Chapter 246-812 WAC
BOARD OF DENTURISTS

WAC

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246-812-130 Denturist licensure—Training course approval. [Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-130, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-130, filed 10/30/95, effective 11/30/95.] Repealed by WSR 03-12-061, filed 6/2/03, effective 7/3/03. Statutory Authority: RCW 18.30.065.

246-812-140 Application for licensure—AIDS education requirements. [Statutory Authority: RCW 18.30.070(3). WSR 95-22-062, § 246-812-140, filed 10/30/95, effective 11/30/95.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-812-170 License renewal form. [Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-170, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-170, filed 10/30/95, effective 11/30/95.] Repealed by WSR 14-24-033, filed 11/24/14, effective 12/25/14. Statutory Authority: Chapter 18.30 RCW and 2013 c 171.

246-812-400 Denturist associations or societies. [Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-400, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-400, filed 10/30/95, effective 11/30/95.] Repealed by WSR 14-24-033, filed 11/24/14, effective 12/25/14. Statutory Authority: Chapter 18.30 RCW and 2013 c 171.

246-812-410 Insurance carriers. [Statutory Authority: RCW 18.30.-070(3). Readopted by WSR 98-20-068, § 246-812-410, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-410, filed 10/30/95, effective 11/30/95.] Repealed by WSR 14-24-033, filed 11/24/14, effective 12/25/14. Statutory Authority: Chapter 18.30 RCW and 2013 c 171.

246-812-420 Professional liability carriers. [Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-420, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-420, filed 10/30/95, effective 11/30/95.] Repealed by WSR 14-24-033, filed 11/24/14, effective 12/25/14. Statutory Authority: Chapter 18.30 RCW and 2013 c 171.

246-812-430 Courts. [Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-430, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-430, filed 10/30/95, effective 11/30/95.] Repealed by WSR 14-24-033, filed 11/24/14, effective 12/25/14. Statutory Authority: Chapter 18.30 RCW and 2013 c 171.

246-812-440 State and federal agencies. [Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-440, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-440, filed 10/30/95, effective 11/30/95.] Repealed by WSR 14-24-033, filed 11/24/14, effective 12/25/14. Statutory Authority: Chapter 18.30 RCW and 2013 c 171.

246-812-450 Professional standards review organizations. [Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-450, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-450, filed 10/30/95, effective 11/30/95.] Repealed by WSR 14-24-033, filed 11/24/14, effective 12/25/14. Statutory Authority: Chapter 18.30 RCW and 2013 c 171.

246-812-995 Conversion to a birthday renewal cycle. [Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-995, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-812-995, filed 2/13/98, effective 3/16/98.] Repealed by WSR 05-12-012, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110.

DENTURISTS

WAC 246-812-001 Purpose. The purpose of these rules is to further clarify and define chapter 18.30 RCW, Denturists.

[Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-001, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-001, filed 10/30/95, effective 11/30/95.]

WAC 246-812-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise:

(1) **"Acquired immunodeficiency syndrome"** or **"AIDS"** means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) **"Approval"** and **"accreditation"** are used interchangeably with reference to sanctioning of courses.

(3) **"Board"** means the Washington state board of denturists.

(4) **"Bruxism"** means the excessive grinding of the teeth and/or excessive clenching of the jaw.

(5) **"Department"** means the department of health.

(6) **"Office on AIDS"** means that section within the department of health with jurisdiction over public health matters as defined in chapter 70.24 RCW.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-010, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.065. WSR 03-12-061, § 246-812-010, filed 6/2/03, effective 7/3/03. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-010, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-010, filed 10/30/95, effective 11/30/95.]

WAC 246-812-015 Adjudicative proceedings—Procedural rules. The board adopts the model procedural rules for adjudicative proceedings as contained in chapter 246-11 WAC.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-015, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-015, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-015, filed 10/30/95, effective 11/30/95.]

WAC 246-812-020 Continuing competency requirements. (1) To renew a license a denturist must complete fifteen clock hours of continuing competency, each year following the first license renewal. The denturist must sign a declaration attesting to the completion of the required number of hours as part of the annual renewal requirement.

(2) A denturist who has an endorsement to provide non-orthodontic removable oral devices must complete two hours of continuing competency every three years. This must include continuing competency in the making, placing, constructing, altering, reproducing, or repairing of bruxism devices and snoring devices.

(a) These continuing competency credit hours may be used to meet the renewal requirements for the denturist license.

(b) Continuing competency credit hours will not be counted for instruction regarding devices or services intended to treat obstructive sleep apnea or temporomandibular joint dysfunction.

(3) Acceptable continuing competency - Qualification of courses for continuing competency credit. The board will not authorize or approve specific continuing competency courses. Continuing competency course work must contribute to the professional knowledge and development of the practitioner, or enhance services provided to patients.

For the purposes of this chapter, acceptable continuing competency means courses offered or authorized by industry recognized state, local, private, national and international organizations, agencies or institutions of higher learning. Examples of sponsors or types of continuing competency courses include, but are not limited to:

(a) Courses offered or sponsored by the Washington Denturist Association, Oregon State Denturist Association, National Denturist Association, International Federation of Denturists, Washington State Dental Association or by programs approved by the board under WAC 246-812-200 through 246-812-230.

(b) Basic first aid, cardio pulmonary resuscitation, basic life support, advanced cardiac life support, or emergency related training such as courses offered or authorized by the American Heart Association, the American Cancer Society; training offered or sponsored by Occupational Safety and Health Administration (OSHA) or Washington Industrial Safety and Health Act (WISHA); or any other organizations or agencies.

(c) All forms of educational media related to denturism, available through internet, mail or independent reading, that include an assessment tool upon completion, not to exceed five hours per year.

(d) A denturist who serves as a teacher or who lectures in continuing competency programs or courses, that contribute to the professional competence of a licensed denturist may accumulate the same number of hours obtained by licensed denturists attending the program or course not to exceed eight hours per year.

(e) Attendance at a continuing competency program with a featured speaker(s), not to exceed eight hours per year.

(f) Time spent preparing an original technical or clinical article for a professional publication not to exceed six hours per year.

(g) Nonclinical courses relating to denturist practice organization and management, patient management, or methods of health delivery not to exceed four hours per year.

(h) Denturist licensure examination standardization and calibration workshops and clinical examination administration not to exceed five hours per year.

(i) Provision of clinical denturist services in a documented volunteer capacity when preceded by educational/instructional training prior to provision of services not to exceed five hours per year.

(j) Successful passage of the denturist jurisprudence examination not to exceed two hours every three years.

(k) Estate planning, financial planning, investments, and personal health courses are not acceptable.

(4) The board may disallow any claim of credit for a continuing competency course that does not meet the requirements of subsection (2) of this section.

(5) Failure to complete the continued competency requirements by time of license renewal, or failure to provide adequate documentation of completion, is grounds for denying renewal of the individual's license until such time as the denturist demonstrates compliance.

(6) Documentation required. Credit for a continuing competency course may not be claimed by a denturist unless the course organizer provides the denturist with documentation of course attendance.

(7) Exceptions. Upon a showing of good cause by the denturist, the board may waive the denturist from any, all, or part of the continuing competency requirements in this chapter or may grant additional time for the denturist to complete the requirements. Good cause includes, but is not limited to:

(a) Illness;

(b) Medical necessity or family emergency;

(c) Hardship to practice; or

(d) Other extenuating circumstances.

(8) The requirements of this section are in addition to the requirements in chapter 246-12 WAC, Part 7, related to continuing competency. The board may randomly audit up to twenty-five percent of licensed denturists for compliance with these rules, after the credential is renewed.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-020, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.065. WSR 05-23-101, § 246-812-020, filed 11/17/05, effective 1/1/06.]

LICENSURE—APPLICATION AND ELIGIBILITY REQUIREMENTS

WAC 246-812-101 Purpose. The purpose of WAC 246-812-101 through 246-812-170 is to establish guidelines on eligibility, and set forth the procedures for application to receive a license for the practice of denturism. By statute, the eligibility and application criterion are established in RCW 18.30.090.

[Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-101, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-101, filed 10/30/95, effective 11/30/95.]

WAC 246-812-120 Denturist licensure—Initial eligibility and application requirements. An applicant for a denturist license must submit to the board:

(1) A completed application;

(2) The application fee required under WAC 246-812-990;

(3) An official transcript from an educational institution approved by the board; and

(4) Verification of seven clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-120, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-120, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-812-120, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.30.070(3). WSR 95-22-062, § 246-812-120, filed 10/30/95, effective 11/30/95.]

WAC 246-812-125 Denturist licensure—Endorsement. (1) For the purposes of endorsement as provided in RCW 18.30.090 (1)(a) licensing standards are determined to be substantially equivalent that meet the following criteria:

(a) A written examination which includes:

(i) Testing in the areas of:

(A) Oral pathology;

(B) Head and oral anatomy and physiology; and

(C) Dental laboratory technology;

(ii) Testing in four of the following test categories:

(A) Partial denture construction and design;

(B) Microbiology;

(C) Clinical dental technology;

(D) Clinical jurisprudence;

(E) Asepsis;

(F) Medical emergencies;

(G) Cardiopulmonary resuscitation.

(b) A practical examination which includes a clinical examination.

(2) An applicant for licensure as a denturist who is currently licensed to practice denturism in another state, territory of the United States, District of Columbia, or Puerto Rico must file an application with the board and submit:

(a) Documentation verifying that the applicant has successfully completed the testing requirements in subsection (1) of this section; and

(b) The application fee required in WAC 246-812-990.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-125, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-125, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-125, filed 10/30/95, effective 11/30/95.]

WAC 246-812-131 Temporary practice permit—Military spouse. A military spouse or state registered domestic partner of a military person may receive a temporary practice permit while completing any specific additional requirements that are not related to training or practice standards for the profession. The board adopts the procedural rules as adopted by the department of health in WAC 246-12-051.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-131, filed 11/24/14, effective 12/25/14.]

WAC 246-812-135 Background check—Temporary practice permit. The board conducts background checks on all applicants to ensure safe patient care. Completion of a national criminal background check may require additional time. The board may issue a temporary practice permit when the applicant has met all other licensure requirements, except the national criminal background check requirement. The applicant must not be subject to denial of a license or issuance of a conditional license under this chapter.

(1) A temporary practice permit may be issued to an applicant who:

(a) Holds an unrestricted, active denturist license in another state that has substantially equivalent licensing standards to those in Washington state;

(b) Is not subject to denial of a license or issuance of a conditional or restricted license; and

(c) Does not have a criminal record in Washington.

(2) A temporary practice permit grants the individual the full denturist scope of practice.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant must:

(a) Submit the necessary application, fee(s), and documentation for the license;

(b) Meet all requirements and qualifications for the license, except the results from a fingerprint-based national background check, if required;

(c) Provide verification of having an active unrestricted denturist license from another state, territory of the United States, District of Columbia or Puerto Rico that has substantially equivalent licensing standards to those in Washington state; and

(d) Submit the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-135, filed 11/24/14, effective 12/25/14.]

WAC 246-812-150 Examination—Content and scores. An applicant for licensure as a denturist by examination must successfully complete a written and practical examination as specified in RCW 18.30.100. In order to be licensed, an applicant is required to obtain at least an overall passing score of seventy percent on both the written examination and on the practical examination.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-150, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-150, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-150, filed 10/30/95, effective 11/30/95.]

WAC 246-812-155 Denturist examination scores. An applicant must pass both the written examination and the practical demonstration of skills within three attempts. After three failures on either exam, the applicant must petition the board for permission to take any further examination. The board shall have complete discretion regarding such petition and the conditions under which further examination permission may be granted.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-155, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-155, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-155, filed 10/30/95, effective 11/30/95.]

WAC 246-812-158 Examination review procedures. (1) A candidate who does not pass the written or clinical examination may request informal review of their examination results by the board of denturists.

(a) The request must be in writing and must be received by the department within thirty calendar days of the postmark date of the examination results letter.

(b) The board will not set aside its prior determination unless the candidate shows error in examination content or procedure, bias, prejudice, or discrimination in the examination process.

(c) The board will not consider any challenges to examination scores unless the total revised score on any examination section would result in a passing score on that section of the examination.

(2) The procedure for filing an informal review is as follows:

(a) The candidate must contact the denturist program at the department of health for an appointment to appear personally to review incorrect answers on the written portion of failed examination, and score sheets on the failed clinical portion of the examination.

(b) During the appointment the candidate will be provided a standardized form to defend their examination answers.

(c) The candidate must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate feels the results of the examination should be changed.

(d) The candidate may not take more than two hours to complete the form for the written portion and two hours to complete the form for the clinical portion.

(e) The candidate may bring in notes, texts, or appropriate documentation to the appointment. The candidate may not be accompanied by another person.

(f) The candidate may not bring any electronic or other equipment to the review appointment that records audio, records visual images, allows two-way communication, or otherwise retains or transmits information.

(g) The candidate is not allowed to retain a copy of the examination, examination results, or the standardized form. Nor may the candidate take written notes or pictures away from the appointment.

(h) Following the informal review, the candidate can decide not to challenge the examination results. The candidate must sign a statement on department forms indicating that the request for informal review is withdrawn. Withdrawal will not affect the right of the candidate to retake the examination at a later date.

(3) The board will only review and consider the standardized form completed by the candidate. The consideration will take place in open session at the board's next regularly scheduled meeting. The board will notify the candidate in writing, within thirty days of the meeting, of its decision.

(4) A candidate's failure to follow the informal review process may result in the loss of the right to formal review.

(5) Any candidate who has completed the informal review process and is not satisfied with the result may submit a request for a formal hearing to be held before the board of denturists.

(a) The request must be made in writing and must be received by the department within thirty calendar days of the postmark date of the results of the board's informal examination review.

(b) The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate feels the results of the examination should be changed.

(c) The board will not set aside its prior determination unless the candidate shows error in examination content or procedure, bias, prejudice, or discrimination in the examination process.

(d) The board will not consider any challenges to the written examination score unless the total revised score would result in a passing score.

(6) The formal hearing will be held pursuant to the Administrative Procedure Act, chapter 34.05 RCW, and the

model procedural rules for adjudicative proceeding of the department, chapter 246-11 WAC.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-158, filed 11/24/14, effective 12/25/14.]

WAC 246-812-160 Expired license. A denturist with an expired license may return his or her license to active license.

(1) If a denturist's license has expired for three years or less, the denturist must meet the requirements of chapter 246-12 WAC, Part 2.

(2) If a denturist's license has expired for more than three years, the denturist must:

(a) Successfully pass the examinations as provided in RCW 18.30.100; and

(b) Meet the requirements of chapter 246-12 WAC, Part 2.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-160, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.065. WSR 03-12-061, § 246-812-160, filed 6/2/03, effective 7/3/03. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-160, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-812-160, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.30.070(3). WSR 95-22-062, § 246-812-160, filed 10/30/95, effective 11/30/95.]

WAC 246-812-161 Inactive license. (1) A licensed denturist may obtain an inactive license by meeting the requirements of WAC 246-12-090.

(2) An inactive license must be renewed every year on the denturist's birthday according to WAC 246-12-100 and 246-812-990.

(3) A denturist with an inactive license may return to active status.

(a) If a license is inactive for three years or less, to return to active status the denturist must meet the requirements of WAC 246-12-110 and 246-812-990.

(b) If a license is inactive for more than three years and the denturist has been actively practicing in a jurisdiction approved by board under RCW 18.30.090(1), to return to active status the denturist must:

(i) Submit to the board primary source verification of the active denturist license, submitted directly from another licensing entity. The verification must include:

(A) The license number;

(B) Issue date;

(C) Expiration date; and

(D) Whether the denturist is or has been the subject of final or pending disciplinary action;

(ii) Submit to the board verification of current active practice in a jurisdiction approved by the board under RCW 18.30.090(1) for the last three years; and

(iii) Meet the requirements of WAC 246-12-110 and 246-812-990.

(c) If a license is inactive for more than three years, and the denturist has not been actively practicing in a jurisdiction approved by the board under RCW 18.30.090(1), to return to active status the denturist must submit to the board:

(i) A written request to change licensure status;

(ii) The applicable fees according to WAC 246-812-990;

(iii) Documentation of successful completion of the examinations as required in RCW 18.30.100;

(iv) Primary source verification of all denturist or health care licenses held, submitted directly from the licensing agency. The certification must include:

(A) The license number;

(B) Issue date;

(C) Expiration date; and

(D) Whether the practitioner is or has been the subject of final or pending disciplinary action;

(v) Written declaration that continuing competency requirements for the two most recent years have been met according to WAC 246-812-090;

(vi) Proof of successful completion of the approved written jurisprudence examination within the past year; and

(vii) Proof of AIDS education according to WAC 246-817-120.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-161, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-161, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-812-161, filed 2/13/98, effective 3/16/98.]

WAC 246-812-165 Retired active license. (1) A licensed denturist may place their credential in "retired active" status by meeting the requirements of this section.

(2) A licensed denturist who holds a retired active license may only practice in intermittent or emergent circumstances.

(a) Intermittent means the licensed denturist will practice no more than ninety days a year.

(b) Emergent means the licensed denturist will practice only in emergency circumstances such as earthquakes, floods, times of declared war, or other states of emergency.

(3) To obtain a retired active license a licensed denturist must:

(a) Meet the requirements of WAC 246-12-120; and

(b) Pay the appropriate fee in WAC 246-812-990.

(4) To renew a retired active license the licensed denturist must:

(a) Meet the requirements in WAC 246-12-130. The retired active license fee is in WAC 246-812-990.

(b) Have completed fifteen hours of continuing competency every year in compliance with WAC 246-812-020.

(c) Renew their retired active license every year on their birthday.

(5) To return to active status the licensed denturist must:

(a) Meet the requirements in WAC 246-12-140. The active renewal fee is in WAC 246-812-990.

(b) Meet the continuing competency requirements in WAC 246-812-020.

(6) A licensed denturist who holds a retired active license is subject to a continuing competency audit.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-165, filed 11/24/14, effective 12/25/14.]

EDUCATION AND PROGRAM APPROVAL

WAC 246-812-200 Approval of denturist program. At the board's discretion, the board may accept proof of a national professional association's approval of a program based on standards and requirements which are substantially equivalent to those identified in this chapter, in lieu of the

requirements contained in this chapter. Approval in this manner must be on a form provided by the board. The board will consider for approval any program which meets the requirements as outlined in this chapter.

(1) To request board approval of a denturist education program, the authorized representative must submit to the board an application provided by the board.

(2) The authorized representative may request approval of the program as of the date of the application or retroactively to a specified date. The board approval is valid for five years. The approved program must reapply for renewed approval not less than one hundred eighty days prior to the expiration date.

(3) The application for approval of a program must include, but not be limited to, the standards identified in WAC 246-812-220.

(4) The board may conduct a site inspection of the program prior to granting approval.

(5) After completing the evaluation of the application, the board may grant or deny approval, or grant approval conditioned upon appropriate modification to the application.

(6) If the board denies an application or grants conditional approval, the authorized representative of the applicant program may request a review within ninety days of the board's decision. After ninety days, the applicant program may only obtain review by submitting a new application.

(7) The authorized representative must notify the board within thirty days of any significant changes including, but not limited to, educational administration, instructor qualifications, facilities, or content of training.

(8) The board may inspect an approved program at reasonable intervals for compliance. Approval may be withdrawn if the board finds failure to comply with the requirements of law, this chapter, or representations in the program's application under this chapter.

(9) The authorized representative must correct deficiencies which resulted in withdrawal of the board's approval within timelines specified by the board. The program must present its correction plan and evidence of actions taken to the board for approval.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-200, filed 11/24/14, effective 12/25/14.]

WAC 246-812-220 Standards required for approval of schools or programs of denturism. The following standards are used by the board in considering a denturism program application for approval:

(1) Curriculum. The curriculum must consist of a list of courses offered and the number of course hours or credits. Courses offered must include:

(a) Head and oral anatomy and physiology;

(b) Oral pathology;

(c) Partial denture construction and design;

(d) Microbiology;

(e) Dental laboratory technology;

(f) Clinical jurisprudence;

(g) Asepsis;

(h) Medical emergencies; and

(i) Cardiopulmonary resuscitation.

(2) Academic standards. The program must have policies and procedures on:

(a) Minimum standards for measuring student progress;

(b) Admission;

(c) Progression;

(d) Graduation;

(e) Withdrawal;

(f) Dismissal; and

(g) Transfer of credits, both in and out of the program.

(3) Faculty. Faculty members shall be qualified by training and experience to give effective instruction in the subjects taught. The program must have:

(a) A policy on minimum competency standards for instructors;

(b) A statement or policy on faculty members' participation in curriculum development and evaluation; and

(c) Professional resumes for each instructor or trainer.

(4) Clinical and laboratory instruction. The program must have the following policies and forms:

(a) Policies pertaining to clinical and laboratory instruction, including:

(i) Supervision of students; and

(ii) Treatment decision making.

(b) Disclosure statement to provide to clients;

(c) Client intake and screen form; and

(d) Client feedback form.

(5) Facilities. The facilities must effectively accommodate the number of students, faculty, and staff and include appropriate provisions for safety. The program must have:

(a) A floor plan of the facility, including classrooms, clinic, and laboratory;

(b) A list of equipment in each classroom;

(c) A list of the equipment in the clinic;

(d) A list of the equipment in the laboratory; and

(e) A list of contents of the library.

(6) Records. The program shall maintain a system of records for each student beginning with application credentials through the entire period of attendance. The program must have:

(a) A transcript;

(b) A completion certificate; and

(c) A policy on release of student records.

(7) Other information. Any other information about the program as required by the board.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-220, filed 11/24/14, effective 12/25/14.]

WAC 246-812-230 Site review procedures for approval of programs of denturism. (1) The board, at its discretion, may send a representative or evaluation committee to inspect any program requesting approval or renewed approval as an approved denturist program.

(2) Such inspections may be at any reasonable time during the normal operating hours of the program. The report of the representative or evaluation committee and the program's response shall be submitted as part of the documentation necessary for the board's action on the program's application for approval.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-230, filed 11/24/14, effective 12/25/14.]

WAC 246-812-240 Nonorthodontic removable oral devices. (1) A licensed denturist may provide nonorthodontic removable oral devices after receiving an endorsement to his or her denturist license. These devices must be accompanied by written encouragement to have regular dental checkups with a licensed dentist.

(2) Nonorthodontic removable oral devices are limited to:

(a) Bruxism devices also known as occlusal splints, occlusal bite guard, bruxism appliance, bite plate, and night guard;

(b) Sports mouth guards;

(c) Removable cosmetic appliances, regardless of whether the patient is missing teeth; and

(d) Snoring devices, but only after a physician has ruled out snoring associated with sleep breathing disorders to include obstructive sleep apnea.

(3) The practice of denturism does not include the making, placing, constructing, altering, reproducing, or repairing of nonorthodontic removable oral devices intended to treat obstructive sleep apnea or to treat temporomandibular joint dysfunction.

(4) To qualify for an endorsement, a denturist must complete the following education and training in nonorthodontic removable oral devices:

(a) A minimum of four hours of instruction in snore guards and sleep apnea; and

(b) A minimum of two hours in bruxism devices, sports mouth guards, and removable cosmetic appliances.

(5) Nonorthodontic removable oral devices education and training must be obtained through a board-approved program or course.

(a) The program or course curriculum must include training on each subject listed under subsection (2)(a) through (d) of this section.

(b) A presenter must submit the training curriculum to the board for review and approval prior to providing the training.

(c) The board may review previously approved curriculums as necessary or as determined by the board.

(6) To receive a nonorthodontic removable oral devices endorsement, the denturist must provide evidence of successfully completing the education and training requirements in this section by submitting to the board:

(a) A declaration on a form approved by the board that verifies proof of completion of education and training signed and dated by both the presenter and the denturist; or

(b) A declaration on a form approved by the board that the education and training was included in a board-approved educational program signed and dated by both the instructor and the student.

[Statutory Authority: Chapter 18.30 RCW, 2013 c 172. WSR 14-13-102, § 246-812-240, filed 6/17/14, effective 7/18/14.]

WAC 246-812-250 Teeth whitening services. (1) A licensed denturist may provide teeth whitening services after receiving an endorsement to his or her denturist license.

(2) Teeth whitening services include:

(a) Fabricating whitening trays;

(b) Providing nonprescription strength whitening solutions with over-the-counter equivalent concentrations; and

(c) Providing required follow-up care and instructions for use of the trays and solutions at home.

(3) To qualify for an endorsement, a denturist must complete a minimum of two hours of instruction in teeth whitening services.

(4) Education and training in teeth whitening services must be obtained through a board-approved program or course curriculum.

(a) A presenter must submit the training curriculum to the board for review and approval prior to providing the training.

(b) The board may review previously approved curriculums as necessary or as determined by the board.

(5) To receive an endorsement for teeth whitening services, the denturist must provide evidence of successfully completing the education and training requirement in this section by submitting to the board:

(a) A declaration on a form approved by the board that verifies proof of completion of education and training signed and dated by both the presenter and the denturist; or

(b) A declaration on a form approved by the board that the education and training was included in a board-approved educational program signed and dated by both the instructor and the student.

(6) A denturist providing teeth whitening services to patients shall provide the patient with written and verbal information and answer any questions related to teeth whitening trays and teeth whitening solutions including:

(a) Procedure;

(b) Alternatives; and

(c) Risks.

(7) The denturist shall obtain written patient consent on a form approved by the board for the procedure(s) and retain the signed form in the patient record.

[Statutory Authority: Chapter 18.30 RCW, 2013 c 172. WSR 14-13-102, § 246-812-250, filed 6/17/14, effective 7/18/14.]

PRACTICE STANDARDS

WAC 246-812-301 Purpose. The purpose of WAC 246-812-201 through 246-812-460 is to provide standards to guide denturists in the conduct of their practice.

[Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-301, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-301, filed 10/30/95, effective 11/30/95.]

WAC 246-812-310 Record content. (1) A licensed denturist who treats patients shall maintain legible, complete, and accurate patient records.

(2) The patient record must reflect diagnosis, treatment performed, and financial records.

(3) The patient record must include at least the following information:

(a) For each record entry, documented verification or signature by the responsible denturist;

(b) The date of each patient record entry, document, radiograph or model;

(c) Up-to-date treatment plan;

(d) The physical examination findings documented by subjective complaints, objective findings, and an assessment or diagnosis of the patient's condition;

(e) An up-to-date dental and medical history that may affect treatment;

(f) Any diagnostic aid used including, but not limited to, images, radiographs, and recommended tests and test results. Retention of molds or study models for full mouth reconstruction is at the discretion of the denturist;

(g) A complete description of all treatment/procedures administered at each visit;

(h) Referrals and any communication to and from any health care provider; and

(i) Notation of communication to or from patients or patient guardians, including:

(i) Notation or documentation of the discussion of potential risk(s) and benefit(s) of proposed treatment and alternative to treatment, including no treatment;

(ii) Post treatment instructions;

(iii) Patient complaints and resolutions; and

(iv) Termination of denturist-patient relationship.

(4) A patient record may contain manual or electronic treatment notes:

(a) Complete manual treatment notes must not be erased or deleted from the record.

(i) Mistaken manual entries must be corrected with a single line drawn through the incorrect information.

(ii) New or corrected information must be initialed and dated.

(b) Complete electronic treatment notes must include deletions, edits, and corrections.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-310, filed 11/24/14, effective 12/25/14.]

WAC 246-812-320 Record retention and accessibility requirements. (1) A licensed denturist who treats patients eighteen years and older shall keep readily accessible patient records for at least six years from the date of the last treatment.

(2) A licensed denturist who treats patients under the age of eighteen years old shall keep readily accessible patient records for at least six years after the patient reaches eighteen years old.

(3) A licensed denturist shall respond to a written request to examine or copy a patient's record within fifteen working days after receipt of the request. A licensed denturist shall comply with chapter 70.02 RCW for all patient requests.

(4) A licensed denturist shall comply with chapter 70.02 RCW and the Health Insurance Portability and Accountability Act, 45 C.F.R. destruction and privacy regulations.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-320, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-320, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-320, filed 10/30/95, effective 11/30/95.]

WAC 246-812-330 Privileged communications. A denturist shall not, without the consent of the patient, reveal any information acquired in attending such patient, which was necessary to enable the denturist to treat the patient. This does not apply to the release of information in an official proceeding where the release of information may be compelled by law.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-330, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-330, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-330, filed 10/30/95, effective 11/30/95.]

WAC 246-812-340 Patient abandonment. A denturist may accept or reject a patient, but shall respond to any reasonable request for services in the interest of public health and welfare.

The attending denturist, without reasonable cause, shall not neglect, ignore, abandon, or refuse to complete the current procedure for a patient. If the denturist chooses to withdraw responsibility for a patient of record, the denturist shall:

(1) Advise the patient that termination of treatment is contemplated and that another denturist should be sought to complete the current procedure and for future care; and

(2) Advise the patient that the denturist shall remain reasonably available under the circumstances for up to fifteen calendar days from the date of such notice to render emergency care related to that current procedure.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-340, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-340, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-340, filed 10/30/95, effective 11/30/95.]

WAC 246-812-350 License display—Notification of address. Every person who engages in the practice of denturism in this state must display their license, at all times, in a place plainly visible to individuals receiving services on the premises and be readily available for inspection by any designee of the board. Every licensee shall notify the board of the physical business address or addresses, including changes, where the licensee shall engage in the practice of denturism.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-350, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-350, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-350, filed 10/30/95, effective 11/30/95.]

WAC 246-812-360 Identification of new dentures. Every complete upper and lower denture and removable partial denture fabricated by a denturist licensed under the provisions of chapter 18.30 RCW, or fabricated pursuant to the denturist's work order or under the denturist's direction or supervision, must be marked with the name of the patient for whom the denture is intended. The markings must be done during fabrication and must be permanent, legible, and cosmetically acceptable. The exact location of the markings and the methods used to apply or implant them must be determined by the denturist fabricating the denture. If, in the professional judgment of the denturist, this identification is not practical, identification must be provided as follows:

(1) The initials of the patient may be shown alone, if use of the patient's name is impracticable; or

(2) The identification marks may be omitted in their entirety if none of the forms of identification specified in subsection (1) of this section is practicable, clinically safe, or the patient declines.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-360, filed 11/24/14, effective 12/25/14. Statutory Authority:

RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-360, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-360, filed 10/30/95, effective 11/30/95.]

WAC 246-812-390 Improper billing practices. The board may take disciplinary action for billing practices including, but not limited to, the following:

(1) Rebating or offering to rebate to an insured any payment to the licensee by the third-party payor of the insured for services or treatments rendered under the insured's policy.

(2) Submitting to any third-party payor a claim for a service or treatment at a greater or an inflated fee or charge other than the usual fee the licensee charges for that service or treatment when rendered without third-party reimbursement.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-390, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-390, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-390, filed 10/30/95, effective 11/30/95.]

WAC 246-812-395 Mandatory reporting. The board adopts the model rules for mandatory reporting as contained in chapter 246-16 WAC.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-395, filed 11/24/14, effective 12/25/14.]

WAC 246-812-460 Board conflict of interest. Members of the board shall not participate in a disciplinary case where their participation presents a conflict of interest or creates an appearance of a conflict of interest.

[Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-460, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-460, filed 10/30/95, effective 11/30/95.]

SEXUAL MISCONDUCT

WAC 246-812-470 Definitions. The definitions in this section apply throughout this section and WAC 246-812-480 unless the context requires otherwise.

(1) "Denturist" means an individual applying for a credential or credentialed specifically as defined in chapter 18.30 RCW.

(2) "Health care information" means any information, whether oral or recorded in any form or medium that identifies or can readily be associated with the identity of, and relates to, the health care of a patient.

(3) "Key party" means immediate family members and others who would be reasonably expected to play a significant role in the health care decisions of the patient and includes, but is not limited to, the spouse, domestic partner, sibling, parent, child, guardian, and person authorized to make health care decisions of the patient.

(4) "Legitimate health care purpose" means activities for examination, diagnosis, treatment, and personal care of patients, including palliative care, as consistent with community standards of practice for the denturist profession. The activity must be within the scope of practice of the denturist.

(5) "Patient" means an individual who receives health care services from a denturist. The determination of when a person is a patient is made on a case-by-case basis with consideration given to a number of factors, including the nature, extent, and context of the professional relationship between the denturist and the person. The person that is not receiving treatment or professional services is not the sole determining factor.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-470, filed 11/24/14, effective 12/25/14.]

WAC 246-812-480 Sexual misconduct. (1) A denturist shall not engage, or attempt to engage, in sexual misconduct with a current patient, or key party, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes, but is not limited to:

(a) Sexual intercourse;

(b) Touching the breasts, genitals, anus, or any sexualized body part except as consistent with accepted community standards of practice for examination, diagnosis, and treatment and within the denturist's scope of practice;

(c) Rubbing against a patient or key party for sexual gratification;

(d) Kissing;

(e) Hugging, touching, fondling, or caressing of a romantic or sexual nature;

(f) Examination of or touching genitals without using gloves;

(g) Not allowing a patient privacy to dress or undress except as may be necessary in emergencies or custodial situations;

(h) Not providing the patient a gown or draping except as may be necessary in emergencies;

(i) Dressing or undressing in the presence of the patient or key party;

(j) Removing patient or client's clothing, or gown, or draping without consent, emergent medical necessity or being in a custodial setting;

(k) Encouraging masturbation or other sex act in the presence of the denturist;

(l) Masturbation or other sex act by the denturist in the presence of the patient or key party;

(m) Suggesting or discussing the possibility of a dating, sexual, or romantic relationship after the professional relationship ends;

(n) Terminating a professional relationship for the purpose of dating or pursuing a romantic or sexual relationship;

(o) Soliciting a date with a patient or key party;

(p) Discussing the sexual history, preferences or fantasies of the denturist;

(q) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;

(r) Making statements regarding the patient or key party's body, appearance, sexual history, or sexual orientation other than for legitimate health care purposes;

(s) Sexually demeaning behavior including any verbal or physical contact which may reasonably be interpreted as demeaning, humiliating, embarrassing, threatening, or harming a patient or key party;

(t) Photographing or filming the body or any body part or pose of a patient or key party, other than for legitimate health care purposes; or for the educational or marketing purposes with the consent of the patient or key party; and

(u) Showing a patient or key party sexually explicit photographs, other than for legitimate health care purposes.

(2) Sexual misconduct also includes sexual contact with any person involving force, intimidation, or lack of consent; or a conviction of a sex offense listed in RCW 9.94A.030.

(3) A denturist shall not:

(a) Offer to provide health care services in exchange for sexual favors;

(b) Use health care information to contact the patient or key party for the purpose of engaging in sexual misconduct;

(c) Use health care information or access to health care information to meet or attempt to meet the health care provider's sexual needs.

(4) A denturist shall not engage or attempt to engage in the activities listed in subsection (1) of this section with a former patient or key party within two years after the provider-patient/provider-client relationship ends.

(5) After the two-year period of time described in subsection (3) of this section, a denturist shall not engage or attempt to engage in the activities listed in subsection (1) of this section if:

(a) There is a significant likelihood that the patient or key party will seek or require additional services from the denturist; or

(b) There is an imbalance of power, influence, opportunity and/or special knowledge of the professional relationship.

(6) When evaluating whether a denturist has engaged or has attempted to engage in sexual misconduct, the board will consider factors including, but not limited to:

(a) Documentation of a formal termination and the circumstances of termination of the provider-patient relationship;

(b) Transfer of care to another denturist;

(c) Duration of the provider-patient relationship;

(d) Amount of time that has passed since the last health care services to the patient or client;

(e) Communication between the denturist and the patient or client between the last health care services rendered and commencement of the personal relationship;

(f) Extent to which the patient's or client's personal or private information was shared with the denturist;

(g) Nature of the patient or client's health condition during and since the professional relationship;

(h) The patient or client's emotional dependence and vulnerability; and

(i) Normal revisit cycle for the profession and service.

(7) Patient or key party initiation or consent does not excuse or negate the denturist's responsibility.

(8) These rules do not prohibit:

(a) Providing health care services in case of emergency where the services cannot or will not be provided by another denturist;

(b) Contact that is necessary for a legitimate health care purpose and that meets the standard of care appropriate to the denturist profession; or

(c) Providing health care services for a legitimate health care purpose to a person who is in a preexisting, established personal relationship with the denturist where there is no evidence of or potential for exploiting the patient or client.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-480, filed 11/24/14, effective 12/25/14.]

INFECTION CONTROL

WAC 246-812-501 Purpose. The purpose of WAC 246-812-501 through 246-812-520 is to establish requirements for infection control in denturist offices to protect the health and well-being of the people of the state of Washington. For purposes of infection control, all denturist staff members and all patients shall be considered potential carriers of communicable diseases. Infection control procedures are required to prevent disease transmission from patient to denturist and staff, denturist and staff to patient, and from patient to patient. Every denturist is required to comply with the applicable standard of care in effect at the time of treatment. At a minimum, the denturist must comply with the requirements defined in WAC 246-812-520.

[Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-501, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-501, filed 10/30/95, effective 11/30/95.]

WAC 246-812-510 Definitions—Sterilization. The definitions in this section apply throughout WAC 246-812-501 through 246-812-520, unless the context clearly requires otherwise.

(1) **"Communicable diseases"** means an illness caused by an infectious agent which can be transmitted from one person, animal, or object to another person by direct or indirect means including transmission via an intermediate host or vector, food, water or air.

(2) **"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.

(3) **"Direct care staff"** are the denturist staff who directly provide denturist care to patients.

(4) **"Sterilize"** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-510, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-510, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-510, filed 10/30/95, effective 11/30/95.]

WAC 246-812-520 Use of barriers and sterilization techniques. The use of barriers and sterilization techniques is the primary means of assuring that there is the least possible chance of the transmission of communicable diseases from denturist and staff to patients, from patient to patient and from patient to denturist and staff. To prevent patient to patient cross contamination, instruments and supplies contaminated or likely to be contaminated with blood or saliva and touched during treatment must be sterilized between patients or discarded except as otherwise set forth below. Surfaces and equipment which are likely to be contaminated with blood or saliva and touched during treatment must be decontaminated or covered with a barrier which is discarded and replaced between patients except as otherwise set forth below:

(1) Denturists shall comply with the following barrier techniques:

(a) Gloves must be used by the denturist and direct care staff during treatment which involves intraoral procedures or contact with items potentially contaminated with the patient's bodily fluids. Fresh gloves must be used for every intraoral patient contact. Gloves must not be washed or reused for any purpose. The same pair of gloves must not be used, removed, and reused for the same patient at the same visit or for any other purpose. Gloves that have been used for denturist treatment must not be reused for any nondenturist purpose.

(b) Masks must be worn by the denturist and direct care staff when splatter or aerosol is likely.

(c) Unless effective surface decontamination methods are used, protective barriers must be placed over areas which are likely to be touched during treatment, not removable to be sterilized, and likely to be contaminated by blood or saliva. These procedures must be followed between each patient. These include but are not limited to:

(i) Delivery unit;

(ii) Chair controls (not including foot controls);

(iii) Light handles;

(iv) Head rest;

(v) Instrument trays;

(vi) Treatment area and laboratory countertops/benches.

(d) Protective eyewear shields must be worn by the denturist and direct care staff and provided to all patients during times when splatter or aerosol is expected.

(2) Denturists shall comply with the following sterilization requirements:

(a) Every denturist office must have the capability to ultrasonically clean and sterilize contaminated items by autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave®) or ethylene oxide, where adequate ventilation is provided. Sterilizers must be tested by a biological spore test on at least a weekly basis. In the event of a positive biological spore test, the denturist shall take immediate remedial action to ensure the objectives of (a) of this subsection are accomplished. Documentation must be maintained either in the form of a log reflecting dates and person(s) conducting the testing or copies of reports from an independent testing entity. The documentation must be maintained for a period of at least five years.

(b) The following items must be sterilized by an appropriate autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave®) or ethylene oxide sterilization method between patients:

(i) Hand instruments;

(ii) Air-water syringe tips;

(iii) High volume evacuator tips;

(iv) Nose cone sleeves;

(v) Metal impression trays.

(c) Gross debris must be removed from items prior to sterilization. Ultrasonic solution cleaning must be used whenever possible.

(d) Nondisposable items used in patient care which cannot be autoclaved, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave®) or ethylene oxide sterilized must be immersed in a chemical sterilant. If such a technique is used, the solution must be approved by the Environmental Protection Agency and used in accordance with the manufacturer's directions for sterilization.

(e) Items such as impressions contaminated with blood or saliva must be thoroughly rinsed, appropriately disinfected, placed in and transported to the denturist laboratory in an appropriate case containment device that is properly sealed and separately labeled.

(f) In the laboratory: Ragwheels must be sterilized or disinfected; patient pumice must be discarded after each use; and, patient burrs and stones must be sterilized or disinfected.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-520, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-520, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-520, filed 10/30/95, effective 11/30/95.]

SUBSTANCE ABUSE MONITORING

WAC 246-812-601 Purpose. The board recognizes the need to establish a means of proactively providing early recognition and treatment options for denturists whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such denturists be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer denturists impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-601, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-601, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-601, filed 10/30/95, effective 11/30/95.]

WAC 246-812-610 Definitions. The definitions in this section apply throughout WAC 246-812-601 through 246-812-630 unless the context clearly requires otherwise.

(1) **"Aftercare"** is that period of time after intensive treatment that provides the denturist and the denturist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment or monitoring program staff.

(2) **"Approved substance abuse monitoring program"** or **"approved monitoring program"** is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-812-620 which enters into a contract with denturists who have substance abuse problems regarding the required components of the denturist's recovery activity and oversees the denturist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating denturists.

(3) **"Approved treatment facility"** is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(3) to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to

the standards required for approval under RCW 70.96A.020 (3).

(4) **"Contract"** is a comprehensive, structured agreement between the recovering denturist and the approved monitoring program stipulating the denturist's consent to comply with the monitoring program and its required components of the denturist's recovery activity.

(5) **"Health care professional"** is an individual who is licensed, certified, or registered in Washington to engage in the delivery of health care to patients.

(6) **"Random drug screens"** are laboratory tests to detect the presence of drugs of abuse in body fluids which are performed at irregular intervals not known in advance by the person being tested.

(7) **"Substance abuse"** means the impairment, as determined by the board, of a denturist's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(8) **"Support group"** is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which denturists may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(9) **"Twelve-step groups"** are groups such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-610, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-610, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-610, filed 10/30/95, effective 11/30/95.]

WAC 246-812-620 Approval of substance abuse monitoring programs. The board shall approve the monitoring program(s) which shall participate in the substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program shall not provide evaluation or treatment to the participating denturists.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of denturism as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individuals and facilities;

(d) Support groups;

(e) The denturist work environment; and

(f) The ability of the denturist to practice with reasonable skill and safety.

(3) The approved monitoring program shall enter into a contract with the denturist and the board to oversee the denturist's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff shall determine, on an individual basis, whether a denturist shall be prohibited from engaging in the practice of denturism for a period of time and restrictions, if any, on the denturist's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program is responsible for providing feedback to the denturist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any denturist who fails to comply with the requirements of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of denturism for those participating in the program.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-620, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-620, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-620, filed 10/30/95, effective 11/30/95.]

WAC 246-812-630 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the denturist may accept board referral into the approved substance abuse monitoring program.

(a) The denturist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation must be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The denturist shall enter into a contract with the board and the approved substance abuse monitoring program to comply with the requirements of the program which must include, but not be limited to:

(i) The denturist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The denturist shall agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The denturist must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The treatment counselor(s) shall provide reports to the approved monitoring program at specified intervals. Reports must include treatment, prognosis, and goals.

(v) The denturist shall submit to random drug screening as specified by the approved monitoring program.

(vi) The denturist shall attend support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the contract.

(vii) The denturist shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The denturist shall sign a waiver allowing the approved monitoring program to release information to the

board if the denturist does not comply with the requirements of this contract.

(c) The denturist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The denturist may be subject to disciplinary action under RCW 18.130.160, if the denturist does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.

(2) A denturist who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program as defined in subsection (1) of this section.

(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsection (1) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.

[Statutory Authority: Chapter 18.30 RCW and 2013 c 171. WSR 14-24-033, § 246-812-630, filed 11/24/14, effective 12/25/14. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-630, filed 10/2/98, effective 11/2/98; WSR 95-22-062, § 246-812-630, filed 10/30/95, effective 11/30/95.]

FEES

WAC 246-812-990 Denturist fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2. The secretary may require payment of renewal fees less than those established in this section if the current level of fees is likely to result in a surplus of funds. Surplus funds are those in excess of the amount necessary to pay for the costs of administering the program and to maintain a reasonable reserve. Notice of any adjustment in the required payment will be provided to practitioners. The adjustment in the required payment shall remain in place for the duration of a renewal cycle to assure practitioners an equal benefit from the adjustment.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Application	$1,500.00
Examination	1,500.00
Reexamination, written	500.00
Reexamination, practical	500.00
License renewal	1,855.00
Late renewal penalty	300.00
Expired license reissuance	300.00
Inactive license renewal	750.00
Expired inactive license reissuance	300.00
Duplicate license	15.00
Certification of license	25.00
Multiple location licenses	50.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 2010 c 37. WSR 10-19-071, § 246-812-990, filed 9/16/10, effective 10/15/10. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. WSR 08-15-014, § 246-812-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. WSR 05-12-012, § 246-812-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 43.70.250 and chapter 18.30 RCW. WSR 00-07-050, § 246-812-990, filed 3/8/00, effective 4/8/00. Statutory Authority: RCW 18.30.070(3). Readopted by WSR 98-20-068, § 246-812-990, filed 10/2/98, effective 11/2/98. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-812-990, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.30.070(3). WSR 95-22-062, § 246-812-990, filed 10/30/95, effective 11/30/95.]