

**State of California
Office of Administrative Law**

In re:
Dental Hygiene Board of California

Regulatory Action:

Title 16, California Code of Regulations

Adopt sections: 1116, 1116.5

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

OAL Matter Number: 2024-1010-02

OAL Matter Type: Regular (S)

This action by the Dental Hygiene Board of California ("Board") establishes an application process by which licensed registered dental hygienists in alternative practice ("RDHAP(s)") can register mobile dental hygiene clinics ("MDHC(s)") and additional physical facilities, and thereafter renew on a biennial basis; establishes minimum operating requirements for these MDHCs and additional physical facilities; establishes a cessation process for RDHAPs operating MDHCs and physical facilities; and requires RDHAPs operating MDHCs and additional physical facilities to provide the Board access to their records and facilities.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 1/1/2025.

Date: November 22, 2024



Stephen P. Mehlert
Senior Attorney

For: Kenneth J. Pogue
Director

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

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 10/2019)

REGULAR

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z- 2024-0117-01	REGULATORY ACTION NUMBER 2024-1010-025	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED - FILED
in the office of the Secretary of State
of the State of CaliforniaNOV 22 2024
AB 1:40 PMAGENCY 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 Mobile DH Clinic and Phys Facility Registration	TITLE(S) 16	FIRST SECTION AFFECTED 1116	2. REQUESTED PUBLICATION DATE February 2, 2024
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Adina A. Pineschi-Petty DDS	TELEPHONE NUMBER (916) 576-5002	FAX NUMBER (Optional) (916) 263-2688
OAL USE ONLY ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2024, 5-2	PUBLICATION DATE 2/2/24	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Mobile DH Clinic and Phys Facility Registration	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)		
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.) TITLE(S) 16	ADOPT 1116 and 1116.5 AMEND REPEAL		
3. TYPE OF FILING			
<input checked="" 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 type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> File & Print <input type="checkbox"/> Print Only <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <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) April 26, 2024 - May 11, 2024			
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) _____			
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) Kimberly Kirchmeyer, Director, Department of Consumer Affairs			
7. CONTACT PERSON Adina A. Pineschi-Petty DDS	TELEPHONE NUMBER (916) 576-5002	FAX NUMBER (Optional) (916) 263-2688	E-MAIL ADDRESS (Optional) adina.petty@dca.ca.gov

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

DATE

August 21, 2024

TYPED NAME AND TITLE OF SIGNATORY

Anthony Lum, DHBC Executive Officer

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

NOV 22 2024

Office of Administrative Law



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

ORDER OF ADOPTION

Legend:

Underlined

Indicates proposed regulatory language.

Adopt Section 1116 in Article 4 of Division 11 of Title 16 of the California Code of Regulations (CCR) to read as follows:

Article 4. Licensing

§ 1116. Mobile Dental Hygiene Clinics; Issuance of Approval.

(a) Definitions. For the purposes of this section, unless otherwise specified, the following definitions shall apply:

- (1) "Active patient" refers to a patient of record whom the owner or provider has examined, treated, or cared for within the two (2) year period prior to discontinuation of practice, or the owner or provider moving from or leaving the city in which services were provided to the patient.
- (2) "Communication capability" means an owner has telephone service they can access twenty-four (24) hours per day.
- (3) "Dental hygiene services" means the professional practices of a registered dental hygienist in alternative practice (RDHAP) as set forth in Business and Professions Code section (BPC) section 1925.
- (4) "Equipment" means any tool, instrument, or device used by an RDHAP to provide dental hygiene services.
- (5) A "mobile dental hygiene clinic (MDHC)" means any self-contained facility in which dental hygiene services are rendered that may be moved, towed, or transported from one location to another. This term shall not include equipment used and transported by licensed RDHAPs in discharging their duties in locations or settings authorized by BPC section 1926.
- (6) "Necessary parties" means emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family

members.

- (7) "Owner" means an individual who applies for registration or operates an MDHC, is responsible for the MDHC's registration, and is licensed to practice dental hygiene in alternative practice pursuant to BPC section 1922.
- (8) "Patient of record" refers to a patient who has had a medical and dental history completed and evaluated, had oral conditions assessed and documented, and had a written dental hygiene care plan, as defined in California Code of Regulations (CCR), Title 16, section 1100(g), developed by the RDHAP.
- (9) "Patient treatment records" shall include the patient's dental history maintained by the MDHC related to medical history, dental hygiene evaluation(s), dental hygiene diagnosis(es), dental hygiene procedures and treatment, response to dental hygiene treatment, documented consultations with other dental care and healthcare providers, and referrals for dental care and healthcare follow-up treatment.
- (10) "Protected Health Information (PHI)" means the patient's "individually identifiable health information" as defined in section 1320d of Title 42 of the United States Code. PHI includes a patient's medical history, or dental history, which is a written record of the patient's personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.
- (11) "Provider" means an individual licensed to practice dental hygiene in alternative practice or dentist who provides dental hygiene treatment and/or services in an MDHC, but who is not necessarily the owner registering the MDHC.
- (b) Application for Registration. An RDHAP who wishes to operate an MDHC in any setting authorized by BPC section 1926 shall apply to the Board for registration of an MDHC with the Board by submitting a completed application to the Board. A completed application shall include the following:

 - (1) A completed "Application for Registration of a Mobile Dental Hygiene Clinic (MDHC)" (DHBC MDHC-01 (New 11/2022)), which is hereby incorporated by reference;
 - (2) All documents required by form DHBC MDHC-01 (New 11/2022); and,
 - (3) Payment of an initial registration fee of \$100.
- (c) Abandonment; Grounds for Denial, Withdrawal, Citation or Issuance of Registration.

 - (1) An applicant for a license who fails to complete registration application

requirements set forth in subdivision (b) within one year after being notified by the Board of deficiencies in their application, shall be deemed to have abandoned the application and shall be required to file a new application and meet all of the requirements in effect at the time of reapplication.

(2) The Board may deny, place on probation, issue a citation, or withdraw a registration as provided in BPC section 1926.1 for failure to meet the requirements of this section. For the purposes of this section and BPC section 1926.1, a registration may be withdrawn if compliance with this section is not demonstrated within 60 days from the date of written notice of the areas of noncompliance found by the Board and/or upon a final decision, pursuant to 16 CCR section 1142, thereby upholding the withdrawal in accordance with the notice and hearing procedures contained in the Administrative Procedure Act (Sections 11500 through 11529 of the Government Code).

(3) Upon meeting the requirements of subdivision (b), an MDHC shall be registered with the Board and the RDHAP operator shall be issued an MDHC registration.

(d) Minimum Operating Requirements.

(1) The MDHC applicant or owner shall meet all of the following requirements to obtain or maintain registration of the MDHC as required by BPC sections 1926.1 and 1926.2 and this section:

(A) The owner has a written procedure that specifies the means of obtaining emergency follow-up care for patients treated in the MDHC. The procedure shall include arrangements an RDHAP must make for treatment by a licensed dentist or physician whose place of practice is established within the city or county in which the MDHC provides or intends to provide dental hygiene services. A copy of these written procedures shall be given to each provider at the MDHC prior to any dental hygiene services being performed on a patient.

(B) An owner shall maintain a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to 16 CCR section 1117.

(C) The owner has communication capability that enables the owner to contact necessary parties in the event of a medical or dental emergency.

(D) The owner shall maintain a telephone number where patients are able to contact the MDHC owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days. If a live person is not available to answer calls, the telephone line shall include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services.

(E) The owner shall comply with all state and local laws and ordinances regarding business licensing and operations, and shall obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the MDHC, including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code.

(F) If the owner or any provider performs radiographs, a radiographic operator must be used that complies with California Radiation Control Regulations. (Cal. Code Regs., tit. 17, Div. 1, Ch. 5, Subchapter 4, §§30100 through 30395.)

(G) The driver of the MDHC shall possess a current, active, and unrestricted California driver's license.

(2) Official Place of Business and Maintenance of Records.

(A) The owner shall maintain a physical address of record for the MDHC registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

(B) An owner shall include the name of the MDHC (including any fictitious name authorized by BPC section 1962), physical address of record and MDHC registration number for all forms of advertisement, solicitation, or other presentments made to the public in connection with the rendition of dental hygiene services, including any advertisement, card, letterhead, telephone listing, Internet Web site, written solicitation or communications to a prospective patient or patients, or contract proposal.

(C) All dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient shall be maintained by the owner for a minimum of seven (7) years.

(3) In addition to the other minimum operating requirements of this section, each MDHC shall:

(A) Use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005.

(B) Comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §§164.302 through 164.318, with respect to the patient's PHI. For the purposes of this section "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. §§1320d - 1320d-8) as amended by subsequent legislation and the implementation of Privacy, Security, and Enforcement Rules under 45 C.F.R. Part 160 and Subparts

A, C, D, and E of Part 164.

(C) Be readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. §§12101 through 12212), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36. For the purposes of this section, "disability" has the meaning set forth in Section 51 of the Civil Code.

(D) Have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water. Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention (CDC), in addition to the "Safe Drinking Water Act." (42 U.S.C. §§300f through 300j-27.)

(E) Have toilet facilities available to staff and patients of the MDHC.

(F) Have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.

(G) Have a working Automated External Defibrillator (AED).

(H) Have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support.

(4) Each MDHC owner shall notify the Board in writing within thirty (30) days of any change in operational status or ownership of the MDHC.

(5) An RDHAP operator shall provide access during business hours to the RDHAP's records and facility to the Board, or its authorized representative(s), to review the MDHC for compliance with all laws, regulations, and standards applicable to MDHCs including, but not limited to, the BPC, CCR, CDC, and HIPAA.

(e) Transferability. An MDHC registration is not transferable.

(f) Renewal. An MDHC registration shall expire at the same time as the registration holder's RDHAP license.

(1) To renew the MDHC, an owner shall submit a completed renewal application that includes the following:

(A) Form DHBC MDHC-01 (New 11/2022);

(B) A biennial renewal fee in the amount of \$160; and

- (C) All supporting documentation required by form DHBC MDHC-01 (New 11/2022).
- (2) Renewal of each MDHC registration shall be accomplished by submission of the form DHBC MDHC-01 (New 11/2022), fee, and documentation required in subdivision (f)(1) by either:
- (A) Electronic submission through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" located on the Board's website at: <https://www.dhbc.ca.gov/> using the "BREEZE" tab or the "BreEZe Online System" portal tabs or at: <https://www.breeze.ca.gov/datamart/loginCADCA.do>; or
- (i) The owner and operator shall first register for a user account by creating a username and password.
- (ii) The owner and operator shall provide all required documentation referenced in (f)(1) through the link referenced in subdivision (f)(2)(A) of this section. With respect to the application, the owner and operator may submit form DBHC MDHC-01 (New 11/2022) through BreEZe or electronically submit the same information that is requested by that form directly through BreEZe.
- (iii) Electronic Signature: When a signature is required by the particular instructions of any filing to be made through the online portal, including any attestation under penalty of perjury, the owner shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online portal. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.
- (B) Submission of all required documentation referenced in subdivision (f)(1) by mail to the Board's physical address.
- (g) Exemptions. MDHCs that fall within the definition of BPC section 1926.2(b) are exempt from the requirements of this section.
- (h) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.
- (1) The owner shall advise the Board in writing within thirty (30) days of any change to any of the information provided to the Board in application form DHBC MDHC-01 (New 11/2022), whether for initial or renewal.
- (2) Each RDHAP or any other provider licensed by the Board to provide dental hygiene services in the MDHC shall prominently display evidence of their California RDHAP or other Board license in a conspicuous location accessible to

public view on the premises where the RDHAP or other Board licensee provides the licensed services pursuant to BPC section 680.

- (3) A licensed RDHAP engaged in the practice of dental hygiene shall provide notice to each patient of the fact the RDHAP is licensed and regulated by the Board.

(A) The notice shall include the following statement and information:

NOTICE:

Dental Hygienists in Alternative Practice are licensed and regulated
by the Dental Hygiene Board of California
(916) 263-1978
www.dhbc.ca.gov

- (B) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the RDHAP provides the licensed services, and the notice shall be in at least 48-point type font.

(i) Identification of Location of Services.

- (1) Each owner of an MDHC shall maintain a confidential written or electronic record detailing the following information for each patient to whom services are provided:

(A) Name of patient served;

(B) Closest street address near the service location of the MDHC where service was provided;

(C) Date of each treatment session; and

(D) Types of dental hygiene services provided to each patient.

- (2) The confidential written or electronic record shall be made available to a representative of the Board within fifteen (15) days of the date of the Board's written request pursuant to BPC section 1955.

(j) Cessation of Operation.

- (1) Upon cessation of operation of an MDHC, the owner shall notify the Board in writing within thirty (30) days after the last day of operation and inform the Board of the final disposition of patient treatment records, including the physical mailing address or location where the treatment records are maintained and the name, telephone number and address for the custodian of records or other person whom the owner designates as responsible for maintaining those records.

- (2) If an MDHC is sold to another RDHAP, that RDHAP ("succeeding MDHC owner") must register with the Board by filing a new form DHBC MDHC-01 (New 11/2022) and comply with this section prior to operating the MDHC.
- (3) Upon cessation of operation of an MDHC, the previous owner shall preserve all records for a minimum of seven (7) years.
- (4) Within thirty (30) days before the last day of operation, the owner shall provide written notice via first class mail to all active patients of record of the date of closure or cessation of the MDHC, including the last date the MDHC will remain open, and the name, telephone number and address of an individual the patient may contact to request transfer of copies of their patient treatment records to a succeeding MDHC owner or to the patient. The owner shall maintain proof the notice was provided to all active patients in accordance with this section and upon request to the Board in accordance with BPC section 1955. Within fifteen (15) days of receipt of a written request by the patient, the owner shall also provide for the transfer of copies of the patient's treatment records, including radiographs, to the succeeding MDHC owner or to the patient as specified by the patient. In addition, the owner shall provide written acknowledgement of receipt of the patient's request to the patient within five (5) business days of receipt of the written request, and also notify the patient of the method and date of expected delivery of the patient's treatment records.
- (5) "Proof the notice was provided" shall mean proof of service of any notice required by this section to patients by mail by completion of a document showing the document's name and the person served, the person making service, and the date and manner of service (e.g., by first class mail, regular mail, or in person). Proof of service shall be in writing, but need not be signed, signed under oath, or in any particular format.

Note: Authority cited: Sections 1905, 1906, 1926.1, 1926.2 and 1944, Business and Professions Code. Reference: Sections 125.6, 137, 138, 142, 680, 1922, 1925, 1926, 1926.1, 1926.2, 1955 and 1962, Business and Professions Code.



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

ORDER OF ADOPTION

Legend:

Underlined

Indicates proposed regulatory language.

Adopt § 1116.5 in Article 4 of Title 16 of the California Code of Regulations (CCR) to read as follows:

Article 4. Licensing

§ 1116.5. Registered Dental Hygienist in Alternative Practice; Physical Facility Registration.

(a) Definitions. For the purposes of this section, unless otherwise specified, the following definitions shall apply:

- (1) "Active patient" refers to a patient of record whom the registered dental hygienist in alternative practice (RDHAP) owner or provider has examined, treated, or cared for within the two (2) year period prior to discontinuation of practice, or the RDHAP owner or provider moving from or leaving the city in which services were provided to the patient.
- (2) "Dental hygiene services" means the professional practices of an RDHAP as set forth in Business and Professions Code (BPC) section 1925.
- (3) "Equipment" means any tool, instrument, or device used by an RDHAP to provide dental hygiene services.
- (4) "Necessary parties" means emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family members.
- (5) "Owner" means an individual licensed to practice dental hygiene in alternative practice pursuant to BPC section 1922 in the State of California who applies for registration or has registered a physical facility or portable equipment with the Board pursuant to the registration requirements of this section.
- (6) "Patient of record" refers to a patient who has had a medical and dental history completed and evaluated, had oral conditions assessed and documented, and

had a written dental hygiene care plan, as defined in California Code of Regulations (CCR), Title 16, section 1100(g), developed by the RDHAP.

- (7) "Patient treatment records" shall include the patient's dental history maintained by the facility related to medical history, dental hygiene evaluation(s), dental hygiene diagnosis(es), dental hygiene procedures and treatment, response to dental hygiene treatment, documented consultations with other dental care and healthcare providers, and referrals for dental care and healthcare follow-up treatment.
- (8) "Physical facility" means a fixed structure in which dental hygiene services are rendered or where portable equipment is maintained.
- (9) "Portable equipment" means any tool, instrument, or device used by an RDHAP to provide dental hygiene services designed for and capable of being carried or moved from one location to another.
- (10) "Protected Health Information (PHI)" means the patient's "individually identifiable health information" as defined in section 1320d of Title 42 of the United States Code. PHI includes a patient's medical history, or dental history, which is a written record of the patient's personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.
- (11) "Provider" means an individual licensed to practice dental hygiene in alternative practice or dentist who provides dental hygiene treatment and/or services in a dental hygiene physical facility but who is not the owner registering the physical facilities.

(b) Application for Registration.

- (1) Within 30 days after the date of the issuance of their initial license, an RDHAP shall do the following:

 - (A) If the RDHAP owns a physical facility or utilizes portable equipment, the RDHAP shall register the physical facility where the dental hygiene services are rendered, or where the portable equipment is maintained according to the requirements of this section. The RDHAP shall register with the Executive Officer by submitting to the Board a completed "Registered Dental Hygienists in Alternative Practice: Registration of Physical Facilities" (form DHBC HAPR-01 New (11/2022)), which is hereby incorporated by reference, and meet all of the applicable requirements of this section; or,
 - (B) If the RDHAP does not own a physical facility, the RDHAP shall notify the Executive Officer by providing a written statement, signed and dated by the RDHAP, stating that they do not own a physical facility where dental hygiene

services are rendered.

- (2) An RDHAP owner who desires to have more than one place of practice shall, before opening the additional physical facility or facilities, apply to and obtain permission from the Board to have the additional place of practice as provided in this section. The RDHAP owner shall submit a completed "Registered Dental Hygienists in Alternative Practice: Registration of Physical Facilities." (form DHBC HAPR-01 (New 11/2022)), pay an additional office permit fee of \$160, and meet all of the requirements of this section before the additional facility or facilities will be registered with the Board.
- (3) The Board shall inform an RDHAP owner in writing whether the registration application (DHBC HAPR-01 (New 11/2022)) is complete and accepted for filing or is deficient and what further specific information is required. An applicant for a license who fails to complete registration application requirements within one year after being notified by the Board of deficiencies in their application, shall be deemed to have abandoned the application and shall be required to file a new application and meet all of the requirements in effect at the time of reapplication.
- (4) The Board may deny or withdraw a registration or issue a citation as provided in BPC section 1926.3 for failure to meet the requirements of this section.
- (5) Upon meeting the requirements of this section, the physical facility or facilities shall be registered with the Board and the RDHAP owner shall be issued an office permit for the initial facility, and, if applicable, an additional office permit if additional facilities are registered.

(c) Minimum Operating Requirements.

- (1) An RDHAP applicant or owner shall meet all of the following requirements to obtain or maintain registration of their facility or facilities as required by BPC sections 1926.3 and 1926.4 and this section:
 - (A) There is a written procedure that specifies the means of obtaining emergency follow-up care for patients treated at the physical facility or after use of portable equipment. The procedure shall include arrangements an RDHAP must make for treatment in by a licensed dentist or physician whose place of practice is established within the city or county in which the RDHAP owner or provider provides dental hygiene services. A copy of these written procedures shall be given to each provider at the physical facility prior to any dental hygiene services being performed on a patient.
 - (B) An RDHAP shall maintain a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to 16 CCR section 1117.

(C) An RDHAP shall maintain a telephone number where patients are able to contact the RDHAP owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days. If a live person is not available to answer calls, the telephone line shall include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services.

(D) The applicant or RDHAP owner shall comply with all state and local laws and ordinances regarding business licensing and operations, and shall obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the physical facility, including, a local or county business license, a county building permit, a fictitious name permit as provided in BPC section 1962, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code.

(E) If the RDHAP owner or any provider performs radiographs, a radiographic operatory must be used that complies with California Radiation Control Regulations. (Cal. Code Regs., tit. 17, Div. 1, Ch. 5, Subchapter 4, §§30100 through 30395.)

(2) Official Place of Business and Maintenance of Records.

(A) The RDHAP owner shall maintain a physical address of record for the physical facility or facilities registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

(B) An RDHAP owner shall include the name of the facility (including any fictitious name authorized by BPC section 1962), physical address of record and office registration number of their physical facility for all forms of advertisement, solicitation, or other presentments made to the public in connection with the rendition of dental hygiene services, including any advertisement, card, letterhead, telephone listing, Internet Web site, written solicitation or communications to a prospective patient or patients, or contract proposal.

(C) All dental hygiene patient treatment records and communications following the discharge of a patient shall be maintained by the RDHAP owner for a minimum of seven (7) years.

(3) In addition to the other minimum operating requirements of this section, each physical facility shall:

(A) Use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005.

- (B) Comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §§164.302 through 164.318, with respect to the patient's PHI. For the purposes of this section "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. §§1320d - 1320d-8) as amended by subsequent legislation and the implementation of Privacy, Security, and Enforcement Rules under 45 C.F.R. Part 160 and Subparts A, C, D, and E of Part 164.
- (C) Be readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA) (42 U.S.C. §§12101 through 12212), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36. For the purposes of this section, "disability" has the meaning set forth in Section 51 of the Civil Code.
- (D) Have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water. Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. §§300f through 300j-27.)
- (E) Have toilet facilities within the dental hygiene facility available to staff and the public.
- (F) Have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.
- (G) Have a working Automated External Defibrillator (AED).
- (H) Have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support.
- (4) Each RDHAP owner shall notify the Board in writing within thirty (30) days of any change in operational status or ownership of all registered physical facilities.
- (5) An RDHAP operator shall provide access during business hours to the RDHAP's records and facility to the Board, or its authorized representative(s), to review the physical facility for compliance with all laws, regulations, and standards applicable to physical facilities including, but not limited to, the BPC, CCR, CDC, and HIPAA.

(d) Transferability. A physical facility registration is not transferable.

(e) Renewal of Physical Facility Registration. The physical facility registration shall expire at the same time as the permit holder's RDHAP license.

(1) To renew the registration of a physical facility, an RDHAP shall submit:

(A) Form DHBC HAPR-01 (New 11/2022) for each physical facility;

(B) A biennial renewal fee in the amount of \$250 for each additional physical facility if the RDHAP has more than one registered with the Board; and

(C) All supporting documentation required by form DHBC HAPR-01 (New 11/2022).

(2) Renewal of each physical facility registration shall be accomplished by submission of form DHBC HAPR-01 (New 11/2022), fees, and documentation required in subdivision (e)(1) by either:

(A) Electronic submission through a web link to the Department of Consumer Affairs' online licensing system entitled "BreEZe" that is located on the Board's website at: <https://www.dhbc.ca.gov/> using the "BREEZE" tab or the "BreEZe Online System" portal at <https://www.breeze.ca.gov/datamart/loginCADCA.do>; or

(i) The owner and operator shall first register for a user account by creating a username and password.

(ii) The owner and operator shall provide all required documentation referenced in subdivision (e)(1) through the link referenced in subdivision (e)(2)(A) of this section. With respect to the application, the owner and operator may submit form DBHC HAPR-01 (New 11/2022) through BreEZe or electronically submit the same information that is requested by that form directly through BreEZe.

(iii) Electronic Signature: When a signature is required by the particular instructions of any filing to be made through the online portal, including any attestation under penalty of perjury, the owner shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online portal. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(B) Submission of all required documentation referenced in (e)(1) by mail to the Board's physical address.

(f) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.

- (1) The RDHAP owner shall advise the Board in writing within thirty (30) days of any change to any of the information provided in application form DHBC HAPR-01 (New 11/2022), whether for initial or renewal.
- (2) Each RDHAP, or any other provider licensed by the Board to provide dental hygiene services in the physical facility, shall prominently display evidence of their California RDHAP or other Board license in a conspicuous location accessible to public view on the premises where the RDHAP or other Board licensee provides the licensed services of patients pursuant to BPC section 680.
- (3) A licensed RDHAP engaged in the practice of dental hygiene shall provide notice to each patient of the fact that the RDHAP is licensed and regulated by the Board.

(A) The notice shall include the following statement and information:

NOTICE:

Dental Hygienists in Alternative Practice are licensed and regulated
by the Dental Hygiene Board of California
(916) 263-1978
www.dhbc.ca.gov

(B) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the RDHAP provides the licensed services, and the notice shall be in at least 48-point type font.

(g) Cessation of Operation.

- (1) Upon cessation of operation of a physical facility, the owner shall notify the Board in writing within thirty (30) days after the last day of operation and inform the Board of the final disposition of patient treatment records, including the physical mailing address or location where the treatment records are maintained and the name, telephone number and address for the custodian of records or other person whom the owner designates as responsible for maintaining those records.
- (2) If a physical facility is sold to another RDHAP, that RDHAP ("succeeding RDHAP provider") must register with the Board by filing a new form DHBC HAPR-01 (New 11/2022) and comply with this section.
- (3) Upon cessation of operation of a physical facility, the previous RDHAP owner of the physical facility shall preserve all records for a minimum of seven (7) years.

(4) Within thirty (30) days before the last day of operation, the RDHAP owner shall provide written notice via first class mail to all active patients of record of the date of closure or cessation of the physical facility, including the last date the physical facility will remain open, and the name, telephone number and address of an individual the patient may contact to request transfer of copies of their patient treatment records to a succeeding provider or to the patient. The RDHAP owner shall maintain proof the notice was provided to all active patients in accordance with this section and upon request to the Board in accordance with BPC section 1955. Within fifteen (15) days of receipt of a written request by the patient, the RDHAP owner shall also provide for the transfer of copies of the patient's treatment records, including radiographs, to the succeeding provider or to the patient as specified by the patient. In addition, the RDHAP shall provide written acknowledgement of receipt of the patient's request to the patient within five (5) business days of receipt of the request, and also notify the patient of the method and date of expected delivery of the patient's treatment records.

(5) "Proof the notice was provided" shall mean proof of service of any notice required by this section to patients by mail by completion of a document showing the document's name and the person served, the person making service, and the date and manner of service (e.g., by first class mail, regular mail, or in person). Proof of service shall be in writing, but need not be signed, under oath, or in any particular format.

Note: Authority cited: Sections 1905, 1906, 1926.3, 1926.4 and 1944, Business and Professions Code. Reference: Sections 125.6, 137, 138, 142, 680, 1922, 1925, 1926.3, 1926.4, 1955 and 1962 Business and Professions Code.

**DENTAL HYGIENE BOARD OF CALIFORNIA**

2005 Evergreen Street, Suite 1350 Sacramento, CA 95815
 P (916) 263-1978 | F (916) 623-4093 | www.dhbc.ca.gov



APPLICATION FOR REGISTRATION
OF A MOBILE DENTAL HYGIENE CLINIC (MDHC)

Business & Professions Code (BPC) sections 1926.1, 1926.2, and 1944 and
 California Code of Regulations (CCR) Title 16, Division 11 section 1116.

NOTE: ALL questions on this registration/renewal application must be answered, and all information requested in this registration/renewal must be supplied by the applicant. If something does not apply to you, please check the "N/A" box. Failure to do so will cause a delay in processing your registration/renewal. Please type or print legibly; illegible registrations will be returned.

APPLICATION FEES

ALL FEES ARE NON-REFUNDABLE AND MUST ACCOMPANY THIS APPLICATION.

REGISTRATION FEE FOR INITIAL APPLICANTS: \$100

BIENNIAL RENEWAL FEE FOR MDHC REGISTRATION: \$160

Payment must be made by personal check, cashier's check, business check, or
 money order and must be made payable to "DHBC".

MDHC OWNER INFORMATION

*Note: The registration information provided in questions 1 and 2 will be used to establish the
 expiration date of the registration and will be the point-of-contact for this application.

<u>1a. Last Name</u>		<u>1b. First Name</u>	<u>1c. Middle Name</u>
<u>2a. RDHAP License Number:</u>	<u>2b. RDH License Number:</u>		<u>2c. Social Security Number/Individual Taxpayer Number:</u>
<u>3a. Registered Fictitious Name:</u> <input type="checkbox"/> N/A			<u>3b. Fictitious Name Permit Number:</u> <input type="checkbox"/> N/A
<u>4. Type of Registration:</u> <input type="checkbox"/> New Registration <input type="checkbox"/> Registration Renewal			
<u>MDHC Registration Number, if renewal:</u>			

ADDRESS OF RECORD/MAILING ADDRESS FOR RDHAP*(REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC section 1902.2 and Government Code section 7922.530(a)).

The Board shall be notified within thirty (30) days of any change in the RDHAP owner's address of record.

5. Physical Address of Record (Number and Street) (including apartment number, if applicable)

<u>City</u>	<u>State</u>	<u>Zip Code</u>
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6. Email Address

7. RDHAP's Contact Number

ADDRESS OF RECORD/MAILING ADDRESS FOR MDHC* (REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC section 1902.2 and Government Code section 7922.530(a)).

The owner shall maintain a physical address of record for the MDHC registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

8. Physical Address of Record (Number and Street) (including apartment number, if applicable)

<u>City</u>	<u>State</u>	<u>Zip Code</u>
-------------	--------------	-----------------

9. MDHC's Email Address

10. MDHC's Contact Number

MDHC REQUIREMENTS

11. Does the MDHC's owner have a written procedure** that specifies the means of obtaining emergency follow-up care for patients treated in the MDHC as required by 16 CCR section 1116?

☐ YES*

☐ NO

*If YES, provide a copy (labeled as Exhibit 1). For renewals, attach a copy if the written procedure has changed from initial registration. If no changes have been made check this box: ☐ N/A

**The procedure shall include arrangements for treatment by a licensed dentist or physician whose place of practice is established within the city or county in which the MDHC provides or intends to provide dental hygiene services.

MDHC REQUIREMENTS

<p><u>12. Does the MDHC's owner have a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to 16 CCR section 1117?</u></p> <p><u>*If YES, provide a copy (labeled as Exhibit 2) of your completed "Documentation of Registered Dental Hygienist In Alternative Practice (RDHAP) Relationship with Dentist" (form RDHAP-01 (07-2021) with this application as set forth in 16 CCR section 1117. For renewals, attach a copy if this information has changed from initial registration. If no changes have been made check this box: <input type="checkbox"/> N/A</u></p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p><u>13. Does the MDHC owner have telephone service for the MDHC that it can access twenty-four (24) hours per day that enables the owner or any provider of dental hygiene services to contact emergency responders, medical/dental/dental hygiene clinics, care facility or school staff, guardians, and designated family members, in the event of a medical or dental emergency?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>14. Is there a telephone number where patients are able to contact the MDHC's owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>15. If a live person is not available to answer calls, does the telephone line include a recorded message with information about whom to contact in case of a dental emergency?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>16. Will the owner comply with all state and local laws and ordinances regarding business licensing and operations?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>17. Will the MDHC owner obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the MDHC, including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code?</u></p> <p><u>*A copy of each current license and permit shall be submitted with the application to include a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code. If yes, provide copies and label as Exhibit 3.</u></p>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
<p><u>18. Does the MDHC's radiographic operatory comply with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Ch.5, Subchapter 4, §§ 30100 through 30395)?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

MDHC REQUIREMENTS

<p><u>19. Does the driver of the MDHC possesses a current, active and unrestricted California driver's license?</u></p> <p><u>*If YES, please provide the Name of the Driver, Driver's License Number and Date of Expiration here:</u></p> <p><u>Name of Driver:</u> _____</p> <p><u>Driver License #:</u> _____ <u>Expiration Date:</u> _____</p>	<input type="checkbox"/> <u>YES*</u>	<input type="checkbox"/> <u>NO</u>
<p><u>20. The MDHC owner acknowledges receiving notice that the MDHC must maintain all dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient for a minimum of seven years (see 16 CCR section 1116 for the minimum MDHC operating standards).</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>21. Does the MDHC's owner use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>22. Does the MDHC comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §§164.302 through 164.318, with respect to the patient's "Protected Health Information (PHI)"?</u></p> <p><u>For the purposes of this question, PHI, as defined in section 1320d of Title 42 of the United States Code, includes a patient's medical history, or dental history, which is a written record of the patient's personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>23. Is the MDHC readily accessible to and useable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. §§12101 through 12212), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>24. Does the MDHC have access to a sufficient water supply to meet patients' health and safety needs* at all times, including hot water?</u></p> <p><u>*Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. §§300f through 300j-27.)</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>25. Does the MDHC have access to toilet facilities available to staff and the patients of the MDHC?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>26. Does the MDHC have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>27. Does the MDHC have a working Automated External Defibrillator (AED)?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>

MDHC REQUIREMENTS

28. Does the MDHC have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life support?

☐ YES

☐ NO

ACKNOWLEDGEMENT

29. Have you reviewed BPC sections 1926.1, 1926.2, and 1944, and 16 CCR sections 1116 and 1117? Please be advised that failure to comply with these provisions is grounds for denial or revocation of the registration.

☐ YES

☐ NO

REGISTRATION CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all licensed persons practicing at the location designated in the registration hold valid licenses and no charges of unprofessional conduct are pending against any person practicing at that location [BPC section 1962(b)(4)].

I hereby certify under penalty of perjury under the laws of the State of California that I have read the foregoing registration application and that all information, statements, attachments, and representations provided by me in this application are true and correct. By submitting the application and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS REGISTRATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING THE REGISTRATION.

APPLICANT'S SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

NOTICES

The Dental Hygiene Board of California of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1926.1 and 1926.2, and California Code of Regulations, Title 16, Section 1116. The Dental Hygiene Board of California uses this information principally to identify and evaluate applicants for registration and to enforce licensing standards set by law and regulation.

MANDATORY SUBMISSION:

Submission of the requested information is mandatory. The Dental Hygiene Board of California cannot consider your registration unless you provide all the requested information.

ACCESS TO PERSONAL INFORMATION:

You may review the records maintained by the Dental Hygiene Board of California that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION:

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Sections 7920.000 through 7931.000), as allowed by the Information Practices Act (Civil Code Sections 1798 through 1798.78);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS:

Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Sections 30 and 31 of the Business and Professions Code authorize collection of your SSN or ITIN, which will be used exclusively for tax enforcement purposes, for investigation of tax evasion and violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, for measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial licensure will not be processed AND you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

STATE TAX OBLIGATION NOTICE:

The California State Board of Equalization (BOE) and the California Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation and your registration may be suspended, or your renewal application denied if the state tax obligation is not paid, and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies (Sections 31 and 494.5 of the California Business and Professions Code).

CONTACT INFORMATION:

For questions about this notice or access to your records, you may contact the Executive Officer as follows:

Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815
(916) 263-1978

INTERNAL OFFICE USE ONLY

Date Received:	Receipt #:	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal	\$ Amount:
File #:	Registration #:	RDHAP Lic. Exp. Date:	
Date Issued:	Analyst:		



PHYSICAL FACILITY REGISTRATION/RENEWAL FOR REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE (RDHAPs)

Business & Professions Code (BPC) sections 1905, 1906, 1926.3, 1926.4, and 1944, and
California Code of Regulations (CCR) Title 16, Division 11 section 1116.5.

NOTE: ALL questions on this registration/renewal application must be answered, and all information requested in this registration/renewal must be supplied by the applicant. If something does not apply to you, please check the "N/A" box. Failure to do so may cause a delay in processing your registration/renewal. Please type or print neatly; illegible registrations will be returned.

APPLICATION FEES

ALL FEES ARE NON-REFUNDABLE AND MUST ACCOMPANY APPLICATION

NO FEE FOR PRIMARY PHYSICAL FACILITY OR PORTABLE EQUIPMENT REGISTRATION

REGISTRATION FEE FOR EACH ADDITIONAL PHYSICAL FACILITY: \$160
BIENNIAL RENEWAL FEE FOR EACH ADDITIONAL PHYSICAL FACILITY: \$250

Payment must be made by personal check, cashier's check, business check, or
money order and must be made payable to "DHBC".

RDHAP INFORMATION

***Note:** The registration information provided in questions 1 and 2 will be used to establish the expiration date of the registration and will be the point-of-contact for this application.

<u>1a. Last Name</u>		<u>1b. First Name</u>	<u>1c. Middle Name</u>
<u>2a. RDHAP License Number</u>	<u>2b. RDH License Number</u>	<u>2c. Social Security Number/Individual Taxpayer Number:</u>	
<u>3a. Registered Fictitious Name:</u> <input type="checkbox"/> N/A		<u>3b. Fictitious Name Permit Number:</u> <input type="checkbox"/> N/A	
<u>4. Type of Registration (check all that apply):</u> <input type="checkbox"/> <u>New Registration</u> <input type="checkbox"/> <u>Renewal - Facility #</u> _____ <input type="checkbox"/> <u>Portable Equipment</u> <input type="checkbox"/> <u>Primary Office Facility</u> <input type="checkbox"/> <u>Additional Office Facility</u>			

ADDRESS OF RECORD/MAILING ADDRESS FOR RDHAP* (REQUIRED)

*The address of record will be posted on the internet and be disclosed to the public upon request (see BPC 1902.2 and Government Code section 7922.530(a)).

The Board shall be notified within thirty (30) days of any change in the RDHAP owner's address of record.

5. Number and Street (including apartment number, if applicable):

<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>6. Email Address</u>		<u>7. RDHAP Contact Number</u>

ADDRESS OF PHYSICAL FACILITY* (REQUIRED)

*The RDHAP owner shall maintain a physical address of record for the physical facility or facilities registered with the Board and shall notify the Board in writing of any change in that address within thirty (30) days of the change.

8. Number and Street (including suite number, if applicable)

<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>9. Physical Facility's Email Address</u>		<u>10. Physical Facility's Contact Number</u>

PHYSICAL FACILITY REQUIREMENTS

11. Does the physical facility's owner have a written procedure** that specifies the means of obtaining emergency follow-up care for patients treated at the physical facility or during use of portable equipment as required by 16 CCR section 1116?

☐ YES*

☐ NO

*Provide a copy (labeled as Exhibit 1) if initial registration or written procedure has changed from initial registration. If no changes have been made check this box: ☐ N/A

**The procedure shall include arrangements for treatment in a dental facility which is established within the city or county in which the RDHAP owner or provider provides dental hygiene services.

PHYSICAL FACILITY REQUIREMENTS

<p><u>12. Does the physical facility's owner have a relationship with at least one licensed dentist located in California for referral, consultation, and emergency services pursuant to 16 CCR section 1117?</u></p> <p><u>*If yes, provide a copy (labeled as Exhibit 2) of your completed "Documentation of Registered Dental Hygienist in Alternative Practice (RDHAP) Relationship with Dentist" (form RDHAP-01 (07-2021) with this application as set forth in 16 CCR section 1117. For renewals, attach a copy if this information has changed from initial registration. If no changes have been made check this box: <input type="checkbox"/> N/A</u></p>	<input type="checkbox"/> <u>YES*</u>	<input type="checkbox"/> <u>NO</u>
<p><u>13. Is there a telephone number where patients are able to contact the physical facility's owner or provider with questions, concerns, or emergency needs, and have their calls returned within four (4) calendar days?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>14. If a live person is not available to answer calls, does the telephone line include a recorded message with information about whom to contact in case of a dental emergency after receiving dental hygiene services?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>15. Will the owner comply with all state and local laws and ordinances regarding business licensing and operations?</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>16. Will the physical facility owner obtain and maintain all state and local licenses and permits necessary to provide the dental hygiene services being rendered by the applicant or provider at the physical facility including a local or county business license, a fictitious name permit as provided in BPC section 1962 if applicable, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code?</u></p> <p><u>*A copy of each current license and permit shall be submitted with the application to include a local or county business license, a county building permit, a fictitious name permit as provided in Section 1962 of the BPC, and/or a seller's permit if a permit is required under the Sales and Use Tax Law, Part 1 (sections 6001 through 6024) of Division 2 of the Revenue and Taxation Code. Provide copies and label as Exhibit 3.</u></p>	<input type="checkbox"/> <u>YES*</u>	<input type="checkbox"/> <u>NO</u>
<p><u>17. Does the physical facility's radiographic operatory comply with California Radiation Control Regulations (Cal. Code Regs., tit. 17, Div. 1, Ch.5, Subchapter 4, §§30100 through 30395)?</u></p> <p><u>*Not applicable to Portable Equipment Registration. If registering portable equipment check this box: <input type="checkbox"/> N/A</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>
<p><u>18. The RDHAP owner acknowledges receiving notice that the physical facility must maintain all dental hygiene patient treatment records and communications relating to the care and treatment of the patient following the discharge of a patient a minimum of seven years (see 16 CCR section 1116.5 for the minimum physical facility operating standards).</u></p>	<input type="checkbox"/> <u>YES</u>	<input type="checkbox"/> <u>NO</u>

PHYSICAL FACILITY REQUIREMENTS

<p><u>19. Does the physical facility's owner use infection control equipment and follow infection control procedures according to the requirements of 16 CCR section 1005?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>20. Does the physical facility comply with HIPAA's security standards in Subpart C of Part 164, 45 C.F.R. §§164.302 through 164.31, with respect to the patient's "Protected Health Information (PHI)"?</u></p> <p><u>For the purposes of this question, PHI, as defined in section 1320d of Title 42 of the United States Code, includes a patient's medical history, or dental history, which is a written record of the patient's personal health history that provides information about allergies, illnesses, surgeries, immunizations, and results of physical exams and tests.</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>21. Is the physical facility readily accessible to and usable by individuals with disabilities pursuant to the federal Americans with Disabilities Act of 1990 (ADA)(42 U.S.C. §§12101 through 12212), in accordance with the ADA's implementing rules under 28 C.F.R Part 36 and Subparts A-D of Part 36?</u></p> <p><u>*Not applicable to Portable Equipment Registration. If registering portable equipment check this box: <input type="checkbox"/> N/A</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>22. Does the physical facility have access to a sufficient water supply to meet patients' health and safety needs at all times, including hot water?</u></p> <p><u>*Water quality shall meet guidelines set forth in the "Guidelines for Infection Control in Dental Health-Care Settings – 2003" from the Centers for Disease Control and Prevention, in addition to the "Safe Drinking Water Act." (42 U.S.C. §§300f through 300j-27.)?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>23. Does the physical facility have toilet facilities within the dental hygiene facility available to staff and the public?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>24. Does the physical facility have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>25. Does the physical facility have a working Automated External Defibrillator (AED)?</u></p> <p><u>*Not applicable to Portable Equipment Registration. If registering portable equipment check this box: <input type="checkbox"/> N/A</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p><u>26. Does the physical facility have a self-contained, portable emergency oxygen unit with administration equipment (wheeled cart with oxygen cylinder, variable regulator, demand valve system, supplemental adult and child oxygen masks, hoses, and nasal cannulas) to assist with administration of basic life supports?</u></p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

ACKNOWLEDGEMENT

27. Have you reviewed BPC sections 1926.3, 1926.4, and 1944, and 16 CCR sections 1116.5 and 1117? Please be advised that failure to comply with these provisions is grounds for denial or revocation of the registration.

☐ YES

☐ NO

REGISTRATION CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all licensed persons practicing at the location designated in the registration hold valid licenses and no charges of unprofessional conduct are pending against any person practicing at that location [BPC section 1962(b)(4)].

I hereby certify under penalty of perjury under the laws of the State of California that I have read the questions in the foregoing registration and that all information, statements, attachments, and representations provided by me in this registration are true and correct. By submitting the registration and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS REGISTRATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING THE REGISTRATION.

REGISTRANT SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

NOTICES

The Dental Hygiene Board of California of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1905, 1926.3, and 1926.4, and California Code of Regulations, Title 16, Section 1116.5. The Dental Hygiene Board of California uses this information principally to identify and evaluate applicants for registration and to enforce licensing standards set by law and regulation.

MANDATORY SUBMISSION:

Submission of the requested information is mandatory. The Dental Hygiene Board of California cannot consider your registration unless you provide all the requested information.

ACCESS TO PERSONAL INFORMATION:

You may review the records maintained by the Dental Hygiene Board of California that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION:

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- : In response to a Public Records Act request (Government Code Sections 7920.000 through 7931.000), as allowed by the Information Practices Act (Civil Code Sections 1798 through 1798.78);
- : To another government agency as required by state or federal law; or
- : In response to a court or administrative order, a subpoena, or a search warrant.

MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS:

Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Sections 30 and 31 of the Business and Professions Code authorize collection of your SSN or ITIN, which will be used exclusively for tax enforcement purposes, for investigation of tax evasion and violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, for measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial licensure will not be processed AND you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

STATE TAX OBLIGATION NOTICE:

The California State Board of Equalization (BOE) and the California Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation and your license may be suspended, or your renewal application denied if the state tax obligation is not paid, and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies (Sections 31 and 494.5 of the California Business and Professions Code).

CONTACT INFORMATION:

For questions about this notice or access to your records, you may contact:
Dental Hygiene Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815
(916) 263-1978

INTERNAL OFFICE USE ONLY

<u>Date Received:</u>	<u>Receipt #:</u>	<input type="checkbox"/> <u>Initial</u> <input type="checkbox"/> <u>Renewal</u>	<u>\$ Amount:</u>
<u>File #:</u>	<u>Registration #:</u>	<u>RDHAP Lic. Exp. Date:</u>	
<u>Date Issued:</u>	<u>Analyst:</u>		