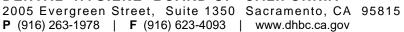


#### DENTAL HYGIENE BOARD OF CALIFORNIA





# **Application for Approval of Course in Remedial Education**

Business & Professions Code §1917.3 ar	nd §1944, 16 CCR §11	04, and §1108.	
Non-Refundable Fee: \$300 (Must accompany application)	Receipt Date filed Approved RP#	RC \$ Denied	
Course Provider		Phone Nu	mber
Email Address		_	
Name and Title of Course Director			
Affiliated Dental Hygiene or Dental Program			
Mailing Address of Course Provider*	City	State	Zip
*Course provider mailing address is public. If you wish to provi be sure to specify that the physical address is not to be used a			sical address and
Requirements for Course A course must be approved prior to operation. Each apprecords shall be subject to inspection by the Board at an that it determines that a course does not meet the requir Board of any changes to course content, faculty and phy	y time. The Board may ements of the law. Co	v withdraw approvurse providers mu	al at any time
1. Will the course offer remedial instruction in assessment and sonic or ultrasonic instrumentation to remove anesthesia and nitrous oxide-oxygen analgesia and perappropriate use of materials and devices used within dereviewing and documenting outcomes of treatment and	e plaque biofilm and ca rformance of periodon ental hygiene practice	lculus, administra tal soft tissue cure process of devel	tion of local ettage,
		Υe	es N

## 2. Course Faculty Information

Name	License Type	License #	License Expiration	Date of Educational Methodology
(Attach additional sheets if neede	d)	l		

Course director and clinical and preclinical faculty must possess a valid, active California license for at least two years. Attach copies of each license and proof of education in educational methodology for all faculty and faculty

calibration plan.					
3. Will there be a lecture classroom, patient clinic area and radiology area for use by students? Attach a facility site map indicating each of these areas.					
Attach a facility site map indicating each of these areas.	Yes	No 🗌			
4. Will all students have access to equipment necessary to develop dental hygiene pursuant to Section 1108(b)(3)?	skills in the dutie	s being taught			
parsuant to decitor 1 roo(b)(b):	Yes	No 🗌			
5. Will faculty review with each student the hazardous waste management plan for a medical waste, storage of nitrous oxide and oxygen tanks and the course's clinic and communication plan? Attach a copy of both the hazardous waste management and	d radiation hazar	dous			
6. Will all students receive a copy of the bloodborne and infectious diseases expos the emergency needlestick information? Attach a copy as provided to students.					
the emergency needlestick information: Attach a copy as provided to students.	Yes	No 🗌			
7. Will the course clearly state curriculum subject matter, specific instruction hours in didactic, pre-clinical and clinical instruction, and include written course and specific that will be accomplished within the framework of the course, including theoretical as practical application? Attach a copy of sample curriculum, including student evaluations.	instructional learr spects of each su	ning outcomes ubject as well			
8. Will the course's duration allow a student to develop competence in all necessary areas of instruction? Attach a sample course schedule.					
	Yes	No 🗌			

#### Recordkeeping

9. Will you retain for at least 5 years copies of curriculum, syllab rubrics, copies of faculty credentials, faculty calibration plan and and summations thereof pursuant to Title 16, Division 11 of the 0	individual student records including	
	Yes	No 🗌
10. Will each student be issued a certificate of successful completed the replan?		
	Yes	No 🗌
Acknowledgement		
11. Have you reviewed Business & Professions Code §1909 ar of Regulations?	nd Title 16, Division 11 of the Califor	rnia Code
	Yes	No 🗌
12. Do you agree to abide by the requirements set forth in Busi 16, Division 11 of the California Code of Regulations? Do you a in loss of course approval?		
in loca of source approval.	Yes	No 🗌
The Board may approve or deny approval of any course. If t reasons for denial will be provided in writing within 90 days.		urse, the
Certification I certify under the penalty of perjury under the laws of the S the application are true and correct.	tate of California that the stateme	ents made in
Signature of Course Director or designee	Date	
Printed Name of Course Director or designee		

### 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, §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.