



## **Dental Hygiene Expanded Functions Education Program Approval Application Packet**

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### **Important Social Security Number Information:**

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

### **In order to process your request:**

**Mail your application with initial documentation and your check or money order payable to:**

Department of Health  
PO Box 1099  
Olympia, WA 98507-1099

**Send other documents not sent with initial application to:**

Dental Hygiene Credentialing  
PO Box 47877  
Olympia, WA 98504-7877

**Contact us:**

360.236.4700

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## Application Instructions Checklist

When your application for approval of Expanded Functions Dental Auxiliary education program is received by the Department of Health, you will be set an acknowledgment letter noting receipt, and any outstanding documentation needed to complete the process. This is the only notice you will receive while your application is pending.

All information should be typed or printed clearly. It is your responsibility to submit the required forms.

**Application Fee:** This fee is non-refundable. You can check the [fee page](#) for current fees.

**1: Demographic Information:**

**Uniform Business Identifier Number (UBI #):** Enter your Washington State UBI #. All Washington State businesses must have UBI #s. City, county, and state government departments also have UBI #s.

**Federal ID Number (FEIN #):** Enter your Federal ID Number, if the business has been issued one.

**Legal Owner/Operator Name:** Enter the owner's name as it appears on the UBI/ Master Business License.

**Mailing Address:** Enter the owner's complete mailing address.

**Phone, Fax and Cell Numbers:** Enter the owner's phone, fax and cell numbers, if you have them.

**Email and Web Address:** Enter the owner's email address, if you have one.

**Facility/Agency Name:** Enter the agency's name as advertised on signs, brochures, or Web site.

**Physical Address:** Enter the agency's physical street location including city, state, zip and county.

**Phone, Fax and Cell Numbers:** Enter the agency's phone, fax and cell numbers, if you have them.

**Email and Web Address:** Enter the agency's email and Web addresses, if you have them.

**2: Curriculum Requirements:**

Check the boxes to indicate which requirements your curriculum will require students to demonstrate.

**3: Signature and Notarization:**

Required.

**Self Study Guide:**

Complete the Self Study Guild and mail to the Department of Health.

**Other Information:**

Submit the appropriate supporting documentation as indicated on the application. You will be mailed a letter regarding any deficiencies if your application is incomplete.

- The application is considered incomplete if requested information is left blank. Write N/A or place a line through section instead of leaving blank.
- Information regarding the dental hygiene program is available on our Web site.



Date Stamp Here

Revenue: 0251040000

## Dental Hygiene Expanded Functions Education Program Approval Application

### 1. Demographic Information

UBI #:		Federal Tax id (FEIN) #:	
Legal Owner/Operator Name:			
Mailing Address			
City:	State:	Zip:	County:
Phone (enter 10 digit #):		Fax (enter 10 digit #):	
Email address:		Web Address:	

Facility/Agency Name (Business name as advertised on signs or Web site):			
Physical Address:			
City	State	Zip	County
Facility Phone (enter 10 digit #):		Fax (enter 10 digit #):	
Mailing Address (if different than physical address):			
City:	State:	Zip:	County:

### 2. Curriculum Requirements

Will your curriculum require the student to demonstrate:

**Yes No**

a. Didactic and clinical competency in the administration of injections of local anesthetic, which includes:

**Infiltration:** ASA, MSA, Nasopalatine, and greater palatine.

**Block:** Long buccal, mental, inferior alveolar and PSA.

## 2. Curriculum Requirements (Cont.)

Will your curriculum require the student to demonstrate: (Cont.)

Yes No

- b. Didactic and clinical competency in the administration of nitrous oxide analgesia;
- c. Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist, and
- d. Didactic and clinical competency in the carving, contouring and adjusting contacts and occlusions of restorations.

## 3. Signature and Notarization

\_\_\_\_\_

Dated

\_\_\_\_\_

Program Director (Please print or type)

\_\_\_\_\_

Signature of Program Director

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 2\_\_\_\_\_

(SEAL)

\_\_\_\_\_

Signature of Notary

Notary in and for the state of \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires \_\_\_\_\_

# Self Study Guide for the Approval of a Dental Hygiene Expanded Functions Education Program

September 2021



DOH 645-091 September 2021

Dental Hygiene Program

P.O. Box 47877

Olympia, WA 98504-7877

360.236.4700

"For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388)."

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# Introduction to the Self Study Guide

The *Self Study Guide* is designed to help an expanded functions Dental Hygiene program present three types of information about itself—descriptive, analytical and supportive documentation—in preparation for an approval visit by the Department of Health.

The primary focus of the self study process should be to assess the effectiveness of the educational process in relation to the program's goals and the Department of Health *Approval Standards for Dental Hygiene Expanded Functions Education Programs*.

Programs must respond to all questions included in the Self Study Guide. The responses should be succinct, but must in every case provide or cite evidence demonstrating achievement of objectives in compliance with each of the Department of Health Approval Standards for Dental Hygiene Expanded Functions Education Programs.

## **For the Dental Hygiene Expanded Functions educational program, the self study provides an opportunity to:**

- A. Clarify its objectives as they relate to:
  - 1. preparation of dental hygienists;
  - 2. expectations of the dental profession and the public in relation to the education of dental hygienists, and
  - 3. the program's general educational objectives.
- B. Candidly and realistically assess its own strengths and weaknesses in the light of its own stated objectives.
- C. Internalize the process and engage in the kind of self-analysis essential to effective planning and change.
- D. Provide the basis for a more informed and helpful site visit related to the real issues including the strengths and weaknesses of the program.

## **For the Department of Health, the self study process should:**

- A. Ensure that the program has seriously and analytically reviewed its objectives, strengths and weaknesses.
- B. Provide the Department of Health site visitors the basic information about the program and the program's best judgment of its own adequacy and performance.
- C. Ensure that approval process is perceived not simply as an external review but as an essential component of program improvement.
- D. Ensure that the Department of Health, in reaching its approved decisions, can benefit from the insights of both the program and the site survey visits.

# Standard 1—Administration

Administrative structure must ensure the attainment of program goals.

## Program Administrator

### A. Description

1. Provide the name, title, type and length of appointment, professional training and experience of the dental hygiene program administrator.
2. Delineate the administrative duties and authority of the program administrator. Specify any additional commitments that the program administrator has each term, e.g. teaching, administration of other programs. Include time devoted to each.

### B. Appraisal and Analysis

1. Assess the program administrator's educational background and occupational experience in terms of the Approval Standards.
2. To what extent does the program administrator have authority commensurate with his/her responsibilities?

## Standard 2—Curriculum

The curriculum must be defined in terms of program goals, general and specific instructional objectives, learning experiences designed to achieve goals and objectives and evaluation procedures to assess attainment of goals and objectives.

### *Analysis of the Curriculum*

#### *Content*

### A. Description

1. List the program's goals and objectives. If a philosophy has been developed for the program, quote the philosophy.
2. Outline the sequence of the dental hygiene expanded functions program curriculum as illustrated in Exhibit 1 example.
3. In a separate document, supply the syllabus for each course in the dental hygiene expanded functions program curriculum. Each syllabus should include:
  - a. course title and number;
  - b. general and specific instructional goals and objectives;
  - c. outlines of topics presented and amount of instructional time allocated to each topic;
  - d. learning experiences designed to achieve goals and objectives;

- e. teaching methods;
- f. required text;
- g. evaluation criteria and procedures; and
- h. date prepared.

Include sample tests with answers, examinations and skill evaluation forms for each course. The document should include a table of contents; pages should be numbered.

- 4. For each term of the dental hygiene expanded function program, provide a class schedule as illustrated in the Exhibit 2 example. (If a schedule does not extend the entire term, provide supplemental schedules.) Include course number; indicate whether the session is lecture, laboratory or clinic; and provide the names of the instructor(s) responsible.

B. Appraisal and Analysis

Explain the rationale for the overall curriculum sequence.

C. Supportive Documentation

- 1. Separate "Course Outlines" document
- 2. Exhibit 1: Outline of curriculum sequence
- 3. Exhibit 2: Class schedule for each term of the program

*Clinical Experience*

A. Description

- 1. Specify the performance levels expected at the beginning and end of the dental hygiene students' clinical experiences.
- 2. List the dental hygiene services and functions that students are taught to perform. Using the format provided in Exhibit 3, state the preclinical and clinical courses which provide the major instruction in each service and function. Also, specify the program requirements for the number of times each student must complete each function.

B. Appraisal and Analysis

- 1. Assess the degree to which the educational program provides students with the background knowledge required to deliver the specific dental hygiene services.
- 2. Assess the extent to which students have attained the level of clinical competence in those procedures they are taught to perform.

C. Supportive Documentation

Exhibit 3: Listing of clinical functions taught in the program.

## **Standard 4—Faculty**

The program shall be staffed by faculty who are qualified in curricular subject matter, dental hygiene functions and educational methodology. Dental hygiene faculty shall hold a current license to practice as a licensed dental hygienist in Washington. Faculty/student ratios for preclinical and clinical sessions should not exceed one to six. Faculty to student ratios for laboratory sessions in dental science courses should not exceed one to eight.

Supportive documentation

- A. Submit faculty profile, listing faculty teaching dental hygiene courses, degrees, areas of expertise and experience and courses taught. List current clinical practice experience.
- B. What are the current or anticipated faculty/student ratios during the laboratory, preclinical and clinical sessions?

## **Standard 5—Facilities**

Physical facilities and equipment must be adequate to permit achievement of dental hygiene program objectives. Classrooms, laboratories and clinical facilities shall be available and shall be adequate in size, number and type according to the number of students and the educational purposes for which the rooms are to be used.

Facilities shall effectively accommodate the number of students, faculty and staff and include provisions for safety.

Supportive Documentation

- A. Provide description of classrooms, laboratories and clinical facilities and evaluate their adequacy to meet needs of the program.

## **Standard 6—Learning Resources**

A wide range of printed materials and instructional aids and equipment shall be available for utilization by students and faculty. Physical facilities, hours, scope and currency of learning resources shall be appropriate for the purpose of the program and for the number of faculty and students. Periodic evaluations of resources shall be conducted.

### *Library*

Description

- A. Provide descriptions of library facilities, hours, scope and currency of learning resources.
- B. Provide statement describing the process for evaluating resources and how often it will occur.

## Standard 3—Admissions

Admissions of dental hygiene students to the expanded functions program must be based upon specific criteria, procedures and practices.

### Criteria

#### A. Description

1. List admission criteria for the expanded function dental hygiene program. Are the criteria weighted? If so, explain.
2. Describe the process for selecting dental hygiene students. Indicate names and titles of individuals participating in the selection process.
3. How are applicants informed about the program's criteria and procedures for admission, program goals, functions performed by dental hygienists?
4. If students are admitted who do not meet the program's admission criteria, what academic strengthening is provided in the area(s) of deficiency(ies)? When and by who, will the remediation be provided?

#### B. Appraisal and Analysis

1. Evaluate the admission criteria in terms of its ability to identify students with the potential for completing the curriculum and performing the specific dental hygiene functions with competence and efficiency.
2. Assess the admission criteria and procedures in terms of legal ramifications, e.g. affirmative action, selection by interview, confidentiality of student records.
3. Evaluate whether the program has the necessary faculty, facility and financial resources and scheduling flexibility to accommodate students who do not meet the admission criteria jeopardizing learning experiences of other students.

### Advanced Standing

#### A. Description

1. Describe the policies and methods for awarding advanced standing credit to students.
2. Indicate the type of courses for which advanced standing is granted and the maximum number of credits that can be awarded.

#### B. Appraisal and Action

Appraise the policies and methods used to assure that students exempted from courses in the expanded function dental hygiene curriculum have met achievement standards which equal or exceed those expected of students who successfully completed the courses.

## *Instructional Resources*

### A. Description

1. Briefly describe the instructional aids used in the program, i.e. anatomical models, replicas, slides and films which depict current techniques.

## **Standard 7—Students**

Instructional policies and procedures to protect and serve students must be established and implemented.

### A. Description

1. Provide information concerning the institution's ethical standards and policies which protect students as consumers. What avenues for appeal and due process have been established?
2. Describe the manner in which records of student work in the program are maintained.
3. Describe the way in which confidentiality of and access to student records is provided.
4. What provisions have been made for student liability insurance?

### B. Appraisal and Analysis

1. To what extent do student records reflect work accomplished during the program?

## **Standard 8—Assess Outcomes**

The program must regularly evaluate the degree to which its goals are being met through a formal assessment of outcomes.

Approved programs must design and implement their own outcome measures to determine the degree to which their stated goals and objectives are met.

### Description

- A. How, when and by whom are the program's goals reviewed, evaluated and revised?
- B. Describe the outcome measures which are utilized to determine the degree to which these stated goals and objectives are being met.
- C. Document the assessment methods utilized and evaluation criteria. Include examples, i.e., survey instruments, statistics, students' performance, etc.

# Exhibit 1 Example

Outline the sequence of the dental hygiene curriculum as illustrated below.

Course Number	Course Title	Credit* Hours	Clock Hours/Week			Faculty/Student Ratio			Faculty Person Responsible
			Lect.	Lab	Clinic	Lect.	Lab	Clinic	
<b>First Term:</b>									
** BOI-105	Anatomy & Physiology I	4	3	3	0	1:30	1:30	—	Dr. Grey
** CHE-105	Chem.-Health Sciences	4	3	3	0	1:30	1:30	—	Mrs. White
DEH-107	Dental Anatomy: Histology	3	2	3	0	1:30	1:15	—	Mr. Doe
DEH-117	Preventive OHS I	4	2	6	0	1:30	1:6	—	Mr. Black
DEH-128	Dental Radiology	2	3	2	0	1:30	—	—	Mr. Doe
[DH-140	First Aid	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	1:30	—	—	Mrs. Nelson
		18	14	17	0				
<b>Second Term:</b>									
** BIO-106	Anatomy & Physiology II	4	3	2	0	1:30	1:30	—	Dr. Olson
** BIO-108	Microbiology	4	3	3	0	1:30	1:30	—	Mrs. White
DEA-113	Radiology II	2	1	3	0	1:30	1:6	—	Mrs. Green
DEH-105	Dental Materials	2	1	3	0	1:30	1:15	—	Mr. Doe
DEH-106	Elements of Nutrition	1	3	2	0	1:30	—	—	Mr. Adams
DEH-119	Preventive OHS II	4	2	0	8	1:30	--	1:6	Mr. Doe
[DH-140	First Aid	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	1:30	—	—	Mrs. Nelson
		18	12	11	8				

**Third Term:**

**Fourth Term:**

**Total Number of Credit Hours** \_\_\_\_\_

**Transferable Credit Hours** \_\_\_\_\_

\* If the institution does not assign credit hours, do not complete this column.

\*\* Denotes college transfer

## Exhibit 2 Example

For each term provide a class schedule of the current year's dental hygiene curriculum as illustrated below. (If a schedule does not extend through the entire term, include supplementary schedules.) Include course number; indicate whether the session is lecture or laboratory; and provide the name(s) of the faculty member(s) responsible.

Term \_\_\_\_\_ 20 \_\_\_\_\_

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
9:00	A&P I 105 Lec.  Dr. Grey	Chem. 105 Lec.  Mrs. White	A&P I 103 Lec.  Dr. Grey	Prev. Oral Serv. 117 Lec.  Mr. Black	A&P I 105 Lec.  Dr. Grey
10:00	Dent. Anat. 107 Lec.  Mr. Doe		Dental Anat. 107 Lec.  Mr. Doe		Dental Rad. 128 Lab  Mr. Doe
11:00	Dent. Rad. 128 Lec.  Mr. Doe		Dent. Rad. 128 Lec.  Mr. Doe		Dental Rad. 128 Lec.  Mr. Doe
1:00	Dent. Rad. 128 Lab  Mr. Doe	A&P 105 Lab  Dr. Gray		Dent. Anat. 107 Lab  Mr. Doe	
2:00	Chem. 105 Lec.  Mrs. White		Chem. 105 Lec.  Mrs. White		Chem. 105 Lec.  Mrs. White
3:00	Prev. Oral Serv. I 117 Lab  Mr. Black		Prev. Oral Serv. I 117 Lab  Mr. Black		Prev. Oral Serv. I 117 Lab  Mr. Black
4:00		First Aid 140 Lec.  Mrs. Nelson			
5:00					



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# Example of Goals and Objectives

## Local Anesthetics/Anesthesiology

Goal: Administer and/or utilize the appropriate local anesthetic solution, technique and procedures as indicated by patient needs which ensure maximum patient health, safety, comfort, and achieve the desired anesthesia result.

1. Describe the anatomy of the head and neck region pertinent to dental local anesthetic intraoral injections.
2. Describe the pathway of all pertinent nerves which anesthetize the oral cavity from the origination site in the brain to their specific innervated tissues.
3. Discuss the difference between afferent and efferent nerve fibers and the tissues innervations in the head and neck region.
4. Describe the anatomical landmarks, vessels and nerves associated with local anesthetic injections including:
  - a. (PSA)—Posterior Superior Alveolar
  - b. (MSA)—Middle Superior Alveolar
  - c. (ASA)—Anterior Superior Alveolar
  - d. Infraorbital
  - e. (NP)—Nasopalatine
  - f. Greater Palatine
  - g. (IA)—Inferior Alveolar
  - h. (LB)—Long Buccal
  - i. Lingual
  - j. Mental and Incisive
5. Discuss the pharmacology and mechanism of action of commonly-used topical and local anesthetic solutions.
6. Discuss the medical, dental, physiological and psychological indications and contraindication of topical and local anesthetic selection and utilization.
7. Discuss the tissues anesthetized by the commonly used injections and infiltrations.
8. Discuss and properly assemble all local anesthetic armamentarium, including safe and effective handling, maintenance of sterile environments and selection of equipment appropriate to the needs of patients and the injections to be administered on all clinical patients.

9. Discuss the symptoms of all medical emergencies and/or allergic reactions which may occur during local anesthetic administration, including precautions and treatment procedures which should be taken.
10. Recognize anesthetic complications and perform necessary procedures to handle emergencies when they arise.
11. Discuss the anesthetic duration time of various solutions and the determining factors which influence the duration time.
12. Discuss the factors which determine the amount of anesthetic solution which can be administered on any given patient.
13. Demonstrate and administer the following anesthetic injections on clinical patients utilizing proper techniques, including anatomical palpation, anesthetic selection, insertion pathway and deposition procedures:
  - Infiltration: ASA, MSA, Nasopalatine, greater palatine.
  - Block: Long buccal, mental, inferior alveolar and PSA.

# Example of Goals and Objectives

## Nitrous Oxide—Oxygen Analgesia

- Goal: Discuss and demonstrate the principles of nitrous oxide—oxygen analgesia administration to designated patients, utilizing knowledge of the physiological and pharmacological effects, analgesic actions and reactions, equipment functions and operations and recognizing appropriate safety procedures.
1. Describe the methods of obtaining patient medical histories including individual physical and psychological profiling of patients.
  2. Demonstrate ability to thoroughly and accurately complete patient medical histories and physiological and psychological profiling.
  3. Discuss the physical and chemical properties of nitrous oxide—oxygen analgesia.
  4. Describe the anatomy and physiology of the respiratory, cardiovascular and central nervous systems as they relate to nitrous oxide—oxygen analgesia administration.
  5. Discuss the indications and contraindications in utilizing nitrous oxide—oxygen analgesia on patients with varying medical, physiological and psychological conditions.
  6. Discuss the purpose and demonstrate the use of the basic nitrous oxide—oxygen analgesia inhalation equipment including the demand flow and continuous flow units.
  7. Discuss the advantages and disadvantages on inhalation sedation using nitrous oxide—oxygen analgesia sedation.
  8. Describe the symptoms which may be exhibited by patients being administered nitrous oxide—oxygen analgesia.
  9. Discuss and demonstrate knowledge of the percentage of nitrous oxide concentration delivered when provided with specific volumes of nitrogen and/or oxygen.
  10. Discuss the methods of informing patients about the purposes of nitrous oxide—oxygen analgesia and the symptoms which they may experience during the administration of the analgesia.
  11. Discuss the emergencies which may arise during the administration of nitrous oxide—oxygen analgesia and demonstrate the knowledge and procedures required to appropriately deal with any emergency situation.
  12. Administer nitrous oxide-oxygen analgesia to patients in clinical settings in a safe and effective manner.

# Example of Goals and Objectives

## Restorative

- Goal: Prepare, utilize and place restorative materials, including cements, bases and liners, with consideration for the health and welfare of the patient, periodontium and functioning longevity of the teeth and dentition.
1. Discuss the physical, biological and chemical properties of commonly used restorative materials, including cements, bases, liners and temporary restorative materials.
  2. Describe the functional anatomy of all teeth including essential anatomical characteristics, embrasure requirements and occlusal considerations.
  3. Demonstrate competence in placing matrices, wedges, rubber dams and clamps to insure dry field isolation for all teeth being restored.
  4. Demonstrate competence in mixing and placing cements, bases, liners, varnishes and temporary restorative materials.
  5. Demonstrate clinical competence in placing matrices and wedges, insuring correct adaptation, contour and contact with adjacent teeth.
  6. Demonstrate clinical competence in the manipulation, placing, carving and polishing amalgam restorative materials, utilizing recommended safety procedures and considering form, function, contact and occlusion.
  7. Demonstrate clinical competence in the manipulation, mixing, placing, and finishing of composite and tooth colored restorations with proper consideration to correct shade selections, adaptation, contour, contact and occlusion.



## **RCW/WAC and Online Web Site Links**

### **RCW/WAC Links**

Uniform Disciplinary Act .....	<a href="#"><u>RCW 18.130</u></a>
Administrative Procedure Act .....	<a href="#"><u>RCW 34.05</u></a>
Administrative procedures and requirements .....	<a href="#"><u>WAC 246-12</u></a>
Dental Hygienist Laws .....	<a href="#"><u>RCW 18.29</u></a>
Dental Hygienist Rules .....	<a href="#"><u>WAC 246-815</u></a>
Dentistry Laws .....	<a href="#"><u>RCW 18.32</u></a>

### **Online**

Dental Hygiene Program .....	<a href="#"><u>Web Page</u></a>
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### **List-Serv**

To receive emails regarding important dental hygiene

Information, please join our interested parties at .....	<a href="#"><u>List-Serv</u></a>
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