

**State of California  
Office of Administrative Law**

**In re:**  
**Dental Hygiene Board of California**

**Regulatory Action:**

**Title 16, California Code of Regulations**

**Adopt section: 1119**

**Amend section: 1117**

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Government Code Section 11349.3**

**OAL Matter Number: 2022-1010-01**

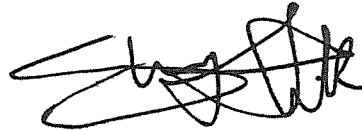
**OAL Matter Type: Regular Resubmittal (SR)**

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Business and Professions Code section 464 (added by Stats. 2016, ch. 473, sec. 1) authorizes any of the boards within the Department of Consumer Affairs to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation. In this regular rulemaking, the Dental Hygiene Board of California is establishing a system for a retired category for registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 1/1/2023.

**Date:** November 16, 2022



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**Steven J. Escobar  
Senior Attorney**

**Original:** Anthony Lum, Executive Officer  
**Copy:** Adina Pineschi-Petty

**For:** Kenneth J. Pogue  
Director

# RESUBMITTAL

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z- 2021-0528-02</b>	REGULATORY ACTION NUMBER <b>2022-1010-01 SR</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

**NOV 16 2022**

**1:51 PM**

NOTICE	REGULATIONS
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OFFICE OF ADMIN. LAW  
2022 OCT 10 PM 1:46

AGENCY WITH RULEMAKING AUTHORITY  
**Dental Hygiene Board of California**

AGENCY FILE NUMBER (if any)

### A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE <b>Retired Licensure</b>		TITLE(S) <b>16</b>	FIRST SECTION AFFECTED <b>1119 (Formerly 1115)</b>	2. REQUESTED PUBLICATION DATE <b>June 11, 2021</b>
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON <b>Adina Pineschi-Petty, DDS</b>		FAX NUMBER (Optional) <b>(916) 263-2688</b>
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER <b>2021, 24-Z</b>		PUBLICATION DATE <b>6/11/2021</b>	

### B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) <b>Retired Licensure</b>	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) <b>2022-0411-03S</b>
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT <b>1119</b>
	AMEND <b>1117</b>
TITLE(S) <b>16</b>	REPEAL

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify)	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
**January 28, 2022 until February 14, 2022**

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input checked="" type="checkbox"/> Other (Specify) <b>Kimberly Kirchmeyer, Director, California Department of Consumer Affairs</b>		

7. CONTACT PERSON <b>Adina Pineschi-Petty, DDS</b>	TELEPHONE NUMBER <b>(916) 576-5002</b>	FAX NUMBER (Optional) <b>(916) 263-2688</b>	E-MAIL ADDRESS (Optional) <b>adina.petty@dca.ca.gov</b>
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Anthony Lum</i>	DATE <b>10/5/2022</b>
TYPED NAME AND TITLE OF SIGNATORY <b>Anthony Lum, Executive Officer, Dental Hygiene Board of California</b>	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

**NOV 16 2022**

**Office of Administrative Law**

Per agency request: ST, 11/15/2022



## TITLE 16. DENTAL HYGIENE BOARD OF CALIFORNIA - DEPARTMENT OF CONSUMER AFFAIRS ADOPTED LANGUAGE

### ORDER OF ADOPTION

**Legend:**

Underlined Indicates added regulatory language.

Adopt Section 1119 of Title 16 of the California Code of Regulations (CCR)  
to read as follows:

#### Article 4. Licensing

[NOTE: The text of Section 1117 is not being changed. Section 1117 is displayed to  
place it in Title 16, Division 11, Article 4.]

#### **§1117. Reporting Dental Relationships Between Registered Dental Hygienists in Alternative Practice and Licensed Dentists**

[No change to text.]

Note: Authority cited: Sections 1905 and 1906, Business and Professions Code.  
Reference: Section 1930, Business and Professions Code.

#### **§1119. Retired Licensure.**

(a) A retired license shall be issued to a registered dental hygienist (RDH),  
registered dental hygienist in alternative practice (RDHAP), or registered dental  
hygienist in extended functions (RDHEF) if the licensee meets the following  
requirements:

- (1) Holds an active license or an inactive license that was not placed on inactive  
status as a result of revocation or suspension;
- (2) Submits to the Board a completed "Application for a Retired RDH, RDHAP, or  
RDHEF License" DHBC RLC-01 (New 11/20), hereby incorporated by  
reference; and
- (3) Submits an \$80 fee to the Board.

(b) Once the Board has issued a retired license, the holder of a retired license shall:

- (1) Be exempt from continuing education requirements;

- (2) Be exempt from renewal of the retired license; and
- (3) Utilize his or her professional title only with the unabbreviated word "retired" preceding or after the professional designation.
- (c) The holder of a retired license shall not engage in any activity for which an active RDH, RDHAP, or RDHEF license is required.
- (d) The Board shall not be prevented from investigating violations or taking action against a retired license for violations of laws governing the practice of dental hygiene.
- (e) To restore a license to active status, the holder of a retired license shall comply with the following requirements:
- (1) Submit a completed "Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License" DHBC RLC-02 (New 10/20), hereby incorporated by reference;
- (2) Payment of a \$160 fee as required by the Board;
- (3) Submit proof of completion of current continuing education requirements pursuant to 16 CCR sections 1016 and 1017; and
- (4) Comply with fingerprint submission requirements pursuant to 16 CCR section 1132.
- (f) The holder of a retired license shall be allowed to provide to the public, without supervision, dental hygiene educational services, oral health training programs, oral health screenings, and application of fluoride varnish free of charge in any oral health public health program created by federal, state, or local law or administered by a federal, state, county, or local governmental entity, at a sponsored event by a sponsoring entity. The retired licensee shall refer any screened individuals with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan. For purposes of this section, the following shall apply:
- (1) "Sponsored event" shall be defined as in paragraph (4) of subdivision (b) of Section 1626.6 of the Code.
- (2) "Sponsoring entity" shall be defined as in paragraph (6) of subdivision (b) of Section 1626.6 of the Code.

Note: Authority cited: Sections 464, 1905, 1906 and 1944, Business and Professions Code. Reference: Sections 464, 1906 and 1944, Business and Professions Code.



**Application for a Retired RDH, RDHAP, or RDHEF License**  
Business & Professions Code (BPC) sections 464, 1905, and 1906, and California Code of Regulations (CCR) Title 16, Division 11 section 1119.

**Non-Refundable Application Fee: \$80**  
**(Must accompany application)**

<b>DHBC USE ONLY</b>	
Receipt _____	RC _____
Date Filed _____	\$ _____
Approved _____	Denied _____
RDH/RDHAP/RDHEF# _____	

**Please type or print legibly.**

<u>License Number</u> <input type="checkbox"/> RDH <input type="checkbox"/> RDHAP <input type="checkbox"/> RDHEF		<u>Date</u>	<u>Is your current license available?</u> <input type="checkbox"/> Yes** <input type="checkbox"/> No <u>If yes, attach documentation to application.</u>
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	
<u>Address of Record*</u>			
<u>City</u>	<u>State</u>	<u>Zip Code</u>	
<u>Home Phone Number</u>		<u>Mobile Phone Number</u>	
<u>Email Address</u>			

**\*The address you enter on this application is public information and will be available on the Internet pursuant to BPC section 1902.2(b). If you do not want your home address to be made public, you may instead provide a post office box or your business address.**

**IMPORTANT – PLEASE READ CAREFULLY**

- **\*\*Enclose your current license issued by the Board, if available, with this application.**
- **A holder of a retired license may not engage in any activity for which an active license issued by the DHBC is required.**
- **In order to be eligible for a retired license, you must hold an active or inactive license issued by the Board as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions that was not placed on inactive status as a result of revocation or suspension.**
- **If your license is expired, you must clear all outstanding requirements and renew the license before your application for a retired license will be processed. Expired licenses that cannot be renewed will not be processed.**

- The holder of a retired license is not required to renew that license.
- The holder of a retired license is exempt from continuing education requirements.
- The holder of a retired license shall be permitted to use his or her professional title only with the unabbreviated word "retired" preceding or after the professional designation.
- Changing to a retired status does not prevent the DHBC from investigating potential violations or taking action against your license for confirmed violations of laws governing the practice of dental hygiene.

**I have read and understand the information provided on this application, and I meet the requirements for a retired license. I certify that if I have not enclosed my current license, the license is lost. I hereby request that my license be placed in retired status. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, section 1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



**DENTAL HYGIENE BOARD OF CALIFORNIA**

2005 Evergreen Street, Suite 1350 Sacramento, CA 95815  
 P (916) 263-1978 | F (916) 263-2688 | [www.dhbc.ca.gov](http://www.dhbc.ca.gov)



**Application for Reactivation of a Retired RDH, RDHAP, or RDHEF License**  
Business & Professions Code (BPC) sections 464, 1905, and 1906, and California Code of Regulations (CCR) Title 16, Division 11 sections 1016, 1017, and 1119.

**Non-Refundable Application Fee: \$160**  
**(Must accompany application)**

<b>DHBC USE ONLY</b>	
Receipt _____	RC _____
Date Filed _____	\$ _____
Approved _____	Denied _____
RDH/RDHAP/RDHEF# _____	

**Please type or print legibly.**

<u>Date</u>	<u>License Number</u> <input type="checkbox"/> RDH <input type="checkbox"/> RDHAP <input type="checkbox"/> RDHEF	<u>Date License was Retired</u>
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>
<u>Address of Record*</u>		
<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Home Phone Number</u>	<u>Mobile Phone Number</u>	
<u>Email Address</u>		

\*The address you enter on this application is public information and will be available on the Internet pursuant to BPC section 1902.2(b). If you do not want your home address to be made public, you may instead provide a post office box or your business address.

**IMPORTANT – PLEASE READ CAREFULLY**

**You may not practice dental hygiene, dental hygiene in alternative practice, or dental hygiene in extended functions until the Dental Hygiene Board of California (Board) approves your request to restore your retired license to active status.**

1. In order to reactivate a retired license, you must complete the same number of continuing education units that are required to renew an active license and submit the certificates of completion to the Board. Please refer to 16 CCR sections 1016 and 1017 for continuing education requirements.
2. 16 CCR section 1132 requires licensees to furnish a full set of electronic fingerprints for the purpose of conducting a criminal history record check and criminal offender record information search. The Board shall not restore a retired license to active status until the licensee has complied with this requirement, if applicable.

3. Enclose your original retired license.

4. Please certify the following:

(a) Since retirement of DHBC licensure, I have not been convicted of, or under investigation for, any violation of the law in this or any other state, the United States, or other country.

Note: You do not need to disclose traffic infractions with penalties under \$1,000 unless the infraction involved alcohol, dangerous drugs, or controlled substances.

Yes       No (if no, please explain on an attached sheet).

(b) Since retirement of DHBC licensure, I have not been subject to discipline against any other healthcare license I hold.

Yes       No (if no, please explain on an attached sheet).

**I have read and understand the information provided on this application, and hereby request that my retired license be restored to active status. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Hygiene Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, section 1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.