



Application for Approval of Course in Remedial Education

Business & Professions Code §1917.3 and §1944, 16 CCR §1104, and §1108.

Non-Refundable Fee: \$300 (Must accompany application)

Receipt	_____	RC	_____
Date filed	_____	\$	_____
Approved	_____	Denied	_____
RP#	_____		

Course Provider	Phone Number
-----------------	--------------

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 provide a P.O. Box, you must also provide a physical address and be sure to specify that the physical address is not to be used as your address of record.

Requirements for Course

A course must be approved prior to operation. Each approved course must submit a biennial report. Course records shall be subject to inspection by the Board at any time. The Board may withdraw approval at any time that it determines that a course does not meet the requirements of the law. Course providers must inform the Board of any changes to course content, faculty and physical facilities within 10 days.

1. Will the course offer remedial instruction in assessment and probing, exploration and detection of calculus, hand and sonic or ultrasonic instrumentation to remove plaque biofilm and calculus, administration of local anesthesia and nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage, appropriate use of materials and devices used within dental hygiene practice, process of developing, reviewing and documenting outcomes of treatment and interventions provided to patients?

Yes No

2. Course Faculty Information

Name	License Type	License #	License Expiration	Date of Educational Methodology

(Attach additional sheets if needed)

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.

Yes No

4. Will all students have access to equipment necessary to develop dental hygiene skills in the duties being taught pursuant to Section 1108(b)(3)?

Yes No

5. Will faculty review with each student the hazardous waste management plan for disposal of needles, cartridges, medical waste, storage of nitrous oxide and oxygen tanks and the course's clinic and radiation hazardous communication plan? Attach a copy of both the hazardous waste management and hazardous communication plan.

Yes No

6. Will all students receive a copy of the bloodborne and infectious diseases exposure control plan, including 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 the individual areas of didactic, pre-clinical and clinical instruction, and include written course and specific instructional learning outcomes that will be accomplished within the framework of the course, including theoretical aspects of each subject as well as practical application? Attach a copy of sample curriculum, including student evaluation mechanism.

Yes No

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, syllabi, exams, sample test questions and clinic rubrics, copies of faculty credentials, faculty calibration plan and individual student records including evaluations and summations thereof pursuant to Title 16, Division 11 of the California Code of Regulations?

Yes No

10. Will each student be issued a certificate of successful completion only after achievement of a minimum of 75% in each competency and has successfully completed the requirements of his or her remedial education plan?

Yes No

Acknowledgement

11. Have you reviewed Business & Professions Code §1909 and Title 16, Division 11 of the California Code of Regulations?

Yes No

12. Do you agree to abide by the requirements set forth in Business & Professions Code §1909, and Title 16, Division 11 of the California Code of Regulations? Do you acknowledge that failure to do so may result in loss of course approval?

Yes No

The Board may approve or deny approval of any course. If the Board denies approval of a course, the reasons for denial will be provided in writing within 90 days.

Certification

I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct.

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.