



**DENTAL HYGIENE COMMITTEE OF CALIFORNIA**  
2005 Evergreen Street Suite 1050, Sacramento, CA 95815  
P (916) 263-1978 | F (916) 263-1978 | [www.dhcc.ca.gov](http://www.dhcc.ca.gov)



**Application for Approval of Course in  
Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue  
Curettage** Business & Professions Code §1909, ~~Title 16 CCR §1107, and §1108~~

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

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

|   |            |                    |           |
|---|------------|--------------------|-----------|
| Course Provider _____                                     |            | Phone Number _____ |           |
| Email Address _____                                       |            |                    |           |
| Name and Title of Course Director _____                   |            |                    |           |
| Affiliated Dental Hygiene or Dental Program _____         |            |                    |           |
| Mailing Address of Course Provider* _____                 | City _____ | State _____        | Zip _____ |
| Clinical Facility Address (if different from above) _____ | City _____ | State _____        | Zip _____ |

\*Course provider mailing address is public. If you wish to provide a P.O. Box, you must also provide a physical address and be sure to specify that the physical address is not to be used as the address of record.

**Requirements for Course**

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

1. Will the course provide instruction in administration of local anesthetic agents limited to the oral cavity, administration of nitrous oxide-oxygen used as an analgesic utilizing fail-safe type machines containing no other general anesthetic agents, and periodontal soft tissue curettage? Include a copy of your curriculum.

Yes  No

2. Will the course be established at or ~~affiliated/contracted~~ with a California dental or dental hygiene school? Include your written ~~contract/affiliation~~ and if applicable, the extramural site agreement.

Yes  No

### 3. Course Faculty Information

| Name | License Type | License # | License Expiration | Date of Teaching Educational Methodology |
|------|--------------|-----------|--------------------|--|
|      |              |           |                    |  |
|      |              |           |                    |  |
|      |              |           |                    |  |
|      |              |           |                    |  |
|      |              |           |                    |  |

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

4. Will there be a lecture classroom, patient clinic area, and radiology area and laboratory for use by students? Attach a facility site map indicating each of these areas.

Yes  No

5. Will all students have access to equipment necessary to develop dental hygiene skills in the duties being taught? Attach a list.

Yes  No

6. Will all students have access to the hazardous waste management plan for disposal of needles, cartridges, medical waste, storage of nitrous oxide and oxygen tanks and the course's clinic and radiation hazardous communication plan? Attach a copy of both the hazardous waste management and hazardous communication plan.

Yes  No

7. Will all students receive a copy of the bloodborne and infectious diseases exposure control plan, including the emergency needlestick information? Attach a copy as provided to students.

Yes  No

8. Will the course clearly state curriculum subject matter, specific instruction hours in the individual areas of didactic, pre-clinical and clinical instruction, and include written course and specific instructional learning outcomes that will be accomplished within the framework of the course, including theoretical aspects of each subject as well as practical application in accordance with Title 16, California Code of Regulations §1107 and §1108 and a copy be provided to students? Attach a copy of curriculum, including student evaluation mechanism and remediation policy and procedures.

Yes  No

9. Will the course's be of sufficient duration allow afor the student to develop competence in administration of local anesthesia, administration of nitrous oxide-oxygen analgesia, and performance of periodontal soft tissue curettage? Attach a course schedule.

Yes  No

10. Will instruction in periodontal soft tissue curettage total at least 6 hours including at least 3 hours of didactic, laboratory and/or pre-clinical instruction and at least 3 hours of clinical instruction that includes a minimum of 3 (three) clinical experiences on three different patients of which only one may be on a nother student?

Yes  No

11. Will instruction in the administration of local anesthetic agents total at least 30 hours, including at least 15 hours of didactic hours of laboratory and/or pre-clinical and at least 15 hours of clinical instruction that includes a minimum of 32 preclinical experiences per injection, which may be on another student and 4 clinical experiences on threefour different patients of which only one may be on a nother student?

Yes  No

12. Will instruction in the administration of nitrous oxide-oxygen total at least 8 hours including at least 4 hours of didactic, laboratory and/or pre-clinical instruction and 4 hours of clinical instruction that includes a minimum of 3 clinical experiences on 3 different patients of which only one may be on a nother student?

Yes  No

13. Specify the total number of total hours for all three areas within the course that will be taught in the categories listed below:

|                   |       |              |       |
|-------------------|-------|--------------|-------|
| Didactic          | _____ | Pre-clinical | _____ |
| <u>Laboratory</u> | _____ | Clinical     | _____ |

14. Will continuing education (CE) be offered for this course? If yes, provide your California continuing education provider number below.

\_\_\_\_\_

Yes  No

### Recordkeeping

15. Will you retain for at least 5 years copies of curriculum, syllabi, exams, sample test questions, and lab and clinic rubrics, copies of faculty credentials, faculty calibration plan and individual student records including and evaluations and summations thereof pursuant to Title 16, California Code of Regulations §1107(b)(6)?

Yes  No

16. Will each student be issued a certificate of successful completion after achievement of a minimum of 75% in each clinical competency and has been deemed competent in each of the 3 (three) procedures?

Yes  No

### Acknowledgement

17. Have you reviewed Business & Professions Code §1909 and Title 16, California Code of Regulations §1005, and §1107 and §1108?

Yes  No

18. Do you agree to abide by the requirements set forth in Business & Professions Code §1909, and Title 16, California Code of Regulations § 1005 and §1107 ~~and §1108~~? Do you acknowledge that failure to do so may result in loss of course approval?

Yes  No

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

**Certification**

*I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct, ~~and that all courses offered will meet the requirements set forth by the Committee.~~*

\_\_\_\_\_  
Signature of Course Director or designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Course Director or designee

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by the Dental Hygiene Committee of California, 2005 Evergreen Street, Suite 1050, Sacramento, CA 95815, Executive Officer, 916-263-1978, in accordance with Business & Professions Code, §1900 et seq. The information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the his or her own personal information maintained by the agency as set forth in the Information Practices Act unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.