentation, storage, and disposal.		
158. Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.		
159. Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.		
160. Practice within scope of competence to provide treatment consistent with level of training and experience.		
161. Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.		
162. Provide services in a manner that protects all patients to minimize harm to patients and others.		

163. Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.		
164. Maintain professionalism while providing oral health services to patients.		
165. Adhere to standards regarding providing care while impaired to prevent harm to patients.		
166. Maintain standard of care to align with patient oral health care needs.		
167. Promote well-being of patients to protect their best interest and welfare.		
168. Manage safety concerns and crisis situations that arise during treatment to protect patients and others.		
169. Refer patients to other providers to address situations that require additional treatment or expertise.		
170. Collaborate with other professionals to meet patient oral health care needs.		
171. Address		

unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.		
172. Obtain written prescription by a dentist to provide dental hygiene treatment.		
173. Submit claims to third party payers for dental hygiene services performed.		
174. Employ dental professionals to assist in maintaining a practice.		
175. Operate a mobile or portable dental hygiene clinic to provide dental hygiene services in underserved or nontraditional settings.		
176. Adhere to laws regarding billing, billing codes, and documentation.		
177. Coordinate treatment with dentist and other healthcare professionals to provide patients with needed care.		
178. Provide dental hygiene services in nontraditional settings.		

Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the survey contains 191 knowledge statements. Please rate each knowledge statement based on how important the knowledge is to the effective performance of the tasks in your current job as a dental hygienist in alternative practice. If a knowledge statement is NOT part of your current job, rate the statement "0" (zero) for importance.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this knowledge in the effective performance of your current job? Use the following scale to make your ratings.

0 - DOES NOT APPLY TO MY CURRENT JOB; NOT REQUIRED. This knowledge is not required to perform my current job.

1 - OF MINOR IMPORTANCE. This knowledge is of minor importance for effective performance of my current job.

2 - FAIRLY IMPORTANT. This knowledge is fairly important for effective performance of my current job.

3 - MODERATELY IMPORTANT. This knowledge is moderately important for effective performance of my current job.

4 - VERY IMPORTANT. This knowledge is very important for effective performance of my current job.

5 - CRITICALLY IMPORTANT. This knowledge is essential for effective performance of my current job.

Part III - Knowledge Ratings**Content Area 1: Patient Evaluation and Dental Hygiene Assessments**

14.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K1. Knowledge of methods for identifying patient dental hygiene needs.	☐	☐	☐	☐	☐	☐
K2. Knowledge of techniques for establishing patient rapport and trust.	☐	☐	☐	☐	☐	☐
K3. Knowledge of types of dental conditions and complications that require consultation with other providers and specialists.	☐	☐	☐	☐	☐	☐
K4. Knowledge of standards for measuring patient vital signs based on patient health status.	☐	☐	☐	☐	☐	☐
K5. Knowledge of signs of elevated and abnormal vital sign readings.	☐	☐	☐	☐	☐	☐
K6. Knowledge of techniques for establishing baseline measures of patient vital signs and identifying clinical significance of readings.	☐	☐	☐	☐	☐	☐
K7. Knowledge of medical conditions and physiological states that have implications for dental hygiene treatment.	☐	☐	☐	☐	☐	☐
K8. Knowledge of the relationship between systemic and oral health.	☐	☐	☐	☐	☐	☐
K9. Knowledge of methods for collecting information about patient medical and dental history.	☐	☐	☐	☐	☐	☐
K10. Knowledge of types of medical conditions that require prophylactic premedication for dental hygiene procedures.	☐	☐	☐	☐	☐	☐
K11. Knowledge of types of medical conditions and complications that require consultation with other providers and specialists.	☐	☐	☐	☐	☐	☐
K12. Knowledge of types of pharmacologic agents, supplements, and drugs that require special consideration during dental hygiene treatment.	☐	☐	☐	☐	☐	☐

K13. Knowledge of risks associated with pharmacologic agents, supplements, and drugs related to dental hygiene treatment.	☐	☐	☐	☐	☐	☐
K14. Knowledge of the relationship between dental history and current oral health.	☐	☐	☐	☐	☐	☐
K15. Knowledge of the relationship between diet and oral health.	☐	☐	☐	☐	☐	☐
K16. Knowledge of the relationship between substance and tobacco use and oral health.	☐	☐	☐	☐	☐	☐
K17. Knowledge of the relationship between oral hygiene habits and oral health.	☐	☐	☐	☐	☐	☐
K18. Knowledge of types of muscles and physiological structures in the head and neck region.	☐	☐	☐	☐	☐	☐
K19. Knowledge of techniques for performing evaluation of the myofunction of the head and neck region.	☐	☐	☐	☐	☐	☐
K20. Knowledge of signs of atypical and abnormal myofunction of structures in the head and neck region.	☐	☐	☐	☐	☐	☐
K21. Knowledge of signs of temporal mandibular dysfunction.	☐	☐	☐	☐	☐	☐
K22. Knowledge of types of anatomical structures and landmarks of the extraoral regions.	☐	☐	☐	☐	☐	☐
K23. Knowledge of signs of healthy and pathological extraoral hard and soft tissues.	☐	☐	☐	☐	☐	☐
K24. Knowledge of techniques for performing extraoral examinations.	☐	☐	☐	☐	☐	☐
K25. Knowledge of the relationship between extraoral abnormalities, pathology, and oral health.	☐	☐	☐	☐	☐	☐
K26. Knowledge of types of anatomical structures and landmarks of the intraoral cavity.	☐	☐	☐	☐	☐	☐
K27. Knowledge of signs of healthy and pathological intraoral hard and soft tissues.	☐	☐	☐	☐	☐	☐
K28. Knowledge of methods for performing intraoral examinations.	☐	☐	☐	☐	☐	☐
K29. Knowledge of the relationship between intraoral abnormalities, pathology, and oral health.	☐	☐	☐	☐	☐	☐
K30. Knowledge of the relationship between microorganisms, biofilm, and calculus formation.	☐	☐	☐	☐	☐	☐
K31. Knowledge of classifications of	☐	☐	☐	☐	☐	☐

dental deposits.	☐	☐	☐	☐	☐	☐
K32. Knowledge of types of extrinsic and intrinsic dental stains.	☐	☐	☐	☐	☐	☐
K33. Knowledge of methods for assessing dental deposits and stains.	☐	☐	☐	☐	☐	☐
K34. Knowledge of classifications of dental caries and restorations.	☐	☐	☐	☐	☐	☐
K35. Knowledge of techniques for identifying pulpal damage.	☐	☐	☐	☐	☐	☐
K36. Knowledge of techniques for evaluating level of dental attrition, abrasion, erosion, lesion, and fracture.	☐	☐	☐	☐	☐	☐
K37. Knowledge of techniques for performing dental caries detection and risk assessment.	☐	☐	☐	☐	☐	☐
K38. Knowledge of classifications of occlusion and malocclusion.	☐	☐	☐	☐	☐	☐
K39. Knowledge of effects of occlusion and malocclusion on oral health.	☐	☐	☐	☐	☐	☐
K40. Knowledge of methods for identifying occlusion and malocclusion.	☐	☐	☐	☐	☐	☐
K41. Knowledge of components and structures of the periodontium.	☐	☐	☐	☐	☐	☐
K42. Knowledge of signs and histologic characteristics of healthy and diseased periodontium.	☐	☐	☐	☐	☐	☐
K43. Knowledge of classifications of periodontal and peri-implant diseases and conditions.	☐	☐	☐	☐	☐	☐
K44. Knowledge of factors that increase risk for onset and progression of periodontal diseases.	☐	☐	☐	☐	☐	☐
K45. Knowledge of factors that impact gingival plaque accumulation.	☐	☐	☐	☐	☐	☐
K46. Knowledge of techniques for assessing the periodontium.	☐	☐	☐	☐	☐	☐
K47. Knowledge of components of peri-implants, implants, and prosthetics.	☐	☐	☐	☐	☐	☐
K48. Knowledge of signs of peri-implantitis mucositis or other implant pathology that require dentist evaluation.	☐	☐	☐	☐	☐	☐
K49. Knowledge of methods for determining hygiene maintenance needs of dental implants and prosthetics.	☐	☐	☐	☐	☐	☐
K50. Knowledge of signs and symptoms of early and late presentations of intraoral and extraoral cancer.	☐	☐	☐	☐	☐	☐
K51. Knowledge of methods for detecting intraoral and extraoral cancer.	☐	☐	☐	☐	☐	☐
K52. Knowledge of types of intraoral and	☐	☐	☐	☐	☐	☐

extraoral cancers.

☐☐☐☐☐☐

K53. Knowledge of types of radiographic imaging.

☐☐☐☐☐☐

K54. Knowledge of criteria for determining type of diagnostic images to be performed.

☐☐☐☐☐☐

Part III - Knowledge Ratings**Content Area 2: Dental Hygiene Treatment**

15.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K55. Knowledge of criteria for establishing oral hygiene indices.	☐	☐	☐	☐	☐	☐
K56. Knowledge of methods for translating clinical evaluations into measurable oral hygiene indices.	☐	☐	☐	☐	☐	☐
K57. Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	☐	☐	☐	☐	☐	☐
K58. Knowledge of methods to develop dental hygiene care plans that address individual patient needs.	☐	☐	☐	☐	☐	☐
K59. Knowledge of techniques for performing scaling and root planing using hand instruments.	☐	☐	☐	☐	☐	☐
K60. Knowledge of techniques for performing scaling and root planing using ultrasonic or other power instruments.	☐	☐	☐	☐	☐	☐
K61. Knowledge of techniques for performing oral prophylaxis using hand instruments.	☐	☐	☐	☐	☐	☐
K62. Knowledge of techniques for performing oral prophylaxis using ultrasonic or other power instruments.	☐	☐	☐	☐	☐	☐
K63. Knowledge of procedures to perform coronal polishing to remove supragingival biofilm and stain.	☐	☐	☐	☐	☐	☐
K64. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	☐	☐	☐	☐	☐	☐
K65. Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	☐	☐	☐	☐	☐	☐
K66. Knowledge of procedures for cleaning and polishing removable appliances.	☐	☐	☐	☐	☐	☐
K67. Knowledge of procedures for	☐	☐	☐	☐	☐	☐

cleaning and polishing dental implants, prosthetics, and restorations.	☐	☐	☐	☐	☐	☐
K68. Knowledge of methods used to prevent caries.	☐	☐	☐	☐	☐	☐
K69. Knowledge of procedures to apply fluoride to teeth.	☐	☐	☐	☐	☐	☐
K70. Knowledge of types of pit and fissure sealants and their uses.	☐	☐	☐	☐	☐	☐
K71. Knowledge of factors that impact retention of pit and fissure sealants.	☐	☐	☐	☐	☐	☐
K72. Knowledge of indications and contraindications for using pit and fissure sealants.	☐	☐	☐	☐	☐	☐
K73. Knowledge of techniques for applying pit and fissure sealants.	☐	☐	☐	☐	☐	☐
K74. Knowledge of types of antimicrobial agents and their active ingredients.	☐	☐	☐	☐	☐	☐
K75. Knowledge of indications and contraindications for using antimicrobial agents.	☐	☐	☐	☐	☐	☐
K76. Knowledge of techniques for delivering antimicrobial agents.	☐	☐	☐	☐	☐	☐
K77. Knowledge of procedures to administer topical anesthetic.	☐	☐	☐	☐	☐	☐
K78. Knowledge of conditions that require application of topical anesthesia.	☐	☐	☐	☐	☐	☐
K79. Knowledge of drug properties, side effects, interactions, and contraindications of topical anesthetic as they relate to dental hygiene treatment.	☐	☐	☐	☐	☐	☐
K80. Knowledge of procedures to administer local anesthetic.	☐	☐	☐	☐	☐	☐
K81. Knowledge of conditions that require administration of local anesthetic.	☐	☐	☐	☐	☐	☐
K82. Knowledge of drug properties, side effects, interactions, and contraindications of local anesthetic as they relate to dental hygiene treatment.	☐	☐	☐	☐	☐	☐
K83. Knowledge of procedures to administer nitrous oxide.	☐	☐	☐	☐	☐	☐
K84. Knowledge of conditions that require administration of nitrous oxide.	☐	☐	☐	☐	☐	☐
K85. Knowledge of drug properties, side effects, interactions, and contraindications of nitrous oxide as they relate to dental hygiene treatment.	☐	☐	☐	☐	☐	☐
K86. Knowledge of effects of poor oral hygiene and care related to oral health.	☐	☐	☐	☐	☐	☐
K87. Knowledge of methods for	☐	☐	☐	☐	☐	☐

educating patients about oral hygiene.

K88. Knowledge of effects of foods and beverages on oral health.

☐	☐	☐	☐	☐	☐	☐
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K89. Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.

☐	☐	☐	☐	☐	☐	☐
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K90. Knowledge of individualized oral hygiene instructions to address specific patient needs.

☐	☐	☐	☐	☐	☐	☐
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K91. Knowledge of symptoms patients may encounter after treatment.

☐	☐	☐	☐	☐	☐	☐
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K92. Knowledge of techniques for pain management after treatment.

☐	☐	☐	☐	☐	☐	☐
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K93. Knowledge of methods for educating patients about post-treatment instructions.

☐	☐	☐	☐	☐	☐	☐
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Part III - Knowledge Ratings**Content Area 3: Health and Safety**

16.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K94. Knowledge of methods for using safety precautions with patients.	☐	☐	☐	☐	☐	☐
K95. Knowledge of types of safety equipment for protecting patients.	☐	☐	☐	☐	☐	☐
K96. Knowledge of techniques for protecting patients during diagnostic tests and imaging.	☐	☐	☐	☐	☐	☐
K97. Knowledge of equipment for providing protective barriers and air evacuation systems.	☐	☐	☐	☐	☐	☐
K98. Knowledge of techniques for using barriers, air evacuation systems, and rinses.	☐	☐	☐	☐	☐	☐
K99. Knowledge of types of infectious diseases and their modes of transmission.	☐	☐	☐	☐	☐	☐
K100. Knowledge of techniques for sanitizing hands before and during dental hygiene treatments.	☐	☐	☐	☐	☐	☐
K101. Knowledge of types of infectious diseases and their modes of transmission.	☐	☐	☐	☐	☐	☐
K102. Knowledge of techniques for using personal protective equipment.	☐	☐	☐	☐	☐	☐
K103. Knowledge of techniques for preventing the spread of infectious diseases.	☐	☐	☐	☐	☐	☐
K104. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	☐	☐	☐	☐	☐	☐
K105. Knowledge of signs and symptoms of allergic reaction and anaphylactic shock.	☐	☐	☐	☐	☐	☐
K106. Knowledge of signs of medical crisis and emergency.	☐	☐	☐	☐	☐	☐
K107. Knowledge of methods for obtaining emergency medical assistance.	☐	☐	☐	☐	☐	☐

K108. Knowledge of methods for administering emergency first aid and CPR.	☐	☐	☐	☐	☐	☐
K109. Knowledge of methods for disinfecting treatment areas and equipment.	☐	☐	☐	☐	☐	☐
K110. Knowledge of barrier techniques for protecting treatment areas and equipment.	☐	☐	☐	☐	☐	☐
K111. Knowledge of methods for monitoring dental waterlines and water quality.	☐	☐	☐	☐	☐	☐
K112. Knowledge of methods for disinfecting evacuation lines.	☐	☐	☐	☐	☐	☐
K113. Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	☐	☐	☐	☐	☐	☐
K114. Knowledge of types of sterilization processes and related equipment.	☐	☐	☐	☐	☐	☐
K115. Knowledge of procedures for sterilizing instruments.	☐	☐	☐	☐	☐	☐
K116. Knowledge of techniques for storing instruments before and after sterilization.	☐	☐	☐	☐	☐	☐
K117. Knowledge of techniques for safely disposing of biohazard materials.	☐	☐	☐	☐	☐	☐
K118. Knowledge of techniques for safely disposing of sharps.	☐	☐	☐	☐	☐	☐

Part III - Knowledge Ratings**Content Area 4: Dental Hygiene Law and Ethics**

17.

How important is this knowledge for effective performance of tasks in your current job?

	Does not apply to my job; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K119. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.	☐	☐	☐	☐	☐	☐
K120. Knowledge of laws about patient right to make treatment decisions.	☐	☐	☐	☐	☐	☐
K121. Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.	☐	☐	☐	☐	☐	☐
K122. Knowledge of requirements regarding informed consent for treatment.	☐	☐	☐	☐	☐	☐
K123. Knowledge of requirements for treating minor patients.	☐	☐	☐	☐	☐	☐
K124. Knowledge of requirements regarding consent to treat and refuse treatment of minors.	☐	☐	☐	☐	☐	☐
K125. Knowledge of requirements regarding access to information related to treatment of minors.	☐	☐	☐	☐	☐	☐
K126. Knowledge of requirements regarding the release of confidential patient information.	☐	☐	☐	☐	☐	☐
K127. Knowledge of requirements regarding patient right to access treatment records.	☐	☐	☐	☐	☐	☐
K128. Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.	☐	☐	☐	☐	☐	☐
K129. Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).	☐	☐	☐	☐	☐	☐
K130. Knowledge of requirements regarding geographic limitations in providing telehealth.	☐	☐	☐	☐	☐	☐
K131. Knowledge of requirements regarding standards of care and delivery	☐	☐	☐	☐	☐	☐

of telehealth.						
K132. Knowledge of signs of child abuse and neglect.	☐	☐	☐	☐	☐	☐
K133. Knowledge of laws regarding mandated reporting of child abuse and neglect.	☐	☐	☐	☐	☐	☐
K134. Knowledge of procedures for filing mandated reports with protective authorities.	☐	☐	☐	☐	☐	☐
K135. Knowledge of signs of abuse, neglect, and exploitation of dependent adults.	☐	☐	☐	☐	☐	☐
K136. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults.	☐	☐	☐	☐	☐	☐
K137. Knowledge of procedures for filing mandated reports with protective authorities.	☐	☐	☐	☐	☐	☐
K138. Knowledge of signs of abuse, neglect, and exploitation of older adults.	☐	☐	☐	☐	☐	☐
K139. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults.	☐	☐	☐	☐	☐	☐
K140. Knowledge of procedures for filing mandated reports with protective authorities.	☐	☐	☐	☐	☐	☐
K141. Knowledge of legal requirements regarding RDH scope of practice.	☐	☐	☐	☐	☐	☐
K142. Knowledge of requirements regarding professional conduct.	☐	☐	☐	☐	☐	☐
K143. Knowledge of the relationship between personal and professional actions and public trust.	☐	☐	☐	☐	☐	☐
K144. Knowledge of the principles of universality.	☐	☐	☐	☐	☐	☐
K145. Knowledge of the principles of ethical behaviors that prevent harm to patients and society.	☐	☐	☐	☐	☐	☐
K146. Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license.	☐	☐	☐	☐	☐	☐
K147. Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions.	☐	☐	☐	☐	☐	☐
K148. Knowledge of requirements regarding continuing education to maintaining dental hygiene license.	☐	☐	☐	☐	☐	☐
K149. Knowledge of requirements regarding documentation of treatments provided.	☐	☐	☐	☐	☐	☐
K150. Knowledge of requirements	☐	☐	☐	☐	☐	☐

regarding the storage and disposal of treatment records.	☐	☐	☐	☐	☐	☐
K151. Knowledge of protocols for documenting in patient dental records.	☐	☐	☐	☐	☐	☐
K152. Knowledge of requirements regarding disclosures and notification of fees and fee changes.	☐	☐	☐	☐	☐	☐
K153. Knowledge of requirements regarding the collection of fees and surcharges.	☐	☐	☐	☐	☐	☐
K154. Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.	☐	☐	☐	☐	☐	☐
K155. Knowledge of ethical standards about the use of techniques or approaches within level of competence.	☐	☐	☐	☐	☐	☐
K156. Knowledge of ethical standards about remaining current on professional developments.	☐	☐	☐	☐	☐	☐
K157. Knowledge of methods regarding cultural sensitivity in working with diverse patients.	☐	☐	☐	☐	☐	☐
K158. Knowledge of the principles of complementarity.	☐	☐	☐	☐	☐	☐
K159. Knowledge of standards that prohibit discrimination in professional services and conduct.	☐	☐	☐	☐	☐	☐
K160. Knowledge of the principles of non-maleficence.	☐	☐	☐	☐	☐	☐
K161. Knowledge of methods for preventing harm to patients.	☐	☐	☐	☐	☐	☐
K162. Knowledge of ethical standards about conflict-of-interest situations.	☐	☐	☐	☐	☐	☐
K163. Knowledge of methods for managing conflict of interest situations.	☐	☐	☐	☐	☐	☐
K164. Knowledge of the relationship between personal values and professional objectivity.	☐	☐	☐	☐	☐	☐
K165. Knowledge of methods for managing the impact of personal values on treatment.	☐	☐	☐	☐	☐	☐
K166. Knowledge of methods for maintaining objectivity in providing services to patients.	☐	☐	☐	☐	☐	☐
K167. Knowledge of methods for managing the impact of personal issues on professional performance or judgement.	☐	☐	☐	☐	☐	☐
K168. Knowledge of standards about practicing when impaired.	☐	☐	☐	☐	☐	☐
K169. Knowledge of standards about	☐	☐	☐	☐	☐	☐

practicing under the influence of alcohol or other substances.	☐	☐	☐	☐	☐	☐
K170. Knowledge of standards about providing services in the best interest of patients.	☐	☐	☐	☐	☐	☐
K171. Knowledge of standards about excessive treatment and limiting patient care.	☐	☐	☐	☐	☐	☐
K172. Knowledge of standards about acting in the best interest of patients.	☐	☐	☐	☐	☐	☐
K173. Knowledge of methods for enhancing the well-being of patients.	☐	☐	☐	☐	☐	☐
K174. Knowledge of procedures regarding the management of safety needs.	☐	☐	☐	☐	☐	☐
K175. Knowledge of methods for addressing patient safety needs.	☐	☐	☐	☐	☐	☐
K176. Knowledge of ethical standards about referrals for services to meet patient oral health care needs.	☐	☐	☐	☐	☐	☐
K177. Knowledge of standards about participating with other professionals in providing patient care.	☐	☐	☐	☐	☐	☐
K178. Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.	☐	☐	☐	☐	☐	☐
K179. Knowledge of signs of colleague impairments that jeopardize professional judgment.	☐	☐	☐	☐	☐	☐
K180. Knowledge of types of colleague behaviors that require intervention or action.	☐	☐	☐	☐	☐	☐
K181. Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.	☐	☐	☐	☐	☐	☐
K182. Knowledge of laws regarding obtaining written prescriptions from physicians and dentists.	☐	☐	☐	☐	☐	☐
K183. Knowledge of documentation required to submit claims to third party payers for dental hygiene services performed.	☐	☐	☐	☐	☐	☐
K184. Knowledge of procedures for receiving insurance reimbursements.	☐	☐	☐	☐	☐	☐
K185. Knowledge of laws related to hiring for a dental hygiene in alternative practice business.	☐	☐	☐	☐	☐	☐
K186. Knowledge of laws related to operating a mobile or portable dental hygiene clinic.	☐	☐	☐	☐	☐	☐
K187. Knowledge of laws regarding	☐	☐	☐	☐	☐	☐

discounted fees and services to patients.

K188. Knowledge of methods for coordinating patient dental care with other providers.

☐☐☐☐☐☐

K189. Knowledge of types of referrals needed for providing patients with needed care.

☐☐☐☐☐☐

K190. Knowledge of conditions necessary for providing dental hygiene treatment in nontraditional settings.

☐☐☐☐☐☐

K191. Knowledge of methods needed for practicing dental hygiene services in nontraditional settings.

☐☐☐☐☐☐

Thank you!

Thank you for taking the time to complete this survey! The Dental Hygiene Board of California values your contribution to this study.

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APPENDIX B | QUESTIONNAIRE EMAIL INVITATION

2025 Registered Dental Hygienist in Alternative Practice Occupational Analysis

Good afternoon,

The Dental Hygiene Board of California (Board) is conducting an occupational analysis (OA) of the dental hygienist in alternative practice profession in California. You have been selected to complete an important survey.

The survey is a part of the OA, which identifies competencies that will provide the basis for developing future licensure examinations in California.

We understand that your time is valuable. However, your participation in the survey is essential to this process. Your responses will be kept confidential.

The survey weblink will be available 24/7. Please complete it by February 9, 2025. It will take approximately 30 to 60 minutes to complete.

We value your contributions and appreciate your dedication to the dental hygienist in alternative practice profession in California!

Sincerely,
Shana Larrucea
Office of Professional Examination Services

Shana.larrucea@dca.ca.gov

APPENDIX C | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	12
Orange	6
TOTAL	18

NORTH COAST

County of Practice	Frequency
Del Norte	0
Humboldt	2
Mendocino	3
Sonoma	0
TOTAL	5

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	1
San Bernardino	7
TOTAL	8

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	0
Colusa	0
Glenn	0
Lake	1
Sacramento	3
Sutter	0
Yolo	0
Yuba	0
TOTAL	4

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	1
San Diego	6
TOTAL	7

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	2
Contra Costa	2
Marin	1
Napa	1
San Francisco	1
San Mateo	1
Santa Clara	2
Santa Cruz	1
Solano	3
TOTAL	14

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	1
Kern	2
Kings	1
Madera	0
Merced	1
San Joaquin	6
Stanislaus	0
Tulare	0
TOTAL	11

SHASTA/CASCADE

County of Practice	Frequency
Lassen	0
Plumas	0
Shasta	3
Siskiyou	1
Tehama	0
Trinity	0
TOTAL	4

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Alpine	0
Amador	0
Calaveras	0
El Dorado	0
Inyo	0
Mariposa	0
Nevada	0
Placer	0
Sierra	0
Tuolumne	1
TOTAL	1

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	0
San Benito	0
San Luis Obispo	3
Santa Barbara	0
Ventura	1
TOTAL	4

APPENDIX D | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

Content Area 1: Patient and Evaluation and Dental Hygiene Assessments

	Task	Mean Frequency	Mean Importance	Task Criticality Index
T3.	Assess patient medical history to obtain baseline information about patient health status and monitor changes over time.	4.68	4.62	22.19
T4.	Assess pharmacological, supplement, and drug history to identify potential risks or contraindications for dental hygiene treatment.	4.48	4.59	21.34
T13.	Assess periodontium to identify clinical signs of healthy or diseased tissue and structures.	4.60	4.44	21.05
T15.	Perform intraoral and extraoral cancer screening to detect signs and symptoms that require further medical attention.	4.51	4.49	20.97
T1.	Evaluate patient chief complaint to establish reason patient is seeking dental hygiene treatment.	4.47	4.51	20.69
T9.	Perform intraoral examination of hard and soft tissue to identify conditions related to patient oral health.	4.51	4.44	20.53
T10.	Assess dental deposits and stains to determine extent of calculus formation.	4.64	4.25	20.35
T11.	Review existing restorative treatments and assess for caries and tooth damage to identify patient risks.	4.47	4.36	19.87
T5.	Assess patient dental history to obtain information about prior dental care, complications, or adverse events relevant to current oral health.	4.32	4.10	19.11
T2.	Evaluate patient vital signs to determine current physiological status to proceed with dental hygiene treatment.	4.17	4.07	18.31
T8.	Perform extraoral examination of hard and soft tissue to identify conditions related to patient oral health.	4.23	4.13	18.20
T16.	Determine type of imaging needed to obtain diagnostic information based on patient assessment.	3.93	4.05	17.55

Content Area 1: Patient and Evaluation and Dental Hygiene Assessments, continued

	Task	Mean Importance	Mean Frequency	Task Criticality Index
T6.	Evaluate patient diet and oral health habits to determine implications for systemic and oral health.	4.20	3.95	17.26
T14.	Assess presentation of dental implants and prosthetics to determine hygiene needs.	3.85	3.84	16.31
T7.	Conduct a myofunctional evaluation of the head and neck region to identify function of oral and facial structures.	3.11	3.20	11.82
T12.	Identify occlusion classification to determine the relationship of the maxillary and mandibular teeth.	3.20	3.07	11.61

Content Area 2: Dental Hygiene Treatment

	Task	Mean Importance	Mean Frequency	Task Criticality Index
T30.	Educate patients about oral hygiene to promote oral health.	4.67	4.56	21.60
T20.	Perform oral prophylaxis to remove deposits and stains from the surfaces of teeth.	4.68	4.31	20.97
T32.	Provide patients with individualized oral hygiene instructions to address unique oral health needs.	4.63	4.31	20.62
T22.	Evaluate the presence or absence of biofilm, calculus, and stain before and after instrumentation.	4.47	4.16	19.82
T18.	Develop comprehensive dental hygiene care plans to address patient needs based on clinical assessments.	4.38	4.04	19.43
T24.	Apply fluoride and other caries-preventing agents to protect teeth.	4.51	4.11	19.25
T23.	Address hygiene maintenance needs of dental implants, prosthetics, and restorations to maintain integrity and biocompatibility of components.	4.25	4.15	18.70
T33.	Provide patients with post-treatment instructions to promote patient compliance.	4.25	3.93	18.18
T19.	Perform scaling and root planing to remove deposits and stains from the surfaces of teeth.	4.00	4.38	18.00
T31.	Educate patients about dietary recommendations to promote oral health.	4.19	4.07	17.82
T21.	Perform coronal polishing to remove supragingival and subgingival biofilm and stain.	4.38	3.76	17.77
T17.	Develop overall oral hygiene indices to establish a baseline of oral health and monitor patient self-care progress.	4.04	3.89	17.35

Content Area 2: Dental Hygiene Treatment, continued

	Task	Mean Importance	Mean Frequency	Task Criticality Index
T27.	Administer topical anesthetic to control patient pain.	3.61	3.45	14.02
T25.	Apply pit and fissure sealants to prevent dental caries.	2.90	3.38	11.68
T28.	Administer local anesthetic to patients for pain control under supervision of a dentist.	2.82	3.02	11.20
T26.	Apply antimicrobial agents under direction of dentist to prevent or control periodontal disease.	2.32	2.49	7.84
T29.	Administer nitrous oxide under dentist supervision to control patient pain and anxiety.	1.28	1.58	3.74

Content Area 3: Health and Safety

	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T36.	Sanitize hands according to protocols to prevent the transmission of diseases.	4.97	4.93	24.57
T38.	Adhere to infectious disease prevention protocols to reduce risk of disease transmission.	4.98	4.93	24.57
T37.	Wear personal protective equipment to prevent contamination.	4.97	4.91	24.37
T40.	Disinfect treatment area and equipment before and after dental hygiene treatment.	4.88	4.91	24.29
T41.	Sterilize instruments to prevent patient-to-patient disease transmission.	4.70	4.81	23.39
T42.	Adhere to disposal safety protocols to discard biohazard materials or sharps.	4.66	4.67	22.80
T34.	Provide patients with safety precautions to ensure protection during dental hygiene treatment.	4.62	4.28	20.16
T39.	Identify signs of medical emergencies to address situations that require immediate intervention.	4.17	4.80	20.07
T35.	Use pre-procedural barriers, air evacuation systems, and rinse techniques to prevent the spread of disease through aerosol, droplets, and splatter.	4.17	4.30	19.46

Content Area 4: Dental Hygiene Laws and Ethics

	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T56.	Comply with license requirements to keep dental hygiene license current and valid.	4.87	4.86	23.84
T47.	Maintain patient confidentiality to protect their inherent right to privacy in treatment.	4.91	4.81	23.68
T67.	Practice within scope of competence to provide treatment consistent with level of training and experience.	4.87	4.86	23.46
T49.	Comply with the provisions of the Health Information Portability and Accountability Act (HIPAA) to protect sensitive patient information.	4.87	4.79	23.44
T69.	Provide services in a manner that protects all patients to minimize harm to patients and others.	4.87	4.79	23.22
T71.	Maintain professionalism while providing oral health services to patients.	4.87	4.72	23.16
T45.	Obtain informed consent to authorize dental hygiene treatment.	4.60	4.63	22.33
T57.	Maintain patient records according to requirements for documentation, storage, and disposal.	4.62	4.74	22.25
T54.	Adhere to requirements regarding scope of practice to respect professional boundaries.	4.60	4.77	22.22
T74.	Promote well-being of patients to protect their best interest and welfare.	4.78	4.60	22.14
T55.	Maintain professional conduct within and outside work hours to uphold professional integrity.	4.82	4.56	22.06
T73.	Maintain standard of care to align with patient oral health care needs.	4.60	4.53	21.76

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T44.	Respect patient autonomy in making decisions about their care.	4.62	4.47	21.30
T68.	Maintain competence in providing dental hygiene services that are culturally sensitive and respect patient diversity.	4.51	4.47	20.63
T65.	Coordinate treatment with dentist and other healthcare professionals to provide patients with needed care.	4.27	4.60	20.56
T76.	Refer patients to other providers to address situations that require additional treatment or expertise.	4.42	4.74	20.46
T77.	Collaborate with other professionals to meet patient oral health care needs.	4.35	4.63	20.20
T72.	Adhere to standards regarding practicing while impaired to prevent harm to patients.	4.13	4.30	19.36
T46.	Comply with requirements to provide oral care to minor patients.	4.04	4.14	19.12
T70.	Manage conflict of interest situations to prevent harm to patients or impairment to decision-making.	4.13	4.30	18.72
T48.	Comply with requirements regarding requests for records to protect patient rights.	4.07	4.12	18.71
T43.	Disclose all relevant treatment options to assist patients in making informed treatment decisions.	4.07	4.12	18.38
T58.	Adhere to requirements regarding billing and payments of dental hygiene treatments to protect patients from financial harm or exploitation.	3.93	4.09	18.25
T75.	Manage safety concerns and crisis situations that arise during treatment to protect patients and others.	3.76	4.47	17.43

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T64.	Adhere to laws regarding billing, billing codes, and documentation.	3.73	3.84	17.10
T60.	Obtain written prescription by a dentist to provide dental hygiene treatment.	3.56	3.95	16.53
T59.	Comply with requirements regarding advertising to inform public of dental hygiene qualifications and services provided.	3.64	3.95	16.15
T66.	Provide dental hygiene services in nontraditional settings.	3.18	3.53	14.23
T50.	Comply with laws regarding telehealth to deliver dental hygiene services using information and communication technologies.	2.89	3.19	12.23
T63.	Operate a mobile or portable dental hygiene clinic to provide dental hygiene services in underserved or nontraditional settings.	2.67	3.00	11.96
T78.	Address unethical or incompetent conduct of colleagues to protect the wellbeing and best interest of patients.	2.40	4.44	10.28
T61.	Submit claims to third party payers for dental hygiene services performed.	2.31	2.84	9.15
T53.	Report known or suspected abuse, neglect, or exploitation of older adults to protect vulnerable populations.	2.02	4.44	8.36
T52.	Report known or suspected abuse, neglect, or exploitation of dependent adults to protect vulnerable populations.	2.02	4.49	8.16
T51.	Report known or suspected child abuse or neglect to protect the health and safety of minors.	1.91	4.37	7.28
T62.	Employ dental professionals to assist in maintaining a practice.	1.22	1.98	4.66

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APPENDIX E | KNOWLEDGE STATEMENT MEAN IMPORTANCE RATINGS BY CONTENT AREA

Content Area 1: Patient Evaluation and Dental Hygiene Assessments

Knowledge Statement	Importance
K10. Knowledge of types of medical conditions that require prophylactic premedication for dental hygiene procedures.	4.79
K5. Knowledge of signs of elevated and abnormal vital sign readings.	4.76
K11. Knowledge of types of medical conditions and complications that require consultation with other providers and specialists.	4.70
K50. Knowledge of signs and symptoms of early and late presentations of intraoral and extraoral cancer.	4.70
K51. Knowledge of methods for detecting intraoral and extraoral cancer.	4.66
K52. Knowledge of types of intraoral and extraoral cancers.	4.66
K1. Knowledge of methods for identifying patient dental hygiene needs.	4.62
K3. Knowledge of types of dental conditions and complications that require consultation with other providers and specialists.	4.62
K7. Knowledge of medical conditions and physiological states that have implications for dental hygiene treatment.	4.60
K12. Knowledge of types of pharmacologic agents, supplements, and drugs that require special consideration during dental hygiene treatment.	4.60
K4. Knowledge of standards for measuring patient vital signs based on patient health status.	4.58
K13. Knowledge of risks associated with pharmacologic agents, supplements, and drugs related to dental hygiene treatment.	4.58
K27. Knowledge of signs of healthy and pathological intraoral hard and soft tissues.	4.58
K2. Knowledge of techniques for establishing patient rapport and trust.	4.55
K9. Knowledge of methods for collecting information about patient medical and dental history.	4.55
K29. Knowledge of the relationship between intraoral abnormalities, pathology, and oral health.	4.55
K6. Knowledge of techniques for establishing baseline measures of patient vital signs and identifying clinical significance of readings.	4.53
K23. Knowledge of signs of healthy and pathological extraoral hard and soft tissues.	4.53
K28. Knowledge of methods for performing intraoral examinations.	4.51

Content Area 1: Patient Evaluation and Dental Hygiene Assessments, continued

	Knowledge Statement	Importance
K44.	Knowledge of factors that increase risk for onset and progression of periodontal diseases.	4.51
K8.	Knowledge of the relationship between systemic and oral health.	4.49
K45.	Knowledge of factors that impact gingival plaque accumulation.	4.49
K46.	Knowledge of techniques for assessing the periodontium.	4.46
K17.	Knowledge of the relationship between oral hygiene habits and oral health.	4.43
K25.	Knowledge of the relationship between extraoral abnormalities, pathology, and oral health.	4.43
K26.	Knowledge of types of anatomical structures and landmarks of the intraoral cavity.	4.43
K30.	Knowledge of the relationship between microorganisms, biofilm, and calculus formation.	4.43
K42.	Knowledge of signs and histologic characteristics of healthy and diseased periodontium.	4.43
K16.	Knowledge of the relationship between substance and tobacco use and oral health.	4.40
K24.	Knowledge of techniques for performing extraoral examinations.	4.38
K41.	Knowledge of components and structures of the periodontium.	4.36
K43.	Knowledge of classifications of periodontal and peri-implant diseases and conditions.	4.36
K53.	Knowledge of types of radiographic imaging.	4.36
K14.	Knowledge of the relationship between dental history and current oral health.	4.34
K15.	Knowledge of the relationship between diet and oral health.	4.29
K18.	Knowledge of types of muscles and physiological structures in the head and neck region.	4.29
K54.	Knowledge of criteria for determining type of diagnostic images to be performed.	4.29
K37.	Knowledge of techniques for performing dental caries detection and risk assessment.	4.28

Content Area 1: Patient Evaluation and Dental Hygiene Assessments, continued

	Knowledge Statement	Importance
K22.	Knowledge of types of anatomical structures and landmarks of the extraoral regions.	4.26
K49.	Knowledge of methods for determining hygiene maintenance needs of dental implants and prosthetics.	4.19
K33.	Knowledge of methods for assessing dental deposits and stains.	4.15
K34.	Knowledge of classifications of dental caries and restorations.	4.15
K36.	Knowledge of techniques for evaluating level of dental attrition, abrasion, erosion, lesion, and fracture.	4.15
K47.	Knowledge of components of peri-implants, implants, and prosthetics.	4.15
K31.	Knowledge of classifications of dental deposits.	4.13
K48.	Knowledge of signs of peri-implantitis mucositis or other implant pathology that require dentist evaluation.	4.11
K21.	Knowledge of signs of temporal mandibular dysfunction.	4.08
K32.	Knowledge of types of extrinsic and intrinsic dental stains.	3.94
K35.	Knowledge of techniques for identifying pulpal damage.	3.87
K20.	Knowledge of signs of atypical and abnormal myofunction of structures in the head and neck region.	3.85
K19.	Knowledge of techniques for performing evaluation of the myofunction of the head and neck region.	3.81
K39.	Knowledge of effects of occlusion and malocclusion on oral health.	3.81
K38.	Knowledge of classifications of occlusion and malocclusion.	3.68
K40.	Knowledge of methods for identifying occlusion and malocclusion.	3.68

Content Area 2: Dental Hygiene Treatment

	Knowledge Statement	Importance
K86.	Knowledge of effects of poor oral hygiene and care related to oral health.	4.60
K61.	Knowledge of techniques for performing oral prophylaxis using hand instruments.	4.58
K59.	Knowledge of techniques for performing scaling and root planing using hand instruments.	4.56
K69.	Knowledge of procedures to apply fluoride to teeth.	4.56
K60.	Knowledge of techniques for performing scaling and root planing using ultrasonic or other power instruments.	4.54
K68.	Knowledge of methods used to prevent caries.	4.54
K88.	Knowledge of effects of foods and beverages on oral health.	4.50
K90.	Knowledge of individualized oral hygiene instructions to address specific patient needs.	4.50
K64.	Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	4.48
K79.	Knowledge of drug properties, side effects, interactions, and contraindications of topical anesthetic as they relate to dental hygiene treatment.	4.48
K87.	Knowledge of methods for educating patients about oral hygiene.	4.48
K62.	Knowledge of techniques for performing oral prophylaxis using ultrasonic or other power instruments.	4.46
K91.	Knowledge of symptoms patients may encounter after treatment.	4.46
K65.	Knowledge of methods for detecting the presence or absence of biofilm, calculus, and stain.	4.42
K82.	Knowledge of drug properties, side effects, interactions, and contraindications of local anesthetic as they relate to dental hygiene treatment.	4.42
K92.	Knowledge of techniques for pain management after treatment.	4.42
K58.	Knowledge of methods to develop dental hygiene care plans that address individual patient needs.	4.39
K80.	Knowledge of procedures to administer local anesthetic.	4.37
K81.	Knowledge of conditions that require administration of local anesthetic.	4.37

Content Area 2: Dental Hygiene Treatment, continued

	Knowledge Statement	Importance
K93.	Knowledge of methods for educating patients about post-treatment instructions.	4.35
K89.	Knowledge of methods for educating patients about dietary recommendations related to oral health and dental treatment.	4.33
K57.	Knowledge of factors that affect the frequency recommended for scheduling dental hygiene treatment.	4.31
K75.	Knowledge of indications and contraindications for using antimicrobial agents.	4.31
K77.	Knowledge of procedures to administer topical anesthetic.	4.31
K78.	Knowledge of conditions that require application of topical anesthesia.	4.29
K63.	Knowledge of procedures to perform coronal polishing to remove supragingival biofilm and stain.	4.25
K55.	Knowledge of criteria for establishing oral hygiene indices.	4.17
K74.	Knowledge of types of antimicrobial agents and their active ingredients.	4.17
K70.	Knowledge of types of pit and fissure sealants and their uses.	4.15
K73.	Knowledge of techniques for applying pit and fissure sealants.	4.14
K85.	Knowledge of drug properties, side effects, interactions, and contraindications of nitrous oxide as they relate to dental hygiene treatment.	4.14
K76.	Knowledge of techniques for delivering antimicrobial agents.	4.12
K56.	Knowledge of methods for translating clinical evaluations into measurable oral hygiene indices.	4.10
K67.	Knowledge of procedures for cleaning and polishing dental implants, prosthetics, and restorations.	4.10
K71.	Knowledge of factors that impact retention of pit and fissure sealants.	4.04
K72.	Knowledge of indications and contraindications for using pit and fissure sealants.	4.04
K66.	Knowledge of procedures for cleaning and polishing removable appliances.	4.00
K83.	Knowledge of procedures to administer nitrous oxide.	3.85

Content Area 2: Dental Hygiene Treatment, continued

	Knowledge Statement	Importance
K84.	Knowledge of conditions that require administration of nitrous oxide.	3.85

Content Area 3: Health and Safety

	Knowledge Statement	Importance
K107.	Knowledge of methods for obtaining emergency medical assistance.	4.84
K110.	Knowledge of barrier techniques for protecting treatment areas and equipment.	4.84
K104.	Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	4.83
K109.	Knowledge of methods for disinfecting treatment areas and equipment.	4.83
K106.	Knowledge of signs of medical crisis and emergency.	4.82
K108.	Knowledge of methods for administering emergency first aid and CPR.	4.81
K105.	Knowledge of signs and symptoms of allergic reaction and anaphylactic shock.	4.80
K101.	Knowledge of types of infectious diseases and their modes of transmission.	4.78
K103.	Knowledge of techniques for preventing the spread of infectious diseases.	4.77
K104.	Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	4.77
K111.	Knowledge of methods for monitoring dental waterlines and water quality.	4.77
K116.	Knowledge of techniques for storing instruments before and after sterilization.	4.77
K100.	Knowledge of techniques for sanitizing hands before and during dental hygiene treatments.	4.76
K102.	Knowledge of techniques for using personal protective equipment.	4.75
K114.	Knowledge of types of sterilization processes and related equipment.	4.74
K115.	Knowledge of procedures for sterilizing instruments.	4.74
K118.	Knowledge of techniques for safely disposing of sharps.	4.73
K117.	Knowledge of techniques for safely disposing of biohazard materials.	4.71
K95.	Knowledge of types of safety equipment for protecting patients.	4.66

Content Area 3: Health and Safety, continued

	Knowledge Statement	Importance
K96.	Knowledge of techniques for protecting patients during diagnostic tests and imaging.	4.65
K98.	Knowledge of techniques for using barriers, air evacuation systems, and rinses.	4.64
K97.	Knowledge of equipment for providing protective barriers and air evacuation systems.	4.63
K99.	Knowledge of types of infectious diseases and their modes of transmission.	4.63
K113.	Knowledge of types of disinfecting and sterilizing agents used to prevent the spread of infectious diseases.	4.55
K112.	Knowledge of methods for disinfecting evacuation lines.	4.52

Content Area 4: Dental Hygiene Laws and Ethics

Knowledge Statement	Importance
K119. Knowledge of required disclosures that facilitate patient ability to make educated treatment decisions.	4.66
K146. Knowledge of requirements regarding maintenance, renewal, and restoration of a California dental hygiene license.	4.62
K141. Knowledge of legal requirements regarding RDHAP scope of practice.	4.61
K148. Knowledge of requirements regarding continuing education to maintaining dental hygiene license.	4.60
K149. Knowledge of requirements regarding documentation of treatments provided.	4.60
K191. Knowledge of ethical standards about addressing unethical or incompetent conduct of colleagues.	4.60
K171. Knowledge of methods for preventing harm to patients.	4.59
K142. Knowledge of requirements regarding professional conduct.	4.58
K180. Knowledge of standards about providing services in the best interest of patients.	4.58
K138. Knowledge of signs of abuse, neglect, and exploitation of older adults.	4.57
K184. Knowledge of procedures regarding the management of safety needs.	4.57
K135. Knowledge of signs of abuse, neglect, and exploitation of dependent adults.	4.55
K182. Knowledge of standards about acting in the best interest of patients.	4.55
K185. Knowledge of methods for addressing patient safety needs.	4.55
K136. Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of dependent adults.	4.54
K145. Knowledge of the principles of ethical behaviors that prevent harm to patients and society.	4.54
K151. Knowledge of protocols for documenting in patient dental records.	4.54
K132. Knowledge of signs of child abuse and neglect.	4.52
K143. Knowledge of the relationship between personal and professional actions and public trust.	4.52
K179. Knowledge of standards about practicing under the influence of alcohol or other substances.	4.52
K183. Knowledge of methods for enhancing the well-being of patients.	4.52

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Knowledge Statement	Importance
K133.	Knowledge of laws regarding mandated reporting of child abuse and neglect.	4.50
K139.	Knowledge of laws regarding mandated reporting of abuse, neglect, and exploitation of older adults.	4.50
K129.	Knowledge of requirements of the Health Information Portability and Accountability Act (HIPAA).	4.48
K165.	Knowledge of ethical standards about the use of techniques or approaches within level of competence.	4.48
K166.	Knowledge of ethical standards about remaining current on professional developments.	4.48
K178.	Knowledge of standards about practicing when impaired.	4.48
K181.	Knowledge of standards about excessive treatment and limiting patient care.	4.48
K186.	Knowledge of ethical standards about referrals for services to meet patient oral health care needs.	4.46
K147.	Knowledge of requirements for responding to and fulfilling penalties under disciplinary actions.	4.45
K121.	Knowledge of methods for ensuring patients understand risks, benefits, and alternatives to treatment.	4.43
K122.	Knowledge of requirements regarding informed consent for treatment.	4.43
K169.	Knowledge of standards that prohibit discrimination in professional services and conduct.	4.43
K187.	Knowledge of standards about participating with other professionals in providing patient care.	4.43
K189.	Knowledge of types of colleague impairments that jeopardize professional judgement.	4.43
K190.	Knowledge of types of colleague behaviors that require intervention or action.	4.43
K134.	Knowledge of procedures for filing mandated reports with protective authorities.	4.41
K170.	Knowledge of the principles of non-maleficence.	4.41
K176.	Knowledge of methods for maintaining objectivity in providing services to patients.	4.41
K177.	Knowledge of methods for managing the impact of personal issues on professional performance or judgement.	4.41
K123.	Knowledge of requirements for treating minor patients.	4.39
K124.	Knowledge of requirements regarding consent to treat and refuse treatment of minors.	4.39
K137.	Knowledge of procedures for filing mandated reports with protective authorities.	4.39

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Knowledge Statement	Importance
K125.	Knowledge of requirements regarding access to information related to treatment of minors.	4.36
K168.	Knowledge of the principles of complementarity.	4.36
K120.	Knowledge of laws about patient right to make treatment decisions.	4.34
K161.	Knowledge of methods for coordinating patient dental care with other providers.	4.34
K172.	Knowledge of ethical standards about conflict-of-interest situations.	4.32
K173.	Knowledge of methods for managing conflict of interest situations.	4.30
K126.	Knowledge of requirements regarding the release of confidential patient information.	4.27
K140.	Knowledge of procedures for filing mandated reports with protective authorities.	4.27
K156.	Knowledge of documentation required to submit claims to third party payers for dental hygiene services performed.	4.27
K160.	Knowledge of laws regarding discounted fees and services to patients.	4.27
K174.	Knowledge of the relationship between personal values and professional objectivity.	4.27
K128.	Knowledge of requirements regarding the release of records to other individuals, professionals, or third parties.	4.23
K159.	Knowledge of laws related to operating a mobile or portable dental hygiene clinic.	4.23
K175.	Knowledge of methods for managing the impact of personal values on treatment.	4.23
K127.	Knowledge of requirements regarding patient right to access treatment records.	4.21
K155.	Knowledge of laws regarding obtaining written prescriptions from physicians and dentists.	4.21
K150.	Knowledge of requirements regarding the storage and disposal of treatment records.	4.18
K162.	Knowledge of types of referrals needed for providing patients with needed care.	4.18
K167.	Knowledge of methods regarding cultural sensitivity in working with diverse patients.	4.16
K157.	Knowledge of procedures for receiving insurance reimbursements.	4.14
K163.	Knowledge of conditions necessary for providing dental hygiene treatment in nontraditional settings.	4.11

Content Area 4: Dental Hygiene Laws and Ethics, continued

	Knowledge Statement	Importance
K158.	Knowledge of laws related to hiring for a dental hygiene in alternative practice business.	4.10
K164.	Knowledge of methods needed for practicing dental hygiene services in nontraditional settings.	4.09
K144.	Knowledge of the principles of universality.	4.07
K180.	Knowledge of signs of colleague impairments that jeopardize professional judgment.	4.05
K188.	Knowledge of requirements regarding protecting patient rights during consultation and collaboration with other professionals.	4.02
K154.	Knowledge of laws regarding advertisement and dissemination of information pertaining to professional qualifications and services.	4.00
K152.	Knowledge of requirements regarding disclosures and notification of fees and fee changes.	3.93
K153.	Knowledge of requirements regarding the collection of fees and surcharges.	3.75
K131.	Knowledge of requirements regarding standards of care and delivery of telehealth.	3.68
K130.	Knowledge of requirements regarding geographic limitations in providing telehealth.	3.61

APPENDIX F | TASKS AND KNOWLEDGE STATEMENTS RENUMBERED FOR THE CALIFORNIA RDHAP LAWS AND ETHICS EXAMINATION

RENUMBERING OF TASKS

Original Task Number in California RDHAP Description of Practice	New Task Number in California RDHAP Laws and Ethics Examination Outline
43	1
44	2
45	3
46	4
47	5
48	6
49	7
50	8
51	9
52	10
53	11
54	12
55	13
56	14
57	20
58	21
59	24
60	25
61	26
62	27
63	32
64	33
65	34
66	28
67	29
68	30
69	31
70	35
71	36
72	15
73	22
74	19
75	16
76	23
77	18
78	17

RENUMBERING OF KNOWLEDGE STATEMENTS

Original Knowledge Statement Number in California RDHAP Description of Practice	New Knowledge Statement Number in California RDHAP Laws and Ethics Examination Outline
119	1
120	2
121	3
122	4
123	5
124	6
125	7
126	8
127	9
128	10
129	11
130	12
131	13
132	14
133	15
134	16
135	17
136	18
137	16
138	19
139	20
140	16
141	21
142	22
143	23
144	24
145	25
146	26
147	27
148	28
149	36
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155	45
156	46
157	47
158	48
159	49
160	50

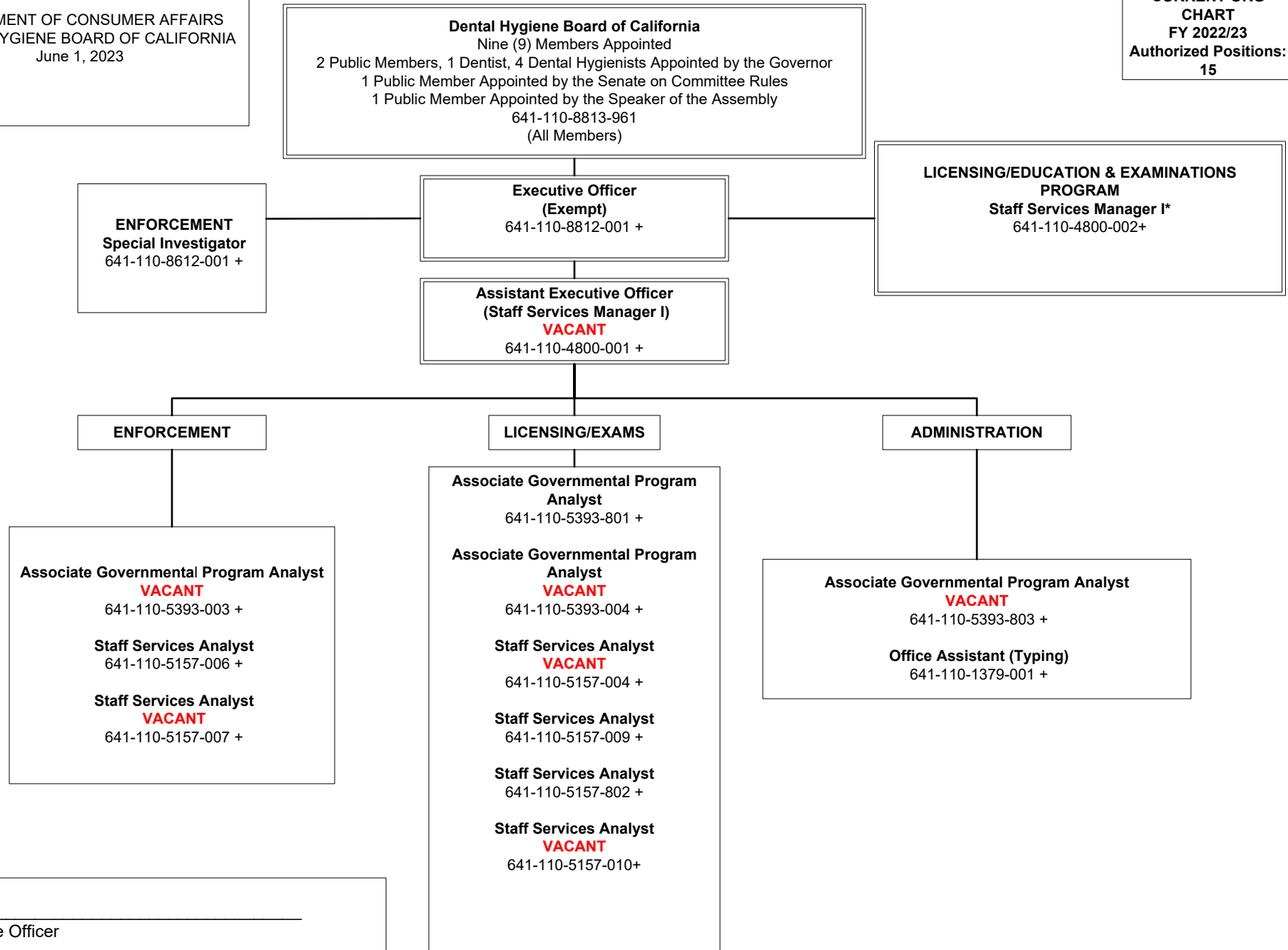
RENUMBERING OF KNOWLEDGE STATEMENTS, continued

Original Knowledge Statement Number in California RDHAP Description of Practice	New Knowledge Statement Number in California RDHAP Laws and Ethics Examination Outline
161	51
162	59
163	60
164	61
165	62
166	63
167	64
168	65
169	66
170	52
171	53
172	54
173	55
174	56
175	57
176	58
177	67
178	68
179	69
180	70
181	71
182	29
183	41
184	42
185	35
186	30
187	43
188	33
189	34
190	31
191	32

2022/23 – 2025/26 Year-end DHBC Organizational Charts for past four (4) fiscal years.

DEPARTMENT OF CONSUMER AFFAIRS
DENTAL HYGIENE BOARD OF CALIFORNIA
June 1, 2023

**CURRENT ORG
CHART
FY 2022/23
Authorized Positions:
15**



Executive Officer

Classification and Recruitment (C&R) Analyst

DEPARTMENT OF CONSUMER AFFAIRS
DENTAL HYGIENE BOARD OF
CALIFORNIA
June 2024

**CURRENT ORG
CHART
FY 2023/24
Authorized Positions:
15**

Dental Hygiene Board of California
Nine (9) Members Appointed
2 Public Members, 1 Dentist, 4 Dental Hygienists Appointed by the Governor
1 Public Member Appointed by the Senate on Committee Rules
1 Public Member Appointed by the Speaker of the Assembly
641-110-8813-961
(All Members)

**Executive Officer
(Exempt)**
641-110-8812-001 +

ENFORCEMENT
Special Investigator
641-110-8612-001 +

**LEGISLATION/REGULATIONS & EDUCATION &
EXAMINATIONS PROGRAM**
Staff Services Manager I*
(Specialist)
641-110-4800-002 +

**Enforcement and Administration Manager
(Staff Services Manager I)**
641-110-4800-001 +

**Licensing and Administration Manager
Staff Services Manager I**
VACANT
641-110-4800-003 +

ENFORCEMENT

Associate Governmental Program Analyst
641-110-5393-003 +
Staff Services Analyst
641-110-5157-006 +
Staff Services Analyst
641-110-5157-007 +

ADMINISTRATION

Staff Services Analyst
641-110-5157-803 +
Office Assistant (Typing)
641-110-1379-001 +

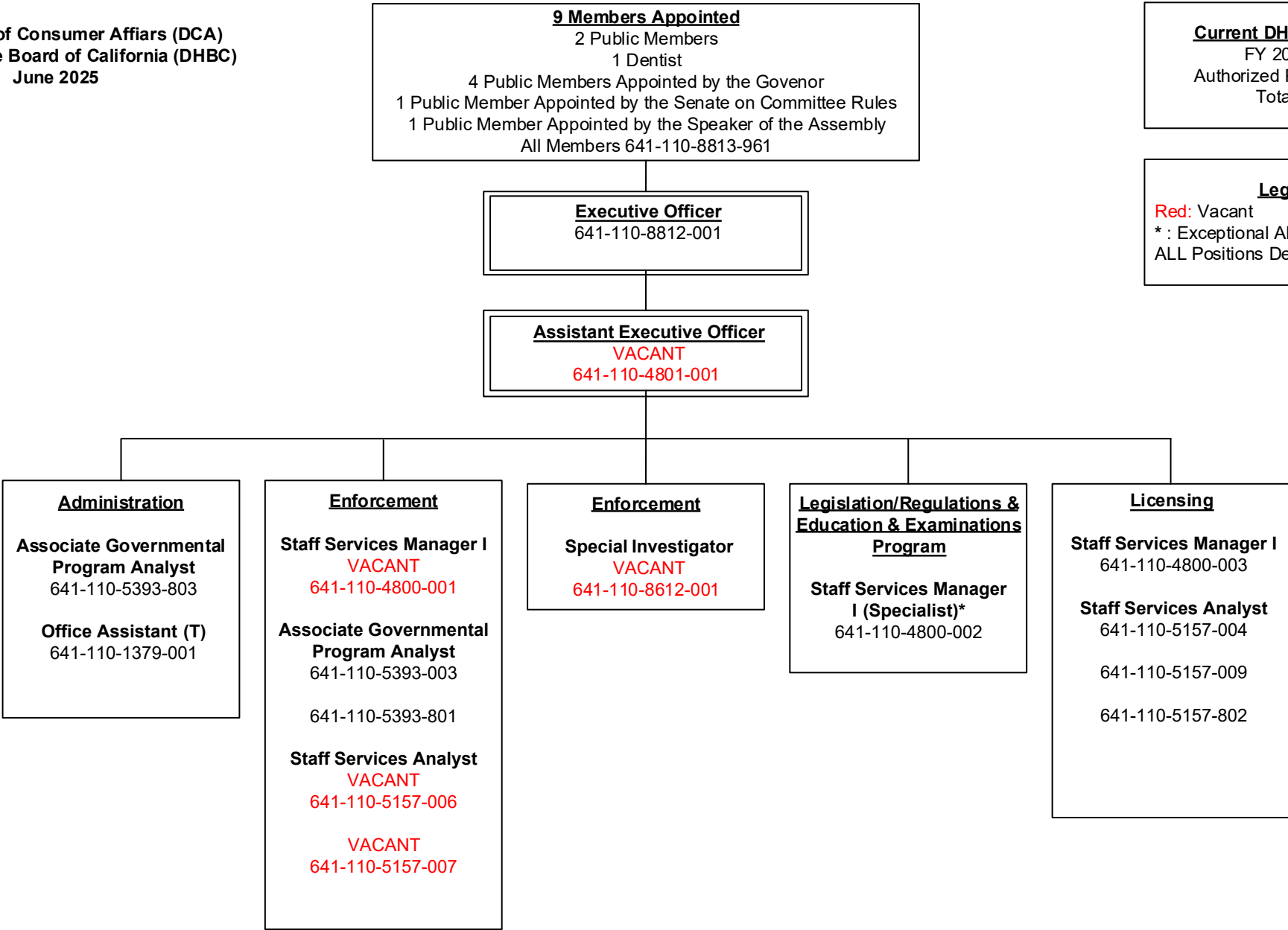
LICENSING

Associate Governmental Program Analyst
641-110-5393-801 +
VACANT
641-110-5393-005 +
Staff Services Analyst
641-110-5157-004 +
641-110-5157-009 +
641-110-5157-802 +

Executive Officer

Classification and Recruitment (C&R) Analyst

(+) CORI Positions (Fingerprint Clearances Required)
(*) Exceptional Allocation



Current DHBC Staffing
FY 2024/25
Authorized Positions: 15
Total: 15

Legend
Red: Vacant
* : Exceptional Allocation
ALL Positions Designated CORI

Executive Officer or Designee	Date
Classification & Recruitment Analyst	Date



DHBC

Dental Hygiene
Board of California

SUNSET REVIEW REPORT 2023

PRESENTED TO THE SENATE COMMITTEE

ON BUSINESS, PROFESSIONS AND

ECONOMIC DEVELOPMENT,

AND THE ASSEMBLY COMMITTEE

ON BUSINESS AND PROFESSIONS

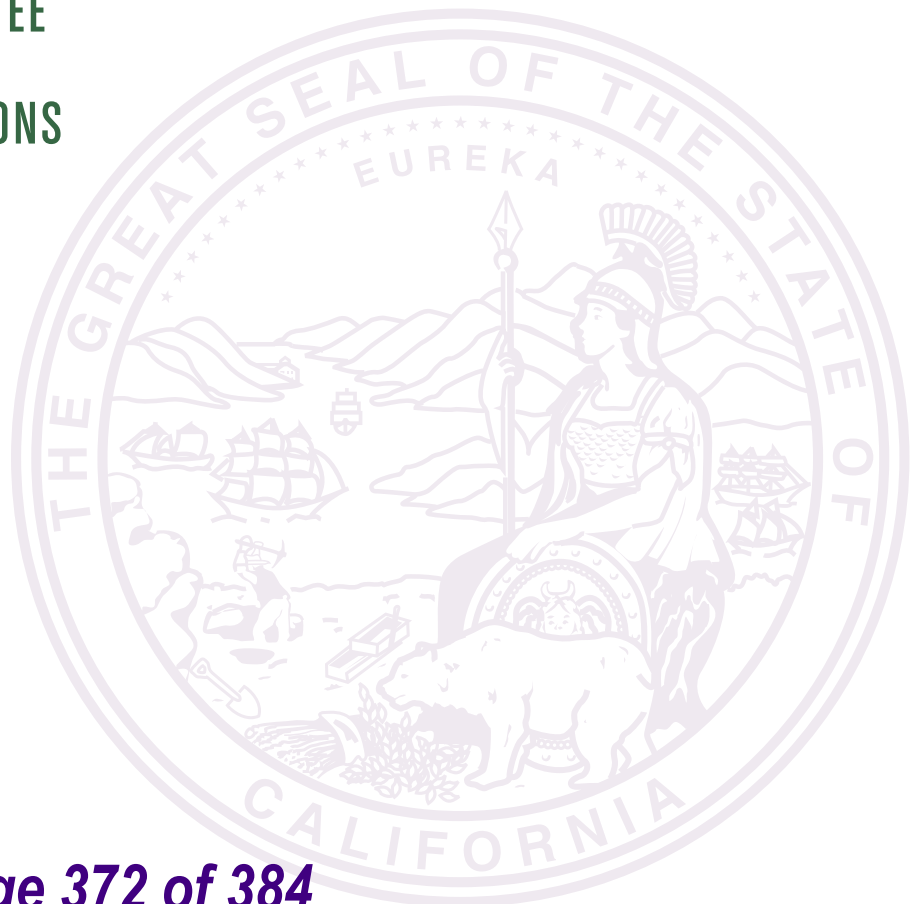


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APPENDIX

- Attachment A** Board's Administrative Manual
- Attachment B** Organizational Chart (Relationship of Committees to the Board and Membership of Each Committee)
- Attachment C** Major Studies
- Attachment D** Performance Measures (Past Three Years)
- Attachment E** Year-End Organization Charts (Last Four Fiscal Years)
- Attachment F** California Dental Hygienists' Association's Letter of Support to Continue the Board
- Attachment G** Dental Hygiene Association's Survey Conducted with RDHAP Licensees Who Would Open a Stand-Alone Dental Hygiene Practice in Underserved Designated Areas of the State.
- Attachment H** California Dental Association's Letter of Support to Continue the Board
- Attachment I** California Dental Hygiene Educators Association's Letter of Support to Continue the Board.



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DEVELOPMENT, AND THE ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS



GAVIN NEWSOM
GOVERNOR

LOURDES M. CASTRO RAMÍREZ
SECRETARY, BUSINESS, CONSUMER
SERVICES AND HOUSING AGENCY

KIMBERLY KIRCHMEYER
DIRECTOR, DEPARTMENT OF CONSUMER AFFAIRS

ANTHONY LUM
EXECUTIVE OFFICER, DENTAL HYGIENE BOARD OF CALIFORNIA

DENTAL HYGIENE BOARD OF CALIFORNIA

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Friday, October 9, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 4.

Proposal of Future Agenda Items.



Friday, October 9, 2026

Dental Hygiene Board of California

FULL Board Agenda Item 5.

Adjournment.