DHCC
Dental Hygiene
Committee
of California

Meeting August 20, 2016

DHCC Headquarters

2005 Evergreen St, 1st Fl. Hearing Room

Sacramento, CA 95815

Saturday, August 20, 2016

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL HYGIENE COMMITTEE OF CALIFORNIA
2005 Evergreen Street, Suite 2050 Sacramento, CA 95815
P (916) 263-1978 | **F** (916) 263-2688 | **www.dhcc.ca.gov**

Notice is hereby given that a public meeting of the Education Subcommittee of the Dental Hygiene Committee of California (DHCC) will be held as follows:

EDUCATION SUBCOMMITTEE MEETING

Saturday, August 20, 2016
After recess of Full Committee
Department of Consumer Affairs
2005 Evergreen Street, 1st Floor Hearing Room
Sacramento, CA 95815
916-263-1978

Education Subcommittee Members:

Noel Kelsch, RDHAP, Chair
Sandy Klein, Public Member
Susan Good, Public Member
Timothy Martinez, DMD

Agenda

EDU 1 – Roll Call/Establishment of Quorum

EDU 2 – Public Comment for Items Not on the Agenda

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

EDU 3 – Approval of the May 6, 2016 Education Subcommittee Meeting Minutes

EDU 4 – Discussion and Possible Action and Recommendation to Full Committee regarding Registered Dental Hygiene Education Program Requirements for maintained approval by DHCC for Concorde Career College – Garden Grove

EDU 5 – Future Agenda Items

EDU 6 – Adjournment

DHCC members who are not members of this subcommittee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum. All times are approximate and subject to change. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-1978 or access the Committee's Web Site at **www.dhcc.ca.gov**.

The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Anthony Lum at (916) 576-5004 or e-mail anthony.lum@dca.ca.gov or send a written request to DHCC at 2005 Evergreen Street, Ste. 2050, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

Saturday, August 20, 2016

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item 1

Roll Call – Establishment of a Quorum

Saturday, August 20, 2016

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item 2

Public Comment for Items Not on the Agenda

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Saturday, August 20, 2016

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item 3

Approval of the May 6, 2016 Education Subcommittee Meeting Minutes

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

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DENTAL HYGIENE EDUCATION SUBCOMMITTEE MEETING MINUTES

Friday, May 6, 2016
Marriott Hotel – Los Angeles International Airport
Atlanta/Boston Room
5855 West Century Blvd.
Los Angeles, CA 90004

EDU 1 – Roll Call

Michelle Hurlbutt, Chair of the Dental Hygiene Education Subcommittee, called the meeting to order at 11:48 a.m. Anthony Lum conducted roll call and established a quorum with three subcommittee members present.

DHCC Subcommittee Members Present:

Michelle Hurlbutt, Chair, Registered Dental Hygienist (RDH) Educator
Sandra Klein, Public Member
Timothy Martinez, Doctor of Dental Medicine (DMD)

DHCC Subcommittee Member Absent:

Susan Good, Public Member

DHCC Staff Present:

Lori Hubble, Executive Officer (EO)
Anthony Lum, Assistant EO
Estelle Champlain, Legislative and Regulatory Analyst
Nancy Gaytan, Enforcement Analyst
Kelsey Pruden, Department of Consumer Affairs (DCA) Legal Counsel

Public Present:

Jonathan Burke, Board and Bureau Relations Manager, Department of Consumer Affairs (DCA)
Karen Fischer, EO, Dental Board of California (DBC)
JoAnn Galliano, Education/Legislative Consultant, California Dental Hygienists' Association (CDHA)
Lygia Jolley, President, CDHA
Vickie Kimbrough, Southwestern College
Shawn Leetch, Concorde College, San Bernardino Campus
Gayle Mathe, California Dental Association (CDA)
Steven Morrow, Doctor of Dental Surgery (DDS), President, DBC

DRAFT

EDU 2 – Public Comment for Items Not on the Agenda

There was no public comment for items not on the agenda.

EDU 3 – Acceptance of the May 2, 2015 Education Subcommittee Meeting Minutes

Public Comment: Lygia Jolley inquired about the status of a request from the May 2, 2015 meeting regarding correcting a document the Office of Statewide Health Planning and Development (OSHPD) published listing RDH's job functions. Mr. Lum answered that DHCC has made several attempts to contact OSHPD, but OSHPD has not yet responded.

There were no further comments.

- **Motion: Sandra Klein moved to accept the May 5, 2015 Education Subcommittee minutes.**

  Second: Dr. Timothy Martinez.

  Vote: The motion passed 3-0 (Susan Good was absent).

NAME	Minutes VOTE: Aye	Nay	OTHER
Michelle Hurlbutt	X		
Sandra Klein	X		
Timothy Martinez	X		
Susan Good			X

EDU 4 – Chairperson's Report

Chair Hurlbutt stated that she had nothing to report.

There were no comments from subcommittee members nor from the public.

EDU 5 – Discussion and Possible Action on the Implementaion of Interim Therapeutic Restoration (ITR) and Determination of Radiographs as per Business and Professions Code §1910.5 and §1926.5, Including Recommendation to the Full Committee

Lori Hubble reported that the DHCC and the DBC continue to collaborate to bring the ITR curriculum to 10+ dental schools and more schools are expected to become involved in time. The process works by first training the faculty, then authorizing the faculty to implement the curriculum to their courses to train their students.

There were no comments from subcommittee members nor from the public.

DRAFT

EDU 6 – Update on Taskforce on Alernative Pathways to Licensure

Ms. Hubble reminded the subcommittee that although a taskforce had been set to write a white paper to describe the criteria for alternative pathways to licensure, priority committments such as the conversion to BreEZe made it necessary to set aside work on the while paper until a date in the near future.

Chair Hurlbutt, who is also the chair of the taskforce, notified the subcommittee that the taskforce is aware of and interested in methods to demonstrate competency that do not involve a human subject.

There were no further comments from subcommittee members nor from the public.

EDU 7 – Future Agenda Items

Chair Hurlbutt noted Ms. Jolley's concern regarding OSHPD's inaccurate reporting of dental hygienists' functions and asked that DHCC follow up with OSHPD to clarify.

There were no further comments from subcommittee members nor from the public.

EDU 8 – Adjournment

Chair Hurlbutt adjourned the Dental Hygiene Education Subcommittee meeting at 11:57 a.m.

DRAFT

Saturday, August 20, 2016

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item 4

Discussion and Possible Action and Recommendation to the Full Committee Regarding Registered Dental Hygiene Education Program Requirements for Maintained Approval by the DHCC for Concorde Career College – Garden Grove Campus

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	August 20, 2016
TO	Education Subcommittee
FROM	Lori Hubble, Executive Officer
SUBJECT	**EDU 4 –** Discussion and Possible Action and Recommendation to Full Committee regarding Dental Hygiene Education Program Requirements for maintained approval by DHCC for Concorde Career College - Garden Grove

Background

From January of 2016 through June 2016, complaints have been received from administrators, faculty and students regarding the dental hygiene program at Concorde Career College - Garden Grove (CCC-GG) Campus. The following is a summary of the complaint issues received. They are:

1. The Administrative Assistant was terminated. The program has no administrative support staff and students are being assigned clerical duties.
2. The Admissions policies are not being followed:
   a. The Dental Hygiene Program Director (PD) and faculty are not involved in the selection of dental hygiene (DH) students.
   b. The Dental Assisting students are being informed that enrollment in the dental assisting program will guarantee acceptance into the dental hygiene program which results in unqualified candidates accepted into the DH program.
   c. The School's Admissions files are incomplete, lacking evidence to prove selected candidates are qualified to be in the DH program.
   d. The school's PD told to accept twenty four students regardless of whether the accepted student(s) meet admission requirements.
   e. Students that are dismissed from the DH program are allowed to re-enter even if they fail the re-entry exam.
3. The PD has no autonomy as it relates to decisions regarding administrative support, budget, and faculty assignments.
4. The Faculty is not provided any time for course preparation, student counseling, and student evaluations.
5. There is inadequate infection control in the clinical facility such as:
   a. Weekly spore testing not being done; and
   b. Student complaints that instruments returned from sterilization are not "clean."
6. The school does not have a clinical coordinator due to resignation. The Faculty and students are being required to perform functions previously assigned to the clinic coordinator.
7. There is insufficient faculty to teach courses in the DH curriculum.

8. The Interim Program Director at Garden Grove is also the Program Director at another campus and is not available to students or faculty to address concerns.

Due to the number of complaints received, the DHCC conducted an unannounced site visit on Tuesday, June 28th, 2016 along with staff from the Bureau of Private Post-Secondary Education. The site visit team members were Karyn Dunn (DHCC Enforcement), JoAnn Galliano MEd., RDH, (DHCC Educational Consultant) and Adina Pineschi-Petty RDH, DDS, (DHCC Educational Consultant).

The site visit commenced at 8:00 AM and was completed at 8:30 PM. During that time, evidence was requested to determine if the DH program was in compliance with the Commission on Dental Accreditation (CODA) Standards for Dental Hygiene Programs and the California Code of Regulations (CCR) pertaining to educational programs for dental hygiene.

On August 10, 2016, an infection control inspection was conducted by the Dental Board of California. Representing the Dental Board was Russ Predmore (Supervising Investigator), Dwaylon Calhoun, (Inspector) and Adina Pineschi-Petty RDH, DDS, (DHCC Educational Consultant). Also in attendance was Matthew Zahn, MD from Orange County Public Health Department.

The following documents pertaining to the results of the two site visits are attached for your review. The items are presented in chronological order. These include:

1. The letter sent to the CCC-GG President requesting documentation to prove DH program compliance within thirty days and Evidence Checklist of findings was attached to the letter.
2. The Response from CCC-GG to the DHCC letter with evidence to support compliance received on 07-28-16.
3. Evaluation of Evidence dated 06-28-16: Outlines CODA Standards not being met and CCR violations with supporting evidence required.
4. The Evidence checklist showing deficiencies highlighted in red.
5. The summary of findings from the August 10, 2016 infection control inspection.
   a. DBC Report.
   b. The DHCC Educational Consultant Report.
6. The CODA Standards for Dental Hygiene Programs.
7. Business and Professions Code sections 1905(a)(2) and 1941(a).
8. CCR sections 1105 -1105.4.
9. CCR section 1005.
10. The California Division of Occupational Safety and Health (Cal/OSHA), section 5193 that pertains to Bloodborne Pathogens.

Staff Recommendation: Based upon the information gathered, the two site visit discoveries made, and the number of violations found at CCC-GG, staff recommends the withdrawal of the DHCC dental hygiene educational program approval.

Committee Action

❑ The Subcommittee needs to determine if CCC-GG is out of compliance and recommend to the full Committee the action to take, if any, on the DHCC's dental hygiene educational program approval for the CCC-GG campus.

DHCC
Dental Hygiene
Committee
of California

Agenda Item 4 – DHCC Letter to Concorde Career College – Garden Grove (CCC-GG) Campus & Checklist

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

DENTAL HYGIENE COMMITTEE OF CALIFORNIA
2005 Evergreen Street, Suite 2050 Sacramento, CA 95815
P (916) 263-1978 | **F** (916) 263-2688 | **www.dhcc.ca.gov**

June 30, 2016

Nick Ewell, Campus President
Concorde Career College-Garden Grove
12951 Euclid Street, Suite 101
Garden Grove CA 92840

Mr. Ewell:

Attached is the Evidence Checklist from the June 28, 2016 site visit for the Concorde Career College Dental Hygiene Program. Per the finding listed on this document, your dental hygiene program has serious deficiencies in several areas. These deficiencies are in violation of both CODA Standards and the California Code of Regulations Title 16; Division 11; Dental Hygiene Committee of California Sections 1103-1105.4.

In order to comply with the law that requires all dental hygiene programs in California to meet minimum CODA standards for dental hygiene programs and the DHCC regulations for educational programs, you will have thirty days to provide the DHCC with evidence of compliance.

The program must include the following evidence:

- Completed admissions checklists for current cohorts (7 and 8). All student names/identifying information must be removed.
- List of admissions point totals for cohorts 7 and 8.
- Copy of the policy for re-entry or re-admission into the dental hygiene program.
- List of individuals involved in the admissions process. Indicate those directly involved with the interview process.
- Evidence that the program has hired additional faculty to compensate for the acceptance of 25 students. All clinics must have a ratio of 1:6 and all labs must have a ratio of 1:12. Provide schedules for all clinics and labs with faculty assigned.
- Evidence that students have the resources available to provide patient care.
- Policy for assigning patient to students. Evidence that students are given the opportunity to provide continuity of care.
- Evidence that dedicated administrative support for the dental hygiene program faculty and students is being provided.
- Evidence that the Interim Program Director meets the required qualifications set by CODA and the DHCC.

- Provide documents for each faculty member for each term of the academic year with teaching assignments including hours in lecture, lab, and supplemental hours for preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods. Program development and review, and professional development (Exhibit 14 in the CODA Self-Study).
- Evidence that the clinical coordinator position has been filled. Provide job description and qualifications for individual hired.
- Evidence that radiology sensors have been purchased (one for each radiology operatory, one pediatric sensor).
- Evidence of appropriate biological testing for the sterilizers in the clinical facility.

A completed file with all of the required documents needs to be sent electronically to lori.hubble@dca.ca.gov and hard copies sent to the DHCC Office within thirty days.

If you have any questions, please email JoAnn Galliano M.Ed., RDH @ dhccgalliano@yahoo.com.

Lori Hubble, Executive Officer

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

Standard 1-2 **The institution has a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals, and objectives.** **A financial statement document has been submitted providing revenue and expense data for the dental hygiene program.**	**Yes**	**No**
Revenue and expense statements for the program for the past three years	X	
Revenue and expense projections for the program for the next three years-include maintenance budget/supplies	X	
Comments: Budget decreases in payroll, faculty wages, benefits, materials and supplies, uniforms. Increase of $6000 in health screening expenses.		

Standard 2-3 **Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability are utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants are informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.** **CCR section 1105(e)(f)(2)**	**Yes**	**No**
Minutes from admissions committee		X
Periodic analysis supporting the validity of established admission criteria and procedures		X
Results from institutional research used in interpreting admissions data and criteria and/or correlating data with student performance		X
Student admissions files for the most recent cohort		X

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

Comment: College catalogue delineates criteria for enrollment in the college. Upon request of the prospective student, an admissions packet for dental hygiene is provided. The DH admissions application is not available online nor is it in the catalogue.

Comment : No evidence that admissions policies being followed.

Comment : Sample files for 3 graduates and three in progress students. No copies of admissions point sheet for any students. No list of the most recent cohorts with point totals for accepted students.

Comment : Files requested for the most recent and last three cohorts to check for completeness. In eight hours, unable to produce the files.

Comment : No evidence that admissions policies being followed. DH Admissions information states program director interviews all candidates no evidence to support.

Standard 2-4 **Admission of students with advanced standing is based on the same standards of achievement required by students regularly enrolled in the program. Students with advanced standing will receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.**	**Yes**	**No**
Policies and procedures on advanced standing		X
Results of appropriate qualifying examinations		X
Course equivalency or other measures to demonstrate equal scope and level of knowledge		X

Comment: Students allowed to re-enter.

Comment : No dental hygiene program policies as to criteria for re-entry.

Standard 2-5 **The number of students enrolled in the program is proportionate to the resources available.** **CCR Section 1105(b)(4)**	**Yes**	**No**
Sufficient number of clinical and laboratory stations based on enrollment-map of clinical facility/radiology		X
Clinical schedules demonstrating equitable and sufficient clinical unit assignments-clinic schedule for today's clinics/radiology with faculty assignments		X
Clinical schedules demonstrating equitable and sufficient radiology unit assignments		X
Equipment maintenance and replacement plan		X

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

Comment: Cohort 8 has 25 students, not in compliance with 1:12 lab ratio and preclinical 1:6 ratio.

Comment: Lab kits were charged for each student but students were required to share 12 lab kits

Comment: Wet labs lacking hood, water to stations, sufficient number of stations.

Comment: Insufficient instrument replacement process (2 sets to be used for 50 weeks)

Comment: Chairs are available but 2 students are missing clinic time to sterilize each clinic session.

Standard 2-11 **The DH program has established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.**	**Yes**	**No**
Clinic Manual Provided		X

Comment: Students not allowed to provide continued care for patients. Patients assigned for initial treatment students not allowed to followed through, patient reassigned to different student. No continuity of care.

Comment: No administrative assistant able to schedule/ reschedule patients or cover phones or computers and/or answer patient questions.

Standard 3-3	**Yes**	**No**
The program administrator is a dental hygienist who is a graduate of a program accredited by the Commission on Dental Accreditation and possess a masters or higher degree program, or a dentist, who has the background in education and the professional experience necessary to understand and fulfill the program goals. **CCR Section 1105.1. Faculty(a)(1-4)..."Interim Program Director "** **Standard 3-5** **The number and distribution of faculty and staff is sufficient to meet the dental hygiene program's stated purpose, goals and objectives.** **CCR Section 1105(k)** **Standard 3-6** **The faculty to student ratios are sufficient to ensure the development of competence and ensure the health and safety of the public.** **The faculty to student ratios for preclinical, clinical, and radiographic clinical and laboratory sessions are not less than one to six.** **Faculty to student ratios for laboratory sessions in dental materials courses are not less than one to twelve to ensure the development of clinical competence and maximum protection of the patient, faculty and students.**		

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

Evidence of administrative experience for program director		X
Evidence of instructional experience for program director	X	
Evidence of work experience as a dental hygienist or with dental hygienists for program director	X	
Faculty teaching commitments		X
Class schedules	X	
Listing of ratios for clinical, radiographic and laboratory courses	X	

Comment: Ratios being met, however, prep time inadequate. Teaching commitment full time 32 hours/week. Release time is set at 25% with a reduction to 10%.

Comment: Cohort 8: 25 students, DH 131 pre-clinic 13 students in lab with 1 instructor. standards and regulation require 1 faculty member for every 12 students.

Comment: Program Director is not listed as a FT employee.

Comment: No faculty assigned to teach DH 105 Head and Neck Anatomy

Comment: Schedule available; lacking instructors for two classes.

Comment: Students have not been informed of the change in the interim director position.

Comment: Pharmacology teacher quit before final. No proctor available to answer questions.

Comment: Program Director for San Bernardino campus is acting as substitute teacher. Has full-time program responsibilities at San Bernardino Campus.

Standard 3-11	**Yes**	**No**
Qualified institutional support personnel is assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care. **CCR Section 1105(i)** **Standard 3-12** **Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not compensate for limitations of the clinical capacity or to replace clinical staff.** **CCR Section 1105(i)**		

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

Job description for support staff assigned to assist administrator and faculty in preparing course materials, correspondence, maintaining student records and providing supportive services for student recruitment and admissions activities	X	
Evidence of assigned time for support staff to assist administrator and faculty in preparing course materials, correspondence, maintaining student records and providing supportive services for student recruitment and admissions activities		X
Evidence of assigned time for support staff to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.	X	

Comment: Students assigned to do clinic assistant duties due to lack of a clinical assistant.

Comment: No administrative assistant or clinic coordinator.

Comment : Clinical coordinator position not filled.

Comment : College does not have an administrative assistant position for dental hygiene posted. Previous administrative assistant assigned to learning resources center.

Standard 4-2	**Yes**	**No**
Radiography facilities are sufficient for student practice and the development of clinical competence. **The radiography facilities contain the following:** **a. An appropriate number of radiology exposure rooms which include:** **1. Modern dental radiology units** **2. Teaching manikin(s)** **3. Conveniently located hand washing sinks** **b. Modern processing and/or scanning equipment** **c. An area of mounting and viewing radiographs**		
List of radiology equipment		X

Comments: Inadequate number of sensors for students to utilize for training and clinical purposes.

There are two sensors for twelve students and four radiology operatories. One of those sensors borrowed from dental assisting. Inadequate number of sensors for students to complete radiology requirements. No pediatric sensor for child patients.

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards);
California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

Standard 5-1
Program documents its compliance with institutional policy and applicable regulations of local, state, and federal agencies including but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases.

Policies are provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance.

CCR Division 10; Chapter 1; Article 1; Section 1005(b)(17)

Comment: Sharps container not emptied, spore tests not done since clinical, dishwasher inefficient it leaves debris and blood on instruments.

Comment: Sterilization is not being monitored. No evidence of spore testing being done since clinic assistant left.

Overall Comments:

1. Request for files took over five hours to get three student files for each graduate and ongoing students.

2. Files did not include admissions checklist or summary of points scored. No minimum point requirement.

3. Twenty five students in cohort #8, pre clinic inadequate faculty- not meeting the faculty to student ratios.

4. No proof of interim program director having administrative experience, full time contract.

5. No faculty assigned to teach DH 105-Head and Neck.

6. Most requests for documentation not honored.

DHCC
Dental Hygiene
Committee
of California

Agenda Item 4 – Concorde Career College – Garden Grove (CCC-GG) Campus Letter to DHCC with Enclosed Exhibits

Concorde Garden Grove Exhibits Submitted August 3, 2016.

Exhibit E Omitted

Exhibit E was in response to DHCC Concern #6: Evidence that students have the resources available to provide patient care. Course outlines for the program were submitted. Not requested/not needed. Please see electronic copy for full exhibit.

Exhibit F Omitted:

Exhibit E was in response to DHCC Concern #6: Evidence that students have the resources available to provide patient care. Lab kit lists submitted. Not requested/not needed. Please see electronic copy for full exhibit.

Exhibit M Omitted:

Exhibit M was in response to DHCC Concern #12: Evidence that radiology sensors have been purchased (one for each radiology operatory, one pediatric sensor). Patient schedules were submitted. Not requested/not needed. Please see electronic copy for full exhibit.

Exhibit O:

Exhibit O was in response to DHCC concern #13: Evidence of appropriate biological testing for the sterilizers in the clinical facility. Inclusion of 2016 reports only. Please see electronic copy for full exhibit.

CONCORDE CAREER COLLEGE

RECEIVED
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DENTAL HYGIENE COMMITTEE OF CA

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AUG 0 3 2016
DENTAL HYGIENE COMMITTEE OF CA

July 29, 2016

Copy via email to lori.hubble@dca.ca.gov
dhccgalliano@yahoo.com

Dental Hygiene Committee of California
Attn: Lori Hubble, Executive Officer
2005 Evergreen Street, Suite 1050
Sacramento, CA, 9515

Re: Concorde Career College- Garden Grove

To whom it may concern:

Please accept the following as the response of Concorde Career College (Garden Grove Campus) to your letter of June 30, 2016 (copy enclosed). Concorde is committed to full regulatory compliance, and thus welcomes the opportunity to respond to the concerns raised. If the reader has any questions, or requires additional clarification on any of the points addressed, please contact me via the information below.

DHCC Concern #1 - Completed admissions checklists for current cohorts (7 and 8). All student names/identifying information must be removed.

Attached hereto as Exhibit "A" please find the completed admissions checklists, with student names/identifying information removed.

DHCC Concern #2 - List of admissions point totals for cohorts 7 and 8.

Attached hereto as Exhibit "B" please find the admissions points totals for cohorts 7 and 8.

DHCC Concern #3 - Copy of the policy for re-entry or re-admission into the dental hygiene program.

Attached hereto as Exhibit "C," please find a copy of OTM 100.R.01 (Re-Entry Process Overview- All programs), which details the re-entry process at Concorde Career College.

DHCC Concern #4 - List of individuals involved in the admissions process. Indicate those directly involved with the interview process.

The following Associates are involved in the Admissions process, at Concorde Career College – Garden Grove Campus:

- *Campus President (involved in the interview process) – Ken Guerrero (Cohort 7) and Mark Lucero (Cohort 8)*

12951 Euclid St., Suite 101, Garden Grove, CA 92840-9201
Phone: (714) 703-1900 • Fax: (714) 530-4737 • www.concorde.edu

- *Academic Dean (involved in the interview process) – Bill Hale (Cohort 7) and Nicholas Ewell (Cohort 8)*
- *DH Program Director (involved in the interview process) – Dr. Mitra Nejat-Bina (Cohorts 7 and 8)*
- *DH Clinic Coordinator (involved in the interview process) – Alma Boston (Cohorts 7 and 8)*
- *DH Faculty (involved in the interview process) – Cherie Wink, Roberta Schuller, Teresa Ross, and Betsy Wilson*
- *Director of Admissions (involved in the initial admissions interview, but not the final programmatic interview) – Yvonne Ayala (Cohorts 7 and 8)*
- *Admissions Representatives (involved in the initial admissions interview, but not the final programmatic interview) – Tricia Walker, Janet Aranda, Anthony Bitmyal, Miriam Martinez, Marlene Garcia, Gary Silverman, and Angela Waters.*
- *Admissions Coordinator (not involved in the interview process, but keeps points sheet) – Dee Peoples (Cohort 8)*

DHCC Concern #5 - Evidence that the program has hired additional faculty to compensate for the acceptance of 25 students. All clinics must have a ratio of 1:6 and all labs must have a ratio of 1:12. Provide schedules for all clinics and labs with faculty assigned.

Concorde has always maintained full regulatory compliance, by ensuring a 1:6 ratio in the Clinic and a 1:12 ratio in the Lab, and will continue to do so. Due to a CODA-approved temporary increase to the class size of Cohort 8 (25 rather than 24), additional staff was needed. To satisfy that need, Concorde has hired two additional Registered Dental Hygienist Instructors. As is indicated in the attached didactic, lab and clinical schedules (attached hereto as Exhibit "D"), Concorde continues to maintain the proper Instructor to student ratios.

DHCC Concern #6 - Evidence that students have the resources available to provide patient care.

In ensuring that the students have material resources available sufficient to provide patient care, Concorde begins with the Student Learning Objectives (SLOs), as found in the CODA-approved curriculum for the program (Attached hereto as Exhibit "E"). In order to provide the materials necessary to meet or exceed those Learning Objectives, Concorde utilizes a combination of textbooks and supplies provided to each individual student (as listed on the attached Exhibit "F"), as well as supplies for general use in the Dental Hygiene Lab and Clinic. Attached hereto as Exhibit "G," please find copies of the re-supply orders placed in the last 6 months, for the Dental Hygiene department. As indicated, Concorde has purchased $320,633 in supplies for the 1-2 cohorts of students, in the time frame indicated.

DHCC Concern #7 - Policy for assigning patient to students. Evidence that students are given the opportunity to provide continuity of care.

In designing and managing its educational program, Concorde seeks to strike a balance between variety of experience in the Clinic and continuity of care. While continuity of care is an important concept in the students' ultimate career, we also must consider the limited time that the students have in the educational setting, and therefore seek to expose the students to as much

diversity in clinical experience as is practically possible. These two factors must also be balanced against the need to ensure that the patient is comfortable with the treatment received (including the student assigned), and thus increase the likelihood of providing the students with a consistent supply of willing patients. All of these factors combined call for a nuanced approach to patient selection and continuity of care. For that reason, Concorde has elected to leave the day-to-day decisions as to patient selection and assignment largely to the leadership of the individual program, rather than mandating a specific rigid process or procedure.

All of the above being taken into consideration, Concorde recognizes that, on balance there has not been enough emphasis on continuity of care. The college has therefore taken steps to renew the focus on providing students and their patients a greater degree of continuity of care, as well as to monitor the progress of those process improvements. The Clinic Coordinator (see Concern #11, below) has been instructed to give preference to the initially-assigned dental hygiene student when scheduling follow-up appointments. Moreover, the Clinic already utilizes the TalEval software package to track student competencies and Dentrix for patient scheduling. Both tools provide reports, which the Program Director and Dean will review on a monthly basis, to ensure that the appropriate emphasis is being placed on continuity of care.

DHCC Concern #8 - Evidence that dedicated administrative support for the dental hygiene program faculty and students is being provided

In addition to the full-time Clinic Coordinator, Concorde provides general administrative support to the DH department. In total, the department is provided 15 hours per week in the Clinic itself, and another 9 hours per week for assigned self-directed projects. More specifically, the Test Proctor for the College is dedicated to the Dental Hygiene department for 2.5 hours in the afternoon, on Tuesdays and Thursdays. Moreover, the Associate is assigned to the department from 7am to 12pm on Mondays and Wednesdays (Clinic days). The Associate is also available for self-directed projects for Dental Hygiene, for an additional 3 hours per day (Tuesday, Thursday and Saturday). If necessary, there are two other full-time Administrative Associates available, who can be assigned Dental Hygiene tasks on as as-needed basis. Presently, the DH department has not requested additional assistance from these other full-time Administrative Associates, but they remain available should the need arise.

DHCC Concern #9 - Evidence that the Interim Program Director meets the required qualifications set by CODA and the DHCC.

Attached hereto as Exhibit "H" please find a completed CODA Biosketch for Dr. Goshtasbi, DDS, as requested.

DHCC Concern #10 - Provide documents for each faculty member for each term of the academic year with teaching assignments including hours in lecture, lab, and supplemental hours for preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods. Program development and review, and professional development (Exhibit 14 in the CODA Self-Study).

Attached hereto as Exhibit "I" please find a CODA Self-Study Exhibit 14 form for each faculty member, as requested.

DHCC Concern #11 - Evidence that the clinical coordinator position has been filled. Provide job description and qualifications for individual hired.

Attached hereto as Exhibit "J" please find a copy of the offer letter signed by Sam Virgen, who has been hired as the Clinic Coordinator at the Garden Grove campus.

Attached hereto as Exhibit "K" please find a copy of the Job Description for the Clinic Coordinator position, at the Garden Grove campus.

Sam Virgen meets the qualifications for the position, as delineated in the attached Job Description. The College has elected to shift the sterilization and lab orientation tasks from the Clinic Coordinator to an additional DH faculty member (not included in the 1:6 ratios), for the time being. Mr. Virgen has extensive experience with the operations of the Clinic in Garden Grove, and had worked closely with the prior Clinic Coordinator and Program Director, prior to their departure. Additionally, Mr. Virgen is enrolled in the Dental Assisting program, with an anticipated graduation date in May 2017. Finally, as is indicated in the attached Exhibit "L" when asked, many of the faculty members in the DH department firmly recommended Mr. Virgen for the position.

DHCC Concern #12 - Evidence that radiology sensors have been purchased (one for each radiology operatory, one pediatric sensor).

Concorde has extensively studied the need for digital sensors in the Dental Hygiene Clinic. As is referenced above, the Clinic in Garden Grove has 12 operatories. While there is physical space available for 4 x-ray stations, the patient volume does not indicate that all 4 are required at the present time. Attached hereto as Exhibit "M" please find a listing of the patients seen in the clinic for the past 6 months.

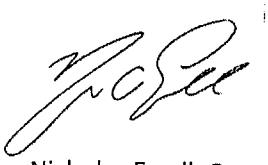
The above analysis, in addition to conversations with the Interim Director, the Directors at the other CODA-approved Concorde campuses, and the faculty in Garden Grove indicated that the school should add one Pedo sensor, to the present inventory. Although this purchase was already budgeted for October 2016, the college has elected to advance that purchase to July 2016. Attached hereto as Exhibit "N" please find the Purchase Order for the Pedo sensor for the Garden Grove campus.

DHCC Concern #13 - Evidence of appropriate biological testing for the sterilizers in the clinical facility.

During and shortly after the visit on June 28, 2016, Concorde recognized a deficiency in the biological testing process for the sterilizers in the clinical facility. Apparently, that testing had been neglected for a short period of time in the absence of the Clinic Coordinator. As is demonstrated in the attached Exhibit "O" however, the appropriate biological testing has been resumed, and will continue.

If the recipient of this response requires additional information or clarification, please contact Nicholas Ewell, Campus President (CAGGV) at 714/703-1900 or via email at NEwell@Concorde.edu.

Respectfully submitted,



Nicholas Ewell, Campus President
Concorde Career College – Garden Grove

Encl.: Exhibits A-O, as indicated

NAE/nae

Exhibit A

[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	Ø	
5+ years dental experience	4	4	
CDA / RDA credential	3	3	

RDH - Florida by Credential

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B)	1	Ø ?	
High School Chemistry (A or B)	1	Ø ?	
Anatomy and Physiology (college level) B	1	Ø	
Anatomy and Physiology (college level) A	2	2	
Chemistry (college level) B	1	Ø	
Chemistry (college level) A	2	Ø	
Graduate of an accredited Dental Assistant program	1	1	
Graduate of Concorde Dental Assistant program	3	Ø	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program	5	5	
Associate degree	2	Ø	
Bachelor degree	3	Ø	
Master degree	4	Ø	
HOBET score of ~~50+ in~~ Math and Reading	2	~~2~~ 2	

DDS in philippines

83-3 11.3 33.3 63%. 54

?

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

6/10 ?

Total Points Earned ~~20/26~~ 22.6

YES

This Admissions Packet contains policies and procedures specific to the Dental Hygiene program and is to be used in conjunction with the current Catalog. In case of a conflict in the information, the Catalog has precedence.

[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience Since Dec 2013 / Gen DDS (no RDH)	2	2	
5+ years dental experience	4	Ø	
CDA / RDA credential	3	Ø	

Passed written

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B)	1	Ø ?	no transcript
High School Chemistry (A or B)	1		
Anatomy and Physiology (college level) B	1		
Anatomy and Physiology (college level) A	2		
Chemistry (college level) B	1		
Chemistry (college level) A	2		
Graduate of an accredited Dental Assistant program	1	Ø need Cert	
Graduate of Concorde Dental Assistant program	3	3 "	
Graduate of Allied Health program	1		
Completion of General Education courses for Dental Hygiene program Bio A Soc B	5	2	
Associate degree	2	Ø	
Bachelor degree B.A / CSULB May 2010	3	3	
Master degree Arts.	4	Ø	
HOBET score of 50+ in Math and Reading	2	2	

~~70.7~~ 61.9

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

6.5 / 10 (2)

Total Points Earned 13.65

YES

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience DC's letter	2	Ø	
5+ years dental experience	4	~~Ø~~ 4 ~~2~~	
CDA / RDA credential	3	Ø 3	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B) D, F, B	1	1	
High School Chemistry (A or B)	1	Ø	
Anatomy and Physiology (college level) B	1	Ø	
Anatomy and Physiology (college level) A	2	Ø	
Chemistry (college level) B	1	Ø	
Chemistry (college level) A	2	Ø	
Graduate of an accredited Dental Assistant program	1	Ø	
Graduate of Concorde Dental Assistant program	3	Ø	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program	5	Ø	
Associate degree	2	Ø	
Bachelor degree	3	Ø	
Master degree	4	Ø	
HOBET score of 50+ in Math and Reading 43.3 79.8	2	Ø	

56

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	great Communication
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

9/10

Total Points Earned 6.9

YES

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

[illegible]	POINTS	POINTS AWARDED	[illegible]
No experience	0	0	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	0	
5+ years dental experience	4	4	
CDA / RDA credential	3	3	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

Honors/Japan

[illegible]	POINTS	POINTS AWARDED	[illegible]
High School Algebra (A or B)	1	?	
High School Chemistry (A or B)	1	?	
Anatomy and Physiology (college level) B ✓	1		
Anatomy and Physiology (college level) A ✓	2		
Chemistry (college level) B	1		
Chemistry (college level) A	2		
Graduate of an accredited Dental Assistant program	1		
Graduate of Concorde Dental Assistant program	3		
Graduate of Allied Health program	1		
Completion of General Education courses for Dental Hygiene program micro, Anat, Phys	5	5	
Associate degree	2	0	
Bachelor degree	3	0	
Master degree	4	4	
HOBET score of 50+ in Math and Reading 90 73-8	2	2	

H.S. Transcript was not available
College Transcripts not available

Foreign Dr. Manila 2004

INTERVIEW: PRESENTATION

[illegible]	POINTS	POINTS AWARDED
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		1
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

10/10

Total Points Earned 20 ? +?

YES

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

[illegible]	[illegible]	[illegible]	[illegible]
No experience	0	Ø	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	~~2~~	
5+ years dental experience	4	4	
CDA / RDA credential	3	Ø	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

[illegible]	[illegible]	[illegible]	[illegible]
High School Algebra (A or B) B	1	1	
High School Chemistry (A or B) A-	1	1	
Anatomy and Physiology (college level) B ~~A~~	1	1	
Anatomy and Physiology (college level) A A-	2	2	
Chemistry (college level) B	1	1	
Chemistry (college level) A	2	Ø	
Graduate of an accredited Dental Assistant program	1	Ø	
Graduate of Concorde Dental Assistant program	3	Ø	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program Ψ, writing Pubspeak,	5	~~5~~ 4	
Associate degree	2	Ø	
Bachelor degree Biology	3	~~Ø~~ 3	
Master degree	4	Ø	
HOBET score of 50+ in Math and Reading	2	2	

93.3 90.5

INTERVIEW: PRESENTATION

[illegible]	[illegible]	[illegible]
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		1
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

10/10

Total Points Earned ~~18~~ 21 MNB

YES

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

[illegible]	[illegible]	[illegible]	[illegible]
No experience	0	0	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	0	
5+ years dental experience	4	0	
CDA / RDA credential	3	3	moved RDA 40.

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

[illegible]	[illegible]	[illegible]	[illegible]
High School Algebra (A or B) B	1	1	
High School Chemistry (A or B)	1		
Anatomy and Physiology (college level) B	1	1	
Anatomy and Physiology (college level) A	2		
Chemistry (college level) B	1	1	
Chemistry (college level) A	2		
Graduate of an accredited Dental Assistant program	1	1	
Graduate of Concorde Dental Assistant program	3		
Graduate of Allied Health program	1	1	
Completion of General Education courses for Dental Hygiene program speach, soc, writing, Comp, Hlg.	5	4	
Associate degree 3 classes wait list	2	0 ?	
Bachelor degree	3	0	
Master degree	4	0	
HOBET score of 50+ in Math and Reading	2	2	

76.7 83.3

INTERVIEW: PRESENTATION

[illegible]	[illegible]	[illegible]
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

8/10

Total Points Earned 12.8

YES

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0		
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2		
5+ years dental experience	4		
CDA / RDA credential	3		

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B) B	1	1	
High School Chemistry (A or B) B⁻, B	1	1	
Anatomy and Physiology (college level) B	1		
Anatomy and Physiology (college level) A	2		
Chemistry (college level) B Gen chem C, C+,	1	1	
Chemistry (college level) A	2	~~2~~	
Graduate of an accredited Dental Assistant program	1		
Graduate of Concorde Dental Assistant program 2015	3	3	
Graduate of Allied Health program	1		
Completion of General Education courses for Dental Hygiene program Psy Eng Micro Chem	5	4	
Associate degree	2		
Bachelor degree 2011 BS / Cal Poly Pomona	3	3	
Master degree	4		
HOBET score of 50+ in Math and Reading 70 73.8	2	2	

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

7.5/10

Total Points Earned 16.75

YES

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience extern to hire	2	2	
5+ years dental experience	4	Ø	
CDA / RDA credential needs Law & ethics	3	Ø	

no certificates

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B) B, A	1	1	
High School Chemistry (A or B) B	1	1	
Anatomy and Physiology (college level) B D	1	Ø	
Anatomy and Physiology (college level) A	2	Ø	
Chemistry (college level) B	1	Ø	
Chemistry (college level) A	2	Ø	
Graduate of an accredited Dental Assistant program	1	Ø	
Graduate of Concorde Dental Assistant program 2012	3	3	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program (no speech) A Composition B Alg A Psy D Psy C	5	3	
Associate degree	2	Ø	
Bachelor degree Criminal Justice	3	3	
Master degree	4	Ø	
HOBET score of 50+ in Math and Reading	2	2	

Juliette Gothard Award +

70 76.2

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

10/10

Total Points Earned 17

YES

This Admissions Packet contains policies and procedures specific to the Dental Hygiene program and is to be used in conjunction with the current Catalog. In case of a conflict in the information, the Catalog has precedence.

[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	~~0~~	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	2	
5+ years dental experience	4	~~0~~	
CDA / RDA credential not an RDA (Test ~ 3 mos)	3	~~0~~	

Last year was taking classes

~~no transcripts~~ or ~~[illegible]~~

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B)	1	?	
High School Chemistry (A or B)	1	?	
Anatomy and Physiology (college level) B Anatomy	1	~~0~~ 1	
Anatomy and Physiology (college level) A	2	~~0~~	
Chemistry (college level) B O. Chem C Chem B	1	1	
Chemistry (college level) A	2	~~0~~	
Graduate of an accredited Dental Assistant program O.C.C.	1	1	
Graduate of Concorde Dental Assistant program	3	~~0~~	
Graduate of Allied Health program	1	~~0~~	
Completion of General Education courses for Dental Hygiene program Comp Alg B, B, D, D, W, B; Soc C D; Micro B; Biomed Soc A	5	~~4~~	
Associate degree O.C.C. C, C, AA + AS	2	2	
Bachelor degree 2011, 2014	3	~~0~~	
Master degree	4	~~0~~	
HOBET score of 50+ in Math and Reading	2	~~0~~	

OCC OCC &

no H.S. Transcripts

~~40~~ ? 83.3 56

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

8.5 / 10 ?

Total Points Earned ~~12.85~~ 12.85 MNB

YES

This Admissions Packet contains policies and procedures specific to the Dental Hygiene program and is to be used in conjunction with the current Catalog. In case of a conflict in the information, the Catalog has precedence.

[redacted]

DENTAL HYGIENE WEIGHTED SELECTION POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	0	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	0	
5+ years dental experience	4	4	
CDA / RDA credential	3	0	

no lic diploma or certificates.

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B)	1	1	
High School Chemistry (A or B)	1	0	
Anatomy and Physiology (college level) B	1	0	
Anatomy and Physiology (college level) A	2	0	
Chemistry (college level) B	1	0	
Chemistry (college level) A	2	0	
Graduate of an accredited Dental Assistant program	1	0	
Graduate of Concorde Dental Assistant program	3	0	
Graduate of Allied Health program	1	0	
Completion of General Education courses for Dental Hygiene program Chem G C Eng C Read & Com B	5	2	
Associate degree Short 1 unit / PE / By Summer	2	~~2~~ 2	
Bachelor degree	3	0	
Master degree	4	0	
HOBET score of 50+ in Math and Reading	2	2	

76.7 81.0

no College Transcript

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

10/10

Total Points Earned 13

YES

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	0	
Observation 40 hours in a dental office Newport Dental 120 hrs	1	1	
1 – 4 years dental experience 6mos working Newport Dental	2	0 (1?)	
5+ years dental experience	4	0	
CDA / RDA credential	3	0	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B) C	1	0	
High School Chemistry (A or B) C	1	0	
Anatomy and Physiology (college level) B	1	0	
Anatomy and Physiology (college level) A	2	0	
Chemistry (college level) B	1	0	
Chemistry (college level) A	2	0	
Graduate of an accredited Dental Assistant program	1	0	
Graduate of Concorde Dental Assistant program Nov/2014	3	3	
Graduate of Allied Health program	1	0	
Completion of General Education courses for Dental Hygiene program Psy B Child dev A Comm A- Nutrition A	5	3	
Associate degree	2		
Social worker — Bachelor degree B.S. Human Services 3.13	3	3	
Master degree	4	0	
HOBET score of 50+ in Math and Reading	2		

40 ? 54 (46)

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

9/10 ?

Total Points Earned 10.9

YES

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DENTAL HYGIENE WEIGHTED SELECTION POINT SYSTEM SCORING SHEET

[redacted]

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

[illegible]	[illegible]	[illegible]	[illegible]
No experience	0	Ø	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	2	
5+ years dental experience	4	Ø	
CDA / RDA credential	3	3	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

[illegible]	[illegible]	[illegible]	[illegible]
High School Algebra (A or B)	1	1	
High School Chemistry (A or B)	1	Ø	
Anatomy and Physiology (college level) B	1	Ø	
Anatomy and Physiology (college level) A	2	Ø	
Chemistry (college level) B	1	Ø	
Chemistry (college level) A	2	Ø	
Graduate of an accredited Dental Assistant program	1	1	
Graduate of Concorde Dental Assistant program	3	Ø	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program	5	Ø	
Associate degree	2	Ø	
Bachelor degree	3	Ø	
Master degree	4	Ø	
HOBET score of 50+ in Math and Reading	2	2	

no College provides

56.7 76.2

INTERVIEW: PRESENTATION

[illegible]	[illegible]	[illegible]
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

9.5 / 10

Total Points Earned 10.95

YES

This Admissions Packet contains policies and procedures specific to the Dental Hygiene program and is to be used in conjunction with the current Catalog. In case of a conflict in the information, the Catalog has precedence.

[redacted]

DENTAL HYGIENE WEIGHTED SELECTION POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	~~0~~	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	2	
5+ years dental experience	4	~~0~~	
CDA / RDA credential Dec 2013	3	3	

student brought in ~~no~~ ~~Certificate~~

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B)	1	1 X	
High School Chemistry (A or B)	1	1 X	
Anatomy and Physiology (college level) B	1	~~0~~	
Anatomy and Physiology (college level) A	2	~~0~~	
Chemistry (college level) B	1	~~0~~	
Chemistry (college level) A	2	~~0~~	
Graduate of an accredited Dental Assistant program	1	~~0~~ 1 ?	no Certificate of graduation
Graduate of Concorde Dental Assistant program	3	~~0~~	
Graduate of Allied Health program	1	~~0~~	
Completion of General Education courses for Dental Hygiene program Comp A Psych DC Soc B	5	2	
Associate degree	2		
Bachelor degree	3		
Master degree	4		
HOBET score of 50+ in Math and Reading	2	2	no TEAS scores avail

~~no His transript or Diploma~~

weight H.S + DA prog

no TEAS scores 60 69

Background check?

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

9.5 / 10

Total Points Earned 14.95

YES

This Admissions Packet contains policies and procedures specific to the Dental Hygiene program and is to be used in conjunction with the current Catalog. In case of a conflict in the information, the Catalog has precedence.

[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	Ø	
5+ years dental experience	4	4	
CDA / RDA credential RDA / Texas	3	3 ?	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B) B+	1	1	
High School Chemistry (A or B)	1	Ø	
Anatomy and Physiology (college level) B	1	Ø	
Anatomy and Physiology (college level) A	2	Ø	
Chemistry (college level) B	1	Ø	
Chemistry (college level) A	2	Ø	
Graduate of an accredited Dental Assistant program Helping Minnesota 2008	1	1	
Graduate of Concorde Dental Assistant program	3	Ø	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program	5		
Associate degree	2	Ø	
Bachelor degree	3	Ø	
Master degree	4	Ø	
HOBET score of 50+ in Math and Reading	2	Ø	

29 ? 69 47.5

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

8/10 ?

Total Points Earned 10.8

YES

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office	1	~~Ø~~ 1	
1 – 4 years dental experience	2	Ø	
5+ years dental experience	4	4	
CDA / RDA credential	3	3	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B) D, C⁻, B⁻, D⁺	1	1	
High School Chemistry (A or B)	1	Ø	
Anatomy and Physiology (college level) B	1	Ø	
Anatomy and Physiology (college level) A	2	Ø	
Chemistry (college level) B	1	Ø	
Chemistry (college level) A	2	Ø	
Graduate of an accredited Dental Assistant program	1	1	
Graduate of Concorde Dental Assistant program	3	Ø	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program	5	Ø	
Associate degree Arts (: D.A.)	2	2	
Bachelor degree	3	Ø	
Master degree	4	Ø	
HOBET score of 50+ in Math and Reading	2	2	

73.3 76.2

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

8/10 ?

Total Points Earned 14.8

YES

This Admissions Packet contains policies and procedures specific to the Dental Hygiene program and is to be used in conjunction with the current Catalog. In case of a conflict in the information, the Catalog has precedence.

[redacted]

DENTAL HYGIENE WEIGHTED SELECTION POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	Ø	
5+ years dental experience	4	Ø	
CDA / RDA credential	3	Ø	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B) A, A, B	1	1	
High School Chemistry (A or B) B, B	1	1	
Anatomy and Physiology (college level) B w/D	1	Ø	
Anatomy and Physiology (college level) A	2	Ø	
Chemistry (college level) B	1	not in file	
Chemistry (college level) A	2		
Graduate of an accredited Dental Assistant program	1		
Graduate of Concorde Dental Assistant program	3		
Graduate of Allied Health program	1		
Completion of General Education courses for Dental Hygiene program Sc & B, Reading Eng	5	3	
Associate degree	2	not file	
Bachelor degree	3		
Master degree	4		
HOBET score of 50+ in Math and Reading	2	2	

80 50 48

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

8.5 / 10

Total Points Earned 8.85

YES

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

Student cancelled

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	Ø	
5+ years dental experience	4	Ø	
CDA / RDA credential	3	Ø ? no certificates or diplomas in file	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B)	1	1	
High School Chemistry (A or B)	1	1	
Anatomy and Physiology (college level) B	1	Ø	
Anatomy and Physiology (college level) A	2	Ø	
Chemistry (college level) B AP Chem	1	Ø	
Chemistry (college level) A	2	2	
Graduate of an accredited Dental Assistant program	1	?	
Graduate of Concorde Dental Assistant program	3	Ø	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program Chem A AP Bio B	5	3	
Associate degree	2	Ø	
Bachelor degree	3	Ø	
Master degree	4	Ø	
HOBET score of 50+ in Math and Reading 86.7 92	2	2	

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	Excellent!!
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

10/10

Total Points Earned 11

YES

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DENTAL HYGIENE WEIGHTED SELECTION POINT SYSTEM SCORING SHEET

[redacted]

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	0	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	0	
5+ years dental experience	4	4	
CDA / RDA credential	3	0	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B)	1		
High School Chemistry (A or B)	1		
Anatomy and Physiology (college level) B C, B ?	1	1	
Anatomy and Physiology (college level) A A. ?	2		
Chemistry (college level) B B	1	1	
Chemistry (college level) A	2		
Graduate of an accredited Dental Assistant program	1		
Graduate of Concorde Dental Assistant program	3		
Graduate of Allied Health program	1		
Completion of General Education courses for Dental Hygiene program Anat B, Micro A, Phys B, Chem B, Com B	5	5	
Associate degree Lib. Arts.	2	2	
Bachelor degree Bus. Admin + H.R. CSULB	3	?	
Master degree	4		
HOBET score of 50+ in Math and Reading	2		

no files at the moment will need to verify...

Summer + Fall Class totals

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

10/10

Total Points Earned 15 +

YES

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

[illegible]	[illegible]	[illegible]	[illegible]
No experience	0	Ø	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	Ø	
5+ years dental experience	4	4	
CDA / RDA credential	3	3	

license?

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

[illegible]	[illegible]	[illegible]	[illegible]
High School Algebra (A or B) B+	1	1	
High School Chemistry (A or B) C, C-	1	Ø	
Anatomy and Physiology (college level) B	1	Ø	
Anatomy and Physiology (college level) A	2	Ø	
Chemistry (college level) B	1	Ø	
Chemistry (college level) A	2	Ø	
Graduate of an accredited Dental Assistant program	1	1	
Graduate of Concorde Dental Assistant program	3	Ø	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program	5	Ø	
Associate degree working on AA	2	Ø	
Bachelor degree	3	Ø	
Master degree	4	Ø	
HOBET score of 50+ in Math and Reading	2	2	

80 73 8

INTERVIEW: PRESENTATION

[illegible]	[illegible]	[illegible]
Previous school attendance record is acceptable ✓	1	
Sincere desire to be trained for career opportunities ✓		
Punctual for all appointments ✓		
Consistent eye contact ✓		1
Reasonable assertiveness ?		
Effective communication skills ✓		
Pleasant demeanor ✓		
Appropriate responses ✓		

4.5/10 ?

Total Points Earned 12.75 ?

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0		
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2		
5+ years dental experience	4		
CDA / RDA credential	3		

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B)	1	1	
High School Chemistry (A or B) C	1	Ø	
Anatomy and Physiology (college level) B	1		
Anatomy and Physiology (college level) A	2		
Chemistry (college level) B	1		
Chemistry (college level) A	2		
Graduate of an accredited Dental Assistant program	1	Ø	
Graduate of Concorde Dental Assistant program	3	3	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program B/B math B Alg C Comp C	5	3	
Associate degree	2		
Bachelor degree	3		
Master degree	4		
HOBET score of 50+ in Math and Reading 46.7 73.8 52.7	2		

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

6/10

Total Points Earned 8.6

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office	1	Ø	missing form
1 – 4 years dental experience	2	Ø	
5+ years dental experience 12	4	4	
CDA / RDA credential	3	3	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B)	1	not file	
High School Chemistry (A or B)	1		
Anatomy and Physiology (college level) B	1		
Anatomy and Physiology (college level) A	2		
Chemistry (college level) B	1		
Chemistry (college level) A	2		
Graduate of an accredited Dental Assistant program	1	1	
Graduate of Concorde Dental Assistant program	3	Ø	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program Comm A micro F chem F/C Gen B	5	1 not file	
Associate degree	2		
Bachelor degree	3		
Master degree	4		
HOBET score of 50+ in Math and Reading	2	2	

53.3 59.5

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		→ NO
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

5.5/10

Total Points Earned 11.5 ?

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(no chart)

DENTAL HYGIENE WEIGHTED SELECTION POINT SYSTEM SCORING SHEET

[redacted]

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0		
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2		
5+ years dental experience	4		
CDA / RDA credential	3		

May 2014 wanted to become a RDH

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B)	1		
High School Chemistry (A or B)	1		
Anatomy and Physiology (college level) B	1		
Anatomy and Physiology (college level) A	2		
Chemistry (college level) B	1		
Chemistry (college level) A	2		
Graduate of an accredited Dental Assistant program	1		
Graduate of Concorde Dental Assistant program	3	3	
Graduate of Allied Health program	1		
Completion of General Education courses for Dental Hygiene program	5		
Associate degree	2		
Bachelor degree	3		
Master degree	4		
HOBET score of 50+ in Math and Reading	2	2	

no college

13.3 61.9 54.7

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

$\frac{5}{10}$ → No

Total Points Earned 6.5

NO

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	0	
Observation 40 hours in a dental office	1	0	
1 – 4 years dental experience	2	0	
5+ years dental experience	4	0	
CDA / RDA credential	3	0	

working since 4/2015 but no verif. form

took practical only 2 wks ago

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B) B-, D+, B+, B+	1	1	
High School Chemistry (A or B) D-,	1	0	
Anatomy and Physiology (college level) B B	1	1	
Anatomy and Physiology (college level) A	2	0	
Chemistry (college level) B	1	0	
Chemistry (college level) A	2	0	
Graduate of an accredited Dental Assistant program	1	0	
Graduate of Concorde Dental Assistant program	3	3	
Graduate of Allied Health program	1	0	
Completion of General Education courses for Dental Hygiene program Interpers Comm B	5	1	
Associate degree	2	0	
Bachelor degree	3	0	
Master degree	4	0	
HOBET score of 50+ in Math and Reading	2	0	

46.7 71.4 58

2/14 GPA 1.52

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

MNB ~~5~~ ? 10

5 MNB 10

Total Points Earned 6.5

NO

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DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	0	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	2	
5+ years dental experience	4	0	
CDA / RDA credential	3	0	

no licens?

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B) B⁻, B⁺, A⁻ A	1	1	
High School Chemistry (A or B) C⁻, C⁻	1	0	
Anatomy and Physiology (college level) B	1		
Anatomy and Physiology (college level) A	2		
Chemistry (college level) B	1		
Chemistry (college level) A	2		
Graduate of an accredited Dental Assistant program	1	0	
Graduate of Concorde Dental Assistant program	3	3	
Graduate of Allied Health program	1		
Completion of General Education courses for Dental Hygiene program Anat C	5		
Associate degree	2		
Bachelor degree	3		
Master degree	4		
HOBET score of 50+ in Math and Reading	2	0	

no College Transcript

none file

Tricia Scottsdale College

may 2013

46.7 78.6

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

3/10 → NO

Total Points Earned 7.3

NO

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	2	
5+ years dental experience	4	Ø	
CDA / RDA credential	3	Ø	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B) B+, B-	1	1	
High School Chemistry (A or B)	1		
Anatomy and Physiology (college level) B	1		
Anatomy and Physiology (college level) A	2		
Chemistry (college level) B	1		
Chemistry (college level) A	2		
Graduate of an accredited Dental Assistant program	1		
Graduate of Concorde Dental Assistant program 2013	3	3	
Graduate of Allied Health program	1		
Completion of General Education courses for Dental Hygiene program	5		
Associate degree	2		
Bachelor degree	3		
Master degree	4		
~~HOBET~~ score of 50+ in Math and Reading	2	Ø	

TEAS 36.7 ? 69 41.3

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

3/10 → NO

Total Points Earned 7.3

NO

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office	1	Ø	
1 – 4 years dental experience	2	Ø	
5+ years dental experience	4	Ø	
CDA / RDA credential	3	Ø	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B) occ A (GED)	1	Ø ?	
High School Chemistry (A or B)	1	Ø ?	
Anatomy and Physiology (college level) B	1	Ø	
Anatomy and Physiology (college level) A	2	Ø	
Chemistry (college level) B	1	Ø	
Chemistry (college level) A	2	Ø	
Graduate of an accredited Dental Assistant program	1	Ø	
Graduate of Concorde Dental Assistant program	3	3	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program microbio, soc W, W, E, soc C, Commun B	5	1	
Associate degree	2	Ø	
Bachelor degree	3	Ø	
Master degree	4	Ø	
HOBET score of 50+ in Math and Reading	2	Ø	

noH.S. Tran

40 66.7

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

3/10 → NO

Total Points Earned ~~5.3~~ MNB 4.3

NO

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

[illegible]	[illegible]	[illegible]	[illegible]
No experience	0	Ø	
Observation 40 hours in a dental office	1	Ø	
1 – 4 years dental experience	2	Ø	
5+ years dental experience	4	Ø	
CDA / RDA credential	3	Ø	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

[illegible]	[illegible]	[illegible]	[illegible]
High School Algebra (A or B) F, D, D.	1	Ø ?	
High School Chemistry (A or B)	1	Ø ?	
Anatomy and Physiology (college level) B	1	Ø	
Anatomy and Physiology (college level) A	2	Ø	
Chemistry (college level) B	1	Ø	
Chemistry (college level) A	2	Ø	
Graduate of an accredited Dental Assistant program	1	[illegible]	
Graduate of Concorde Dental Assistant program	3	3	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program	5	Ø	
Associate degree	2	Ø	
Bachelor degree	3	Ø	
Master degree	4	Ø	
~~HOBET~~ score of 50+ in Math and Reading	2	[illegible] 2	

~~no HS~~ transcript

TEASE ?60 ?59 46.7

INTERVIEW: PRESENTATION

[illegible]	[illegible]	[illegible]
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

[illegible] 4/10 → NO

Total Points Earned 5.4

NO

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office 3/20/15 extern	1	1 ?	
1 – 4 years dental experience	2	Ø	
5+ years dental experience	4	Ø	
CDA / RDA credential ?	3	Ø	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B)	1	?	
High School Chemistry (A or B)	1	?	
Anatomy and Physiology (college level) B	1		
Anatomy and Physiology (college level) A	2		
Chemistry (college level) B	1	?	
Chemistry (college level) A	2	?	
Graduate of an accredited Dental Assistant program	1	Ø	
Graduate of Concorde Dental Assistant program	3	3	
Graduate of Allied Health program	1	Ø	
Completion of General Education courses for Dental Hygiene program	5		
Associate degree	2	Ø	
Bachelor degree	3	Ø	
Master degree	4	Ø	
HOBET score of 50+ in Math and Reading	2	2	

53 69

no H.S transcript

no College Transcript

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

7.5 / 10 ?

Total Points Earned 6.75 ?

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[redacted]

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office	1	1	
1 – 4 years dental experience	2	Ø	
5+ years dental experience	4	4	
CDA / RDA credential 2008	3	3	

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B)	1	1	
High School Chemistry (A or B)	1	Ø	
Anatomy and Physiology (college level) B	1	Ø	
Anatomy and Physiology (college level) A	2	Ø	
Chemistry (college level) B	1	Ø	
Chemistry (college level) A	2	Ø	
Graduate of an accredited Dental Assistant program	1	1	
Graduate of Concorde Dental Assistant program	3	3	
Graduate of Allied Health program	1		
Completion of General Education courses for Dental Hygiene program (Eng Math Soc Psy to end) May 23rd 2011	5	Ø	
Associate degree	2	Ø	
Bachelor degree	3	Ø	
Master degree	4	Ø	
HOBET score of 50+ in Math and Reading 56 71.4	2	2	

Says A's & B's.

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable		
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact	1	1
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

8.5/10

Total Points Earned 15.85

YES

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15.85, 16, 16

DENTAL HYGIENE WEIGHTED SELECTION
POINT SYSTEM SCORING SHEET

[redacted]

EXPERIENCE: DENTAL / ALLIED HEALTH FIELD

LEVEL OF EXPERIENCE	POINTS	POINTS AWARDED	VERIFIED
No experience	0	Ø	
Observation 40 hours in a dental office	1	Ø	
1 – 4 years dental experience Front & back 1 4 1/2	2	Ø	
5+ years dental experience +2 1/2 yr ortho design	4	4	
CDA / RDA credential 2012	3	3	

← need RDA

ACADEMICS: GENERAL EDUCATION AND BIOLOGICAL SCIENCE

ACADEMIC ACHIEVEMENT	POINTS	POINTS AWARDED	VERIFIED
High School Algebra (A or B) B or C	1		
High School Chemistry (A or B) C-	1		
Anatomy and Physiology (college level) B	1		
Anatomy and Physiology (college level) A	2		
Chemistry (college level) B	1	Ø	
Chemistry (college level) A	2	Ø	
Graduate of an accredited Dental Assistant program	1		
Graduate of Concorde Dental Assistant program 2010	3	3	
Graduate of Allied Health program	1		
Completion of General Education courses for Dental Hygiene program Eng A B, Math C, Comm C, Hx	5	1	
Associate degree	2		
Bachelor degree	3		
Master degree	4		
HOBET score of 50+ in Math and Reading	2		

My File at moment will need to verify

INTERVIEW: PRESENTATION

OVERALL PRESENTATION	POINTS	COMMENTS
Previous school attendance record is acceptable	1	
Sincere desire to be trained for career opportunities		
Punctual for all appointments		
Consistent eye contact		
Reasonable assertiveness		
Effective communication skills		
Pleasant demeanor		
Appropriate responses		

9.5 / 10 ✓

Total Points Earned 11.95

YES

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Exhibit B

Dental Hygiene Candidate Interviews							
Start Date: 5-18-15							
Student Name	Score	Score	Score	Score	total	Average	letter sent and call made
[redacted]	23	23	23	22.6	91.6	22.90	yes
	21	21	21	21	84	21.00	yes
	20	20	20	20	80	20.00	yes
	13	17	17	17	64	16.00	yes
	16	16.75	17	17	66.75	16.69	yes
	12	12	12.85	13	49.85	16.62	yes
	16	16	17	17	66	16.50	yes
	16	15.85	16	16	63.85	15.96	yes
	15	15	14.8	0	44.8	14.93	yes
	13.95	11	14	14	52.95	13.24	yes
	14	13	13.65	14.5	55.15	13.79	yes
	13	14	14.95	13	54.95	13.74	yes
	12	13			25	12.50	yes
	13	12	12.5	12.45	49.95	12.49	yes
	12.8	13	13	10	48.8	12.20	yes
	12.5	12.5	11.5	0	36.5	12.17	yes
	11	11	11	10.95	43.95	10.99	yes
	10.8	10	11	11	42.8	10.70	yes
	7.5	8.6	9	9	34.1	8.525	yes
	8.85	7	8	7.25	31.1	7.78	yes
	7	8.5	7.3	0	22.8	7.60	NO
	7	7	7	7.3	28.3	7.08	NO
	7	7	6.9	7	27.9	6.98	yes
	8	6.5	6	7	27.5	6.88	yes
	6.75	6	6	6.5	25.25	6.31	AH
	7	7	5	5.4	24.4	6.10	AH
	6	5	6.5	6.5	24	6.00	Yes
	4.3	5	4	0	13.3	4.43	NO

23+
2

#	Student Name	Points	Teas Score	Packaging	Transcript Submitted?
1	[redacted]	22	70.00	3-Plan in Place	Yes
2	[redacted]	20	67		Yes
3	[redacted]	20	63.3	4-Complete	Yes
4	[redacted]	20	76	3-Plan in Place	Yes
5	[redacted]	19		4-Complete	Yes
6	[redacted]	18	69.3		Yes
7	[redacted]	18	59.3	4-Complete	No
8	[redacted]	18	60.7		Yes
9	[redacted]	17	58		Yes
10	[redacted]	16	52.7	3-Plan in Place	Yes
11	[redacted]	16	69		Yes
12	[redacted]	15	70.7	4-Complete	No
13	[redacted]	15	58.7	4-Complete	Yes
14	[redacted]	14	76	3-Plan in Place	Yes
15	[redacted]	13	53.3		Yes
16	[redacted]	13	55	3-Plan in Place	No
17	[redacted]	12	46	4-Complete	Yes
18	[redacted]	12	56.7	4-Complete	Yes
19	[redacted]	12	58.7		Yes
20	[redacted]	11	51.3		No
21	[redacted]	11	46.00	3-Plan in Place	Yes
22	[redacted]	11	62		Yes
23	[redacted]	11	45		No
24	[redacted]	11	52.7	4-Complete	No
25	[redacted]	10	62	4-Complete	No
26	[redacted]	10	56		Yes
27	[redacted]	10	48		Yes
28	[redacted]	9.6	69.3	4-Complete	No
29	[redacted]	9.1	57		Yes
30	[redacted]	9	52.7	4-Complete	No
31	[redacted]	9	48	4-Complete	No
32	[redacted]	9	58	3-Plan in Place	Yes
33	[redacted]	8.5	79.3		Yes
34	[redacted]	8	72.7	4-Complete	Yes
35	[redacted]	8	58		No
36	[redacted]	8	60	4-Complete	No
37	[redacted]	8	54.7	4-Complete	No
38	[redacted]	8	59	3-Plan in Place	Yes
39	[redacted]	8	64	4-Complete	Yes
40	[redacted]	8	48.7	4-Complete	No
41	[redacted]	8	51.3		No
42	[redacted]	7	64		No
43	[redacted]	7	47.3	3-Plan in Place	No
44	[redacted]	7	58	3-Plan in Place	No
45	[redacted]	7	69		No
46	[redacted]	7	58.7		Yes
47	[redacted]	7	48.7		Yes

48	[redacted]	6	59.3		No
49	[redacted]	6			No
50	[redacted]	6			Yes
51	[redacted]	6		4-Complete	Yes
52	[redacted]	5	61		No
53	[redacted]	5	55.3		Yes
54	[redacted]	4		4-Complete	
55	[redacted]	4	60	4-Complete	No
56	[redacted]	2	52		No
57	[redacted]	2	50	4-Complete	No
58	[redacted]		48		Yes
59	[redacted]		68.7	3-Plan in Place	No

Exhibit C

CONCORDE CAREER COLLEGES, INC.
OPERATIONS TRAINING MANUAL

SECTION:	Student Affairs
TOPIC:	Re-Entry Process Overview- All programs
OTM #:	100.R.01
EFFECTIVE DATE:	**June 8, 2016** **Original Date:** March 28, 1995 **Revised:** May 3, 1996; January 24, 1997; October 24, 2001; May 5, 2007; June 18, 2007; April 1, 2008; August 1, 2008; March 24, 2009; January 01, 2010, April 09, 2010, September 17, 2010, January 21, 2011, June 26, 2011, July 7, 2011, February 3, 2012, May 29, 2012, June 6, 2012, August 13, 2012, August 23, 2012, January 22 2013, April 1, 2013, July 3, 2013, August 1, 2013, August 10, 2013, January 8, 2014, March 21, 2014, April 24, 2014, June 25, 2014, October 27, 2014, January 13, 2016.
Replaces:	OTM 20.A.01 OTM 20.R.01

RE-ENTRY PROCESS OVERVIEW

POLICY

It is the policy of Concorde Career Colleges, Inc. to encourage previously withdrawn students to return to college to **complete** their education in their program of study and obtain employment in a healthcare profession. Concorde commits to review all re-entry applicants on a case by case basis and will discuss the underlying circumstances of the previous withdrawal(s) as part of the process. While we encourage students to return to school, not all students may be prepared or eligible for re-entry. To be eligible for re-entry, students must have a plan for any outstanding debt(s) with the school and cannot be in default on a student loan unless they have resolved the default (appropriate documentation required) or pay all tuition and fees in advance. A student applying to restart externship and/or clinical may need to demonstrate the appropriate skill level; follow guidance in Re-entry Process Guidebook. Students previously dismissed from a program due to misconduct, behavior, or academic dishonesty are not eligible to apply to re-enter into any program.

All re-entry candidates must be approved by the Campus President prior to start. Returning students must be at packaging status of 3 or greater or "plan in place status" in Broadleaf and attend Re-entry Orientation prior to the start. Students returning must start on Day 1 of the start, or may be permitted to start on Day 2 with Campus President approval and must be documented in the C-Vue activity notes.

This OTM outlines the minimum acceptable procedures and processes; additional supplemental activities must be specifically authorized by the Student Affairs Manager. Supplemental materials must be approved in accordance with OTM 20.A.08. **Please refer to the Re-entry Process Guidebook on SharePoint/SS/Forms & Resources for a step by step guide to the re-entry process.**

DEFINITIONS

Re-enrollment: a previously enrolled individual, who did not start or was a withdrawn 5-Day Cancel, Alternate or Reverse who meets current readmission requirements.

Re-enter: a previously withdrawn student who returns within 1 year from their Last Date of Attendance (LDA).

Admissions Re-enter: a previously withdrawn student who returns over 1 year from their Last Date of Attendance (LDA).

KEY HIGHLIGHTS

Student Affairs will schedule an appointment with the re-entry candidate and follow the steps outlined in the Re-entry Process Guidebook.

Satisfactory Academic Progress (SAP)
SAP must be checked for **all** re-entry candidates. If applicable, Student Affairs should inform the student that they do not meet Satisfactory Academic Progress and ensure student meets with Financial Aid to review and understand potential financial implications. If financial arrangements have been made, and the student is recommended for readmission, the student can re-enter.

Academic Progress- TEXAS ONLY- If student is recommended for readmission, the student must sit out for one module in core program or one term in clinical programs only if they were withdrawn for failure to achieve academic progress.

Attendance Probation
Students on attendance probation at the time of withdrawal will return as a regular "active" student, not on attendance probation. This applies to all programs. Students withdrawn on academic probation will return on academic probation upon readmission unless a 12 month period has elapsed from the time of withdrawal. Re-entry candidates will be notified of their status during the re-entry process.

Background Check
A background check must be completed on all clinical applicants and any core applicant who indicated "yes" on the criminal background disclosure. Acceptable background check results must be received within 5 class days of the start. If the background check results report indicates "active" or "previous" charges/convictions, the Campus President must review and determine eligibility to be formally accepted and to start class. If the student is approved, and elects to proceed, the student must sign the 90S.02 F4 form which should then be uploaded into the student file. Students who start ahead of the results being in will have their enrollments cancelled and not have tuition charged if the results are negative or do not come back in time. They may be liable for charges related to any books and uniforms being issued if not returned in proper condition. Refer to OTM #90.S.02.

Returning WITHIN 180 Days
Any student, who re-enters WITHIN 180 Days from the Last Date of Attendance (LDA), will NOT be charged an increase in tuition and no registration fee will be charged (note: an administrative fee may apply). In regards to entrance requirements, students withdrawn in good standing (WIGS) within 180 days will be grandfathered under their original enrollment requirements, but any other student will need to meet the current entrance requirements (to include all current entrance test cut scores applicable for their program, with exception of TEAS test, which retains its validity for two years from test date). Students, who re-enter within

180 days, will not be charged for (*new edition*) books that have been approved by the campus. There is a charge for *replacement* books (i.e. lost, misplaced, etc.). Academics will indicate on the re-entry worksheet if new books are needed. SA will complete the uniform request form and provide to the Business Office, if applicable.

Returning over 180 Days

Any student, who re-enters OVER 180 Days from their Last Date of Attendance (LDA), will be charged the current tuition cost that includes the registration fee. Students must meet current entrance requirements, with exception of TEAS test which retains its validity for two years from test date; refer to OTM#40.E.10 for additional guidance. Any academic and tuition credit granted will be based on credits accepted from prior Concorde training upon a transcript review. Students may be required to demonstrate knowledge of the required program work to receive credit. The student will be credited for any book(s) that he/she has previously received and paid for, provided the textbook(s) is/are still in use in the program. The new enrollment agreement will reflect the gross charges and the Credit Memo, if applicable, will reflect the amount of credit to be applied to the student's account. Financial Aid/Business Office: Please refer to OTM #50.F.06, Financial Guidance OTM in relation to school balances for guidance.

Returning to Externship Only

Re-entry candidates cannot be entered in Campus Vue until a start date for the extern assignment is secured. For students returning to externship only, the Academics Department should be notified and scheduled to meet with the student to begin the process of securing an externship site. Students returning to externship can return at any time throughout the month, as long as the return date is scheduled with the externship site.

Re-entry Accountability Meeting

The final decision to approve the re-entry candidates (including multiple re-entry candidates) will be determined at the **weekly** Re-entry Accountability Meeting. The Campus President, Academic Dean, Director of Student Affairs, Re-entry Advisor, Program Director, Financial Aid Director or FA designee, and Business Office Manager should be present, as well as any others designated by the Campus President. All re-admission requirements must be met prior to start. The Campus President will review the results of the FA packaging and completion of the re-admission requirements, to ensure that candidates are ready to start. All exceptions approved by the Campus President must be documented in CampusVue. Please refer to OTM # 100.R.02 for detailed guidance on Re-entry Accountability Meetings. Re-entry applicants who do not complete all re-entry requirements or do not show for class will canceled and returned to a withdrawn status in CampusVue and updated in Broadleaf.

Re-entry into Different Program

Refer to re-admission requirements and consider the following poim vho re-enters into a new program must meet all current admissions criteria for the new p will be charged a registration fee that is determined in the current campus catalog or ad s are not exempt from entrance testing requirements, and must successfully test for the . dent may be credited for any books that he/she has previously received and paid for if tl gram.
Note: Re-enters within 180 days who are re-entering into a new progr will also have a credit memo prepared by Business Services.

Active Duty Military

Refer to re-admission requirements and consider the following points: Students who are tive service will be readmitted with the original tuition and fee charges and in the same enrollmen credit hours earned, and same academic standing up to 5 years from their withdrawal. Stud from active military duty do not have to re-take their entrance exams even if they are out of sch than 12 months. Returning students are required to provide a copy of their DD214 or letter from unit reflecting active service of 30 days or more.

Exhibit D

Cohort 7 (5-18-15) TERM VI

June 20 - August 26

Cohort 8 (01-25-16) TERM III

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	Cohort 7	Cohort 8	Cohort 7	Cohort 8	Cohort 7	Cohort 8	Cohort 7	Cohort 8	Cohort 7	Cohort 8
8:00-8:30	DH 262 Clinic A *8am-2pm* Dr. To Smith Wink			DH 131 Lec Pre-Clinic *8:00-9:30* Wink		DH 131 Lec Pre-Clinic *8:00-9:30* Wink		DH 131 Lec Pre-Clinic *8:00-9:30* Wink		
8:30-9:00										
9:00-9:30					DH 262 Lec *8:30-1pm* Pierce				DH 262 Clinic A 8am-2pm Dr. T Smith Marquette	DH 133 Radiology 9:00-11:15 Schuller
9:30-10:00							DH 209 Nutrition *9:30-2:00* Shuller			
10:00-10:30				DH 131 Lec Lab/Clinic *10-2pm* Wilson Schuller Wink Tran Pierce Dr. To ~~Dr. G~~		DH 131 Lab/Clinic *10:00-2:00* Wilson Schuller Tran Hutchings *10-12* Dr. T *12-2pm*		DH 131 Lab/Clinic *10:00-2:00* Dr.G Wink Wilson Hutchings Rafferty *7/28, 8/4, 8/18* *Tran* *Smith* Dr. To		
10:30-11:00			DH 110 Histo *10:00-2:30* Smith							
11:00-11:30		DH 105 Dental Anat/Morph *11am-2pm* Dr. G								DH 130 Dent Offc Mgm 12:00-1:30 Pierce
11:30-12pm										
12:00-12:30										
12:30-1pm										
1:00-1:30										
1:30-2pm										
2:00-2:30	DH 262 Clinic B *2pm-8pm* *Dr. To* *2-3pm* *Dr. G* *3-8pm* Hutchings Pierce			DH 133/Lab Radiology Group A 2:45-7:15 Schuller Marquette ~~Dr. G~~ Dr. T	DH 262 Clinic A/B 2pm-8pm Dr. T Hutchings Pierce *5-8pm* Tran 2:15 - 5pm	DH 133 Radiology 2:30-4:45 Schuller		DH 133/Lab Radiology Group B 2:45-7:15 *Hutchings* *Shuller* *2:45-3:15* Tran Dr. G	DH 262 Clinic B 2pm-8pm Dr. G Pierce Wilson	
2:30-3pm										
3:00-3:30							DH 260 Cultural Div 3pm-4:30 Wink			
3:30-4pm		DH 105 Head & Neck *3pm-6pm* Tran	DH262 Research Lab 3:30-5pm Pierce							
4:00-4:30										
4:30-5p										
5:00-5:30										
5:30-6pm										
6:00-6:30										
6:30-7p										
7:00-7:30										
7:30-8pm										

Exhibit G

Item Description	Requisitioner	Created	TRX#	G/L Description	Vendor Description	Vendor Item	Qty	U/M	Price	Amt Ext
Gloves Polyethylene Clear N/S Unisize 100/Bg	Tabalon,Brian	7/13/2016 19:26	PO082293	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	2473156	10	BG	6.58	65.8
Microtouch PF Nitrile Glove X-Small 200/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6850952	10	BX	12.89	128.9
Microtouch PF Nitrile Glove Small 200/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6856748	20	BX	12.89	257.8
Tray Cover 8.5"x12.25" White 1000/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1000934	1	CA	14.47	14.47
Premium Cotton Rolls #2 Non-Sterile 2000/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	8969286	1	BX	19.99	19.99
Pouch Zip Close Poly 10x4 Asstd Colors 144/Pk	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3675358	1	PK	48.79	48.79
Infectious Waste Bag Stick-On 1.4 Quart 100/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1078417	1	BX	29.83	29.83
Premium Non-Woven Sponge NS 2"x2" 4ply 200/Pk	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1019278	25	PK	1.79	44.75
Ektavision G EVG5 Pano 5x12 50/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1111555	1	BX	125.39	125.39
Acclean Chlorhexidine Rinse Mint 16oz/Bt	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9004010	4	BT	3.29	13.16
Monoject 513ED Irr Syr Orng 23Ga 100/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1943618	2	BX	45.59	91.18
Bag 2-Color Smile! Small 7.5x9 100/Pk	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3674386	1	PK	29.99	29.99
Biotene Oral Rinse 16oz/Bt	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5830073	2	BT	7.19	14.38
Thermometer Probe Covers Digital 100/Pk	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1510501	3	PK	8.36	25.08
Developer 4/Ca	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6987446	1	CA	139.19	139.19
Fixer Only 4/Ca	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6988081	1	CA	139.19	139.19
Self Seal Sterilization Pouch 3.5x9 500/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124855	3	BX	11.18	33.54
Self Seal Sterilization Pouch 5.25x12 200/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124861	3	BX	14.79	44.37
Self Seal Sterilization Pouch 7.5x13 200/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124858	1	BX	11.04	11.04
Chair Cover 27.5x24 225/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1009863	3	BX	18.67	56.01
Dental Chairside Waste Bags 200/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1125003	1	BX	27.19	27.19
Listerine Smart Rinse 1 oz Anticavity 72/Ca	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5550775	1	CA	35.43	35.43
Acclean Tongue Cleaner Assrt Colors 72/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9007693	1	BX	66.39	66.39
Colgate Total Floss Mint 3yd 72/Ca	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5430112	1	CA	29.99	29.99
Folder ET Inside Vinyl Pocket Fas 1&3 11PT 50/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3679793	4	BX	42.74	170.96
Dri-Gard Towel 2Ply Poly Blue 13x19 500/Ca	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1007265	2	CA	18.9	37.8
Earloop Mask Blue 50/Bx	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1043809	30	BX	2.17	65.1
Evacuator Tips Vented Disposable 50/Bg	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1014856	40	BG	0.84	33.6
Personal Inhaler Plus Medium Variety #3 24/Pk	Tabalon,Brian	7/13/2016 12:06	PO082263	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc		1	PK	103.99	103.99
Dri-Gard Towel 2Ply Poly Aqua 13x19 500/Ca	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1009276	2	CA	18.9	37.8
Extra-Safe EL Mask Sensitive Purple 50/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1203151	4	BX	10.39	41.56
Interdental Brush Handle 12/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1026336	2	BX	7.19	14.38
Isolation Gown Knit Cuff Blue Regular 50/Ca	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9799558	4	CA	31.99	127.96
Isolation Gown Knit Cuff Pink Regular 50/Ca	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9796733	4	CA	31.99	127.96
Lab Coat X-Safe White Small 10/Pk	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1208159	3	PK	23.39	70.17
Listerine Zero Mouthwash 1.5 Liter 6/Ca	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3210047	2	CA	34.39	68.78
Self Seal Sterilization Pouch 3.5x5.25 200/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124857	3	BX	3.62	10.86
Self Seal Sterilization Pouch 3.5x9 500/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124855	3	BX	11.18	33.54
Self Seal Sterilization Pouch 5.25x12 200/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124861	3	BX	14.79	44.37
Microtouch PF Nitrile Glove Small 200/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6856748	20	BX	12.89	257.8
Microtouch PF Nitrile Glove X-Small 200/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6850952	10	BX	12.89	128.9
Moist Sure Liquid Sanitizer w/Pump 15oz/Bt	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3120075	6	BT	10.86	65.16
Monarch Cleanstream Evac Clnr 2.5 Ltr Ea	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6984640	14	EA	58.39	817.46
Chair Cover 27.5x24 225/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1009863	3	BX	18.67	56.01
Colgate Slimsoft Toothbrush Adult 6/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5430128	2	BX	8.39	16.78
Colgate Total Floss Mint 3yd 72/Ca	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5430112	1	CA	29.99	29.99
Dental Chairside Waste Bags 200/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1125003	1	BX	27.19	27.19
Monoject Needles 27Ga Short Plastic Hub 100/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1941613	3	BX	10.05	30.15
Multi-Axis Spiral Suction HVE Tip 100/Bg	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4740024	1	BG	13.59	13.59
Nupro 5% FL White Varnish 0.4g Grape 50/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5550557	3	BX	79.99	239.97
Nupro Prophy Paste Fine Bubblegum 200/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5556382	2	BX	42.39	84.78
Premium Cotton Rolls #2 Non-Sterile 2000/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	8969286	1	BX	19.99	19.99

Saliva Ejector Tip Gray 3/Pk	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1130019	2	PK	19.19	38.38
Self Seal Sterilization Pouch 2.75x9 200/Bx	Tabalon,Brian	7/5/2016 14:08	PO082057	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124856	3	BX	8.29	24.87
Henry Schein Instrument Kit - CA (3)	Tabalon,Brian	6/29/2016 16:55		TEXTBOOKS - DENTAL HYGIENE	Henry Schein Inc	;102	23	EACH	1322.05	30407.15
Henry Schein Instrument Kit - CA (3)	Tabalon,Brian	6/17/2016 16:17	PO081827	STUDENT SUPPLIES INVENTORY	Henry Schein Inc	;102	1	EACH	1322.05	1322.05
Vac Attak Evacuation Cleaner 800gm/Jr	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3789557	1	JR	49.19	49.19
Monarch CleanStream Starter Kit Ea	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6982278	1	EA	66.39	66.39
Digital Sensor Sleeve Size 2 500/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1125546	1	BX	13.59	13.59
Patient Sign-In Form Toothbrsh Desgn 8.5x11 100/Pk	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3671047	1	PK	59.99	59.99
Microtouch PF Nitrile Glove Medium 200/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6859060	30	BX	12.89	386.7
CaviWipes Towelettes Disinfect Large 160/Cn	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6402805	30	CN	7.14	214.2
Cavicide1 Spray 24oz/Bt	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6400018	4	BT	13.59	54.36
Cavicide1 Refill 1/Gal	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6400019	1	GA	32.79	32.79
Moist Sure Liquid Sanitizer w/Pump 15oz/Bt	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3120075	4	BT	10.86	43.44
Hand Soap Liquid Antibacterial Pump 16oz/Bt	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9004438	5	BT	9.03	45.15
Hand Soap Antibacterial Gallon Ea	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9004440	1	EA	23.03	23.03
Lidocaine Cartridge 2% 1:100 w/Epi 50/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4651205	5	BX	19.58	97.9
Articulating Paper Thin Blue 12Bks/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1002876	1	BX	9.19	9.19
BCA Prophy Angle Pink Soft Pink 100/Bg	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9004270	1	BG	25.54	25.54
Acclean Prophy Paste Fine Bubblegum 200/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1013642	1	BX	25.59	25.59
Enamel Pro Varnish Clear .25mL Bubblegum 35/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3780166	1	BX	58.23	58.23
Gum Butlerweave Waxed Mint 4yd 144/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	7120143	1	BX	42.39	42.39
Interdental Brush Handle 12/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1026336	2	BX	7.19	14.38
Stimulator Handle w/Tip 12/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	7129285	2	BX	15.99	31.98
Nupro Shimmer Polishing Paste 4gm Syringe 2/Pk	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5559296	1	PK	41.19	41.19
Cups Plastic 5oz Blue 1000/Ca	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1004361	1	CA	22.29	22.29
Gloves Polyethylene Clear N/S Unisize 100/Bg	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	2473156	10	BG	6.58	65.8
Earloop Mask Extra Protection Teal 50/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1048819	20	BX	11.29	225.8
Tray Sleeve 10.5x14 500/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1273484	12	BX	18.69	224.28
Cover Film 4x6 Blue 1200/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1011838	16	BX	12.43	198.88
Chair Sleeve 29x80 125/Rl	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1003346	8	RL	37.65	301.2
Sure Tip Plus White 150/Pk	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9007030	2	PK	28.79	57.58
Evacuator Tips Vented Disposable 50/Bg	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1014856	1	BG	0.84	0.84
Dri-Gard Towel 2Ply Poly Blue 13x19 500/Ca	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1007265	1	CA	18.9	18.9
Saliva Ejector Screens 25/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6587026	1	BX	7.99	7.99
Screen Disposable F/Vacuum Canistr Ea	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5524387	12	EA	2.86	34.32
Lab Coat X-Safe Purple Small 10/Pk	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1206214	6	PK	23.39	140.34
Lab Coat X-Safe Purple Large 10/Pk	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1200706	3	PK	23.39	70.17
Lab Coat X-Safe Teal Large 10/Pk	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1204457	3	PK	23.39	70.17
Steam Autoclave Indicator Tape 60ydx1" Rl	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1048993	4	EA	4.59	18.36
Automatic A&B Developer & Fix 2Gal 4/Ca	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1015075	1	CA	14.74	14.74
Microbrush Applicators Regular Purple 100/Pk	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1013710	1	PK	5.89	5.89
Acclaim Multifold Towels 1 Ply 250/Pk 16Pk/Ca	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3955793	3	CA	53.43	160.29
Dental Chairside Waste Bags 200/Bx	Tabalon,Brian	6/13/2016 16:40	PO081709	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1125003	1	BX	27.19	27.19
Microtouch PF Nitrile Glove X-Small 200/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6850952	10	BX	12.89	128.9
Microtouch PF Nitrile Glove Small 200/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6856748	20	BX	12.89	257.8
Microtouch PF Nitrile Glove Medium 200/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6859060	20	BX	12.89	257.8
Mepivacaine HCL 3% Plain 50/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4673005	2	BX	23.57	47.14
Earloop Mask Extra Protection Teal 50/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1048819	12	BX	11.29	135.48
DEXIS Sensor Garage Each	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1047063	1	EA	13.99	13.99
Dexis Platinum Holder Post Yellow Ea	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1145308	4	EA	9.59	38.36
Duropro Disposable Angle Brush Tapered 50/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	7120612	1	BX	36.79	36.79
Utility Wax Round Strips White 64/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1008759	1	EA	14.39	14.39
Maxima 1-Piece Carbide Bur FG 557 10/Pk	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9004519	1	PK	16.39	16.39

Vionexus Vit E Foaming Soap Pink 1 Liter	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3123447	1	EA	17.19	17.19
Dexis Platinum Holder Anterior Blue Ea	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1140290	2	EA	9.59	19.18
Dental Chairside Waste Bags 200/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1125003	1	BX	27.19	27.19
Cover All Barrier Film 4x6 Blue 1200/Rl	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1001003	3	RL	18.17	54.51
Cotton Tipped Applicator N/S 6" 1000/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1009175	1	BX	7.74	7.74
VioNex Skin Lotion 18oz/Bt	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1766618	1	BT	17.99	17.99
Tray Cover 8.5"x12.25" White 1000/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1000934	1	CA	14.47	14.47
Thermometer Probe Covers Digital 100/Pk	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1510501	3	PK	8.36	25.08
Sure Tip Colors Assorted 250/Bg	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9007022	2	BG	42.39	84.78
Sterilizer Indicator Strips 250/bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1026332	1	BX	12.69	12.69
Sharps Container 1.7qt Ea	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1538085	3	EA	5.99	17.97
Self Seal Sterilization Pouch 3.5x9 200/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124853	2	BX	4.25	8.5
Self Seal Sterilization Pouch 3.5x5.25 200/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124857	2	BX	3.62	7.24
Alcohol Prep Pads Sterile 2Ply Med 200/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1126131	1	BX	2.23	2.23
Acclean Disp Prophy Angle LF Sft Cup-Pink 100/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1045452	1	BX	39.99	39.99
Happy Morning Toothbrush Disp. w/paste 100/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1133201	1	BX	38.39	38.39
Hand Soap Antibacterial Liquid 8oz/Bt	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9004439	3	BT	5.19	15.57
Gloves Polyethylene Clear N/S Unisize 100/Bg	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	2473156	8	BG	6.58	52.64
Ektavision G EVG5 Pano 5x12 50/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1111555	1	BX	125.39	125.39
Chair Cover 27.5x24 225/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1009863	3	BX	18.67	56.01
CaviWipes Towelettes Disinfect Large 160/Cn	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6402805	10	CN	7.14	71.4
Bag Scatter Flower Power Clear 7x10 100/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3672872	1	BX	26.49	26.49
Angel Soft Facial Tissue 100/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6430062	12	BX	2.49	29.88
Edge Ease Blue For #2 Film Long Edge 300/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1063758	1	BX	39.99	39.99
Vionex Antimicrobial Soap Pump Bottle 18oz/Bt	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1763829	1	BT	11.99	11.99
Metrimist Aromatic Deodorizer Spray 8oz/Bt	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1769931	1	BT	6.79	6.79
Curette Gracey DE 5/6 Rigid #7 Handle Ea	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6001536	2	EA	32.39	64.78
Self Seal Sterilization Pouch 2.75x9 200/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124856	1	BX	8.29	8.29
Self Seal Sterilization Pouch 2.25x4 200/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124859	2	BX	2.87	5.74
SE-Cushion Saliva Ejector FoamTip 100/Pk	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6587263	1	PK	20.23	20.23
Scott C-Fold Towels 10.125x13.15 2400/Ca	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1011510	1	CA	40.79	40.79
Saliva Ejector White Opaque 100/Pk	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1005205	3	PK	2.11	6.33
Premium Non-Woven Sponge NS 2"x2" 4ply 200/Pk	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1019278	25	PK	1.79	44.75
Multi-Axis Spiral Suction HVE Tip 100/Bg	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4740024	1	BG	13.59	13.59
Monoject Needles 27Ga Short Plastic Hub 100/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1941613	1	BX	10.05	10.05
Maxitab Gen Purpose Ultrasonic 32/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9004088	1	BX	23.19	23.19
Lidocaine Cartridge 2% 1:100 w/Epi 50/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4651205	2	BX	19.58	39.16
Lab Coat X-Safe White Medium 10/Pk	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1209598	3	PK	23.39	70.17
Lab Coat X-Safe White Large 10/Pk	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1202823	3	PK	23.39	70.17
Isolation Gown Knit Cuff Pink Regular 50/Ca	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9796733	4	CA	31.99	127.96
Isolation Gown Knit Cuff Blue Regular 50/Ca	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9799558	3	CA	31.99	95.97
IMS Universal Wrap 20X20 500/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6001543	1	BX	118.39	118.39
HSI Bouffant Cap Poly Blue 24" 100/Bx	Tabalon,Brian	5/6/2016 19:38	PO080963	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1046058	2	BX	7.99	15.98
Cavitron FSI Slimline Insert 30K 10R Ea	Tabalon,Brian	4/29/2016 13:29	PO080701	STUDENT SUPPLIES INVENTORY	Henry Schein Inc	1671100	2	EA	71.59	143.18
EZ Jett Cassette-5 Place Lilac Ea	Tabalon,Brian	4/29/2016 13:29	PO080701	STUDENT SUPPLIES INVENTORY	Henry Schein Inc	6580030	2	EA	20.23	40.46
Protector Needle Sheath Prop 2-1/2x3-1/4" 100/Bx	Tabalon,Brian	4/29/2016 13:29	PO080701	STUDENT SUPPLIES INVENTORY	Henry Schein Inc	9911785	2	BX	16.26	32.52
Glide Floss Dispenser Vial 200 Meter Ea	Tabalon,Brian	4/29/2016 13:29	PO080701	STUDENT SUPPLIES INVENTORY	Henry Schein Inc	1091114	4	EA	7.19	28.76
Reveal Disclosing Solution 4oz/Bt	Tabalon,Brian	4/29/2016 13:29	PO080701	STUDENT SUPPLIES INVENTORY	Henry Schein Inc	5700077	2	BT	8.23	16.46
PDT Montana Jack Scaler Yellow Ea	Tabalon,Brian	4/29/2016 13:29	PO080701	STUDENT SUPPLIES INVENTORY	Henry Schein Inc	7311681	4	EA	27.99	111.96
Cavitron FSI Slimline Insert 30K 10L Ea	Tabalon,Brian	4/29/2016 13:29	PO080701	STUDENT SUPPLIES INVENTORY	Henry Schein Inc	1679207	2	EA	71.59	143.18
HENRY SCHEIN INSTRUMENT KIT - CA	Tabalon,Brian	4/28/2016 15:00	PO080941	STUDENT SUPPLIES INVENTORY	Henry Schein Inc	3102	24	EACH	753.02	18072.48
Moist Sure Liquid Sanitizer w/Pump 15oz/Bt	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3120075	4	BT	10.86	43.44
Monarch Cleanstream Evac Clnr 2.5 Ltr Ea	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6984640	1	EA	58.39	58.39

Monoject 513ED Irr Syr Orng 23Ga 100/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1943618	2	BX	45.59	91.18
Mouth Props Black LF Rubber Small Child 2/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1008271	1	BX	14.63	14.63
Multi-Axis Spiral Suction HVE Tip 100/Bg	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4740024	1	BG	13.59	13.59
POS Compatible "O" Label EndTb 15/16x1 5/8 240/Pk	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3670594	1	PK	8.79	8.79
POS Compatible "P" Label EndTb 15/16x1 5/8 240/Pk	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3670595	1	PK	8.79	8.79
POS Compatible "S" Label EndTb 15/16x1 5/8 240/Pk	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3670598	1	PK	8.79	8.79
POS Compatible "U" Label EndTb 15/16x1 5/8 240/Pk	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3670600	1	PK	8.79	8.79
Preppies Pumice 100/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5571572	1	BX	32.79	32.79
Proair Albuterol Inhaler 90mcg 8.5g/Ea	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3060527	1	EA	72.79	72.79
Nupro 5% FL White Varnish 0.4g Grape 50/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5550557	2	BX	79.99	159.98
POS Compatible "A" Label EndTb 15/16x1 5/8 240/Pk	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3670579	1	PK	8.79	8.79
POS Compatible "E" Label EndTb 15/16x1 5/8 240/Pk	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3670583	1	PK	8.79	8.79
POS Compatible "J" Label EndTb 15/16x1 5/8 240/Pk	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3670588	1	PK	8.79	8.79
POS Compatible "M" Label EndTb 15/16x1 5/8 240/Pk	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3670591	1	PK	8.79	8.79
Lab Coat X-Safe White Medium 10/Pk	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1209598	1	PK	23.39	23.39
Lidocaine Cartridge 2% 1:100 w/Epi 50/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4651205	1	BX	19.58	19.58
Maxi-Gard Lab Coat Ceil Blue 2XL 10/Pk	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1126297	2	PK	24.79	49.58
Microtouch PF Nitrile Glove Medium 200/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6859060	10	BX	12.89	128.9
Microtouch PF Nitrile Glove Small 200/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6856748	15	BX	12.89	193.35
Retainer Boxes Super Tuff Sm/Asst 12/Bg	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1028171	4	BG	9.43	37.72
Saliva Ejector White Opaque 100/Pk	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1005205	4	PK	2.11	8.44
Scott C-Fold Towels 10.125x13.15 2400/Ca	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1011510	1	CA	40.79	40.79
SE-Cushion Saliva Ejector FoamTip 100/Pk	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6587263	1	PK	20.23	20.23
X-Ray Sensor Sheaths Dexis 100/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	8957583	1	BX	14.39	14.39
Dial Moist Vit E Antmicrb Soap Gallon Gallon	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3904201	1	EA	24.23	24.23
Dri-Gard Towel 2Ply Poly DRose 13x19 500/Ca	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1006341	1	CA	18.9	18.9
Dry Oral Cup,Autoclavable 5840 Ea	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6423848	5	EA	13.59	67.95
Earloop Mask Extra Protection Teal 50/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1048819	12	BX	11.29	135.48
Extra-Safe EL Mask Sensitive Purple 50/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1203151	4	BX	10.39	41.56
Steam Autoclave Indicator Tape 60ydx1" Rl	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1048993	1	EA	4.59	4.59
Sure Tip Colors Assorted 250/Bg	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9007022	1	BG	42.39	42.39
Acclean Chlorhexidine Rinse Mint 16oz/Bt	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9004010	4	BT	3.29	13.16
Acclean Disp Prophy Angle LF Sft Cup-Pink 100/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1045452	1	BX	39.99	39.99
Chair Cover 27.5x24 225/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1009863	3	BX	18.67	56.01
Colgate Sensitive Desensitize Paste 30/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5430180	2	BX	39.99	79.98
Cotton Tipped Applicator N/S 6" 1000/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1009175	1	BX	7.74	7.74
HSI Bouffant Cap Poly Blue 24" 100/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1046058	1	BX	7.99	7.99
Interdental Brush Handle 12/Bx	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1026336	2	BX	7.19	14.38
Isolation Gown Knit Cuff Blue Regular 50/Ca	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9799558	1	CA	31.99	31.99
Lab Coat X-Safe White Large 10/Pk	Tabalon,Brian	4/21/2016 20:22	PO080630	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1202823	1	PK	23.39	23.39
Isolation Gown Knit Cuff Blue Regular 50/Ca	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9799558	4	CA	31.99	127.96
HSI Bouffant Cap Poly Blue 24" 100/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1046058	1	BX	7.99	7.99
Gloves Polyethylene Clear N/S Unisize 100/Bg	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	2473156	10	BG	6.58	65.8
Folder ET Inside Vinyl Pocket Fas 1&3 11PT 50/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3679793	1	BX	44.99	44.99
Fixer Only 4/Ca	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6988081	1	CA	139.19	139.19
Ektavision G EVG5 Pano 5x12 50/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1111555	1	BX	125.39	125.39
Earloop Mask Extra Protection Teal 50/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1048819	15	BX	11.29	169.35
Dri-Gard Towel 2Ply Poly DRose 13x19 500/Ca	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1006341	1	CA	18.9	18.9
Dental Chairside Waste Bags 200/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1125003	2	BX	27.19	54.38
Cups Plastic 5oz Gray 1000/Ca	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1000473	1	CA	22.29	22.29
Microtouch PF Nitrile Glove Medium 200/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6859060	20	BX	12.89	257.8
Flecks Cement Liquid 15ml/Bt	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	2425915	1	EA	13.59	13.59
VP Mix HP Fast Set Heavy Body 4/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1025073	3	BX	21.69	65.07

Tray Cover 8.5"x12.25" White 1000/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1000934	1	CA	14.47	14.47
Thermometer Probe Covers Digital 100/Pk	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1510501	3	PK	8.36	25.08
Sure Tip Colors Assorted 250/Bg	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9007022	2	BG	42.39	84.78
Acclean Tongue Cleaner Assrt Colors 72/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9007693	1	BX	66.39	66.39
Lidocaine Cartridge 2% 1:100 w/Epi 50/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4651205	3	BX	19.58	58.74
Lab Coat X-Safe White Small 10/Pk	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1208159	3	PK	23.39	70.17
Lab Coat X-Safe White Medium 10/Pk	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1209598	3	PK	23.39	70.17
Lab Coat X-Safe White Large 10/Pk	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1202823	3	PK	23.39	70.17
Isolation Gown Knit Cuff Pink Regular 50/Ca	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9796733	4	CA	31.99	127.96
Jeter Blank Light Green Label 1.5x3/4 500/Rl	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3671330	1	RL	10.99	10.99
Jeter Blank Purple Label 1.5x3/4 500/Rl	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3671333	1	RL	10.99	10.99
Jeter Blank Black Label 1.5x3/4 500/Rl	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3671323	1	RL	10.99	10.99
Microtouch PF Nitrile Glove X-Small 200/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6850952	10	BX	12.89	128.9
Microtouch PF Nitrile Glove Small 200/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6856748	20	BX	12.89	257.8
Valve Saliva Ejector Premium ea	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6425930	2	EA	42	84
Jeter Blank White Label 1.5x3/4 500/Rl	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3671334	1	RL	10.99	10.99
Jeter Blank Yellow Label 1.5x3/4 500/Rl	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3671343	1	RL	10.99	10.99
Jeter Blank Flour Orange Label 1.5x3/4 500/Rl	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3671337	1	RL	10.99	10.99
Jeter Blank Red Label 1.5x3/4 500/Rl	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3671342	1	RL	10.99	10.99
Cover All Barrier Film 4x6 Blue 1200/Rl	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1001003	1	RL	18.17	18.17
Chair Cover 27.5x24 225/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1009863	4	BX	18.67	74.68
CaviWipes Towelettes Disinfect Large 160/Cn	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6402805	20	CN	7.14	142.8
Bag Scatter Flower Power Clear 7x10 100/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3672872	1	BX	26.49	26.49
Angel Soft Facial Tissue 100/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6430062	4	BX	2.49	9.96
Flecks Cement Powder Snow White 29gm/Bt	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	2429902	1	EA	12.79	12.79
Blu-Bite HP Fast Set 2/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1023597	2	EA	16.29	32.58
X-Ray Sensor Sheaths Dexis 100/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	8957583	1	BX	14.39	14.39
X-Ray Cover 15x26 250/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1016507	1	BX	22.39	22.39
VP Mix HP Fast Set Light Body 4/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1023434	1	BX	21.69	21.69
Sterilizer Indicator Strips 250/bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1026332	1	BX	12.69	12.69
Steam Autoclave Indicator Tape 60ydx1" Rl	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1048993	2	EA	4.59	9.18
Sharps Container 1.7qt Ea	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1538085	2	EA	5.99	11.98
Self Seal Sterilization Pouch 5.25x12 200/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124861	2	BX	14.79	29.58
Self Seal Sterilization Pouch 2.25x4 200/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124859	2	BX	2.87	5.74
Scissor Iris 4.5" Straight Standard Ea	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1002767	6	EA	11.99	71.94
Protex Face Shield 8" Long 12/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1070632	1	BX	42.79	42.79
ProCare Dent Universal 61 Salt 6Kg Ea	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	8020096	1	EA	38.63	38.63
ProCare Dent 40 Miclear Rinse Aid 1 Liter Ea	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	8020100	1	EA	37.03	37.03
Personal Inhaler Plus Medium Vanilla 24/Pk	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1073882	1	PK	103.99	103.99
Nupro 5% FL White Varnish 0.4g Grape 50/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5550557	1	BX	79.99	79.99
Natural Elegance Pit & Fissure Sealant Kit 4/Pk	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9001004	1	PK	21.99	21.99
Mouthguard Thermo-Forming .040 12/Pk	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1018910	4	PK	7.49	29.96
Monoject Needles 27Ga Short Plastic Hub 100/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1941613	2	BX	10.05	20.1
Monoject Needles 27Ga Long Plastic Hub 100/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1940506	2	BX	10.05	20.1
Mepivacaine HCL 3% Plain 50/Bx	Tabalon,Brian	4/5/2016 8:38	PO080196	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4673005	2	BX	23.57	47.14
Cups Plastic 5oz Gray 1000/Ca	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1000473	1	CA	22.29	22.29
Cover All Barrier Film 4x6 Blue 1200/Rl	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1001003	4	RL	18.17	72.68
Chair Cover 27.5x24 225/Bx	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1009863	5	BX	18.67	93.35
CaviWipes Towelettes Disinfect Large 160/Cn	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6402805	12	CN	7.14	85.68
Self Seal Sterilization Pouch 5.25x12 200/Bx	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124861	1	BX	14.79	14.79
HSI Bouffant Cap Poly Blue 24" 100/Bx	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1046058	2	BX	7.59	15.18
Tray Cover 8.5"x12.25" White 1000/Bx	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1000934	1	CA	14.47	14.47
Thermometer Probe Covers Digital 100/Pk	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1510501	3	PK	8.36	25.08

Sterilizer Indicator Strips 250/bx	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1026332	1	BX	12.69	12.69
Steam Autoclave Indicator Tape 1" RI	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1048993	1	EA	4.59	4.59
Self Seal Sterilization Pouch 3.5x9 200/Bx	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124853	2	BX	4.25	8.5
Scott C-Fold Towels 10.125x13.15 2400/Ca	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1011510	1	CA	40.79	40.79
Saliva Ejector White Opaque 100/Pk	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1005205	4	PK	2.11	8.44
Premium Non-Woven Sponge NS 2"x2" 4ply 200/Pk	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1019278	25	PK	1.79	44.75
Multi-Axis Spiral Suction HVE Tip 100/Bg	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4740024	2	BG	13.59	27.18
Microtouch PF Nitrile Glove X-Small 200/Bx	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6850952	10	BX	12.89	128.9
Microtouch PF Nitrile Glove Small 200/Bx	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6856748	20	BX	12.89	257.8
Lidocaine Cartridge 2% 1:100 w/Epi 50/Bx	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4651205	3	BX	19.58	58.74
Lever Saliva Ejector Gray 3/Pk	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1132052	1	EA	6.36	6.36
Happy Morning Toothbrush Disp. w/paste 100/Bx	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1133201	1	BX	36.79	36.79
Folder ET Inside Vinyl Pocket Fas 1&3 11PT 50/Bx	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3679793	1	BX	43.99	43.99
Earloop Mask Extra Protection Teal 50/Bx	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1048819	10	BX	11.29	112.9
Dri-Gard Towel 2Ply Poly DRose 13x19 500/Ca	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1006341	1	CA	18.9	18.9
Dental Chairside Waste Bags 200/Bx	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1125003	1	BX	27.19	27.19
Lab Coat X-Safe White Small 10/Pk	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1208159	2	PK	23.39	46.78
Lab Coat X-Safe White Large 10/Pk	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1202823	2	PK	23.39	46.78
Isolation Gown Knit Cuff Pink Regular 50/Ca	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9796733	4	CA	31.99	127.96
Isolation Gown Knit Cuff Blue Regular 50/Ca	Tabalon,Brian	3/23/2016 17:22	PO079987	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9799558	4	CA	31.99	127.96
Microtouch PF Nitrile Glove Medium 200/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6859060	20	BX	12.89	257.8
Mepivacaine HCL 3% Plain 50/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4673005	4	BX	23.57	94.28
Lollicaine Unidose Topical Gel Cherry 120/pk	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1639121	1	PK	32.58	32.58
Lidocaine Cartridge 2% 1:100 w/Epi 50/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4651205	3	BX	19.58	58.74
Lab Coat X-Safe White Small 10/Pk	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1208159	1	PK	23.39	23.39
Maxi-Gard Lab Coat Ceil Blue 2XL 10/Pk	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1126297	1	PK	24.79	24.79
Tray Cover 8.5"x12.25" White 1000/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1000934	1	CA	14.47	14.47
Thermometer Probe Covers Digital 100/Pk	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1510501	4	PK	8.36	33.44
Sure Tip Colors Assorted 250/Bg	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9007022	2	BG	42.39	84.78
Steam Autoclave Indicator Tape 1" RI	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1048993	1	EA	4.59	4.59
Moist Sure Liquid Sanitizer w/Pump 15oz/Bt	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3120075	9	BT	10.86	97.74
Microtouch PF Nitrile Glove Small 200/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6856748	30	BX	12.89	386.7
Lab Coat X-Safe White Medium 10/Pk	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1209598	1	PK	23.39	23.39
Isolation Gown Knit Cuff Pink Regular 50/Ca	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9796733	2	CA	31.99	63.98
Isolation Gown Knit Cuff Blue Regular 50/Ca	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9799558	4	CA	31.99	127.96
IMS Universal Wrap 20X20 500/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6001543	1	BX	118.39	118.39
Identic Dust Free Unidose Regular Set 50/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1350227	3	BX	26.23	78.69
Gloves Polyethylene Clear N/S Unisize 100/Bg	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	2473156	5	BG	6.58	32.9
Epipen Junior Twin Pack 0.15mg 2/Pk	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3453230	1	PK	674.23	674.23
Epipen Adult Twin Pack 0.3mg 2/Pk	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3451926	1	PK	674.23	674.23
Ektavision G EVG5 Pano 5x12 50/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1111555	1	BX	126.34	126.34
Chair Cover 27.5x24 225/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1009863	2	BX	18.67	37.34
CaviWipes Towelettes Disinfect Large 160/Cn	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6402805	15	CN	7.14	107.1
Acclean Disp Prophy Angle LF Sft Cup-Pink 100/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1045452	1	BX	39.99	39.99
Sharps Container 1.7qt Ea	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1538085	3	EA	5.99	17.97
Self Seal Sterilization Pouch 3.5x9 200/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124853	3	BX	4.25	12.75
Self Seal Sterilization Pouch 2.25x4 200/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1124859	4	BX	2.87	11.48
SE-Cushion Saliva Ejector FoamTip 100/Pk	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6587263	2	PK	19.99	39.98
Scott C-Fold Towels 10.125x13.15 2400/Ca	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1011510	1	CA	40.79	40.79
Saliva Ejector White Opaque 100/Pk	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1005205	3	PK	2.11	6.33
Nupro Prophy Paste Fine Bubblegum 200/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5556382	1	BX	42.39	42.39
Monoject Needles 27Ga Short Plastic Hub 100/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1941613	4	BX	10.05	40.2
Monoject Needles 27Ga Long Plastic Hub 100/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1940506	2	BX	10.05	20.1

Monoject 513ED Irr Syr Orng 23Ga 100/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1943618	2	BX	45.59	91.18
Earloop Mask Extra Protection Teal 50/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1048819	20	BX	11.29	225.8
Disposable Face Shield Standard 24/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1012254	1	BX	57.59	57.59
Developer 4/Ca	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6987446	1	CA	139.19	139.19
Dental Chairside Waste Bags 200/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1125003	1	BX	27.19	27.19
Cover All Barrier Film 4x6 Blue 1200/Rl	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1001003	3	RL	18.17	54.51
Cotton Tipped Applicator N/S 6" 1000/Bx	Tabalon,Brian	3/7/2016 13:45	PO079394	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1009175	1	BX	7.74	7.74
Sharps Container 1.7qt Ea	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1538085	3	EA	5.99	17.97
Scott C-Fold Towels 10.125x13.15 2400/Ca	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1011510	2	CA	40.79	81.58
Saliva Ejector White Opaque 100/Pk	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1005205	4	PK	2.11	8.44
Premium Non-Woven Sponge NS 2"x2" 4ply 200/Pk	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1019278	25	PK	1.79	44.75
Nupro 5% FL White Varnish Grape 50/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	5550557	2	BX	79.99	159.98
Multi-Axis Spiral Suction HVE Tip 100/Bg	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4740024	1	BG	13.59	13.59
Monoject Needles 27Ga Short Plastic Hub 100/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1941613	3	BX	10.05	30.15
Moist Sure Liquid Sanitizer w/Pump 15oz/Bt	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3120075	6	BT	10.86	65.16
Microtouch PF Nitrile Glove X-Small 200/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6850952	10	BX	12.89	128.9
Microtouch PF Nitrile Glove Small 200/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6856748	20	BX	12.89	257.8
Isolation Gown Knit Cuff Pink Regular 50/Ca	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9796733	5	CA	31.99	159.95
Isolation Gown Knit Cuff Blue Regular 50/Ca	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	9799558	6	CA	31.99	191.94
Cover All Barrier Film 4x6 Blue 1200/Rl	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1001003	3	RL	18.17	54.51
Chair Cover 27.5x24 225/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1009863	6	BX	18.67	112.02
Cetacaine Liquid Delivery Syringe 100/Pk	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6350191	1	PK	64.04	64.04
CaviWipes Towelettes Disinfect Large 160/Cn	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6402805	20	CN	7.14	142.8
Microtouch PF Nitrile Glove Medium 200/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6859060	20	BX	12.89	257.8
Mepivacaine HCL 3% Plain 50/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4673005	3	BX	23.57	70.71
Lidocaine Cartridge 2% 1:100 w/Epi 50/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	4651205	4	BX	19.58	78.32
Lab Coat X-Safe White Small 10/Pk	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1208159	2	PK	23.39	46.78
Lab Coat X-Safe White Medium 10/Pk	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1209598	2	PK	23.39	46.78
Tray Cover 8.5"x12.25" White 1000/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1000934	1	CA	14.47	14.47
Thermometer Probe Covers Digital 100/Pk	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1510501	4	PK	8.36	33.44
Syringe Cover Air Water W/Opening 500/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1047423	5	BX	11.79	58.95
Steam Autoclave Indicator Tape 1" Rl	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1048993	1	EA	4.59	4.59
Solo Evacuator Cups For Adec Unit 250/Pk	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1009195	2	PK	18.79	37.58
Bouffant Cap White Poly 24" 100/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1026614	2	BX	23.19	46.38
Bag Scatter Flower Power Clear 7x10 100/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3672872	2	BX	25.79	51.58
Angel Soft Facial Tissue 100/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6430062	12	BX	2.49	29.88
Gloves Polyethylene Clear N/S Unisize 100/Bg	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	2473156	10	BG	6.58	65.8
Folder ET Inside Vinyl Pocket Fas 1&3 11PT 50/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3679793	1	BX	43.99	43.99
Extra-Safe EL Mask Sensitive Purple 50/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1203151	3	BX	10.39	31.17
Earloop Mask Extra Protection Teal 50/Bx	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1048819	20	BX	11.29	225.8
Dri-Gard Towel 2Ply Poly DRose 13x19 500/Ca	Tabalon,Brian	2/17/2016 16:37	PO079113	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1006341	2	CA	18.9	37.8
Henry Schein Instrument Kit	Tabalon,Brian	11/24/2015 13:21		TEXTBOOKS - DENTAL HYGIENE	Henry Schein Inc	;101	24	EACH	940.41	22569.84
HS-1 Amalgamator Hi Speed 110v Ea	Tabalon,Brian	7/31/2015 17:42	PO074907	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	1002532	1	EA	359.99	359.99
Fuji II LC Capsules A2 48/Bx	Tabalon,Brian	7/31/2015 17:42	PO074907	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3333464	1	BX	88.11	88.11
GC Cavity Conditioner 6gm/Bt	Tabalon,Brian	7/31/2015 17:42	PO074907	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3337058	1	EA	51.19	51.19
GC Fuji Capsule Applier Ea	Tabalon,Brian	7/31/2015 17:42	PO074907	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	3332891	1	EA	87.19	87.19
Carver DE Hollenback 1/2 #6 Handle Ea	Tabalon,Brian	7/31/2015 17:42	PO074907	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6009465	1	EA	23.19	23.19
Excavator DE #18 #6 Handle Ea	Tabalon,Brian	7/31/2015 17:42	PO074907	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6004868	1	EA	25.19	25.19
Cleoid-Discoid DE 89/92 #6 Handle Ea	Tabalon,Brian	7/31/2015 17:42	PO074907	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6003122	1	EA	23.19	23.19
Vaseline Petroleum Jelly 3.25oz	Tabalon,Brian	7/31/2015 17:42	PO074907	MATL & SUPP-DENTAL HYGIENE	Henry Schein Inc	6177243	1	TB	2.39	2.39
HENRY SCHEIN INSTRUMENT KIT - CA	Tabalon,Brian	2/25/2015 17:17		TEXTBOOKS - DENTAL HYGIENE	Henry Schein Inc	;102	24	EACH	2207.64	52983.36
HENRY SCHEIN INSTRUMENT KIT - CA	Tabalon,Brian	1/21/2015 13:24	PO071295	STUDENT SUPPLIES INVENTORY	Henry Schein Inc	;102	24	EACH	1648.21	39557.04
HENRY SCHEIN INSTRUMENT KIT - CA	Tabalon,Brian	6/24/2014 11:45		TEXTBOOKS - DENTAL HYGIENE	Henry Schein Inc	;102	24	EACH	2332.5	55980

Cavitron Select SPS Scaler Ea	Tabalon,Brian	5/20/2014 12:30	PO066883	STUDENT SUPPLIES INVENTORY	Henry Schein Inc	1671302	2	EA	868.42	1736.84
HENRY SCHEIN INSTRUMENT KIT - CA	Tabalon,Brian	2/17/2014 18:06	PO065141	STUDENT SUPPLIES INVENTORY	Henry Schein Inc	;102	22	EACH	2332.5	51315
HENRY SCHEIN INSTRUMENT KIT	Tabalon,Brian	10/23/2013 11:40		TEXTBOOKS - DENTAL HYGIENE	Henry Schein Inc	;101	22	EACH	443.82	9764.04
HENRY SCHEIN INSTRUMENT KIT	Tabalon,Brian	8/20/2013 13:07	PO061199	STUDENT SUPPLIES INVENTORY	Henry Schein Inc	;101	24	EACH	527.18	12652.32

320633.1

Exhibit H

Commission on Dental Accreditation
BioSketch

Do not attach Curriculum Vitae.
Print or Type Only

Name: Dr. Arezou Goshtasbi, DDS

Current Institution: Concorde Career College – Garden Grove Campus

Address: 12951 Euclid Street, #101 **City, State, Zip:** Garden Grove, CA 92840

Phone: 714-703-1900 **Fax:** 714-530-1490 **E-mail:** AGoshtasbi@Concorde.edu

EDUCATIONAL BACKGROUND-Include advanced dental education (Begin with college level)

Name of School, City and State	Yr of Grad.	Certificate or Degree	Area of Study
University of California at San Diego (UCSD)	1987	Bachelor's Degree	Biochemistry & Cell Biology
University of Southern California (USC)	1993	Doctor of Dental Surgery (DDS)	Dentistry

LICENSURE

License (Do not include license number)	From (Year)	To (Year)

BOARD CERTIFICATION

Certifying Organization	Specialty	Date certified

CE COURSES TAKEN (last 5 years)

Course Title	Course Content and Provider	Month and Year
Periodontal Screening and Recording Early Detection of Periodontal Disease	Procter & Gamble	10/2015
Sleep Prosthodontics	Procter & Gamble	01/2015
Biometric Diagnostics in Dentistry	Ray Becker	11/2014
CCADS Training on Smile Design/Anterior Veneers	CCADS	10/2010
Align Technology Invisalign GP Certification	Align Technology	01/2010

TEACHING APPOINTMENTS (Begin with current)

Name of Institution, City and State	Rank	Subjects/Content AreasTaught/ Administrative Responsibilities	From (Year)	To (Year)
University of Southern California	Instructor	Laboratory and Clinic Floor	1993	1994
Cypress College	Adjunct	Supervising Dentist/General Instructor	2015	2016

CURRENT TEACHING RESPONSIBILITIES

Name of Institution, City, State	Course Title	Discipline and Level of Students (Year)	Total Contact Hours Per Year	
			Didactic	Clinic/Laboratory
Concorde Career College	All	Dental Hygiene AS	Varies	Varies

HOSPITAL APPOINTMENTS (Begin with current)

Name of Hospital	City	State	From (Year)	To (Year)
Not applicable				

PRACTICE EXPERIENCE

Location (City and State)	Type of Practice	From (Year)	To (Year)
Lowe and Rossopoulos Dental Specialists	Dentist	2015	2016
Oasis Dental Arts	Dentist	2010	2014
Lake Forest Dental	Dentist	2010	2012
Various Offices	Dentist	1993	2010

MEMBERSHIP, OFFICES OR APPOINTMENTS HELD IN LOCAL, STATE OR NATIONAL DENTAL OR ALLIED DENTAL ORGANIZATIONS, INCLUDING APPOINTMENTS TO STATE BOARDS OF DENTISTRY AND CODA

Name of Organization	Title	From (Year)	To (Year)
Healthy Smiles of Orange County	Dentist	2010	2013
Health Dental Fair of Orange County	Dentist	2010	2014
Association of General Dentistry	Member	1990	2016
Orange County Women's Dental Society	Member	1990	2016
Punjabi Dental Society	Member	1994	2016

PUBLISHED WORKS (For the most recent five years, list articles in which you were the principal author that appeared in refereed journals or text books, by author(s), title, publication, and date)

Author(s)	Title	Publication	Date
None			

Exhibit I

Example Exhibit 14

Using the following format, provide information requested for each dental hygiene faculty member for each term of the academic year. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member's total time commitment per term.)

Name of faculty member Roberta Schuller Term _____ 20 16
Full- or Part-time appointment: Full-Time

A. Teaching Contact Hours

Course No. and Title	Clock Hrs./Week Lec.	Lab.	Clinic
Various courses, as needed			
TOTAL HRS/WEEK	20-24 hours/wk		

B. Supplemental Responsibilities

	Clock Hrs./Week
Administration	
Class Preparation	
Student Counseling	
Committee Activity	
Extramural Employment	
Other (specify)	
TOTAL HRS/WEEK	8-12 hrs/wk

Hours per week devoted to Total Effort (A+B) 32 hrs/wk

Example Exhibit 14

Using the following format, provide information requested for each dental hygiene faculty member for each term of the academic year. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member's total time commitment per term.)

Name of faculty member Cherie Wink Term _____ 20 16
Full- or Part-time appointment: Full-Time

A. Teaching Contact Hours				B. Supplemental Responsibilities	
Course No. and Title	Clock Hrs./Week Lec.	Lab.	Clinic		Clock Hrs./Week
Various courses, as needed				Administration	
				Class Preparation	
				Student Counseling	
				Committee Activity	
				Extramural Employment	
				Other (specify)	
TOTAL HRS/WEEK	20-24 hours/wk			TOTAL HRS/WEEK	8-12 hrs/wk

Hours per week devoted to Total Effort (A+B) 32 hrs/wk

Example Exhibit 14

Using the following format, provide information requested for each dental hygiene faculty member for each term of the academic year. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member's total time commitment per term.)

Name of faculty member Dr. David To Term 20 16
Full- or Part-time appointment: Part-Time

A. Teaching Contact Hours

Course No. and Title	Clock Hrs./Week Lec.	Lab.	Clinic
Clinic Dentist			10
TOTAL HRS/WEEK			10

B. Supplemental Responsibilities

	Clock Hrs./Week
Administration	
Class Preparation	
Student Counseling	
Committee Activity	
Extramural Employment	
Other (specify)	
TOTAL HRS/WEEK	1-2 hrs/wk

Hours per week devoted to Total Effort (A+B) 11-12 hrs/wk

Example Exhibit 14

Using the following format, provide information requested for each dental hygiene faculty member for each term of the academic year. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member's total time commitment per term.)

Name of faculty member Dr. Gary Trombatore Term _____ 20 16
Full- or Part-time appointment: Part-Time

A. Teaching Contact Hours

Course No. and Title	Clock Hrs./Week Lec.	Lab.	Clinic
Clinic Dentist			10
TOTAL HRS/WEEK			10

B. Supplemental Responsibilities

	Clock Hrs./Week
Administration	
Class Preparation	
Student Counseling	
Committee Activity	
Extramural Employment	
Other (specify)	
TOTAL HRS/WEEK	1-2 hrs/wk

Hours per week devoted to Total Effort (A+B) 11-12 hrs/wk

Example Exhibit 14

Using the following format, provide information requested for each dental hygiene faculty member for each term of the academic year. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member's total time commitment per term.)

Name of faculty member Gina Hutchings Term _____ 20 16
Full- or Part-time appointment: Part-Time

A. Teaching Contact Hours				B. Supplemental Responsibilities	
Course No. and Title	Clock Hrs./Week Lec.	Lab.	Clinic		Clock Hrs./Week
Various courses, as needed				Administration	
				Class Preparation	
				Student Counseling	
				Committee Activity	
				Extramural Employment	
				Other (specify)	
TOTAL HRS/WEEK	12-15 hours/wk			TOTAL HRS/WEEK	5-8 hrs/wk

Hours per week devoted to Total Effort (A+B) 20 hrs/wk

Example Exhibit 14

Using the following format, provide information requested for each dental hygiene faculty member for each term of the academic year. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member's total time commitment per term.)

Name of faculty member Denise Marquette Term _____ 20 16

Full- or Part-time appointment: Part-Time

A. Teaching Contact Hours				B. Supplemental Responsibilities	
Course No. and Title	Clock Hrs./Week Lec.	Lab.	Clinic		Clock Hrs./Week
Various courses, as needed				Administration	
				Class Preparation	
				Student Counseling	
				Committee Activity	
				Extramural Employment	
				Other (specify)	
TOTAL HRS/WEEK	12-15 hours/wk			TOTAL HRS/WEEK	5-8 hrs/wk

Hours per week devoted to Total Effort (A+B) 20 hrs/wk

Example Exhibit 14

Using the following format, provide information requested for each dental hygiene faculty member for each term of the academic year. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member's total time commitment per term.)

Name of faculty member MarySue Pierce Term _____ 20 16

Full- or Part-time appointment: Part-Time

A. Teaching Contact Hours				B. Supplemental Responsibilities	
Course No. and Title	Clock Hrs./Week Lec.	Lab.	Clinic		Clock Hrs./Week
Various courses, as needed				Administration	
				Class Preparation	
				Student Counseling	
				Committee Activity	
				Extramural Employment	
				Other (specify)	
TOTAL HRS/WEEK	12-15 hours/wk			TOTAL HRS/WEEK	5-8 hrs/wk

Hours per week devoted to Total Effort (A+B) 20 hrs/wk

Example Exhibit 14

Using the following format, provide information requested for each dental hygiene faculty member for each term of the academic year. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member's total time commitment per term.)

Name of faculty member Cindy Smith Term _____ 20 16

Full- or Part-time appointment: Part-Time

A. Teaching Contact Hours				B. Supplemental Responsibilities	
Course No. and Title	Clock Hrs./Week Lec.	Lab.	Clinic		Clock Hrs./Week
Various courses, as needed				Administration	
				Class Preparation	
				Student Counseling	
				Committee Activity	
				Extramural Employment	
				Other (specify)	
TOTAL HRS/WEEK	12-15 hours/wk			TOTAL HRS/WEEK	5-8 hrs/wk

Hours per week devoted to Total Effort (A+B) 20 hrs/wk

Example Exhibit 14

Using the following format, provide information requested for each dental hygiene faculty member for each term of the academic year. (Note: If two or more classes are enrolled concurrently, each table should reflect the faculty member's total time commitment per term.)

Name of faculty member Betsy Wilson Term _____ 20 16
Full- or Part-time appointment: Part-Time

A. Teaching Contact Hours				B. Supplemental Responsibilities	
Course No. and Title	Clock Hrs./Week Lec.	Lab.	Clinic		Clock Hrs./Week
Various courses, as needed				Administration	
				Class Preparation	
				Student Counseling	
				Committee Activity	
				Extramural Employment	
				Other (specify)	
TOTAL HRS/WEEK	12-15 hours/wk			TOTAL HRS/WEEK	5-8 hrs/wk

Hours per week devoted to Total Effort (A+B) 20 hrs/wk

Exhibit J

CONCORDE
CAREER COLLEGES, INC.
Specializing in Healthcare Training

July 29, 2016

Sam Vergen
C/O Concorde Career College
12951 Euclid Ave
Garden Grove, CA 92840

Dear Sam:

On behalf of Concorde Career Colleges, I am formalizing your offer change to a **DH clinical Coordinator.** Your position will continue to report to **DH program director.**

Your hourly rate will increase to **$18.00** per hour. The title and the rate change will be effective on **Saturday July 30, 2016.**

Please indicate your acceptance by signing a copy of this letter and faxing a copy to me at 877-866-2344 (or scanned copy to my e-mail). If you have any questions, please feel free to contact me.

Sincerely,

Marianne

Marianne Morgan
Recruiting Manager

cc: [Nicholas Ewell]

Accepted:

Sam Vergen
Sam. Vergen

7-29-16
Date

Exhibit K

Concorde Career Colleges, Inc.
Operations Training Manual

Section:	Human Resources
Topic:	Job Description – Dental Hygiene Clinic Coordinator
Effective Date:	August 18, 2009, October 4, 2010, April 4, 2012, July 26, 2016

Dental Hygiene Clinic Coordinator

TITLE: **Dental Hygiene Clinic Coordinator**

LOCATION: **Campus**

DEPARTMENT: **Education**

REPORTS TO: **Dental Hygiene Program Director**

Responsibilities:

1. The Clinic Coordinator for the Dental Hygiene Clinic shall possess knowledge and skill related to the daily operation of a dental clinic.

2. The Clinic Coordinator shall be proficient in computer software as used by the Dental Hygiene Clinic and Concorde Career College (Microsoft Word, Campusvue, and chosen clinic software)

3. The Clinic Coordinator shall be familiar with supplies and equipment used in the Dental Hygiene Clinic, the lab and the classroom.

4. The Clinic Coordinator shall work with the DH Program Director in maintaining inventory, scheduling equipment maintenance and repair appointments, and ordering/receiving items and supplies pertinent to the Dental Hygiene Clinic and associated lab and classroom.

5. The Clinic Coordinator shall be adept in patient scheduling, telephone skills, and general patient record management.

6. The Clinic Coordinator shall be available to assist students and faculty while in the clinic, in a non-technical sense. All technical instruction is to be provided by assigned didactic/clinical instructors and/or the Program Director.

7. The Clinic Coordinator shall be available to Home Office representatives, advisory committee members and other parties "visiting " the Clinic.

8. The Clinic Coordinator shall assist the PD is scheduling and planning Continuing Education Courses presented at the Clinic.

9. The Clinic Coordinator shall be in compliance with all regulatory obligations regarding the use and maintenance of the Dental Hygiene Clinic. (scheduling radiation inspections, posting Patient's Rights, Bloodborne Pathogens Policies, etc.)

10. The Clinic Coordinator will be responsible for sterilization of student instruments, maintenance of the sterilization area and equipment, and maintaining the automatic processor used for labs and clinic.

11. The Clinic Coordinator shall be responsible for the maintenance and care of typodonts and manikins used by the students. Including setting up and taking down and storage.

Qualifications:

Experience in a dental office or clinic responsible for records administration and either e Registered Dental Assistant (RDA) or enrolled in a program of study that leads to eligibility to sit for the RDA examination.

Exhibit L

Faculty Recommendations – Sam Virgin

Hello. I would like to take this time to give you a recommendation for Sam Virgen. Sam was hired to take over as the clinic "secretary" when Kevin Nguyen left. Sam came in and fit right in ... he is an integral part of the DH department team and we have sorely missed having him with us full time.
He is more than competent in his job, excels at troubleshooting computer issues for those of us who are IT challenged, and actually goes above and beyond what is required of him. His dedication to completing a task while maintaining a professional and courteous demeanor is just what is needed in his position. He maintains his sense of humor even in stressful times. He has also become quite diligent in monitoring the clinic's well-being since the departure of the clinical coordinator.
I can't say enough about how much we in DH would love to have him in an "expanded" role. Thank you for giving us the chance to support him in this small way as he has supported us through the transition period we are going through.

Sincerely,
Cindy Smith RDH

It is with great pleasure that I write this letter of recommendation for the expansion of Sam Virgen's role in our dental hygiene department. As I have been with the program since its inception five years ago, I can truely say that Sam has been a breath of fresh air; a genuine gift. We have never had a more responsible, dependable, intelligent, helping and caring individual coordinating our clinic scheduling operations. And now he is going way beyond the call of duty to try and help us fill the void left by the resignation of our clinic coordinator. He is the glue that is holding us together. Please recognize how valuable his qualities are and reward him accordingly.

Sincerely,
Mary Sue Pierce, RDH, BS

Sam never says no when asked to do something and he is usually multitasking several different projects at the same time. He is always pleasant and positive. He gets the job done and puts a lot of effort to get things done in a timely manner. We do need him full time in our department if at all possible. Thank you.

Regards,
Dr. Goshtasbi

Hello Nick, yes I do recommend Sam for an expanded role. He is a quick learner and always ready to jump into any needed project. He is wonderful with anything technical and I think could easily run the clinic if he wished to move into that role. With some infection control education he would be great at everything we do. He is also bilingual and a calm influence at the desk or in clinic.

Gina Hutchings RDH instructor.

Exhibit N

Purchase Order No	PO082465
Date	07/29/2016
Revision Number	

Vendor: H02048

Henry Schein (WP/PO Only)
Dept CH 10241
Palatine IL 60055 0241
(800) 472-4346 Ext.6156 (Phone)
(631) 843-5392 (Fax)

Bill To:

Concorde Career Colleges, Inc
5800 Foxridge Drive, Suite 500
Mission KS 66202-2374
(913) 831-9977 (Phone)
(913) 831-6556 (Fax)

Ship To:

DH Clinic
Concorde Career College
12951 Euclid Street
Room 229
Garden Grove CA 92840
(714) 703-1900 (Phone)
(714) 530-4737 (Fax)

Shipping Method	Payment Terms	Confirm With	Page
INSIDE DELIVERY	Net 45		Page 1 of 1

L/N	Item Number	Description / Reference Number	Req. Date	U/M	Ordered	Unit Price	Ext. Price
1	717-5468	GXS-700 Sz1 Sensor System 717-5468	08/12/2016	each	1	$7,695.00	$7,695.00
From Req/Line: 78611/1 Dept: 90							

Subtotal	$7,695.00
Trade Discount	$0.00
Freight	$0.00
Miscellaneous	$0.00
Tax	$0.00
Order Total	$7,695.00

Exhibit O

CONCORDE CAREER COLLEGE

Biological Monitoring
Quarterly Compliance Calendar

2016

How often should I perform biological monitoring (BI) (spore testing)?

The CDC recommends testing **at least weekly** with a biological monitor for each sterilizer to ensure proper functioning. Users should follow the manufacturer's directions concerning the appropriate placement of the BI in the sterilizer. In addition to conducting routine biological monitoring, equipment users should perform biological monitoring:

- **Whenever a new type of packaging material or tray is used.**
- **After training new sterilization personnel.**
- **After any sterilizer repair or maintenance.**
- **After any change in the sterilizer loading procedures.**

Circle the date each week that BI testing was performed

JULY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

AUGUST						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

TEST DATE	INITIALS OF PERSON WHO RAN TEST	MAIL DATE	INITIALS OF PERSON WHO MAILED TEST
7-6-16	KBS	7-6-16	SV
7-13	SV	7-14-16	SV
7-20	SV	7-21	SV
7-28	SV	7-28	SV

CROSSTEX | Biological Monitoring Service Provider

In Partnership With

HENRY SCHEIN®

STERILIZER TEST REPORT

CONCORDE COLLEGE/DH
12951 EUCLID ST
GARDEN GROVE, CA 92840

Customer ID #: BX491

DATE RANGE

01/01/16 - 03/31/16

Test #	Test Date	Serial #	Manufacturer	Result
BJ90526	12/15/2015	B	Tuttnauer	Failed
BK10237	12/28/2015	BX491/LOANER.	Tuttnauer	Passed
BK17831	12/28/2015	19286	Pelton Crane	Passed
BL44439	01/08/2016	BX491/LOANER	Tuttnauer	Passed
BL44440	01/08/2016	19286	Pelton Crane	Passed
BL49316	01/20/2016	19286	Pelton Crane	Passed
BM09500	02/01/2016	18446/A	Pelton Crane	Passed
BM09635	02/01/2016	19286	Pelton Crane	Passed
BM67462	02/18/2016	19286	Pelton Crane	Passed
BM61586	02/18/2016	18446/A	Pelton Crane	Passed
BN61401	03/11/2016	18446	Pelton & Crane	Passed

Test results are available online
24 hours a day
7 days a week
Updated daily
www.crosstexbms.com

Biological Monitoring Service
(800) 819-3336

Leann Keefer, RDH, MSM
General Manager

Recent events at a Georgia pediatric dental facility have increased awareness of the critical and ethical responsibilities to maintain clean and safe dental unit waterlines (DUWL). Are you confident your DUWL meet the CDC recommendations of less than 500 CFU's? For more information about the occurrence in Georgia please visit www.crosstex.com/georgia. For information about Crosstex Waterline Treatment Solutions please visit www.DentaPure.com

NOTE: Are you in compliance with OSAP, CDC and ADA guidelines of 500 CFUs or less for dental unit waterlines? Call Crosstex at 888.278.7783 and ask about DentaPure® or visit us at DentaPure.com

DHCC
Dental Hygiene
Committee
of California

Agenda Item 4 – Subject Matter Expert (SME) Evaluation of Evidence

Evaluation of Evidence:

1. **DHCC Concern: Admission process not being followed, program director not involved in admissions process**

   A. Requested:

   - Completed admissions checklists for current cohorts 7 and 8
   - List of admissions point totals for cohorts 7 and 8
   - List of individuals involved in the admissions process. Indicate those directly involved with the process.

   B. Received:

   - Exhibit A: Admissions checklist for one cohort (no indication of which cohort, dates removed).
   - Exhibit B: List of point totals for one cohort (no indication of which cohort, dates removed).

   C. Deficiencies Identified:

   - No list of individuals involved in the admissions process. Those directly involved with the process were not identified on paperwork submitted.
   - Admissions checklist for one cohort with dates.
   - List of point totals for one cohort with dates.
   - No copy of the application packet available to students online

   D. Additional Questions/Concerns/Documentation still needed:

   - List of individuals involved in the admissions process
     - Identified on each admission checklist as to their notes.
     - Identified on admission point scoresheets as to their notes.
   - Admissions checklist for one cohort with dates.
   - List of point totals for one cohort with dates.
   - Application packet stipulates that those with highest points will be selected. Scores provided for cohort show individuals with lower point totals being accepted when higher scoring counterparts are not.
   - Application packet stipulates one of the interviewers must be the program director. No evidence that the program director is involved in the interview process.

2. **DHCC Concern: Program exceeding the required CODA faculty to student ratios for clinics and labs. Twenty five students accepted for the program where the maximum enrollment is set at 24.**

   A. Requested:

   - Schedules for all classes, clinics, and labs with faculty assigned to each.

   B. Received:

   - Exhibit D: Schedule for one academic session (June 20th-August 26th [Terms 3 and 6]).

   C. Deficiencies Identified:

   - Ratios still not sufficient for needs of the student.
     - Cohort 8 on Wednesdays only has 4 instructors for 25 students in DH 131 (10 am-2pm)
     - Cohort 7 on Wednesday indicated Clinic A & B with only 3 instructors at any one time.
     - Dr. Goshtasbi DDS is scheduled for 22.5 hours in clinic and lecture. Release time for administrative duties as full time director not sufficient.
   - Schedules not clear as to:
     - What each class is (e.g lecture, lab, clinic)
     - Instructors assigned to each class
     - Hours of instructors
     - Faculty penciled in - not an official copy

   D. Additional Questions/Concerns/Documentation still needed:

   - Official and clear exhibits indicating:
     - What each class is (e.g lecture, lab, clinic)
     - Which instructors are assigned to each class with working hours clearly delineated

3. **DHCC Concern: Due to the lack of clinic coordinator, students assigned patients and not being allowed to complete care. Patients are not being completed by the student that was responsible for the initial assessments.**

   A. Requested:

- Evidence that students are given the opportunity to provide continuity of care.

B. Received:

- Narrative only. No evidence of policy for assigning patients to student or evidence of documentation that continuity of care is being provided.

C. Deficiencies Identified:

- No evidence of policy for continuity of care.

D. Additional Questions/Concerns/Documentation still needed:

- Patient list for students with documentation of case completions for patients seen.

4. DHCC Concern: Evidence that students have resources available to provide patient care:

A. Requested:

- Evidence that students have resources available to provide patient care

B. Received:

- Narrative only. No evidence of policy for assigning patients to student or evidence of documentation that continuity of care is being provided.
- Exhibit E: Course Outlines
- Exhibit F: Student Textbook and Student Supply List
- Exhibit G: Supply Order

C. Deficiencies Identified:

- Exhibit E: Course Outlines not requested/needed.
- Exhibit F: No evidence or proof that each student received a lab kit.
- Exhibit G: Concorde Supplies list only.
  - No spore tests ordered
  - No vendor bill to substantiate claim of radiology sensor purchased
  - No vendor orders or bills to substantiate claim of purchased items
  - No evidence of vendor orders or bills that a lab hood was ordered
  - No proof of water to lab stations completed

- Inconsistent supply order list

D. Additional Questions/Concerns/Documentation still needed:

- Vendor orders/bills to substantiate claims of items purchased

5. **DHCC Concern: No administrative support for the program.**

A. Requested:

- Evidence there is dedicated administrative support for the program

B. Received:

- Narrative only. No evidence to support that administrative personnel has been assigned to the program (evidence of assigned time for personnel, job descriptions including administrative support for the dental hygiene program)

C. Deficiencies Identified

- Absence of dedicated personnel being assigned to support the program faculty and students.

D. Additional Questions/Concerns/Documentation still needed:

- Multiple individuals identified as providing administrative support. Evidence that all individuals have HIPPA training. Evidence of assigned time and duties in each individuals job description.

5. DHCC Concern: Lack of a Program Director; interim program director does not meet the minimum qualifications.

A. Requested:

- Evidence that the interim program director meets the minimum qualifications set by CODA and the DHCC.

B. Received:

- Exhibit H: CODA Biosketch for Dr. Goshtasbi DDS

C. Deficiencies Identified:

- No Interim Program Director Contract
- No evidence of what teaching/administrative responsibilities have been assigned
- No evidence of administrative experience

- No evidence of course(s) in educational teaching methodology
- No evidence of having worked with a dental hygienist for at least 2000 hours.

D. Additional Questions/Concerns/Documentation still needed:

- Evidence of Interim Program Director Contract
- Evidence of teaching/administrative responsibilities assigned
- Evidence of administrative experience
- Evidence of course(s) in educational teaching methodology
- Evidence of having worked with a dental hygienist for at least 2000 hours.

6. DHCC Concern: Insufficient faculty to meet ratios in clinic and labs as well as lack of adequate faculty to provide instruction for all of the courses in the current session.

A. Requested:

- Documents for each faculty member for each session of the academic year with teaching assignments and hors for preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods. (Exhibit 14 of the CODA self-study)

B. Received:

- Exhibit I: CODA Self-Study Exhibit 14 for faculty

C. Deficiencies Identified:

- Incomplete Exhibit 14's.
    - Assigned courses not listed
    - Administrative hours assigned but no breakdown of time spent on administrative activities.
    - Three assigned faculty with no Exhibit 14 (Goshtasbi, Tran, Rafferty)

D. Additional Questions/Concerns/Documentation still needed:

- Documentation for each faculty member for each term of the academic year including
    - Teaching assignments including hours assigned to lecture, labs, clinic

- Supplemental hours for preparation, student evaluation, and counseling
- Professional development to indicate expertise in subject content taught and teaching methodology

7. DHCC Concern: Lack of clinical coordinator

A. Requested:

- Evidence that the clinical coordinator position has been filled.
- Job description
- Evidence of qualifications for person hired

B. Received:

- Narrative for hire of clinical assistant
- Exhibit J: Copy of offer letter to Sam Virgen
- Exhibit K: Job description for Clinical Coordinator, Concorde Garden Grove
- Exhibit L: Faculty recommendations of Sam Virgen

C. Deficiencies Identified:

- No evidence that person hired has clinical experience in the dental field
- Indication from Gina Hutchings RDH on recommendation statement that " With some infection control education he would be great at everything we do"

D. Additional Questions/Concerns/Documentation still needed:

- Curriculum Vitae for Sam Virgen
- Hours devoted to clinical coordination of dental hygiene program
- Proof of a board approved course in infection control, Dental Practice Act (DPA), and basic life support as per DPA 1750
- Proof of RDA course enrollment

8. DHCC Concern: Lack of sensors in radiology to meet the needs of the program (1 sensor for four operatories and 12-13 students; no pediatric sensor)

A. Requested:

- Evidence that one sensor for each operatory was purchased as well as one pediatric sensor

B. Received:

- Narrative with patient lists indicating that the program has determined more sensors are not needed.
- Exhibit M: Patient list for past 6 months
- Exhibit N: Concorde purchase order for one pediatric sensor

C. Deficiencies Identified:

- No evidence to support students have an adequate number of sensors for educational purposes or patient care.
- No vendor order or receipt for for pediatric sensor

D. Additional Questions/Concerns/Documentation still needed:

- Purchase of additional sensors with vendor receipts
- Evidence that two sensors for four operatories is sufficient for 13 students assigned to radiology lab at one time.

9. DHCC Concern: Biological Spore testing of autoclaves has not been done since the clinical coordinator resigned March 2016; instruments contain residual debris after being through the sterilization process

A. Requested:

- Evidence that biological spore testing is being done weekly as required by law

B. Received:

- Exhibit O: Chart with dates spore testing was done beginning 7/6-7/28

C. Deficiencies Identified:

- No evidence that spore tests have been purchased on supply list
- No spore testing results after 3-11-16

D. Additional Questions/Concerns/Documentation still needed:

- Spore testing vendor results for 6-28-16 until present

- No evidence that patients were informed that they could have been exposed to a blood bourne pathogen from March 11th- July 6th

DHCC
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Agenda Item 4 – Evidence Checklist dated

June 28, 2016

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

Standard 1-2	**Yes**	**No**
The institution has a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals, and objectives. **A financial statement document has been submitted providing revenue and expense data for the dental hygiene program.**		
Revenue and expense statements for the program for the past three years	X	
Revenue and expense projections for the program for the next three years-include maintenance budget/supplies	X	

Comments: Budget decreases in payroll, faculty wages, benefits, materials and supplies, uniforms. Increase of $6000 in health screening expenses.

Standard 2-3	**Yes**	**No**
Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability are utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants are informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists. **CCR section 1105(e)(f)(2)** (e) The educational program shall have a written plan for evaluation of all aspects of the program, including admission and selection policy and procedures, attrition and retention of students, curriculum management, patient care competencies, ethics and professionalism, critical thinking, and outcomes assessment, including means of student achievement. If the program has submitted a written plan to the Commission on Dental Accreditation, which includes each of the elements listed above, a copy of such plan may be submitted to the Committee to meet this requirement. (f) Admission. (2) Admission of students shall be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability shall be utilized as criteria in selecting students who have the potential for successfully completing the educational program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.		
Minutes from admissions committee		X
Periodic analysis supporting the validity of established admission criteria and procedures		X

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

Results from institutional research used in interpreting admissions data and criteria and/or correlating data with student performance		X
Student admissions files for the most recent cohorts		X

Comment: College catalogue delineates criteria for enrollment in the college. Upon request of the prospective student, an admissions packet for dental hygiene is provided. The DH admissions application is not available online nor is it in the catalogue.

Comment : No evidence that admissions policies being followed.

Comment : Sample files for 3 graduates and three in progress students. No copies of admissions point sheet for any students. No list of the most recent cohorts with point totals for accepted students.

Comment : Files requested for the most recent and last three cohorts to check for completeness. In eight hours, unable to produce the files.

Comment : No evidence that admissions policies being followed. DH Admissions information states program director interviews all candidates no evidence to support.

Standard 2-4 **Admission of students with advanced standing is based on the same standards of achievement required by students regularly enrolled in the program. Students with advanced standing will receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.**	**Yes**	**No**
Policies and procedures on advanced standing		X
Results of appropriate qualifying examinations		X
Course equivalency or other measures to demonstrate equal scope and level of knowledge		X

Comment: Students allowed to re-enter.

Comment : No dental hygiene program policies as to criteria for re-entry.

Standard 2-5 **The number of students enrolled in the program is proportionate to the resources available.** **CCR Section 1105(b)(4)(i)** (b) Instruction.	**Yes**	**No**

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

(4) The instructor to student ratio shall meet approved Commission on Dental Accreditation standards referenced in subsection (c) of section 1103 of this article. (i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.		
Sufficient number of clinical and laboratory stations based on enrollment-map of clinical facility/radiology		X
Clinical schedules demonstrating equitable and sufficient clinical unit assignments-clinic schedule for today's clinics/radiology with faculty assignments		X
Clinical schedules demonstrating equitable and sufficient radiology unit assignments		X
Equipment maintenance and replacement plan		X

Comment: Cohort 8 has 25 students, not in compliance with 1:12 lab ratio and preclinical 1:6 ratio.

Comment: Lab kits were charged for each student but students were required to share 12 lab kits

Comment: Wet labs lacking hood, water to stations, sufficient number of stations.

Comment: Insufficient instrument replacement process (2 sets to be used for 50 weeks)

Comment: Chairs are available but 2 students are missing clinic time to sterilize each clinic session.

Standard 2-11 **The DH program has established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.**	**Yes**	**No**
Clinic Manual Provided		X

Comment: Students not allowed to provide continued care for patients. Patients assigned for initial treatment students not allowed to followed through, patient reassigned to different student. No continuity of care.

Comment: No administrative assistant able to schedule/ reschedule patients or cover phones or computers and/or answer patient questions.

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

Standard 3-3	Yes	No
The program administrator is a dental hygienist who is a graduate of a program accredited by the Commission on Dental Accreditation and possess a masters or higher degree program, or a dentist, who has the background in education and the professional experience necessary to understand and fulfill the program goals. **CCR Section 1105.1. Faculty(a)(1-4)..."Interim Program Director "** (a) “Program Director” or “Interim Program Director” means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications: (1) Possess an active, current dental or dental hygiene license issued by the Committee or the Dental Board of California (DBC), with no disciplinary actions; (2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; (3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and (4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.		
Standard 3-5 **The number and distribution of faculty and staff is sufficient to meet the dental hygiene program's stated purpose, goals and objectives.** **CCR Section 1105(k)** (k) The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.		
Standard 3-6 **The faculty to student ratios are sufficient to ensure the development of competence and ensure the health and safety of the public.**		

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

The faculty to student ratios for preclinical, clinical, and radiographic clinical and laboratory sessions are not less than one to six. **Faculty to student ratios for laboratory sessions in dental materials courses are not less than one to twelve to ensure the development of clinical competence and maximum protection of the patient, faculty and students.**		
Evidence of administrative experience for program director		X
Evidence of instructional experience for program director	X	
Evidence of work experience as a dental hygienist or with dental hygienists for program director	X	
Faculty teaching commitments		X
Class schedules	X	
Listing of ratios for clinical, radiographic and laboratory courses	X	

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

Comment: Ratios being met, however, prep time inadequate. Teaching commitment full time 32 hours/week. Release time is set at 25% with a reduction to 10%.

Comment: Cohort 8: 25 students, DH 131 pre-clinic 13 students in lab with 1 instructor. standards and regulation require 1 faculty member for every 12 students.

Comment: Program Director is not listed as a FT employee.

Comment: No faculty assigned to teach DH 105 Head and Neck Anatomy

Comment: Schedule available; lacking instructors for two classes.

Comment: Students have not been informed of the change in the interim director position.

Comment: Pharmacology teacher quit before final. No proctor available to answer questions.

Comment: Program Director for San Bernardino campus is acting as substitute teacher. Has full-time program responsibilities at San Bernardino Campus.

Standard 3-11	**Yes**	**No**
Qualified institutional support personnel is assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.		
CCR Section 1105(i)		
i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.		
Standard 3-12		
Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not compensate for limitations of the clinical capacity or to replace clinical staff.		
CCR Section 1105(i)		
i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.		

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

Job description for support staff assigned to assist administrator and faculty in preparing course materials, correspondence, maintaining student records and providing supportive services for student recruitment and admissions activities	X	
Evidence of assigned time for support staff to assist administrator and faculty in preparing course materials, correspondence, maintaining student records and providing supportive services for student recruitment and admissions activities		X
Evidence of assigned time for support staff to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.	X	

Comment: Students assigned to do clinic assistant duties due to lack of a clinical assistant.

Comment: No administrative assistant or clinic coordinator.

Comment : Clinical coordinator position not filled.

Comment : College does not have an administrative assistant position for dental hygiene posted. Previous administrative assistant assigned to learning resources center.

Standard 4-2	**Yes**	**No**
Radiography facilities are sufficient for student practice and the development of clinical competence. **The radiography facilities contain the following:** **a. An appropriate number of radiology exposure rooms which include:** **1. Modern dental radiology units** **2. Teaching manikin(s)** **3. Conveniently located hand washing sinks** **b. Modern processing and/or scanning equipment** **c. An area of mounting and viewing radiographs**		
List of radiology equipment		X

Comments: Inadequate number of sensors for students to utilize for training and clinical purposes.

There are two sensors for twelve students and four radiology operatories. One of those sensors borrowed from dental assisting. Inadequate number of sensors for students to complete radiology requirements. No pediatric sensor for child patients.

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4)

Standard 5-1
Program documents its compliance with institutional policy and applicable regulations of local, state, and federal agencies including but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases.

Policies are provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance.

CCR Division 10; Chapter 1; Article 1; Section 1005(b)(17)

Comment: Sharps container not emptied, spore tests not done since clinical, dishwasher inefficient it leaves debris and blood on instruments.

Comment: Sterilization is not being monitored. No evidence of spore testing being done since clinic assistant left.

Overall Comments:

1. Request for files took over five hours to get three student files for each graduate and ongoing students.

2. Files did not include admissions checklist or summary of points scored. No minimum point requirement.

3. Twenty five students in cohort #8, pre clinic inadequate faculty- not meeting the faculty to student ratios.

4. No proof of interim program director having administrative experience, full time contract.

5. No faculty assigned to teach DH 105-Head and Neck.

6. Most requests for documentation not honored.

DHCC
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Agenda Item 4 – Summary of Findings:

Evidence Checklist dated August 10, 2016

a) Dental Board of California Report
b) DHCC Educational Consultant Report

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4); Cal OSHA Title 8 Subchapter 7 Group 16 Article 109.

Standard 3-11

Qualified institutional support personnel are assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

CCR Section §1105 (i)
The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

Cal OSHA §5193 (g) (2) (B 1-2) (G 1-14)
(B) Training shall be provided as follows:
1. At the time of initial assignment to tasks where occupational exposure may take place;
2. At least annually thereafter.

(G) The training program shall contain at a minimum the following elements:
1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;
2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
7. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;
9. Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;
12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and
14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

Standard 3-12

Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not compensate for limitations of the clinical capacity or to replace clinical staff.

CCR Section §1105 (i)
The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4); Cal OSHA Title 8 Subchapter 7 Group 16 Article 109.

Evidence Review	Yes	No
Evidence of assigned time for support staff to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.		X
Evidence of adequate training of DHCP in infection control and prevention to coordinate and manage the clinical facility		X

Comments:

1. The DBC Inspector stated that the Clinic Coordinator is not sufficiently trained or qualified to oversee infection control management.

2. The Clinic Coordinator stated a faculty member teaches infection control to students.

3. The Clinic Coordinator stated that the instructors oversee sterilization by the students.
   - An instructor stated that instructors do not oversee sterilization.

4. The Clinic Coordinator stated that student “rotators” are in charge of spore testing and the Clinic Coordinator sends the test to the vendor for processing.
   - DBC Inspector stated not sufficient.

5. Students in interview stated since the previous Clinical Coordinator left there has not been any spore testing or sterilization supervision since April.

6. Students stated that the Clinic Coordinator doesn't know about spore testing.

7. Students stated that the Clinic Coordinator tried to keep up with everything by enlisting the help of the Dental Assisting faculty.

8. Students stated that the Clinic Coordinator has no official infection control training.

9. Students stated no mention of spore testing in curriculum, not aware of significance.

10. Students stated that even though the Clinic Coordinator has been trying to help, this person is:
    a. Mainly overseeing paperwork.
    b. Continues to be “taken away” from their program to assist in the Learning Resource Center.
       * No full-time support.

11. Students stated that their education has suffered due to the lack of qualified individuals to assist in their education.
    *Had no clinical or secretarial support which took away from patient care.

12. The Interim Program Director stated the current Clinic Coordinator is in training status.
    a. The Interim Program Director states a particular faculty member is helping supervise sterilization.
    b. The Interim Program Director states that other faculty members are filling in for the particular faculty member while this person is overseeing sterilization but when questioned could not be clear on which faculty are scheduled to assist the particular faculty member and when.

c. A faculty member stated that instructors do not oversee sterilization.

13. The Interim Program Director stated that Concorde is still interviewing candidates for the Clinic Coordinator as of two weeks ago.

14. The Interim Program Director sat in on interviewing candidates and stated that there was a more qualified individual to be hired as Clinic Coordinator but that other instructors wanted the (now acting) Clinic Coordinator to be hired instead.
    a. DBC Inspector and Orange County Inspector stated that Clinic Coordinator is unqualified and needs training.
    b. DBC Inspector and Orange County Inspector stated a qualified individual needs to be hired for this facility.

Standard 4-1

The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.

Clinical Facilities
The dental hygiene facilities must include the following:
e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;
f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;

CCR Section §1005 (b 1-3, 5-6, 8, 10-14, 17, 19-20, 22)
(b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA).
(1) Standard precautions shall be practiced in the care of all patients.
(2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.
(3) A copy of this regulation shall be conspicuously posted in each dental office.
Personal Protective Equipment:
(5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).
Hand Hygiene:
(6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.
Gloves:
(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4); Cal OSHA Title 8 Subchapter 7 Group 16 Article 109.

donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.

Sterilization and Disinfection:
(10) All germicides must be used in accordance with intended use and label instructions.
(11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.
(12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.
(13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.
(14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.
(17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.
Irrigation:
(19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.
(20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions.
(22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.

Cal OSHA §5193 (d) (3) (H)

(H) Cleaning and Decontamination of the Worksite.
1. General Requirements.
a. Employers shall ensure that the worksite is maintained in a clean and sanitary condition.
b. Employers shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.
c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the:
i. Location within the facility;
ii. Type of surface or equipment to be treated;
iii. Type of soil or contamination present; and
iv. Tasks or procedures being performed in the area.
d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.
2. Specific Requirements.
a. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:
i. Surfaces become overtly contaminated;
ii. There is a spill of blood or OPIM;
iii. Procedures are completed; and
iv. At the end of the work shift if the surface may have become contaminated since the last cleaning.
b. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
c. Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to

Commission on Dental Accreditation Standards for Dental Hygiene Programs (Standards); California Code of Regulations (CCR) Title 16; Division 11; Dental Hygiene Committee of California (Sections 1103-1105.4); Cal OSHA Title 8 Subchapter 7 Group 16 Article 109.

cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

Evidence Review	Yes	No
Sterilization facilities in compliance with the California Dental Practice Act and Cal OSHA		X

Comments:

1. DBC Inspector noted spore testing was lacking from 4-28-16 until 7-13-16 and out of compliance.

2. Report stated that spore testing failed.
   a. Concorde notified by vendor on 7-15-16 of failure.
      *Retest of failed spore test not done.
   b. Subsequent spore test conducted on 7-20-16
      *When questioned, Clinic Coordinator stated that a faculty member checked the autoclave and replaced seal.
   c. The Interim Program Director stated to be unaware of the lack of spore testing until notified today.

3. DBC Inspector noted nitrile (heavy duty gloves) insufficient and out of compliance.
   * DBC Inspector noted each student needs their own pair.

4. Ultrasonic unlabeled and out of compliance. Needs identification of solution.

5. Sink noted extremely soiled and out of compliance.

6. Emergency kit out of date and out of compliance.
   a. Last inspection was on 9-2013.
   b. Many expired (6-2016) drugs needed to be disposed of.

Agenda Item 4 – American Dental Association's Commission on Dental Accreditation (CODA) Standards

Commission on Dental Accreditation

Accreditation Standards for Dental Hygiene Education Programs

Accreditation Standards for Dental Hygiene Education Programs

Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
312/440-4653
www.ada.org/coda

Effective January 1, 2013

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Accreditation Standards for Dental Hygiene Education Programs

Document Revision History

Date	***Item***	***Action***
July 26, 2007	*Accreditation Standards for Dental Hygiene Education Programs*	*Adopted*
July 26, 2007	*Standards to Ensure Program Integrity Examples of Evidence Modified: Standard 1-3*	*Approved and Implemented*
February 1, 2008	*Intent Statement Modified: Standard 3-3*	*Approved and Implemented*
February 1, 2008	*Revised Definition of Terms and Usage of Examples of Evidence*	*Adopted and Implemented*
January 1, 2009	*Accreditation Standards for Dental Hygiene Education Programs*	*Implemented*
July 30, 2009	*Revised Standard 2-17*	*Adopted*
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February 6, 2015	*Revised Standard 2-1*	*Adopted*

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February 5, 2016	*Revised Accreditation Status Definition*	*Adopted and Implemented*

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Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the oral health care needs of the public through the development and administration of standards that foster continuous quality improvement of dental and dental related educational programs.

Commission on Dental Accreditation
Adopted August 2012

Accreditation Status Definitions

1. <u>Programs That Are Fully Operational:</u>
Approval *(without reporting requirements*): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval *(with reporting requirements*): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Identification of new deficiencies during the reporting time prior will not result in a modification of the specified deadlines for compliance with prior deficiencies.

Reaffirmed: 8/10, 7/05; Revised: 2/16; 1/99; Adopted: 1/98

2. <u>Programs That Are Not Fully Operational</u>: A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is "initial accreditation." When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program's accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status.

Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification "initial accreditation" is granted based upon one or more site evaluation visit(s).

Reaffirmed: 8/10; Revised: 7/08; Adopted: 2/02

<u>3. Other Accreditation Actions:</u>
Teach-Out: An action taken by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program is in the process of voluntarily terminating its accreditation due to a planned discontinuance or program closure. The Commission monitors the program until students/residents who matriculated into the program prior to the reported discontinuance or closure effective date are no longer enrolled.

Discontinued: An action taken by the Commission on Dental Accreditation to affirm a program's reported discontinuance effective date or planned closure date and to remove a program from the Commission's accredited program listing, when a program either 1) voluntarily discontinues its participation in the accreditation program and no longer enrolls a first year class students/residents who matriculated prior to the program's reported discontinuance effective date or 2) is closed by the sponsoring institution.

Intent to Withdraw: A formal warning utilized by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program's accreditation will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a specified date. The warning is usually for a six-month period, unless the Commission extends for good cause. The Commission advises programs that the intent to withdraw accreditation may have legal implications for the program and suggests that the institution's legal counsel be consulted regarding how and when to advise applicants and students of the Commission's accreditation actions. The Commission reserves the right to require a period of non-enrollment for programs that have been issued the Intent to Withdraw warning.

Withdraw: An action taken by the Commission when a program has been unable to demonstrate compliance with the accreditation standards or policies within the time period specified. A final action to withdraw accreditation is communicated to the program and announced to the communities of interest. A statement summarizing the reasons for the Commission's decision and comments, if any, that the affected program has made with regard to this decision, is available upon request from the Commission office. In the event the Commission withdraws accreditation from a program, students currently enrolled in the program at the time accreditation is withdrawn and who successfully complete the program, will be considered graduates of an accredited program. Students who enroll in a program after the accreditation has been withdrawn will not be considered graduates of a Commission accredited program. Such graduates may be ineligible for certification/licensure examinations.

Revised 2/16; Reaffirmed: 8/10, 7/07, 7/01; CODA: 12/87:9

Denial: An action by the Commission that denies accreditation to a developing program (without enrollment) or to a fully operational program (with enrollment) that has applied for accreditation. Reasons for the denial are provided. Denial of accreditation is considered an adverse action.

Adopted: 8/11

Preface

The Accreditation Standards for Dental Hygiene Education Programs represent a revision of Requirements and Guidelines for Accredited Dental Hygiene Education Programs. These standards have been developed for the following reasons: (1) to protect the public welfare, (2) to serve as a guide for dental hygiene program development, (3) to serve as a stimulus for the improvement of established programs, and (4) to provide criteria for the evaluation of new and established programs. To be accredited by the Commission on Dental Accreditation, a dental hygiene program must meet the standards set forth in this document. These standards are national in scope and represent the minimum requirements for accreditation. The importance of academic freedom is recognized by the Commission; therefore, the standards are stated in terms which allow institution flexibility in the development of an educational program. It is expected that institutions which voluntarily seek accreditation will recognize the ethical obligation of complying with the spirit as well as the letter of these standards.

The Commission on Dental Accreditation

From the early 1940's until 1975, the Council on Dental Education was the agency recognized as the national accrediting organization for dentistry and dental-related educational programs. On January 1, 1975, the Council on Dental Education's accreditation authority was transferred to the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs, an expanded agency established to provide representation of all groups affected by its accrediting activities. In 1979, the name of the Commission was changed to the Commission on Dental Accreditation.

The Commission is comprised of 30 members. It includes a representative of the American Dental Hygienists' Association (ADHA) and other disciplines accredited by the Commission as well as public representatives.

Specialized Accreditation

Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will be qualified to enter those disciplines. A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which such educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards who represent the broad communities of interest. The Commission on Dental Accreditation is the specialized accrediting agency recognized by the United States Department of Education to accredit programs which provide basic preparation for licensure or certification in dentistry and the related disciplines.

Dental Hygiene Accreditation

The first dental hygiene accreditation standards were developed by three groups: the American Dental Hygienists' Association, the National Association of Dental Examiners and the American Dental Association's Council on Dental Education. The standards were submitted to and approved by the American Dental Association House of Delegates in 1947, five years prior to the launching of the dental hygiene accreditation program in 1952. The first list of accredited dental hygiene programs was published in 1953, with 21 programs. Since then the standards for accreditation have been revised five times -- in 1969, 1973, 1979, 1991, 1998 and 2005.

In an effort to provide the communities of interest with appropriate input into the latest revision of the standards, the Commission on Dental Accreditation utilized the following procedures: conducting surveys of communities of interest, holding open hearings and distributing widely a draft of the proposed revision of the standards for review and comment. Prior to approving the revised standards in July 2007, the Commission carefully considered comments received from all sources. The revised accreditation standards were implemented in January 2009.

Statement of General Policy

Maintaining and improving the quality of dental hygiene education is a primary aim of the Commission on Dental Accreditation. In meeting its responsibilities as a specialized accrediting agency recognized by the dental profession and by the United States Department of Education, the Commission on Dental Accreditation:

1. Evaluates dental hygiene education programs on the basis of the extent to which program goals, institutional objectives and approved accreditation standards are met;

2. Supports continuing evaluation of and improvements in dental hygiene education programs through institutional self-evaluation;

3. Encourages innovations in program design based on sound educational principles;

4. Provides consultation in initial and ongoing program development.

As a specialized accrediting agency, the Commission relies on an authorized institutional accrediting agency's evaluation of the institution's objectives, policies, administration, financial and educational resources and its total educational effort. The Commission's evaluation will be confined to those factors which are directly related to the quality of the dental hygiene program. In evaluating the curriculum in institutions that are accredited by a U.S. Department of Education-recognized regional or national accrediting agency, the Commission will concentrate on those courses which have been developed specifically for the dental hygiene program and core courses developed for related disciplines. When an institution has been granted status or "candidate for accreditation" status by a regional or national accrediting agency, the Commission will accept that status as evidence that the general education and biomedical science courses included in the dental hygiene curriculum meet accepted standards, provided such courses are of appropriate level and content for the discipline.

The importance of institutional academic freedom is recognized by the Commission, and the Accreditation Standards allow institutions considerable flexibility in structuring their educational programs. The Commission encourages the achievement of excellence through curricular innovation and development of institutional individuality. Dependent upon its objectives, resources, and state practice act provisions, the institution may elect to extend the scope of the curriculum to include content and instruction in additional areas.

Programs and their sponsoring institutions are encouraged to provide for the educational mobility of students through articulation arrangements and career laddering (e.g., between dental assisting education programs and dental hygiene education programs).

Institutions and programs are also strongly encouraged to develop mechanisms to award advanced standing for students who have completed coursework at other educational programs accredited by the Commission on Dental Accreditation or by use of appropriate qualifying or proficiency examinations.

This entire document constitutes the Accreditation Standards for Dental Hygiene Education Programs. Each standard is numbered (e.g., 1-1, 1-2) and in bold print. Where appropriate, standards are accompanied by statements of intent that explain the rationale, meaning and significance of the standard. Expanded guidance in the form of examples to assist programs in better understanding and interpreting the "must" statements within the standards follow. This format is intended to clarify the meaning and application of standards for both those responsible for educational programs and those who evaluate these programs for the Commission.

Definitions of Terms Used in Dental Hygiene Accreditation Standards

The terms used in this document indicate the relative weight that the Commission attaches to each statement. Definitions of these terms are provided.

Standard: Offers a rule or basis of comparison established in measuring or judging capacity, quantity, quality, content and value; criterion used as a model or pattern.

Must: Indicates an imperative need, duty or requirement; an essential or indispensable item; mandatory.

Should: Indicates a method to achieve the Standards.

Intent: Intent statements are presented to provide clarification to the dental hygiene education programs in the application of and in connection with compliance with the Accreditation Standards for Dental Hygiene Education Programs. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

Examples of evidence to demonstrate compliance include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Competent: The levels of knowledge, skills and values required by new graduates to begin the practice of dental hygiene.

Competencies: Written statements describing the levels of knowledge, skills and values expected of graduates.

Instruction: Describes any teaching, lesson, rule or precept; details of procedure; directives.

Basic Clinical Education: The patient care experiences required for all students in order to attain clinical competence and complete the dental hygiene program. This education is provided in the program's clinical facilities (on campus or extended campus facilities) as defined in the Accreditation Standards and is supervised and evaluated by program faculty according to predetermined criteria.

Laboratory or Preclinical Instruction: Indicates instruction in which students receive supervised experience performing functions using study models, manikins or other simulation methods; student performance is evaluated by faculty according to predetermined criteria.

Enriching Clinical Experiences: Clinical experiences that exceed the basic clinical education requirements of the program and that are provided to enhance the basic clinical education. Enriching experiences may be provided on campus and/or in extramural clinical facilities and may be supervised by non-program personnel according to predetermined learning objectives and evaluation criteria.

Distance Education: As defined by the United States Department of Education, distance education is "an educational process that is characterized by the separation, in time or place, between instructor and student. The term includes courses offered principally through the use of (1) television, audio or computer transmission; (2) audio or computer conferencing; (3) video cassettes or disks; or (4) correspondence."

Patients with special needs: Those patients whose medical, physical, psychological, or social situations make it necessary to modify normal dental routines in order to provide dental treatment for that individual. These individuals include, but are not limited to, people with developmental disabilities, complex medical problems, and significant physical limitations.

Post-Degree Certificate: A certificate awarded to students who have previously earned a minimum of an associate's degree and complete all requirements of the accredited educational program in dental hygiene.

Standard of Care: Level of clinical performance expected for the safe, effective and ethical practice of dental hygiene.

Dental Hygiene Diagnosis: Identification of an existing or potential oral health problem that a dental hygienist is qualified and licensed to treat.

The Commission's accreditation standards have been stated, purposefully, in terms which allow flexibility, innovation and experimentation. Regardless of the method(s) used to provide instruction, the Commission expects that each accredited program will comply with the spirit as well as the letter of the accreditation standards.

STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

Planning and Assessment

1-1 The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:

a) developing a plan addressing teaching, patient care, research and service which are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education.
b) implementing the plan;
c) assessing the outcomes, including measures of student achievement;
d) using the results for program improvement.

Intent:
Assessment, planning, implementation and evaluation of the educational quality of a dental hygiene education program (inclusive of distance education modalities/programs), that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students in an accountable and cost effective manner. The Commission on Dental Accreditation expects each program to define its own goals for preparing individuals in the discipline and that one of the program goals is to comprehensively prepare competent individuals in the discipline.

Examples of evidence to demonstrate compliance may include:
- program completion rates
- employment rates
- success of graduates on state licensing examinations
- success of graduates on national boards
- surveys of alumni, students, employers, and clinical sites
- other benchmarks or measures of learning used to demonstrate effectiveness
- examples of program effectiveness in meeting its goals
- examples of how the program has been improved as a result of assessment
- ongoing documentation of change implementation
- mission, goals and strategic plan document
- assessment plan and timeline

Financial Support

1-2 The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives. A financial statement document must be submitted providing revenue and expense data for the dental hygiene program.

Intent:
The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should employ sufficient faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes, including technological advances, necessary to reflect current concepts of education in the discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.

Examples of evidence to demonstrate compliance may include:
- program's mission, goals, objectives and strategic plan
- institutional strategic plan
- revenue and expense statements for the program for the past three years
- revenue and expense projections for the program for the next three years

1-3 The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

1-4 The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.

Examples of evidence to demonstrate compliance may include:
- Written agreement(s)
- Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, faculty financial support

Institutional Accreditation

1-5 Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate* national accrediting agency) recognized by the United States Department of Education for offering college-level programs.

* Agencies whose mission includes the accreditation of institutions offering allied health education programs.

Intent:
Dental schools, four-year colleges and universities, community colleges, technical institutes, vocational schools, and private schools, which offer appropriate fiscal, facility, faculty and curriculum resources are considered appropriate settings for the program. The institution should offer appropriate fiscal, facility, faculty and curriculum resources to sponsor the dental hygiene educational program.

Examples of evidence to demonstrate compliance may include:

- Accreditation (or candidate status) from a recognized institutional (regional or national) accrediting agency, for example:
  Commission on Higher Education, Middle States Association of Colleges and Schools; Commission on Institutions of Higher Education, New England Association of Schools and Colleges; Commission on Technical and Career Institutions, New England Association of Schools and Colleges; Commission on Institutions of Higher Education, North Central Association of Colleges and Schools; Commission on Colleges, Northwest Association of Schools and Colleges; Commission on Colleges, Southern Association of Colleges and Schools; Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges; Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges; Accrediting Bureau of Health Education Schools; Accrediting Commission of Career Schools and Colleges of Technology; Accrediting Commission of the Distance Education and Training Council; The Council on Occupational Education; Accrediting Council for Independent Colleges and Schools

1-6 All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.

Examples of evidence to demonstrate compliance may include:

- affiliation agreement(s)

Community Resources

1-7 There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

Intent:
The purpose of an active liaison mechanism is to provide a mutual exchange of information for improving the program, recruiting qualified students and meeting employment needs of the community. The responsibilities of the advisory body should be defined in writing and the program director, faculty, and appropriate institution personnel should participate in the meetings as non-voting members to receive advice and assistance.

Examples of evidence to demonstrate compliance may include:

- policies and procedures regarding the liaison mechanism outlining responsibilities, appointments, terms and meetings
- membership list with equitable representation if the group represents more than one discipline
- criteria for the selection of advisory committee members
- an ongoing record of committee or group minutes, deliberations and activities

STANDARD 2 - EDUCATIONAL PROGRAM

Instruction

2-1 The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.

In a two-year college setting, the graduates of the program must be awarded an associate degree. In a four-year college or university, graduates of the program must be awarded an associate degree, post-degree certificate, or baccalaureate degree.

Intent:
The dental hygiene curriculum is comprehensive in scope and depth and requires a minimum of two years of academic preparation. The curriculum should include additional coursework and experiences, as appropriate, to develop competent oral health care providers who can deliver optimal patient care within a variety of practice settings and meet the needs of the evolving healthcare environment.

In a four-year college setting that awards a certificate, admissions criteria should require a minimum of an associate degree. Institutions should provide students with opportunities to continue their formal education through affiliations with institutions of higher education that allow for transfer of course work. Affiliations should include safeguards to maximize credit transfer with minimal loss of time and/or duplication of learning experiences.

General education, social science and biomedical science courses included in associate degree dental hygiene curricula should parallel those offered in four-year colleges and universities. In baccalaureate degree curricula, attention is given to requirements for admission to graduate programs to establish a balance between professional and nonprofessional credit allocations.

Examples of evidence to demonstrate compliance may include:
- copies of articulation agreements
- curriculum documents
- course evaluation forms and summaries
- records of competency examinations
- college catalog

2-2 A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal. A college document must include institutional due process policies and procedures.

Intent:
If a student does not meet evaluation criteria, provision should be made for remediation or dismissal. On the basis of designated criteria, both students and faculty can periodically assess progress in relation to the stated goals and objectives of the program.

Examples of evidence to demonstrate compliance may include:
- written remediation policy and procedures
- records of attrition/retention rates related to academic performance
- institutional due process policies and procedures

Admissions

2-3 Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

Intent:
The dental hygiene education curriculum is a postsecondary scientifically-oriented program which is rigorous and intensive. Because enrollment is limited by facility capacity, special program admissions criteria and procedures are necessary to ensure that students are selected who have the potential for successfully completing the program. The program administrator and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures which are non-discriminatory and ensure the quality of the program.

Examples of evidence to demonstrate compliance may include:
- admissions management policies and procedures
- copies of catalogs, program brochures or other written materials
- established ranking procedures or criteria for selection
- minutes from admissions committee
- periodic analysis supporting the validity of established admission criteria and procedures
- results from institutional research used in interpreting admissions data and criteria and/or correlating data with student performance

- graduation rates
- analysis of attrition
- employment rates

2-4 Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.

Intent:
Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant's past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program's approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.

Examples of evidence to demonstrate compliance may include:
- policies and procedures on advanced standing
- results of appropriate qualifying examinations
- course equivalency or other measures to demonstrate equal scope and level of knowledge

2-5 The number of students enrolled in the program must be proportionate to the resources available.

Intent:
In determining the number of dental hygiene students enrolled in a program (inclusive of distance sites), careful consideration should be given to ensure that the number of students does not exceed the program's resources, including patient supply, financial support, scheduling options, facilities, equipment, technology and faculty.

Examples of evidence to demonstrate compliance may include:
- sufficient number of clinical and laboratory stations based on enrollment
- clinical schedules demonstrating equitable and sufficient clinical unit assignments
- clinical schedules demonstrating equitable and sufficient radiology unit assignments
- faculty full-time equivalent (FTE) positions relative to enrollment
- budget resources and strategic plan
- equipment maintenance and replacement plan

- patient pool availability analysis
- course schedules for all terms

Curriculum

2-6 The dental hygiene program must define and list the competencies needed for graduation. The dental hygiene program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

Intent:
The educational competencies for the dental hygiene education program should include the preparation of graduates who possess the knowledge, skills and values to begin the practice of dental hygiene. The evaluation methods used in the dental hygiene program should include process and end-product assessments of student performance, as well as a variety of objective testing measures. These mechanisms will provide student performance data related to measuring defined program competencies throughout the program for the students, faculty and college administration.

Examples of evidence to demonstrate compliance may include:
- competencies documentation demonstrating relationship between evaluation methods and program competencies
- process and product evaluation forms

2-7 Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning experiences, and evaluation procedures must be provided to students at the initiation of each dental hygiene course.

Intent:
The program should identify the dental hygiene fundamental knowledge and competencies that will be included in the curriculum based on the program goals, resources, current dental hygiene practice responsibilities and other influencing factors. Individual course documentation needs to be periodically reviewed and revised to accurately reflect instruction being provided as well as new concepts and techniques taught in the program.

2-8 The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies. A curriculum document must be submitted for each course included in the dental hygiene program for all four content areas.

Intent:
Foundational knowledge should be established early in the dental hygiene program and of appropriate scope and depth to prepare the student to achieve competence in all components of dental hygiene practice. Content identified in each subject may not necessarily constitute a separate course, but the subject areas are included within the curriculum.

Curriculum content and learning experiences should provide the foundation for continued formal education and professional growth with a minimal loss of time and duplication of learning experiences. General education, social science, and biomedical science courses included in the curriculum should be equivalent to those offered in four-year colleges and universities.

2-8a General education content must include oral and written communications, psychology, and sociology.

Intent:
These subjects provide prerequisite background for components of the curriculum, which prepare the students to communicate effectively, assume responsibility for individual oral health counseling, and participate in community health programs.

2-8b Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general pathology and/or pathophysiology, nutrition and pharmacology.

Intent:
These subjects provide background for dental and dental hygiene sciences. The subjects are to be of the scope and depth comparable to college transferable liberal arts course work. The program should ensure that biomedical science instruction serves as a foundation for student analysis and synthesis of the interrelationships of the body systems when making decisions regarding oral health services within the context of total body health.

Biomedical science instruction in dental hygiene education ensures an understanding of basic biological principles consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems. The biomedical knowledge base emphasizes the orofacial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.

Dental hygienists need to understand abnormal conditions to recognize the parameters of comprehensive dental hygiene care. The program should ensure that graduates have the level of understanding that assures that the health status of the patient will not be compromised by the dental hygiene interventions.

2-8c Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.

Intent:
These subjects provide the student with knowledge of oral health and disease as a basis for assuming responsibility for assessing, planning and implementing preventive and therapeutic services. Teaching methodologies should be utilized to assure that the student can assume responsibility for the assimilation of knowledge requiring judgment, decision making skills and critical analysis.

2-8d Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.

Intent:
Dental hygiene sciences provide the knowledge base for dental hygiene and prepares the student to assess, plan, implement and evaluate dental hygiene services as an integral member of the health team. Content in provision of oral health care services to patients with bloodborne infectious diseases prepares the student to assess patients' needs and plan, implement and evaluate appropriate treatment.

2-9 The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.

Intent:
Learning experiences and practice time in clinical procedures is necessary to assure sufficient opportunity to develop competence in all clinical procedures included in the curriculum. Didactic material on clinical dental hygiene should be presented throughout the curriculum.

2-10 The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment. Clinical practice must be distributed throughout the curriculum.

Intent:
Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence. The number of hours devoted to clinical practice time should increase as the students progress toward the attainment of clinical competence.

The preclinical course should have at least six hours of clinical practice per week. As the first-year students begin providing dental hygiene services for patients, each student should be scheduled for at least eight to twelve hours of clinical practice time per week. In the final prelicensure year of the curriculum, each second-year student should be scheduled for at least twelve to sixteen hours of practice with patients per week in the dental hygiene clinic.

Examples of evidence to demonstrate compliance may include:

- program clinical experiences
- patient tracking data for enrolled and past students
- policies regarding selection of patients and assignment of procedures
- monitoring or tracking system protocols
- clinical evaluation system policy and procedures demonstrating student competencies
- clinic schedules for each term

2-11 The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.

Intent:
A system should be developed and implemented to categorize patients according to difficulty level and oral health/disease status. This system should be used to monitor students' patient care experiences. Patient assignments should include maintenance appointments to monitor and evaluate the outcome of dental hygiene care. A system should be in place to monitor student patient care experiences at all program sites.

Examples of evidence to demonstrate compliance may include:

- program clinical and radiographic experiences
- patient tracking data for enrolled and past students
- policies regarding selection of patients and assignment of procedures
- monitoring or tracking system protocols
- clinical evaluation system policy and procedures demonstrating student competencies

Patient Care Competencies

2-12 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient.

Graduates must be competent in assessing the treatment needs of patients with special needs.

Intent:
An appropriate patient pool should be available to provide a wide scope of patient experiences that include patients whose medical, physical, psychological, or social

situations may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. Student experiences should be evaluated for competency and monitored to ensure equal opportunities for each enrolled student.

Clinical instruction and experiences with special needs patients should include instruction in proper communication techniques and assessing the treatment needs compatible with these patients.

Examples of evidence to demonstrate compliance may include:

- program clinical and radiographic experiences, direct and non-direct patient contact assignments, and off-site enrichments experiences
- patient tracking data for enrolled and past students
- policies regarding selection of patients and assignment of procedures
- student clinical evaluation mechanism demonstrating student competence in clinical skills, communication and practice management.

2-13 Graduates must be competent in providing the dental hygiene process of care which includes:

a) comprehensive collection of patient data to identify the physical and oral health status;
b) analysis of assessment findings and use of critical thinking in order to address the patient's dental hygiene treatment needs;
c) establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;
d) provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;
e) measurement of the extent to which goals identified in the dental hygiene care plan are achieved;
f) complete and accurate recording of all documentation relevant to patient care.

Intent:
The dental hygienist functions as a member of the dental team and plays a significant role in the delivery of comprehensive patient health care. The dental hygiene process of care is an integral component of total patient care and preventive strategies. The dental hygiene process of care is recognized as part of the overall treatment plan developed by the dentist for complete dental care.

Examples of evidence to demonstrate compliance may include:

- Program clinical and radiographic experiences
- Patient tracking data for enrolled and past students
- Policies regarding selection of patients and assignment of procedures
- Monitoring or tracking system protocols
- Clinical evaluation system policy and procedures demonstrating student competencies
- Assessment instruments
- Evidence-based treatment strategies

- Appropriate documentation
- Use of risk assessment systems and/or forms to develop a dental hygiene care plan

2-14 Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.

Intent:
The total number and type of patients for whom each student provides dental hygiene care should be sufficient to ensure competency in all components of dental hygiene practice. A patient pool should be available to provide patient experiences in all classifications of periodontal patients, including both maintenance and those newly diagnosed. These experiences should be monitored to ensure equal opportunity for each enrolled student.

Examples of evidence to demonstrate compliance may include:
- program clinical and radiographic experiences
- patient tracking data for enrolled and past students
- policies regarding selection of patients and assignment of procedures
- monitoring or tracking system protocols
- clinical evaluation mechanism demonstrating student competence

2-15 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups and other members of the health care team.

Intent:
Dental hygienists should be able to effectively communicate with individuals, groups and other health care providers. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).

Examples of evidence to demonstrate compliance may include:
- student projects demonstrating the ability to communicate effectively with a variety of individuals, groups and health care providers.
- examples of individual and community-based oral health projects implemented by students during the previous academic year
- evaluation mechanisms designed to monitor knowledge and performance

2-16 Graduates must demonstrate competence in:
a) assessing the oral health needs of community-based programs
b) planning an oral health program to include health promotion and disease prevention activities

c) implementing the planned program, and,
d) evaluating the effectiveness of the implemented program.

Intent:
Population based activities will allow students to apply community dental health principles to prevent disease and promote health.

Examples of evidence to demonstrate compliance may include:
- student projects demonstrating assessing, planning, implementing and evaluating community-based oral health programs
- examples of community-based oral health programs implemented by students during the previous academic year
- evaluation mechanisms designed to monitor knowledge and performance

2-17 Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.

Intent:
Dental hygienists should be able to provide appropriate basic life support as providers of direct patient care.

Examples of evidence to demonstrate compliance may include:
- evaluation methods/grading criteria such as classroom or clinic examination, station examination, performance on emergency simulations, basic life support certification/recognition

2-18 Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions required for initial dental hygiene licensure as defined by the program's state specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental hygiene skills and functions. Students must demonstrate laboratory/preclinical/clinical competence in performing these skills.

Intent: *Functions allowed by the state dental board or regulatory agency for dental hygienists are taught and evaluated at the depth and scope required by the state. The inclusion of additional functions cannot compromise the length and scope of the educational program or content required in the Accreditation Standards and may require extension of the program length.*

Ethics and Professionalism

2-19 Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.

Intent:
Dental hygienists should understand and practice ethical behavior consistent with the professional code of ethics throughout their educational experiences.

Examples of evidence to demonstrate compliance may include:
- documents which articulate expected behavior of students such as policy manuals, college catalog, etc.
- evaluation of student experiences which promotes ethics, ethical reasoning and professionalism
- evaluation strategies to monitor knowledge and performance of ethical behavior

2-20 Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

Intent:
Dental hygienists should understand the laws which govern the practice of the dental profession. Graduates should know how to access licensure requirements, rules and regulations, and state practice acts for guidance in judgment and action.

Examples of evidence to demonstrate compliance may include:
- evaluation mechanisms designed to monitor knowledge and performance concerning legal and regulatory concepts
- outcomes assessment mechanisms

Critical Thinking

2-21 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

Intent:
Dental hygienists should possess self-assessment skills as a foundation for maintaining competency and quality assurance.

Examples of evidence to demonstrate compliance may include:
- written course documentation of content in self-assessment skills
- evaluation mechanisms designed to monitor knowledge and performance
- outcomes assessment mechanisms

2-22 Graduates must be competent in the evaluation of current scientific literature.

Intent:
Dental hygienists should be able to evaluate scientific literature as a basis for life-long learning, evidenced-based practice and as a foundation for adapting to changes in healthcare.

Examples of evidence to demonstrate compliance may include:
- written course documentation of content in the evaluation of current and classic scientific literature
- evaluation mechanisms designed to monitor knowledge and performance
- outcomes assessment mechanisms

2-23 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

Intent:
Critical thinking and decision making skills are necessary to provide effective and efficient dental hygiene services. Throughout the curriculum, the educational program should use teaching and learning methods that support the development of critical thinking and problem solving skills.

Examples of evidence to demonstrate compliance may include:
- evaluation mechanisms designed to monitor knowledge and performance;
- outcomes assessment mechanisms demonstrating application of critical thinking skills;
- activities or projects that demonstrate student experiences with analysis of problems related to comprehensive patient care;
- demonstration of the use of active learning methods that promote critical appraisal of scientific evidence in combination with clinical application and patient factors.

Curriculum Management

2-24 The dental hygiene program must have a formal, written curriculum management plan, which includes:

a) an ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;
b) evaluation of the effectiveness of all courses as they support the program's goals and competencies;
c) a defined mechanism for coordinating instruction among dental hygiene program faculty.

Intent:

To assure the incorporation of emerging information and achievement of appropriate sequencing, the elimination of unwarranted repetition, and the attainment of student competence, a formal curriculum review process should be conducted on an ongoing and regular basis. Periodic workshops and in-service sessions should be held for the dissemination of curriculum information and modifications.

Examples of evidence to demonstrate compliance may include:

- competencies documentation demonstrating relationship of course content to defined competencies of the program
- documentation of ongoing curriculum review and evaluation
- minutes of meetings documenting curriculum review and evaluation
- student evaluation of instruction
- curriculum management plan

STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

3-1 The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals.

Intent:
The position of the program in the institution's administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program. The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation.

Examples of evidence to demonstrate compliance may include:
- institutional organizational flow chart
- short and long-range strategic planning documents
- examples of program and institution interaction to meet program goals
- dental hygiene representation on key college or university committees

Program Administrator

3-2 The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.

Intent:
To allow sufficient time to fulfill administrative responsibilities, teaching contact hours should be limited and should not take precedent over administrative responsibilities.

Examples of evidence to demonstrate compliance may include:
- program administrator position description and/or contract
- faculty schedules including contact hours and supplemental responsibilities
- policies of the institution which define teaching load for full-time faculty and administrators
- copies of union regulations and/or collective bargaining agreements

3-3 The program administrator must be a dental hygienist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree or is currently enrolled in a masters or higher degree program or a dentist who has background in education and the professional experience necessary to understand and fulfill the program goals.

Intent:
The program administrator's background should include administrative experience, instructional experience, and professional experience in clinical practice either as a dental hygienist or working with a dental hygienist. The term of interim/acting program administrator should not exceed a two year period.

Examples of evidence to demonstrate compliance may include:
- curriculum vitae of program administrator

3-4 The program administrator must have the authority and responsibility necessary to fulfill program goals including:

a) curriculum development, evaluation and revision;
b) faculty recruitment, assignments and supervision;
c) input into faculty evaluation;
d) initiation of program or department in-service and faculty development;
e) assessing, planning and operating program facilities;
f) input into budget preparation and fiscal administration;
g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

Examples of evidence to demonstrate compliance may include:
- program administrator position description

Faculty

3-5 The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program's stated purpose, goals and objectives.

Intent:
Student contact loads should allow the faculty sufficient time for class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, program development and review, and professional development.

Examples of evidence to demonstrate compliance may include:
- faculty schedules including student contact loads and supplemental responsibilities

3-6 The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not be less than one to six. Faculty to student ratios for laboratory sessions in dental materials courses must not be less than one to twelve to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

Intent:
The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and clinical practice sessions rather than by the number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and evaluation of the process as well as the end results. Faculty are responsible for both ensuring that the clinical and radiographic services delivered by students meet current standards for dental hygiene care and for the instruction and evaluation of students during their performance of those services.

Examples of evidence to demonstrate compliance may include:
- faculty teaching commitments
- class schedules
- listing of ratios for clinical, radiographic and laboratory courses

3-7 The full time faculty of a dental hygiene program must possess a baccalaureate or higher degree.

Part-time faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program.

All dental hygiene program faculty members must have:
a) current knowledge of the specific subjects they are teaching.
b) documented background in current educational methodology concepts consistent with teaching assignments.
c) Faculty who are dental hygienists must be graduates of dental hygiene programs accredited by the Commission on Dental Accreditation.

Intent:
Faculty should have current background in education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. Dentists and dental hygienists who supervise students' clinical procedures should have qualifications which comply with the state dental or dental hygiene practice act. Individuals who teach and supervise dental hygiene students in clinical enrichment experiences should have qualifications comparable to faculty who teach in the dental hygiene clinic and are familiar with the program's objectives, content, instructional methods and evaluation procedures.

Examples of evidence to demonstrate compliance may include:
- faculty curriculum vitae with recent professional development activities listed
- evidence of participation in workshops, in-service training, self-study courses, on-line and credited courses
- attendance at regional and national meetings that address education
- mentored experiences for new faculty

- scholarly productivity
- maintenance of existing and development of new and/or emerging clinical skills

3-8 Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.

Intent:
To assure competency in the discipline and educational theory, opportunities to attend professional development activities should be provided regularly for the program administrator and full-time faculty. Workshops should be offered to new faculty to provide an orientation to program policies, goals, objectives and student evaluation. This can be demonstrated through activities such as professional association involvement, research, publishing and clinical/practice experience.

Examples of evidence to demonstrate compliance may include:
- curriculum vitas with recent professional development activities listed
- examples of the program's or college's faculty development offerings
- records of formal in-service programs
- demonstration of funded support for professional development

3-9 A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.

Intent:
An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.

Examples of evidence to demonstrate compliance may include:
- sample evaluation mechanisms addressing teaching, patient care, research, scholarship and service
- faculty evaluation policy, procedures and mechanisms

3-10 Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.

Intent:
The dental hygiene program faculty should be granted privileges and responsibilities as afforded all other institutional faculty.

Examples of evidence to demonstrate compliance may include:
- institution's promotion/tenure policy
- faculty senate handbook
- institutional policies and procedures governing faculty

Support Staff

3-11 Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

Intent:
Maintenance and custodial staff should be sufficient to meet the unique needs of the academic and clinical program facilities. Faculty should have access to instructional specialists, such as those in the areas of curriculum, testing, counseling, computer usage, instructional resources and educational psychology. Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.

Examples of evidence to demonstrate compliance may include:
- description of current program support/personnel staffing
- program staffing schedules
- staff job descriptions
- examples of how support staff are used to support students

3-12 Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

Intent:
Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.

Examples of evidence to demonstrate compliance may include:
- description of current program support/personnel staffing
- program staffing schedules
- staff job descriptions
- examples of how support staff are used to support students

STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

Facilities

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.

Clinical Facilities

The dental hygiene facilities must include the following:

a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;
b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);
c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;
d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;
e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;
f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;
g) space and furnishings for patient reception and waiting provided adjacent to the clinic;
h) patient records kept in an area assuring safety and confidentiality.

Intent:
The facilities should permit the attainment of program goals and objectives. To ensure health and safety for patients, students, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule. This Standard applies to all sites where students receive clinical instruction.

Radiography Facilities

4-2 Radiography facilities must be sufficient for student practice and the development of clinical competence.

The radiography facilities must contain the following:

a) an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;
b) modern processing and/or scanning equipment;
c) an area for mounting and viewing radiographs;
d) documentation of compliance with applicable local, state and federal regulations.

Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.

Intent:
The radiography facilities should allow the attainment of program goals and objectives. Radiography facilities and equipment should effectively accommodate the clinic and/or laboratory schedules, the number of students, faculty and staff, and comply with applicable regulations to ensure effective instruction in a safe environment. This Standard applies to all sites where students receive clinical instruction.

Laboratory Facilities

4-3 A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities. If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.

Laboratory facilities must contain the following:

a) placement and location of equipment that is conducive to efficient and safe utilization;
b) student stations that are designed and equipped for students to work while seated including sufficient ventilation and lighting, necessary utilities, storage space, and an adjustable chair;
c) documentation of compliance with applicable local, state and federal regulations.

Intent:
The laboratory facilities should include student stations with equipment and space for individual student performance of laboratory procedures with instructor supervision. This Standard applies to all sites where students receive clinical instruction.

Extended Campus Facilities

4-4 The educational institution must provide physical facilities and equipment which are sufficient to permit achievement of program objectives. If the institution finds it necessary to contract for use of an existing facility for basic clinical education and/or distance education, then the following conditions must be met in addition to all existing Standards:

a) a formal contract between the educational institution and the facility;
b) a two-year notice for termination of the contract stipulated to ensure that instruction will not be interrupted;
c) a contingency plan developed by the institution should the contract be terminated;
d) a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;
e) the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;
f) clinical instruction is provided and evaluated by dental hygiene program faculty;
g) all dental hygiene students receive comparable instruction in the facility;
h) the policies and procedures of the facility are compatible with the goals of the educational program.

Examples of evidence to demonstrate compliance may include:

- contract with extended campus facility
- formal written contingency plan
- course and faculty schedules for clinical programs
- affiliation agreements and policies/objectives for all off-campus sites

Classroom Space

4-5 Classroom space which is designed and equipped for effective instruction must be provided for and readily accessible to the program.

Intent:
The classroom facilities should include an appropriate number of student stations with equipment and space for individual student performance in a safe environment.

Office Space

4-6 Office space which allows for privacy must be provided for the program administrator and faculty. Student and program records must be stored to ensure confidentiality and safety.

Intent:
Office space for full- and part-time faculty should be allocated to allow for class preparation, student counseling and supportive academic activities.

Learning Resources

4-7 Instructional aids and equipment must be provided for student learning. Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development. There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.

Intent:
The acquisition of knowledge, skill and values for dental hygiene students requires the use of current instructional methods and materials to support learning needs and development. All students, including those receiving education at distance sites, will be assured access to learning resources.

Examples of evidence to demonstrate compliance may include:

- a list of references on education, medicine, dentistry, dental hygiene and the biomedical sciences
- policies and procedures related to learning resource access
- timely electronic access to a wide variety of professional scientific literature
- skeletal and anatomic models and replicas, sequential samples of laboratory procedures, slides, films, video, and other media which depict current techniques
- a wide range of printed materials and instructional aids and equipment available for utilization by students and faculty
- current and back issues of major scientific and professional journals related to dentistry and dental hygiene

Student Services

4-8 There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

Intent:
All policies and procedures should protect the students as consumers and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect work accomplished and are maintained in a secure manner.

Examples of evidence to demonstrate compliance may include:

- student rights policies and procedures
- student handbook or campus catalog
- ethical standards and policies to protect students as consumers
- student records

STANDARD 5 - HEALTH AND SAFETY PROVISIONS

Infectious Disease/Radiation Management

5-1 The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

Intent:
The dental hygiene program should establish and enforce a mechanism to ensure sufficient preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste.

Policies and procedures on the use of ionizing radiation should include criteria for patient selection, frequency of exposing and retaking radiographs on patients, consistent with current, accepted dental practice. All radiographic exposure should be integrated with clinical patient care procedures.

Policies and procedures should be in place to provide for a safe environment for students, patients, faculty and staff. The confidentiality of information pertaining to the health status of each individual should be strictly maintained.

This Standard applies to all program sites where laboratory and clinical education is provided.

Examples of evidence to demonstrate compliance may include:
- protocols on preclinical/clinical/laboratory asepsis and infection control
- protocols on biohazard control and disposal of hazardous waste
- program policy manuals
- compliance records with applicable state and/or federal regulations
- policies and procedures on the use of ionizing radiation
- policies and procedures regarding individuals with bloodborne infectious diseases
- established post-exposure guidelines as defined by the Centers for Disease Control and Prevention

5-2 Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis, varicella and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.

Intent:
All individuals who provide patient care or have contact with patients should follow all standards of risk management thus ensuring a safe and healthy environment.

Examples of evidence to demonstrate compliance may include:
- policies and procedures regarding infectious disease immunizations
- immunization compliance records
- declinations forms

Emergency Management

5-3 The program must establish, enforce, and instruct students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of emergencies. These protocols must be provided to all students, faculty and appropriate staff. Faculty, staff and students must be prepared to assist with the management of emergencies.

Examples of evidence to demonstrate compliance may include:
- accessible and functional emergency equipment, including oxygen
- instructional materials
- written protocol and procedures
- emergency kit(s)
- installed and functional safety devices and equipment
- first aid kit accessible for use in managing clinic and/or laboratory accidents

STANDARD 6 - PATIENT CARE SERVICES

6-1 The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.

Intent:
All dental hygiene patients should receive appropriate care that assures their right as a patient is protected. Patients should be advised of their treatment needs and the scope of care available at the training facility and appropriately referred for procedures that cannot be provided by the program. This Standard applies to all program sites where clinical education is provided.

Examples of evidence to demonstrate compliance may include:

- documentation of an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of care provided
- quality assurance policy and procedures
- patient bill of rights

6-2 The program must have a formal written patient care quality assurance plan that includes:

a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;
b) an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
c) mechanisms to determine the cause of treatment deficiencies;
d) patient review policies, procedure, outcomes and corrective measures.

Intent:
The program should have a system in place for continuous review of established standards of patient care. This Standard applies to all program sites where clinical education is provided.

Examples of evidence to demonstrate compliance may include:

- documentation of an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of care provided
- quality assurance policy and procedures
- patient bill of rights
- documentation of policies on scope of care provided, recalls and referrals

- description of the quality assurance process for the patient care program
- samples of outcomes assessment measures that assess patients' perceptions of quality of care, i.e., patient satisfaction surveys and results
- results of patient records review

6-3 The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.

Intent:
The need for students to satisfactorily complete specific clinical requirements prior to advancement and graduation should not adversely affect the health and care of patients.

Examples of evidence to demonstrate compliance may include:
- patient bill of rights
- documentation that patients are informed of their rights
- continuing care (recall) referral policies and procedures

6-4 The program must develop and distribute a written statement of patients' rights to all patients, appropriate students, faculty, and staff.

Intent:
The primacy of care for the patient should be well established in the management of the program and clinical facility assuring that the rights of the patient are protected. A written statement of patient rights should include:

a) considerate, respectful and confidential treatment;
b) continuity and completion of treatment;
c) access to complete and current information about his/her condition;
d) advance knowledge of the cost of treatment;
e) informed consent;
f) explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;
g) treatment that meets the standard of care in the profession.

6-5 All students, faculty and support staff involved with the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

Intent:
The need for students to be able to provide basic life support procedures is essential in the delivery of health care.

Examples of evidence to demonstrate compliance may include:

- continuous recognition records of students, faculty and support staff involved in the direct provision of patient care
- exemption documentation for anyone who is medically or physically unable to perform such services

6-6 The program's policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

Intent:
The program should have a system in place to ensure patient confidentiality. The use of student employees as secretarial staff does not preclude the essential need for patient confidentiality.

DHCC
Dental Hygiene
Committee
of California

Agenda Item 4 – Excerpts from the Business and Professions Code (B&P) pertaining to RDH Educational Programs

B&P §§1902.1, 1905(a), & 1941

Excerpts from the Business and Professions Code

1902.1. Protection of the public shall be the highest priority for the committee in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

1905.(a) The committee shall perform the following functions: (1) Evaluate all registered dental hygienist, registered dental hygienist in alternative practice, and registered dental hygienist in extended functions educational programs that apply for approval and grant or deny approval of those applications in accordance with regulations adopted by the committee. (2) Withdraw or revoke its prior approval of a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions educational program in accordance with regulations adopted by the committee. The committee may withdraw or revoke a dental hygiene program approval if the Commission on Dental Accreditation has indicated an intent to withdraw approval or has withdrawn approval.

1941. (a) The committee shall grant or renew approval of only those educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions that continuously maintain a high quality standard of instruction and, where appropriate, meet the minimum standards set by the Commission on Dental Accreditation of the American Dental Association or an equivalent body, as determined by the committee.

Agenda Item 4 – DHCC's Dental Hygiene Educational Program Regulations (California Code of Regulations – CCR)

CCR, Title 16, Division 11, Article 3, §§1105, 1105.1, 1105.2, 1105.3, & 1105.4

RELEVANT DENTAL HYGIENE EDUCATIONAL PROGRAM REGULATIONS FROM THE CALIFORNIA CODE OF REGULATIONS, TITLE 16, DIVISION 11, ARTICLE 3:

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§ 1105. Requirements for RDH Educational Programs.

16 CA ADC § 1105 BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Title 16. Professional and Vocational Regulations
Division 11. Dental Hygiene Committee of California
Article 3. Educational Programs

16 CCR § 1105

§ 1105. Requirements for RDH Educational Programs.

As of January 1, 2016, educational programs for registered dental hygienists shall comply with the requirements set forth below in order to secure and maintain approval by the Committee.

(a) Administration and Organization. There shall be a written program mission statement that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, and support systems. It shall also take into consideration the concepts of dental hygiene, which must include the dental hygiene process of care, environment, health-illness continuum, and relevant knowledge from related disciplines.

(b) Instruction.

(1) Instruction upon all levels shall be conducted upon the premise that dental hygiene education must meet the test of a true university discipline and shall include lectures, laboratory experiments and exercises and clinical practice under supervision by the faculty.

(2) For purposes of this section, the term “university discipline” is a level of instruction at least equivalent to that level of instruction represented by college courses in the basic sciences commonly offered or accepted in approved California dental schools.

(3) The length of instruction in the educational program shall include two academic years of fulltime instruction at the postsecondary college level or its equivalent, and a minimum of 1,600 clock hours.

(4) The instructor to student ratio shall meet approved Commission on Dental Accreditation standards referenced in subsection (c) of section 1103 of this article.

(5) Instruction involving procedures that require direct supervision shall be supervised by a faculty dentist who possesses an active California license or special permit with no disciplinary actions.

(c) Standards of Competency. Each educational program shall establish and maintain standards of competency. Such standards shall be available to each student, and shall be used to measure periodic progress or achievement in the curriculum.

(d) The policies and procedures by which the educational program is administered shall be in writing, shall reflect the mission and goals of the program, and shall be available to all students.

(e) The educational program shall have a written plan for evaluation of all aspects of the program, including admission and selection policy and procedures, attrition and retention of students,

curriculum management, patient care competencies, ethics and professionalism, critical thinking, and outcomes assessment, including means of student achievement. If the program has submitted a written plan to the Commission on Dental Accreditation, which includes each of the elements listed above, a copy of such plan may be submitted to the Committee to meet this requirement.

(f) Admission.

(1) The minimum basis for admission into an educational program shall be the successful completion of all of the following:

(A) A high school diploma or the recognized equivalent, which will permit entrance to a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation; and,

(B) College-level general education courses in the topic areas of:

(i) Oral and Written Communication

(ii) Psychology

(iii) Sociology

(iv) Mathematics

(v) Cultural Diversity*

(vi) Nutrition*

*This course is required prior to graduation, and may be waived as an admission requirement if included within the dental hygiene program curriculum.

(C) College-level biomedical science courses, each of which must include a wet laboratory component, in:

(i) Anatomy

(ii) Physiology

(iii) Chemistry

(iv) Biochemistry

(v) Microbiology

(2) Admission of students shall be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability shall be utilized as criteria in selecting students who have the potential for successfully completing the educational program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

(g) The program shall have published student grievance policies.

(h) There shall be an organizational chart that identifies the relationships, lines of authority and channels of communication within the educational program, between the program and other administrative segments of the sponsoring institution, and between the program, the institution and extramural facilities and service learning sites.

(i) The educational program shall have learning resources, including faculty, library, staff and support services, technology and physical space and equipment, including laboratory and clinical facilities, to support the program's stated mission and goals and in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article.

(j) The educational program director shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.

(k) The number and distribution of faculty and staff shall be sufficient to meet the educational program's stated mission and goals.

(*l*) When an individual not employed in the educational program participates in the instruction and supervision of students obtaining educational experience, his or her responsibilities shall be described in writing and kept on file by the dental hygiene program.

(m) As of January 1, 2017, in a two-year college setting, graduates of the educational program shall be awarded an associate degree, and in a four-year college or university, graduates shall be awarded an associate or baccalaureate degree.

Note: Authority cited: Section 1905, Business and Professions Code. Reference: Sections 1905 and 1941, Business and Professions Code.

HISTORY

1. New section filed 4-20-2016; operative 4-20-2016 pursuant to Government Code section 11343.4(b)(3) (Register 2016, No. 17).

Barclays Official California Code of Regulations
Title 16. Professional and Vocational Regulations
Division 11. Dental Hygiene Committee of California
Article 3. Educational Programs

16 CCR § 1105.1

§ 1105.1. Faculty.

(a) “Program Director” or “Interim Program Director” means a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with approved accreditation standards referenced in subsection (c) of section 1103 of this article. The educational program may have an Interim Program Director for a maximum of twelve (12) months. The director shall have a full-time appointment as defined by the institution, whose primary responsibility is for the operation, supervision, evaluation and revision of the program. The program director shall meet the following minimum qualifications:

(1) Possess an active, current dental or dental hygiene license issued by the Committee or the Dental Board of California (DBC), with no disciplinary actions;

(2) Possess a master's or higher degree from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation;

(3) Documentation of two (2) years' experience teaching in pre- or post-licensure registered dental hygiene or dental programs. This requirement may be waived for an Interim Program Director; and

(4) Documentation of a minimum of 2,000 hours in direct patient care as a registered dental hygienist, or working with a registered dental hygienist.

(b) “Program faculty” means an individual having a full-time or part-time agreement with the institution to instruct one or more of the courses in the educational program's curriculum. The individual shall hold a baccalaureate degree or higher from a college or university accredited by an agency recognized by the U.S. Department of Education or Council for Higher Education Accreditation, and possess the following:

(1) An active California dental or dental hygiene license or special permit with no disciplinary actions; or

(2) A postsecondary credential generally recognized in the field of instruction; or

(3) A degree in the subject being taught or evaluated.

(4) All program faculty shall have documented background in educational methodology every two years, consistent with teaching assignments.

(c) Clinical teaching faculty shall have direct patient care experience within the previous five (5) years in the dental hygiene area to which he or she is assigned, which can be met by either:

(1) Two (2) years experience providing direct patient care as a registered dental hygienist or dentist; or

(2) One (1) academic year of dental or dental hygienist level clinical teaching experience.

(d) Didactic teaching faculty shall possess the following minimum qualifications:
Current knowledge of the specific subjects taught, which can be met by either:

(1) Having completed twelve (12) hours of continuing education in the designated subject area; or

(2) Two (2) semester units or three (3) quarter units of dental hygiene education related to the designated dental hygiene area; or have national certification in the designated dental hygiene area.

(e) Faculty Responsibilities.

(1) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content as required by the educational program.

(2) Each faculty member shall participate in an orientation prior to teaching, including, but not limited to, the educational program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation.

(3) Each faculty member shall be competent in the area in which he or she teaches.

Note: Authority cited: Section 1905, Business and Professions Code. Reference: Sections 1905 and 1941, Business and Professions Code.

HISTORY

1. New section filed 4-20-2016; operative 4-20-2016 pursuant to Government Code section 11343.4(b)(3) (Register 2016, No. 17).

Title 16. Professional and Vocational Regulations
Division 11. Dental Hygiene Committee of California
Article 3. Educational Programs

16 CCR § 1105.2

§ 1105.2. Required Curriculum.

(a) The curriculum of an educational program shall meet the requirements of this section.

(b) The curriculum shall include education in the dental hygiene process of care and shall define the competencies graduates are to possess at graduation, describing

(1) the desired combination of foundational knowledge, psychomotor skills, communication skills, and professional behaviors and values required,

(2) the standards used to measure the students' independent performance in each area, and

(3) the evaluation mechanisms by which competence is determined.

(c) The organization of the curriculum shall create opportunities for adjustments to and research of, advances in the practice of dental hygiene to ensure that graduates will have the knowledge, skills, and abilities to function within the dental hygiene scope of practice.

(d) The content of the curriculum shall include biomedical and dental sciences and dental hygiene sciences and practice. This content shall be of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the educational program's standard of competency.

(1) Biomedical and Dental Sciences Content

(A) Cariology

(B) Dental Materials

(C) General Pathology and/or Pathophysiology

(D) Head, Neck and Oral Anatomy

(E) Immunology

(F) Oral Embryology and Histology

(G) Oral Pathology

(H) Pain management

(I) Periodontology

(J) Pharmacology

(K) Radiography

(L) Dental Anatomy and Morphology

(2) Dental Hygiene Sciences and Practice Content

(A) Community Dental Health

(B) Dental Hygiene Leadership

(C) Evidence-based Decision Making and Evidence-based Practice

(D) Health Informatics

(E) Health Promotion

(F) Infection and Hazard Control Management

(G) Legal and Ethical Aspects of Dental Hygiene Practice

(H) Medical and Dental Emergencies

(I) Oral Health Education and Preventive Counseling

(J) Patient Management

(K) Preclinical and Clinical Dental Hygiene

(L) Provision of Services for and Management of Patients with Special Needs

(M) Research

(3) Approved educational programs shall, at a minimum, specifically include instruction in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage in accordance with the provisions of this subdivision.

(A) An educational program shall provide infection control equipment according to the requirements of California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005.

(B) An educational program shall provide at least one complete nitrous oxide-oxygen unit for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.

(C) An educational program shall comply with local, state, and federal health and safety laws and regulations.

(i) All students shall have access to the program's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.

(ii) All students shall have access to the program's clinic and radiation hazardous communication plan.

(iii) All students shall receive a copy of the program's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

(D) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:

(i) Indications and contraindications for all patients of:

1. periodontal soft tissue curettage;

2. administration and reversal of local anesthetic agents;

3. nitrous oxide-oxygen analgesia agents

(ii) Head and neck anatomy;

(iii) Physical and psychological evaluation procedures;

(iv) Review of body systems related to course topics;

(v) Theory and psychological aspects of pain and anxiety control;

(vi) Selection of pain control modalities;

(vii) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;

(viii) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;

(ix) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;

(x) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;

(xi) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;

(xii) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 4, section 1005 of the California Code of Regulations;

(xiii) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the tidal

volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia;

(xiv) Medical and legal considerations including patient consent, standard of care, and patient privacy.

(E) Specific Curriculum Content.
Curriculum relating to the administration of local anesthetic agents, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage shall meet the requirements contained in Title 16, Division 11, section 1107 of the California Code of Regulations.

Out-of-state dental hygiene programs that are accredited by the Commission on Dental Accreditation or an approved accrediting body and who provide instruction according to this subdivision may be approved by the Committee to meet the requirements set forth in Business and Professions Code, section 1909.

Note: Authority cited: Sections 1905 and 1909, Business and Professions Code. Reference: Sections 1905 and 1941, Business and Professions Code.

HISTORY

1. New section filed 4-20-2016; operative 4-20-2016 pursuant to Government Code section 11343.4(b)(3) (Register 2016, No. 17).

Barclays Official California Code of Regulations
Title 16. Professional and Vocational Regulations
Division 11. Dental Hygiene Committee of California
Article 3. Educational Programs

16 CCR § 1105.3

§ 1105.3. Changes to an Approved Program.

(a) Each dental hygiene program holding a certificate of approval shall:

(1) File its legal name and current mailing address with the Committee at its principal office and shall notify the Committee at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address.

(2) Notify the Committee within ten (10) days of any:

(A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the dental hygiene program.

(B) Change in the organizational structure, administrative responsibility, or accountability in the dental hygiene program, the institution of higher education in which the dental hygiene program is located or with which it is affiliated that will affect the dental hygiene program.

(C) Programmatic increase or decrease in program enrollment of more than 10%.

(D) Programmatic reduction in program faculty or support staff of more than 10%.

(b) An approved dental hygiene program shall not make a substantive change without prior Committee approval. These changes include:

(1) Change in location, ownership or educational program expansion through an additional campus or distance education.

(2) Expansion, reduction or elimination of the program's physical facilities.

(3) Any changes that require a report to the Commission on Dental Accreditation or equivalent accrediting body shall require approval from the Committee.

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

HISTORY

1. New section filed 4-20-2016; operative 4-20-2016 pursuant to Government Code section 11343.4(b)(3) (Register 2016, No. 17).

16 CA ADC § 1105.4BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations
Title 16. Professional and Vocational Regulations
Division 11. Dental Hygiene Committee of California
Article 3. Educational Programs

16 CCR § 1105.4

§ 1105.4. Appeals Process.

(a) The Committee may deny or withdraw its approval of an educational program. If the Committee denies or withdraws approval of a program, the reasons for withdrawal or denial will be provided in writing within ninety (90) days.

(b) Any educational program whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee prior to the effective date of such action. The educational program shall be given at least ten days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

(c) The educational program may contest the denial or withdrawal of approval by either:

(1) Appearing at the informal conference. The Executive Officer shall notify the educational program of the final decision of the Executive Officer within ten days of the informal conference. Based on the outcome of the informal conference, the program may then request a hearing to contest the Executive Officer's final decision. An educational program or program applicant shall request a hearing by written notice to the Committee within 30 calendar days of the postmark date of the letter of the Executive Officer's final decision after the informal conference. Hearings shall be held pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Or;

(2) Notifying the Committee in writing the program's election to forego the informal conference and to proceed with a hearing pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Such notification shall be made to the Committee before the date of the informal conference.

Note: Authority cited: Section 1905, Business and Professions Code. Reference: Sections 1905 and 1941, Business and Professions Code.

HISTORY

1. New section filed 4-20-2016; operative 4-20-2016 pursuant to Government Code section 11343.4(b)(3) (Register 2016, No. 17).

Agenda Item 4 – California Code of Regulations (CCR) – Minimum Standards for Infection Control

CCR, Title 16, Division 10, Chapter 1, Article 1, §1005

RELEVANT DENTAL INFECTION CONTROL REGULATION FROM THE CALIFORNIA CODE OF REGULATIONS, TITLE 16, DIVISION 10, CHAPTER 1, ARTICLE 1:

16 CA ADC § 1005 BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Title 16. Professional and Vocational Regulations
Division 10. Dental Board of California
Chapter 1. General Provisions Applicable to All Licensees
Article 1. General Provisions

16 CCR § 1005

§ 1005. Minimum Standards for Infection Control.

(a) Definitions of terms used in this section:

(1) “Standard precautions” are a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe handling of sharps. Standard precautions shall be used for care of all patients regardless of their diagnoses or personal infectious status.

(2) “Critical items” confer a high risk for infection if they are contaminated with any microorganism. These include all instruments, devices, and other items used to penetrate soft tissue or bone.

(3) “Semi-critical items” are instruments, devices and other items that are not used to penetrate soft tissue or bone, but contact oral mucous membranes, non-intact skin or other potentially infectious materials (OPIM).

(4) “Non-critical items” are instruments, devices, equipment, and surfaces that come in contact with soil, debris, saliva, blood, OPIM and intact skin, but not oral mucous membranes.

(5) “Low-level disinfection” is the least effective disinfection process. It kills some bacteria, some viruses and fungi, but does not kill bacterial spores or mycobacterium tuberculosis var bovis, a laboratory test organism used to classify the strength of disinfectant chemicals.

(6) “Intermediate-level disinfection” kills mycobacterium tuberculosis var bovis indicating that many human pathogens are also killed. This process does not necessarily kill spores.

(7) “High-level disinfection” kills some, but not necessarily all bacterial spores. This process kills mycobacterium tuberculosis var bovis, bacteria, fungi, and viruses.

(8) “Germicide” is a chemical agent that can be used to disinfect items and surfaces based on the level of contamination.

(9) “Sterilization” is a validated process used to render a product free of all forms of viable microorganisms.

(10) “Cleaning” is the removal of visible soil (e.g., organic and inorganic material) debris and OPIM from objects and surfaces and shall be accomplished manually or mechanically using water with detergents or enzymatic products.

(11) “Personal Protective Equipment” (PPE) is specialized clothing or equipment worn or used for protection against a hazard. PPE items may include, but are not limited to, gloves, masks, respiratory devices, protective eyewear and protective attire which are intended to prevent exposure to blood, body fluids, OPIM, and chemicals used for infection control. General work attire such as uniforms, scrubs, pants and shirts, are not considered to be PPE.

(12) “Other Potentially Infectious Materials” (OPIM) means any one of the following:

(A) Human body fluids such as saliva in dental procedures and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

(B) Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

(C) Any of the following, if known or reasonably likely to contain or be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV):

1. Cell, tissue, or organ cultures from humans or experimental animals;

2. Blood, organs, or other tissues from experimental animals; or

3. Culture medium or other solutions.

(13) “Dental Healthcare Personnel” (DHCP), are all paid and non-paid personnel in the dental healthcare setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical, housekeeping, maintenance, or volunteer personnel).

(b) All DHCP shall comply with infection control precautions and enforce the following minimum precautions to protect patients and DHCP and to minimize the transmission of pathogens in health care settings as mandated by the California Division of Occupational Safety and Health (Cal/OSHA).

(1) Standard precautions shall be practiced in the care of all patients.

(2) A written protocol shall be developed, maintained, and periodically updated for proper instrument processing, operatory cleanliness, and management of injuries. The protocol shall be made available to all DHCP at the dental office.

(3) A copy of this regulation shall be conspicuously posted in each dental office.
Personal Protective Equipment:

(4) All DHCP shall wear surgical facemasks in combination with either chin length plastic face shields or protective eyewear whenever there is potential for aerosol spray, splashing or spattering of the following: droplet nuclei, blood, chemical or germicidal agents or OPIM.

Chemical-resistant utility gloves and appropriate, task specific PPE shall be worn when handling hazardous chemicals. After each patient treatment, masks shall be changed and disposed. After each patient treatment, face shields and protective eyewear shall be cleaned, disinfected, or disposed.

(5) Protective attire shall be worn for disinfection, sterilization, and housekeeping procedures involving the use of germicides or handling contaminated items. All DHCP shall wear reusable or disposable protective attire whenever there is a potential for aerosol spray, splashing or spattering of blood, OPIM, or chemicals and germicidal agents. Protective attire must be changed daily or between patients if they should become moist or visibly soiled. All PPE used during patient care shall be removed when leaving laboratories or areas of patient care activities. Reusable gowns shall be laundered in accordance with Cal/OSHA Bloodborne Pathogens Standards (Title 8, Cal. Code Regs., section 5193).
Hand Hygiene:

(6) All DHCP shall thoroughly wash their hands with soap and water at the start and end of each workday. DHCP shall wash contaminated or visibly soiled hands with soap and water and put on new gloves before treating each patient. If hands are not visibly soiled or contaminated an alcohol based hand rub may be used as an alternative to soap and water. Hands shall be thoroughly dried before donning gloves in order to prevent promotion of bacterial growth and washed again immediately after glove removal. A DHCP shall refrain from providing direct patient care if hand conditions are present that may render DHCP or patients more susceptible to opportunistic infection or exposure.

(7) All DHCP who have exudative lesions or weeping dermatitis of the hand shall refrain from all direct patient care and from handling patient care equipment until the condition resolves.
Gloves:

(8) Medical exam gloves shall be worn whenever there is contact with mucous membranes, blood, OPIM, and during all pre-clinical, clinical, post-clinical, and laboratory procedures. When processing contaminated sharp instruments, needles, and devices, DHCP shall wear heavy-duty utility gloves to prevent puncture wounds. Gloves must be discarded when torn or punctured, upon completion of treatment, and before leaving laboratories or areas of patient care activities. All DHCP shall perform hand hygiene procedures before donning gloves and after removing and discarding gloves. Gloves shall not be washed before or after use.
Needle and Sharps Safety:

(9) Needles shall be recapped only by using the scoop technique or a protective device. Needles shall not be bent or broken for the purpose of disposal. Disposable needles, syringes, scalpel blades, or other sharp items and instruments shall be placed into sharps containers for disposal as close as possible to the point of use according to all applicable local, state, and federal regulations.
Sterilization and Disinfection:

(10) All germicides must be used in accordance with intended use and label instructions.

(11) Cleaning must precede any disinfection or sterilization process. Products used to clean items or surfaces prior to disinfection procedures shall be used according to all label instructions.

(12) Critical instruments, items and devices shall be discarded or pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization shall include steam under

pressure (autoclaving), chemical vapor, and dry heat. If a critical item is heat-sensitive, it shall, at minimum, be processed with high-level disinfection and packaged or wrapped upon completion of the disinfection process. These instruments, items, and devices, shall remain sealed and stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(13) Semi-critical instruments, items, and devices shall be pre-cleaned, packaged or wrapped and sterilized after each use. Methods of sterilization include steam under pressure (autoclaving), chemical vapor and dry heat. If a semi-critical item is heat sensitive, it shall, at minimum, be processed with high level disinfection and packaged or wrapped upon completion of the disinfection process. These packages or containers shall remain sealed and shall be stored in a manner so as to prevent contamination, and shall be labeled with the date of sterilization and the specific sterilizer used if more than one sterilizer is utilized in the facility.

(14) Non-critical surfaces and patient care items shall be cleaned and disinfected with a California Environmental Protection Agency (Cal/EPA)-registered hospital disinfectant (low-level disinfectant) labeled effective against HBV and HIV. When the item is visibly contaminated with blood or OPIM, a Cal/EPA-registered hospital intermediate-level disinfectant with a tuberculocidal claim shall be used.

(15) All high-speed dental hand pieces, low-speed hand pieces, rotary components and dental unit attachments such as reusable air/water syringe tips and ultrasonic scaler tips, shall be packaged, labeled and heat-sterilized in a manner consistent with the same sterilization practices as a semi-critical item.

(16) Single use disposable items such as prophylaxis angles, prophylaxis cups and brushes, tips for high-speed evacuators, saliva ejectors, air/water syringe tips, and gloves shall be used for one patient only and discarded.

(17) Proper functioning of the sterilization cycle of all sterilization devices shall be verified at least weekly through the use of a biological indicator (such as a spore test). Test results shall be documented and maintained for 12 months.
Irrigation:

(18) Sterile coolants/irrigants shall be used for surgical procedures involving soft tissue or bone. Sterile coolants/irrigants must be delivered using a sterile delivery system.
Facilities:

(19) If non-critical items or surfaces likely to be contaminated are manufactured in a manner preventing cleaning and disinfection, they shall be protected with disposable impervious barriers. Disposable barriers shall be changed when visibly soiled or damaged and between patients.

(20) Clean and disinfect all clinical contact surfaces that are not protected by impervious barriers using a California Environmental Protection Agency (Cal/EPA) registered, hospital grade low- to intermediate-level germicide after each patient. The low-level disinfectants used shall be labeled effective against HBV and HIV. Use disinfectants in accordance with the manufacturer's instructions. Clean all housekeeping surfaces (e.g. floors, walls, sinks) with a detergent and water or a Cal/EPA registered, hospital grade disinfectant. Products used to

clean items or surfaces prior to disinfection procedures shall be clearly labeled and DHCP shall follow all material safety data sheet (MSDS) handling and storage instructions.

(21) Dental unit water lines shall be anti-retractive. At the beginning of each workday, dental unit lines and devices shall be purged with air or flushed with water for at least two (2) minutes prior to attaching handpieces, scalers, air water syringe tips, or other devices. The dental unit lines and devices shall be flushed between each patient for a minimum of twenty (20) seconds.

(22) Contaminated solid waste shall be disposed of according to applicable local, state, and federal environmental standards.
Lab Areas:

(23) Splash shields and equipment guards shall be used on dental laboratory lathes. Fresh pumice and a sterilized or new rag-wheel shall be used for each patient. Devices used to polish, trim, or adjust contaminated intraoral devices shall be disinfected or sterilized, properly packaged or wrapped and labeled with the date and the specific sterilizer used if more than one sterilizer is utilized in the facility. If packaging is compromised, the instruments shall be recleaned, packaged in new wrap, and sterilized again. Sterilized items will be stored in a manner so as to prevent contamination.

(24) All intraoral items such as impressions, bite registrations, prosthetic and orthodontic appliances shall be cleaned and disinfected with an intermediate-level disinfectant before manipulation in the laboratory and before placement in the patient's mouth. Such items shall be thoroughly rinsed prior to placement in the patient's mouth.

(c) The Dental Board of California and Dental Hygiene Committee of California shall review this regulation annually and establish a consensus.

_____
[1]Cal/EPA contacts: WEBSITE www.cdpr.ca.gov or Main Information Center (916) 324-0419.
Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1680, Business and Professions Code.

HISTORY

1. New section filed 6-29-94; operative 7-29-94 (Register 94, No. 26).

2. Repealer and new section filed 7-8-96; operative 8-7-96 (Register 96, No. 28).

3. Repealer of subsection (a)(5) and subsection renumbering, amendment of subsections (b)(7), (b)(10), (b)(18)-(19) and (b)(23) and repealer of subsection (c) and subsection relettering filed 10-23-97; operative 11-22-97 (Register 97, No. 43).

4. Change without regulatory effect amending subsection (b)(4) filed 12-7-98 pursuant to section 100, title 1, California Code of Regulations (Register 98, No. 50).

5. Amendment of subsections (b)(11), (b)(13) and (b)(15) filed 6-30-99; operative 7-30-99 (Register 99, No. 27).

6. Amendment filed 3-1-2005; operative 3-31-2005 (Register 2005, No. 9).

7. Amendment filed 7-21-2011; operative 8-20-2011 (Register 2011, No. 29).

Agenda Item 4 – California Code of Regulations (CCR) – Bloodborne Pathogens

CCR, Title 8, Division 1, Chapter 4, Subchapter 7, Group 16, Article 109, §5193

RELEVANT BLOODBORNE PATHOGENS REGULATION FROM THE CALIFORNIA CODE OF REGULATIONS, TITLE 8, DIVISION 1, CHAPTER 4, SUBCHAPTER 7, GROUP 16, ARTICLE 109:

8 CA ADC § 5193 BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS

Barclays Official California Code of Regulations
Title 8. Industrial Relations
Division 1. Department of Industrial Relations
Chapter 4. Division of Industrial Safety
Subchapter 7. General Industry Safety Orders
Group 16. Control of Hazardous Substances
Article 109. Hazardous Substances and Processes
8 CCR § 5193

§ 5193. Bloodborne Pathogens.

(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by subsection (b) of this section. EXCEPTION: This regulation does not apply to the construction industry.

(b) Definitions. For purposes of this section, the following shall apply:
“Biological Cabinet” means a device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which virulent pathogens are used. Biological cabinets are classified as:

(1) Class I: A ventilated cabinet for personnel protection with an unrecirculated inward airflow away from the operator and high-efficiency particulate air (HEPA) filtered exhaust air for environmental protection.

(2) Class II: A ventilated cabinet for personnel, product, and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection, and HEPA filtered exhaust air for environmental protection.

(3) Class III: A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves.

“Blood” means human blood, human blood components, and products made from human blood.

“Bloodborne Pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

“Chief” means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

“Clinical Laboratory” means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
“Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

“Contaminated Laundry” means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

“Decontamination” means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

“Engineering Controls” means controls (e.g., sharps disposal containers, needlelesss systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

“Engineered Sharps Injury Protection” means either:

(1) A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or

(2) A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

“Exposure Incident” means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

“Handwashing Facilities” means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

“HBV” means hepatitis B virus.

“HCV” means hepatitis C virus.

“HIV” means human immunodeficiency virus.

“Licensed Healthcare Professional” is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

“Needle” or “Needle Device” means a needle of any type, including, but not limited to, solid and hollow-bore needles.

“Needleless System” means a device that does not utilize needles for:

(1) The withdrawal of body fluids after initial venous or arterial access is established;

(2) The administration of medication or fluids; and

(3) Any other procedure involving the potential for an exposure incident.

“NIOSH” means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

“Occupational Exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

“One-Hand Technique” means a procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

“OPIM” means other potentially infectious materials.

“Other Potentially Infectious Materials” means:

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:

(A) Cell, tissue, or organ cultures from humans or experimental animals;

(B) Blood, organs, or other tissues from experimental animals; or

(C) Culture medium or other solutions.

“Parenteral Contact” means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

“Personal Protective Equipment” is specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

“Production Facility” means a facility engaged in industrial-scale, large-volume or high concentration production of HIV, HBV or HCV.

“Regulated Waste” means waste that is any of the following:

(1) Liquid or semi-liquid blood or OPIM;

(2) Contaminated items that:

(A) Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and

(B) Are capable of releasing these materials when handled or compressed.

(3) Contaminated sharps.

(4) Pathological and microbiological wastes containing blood or OPIM.

(5) Regulated Waste includes “medical waste” regulated by Health and Safety Code Sections 117600 through 118360.

“Research Laboratory” means a laboratory producing or using research-laboratory-scale amounts of HIV, HBV or HCV. Research laboratories may produce high concentrations of HIV, HBV or HCV but not in the volume found in production facilities.

“Sharp” means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

“Sharps Injury” means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

“Sharps Injury Log” means a written or electronic record satisfying the requirements of subsection (c)(2).

“Source Individual” means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

“Universal Precautions” is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

“Work Practice Controls” means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

(c) Exposure Response, Prevention and Control.

(1) Exposure Control Plan.

(A) Each employer having an employee(s) with occupational exposure as defined by subsection (b) of this section shall establish, implement and maintain an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure and which is also consistent with Section 3203.

(B) The Exposure Control Plan shall be in writing and shall contain at least the following elements:

1. The exposure determination required by subsection (c)(3);

2. The schedule and method of implementation for each of the applicable subsections: (d) Methods of Compliance, (e) HIV, HBV and HCV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard;

3. The procedure for the evaluation of circumstances surrounding exposure incidents as required by subsection (f)(3)(A).

4. An effective procedure for gathering the information required by the Sharps Injury Log.

5. An effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the Sharps Injury Log;

NOTE: Frequency of use may be approximated by any reasonable and effective method.

6. An effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments;

7. An effective procedure for documenting patient safety determinations made pursuant to Exception 2. of subsection (d)(3)(A); and

8. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

(C) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with Section 3204(e).

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:

1. To reflect new or modified tasks and procedures which affect occupational exposure;

2.a. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

b. To document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection;

3. To include new or revised employee positions with occupational exposure;

4. To review and evaluate the exposure incidents which occurred since the previous update; and

5. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

(E) Employees responsible for direct patient care. In addition to complying with subsections (c)(1)(B)6. and (c)(1)(B)8., the employer shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation,

and selection of effective engineering and work practice controls, and shall document the solicitation in the Exposure Control Plan.

(F) The Exposure Control Plan shall be made available to the Chief or NIOSH or their respective designee upon request for examination and copying.

(2) Sharps Injury Log.
The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The information recorded shall include the following information, if known or reasonably available:

(A) Date and time of the exposure incident;

(B) Type and brand of sharp involved in the exposure incident;

(C) A description of the exposure incident which shall include:

1. Job classification of the exposed employee;

2. Department or work area where the exposure incident occurred;

3. The procedure that the exposed employee was performing at the time of the incident;

4. How the incident occurred;

5. The body part involved in the exposure incident;

6. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable;

7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and

8. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.

(D) Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer.

(E) The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

(3) Exposure Determination.

(A) Each employer who has an employee(s) with occupational exposure as defined by subsection (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

1. A list of all job classifications in which all employees in those job classifications have occupational exposure;

2. A list of job classifications in which some employees have occupational exposure; and

3. A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of subsection (c)(3)(A)2. of this standard.

(B) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of Compliance.

(1) General. Universal precautions shall be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) Engineering and Work Practice Controls -General Requirements.

(A) Engineering and work practice controls shall be used to eliminate or minimize employee exposure.

(B) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(C) Work practice controls shall be evaluated and updated on a regular schedule to ensure their effectiveness.

(D) All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(3) Engineering and Work Practice Controls -Specific Requirements.

(A) Needleless Systems, Needle Devices and non-Needle Sharps.

1. Needleless Systems. Needleless systems shall be used for:

a. Withdrawal of body fluids after initial venous or arterial access is established;

b. Administration of medications or fluids; and

c. Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

2. Needle Devices. If needleless systems are not used, needles with engineered sharps injury protection shall be used for:

a. Withdrawal of body fluids;

b. Accessing a vein or artery;

c. Administration of medications or fluids; and

d. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

3. Non-Needle Sharps. If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

4. Exceptions. The following exceptions apply to the engineering controls required by subsections (d)(3)(A)1.-3.:

a. Market Availability. The engineering control is not required if it is not available in the marketplace.

b. Patient Safety. The engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgement, that use of the engineering control will jeopardize the patient's safety or the success of a medical, dental or nursing procedure involving the patient. The determination shall be documented according to the procedure required by (c)(1)(B)7.

c. Safety Performance. The engineering control is not required if the employer can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative used by the employer.

d. Availability of Safety Performance Information. The engineering control is not required if the employer can demonstrate that reasonably specific and reliable information is not available on the safety performance of the engineering control for the employer's procedures, and that the employer is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents occurring in the employer's workplace.

(B) Prohibited Practices.

1. Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.

2. Contaminated sharps shall not be bent, recapped, or removed from devices.

EXCEPTION: Contaminated sharps may be bent, recapped or removed from devices if:

a. The employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure; and b. The procedure is performed using a mechanical device or a one-handed technique.

3. Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

4. Disposable sharps shall not be reused.

5. Broken Glassware. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

6. The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.

7. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.

8. Mouth pipetting/suctioning of blood or OPIM is prohibited.

9. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

10. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM are present.

(C) Requirements for Handling Contaminated Sharps.

1. All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.

2. Immediately or as soon as possible after use, contaminated sharps shall be placed in containers meeting the requirements of subsection (d)(3)(D) as applicable.

3. At all time during the use of sharps, containers for contaminated sharps shall be:

a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

b. Maintained upright throughout use, where feasible; and

c. Replaced as necessary to avoid overfilling.

(D) Sharps Containers for Contaminated Sharps.

1. All sharps containers for contaminated sharps shall be:

a. Rigid;

b. Puncture resistant;

c. Leakproof on the sides and bottom;

d. Portable, if portability is necessary to ensure easy access by the user as required by subsection (d)(3)(C)3.a.; and

e. Labeled in accordance with subsection (g)(1)(A)(2).

2. If discarded sharps are not to be reused, the sharps container shall also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.

(E) Regulated Waste.

1. General.
Handling, storage, treatment and disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1, Sections 117600 through 118360, and other applicable regulations of the United States, the State, and political subdivisions of the State.

2. Disposal of Sharps Containers.
When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container shall be:

a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and

b. Placed in a secondary container if leakage is possible. The second container shall be:

i. Closable;

ii. Constructed to contain all contents and prevent leakage dur8ing handling, storage, transport, or shipping; and

iii. Labeled according to subsection (g)(1)(A) of this section.

3. Disposal of Other Regulated Waste. Regulated waste not consisting of sharps shall be disposed of in containers which are:

a. Closable;

b. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping;

c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

4. Outside Contamination. If outside contamination of a container of regulated waste occurs, it shall be placed in a second container. The second container shall be:

a. Closable.

b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(F) Handling Specimens of Blood or OPIM.
Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

1. The container for storage, transport, or shipping shall be labeled or color-coded according to subsection (g)(1)(A), and closed prior to being stored, transported, or shipped. When a ffacility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with subsection (g)(1)(A) is required when such specimens/ containers leave the facility.

2. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during collection, handling, processing, storage, transport, or shipping and is labeled or color-coded to the requirements of this standard.

3. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(G) Servicing or Shipping Contaminated Equipment.
Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible or will interfere with a manufacturer's ability to evaluate failure of the device.

1. A readily observable label in accordance with subsection (g)(1)(A)8. shall be attached to the equipment stating which portions remain contaminated.

2. Information concerning all remaining contamination shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(H) Cleaning and Decontamination of the Worksite.

1. General Requirements.

a. Employers shall ensure that the worksite is maintained in a clean and sanitary condition.

b. Employers shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.

c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the:

i. Location within the facility;

ii. Type of surface or equipment to be treated;

iii. Type of soil or contamination present; and

iv. Tasks or procedures being performed in the area.

d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.

2. Specific Requirements.

a. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:

i. Surfaces become overtly contaminated;

ii. There is a spill of blood or OPIM;

iii. Procedures are completed; and

iv. At the end of the work shift if the surface may have become contaminated since the last cleaning.

b. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

c. Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(I) Hygiene.

1. Employers shall provide handwashing facilities which are readily accessible to employees.

2. When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

3. Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

4. Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM.

(J) Laundry.

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.

a. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

b. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with subsection (g)(1)(A) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

2. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

3. When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with subsection (g)(1)(A).

(4) Personal Protective Equipment.

(A) Provision. Where occupational exposure remains after institution of engineering and work practice controls, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
NOTE: For fire fighters, these requirements are in addition to those specified in Sections 3401-3411, and are intended to be consistent with those requirements.

(B) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurences in the future. The employer shall encourage employees to report all such instances without fear of reprisal in accordance with Section 3203.

(C) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(D) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by subsections (d) and (e) of this standard, at no cost to the employee.

(E) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(F) Removal.

1. If a garment(s) is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible.

2. All personal protective equipment shall be removed prior to leaving the work area.

3. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(G) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in subsection (d)(4)(G)4.; and when handling or touching contaminated items or surfaces. These requirements are in addition to the provisions of Section 3384.

1. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

2. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

3. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

4. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

a. Periodically reevaluate this policy;

b. Make gloves available to all employees who wish to use them for phlebotomy;

c. Not discourage the use of gloves for phlebotomy; and

d. Require that gloves be used for phlebotomy in the following circumstances:

i. When the employee has cuts, scratches, or other breaks in his or her skin;

ii. When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

iii. When the employee is receiving training in phlebotomy.

(H) Masks, Eye Protection, Face Shields, and Respirators.

1. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These requirements are in addition to the provisions of Section 3382.

2. Where respiratory protection is used, the provisions of Sections 5144 and 5147 are required as applicable.

NOTE: Surgical masks are not respirators.

(I) Gowns, Aprons, and Other Protective Body Clothing.

1. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. These requirements are in addition to the provisions of Section 3383.

2. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery). These requirements are in addition to the provisions of Section 3383.

(e) HIV, HBV and HCV Research Laboratories and Production Facilities.

(1) General.

This subsection applies in addition to the other requirements of this section to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV, HBV and HCV.

EXCEPTION: This subsection does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.

(2) Research laboratories and production facilities shall meet the following criteria:

(A) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens. Such methods are further specified in Health and Safety Code Section 118215.

(B) Special Practices.

1. Laboratory doors shall be kept closed when work involving HIV, HBV or HCV is in progress.

2. Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is
closed before being removed from the work area.

3. Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

4. When OPIM or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with subsection (g)(1)(B) of this standard.

5. All activities involving OPIM shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these OPIM shall be conducted on the open bench.
6. Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

7. Special care shall be taken to avoid skin contact with OPIM. Gloves shall be worn when handling infected animals and when making hand contact with OPIM is unavoidable.

8. Before disposal, all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

9. Vacuum lines shall be protected with liquid disinfectant traps and HEPA filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

10. Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of OPIM. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

11. All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

12. A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

13. Written biosafety procedures shall be prepared and adopted into the Exposure Control Plan of subsection (c)(1). Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(C) Containment Equipment.

1. Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with OPIM that pose a threat of exposure to droplets, splashes, spills, or aerosols.

2. Biological safety cabinets shall be certified by the employer that they meet manufacturers' specifications when installed, whenever they are moved and at least annually.

(3) HIV, HBV and HCV research laboratories shall meet the following criteria:

(A) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(B) An autoclave for decontamination of regulated waste shall be available.

NOTE: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(4) HIV, HBV and HCV production facilities shall meet the following criteria:

(A) The work areas shall be separated from areas that are open to unrestricted traffic
flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(B) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(C) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(D) Access doors to the work area or containment module shall be self-closing.

(E) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

NOTE: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(F) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area). The ventilation system shall conform to the requirements of Article 107.

(5) Training Requirements.

Training requirements for employees in HIV, HBV and HCV research laboratories and HIV, HBV and HCV production facilities are specified in subsection (g)(2) and they shall receive in addition the following initial training:

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV, HBV or HCV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV, HBV or HCV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(f) Hepatitis B Vaccination and Bloodborne Pathogen Post-exposure Evaluation and Follow-up.

(1) General.

(A) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up for bloodborne pathogens exposure to all employees who have had an exposure incident. When an employer is also acting as the evaluating health care professional, the employer shall advise an employee following an exposure incident that the employee may refuse to consent to post-exposure evaluation and follow-up from the employer-healthcare professional. When consent is refused, the employer shall make immediately available to exposed employees a confidential medical evaluation and follow-up from a healthcare professional other than the exposed employee's employer.

EXCEPTION: Designated first aid providers who have occupational exposure are not required to be offered pre-exposure hepatitis B vaccine if the following conditions exist:

1. The primary job assignment of such designated first aid providers is not the rendering of first aid.

a. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

b. This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.

2. The employer's Exposure Control Plan, subsection (c)(1), shall specifically address the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual exposure incident, as defined by subsection (b), occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident as defined in subsection (b), including:

a. Provisions for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM shall be reported to the employer before the end of work shift during which the first aid incident occurred.

i. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.

A. The description must include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident, as defined in subsection (b), occurred.

B. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by subsection (f)(3) are made available immediately if there has been an exposure incident, as defined in subsection
(b).

ii. The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Chief upon request.
b. Provision for the bloodborne pathogens training program, required by subsection (g)(2), for designated first aiders to include the specifics of the reporting requirements of subsection (f)(3) and of this exception.

c. Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident, as defined by subsection (b), has occurred.

3. The employer must implement a procedure to ensure that all of the provisions of subsection 2. of this exception are complied with if pre-exposure hepatitis B vaccine is not to be offered to employees meeting the conditions of subsection 1. of this exception.

(B) The employer shall ensure that all medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1. Made available at no cost to the employee;

2. Made available to the employee at a reasonable time and place;

3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

4. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this subsection (f).

(C) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Hepatitis B Vaccination.

(A) Hepatitis B vaccination shall be made available after the employee has received the training required in subsection (g)(2)(G)9. and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(B) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(C) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(D) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.

(E) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(B).

(3) Post-exposure Evaluation and Follow-up.
Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(A) The employer shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(B) The employer shall identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

2. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.

3. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(C) The employer shall provide for collection and testing of the employee's blood for HBV, HCV and HIV serological status;

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

2. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

3. Additional collection and testing shall be made available as recommended by the U.S. Public Health Service.

(D) The employer shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(E) The employer shall provide for counseling and evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional.

(A) The employer shall ensure that the healthcare professional responsible for the
employee's hepatitis B vaccination is provided a copy of this regulation.

(B) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1. A copy of this regulation;

2. A description of the exposed employee's duties as they relate to the exposure incident;

3. Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by subsection (f)(3)(A);

4. Results of the source individual's blood testing, if available; and

5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by subsection (h)(1)(B)2.

(5) Healthcare Professional's Written Opinion.
The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(A) The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(B) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. That the employee has been informed of the results of the evaluation; and

2. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

(C) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) Medical Recordkeeping.
Medical records required by this standard shall be maintained in accordance with subsection (h)(1) of this section.

(g) Communication of Hazards to Employees.

(1) Labels and Signs.

(A) Labels.

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM, except as provided in subsection (g)(1)(A)5., 6. and 7.

NOTE: Other labeling provisions, such as Health and Safety Code Sections 118275 through 118320 may be applicable.

2. Labels required by this section shall include either the following legend as required by Section 3341:

Or in the case of regulated waste the legend: BIOHAZARDOUS WASTE or SHARPS WASTE as described in Health and Safety Code Sections 118275 through 118320.

3. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

4. Labels required by subsection (g)(1)(A) shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

5. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled in accordance with subsection (g)(1)(A)2. Labels on red bags or red containers do not need to be color-coded in accordance with subsection (g)(1)(A)3.

6. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of subsection (g).

7. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

8. Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.

9. Regulated waste that has been decontaminated need not be labeled or color-coded.

(B) Signs.

1. The employer shall post signs at the entrance to work areas specified in subsection (e), HIV, HBV and HCV Research Laboratory and Production Facilities, which shall bear the following legend:

(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

2. These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color, and meet the requirements of Section 3340.

(2) Information and Training.

(A) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(B) Training shall be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place;

2. At least annually thereafter.

(C) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(D) Annual training for all employees shall be provided within one year of their previous training.

(E) Employers shall provide additional training when changes, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or institution of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(F) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(G) The training program shall contain at a minimum the following elements:

1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;

2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;

3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;

4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;

6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;

7. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;

9. Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of

being vaccinated, and that the vaccine and vaccination will be offered free of charge;

10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;

11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;

12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and

14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

NOTE: Additional training is required for employees of HIV, HBV, and HCV Research Laboratories and Production Facilities, as described in subsection (e)(5).

(H) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(h) Recordkeeping.

(1) Medical Records.

(A) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with Section 3204.

(B) This record shall include:

1. The name and social security number of the employee;

2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by subsection (f)(2);

3. A copy of all results of examinations, medical testing, and follow-up procedures as required by subsection (f)(3);

4. The employer's copy of the healthcare professional's written opinion as required by subsection (f)(5); and

5. A copy of the information provided to the healthcare professional as required by subsections (f)(4)(B)2., 3. and 4.

(C) Confidentiality. The employer shall ensure that employee medical records required by subsection (h)(1) are:

1. Kept confidential; and

2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(D) The employer shall maintain the records required by subsection (h)(1) for at least the duration of employment plus 30 years in accordance with Section 3204.

(2) Training Records.

(A) Training records shall include the following information:

1. The dates of the training sessions;

2. The contents or a summary of the training sessions;

3. The names and qualifications of persons conducting the training; and

4. The names and job titles of all persons attending the training sessions.

(B) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Sharps Injury Log.

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

(4) Availability.

(A) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief and NIOSH for examination and copying.

(B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.

(C) Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief, and to NIOSH in accordance with Section 3204.

(D) The Sharps Injury Log required by subsection (c)(2) shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, to the Department of Health Services, and to NIOSH.

(5) Transfer of Records.

(A) The employer shall comply with the requirements involving transfer of records set forth in Section 3204.

(B) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify NIOSH, at least three months prior to their disposal and transmit them to the NIOSH, if required by the NIOSH to do so, within that three month period.

(i) Appendix.
Appendix A to this section is incorporated as a part of this section and the provision is mandatory.

Appendix A - Hepatitis B Vaccine Declination

(MANDATORY)

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D): I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Note: Authority cited: Sections 142.3 and 144.7, Labor Code. Reference: Sections 142.3 and 144.7, Labor Code; Sections 117600 through 118360, Health and Safety Code.

HISTORY

1. New section filed 12-9-92; operative 1-11-93 (Register 92, No. 50).

2. Editorial correction of printing errors in subsections (c)(1)(A) and (d)(2)(C) (Register 93, No. 32).

3. Amendment of subsections (g)(1)(A)2. and (g)(1)(B)2. filed 2-5-97; operative 3-7-97 (Register 97, No. 6).

4. Amendment filed 1-22-99 as an emergency; effective 1-22-99 (Register 99, No. 4). The emergency regulation filed 1-22-99 shall remain in effect until the nonemergency regulation becomes operative or until August 1, 1999, whichever first occurs pursuant to Labor Code section 144.7(a).

5. Permanent adoption of 1-22-99 amendments, including further amendments, filed 7-30-99 pursuant to Labor Code section 144.7(a); operative 7-30-99 pursuant to Government Code section 11343.4(d) (Register 99, No. 31).

6. Repealer of subsection (c)(1)(D)2., new subsections (c)(1)(D)2.a.-b. and (c)(1)(E), subsection relettering, amendment of subsection (c)(2), new subsections (c)(2)(D)-(E) and amendment of subsections (d)(3)(B)2.Exception, (d)(3)(E)3.b., (d)(3)(H)1.b. and (d)(3)(H)2.a. filed 8-3-2001; operative 8-3-2001. Submitted to OAL for printing only. Exempt from OAL review pursuant to Labor Code section 142.3 (Register 2001, No. 31).

7. Change without regulatory effect providing more legible illustrations for biohazard symbols filed 3-2-2009 pursuant to section 100, title 1, California Code of Regulations (Register 2009, No. 10).

8. Editorial correction of subsection (g)(2)(E) (Register 2015, No. 37).
This database is current through 7/29/16 Register 2016, No. 31
8 CCR § 5193, 8 CA ADC § 5193

Saturday, August 20, 2016

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item 5

Future Agenda Items

Saturday, August 20, 2016

Dental Hygiene Committee of California

Education Subcommittee Meeting

Agenda Item 6

Adjournment