

NEW MATERIALS (Added July 11, 2011)

Iowa Dental Board Meeting (Open Session)

Summary	Reference	Description
1) Revised Agenda (7/11/11)	Open Meeting Agenda	- <i>New</i> agenda items under Anesthesia Credentials Committee Report; Continuing Education Committee Report; Other Business; and Applications for Licensure/Registration & Other Requests
2) Updated Anesthesia Credentials Committee Report	Agenda Item IV(c)	- <i>New: Clinton Norby</i> , pending general anesthesia permit application - <i>New: Derek Borgwardt</i> , pending moderate sedation permit application
3) Updated Continuing Education Advisory Committee Report	Agenda Item IV(d)	- <i>New: Dynamic Dental Educators</i> , sponsor application
4) Updated Report re: Administrative Rules	Agenda Item (V)(1)	- Revised Report about status of rules review project.
5) Updated Other Business	Agenda Item VII	- <i>New: Update on database project</i> (will provide materials at meeting) - <i>New: FY'12 Budget Projection</i> (see Report to Board included with this mailing) - <i>New: Annual Fee Review – Preliminary</i> (see Report to Board included with this mailing) - <i>New: October 9-10, 2011 AADB Meeting</i> (will provide materials at meeting) - <i>New: Annual Performance Review – Executive Director</i> (will request a closed session review)
6) Updated Applications for Licensure/Registration & Other Requests	Agenda Item VIII	- <i>New: Dr. Daniel Ehrich</i> , licensure by credentials application - <i>New: Dr. Dale Nixon</i> , licensure by credentials application - <i>New: Dental Hygiene Committee Recommendation re: CeAnn McNamara</i> , licensure application - <i>New: Dental Hygiene Committee Recommendation re: Theresa Fury</i> , licensure application - <i>New: Dental Hygiene Committee Recommendation re: Kayla Keimig</i> , licensure application



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

Revised 7/19/11
IOWA DENTAL BOARD
AGENDA

July 21-22, 2011

Location: Iowa Dental Board, 400 SW 8th St., Suite D, Des Moines, Iowa

Board Members: Gary D. Roth, D.D.S., Chair; Marijo A. Beasler, R.D.H.; Mary Kelly, R.D.H.; Steven Patrick Bradley, D.D.S.; Lynn D. Curry, D.D.S.; Steven Fuller, D.D.S.; Michael J. Rovner, D.D.S.; Diane Meier; Kimberlee Spillers

**Supplemental & new information in red (7/11/11)*

*** Executive Committee meeting time revised (7/19/11)*

Thursday, July 21, 2011

9:00	EXECUTIVE COMMITTEE (**Revised 7/19/11)	Closed Session	<i>Roth</i>
9:30	DENTAL HYGIENE COMMITTEE (See Separate Committee Agenda)	Open/Closed Session	<i>Beasler, Roth</i>
10:30	<u>OPEN SESSION</u>	Open Session	<i>Full Board</i>
	I. CALL MEETING TO ORDER – ROLL CALL		<i>Gary Roth</i>
	II. OPPORTUNITY FOR PUBLIC COMMENT		<i>Gary Roth</i>
	III. APPROVAL OF OPEN SESSION MINUTES		<i>Gary Roth</i>
	<ul style="list-style-type: none">April 12, 2011 Quarterly Board MeetingApril 20, 2011 Telephonic meeting		
	IV. REPORTS		
	a. EXECUTIVE DIRECTOR'S REPORT		<i>Melanie Johnson</i>
	b. LEGAL REPORT		<i>Theresa Weeg</i>
	c. ANESTHESIA CREDENTIALS COMMITTEE REPORT		<i>Gary Roth</i>
	1. Recommendations re: pending general anesthesia permit application		
	<ul style="list-style-type: none">Ryan A. Marsh, D.D.S.Clinton Norby, D.D.S.		

(Added 7/11/11)

2. Recommendations re: pending moderate sedation permit application (Added 7/11/11)
- a. Derek Borgwardt, D.D.S.
- d. CONTINUING EDUCATION ADVISORY COMMITTEE REPORT** *Marijo Beasler*
1. Ratification of Actions Taken by Committee Since Last Meeting
2. Sponsor Request
- a. Hawkeye Community College
- b. Dynamic Dental Educators (Added 7/11/11)
3. Other recommendations, if any
- e. EXECUTIVE COMMITTEE REPORT** *Gary Roth*
- f. LICENSURE/REGISTRATION COMMITTEE REPORT** *Michael Rovner*
- g. DENTAL HYGIENE COMMITTEE REPORT** *Marijo Beasler*
- h. DENTAL ASSISTANT REGISTRATION COMMITTEE REPORT** *Michael Rovner*
- i. AD-HOC EXAMINATION COMMITTEE REPORT** *Gary Roth*
- j. EXAMINATIONS REPORT**
1. CRDTS – Central Regional Dental Testing Service, Inc. *Gary Roth*
Dental Steering Committee Report
2. CRDTS – Central Regional Dental Testing Service, Inc. *Marijo Beasler*
Dental Hygiene Examination Review Committee Report
3. CRDTS – Central Regional Dental Testing Service, Inc. *Gary Roth*
Dental Examination Review Committee Report
- k. IOWA PRACTITIONERS REVIEW COMMITTEE REPORT**
1. Quarterly IPRC report *Brian Sedars*
- V. ADMINISTRATIVE RULES/RULE WAIVERS**
1. Status of Review and Update of Administrative Rules (Revised 7/11/11) *Melanie Johnson*
2. Annual Regulatory Plan for FY 2012 *Melanie Johnson*
- VI. LEGISLATIVE UPDATE** *Melanie Johnson*
- VII. OTHER BUSINESS**
1. Election of Officers *Gary Roth*
2. Committee Appointments *Gary Roth*

Please Note: The times given for discussion of agenda items and Committee meetings are approximate times and are intended to serve only as a general guide. The actual time of the discussion of each agenda item or Committee meeting may occur earlier or later than the stated time, at the discretion of the Board Chair to accommodate scheduling requests of Board members or attendees.

- | | | | |
|----|--|-----------------|------------------------|
| 3. | Update on database project (AMANDA) | (Added 7/11/11) | <i>Phil McCollum</i> |
| 4. | FY' 12 Budget Projection | (Added 7/11/11) | <i>Melanie Johnson</i> |
| 5. | Annual Fee Review - Preliminary | (Added 7/11/11) | <i>Melanie Johnson</i> |
| 6. | October 9-10, 2011 AADB Meeting | (Added 7/11/11) | |
| 7. | Annual Performance Review – Executive Director * | (Added 7/11/11) | <i>Full Board</i> |

VIII. APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS *

- | | | | |
|----|---|-----------------|------------------------|
| 1. | Ratification of Actions Taken by Executive Director Since Last Meeting on Applications | | <i>Melanie Johnson</i> |
| 2. | Pending Licensure/Registration Applications* | | |
| a. | Dr. Daniel Ehrich, D.D.S. – licensure by credentials application | (Added 7/11/11) | |
| b. | Dr. Dale Nixon, D.D.S. – licensure by credentials application | (Added 7/11/11) | |
| c. | Dental Hygiene Committee Recommendation re: CeAnn McNamara, D.H. - application for licensure | (Added 7/11/11) | |
| d. | Dental Hygiene Committee Recommendation re: Theresa Fury, D.H. - application for licensure | (Added 7/11/11) | |
| e. | Dental Hygiene Committee Recommendation re: Kayla Keimig - application for licensure | (Added 7/11/11) | |

IX. OPPORTUNITY FOR PUBLIC COMMENT

Gary Roth

11:30 **EXECUTIVE COMMITTEE (**Added 7/19/11)** **Closed Session** *Roth*

Noon **- LUNCH BREAK-**

12:30 p.m. **X. CLOSED SESSION*** **Closed Session** *Full Board*

2:00 p.m. **ADMINISTRATIVE HEARING*** –Consideration in the Matter of Dr. Joseph J. Vap, D.D.S. (#10-030)

XI. RECESS UNTIL: 8:30 A.M. on July 22, 2011

Friday, July 22, 2011

8:30 a.m. **XII. BOARD RECONVENES*** **Closed Session** *Full Board*

9:00 a.m. **XIII. OPEN SESSION ACTION, IF ANY, ON CLOSED SESSION AGENDA ITEMS** **Open Session** *Full Board*

1. Licensure/Registration Applications
2. Statement of Charges

Please Note: The times given for discussion of agenda items and Committee meetings are approximate times and are intended to serve only as a general guide. The actual time of the discussion of each agenda item or Committee meeting may occur earlier or later than the stated time, at the discretion of the Board Chair to accommodate scheduling requests of Board members or attendees.

3. Combined Notice of Hearing, Settlement Agreement and Final Order
4. Settlement Agreements
5. Final Hearing Decisions
6. Other

ADJOURN

Next Meeting: October 27-28, 2011

If you require the assistance of auxiliary aids or services to participate in or attend the meeting because of a disability, please call the office of the Board at 515/281-5157.

*This portion of the meeting may be conducted in closed session to discuss confidential matters that may concern examination information, peace officers' investigative reports, attorney records related to litigation, patient records and reports on the condition, diagnosis, care or treatment of a patient, or investigation reports and other investigative information which is privileged and confidential under the provisions of Sections 22.7(2), 22.7(4), 22.7(5), 22.7(9), 22.7(19), and 272C.6(4) of the 2011 Code of Iowa.

These matters constitute a sufficient basis for the board to consider a closed session under the provisions of section 21.5(1), (a), (c), (d), (f), (g), and (h) of the 2011 Code of Iowa. These sections provide that a governmental body may hold a closed session only by affirmative public vote of either two-thirds of the members of the body or all of the members present at the meeting to review or discuss records which are required or authorized by state or federal law to be kept confidential, to discuss whether to initiate licensee disciplinary investigations or proceedings, and to discuss the decision to be rendered in a contested case conducted according to the provisions of Iowa Code chapter 17A.

Please Note: The times given for discussion of agenda items and Committee meetings are approximate times and are intended to serve only as a general guide. The actual time of the discussion of each agenda item or Committee meeting may occur earlier or later than the stated time, at the discretion of the Board Chair to accommodate scheduling requests of Board members or attendees.



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

(6/22/11) DRAFT APRIL MINUTES – SUBJECT TO FINAL BOARD APPROVAL

IOWA DENTAL BOARD
MINUTES
April 12, 2011
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Board Members

	April 12
Gary D. Roth, D.D.S., Chairperson	Present
Perry T. Grimes, D.D.S., Vice Chairperson	Present
VaLinda J. Parsons, D.H., Secretary	Present
Steven Bradley, D.D.S.	Present
Lynn D. Curry, D.D.S.	Present
Michael J. Rovner, D.D.S.	Present
Marijo A. Beasler, D.H.	Present
Diane Meier, Public Member	Present
Kimberlee Spillers, Public Member	Present

Staff Members

Melanie Johnson, Christel Braness, Phil McCollum, Brian Sedars, Dee Ann Argo, Janet Arjes.

Attorney General's Office

Theresa O'Connell Weeg, Assistant Attorney General

Other Attendees

Mary Kelly, R.D.H., Iowa Dental Hygienists' Association
Carol Van Aernam, R.D.H., Iowa Dental Hygienists' Association
Larry Carl, Iowa Dental Association
Bill Strohman, D.D.S., Iowa Dental Association
David Davidson, D.D.S., Iowa Dental Association
Michael Kanellis, D.D.S., University of Iowa College of Dentistry
Sara Schlievert, R.D.H., Iowa Department of Public Health
LeRoy Strohman, D.D.S.
Dawn Mouw, Iowa Department of Public Health
Lori Pelke, Midwest Dental
Jeannine Veenstra, R.D.A., Iowa Dental Assistants' Association
Bruce Cochrane, D.D.S.
Steven Fuller, D.D.S., Iowa Dental Association

CALL TO ORDER FOR APRIL 12, 2011

Chairman Roth called the open session of the Iowa Dental Board meeting to order at 10:30 a.m. on Tuesday, April 12, 2011. A quorum was established with all members present.

Roll Call:

<u>Member</u>	<u>Beasler</u>	<u>Bradley</u>	<u>Curry</u>	<u>Grimes</u>	<u>Meier</u>	<u>Parsons</u>	<u>Roth</u>	<u>Rovner</u>	<u>Spillers</u>
Present	x	x	x	x	x	x	x	x	x
Absent									

PUBLIC COMMENT

Chairman Roth allowed time for public comment.

APPROVAL OF MINUTES

- *January 25-26, 2011 Minutes*
- ❖ MOVED by SPILLERS, SECONDED by BRADLEY, to approve the minutes of January 25, 26, 2011, Board meeting. Motion APPROVED unanimously.
- *March 4, 2011 Minutes*

Dr. Rovner requested that a motion referenced on page two of the minutes be updated to include a reference to completion of the training by dental assistants.

- ❖ MOVED by ROVNER, SECONDED by BRADLEY, to approve the minutes of March 4, 2011, telephonic meeting after amending the minutes as noted. Motion APPROVED unanimously.

REPORTS

EXECUTIVE DIRECTOR'S REPORT

Ms. Johnson reported that the Board members were provided with a copy of the Executive Director's report in their Board folders.

Ms. Johnson reported that Mr. McCollum was travelling throughout Iowa speaking to the various education programs. The presentations have been well received. Ms. Johnson reported that she would like to continue providing this service.

Ms. Johnson reported that Mr. McCollum is also working on the database project. Ms. Johnson is optimistic that the new database will be completed in the next 30 days or so.

Ms. Johnson indicated that there have been some changes to out of state travel requests. This applies only to state employees, not Board members. Employees must seek a waiver from the state Executive Council prior to receiving authority to travel out of state. Ms. Johnson reported that there is a travel request pending related to the training for the CSDC database software.

Ms. Johnson reported that there has also been a change to the rulemaking process. A job impact analysis must now be completed as a part of the rulemaking process.

Ms. Johnson indicated that Steven Fuller, D.D.S. and Mary Kelly Grief, R.D.H. have been appointed and confirmed as the new Board members effective May 1. Ms. Meier was reappointed to serve another term as a public member.

Ms. Johnson wanted to express her thanks to Dr. Grimes and Ms. Parsons for their service to the Iowa Dental Board. This is their last meeting as members of the Board. Dr. Roth stated that the work they have provided the Board has been superb.

Ms. Johnson reported that the bill relating to the felony practice of dentistry did not make it through this legislative session. Ms. Johnson also reported that the bill relating to the change in the requirements for licensure by credentials has been passed and is on its way to the governor's office to be signed into law.

LEGAL REPORT

Ms. Weeg reported that she does not have a report at this time.

ANESTHESIA CREDENTIALS COMMITTEE REPORT

Dr. Roth reported that the Committee is recommending approval of a moderate sedation permit for Dr. Schow.

❖ MOVED by SPILLERS, SECONDED by CURRY, to approve the application for moderate sedation permit as submitted. Motion APPROVED unanimously.

CONTINUING EDUCATION ADVISORY COMMITTEE

Ms. Beasler reported that the Board had been provided a list of courses and application for sponsor status, which were recommended for approval and consideration.

- Iowa Dental Assistants Association – “Nutrition: How You Can Make It Important For Patients and You!”

This course was originally denied credit. The Iowa Dental Assistants Association requested that the course be reconsidered for credit. The full Committee reviewed the course material. A majority of the Committee members recommended approval.

❖ MOVED by BEASLER, SECONDED by CURRY, to approve the IDAA nutrition course. Motion APPROVED unanimously.

- Iowa Dental Association – “Great Communication” and “Speak your Peace”

The Committee reported that courses, which address communication should relate to licensee-patient communication, not intra-staff communication. The Iowa Dental Association provided updated information relating to the two courses the morning of the Board meeting. Based on the new information, Ms. Beasler recommends approval for these courses.

❖ MOVED by BEASLER, SECONDED by BRADLEY, to approve the courses. Motion APPROVED unanimously.

- Dental Prosthetic Services – “Making Every Patient the Ideal Patient”

Office staff originally approved this course for credit. The Board reversed that decision at the January 2010 meeting and credit was denied for future presentations of this course. Dental Prosthetic Services requested a reconsideration of credit. The Committee members voted 4-2 to deny credit for future presentations of the course.

❖ MOVED by BEASLER, SECONDED by BRADLEY, to uphold the course denial. Motion APPROVED unanimously.

- Institute for Natural Resources – “Brain Injury: Stroke, Alzheimer’s and Head Trauma”

This course was referred to Committee for recommendation. The Committee members were split on its recommendations for credit and asked that the Board make the final decision. In particular, there was no clear majority as to whether to offer full credit or partial credit.

❖ MOVED by GRIMES, SECONDED by MEIER, to approve the course for two hours of credit. Motion APPROVED unanimously.

- Apogee Dental Network: Sponsor Application

Information provided by the applicant, indicated that a great number of the courses they provide address the topic of practice management. Board rules currently state that courses addressing

DRAFT MINUTES – Subject to Board Approval

Iowa Dental Board Open Session Minutes April 12, 2011

practice management are not eligible for continuing education credit. However, the applicant recently presented a course on the topic of HPV.

❖ MOVED by BEASLER, SECONDED by SPILLERS, to request additional information as to the nature of the courses they intend to offer in the future. Motion APPROVED unanimously.

- CPR and the Works: Sponsor Application

The majority of the Committee members recommended approval.

❖ MOVED by BEASLER, SECONDED by CURRY, to approve them as a sponsor. Motion APPROVED unanimously.

❖ MOVED by BEASLER, SECONDED by ROVNER, to approve the other list of courses as submitted. Motion APPROVED unanimously.

EXECUTIVE COMMITTEE REPORT

Dr. Roth reported that Ms. Hart left the employment of the Iowa Dental Board in March 2011. Dr. Roth also reported that the state of Iowa currently has a hiring freeze in place. Staff is currently taking on extra work as a result. Dr. Roth thanked the staff for their efforts. Dr. Roth reported that he will do everything that he can to see that staffing is brought up to an adequate level.

Ms. Johnson reported that budget was reviewed with the Executive Committee and that the Board members were provided a copy of the budget in their folders; the budget is on track.

LICENSURE/REGISTRATION COMMITTEE REPORT

Ms. Parsons stated that the Committee did not have a report at this time.

DENTAL HYGIENE COMMITTEE REPORT

Ms. Parsons reported that the Dental Hygiene Committee met earlier this morning. The Committee is recommending that the Board adopt the proposed rule changes with an amendment to allow dental hygiene students, who successfully complete the WREB examination by September 1, 2011, to apply for license on the basis of examination.

❖ MOVED by PARSONS, SECONDED by BRADLEY, to accept the Dental Hygiene Committee's recommendation. Motion APPROVED unanimously.

DENTAL ASSISTANT REGISTRATION COMMITTEE REPORT

Dr. Rovner stated that the Committee does much of its work by email. Dr. Rovner indicated that the Committee would try to schedule a meeting sometime in the future.

AD-HOC EXAMINATION COMMITTEE

Dr. Grimes indicated that there was some communication with the University of Iowa College of Dentistry regarding the examination issue and the requirements for licensure.

EXAMINATION REPORTS

CRDTS STEERING COMMITTEE

Dr. Roth reported that he attended the Steering Committee meeting on April 8, 2011. Dr. Roth stated that CRDTS has started using electronic scoring devices. CRDTS may replace the current devices with a tablet, such as an iPad. The PDAs currently being used occasionally have had communications problems.

Dr. Roth reported that CRDTS is in good shape financially.

Dr. Roth reported that the health history report forms for the dental and dental hygiene examinations are now uniform. The new forms have been approved.

Dr. Roth indicated that there were some by-law amendments, particularly as it related to advanced dental therapists.

Dr. Roth stated that there was some discussion about failure rates. Failure rates were fairly low this year. All students who took CRDTS during the school year were able to remediate as necessary and pass before graduation. Failure rates for the traditional format are significantly higher.

The Steering Committee voted at the meeting of the American Association of Dental Boards (AADB) to continue exploring another attempt at a national examination. CRDTS is motivated to develop a national examination.

CRDTS DENTAL HYGIENE EXAMINATION REVIEW COMMITTEE

Ms. Beasler stated that she did not have a report at this time. Ms. Beasler noted that the new testing season for dental hygienists just recently started in March 2011.

CRDTS DENTAL EXAMINATION REVIEW COMMITTEE

Dr. Grimes reported that he attended a meeting in January 2011. There is another meeting scheduled later this month. The Committee is attempting to make the manuals and instructions more clear so that the students know exactly what to expect when they test.

Dr. Bradley stated that he assisted with the proctoring of an examination in Minnesota and is excited to see the move to tablet-style scoring.

IOWA PRACTITIONER REVIEW COMMITTEE REPORT

Mr. Sedars provided the Board with some year-to-date statistics.

ADMINISTRATIVE RULES/ RULES WAIVERS

- *Action on Final Rule Amendments: Chpts. 11 & 12 (Notice ARC #9243B)*
- ❖ MOVED by GRIMES, SECONDED by ROVNER, adopt the rules with minor changes that will allow acceptance of WREB/ADEX, if successfully completed prior to September 1, 2011. After that date, those applicants must apply for license by credentials based on the new legislation, which recently passed in the legislature.

Pursuant to Iowa law, this item can only be voted on by the dental members.

Dr. Bradley asked about students who pass WREB after September 1, 2011. Dr. Roth indicated that legislation has been passed to make licensure by credentials much easier and more widely available to dental practitioners. If a practitioner is licensed in any other state on the basis of examination, that practitioner would be able to apply for a license by credentials. Applicants by credential would no longer be required to practice three years in another state prior to making application. The legislation is expected to go into effect July 1, 2011.

Dr. Kannelis indicated that the integrated format is the preferred format for CRDTS. The University of Iowa College of Dentistry is scheduled to offer CRDTS next year with the integrated format. The University of Iowa College of Dentistry acknowledges the Board's responsibility in terms of regulating the profession of dentistry. Dr. Kannelis hopes to find a better portfolio examination, which is more realistic in terms of documenting competency. Dr. Kannelis indicated that the traditional format is more expensive.

A request was made for a roll call vote of the five (5) dentist Board members on Dr. Grimes' motion.

Roll Call (dentist members only):

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Grimes</u>	<u>Roth</u>	<u>Rovner</u>
Aye	x	x	x	x	x
Nay					

Motion APPROVED by ROLL CALL.

Dr. Grimes thanked Dr. Kanellis for his effort put into finding a resolution irrespective of his personal feelings.

VOLUNTEER HEALTH CARE PROVIDER PROGRAM (VHCPP)

Dr. Roth indicated that the Iowa Department of Public Health (IDPH) proposed language for minor and major dental surgery. At the last meeting, the Board asked for additional time to provide greater input.

Dr. Roth stated that he understands that the Volunteer Health Care Provider Program (VHCPP) wants to define these terms for the purposes of indemnification for volunteers who enroll in the program. The Iowa Dental Association recommends that the definition be updated to cover procedures normally provided in a dental office on an outpatient basis.

- ❖ MOVED by BRADLEY, SECONDED by GRIMES, to propose that the Iowa Department of Public Health accept the proposed definition as a routine procedure done on an outpatient basis. Motion APPROVED unanimously.

LEGISLATIVE UPDATE

Ms. Johnson reported that the final language relating to the licensing by credentials bill was provided in the Board folders.

Ms. Johnson indicated that the felony language was updated following the January meeting. Unfortunately, the proposed bill did not make it through. The legislation will be resubmitted next year for consideration. Mr. Carl clarified that the Senate passed the bill; therefore, the bill would not need to be re-filed.

Some of the reluctance on the part of the legislators to pass the bill related to the issue of tooth-whitening. Dr. Grimes thinks that the legislators need to be educated on the possible problems that can result from tooth-whitening when not done properly.

Dr. Curry asked if there was any other dentally-related legislation pending. Mr. Carl indicated that HF15 was submitted by some insurance companies, which would possibly exempt them from compliance with health-related and other state mandates. Mr. Carl reported the bill did not make it through this legislative session. The Iowa Dental Association worked with a number of other organizations to see that the bill did not move forward.

Ms. Weeg reported that there was some legislation pertaining to deferred judgments. Ms. Weeg indicated those records are still maintained and accessible in certain instances. These deferred judgments can be crucial in reviewing applications for license. The legislation would have completely removed the judgment when deferred. The bill did not make it out this session.

- *Chair Licensure/Registration Committee*

Dr. Roth recommended that Dr. Rovner be appointed as the Chair of the Licensure/Registration Committee.

- *Appointment of Committee Members to IPRC*

Dr. Roth recommended that Dr. Richard Rips and Gordon Anderson be appointed to serve on the IPRC Committee.

❖ MOVED by ROVNER, SECONDED by CURRY, to approve the appointments as recommended. Motion APPROVED unanimously.

- *Request From IDA For Reconsideration – Creation Of New “Volunteer/Free Care Only” License Category*

Dr. Roth opened this item up for discussion. Ms. Johnson clarified that this item was carried over from the January 2011 meeting due to time constraints. This would be a new license type as requested by the Iowa Dental Association. This would apply to retired licensees who wish to volunteer their services without having to maintain an active license.

Dr. Cochrane indicated that many other states have a similar license type. The expense of continuing education and insurance, among other things, can be cost-prohibitive to maintaining an active license for many practitioners. Dr. Cochrane asked that the fee for this license type, if created, not be cost-prohibitive.

Dr. Rovner stated that the information provided suggested that the main reason for this not being made available previously was due to financial constraints since the Board is obligated under

Iowa law to generate its own fees and cover all operating costs. Dr. Rovner stated that he would be in favor of at least trying this.

Dr. Roth's indicated that his primary concern related to the quality of the care provided by a retired practitioner without the requirements for an active license.

Dr. Cochrane indicated that a poll he conducted of retirees indicated that some licensees preferred to maintain an active license. However, others stated that they had the ethics to understand when they should discontinue practice. Dr. Cochrane is open to allowing the Board to work out the details, but thinks it would be a valuable option.

Dr. Curry indicated that he is in favor of this as well.

Mr. McCollum asked if there was some sense of what fee would be cost-prohibitive. Dr. Cochrane stated that in Nebraska, he believed, that he paid \$25 each year. However, he did not have a firm recommendation to make.

Ms. Veenstra indicated that the older dentists would be a good benefit to some of these volunteer programs.

❖ MOVED by ROVNER, SECONDED by CURRY, to have Board staff explore the implementation and look at comparisons with other states as a reference. Motion APPROVED unanimously.

APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS

▪ *Ratification of Actions Taken By Executive Director Since Last Meeting On Applications*

Ms. Johnson reported that the Board was provided a list of licenses, registrations, and permits issued since the last meeting.

❖ MOVED by SPILLERS, SECONDED by BEASLER, to ratify the actions taken on licenses, registrations and permits. Motion APPROVED unanimously.

PUBLIC COMMENT

Chairman Roth allowed time for public comment.

There were no additional comments.

- The Board recessed at 11:59 a.m. for a lunch break.
- The Board reconvened at 1:00 p.m.

CLOSED SESSION

- ❖ MOVED by BEASLER, SECONDED by PARSONS, to go into closed session pursuant to Iowa Code Section 21.5(1)(d) to discuss and review complaints and investigative reports which are required by state law to be kept confidential.

<u>Member</u>	<u>Beasler</u>	<u>Bradley</u>	<u>Curry</u>	<u>Grimes</u>	<u>Meier</u>	<u>Parsons</u>	<u>Roth</u>	<u>Rovner</u>	<u>Spillers</u>
Aye	x	x	x	x	x	x	x	x	x
Nay									

Motion APPROVED by ROLL CALL

- ❖ MOVED by SPILLERS, SECONDED by ROVNER, to return to open session. Motion APPROVED unanimously.

The Board reconvened in open session at 1:38 p.m.

OPEN SESSION

XI. DISCIPLINARY HEARINGS SCHEDULED

- 10-154 *In the Matter of Becky M. Schuller, R.D.A.*

The Board considered a proposed Stipulation and Consent Order to resolve this matter.

- ❖ MOVED by CURRY, SECONDED by SPILLERS, to approve the Stipulation and Consent Order as proposed. Motion APPROVED unanimously.

IV. INVESTIGATIVE REPORTS

- 10-162 *Andrea L. Bundy, D.D.S.*

The Board considered a proposed Notice of Hearing and Statement of Charges regarding this matter.

❖ MOVED by CURRY, SECONDED by SPILLERS, to approve the Notice of Hearing and Statement of Charges as proposed and schedule a hearing date. Motion APPROVED unanimously.

- 10-030 *Joseph J. Vap, D.D.S.*

The Board considered a proposed Notice of Hearing and Statement of Charges regarding this matter.

❖ MOVED by CURRY, SECONDED by SPILLERS, to approve the Notice of Hearing and Statement of Charges as proposed and schedule a hearing date. Motion APPROVED unanimously.

XII. DISCIPLINARY ORDERS PENDING

- 10-010 *In The Matter of William J. George, D.D.S.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

❖ MOVED by CURRY, SECONDED by SPILLERS, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

- 10-144 *In The Matter of Debra K. Besler, R.D.A.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

❖ MOVED by CURRY, SECONDED by SPILLERS, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

- 10-163 *In The Matter of Brian J. Mosier, D.D.S.*

The Board considered a proposed Combined Notice of Hearing, Settlement Agreement and Final Order to resolve this matter.

- ❖ MOVED by CURRY, SECONDED by SPILLERS, to approve the Combined Notice of Hearing, Settlement Agreement and Final Order as proposed. Motion APPROVED unanimously.

NEXT MEETING OF THE BOARD

The next meeting of the Board is scheduled for July 21-22, 2011, in Des Moines, Iowa.

ADJOURNMENT

Chairman Roth adjourned the meeting at 4:30 p.m. on April 12, 2011.

Respectfully submitted,

Melanie Johnson, J.D.
Executive Director

MJ/cb



STATE OF IOWA

IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

(6/22/11) DRAFT APRIL MINUTES – SUBJECT TO FINAL BOARD APPROVAL

**IOWA DENTAL BOARD
- TELEPHONIC MEETING -
OPEN SESSION MINUTES**

April 20, 2011

**Origination from IDB Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa**

Board Members

Gary D. Roth, D.D.S., Chairperson	Present
Perry T. Grimes, D.D.S., Vice Chairperson	Present
VaLinda J. Parsons, R.D.H., Secretary	Present
Michael J. Rovner, D.D.S.	Present
Steven P. Bradley, D.D.S.	Present

Staff Members

Melanie Johnson, Brian Sedars, Christel Braness.

CALL TO ORDER FOR APRIL 20, 2011

Chairman Roth called the telephonic meeting of the Iowa Dental Board to order at 12:33 p.m. on Wednesday, April 20, 2011. A quorum was established with five members present.

Roll Call:

<u>Member</u>	<u>Beasler</u>	<u>Bradley</u>	<u>Curry</u>	<u>Grimes</u>	<u>Meier</u>	<u>Parsons</u>	<u>Roth</u>	<u>Rovner</u>	<u>Spillers</u>
Present		X		X		X	X	X	
Absent	X		X		X				X

Pursuant to the authority of, and in compliance with Iowa Code Section 21.8(2011), the meeting was held by electronic means. This meeting was held by conference call to consider a number of pending orders. It was impossible for the Board to schedule a meeting on such short notice and impractical for the Board to meet with such a short agenda.

Ms. Beasler joined the call at this time.

CLOSED SESSION

- ❖ MOVED by PARSONS, SECONDED by BEASLER, to go into closed session pursuant to Iowa Code Section 21.5(1)(a) to review and discuss records which are required by state law to be kept confidential.

<u>Member</u>	<u>Beasler</u>	<u>Bradley</u>	<u>Curry</u>	<u>Grimes</u>	<u>Meier</u>	<u>Parsons</u>	<u>Roth</u>	<u>Rovner</u>	<u>Spillers</u>
Aye	X	X		X		X	X	X	
Absent			X		X				X

Motion APPROVED by ROLL CALL.

- The Board convened in closed session at 12:34 p.m.

OPEN SESSION

- ❖ MOVED by BRADLEY, SECONDED by BEASLER, to return to open session. Motion APPROVED unanimously.

- The Board reconvened in open session at 12:40 p.m.

Mr. Sedars left the meeting at this time.

In The Matter of Bruce C. Krook, D.D.S.

- ❖ MOVED by PARSONS, SECONDED by BRADLEY, to approve the Statement of Charges as submitted. Motion APPROVED unanimously.

In the Matter of John R. Strief, D.D.S.

- ❖ MOVED by SECONDED by BRADLEY, to approve the Statement of Charges as submitted. Motion APPROVED unanimously.

In the Matter of James A. Knight, D.D.S.

- ❖ MOVED by PARSONS, SECONDED by BRADLEY, to accept the Combined Notice of Hearing, Settlement Agreement, and Final Order as drafted. Motion APPROVED unanimously.

Dr. Grimes and Ms. Parsons left the call at this time.

HEARING DATES

The Board scheduled the hearings as follows:

- Andrea Bundy, R.D.A: July 21, 2011 – 1:00 p.m.
- Dr. Joseph Vap, D.D.S.: July 21, 2011 – 2:00 p.m.
- Dr. Bruce Krook, D.D.S: July 21, 2011 – 3:00 p.m.

- Dr. John Strief, D.D.S.: July 22, 2011 – 9:00 a.m.

Board approved the above listed dates and times.

ADJOURNMENT

Chairman Roth adjourned the meeting at 12:49 p.m.

Respectfully submitted,

Melanie Johnson, J.D.
Executive Director

MJ/cb

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: July 21-22, 2011
RE: **General Anesthesia Applications**
SUBMITTED BY: Anesthesia Credentials Committee
ACTION REQUESTED: Action on Committee Recommendation

Background

The Anesthesia Credentials Committee is a peer review committee appointed by the Board to assist the Board. The administrative rules provide that one of the duties of the Committee is to:

- a.* Review all permit applications and make recommendations to the board regarding those applications.

The Committee has received and reviewed the following general anesthesia permit applications:

- Ryan A. Marsh, D.D.S.
- Clinton Norby, D.D.S

The Committee has received and reviewed the following moderate sedation permit application:

- Derek Borgwardt, D.D.S.

Committee Recommendation

The Committee recommends that the Board approve the general anesthesia and moderate sedation permits for the applicants identified above.

Proposed Motion

I move that the Board accept the Anesthesia Credentials Committee's recommendations regarding the applications described in this Report to the Board.

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: July 21-22, 2011
RE: Continuing Education Sponsorship and Course Requests
SUBMITTED BY: Continuing Education Advisory Committee
ACTION REQUESTED: Action on Committee Recommendation

Background

The Continuing Education Advisory Committee is a committee appointed by the Board to assist the Board. The administrative rules provide that the purpose of the Committee is:

“...to review and advise the board with respect to applications for approval of sponsors or activities and requests for post-approval of activities.”

“ The advisory committee on continuing education may tentatively approve or deny applications or requests submitted to it pending final approval or disapproval of the board at its next meeting.”

Attached is a listing of the sponsorships and courses that the Committee has taken action on as of June 23, 2011. An updated list will be distributed at the meeting.

Committee Recommendation

The Committee recommends that the Board approve the actions taken by the Committee concerning the requests for sponsorships and courses as detailed in the attached list.

Proposed Motion

I move that the Board accept the Committee’s recommendations regarding these continuing education sponsorships and courses.

<u>Sponsor</u>	<u>Course Name</u>	<u>Date Submitted for Review</u>	<u>Approved/Denied</u>	<u>Credit Hours</u>
Study Group Siouxland Dental	Human Papillomavirus "Your Mouth, Your Body, Your Health: Advancing Wellness through Salivary Diagnostics	4/5/2011	approved	1 to Marijo
Iowa Dental Assistants Association	Advanced CAD/CAM Concepts	4/18/2011	approved	2 to Marijo
Patterson Dental Supply	Infection Control and Radiology	4/18/2011	approved	5 to Marijo
Hawkeye Community College	Second Year Students @ DMACC Present Table Clinics	4/18/2011	approved	4 to Marijo
Central Iowa Dental Hygienists	Evidence Based Dentistry	4/18/2011	approved	1 to Marijo
Central Iowa Dental Hygienists	Autism & the Dental Office	4/18/2011	approved	2 to Marijo
Central Iowa Dental Hygienists	Antioxidants: A Balancing Act with Free Radicals	4/18/2011	approved	4 to Marijo
Institute for Natural Resources	Eating Disorders: Anorexia, Bulimia, Binge Eating & 'Orthorexia'	4/28/2011	denied	4 to Marijo
Institute for Natural Resources	Neurotransmitters: The Bridges of the Brain	4/28/2011	denied	to Marijo
Institute for Natural Resources	Omega-3 Fatty Acids	4/28/2011	denied	to Marijo
Institute for Natural Resources	Organic Foods	4/28/2011	denied	to Marijo
Institute for Natural Resources	Parkinson's Disease & Amyotrophic Lateral Sclerosis (ALS)	4/28/2011	denied	to Marijo
Institute for Natural Resources	The Power of Calcium	4/28/2011	denied	to Marijo
Institute for Natural Resources	Poles Apart: Unipolar vs. Bipolar Depression	4/28/2011	denied	to Marijo
Iowa Head Start Association	Healthy Smiles	4/28/2011	approved	4 to Marijo
Kiess Kraft Dental Lab	"Esthetics Simpy" Incorporating Implants Into your Practice	5/11/2011	approved	7 to Marijo
Iowa Dental Hygienists Association	"Did I Get It All? How to Follow Proper Record keeping and Documetnation in the Dental Office"	5/17/2011	approved	3 to Marijo
Iowa Dental Hygienists Association	"Perky Perio"	5/17/2011	approved	3 to Marijo
Institute for Natural Resources	"Dental Education 1540: Alzheimer's: Prevention of the Disease & Other Dementias"	5/6/2011	approved	3 to Marijo
Renee Piper	"Put the Sugar Bowl Back on the Table	5/6/2011	approved	2 to Marijo
Dental Prosthetic Services	Minimally Invasive Digital Veneers	5/16/2011	approved	9 to Marijo
Iowa Sleep Society	Iowa Sleep Society Annual Conference	5/25/2011	patrial credit	1 1 out of 6.5 from Marijo

CONTINUING EDUCATION SPONSOR APPLICATION

IOWA DENTAL BOARD

400 S.W. 8th St, Suite D • Des Moines, IA 50309-4687
Phone (515) 281-5157 • www.dentalboard.iowa.gov

Groups or organizations wanting to obtain status as a board-approved sponsor of continuing education must complete this application and enclose the sponsor fee of \$100.

1. Official Name of Sponsor Group: Hawkeye Community College
Contact Person: Victor L. Palmer Phone: 319-296-2329, Fax: 319-296-1674
Ext. 1481
Address: 1501 East Orange Road, Waterloo, IA 50704 E-mail: victor.palmer@hawkeyecollege.edu
2. Type of organization (attach bylaws if applicable):
 Constituent or component society Dental School
 Dental Hygiene School Dental Assisting School
 Other (please specify): Community College
3. If applicable, approximate number of active members n/a
4. Name of Current Officers TITLE ADDRESS PHONE
n/a
5. Please provide contact information below. The name you provide will be posted as the contact person for your organization on the Board's website.
Name: Victor L. Palmer Phone: 319-296-2329, Fax: 319-296-1674
Ext. 1481
Full Address: 1501 East Orange Rd, PO Box 8015, Waterloo, IA 50704-8015
Internet Address: http://www.hawkeyecollege.edu E-mail: victor.palmer@hawkeyecollege.edu
6. Approximately how many courses, meetings or programs does your group or organization sponsor each year? 2
7. Average number of attendees at each course or meeting: 50-80
8. How many courses, meetings or programs do you anticipate sponsoring this year? 2
9. Which of the following educational methods does your organization use? Please check all applicable.
 Home study (e.g. self assessment, reading, educational TV, internet courses)
 Lectures
 Participation
 Discussion
 Demonstration

check # 1132904 \$100

10. Course Subjects Offered: (check all applicable)

- Related to clinical practice
- Risk Management
- OSHA regulations/Infection Control
- Other: Infection Control and Radiography
- Patient record keeping
- Communication

11. List all educational programs or courses offered during the preceding two years. If additional space is needed, please attach a separate listing.

Date	Course Title	Instructor	Location	# Hours
4/9/11	Infection Control & Radiography	Jody J Miller	Tama Hall	4
10/1/10	Infection Control & Radiography	Jody J Miller	Tama Hall	4

12. Please attach a program brochure, course description, or other explanatory material to describe a "typical" yearly program sponsored by your organization.

Sponsors must be formally organized and adhere to board rules for planning and providing continuing education. When courses are promoted as approved continuing education courses that do not meet the requirements as defined by the Board, the sponsor will be required to refund the registration fee to participants. Sponsors may offer non-credit courses provided participants are informed that no credit will be given. Failure to meet this requirement may result in loss of approved sponsor status. Subjects are NOT acceptable for continuing education credit include, but are not limited to: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

I understand and agree to follow the Board rules for planning and providing continuing education.

Name of person completing this application: Victor L. Palmer
 Address: 1501 East Orange Rd. Waterloo, Iowa Phone: 319-236-2329 Ext. 1481
Victor L. Palmer Signature 4/5/11 Date

Please note: The sponsor application fee of \$100 must accompany this application. You will be contacted after the Continuing Education Advisory Committee and Iowa Dental Board has reviewed your application.

RETURN TO:
 IOWA DENTAL BOARD
 Advisory Committee on Continuing Education
 400 S.W. 8th Street, Suite D
 Des Moines, IA 50309-4687

Infection Control & Radiography for Dental
Professionals
Registration
#029822
Registration Deadline: September 24, 2010

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone (H) _____

Alt. Phone _____

Social Security # _____

Date of Birth _____

Ethnicity

A. Are you Hispanic Yes No (Please circle one)

B. Please select one or more races.

____ American Indian or Alaska Native

____ Asian

____ Black or African American

____ Native Hawaiian or Pacific Islander

____ White

Gender Male Female (Please circle one)

Payment enclosed:

____ Check (payable to Hawkeye Comm. College)

____ Credit Card (Master Card, Visa or Discover)

CC # _____

Expiration Date: _____

To register by mail, complete this form and mail with payment to:
Hawkeye Community College
P.O. Box 8015
Waterloo, Iowa 50704-8015

RECEIVED
APR 26 2011
IOWA DENTAL BOARD

Type address here or use Mail Merge (under Tools)
to automatically address this publication to multiple
recipients.



Hawkeye Community College
1501 East Orange Road
P.O. Box 8015
Waterloo, Iowa 50704-8015



Infection Control &
Radiography for Dental
Professionals

Friday, October 1, 2010
8:00a.m.—1:15p.m.

Infection Control & Radiography for Dental Professionals



Attend our Infection Control & Radiography for Dental Professionals seminar and learn about infection control, radiography, and risk management while you earn continuing education credits.

Cost: \$45.00
Time: 8:00a.m.—1:15p.m.
Course #: 029822
Location: Tama Hall, Hawse Aud.

3CEU credits— MUST ATTEND ENTIRE SESSION. NO PARTIAL CREDIT GIVEN.

Early Registration Recommended.
Registration Deadline: September 24, 2010

Agenda Friday October 1, 2010

Registration:

8:00a.m.—8:30a.m. (beverage and light pastry will be provided)

Radiography/Risk Management

8:30a.m.—10:30a.m.

Break

10:30a.m.—11:00a.m. (Light lunch will be provided .)

Infection Control / Risk Management

11:00a.m.—1:15p.m.

This seminar is approved by the Iowa Board of Dental Examiners for Continuing Education Credit for Dental Professionals.



Earn your continuing education credits online. Visit: www.hawkeyecollege.edu/continuing_education.

Registration

registration & payment is required.

In Person

Registration Center
Located in Hawkeye Center
1501 East Orange Road
Waterloo, Iowa 50704-8015

Phone

319-296-2460 or 1-800-670-4743.

Email

Register@hawkeyecollege.edu

Mail

Business Office
Hawkeye Community College
P.O. Box 8015
Waterloo, Iowa 50704-8015

If you register after the deadline, we will admit you if space is available.

Refunds will be honored if your request is received by September 29, 2010.

If the offering is cancelled by the college your payment will be refunded.

If the minimum enrollment for the offering is not attained, it may be cancelled and you will be notified and refunded.

If you have any questions or concerns feel free to contact:

Victor Palmer
Assistant Program Manager
for Allied Health, Nursing
and Long Term Care at
319-296-2329 Ext. 1481 or
Email vpalmer@hawkeyecollege.edu

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: July 21-22,2011
RE: **Review of Sponsor Application – Dynamic Dental Educators**
SUBMITTED BY: Continuing Education Advisory Committee
ACTION REQUESTED: Board Action on Sponsor Application

Background

The Board reviews all sponsor applications along with input from the Continuing Education Advisory Committee.

June 20, 2011	The application for sponsor status was received at the Board office.
June 23, 2011	The application was forwarded to the Continuing Education Advisory Committee for review and recommendation.
June 24 & 30, 2011	Two members of the Committee requested that staff collect additional information about applicant concerning the expertise of the course developers.
June 30, 2011	Board staff requested additional information from the applicant . It has not been received as of 7/8/11.
July 8, 2011	Committee recommendation pending

Committee Recommendation

A final Committee recommendation will be made to the Board following receipt and review of the additional information requested by the Committee from the applicant.

Historical Treatment of Similar Situations

Sponsor status has typically been granted when it is determined that a majority of the courses, which will be provided, meet guidelines set forth in Board rules for credit. The Continuing Education Advisory Committee and the Board has also taken the credentials of the sponsor into account as well. In cases where it is determined that the sponsor does not have sufficient expertise, sponsor status has been denied.

Attached for Review

- ❖ Copy of Application for Sponsor Status

CONTINUING EDUCATION SPONSOR APPLICATION

RECEIVED

JUN 20 2011

IOWA DENTAL BOARD

IOWA DENTAL BOARD

400 S.W. 8th St. Suite D • Des Moines, IA 50309-4687
Phone (515) 281-5157 • www.dentalboard.iowa.gov

Groups or organizations wanting to obtain status as a board-approved sponsor of continuing education must complete this application and enclose the sponsor fee of \$100.

1. Official Name of Sponsor Group: Dynamic Dental Educators

Contact Person: Mark Taris Phone: 813.435.5244 Fax: 813.969.2901

Address: 13176 N. Dale Mabry Hwy #144 Tampa, FL 33618 E-mail: support@dynamicdentaled.com

2. Type of organization (attach bylaws if applicable):

- Constituent or component society
- Dental School
- Dental Hygiene School
- Dental Assisting School
- Other (please specify): Home study Dental Continuing Education approved ADA and AGD providers.

3. If applicable, approximate number of active members _____

4. Name of Current Officers	TITLE	ADDRESS	PHONE
<u>Mark Taris</u>	<u>President</u>	<u>13176 N. Dale Mabry #144 Tampa, FL 33618</u>	<u>813.435.5244</u>
<u>Susan Taris</u>	<u>Vice-President</u>	<u>same</u>	<u>813.435.5244</u>

5. Please provide contact information below. The name you provide will be posted as the contact person for your organization on the Board's website.

Name: Mark Taris Phone: 813.435.5244 Fax: 813.969.2901

Full Address: 13176 N. Dale Mabry Hwy #144, Tampa, FL 33618

Internet Address: www.dynamicdentaled.com E-mail: support@dynamicdentaled.com

6. Approximately how many courses, meetings or programs does your group or organization sponsor each year? 50

7. Average number of attendees at each course or meeting: online home study

8. How many courses, meetings or programs do you anticipate sponsoring this year? 50

9. Which of the following educational methods does your organization use? Please check all applicable.

- Home study (e.g. self assessment, reading, educational TV, internet courses)
- Lectures
- Participation
- Discussion
- Demonstration

#1503 \$100

10. Course Subjects Offered: (check all applicable)

- Related to clinical practice
- Risk Management
- OSHA regulations/Infection Control
- Patient record keeping
- Communication
- Other: _____

11. List all educational programs or courses offered during the preceding two years. If additional space is needed, please attach a separate listing.

Date	Course Title	Instructor	Location	# Hours
<i>See attachments</i>				

12. Please attach a program brochure, course description, or other explanatory material to describe a "typical" yearly program sponsored by your organization.

Sponsors must be formally organized and adhere to board rules for planning and providing continuing education. When courses are promoted as approved continuing education courses that do not meet the requirements as defined by the Board, the sponsor will be required to refund the registration fee to participants. Sponsors may offer non-credit courses provided participants are informed that no credit will be given. Failure to meet this requirement may result in loss of approved sponsor status. Subjects are NOT acceptable for continuing education credit include, but are not limited to: personal development, business aspects of practice, personnel management, government regulations, insurance, collective bargaining, and community service presentations.

I understand and agree to follow the Board rules for planning and providing continuing education.

Name of person completing this application: Marle Taris

Address: 13176 N. Dale Mabry Hwy #144, Tampa, FL 33618 Phone: 813.435.5244

Marle Taris Signature Date 6/14/11

Please note: The sponsor application fee of \$100 must accompany this application. You will be contacted after the Continuing Education Advisory Committee and Iowa Dental Board has reviewed your application.

RETURN TO:
IOWA DENTAL BOARD
Advisory Committee on Continuing Education
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687

Dynamic Dental Educators Course Summaries

Access to Dental Care – course #5039 – 3 Credits

This course discusses the inadequate access to dental care for underserved populations including the poor, the elderly, children, the disabled, the under educated and certain racial and ethnic groups. How cultural barriers can affect proper dental care is also reviewed. Results of inadequate dental care, the role of insurance and Medicaid, along with some solutions to dental care access are identified.

Antibiotic Use in Dentistry – course #5047 – 3 Credits

This course will provide an overview of the antibiotic, antiviral, and antifungal formulations most frequently used in the scope of dental treatment for oral and maxillofacial infections which are caused by pathogenic organisms. Also discussed will be the spectrum of microbial activity, drug interactions, common indications for administration and potential side effects.

Anti-Aging Nutrients for Periodontal Health – course #5026 – 4 Credits

This course discusses the nutrients important to periodontal tissue growth and repair, and which foods and supplements supply them. It helps dental professionals to gain a better understanding of the periodontal tissue structure and the changes it undergoes when diseased. After studying the course, practitioners will understand the different types and amounts of nutrients and vitamins necessary for periodontal health, and how periodontal health relates to overall health.

CAD/CAM – Digital Impressions – course #5048 – 2 Credits

This course discusses the advantages and disadvantages of CAD/CAM technology in the dental office, reviews the types of systems available, explains procedures for scanning and creating high resolution imaging to be used for restorations and discusses how this technology is changing dental restorations for both the dental office and the patient.

California Dental Practice Act – course #5029 – 2 Credits

This course is a review of the California Dental Practice Act. Topics covered include: the definition of the Practice of Dentistry, Acts violating the Dental Practice Act, License Requirements, Prescriptions and CURES and Duties of Dental Auxiliaries. Each topic in the Act is not covered due to the Act's length, only the sections which are most likely to impact your dental career.

California Infection Control – course #5052 – 2 Credits

This course is a review of infection control standards for the California dental professional. Topics reviewed include: personal protection equipment, sterilization (including heat sterilization monitors), disinfection, hand hygiene, other potentially infectious materials, sharps and dental laboratories. There is a review of various CDC Guidelines for Infection Control in Dental Health Care Settings.

Dynamic Dental Educators - www.DynamicDentalEd.com

Toll Free 888.439.5632 Fax 813.969.2901

Chemical Dependency – course #5045 – 2 Credits

This course discusses the science of addiction by reviewing how addiction develops and some factors leading to chemical dependency. Strategies for dealing with substance abuse through prevention, as well as some treatment options for substance abusers, along with managing a drug free workplace will be reviewed. (Meets Chemical Dependency Requirement in TN).

Dental Lab/Technician Laws and Rules – course #6001 – 2 Credits

This course will review the regulations in the Florida Statutes which govern the business of dental laboratory operation and the profession of dental laboratory technology. Areas discussed include: shade verification, infection control, continuing education requirements, advertising and requirements for becoming a certified dental technician. Sample Laboratory Procedure Prescription and Laboratory Case Point of Origin and Material Disclosure Forms are provided. (This course was created for the Florida Dental Professional).

Diabetes – course #5005 – 3 Credits

This course explores the causes, prevalence, and symptoms of Diabetes Mellitus types I and II. The reader will learn how to identify possible cases of diabetes, how to treat diabetic emergencies, and the effect diabetes has on dental health. Additionally, the prevention of diabetes is discussed, along with managing the dental patient, giving dental professionals information they can share with their patients.

Digital Radiography – course #5050 – 2 Credits

This course will review the components and fundamental concepts of digital radiography (digital imaging). Also discussed will be the advantages and disadvantages, basic infection control for intra-oral digital receptors, common errors associated with digital imaging and the difference between direct and indirect digital imaging.

Domestic Violence – course #5001 – 2 Credits

This course enables dental professionals to realize the magnitude of domestic violence and gain an understanding of the signs, symptoms, and injuries indicative of possible domestic violence. This course also helps dental professionals realize the reluctance of many victims to reveal the true cause of their injuries and gives them resources to share with their patients.

Dry Mouth (Sjogren's Syndrome) – course #5012 – 2 Credits

This course enables dental professionals to understand Sjogren's Syndrome, commonly known as dry mouth, by discussing its prevalence, causes, and symptoms. In addition, the reader will understand how to diagnose dry mouth and talk to patients about the condition. Dental professionals will learn of the available treatments for dry mouth and how to administer them.

Dynamic Dental Educators - www.DynamicDentalEd.com

Toll Free 888.439.5632 Fax 813.969.2901

Eating for a Healthy Mouth – course #5033 – 4 Credits

This course is intended to provide awareness and a better understanding of the connection between optimal nutrition and its impact on oral health. Topics discussed include dietary considerations for the dental patient, nutritional counseling in the dental practice and how a diet affects dental caries and periodontal disease. Also, vitamins, minerals, major nutrients and antioxidants are reviewed.

Emergency Medications – course #5013 – 3 Credits

This course discusses which medications should be included in an emergency kit, the proper uses of emergency kit medications, and which medications to use in different emergency situations. Sections include first-line emergency drugs, second-line emergency drugs, and supplementary drugs. The course provides dental professionals with information they need to make informed decisions in emergency situations.

Florida Dental Practice Act – course #5017 - 3 Credits

This course is designed to help the reader understand the Florida Dental Practice Act - its purpose, scope, and the regulatory structure created by it. Dental professionals will learn of the requirements that dentists must fulfill under the Act and the rights afforded dentists under the Act, as well as duties that a dentist may delegate. Additionally, the scope of practice for dental hygienists is covered, making this course ideal for both dentists and hygienists. Finally, the course details prohibitions against certain conduct and grounds for disciplinary action for violations of the Act.

Hepatitis B – course #5023 - 2 Credits

This course offers an overview of Hepatitis B. The reader will learn how Hepatitis B is transmitted and progresses, recognize risk factors and symptoms, and understand vaccination and treatment options. In addition, dental professionals will be given the guidelines they need to successfully implement a postexposure management program within the dental practice.

Hepatitis C – course #5024 - 2 Credits

This course offers an overview of Hepatitis C. The reader will learn how Hepatitis C is transmitted and progresses, recognize risk factors and symptoms, and understand current treatment options available to people infected with the virus. In addition, dental professionals will be given the guidelines they need to successfully implement a postexposure management program within the dental practice.

Hepatitis Comprehensive – course # 5022 – 4 Credits

This course is an overview of all Hepatitis strains. The reader will learn how to identify risk factors and symptoms of hepatitis, understand available vaccination and treatment options, and recognize appropriate prevention techniques for each type of hepatitis. In addition, dental professionals will be given the guidelines they need to successfully deal with postexposure management and implement a successful exposure management program within the dental practice.

HIV and AIDS – course #5002 – 2 Credits

This course discusses the epidemiology of HIV and AIDS, the effect of HIV on the immune system, clinical manifestations of HIV and AIDS, and modes of HIV transmission. Also discussed are the means of preventing HIV infection and the treatment of HIV disease and AIDS, topics dental professionals can discuss with patients. The course also covers infection control procedures recommended for dental practice, and the clinical manifestations of dental patients with HIV disease. **THIS COURSE IS NOT APPROVED FOR KENTUCKY.**

Human Papilloma Virus and Oral Cancer – course #5036 – 2 Credits

This course is intended to provide awareness and a deeper understanding of the risks associated with the Human Papilloma Virus (HPV) and Oral Cancer. Dental office screening protocols will be reviewed, as well as, clinical signs and symptoms of oral cancer.

Implications of Eating Disorders – course #5015 – 3 Credits

This course discusses the role dental professional plays in nutrition education and extensively covers the major eating disorders. Anorexia nervosa and bulimia nervosa are defined and described including physical signs and symptoms, medical complications, and characteristic behaviors of persons with the disorders. The course also covers cultural, personal, and social factors that lead to eating disorders and available treatments. Of special interest are intervention strategies for dentists and hygienists, proper dental care and hygiene for patients with eating disorders, and the oral manifestations of eating disorders.

Indiana Ethics, Statutes and Rules – course #5032 - 2 Credits

This course is a review of the Principles of Ethics and Code of Professional Conduct as set forth by the American Dental Association. It does not cover, in detail, each and every ethical rule and advisory opinion contained in the Code, but does discuss the principles of ethics, the Code of Professional Conduct, and principles of patient autonomy. Readers will also learn the principles of doing no harm, and duties of a dental professional to provide dental care. Also discussed are rules regarding patient records, and testifying in legal proceedings. Other topics reviewed relate specifically to the Indiana Code and Statutes and Rules.

Infection Control – course #5008 – 4 Credits

This course will review procedures and practices which can provide effective protection against infection and cross-contamination by discussing standard precautions, sterilization and disinfection, hand hygiene, personal protection equipment, microorganism transmission, dental labs, postexposure management and prophylaxis, extracted teeth, radiographs and dental prostheses. Also, there is an overview of the most common diseases which present the greatest concerns among dental professionals and their patients. Also discussed are various CDC Guidelines for Infection Control in Dental Health Care Settings, as well as various CDC Guidelines for Environmental Infection Control in Health Care Facilities. **THIS COURSE IS NOT APPROVED FOR NEW YORK.**

Dynamic Dental Educators - www.DynamicDentalEd.com

Toll Free 888.439.5632 Fax 813.969.2901

Infectious Disease and Oral Infection – course #5038 - 3 Credits

This course helps dental professionals to identify patients who are at-risk or highly susceptible to infection, from opportunistic infectious diseases, as a result of dental procedures and/or pre-existing medical conditions. The dental professional will become familiar with oral and systemic infections and how some may result as a side effect of dental procedures and routine oral care. Some of the topics covered include: localized infection, diabetes, HIV/AIDS, bacterial endocarditis, acid reflux, herpes virus, hepatitis B and D and coxsackie virus. Readers will learn to identify appropriate prophylactic and post-procedural antibiotic treatments, and be aware of specific procedures that may create a higher risk of infection.

Introduction to Implant Dentistry and Osseointegration – course #5016 – 3 Credits

This course explores osseointegration, or creating a stable bone anchorage of an oral implanted metal tooth to bone. It discusses why this approach is better than soft-tissue anchorages and helps the dental professional gain an understanding of the working definition of osseointegration, the important factors for reliable bone anchorage of an oral implant, and the biocompatible materials for osseointegration. Also discussed are how physical implant design and surface characteristics play a role in bone tissue integration and how host bone surgical technique and load consideration affect osseointegration.

Lasers in Dentistry – course #5051 – 2 Credits

This course discusses the properties and types of lasers used in dentistry, explains clinical applications in which lasers are used for treating hard and soft tissue, discusses safety precautions to protect the patient and staff when working with lasers, discusses some benefits and drawbacks to using lasers in dentistry and defines the basic components of lasers.

Latex Allergy – course #5006 – 2 Credits

This course introduces dental professionals to the complexities of latex allergies, including the reasons for increased prevalence of latex allergy, latex allergy statistics, and the possible risk factors for latex allergy. It provides information that will allow dental professionals to differentiate between and describe the three types of latex reactions, give examples of latex allergy symptoms, evaluate prevention methods, and uncover inconsistencies in latex glove composition.

Local Anesthetics Review – course #5042 – 2 Credits

This course will review the most commonly used topical and local anesthetics in dentistry. Also discussed will be the use of vasoconstrictors with local anesthetics to assist in achieving and maintaining anesthesia; how local anesthetics are metabolized and excreted by the body and reversal agents for local anesthetics. Also, the importance of a good patient medical history will be reviewed.

Dynamic Dental Educators - www.DynamicDentalEd.com

Toll Free 888.439.5632 Fax 813.969.2901

Medical Emergencies – course #5027 – 4 Credits

This course assists the dental professional in identifying and attending to the more common medical emergencies encountered in the dental office. The dental professional will learn how to assign a medical risk level to their patients, how to address drug related emergencies and how to attend to an unconscious patient. A sample office emergency protocol form is included, as well as suggested contents for emergency kits.

Nitrous Oxide in Dentistry – course #5043 – 2 Credits

This course will review nitrous oxide equipment operations, discuss the advantages and disadvantages of using nitrous oxide, review incremental and rapid induction techniques, briefly discuss the respiratory system and summarize ADA guidelines for nitrous oxide. Also, complications of using nitrous oxide will be reviewed.

Nutrition and Chronic Disease – course #5021 - 3 Credits

This course explores the relationship between nutrition and disease and alerts the reader to the consequences of a poor diet. Included are discussions of the components of a healthy diet, the relationship between health and diet, and the nature of chronic disease. Also covered is the link between diet and several major diseases: cardiovascular disease, diabetes, cancer, and osteoporosis. After completing this course, dental professionals will be able to give their patients sound advice on how to eat a healthy, nutritious diet that promotes both dental health and general wellness, and helps patients avoid chronic disease.

Nutrition and Dental Health – course #5014 - 2 Credits

This course provides dental professionals with a review of the nutritional components required for good dental health and clarifies their role in providing nutrition education to their patients. Topics discussed include the status of dental health in the United States, the general relationship between nutrition and dental health, and the role of the dental hygienist in providing nutrition education. Readers will also learn current dietary guidelines for the United States, nutrition and dietary factors related to dental caries, and the role of key nutrients in building strong teeth and gums. Upon completing this course, dental professionals will be in a position to advise their patients on how best to eat in order to preserve dental health.

Nutrition and Diet – course #5020 - 4 Credits

This course explores the link between healthy eating and overall well-being. Topics discussed include: the factors which influence food choices, the influence of diet on health and disease, and essential nutrients and how to obtain them. It also examines the current dietary guidelines recommended by the U.S. Departments of Agriculture and Health and Human Services and the revised MyPyramid food pyramid, which helps to implement this approach. Once a dental professional has completed this course, they will be able to make basic recommendations to patients concerning healthy eating habits.

Oral and Maxillofacial Viral Diseases – course #5035 - 2 Credits

This course will discuss viral diseases which effect the oral cavity and surrounding facial tissues. The viruses will include the Herpes Virus family, Human Papilloma Virus, Measles, Mumps, Chickenpox, Shingles and HIV. Also discussed will be treatments and prognosis of the viruses and opportunistic infections which cause problems for HIV patients.

Oral Cancer Detection – course #5046 - 4 Credits

This course will discuss the role of the dental professional in oral cancer detection, how biological changes can promote oral cancer and review the stages of oral cancer of the lip and oral cavity. Also reviewed are the examination steps for oral, head and neck cancer and teaching oral self examinations to the patient.

Oral Manifestations of Systemic Diseases – course #5041 - 3 Credits

This course discusses the oral manifestations of varied disease processes and conditions, the most prevalent oral side effects of medications used to treat systemic diseases and the effects of chemotherapy and radiation therapy on the oral cavity. Some diseases reviewed are STD's such as candidiasis, HIV/AIDS and oral hairy leukoplakia, psychiatric diseases and autoimmune diseases. Pregnancy and menopause are also discussed.

Osteoporosis – course #5037 - 3 Credits

This course will provide dental practitioners with an understanding of osteoporosis, along with its prevention, causes, treatment options and detection using dental x-rays. Also discussed will be nutrients which are needed to build bone, anti-nutrients which lead to bone disease, side effects of some commonly used osteoporosis medications and oral early warning signs of osteoporosis.

Pain Management – course #5010 – 3 Credits

This course discusses pain and its relation to the practice of dentistry. By adequately managing pain, dental professionals may clear the way for improved dental health among those patients who view dental visits as "too painful" based on their experiences with pain and anxiety. This course will discuss how to identify pain as it relates to dental patients, manage pain thru use of minimally invasive dentistry, analgesics, lasers, micro air abrasion and dental spas and pain prevention thru preventative care. Also, special considerations in pain management for children, pregnant women, the elderly and the disabled will be reviewed.

Periodontal Health Maintenance – course #5031 – 3 Credits

This course will discuss oral health maintenance in adults and children and how important it is for the patient to maintain a rigid oral health maintenance program through proper home care and regular dental visits after periodontal treatment. In addition, local and systemic antibiotic therapy, supragingival and subgingival irrigation, home care devices (including oral irrigators and power toothbrushes), dentrifices, mouthrinses and treatment considerations for periodontal health maintenance are discussed.

Pharmacology in the Office – course #5018 - 3 Credits

This course is a review of the possible adverse reactions caused by drug interactions. Concentrating on the drugs most commonly used in dentistry, this course teaches dental professionals drug combinations to avoid and which situations present the most opportunity for adverse drug interactions.

Prevention of Medical Errors – course #5025 - 2 Credits

This course discusses the identification and prevention of medical errors in dentistry. It allows the dental professional to understand the types and magnitude of medical errors and the factors that contribute to an increased risk of medical errors. The course also explains how to identify populations vulnerable to medical errors, dental professionals' responsibility for reporting medical errors, and the processes to implement that will reduce the occurrence of medical errors.

Radiograph Detection of Atherosclerosis – course #5034 - 2 Credits

This course will discuss atherosclerosis or hardening of arteries and how panoramic radiographs can be used to identify atherosclerotic lesions during a routine dental exam. Also, patients at high risk for atherosclerosis and screening measures for atherosclerosis are reviewed.

Rules, Laws, and Ethics – course #5003 – 2 Credits

This course is a review of the Principles of Ethics and Code of Professional Conduct as set forth by the American Dental Association. It does not cover, in detail, each and every ethical rule and advisory opinion contained in the Code, but does discuss the principles of ethics, the Code of Professional Conduct, and principles of patient autonomy. Readers will also learn the principles of doing no harm, duties of a dental professional to provide dental care, and rules for utilizing non-profit and commercial referral services. Also discussed are rules regarding patient records, dental professionals' ethical obligations to HIV positive patients, and testifying in legal proceedings. Other topics are advertising, specialization and limitation of practice, substance abuse, and ethical rules regarding misrepresentation in the practice. **Indiana residents please select Indiana Ethics, Statutes and Rules for your course requirements.**

Special Needs Patients – course #5040 – 4 Credits

This course defines a special needs patient, which includes people with both mental and physical disabilities. Disabilities such as: Alzheimer's, Cerebral Palsy, Eating Disorders, Heart Conditions, Down Syndrome, Mental Disability, ADHD, Autism, Multiple Sclerosis and Parkinson's are reviewed. The reader will understand how to accommodate the requirements of some special needs patients to aid them in maintaining proper oral healthcare when possible. Some dental organizations are identified which can assist the disabled population.

Stress Management – course #5019 – 4 Credits

This course is designed to help dental professionals learn to deal with the uncertainty of modern living and the demands of personal and professional life in order to provide better care for their patients and themselves. Readers will learn to identify major sources of stress and to change perceptions of these stressors when they cannot be avoided, making them better able to focus on the job of providing dental care. After completing this course dental professionals will be familiar with the statistics related to stress in the United States, the fight or flight response, definitions and causes of stress, the signs and symptoms of stress, the health consequences of stress, effective stress management strategies, and a “good” stress level for optimal health.

Substance Abuse & Addiction – course #5044 – 2 Credits

This course will review alcoholism, drug addiction, illicit drugs and tobacco, list some of the more commonly abused drugs and discuss drug use and abuse among age groups. Also, identifying and managing an addicted patient will be discussed along with an overview of substance abuse treatment. (Meets Chemical Dependency Requirement in TN).

Substance Abuse Adult – course #5004 – 2 Credits

This course deals with adult substance abuse and its effects on general and dental health. After completing this course, dental professionals will be able to identify a patient with a substance abuse problem, identify symptoms of withdrawal from specific substances and comprehend the negative health effects of alcohol, cocaine, heroin, marijuana, tobacco and OTC and prescription drugs. They will also be able to differentiate between alcohol dependence and alcohol abuse and to understand and distinguish between the terms, substance abuse and chemical dependency. (Meets Chemical Dependency requirement for TN).

Substance Abuse Pediatric – course #5011 – 2 Credits

This course discusses facts about pediatric substance abuse or chemical dependency, the factors that cause children to be at risk for substance abuse, and ways dental professionals can help prevent and treat substance abuse in their young patients. Upon completing this course, dental professionals will have a basic knowledge of current substance abuse trends among children and understand what causes a child to be at risk for substance abuse. They will also learn mechanisms for preventing and treating pediatric substance abuse and should feel more comfortable addressing pediatric substance abuse issues. In this way, they will be better prepared to offer assistance to their younger patients and their parents should the need arise. (Meets Chemical Dependency requirement for TN).

Teeth Whitening – course #5030 - 3 Credits

This course provides dental professionals with information about teeth whitening. A brief history of bleaching is discussed, along with intrinsic and extrinsic staining. Internal and external teeth bleaching are discussed along with their adverse reactions. Some external bleaching topics discussed include: tray versus strip delivery, OTC products, dentrifices and general side effects.

Dynamic Dental Educators - www.DynamicDentalEd.com

Toll Free 888.439.5632 Fax 813.969.2901

Tobacco and Periodontal Disease – course #5007 - 3 Credits

This course examines tobacco use in the United States and the various effects it has on dental health. After completing this course, dental professionals will be able to differentiate among the various type of tobacco uses and the subsequent risk each type imposes, identify the reasons why cigarettes and smokeless tobacco are the prime risk factors for oral cancer, and determine why smokeless tobacco users have a high risk of dental caries. Readers will also be able to explain tobacco's added risk factors for periodontal disease and recognize the possible effects of maternal smoking on pregnancy. They will understand the risks of environmental tobacco smoke on nonsmokers and children and be able to discuss tobacco's other effects on dental care. This will enable them to offer educated counsel to their smoking patients and give them sound reasons to quit.

Braness, Christel [IDB]

From: Braness, Christel [IDB]
Sent: Thursday, June 30, 2011 9:09 AM
To: 'support@dynamicdentaled.com'
Subject: Application for Sponsor Status

Importance: High

The Iowa Dental Board has received your application for sponsor status and has forwarded it on to the Continuing Education Advisory Committee for review.

The committee members have asked for information relating to the course instructors and/or course developers. Please provide whatever information you think would be beneficial for the review.

Let me know if you have any questions. Thank you.

Christel Braness, Administrative Assistant
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309
515-242-6369; Fax: 515-281-7969

CONFIDENTIAL NOTICE: This email and the documents accompanying this electronic transmission may contain confidential information belonging to the sender, which is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reference to the contents of this electronic information is strictly prohibited. If you have received this email in error, please notify the sender and delete all copies of the email and all attachments. Thank you.

REPORT TO THE IOWA DENTAL BOARD

FYI ONLY

DATE OF MEETING: July 21, 2011
RE: **Quarterly Report on IPRC Activities**
SUBMITTED BY: Brian Sedars, Health Professions Investigator
ACTION REQUESTED: None.

The Iowa Practitioner Review Committee evaluates, assists, and monitors the recovery, rehabilitation, or maintenance of dentists, hygienists, or assistants who self-report impairments. As necessary, the Committee notifies the Board in the event of noncompliance with contract provisions.

The IPRC is both an advocate for the health of a practitioner and a means to protect the health and safety of the public.

The Board's administrative rules require the Committee to submit a quarterly report to the Board on the activities of the IPRC. Below is the quarterly report.

Iowa Dental Board Iowa Practitioner Review Committee Year to date-2011

Current Numbers (as of 6/22)	2011	January-April	April-July	July-October
Self Reports	2	2	0	
Current Participants	11	12	11	
Contracts under Review	1	1	1	
Discharged Participants	2	1	1	

REPORT TO THE IOWA DENTAL BOARD

FYI ONLY

DATE OF MEETING: July 21, 2011
RE: Rules – **Review of Board Rules**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: **Status of Review and Update of Board’s Administrative Rules**

Background

The Board’s administrative rules are in the process of being reviewed by staff for possible changes. The purpose of the review is to identify rules that are no longer necessary and should be considered for rescission; rules that need to be updated; and new amendments that are necessary to incorporate statutory changes, to incorporate recommendations from the Board and its Committees, and to address changes that will be required to offer online services to licensees/permit holders/registerants.

Project Update

A draft was not available at the time of the distribution of the Board meeting materials. Following review by IDB staff and IDB’s attorneys, I would like to seek input regarding the development of draft amendments from representatives of the Dental Hygiene Association, the Iowa Dental Association, the Dental Assistants Association and other interested parties. Proposed rule amendments would then be submitted to the Board for review. **Board action on proposed rule amendments will not be sought until August at the earliest to allow sufficient time for preparation of a Notice of Intended Action. A report on the status of this rules update project will be provided at the July meeting.**

Draft in Development - Possible Rule Amendments

The rule amendments would include both administrative and substantive changes, such as:

- ❖ Reorganization of structure of rules to improve clarity and to make it easier to find information.
- ❖ Remove or update statutory references.
- ❖ Revise the rules to reflect the agency name change from “Iowa Board of Dental Examiners” to “Iowa Dental Board.”
- ❖ Review and update the descriptions of administrative procedures to process applications, renewals, permits, etc.
- ❖ Update descriptions of roles and responsibilities of Board committees.
- ❖ Amend the rules to incorporate changes needed as part of the database project that will result in offering online application and renewal to licensees, permit holder and registrants
- ❖ Revise the rules relating to initial licensure. Provide for an application fee and a prorated initial license fee. Thereafter, the usual renewal fees would be applicable.
- ❖ Revise the rules to include recommended rule amendments from the Anesthesia Credentials Committee.
- ❖ Amending the rules to incorporate the statutory changes to become effective on July 1, 2011 relating to licensure by credentials.

REPORT TO THE IOWA DENTAL BOARD

DATE OF MEETING: July 21, 2011
RE: 2012 Regulatory Plan
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Review and Approval of FY 2012 Regulatory Plan

Background

Annually, each state agency must submit by August 1 to the Governor's office a list of its anticipated rulemaking for the upcoming fiscal year. The rulemaking plans for the Iowa Dental Board, the Board of Medicine, Board of Nursing and Board of Pharmacy are included with the Iowa Department of Public Health's Regulatory Plan.

Anticipated Rulemaking

The Board's anticipated rulemaking for the next fiscal year includes both administrative and substantive changes:

- ❖ Reorganization of structure of rules to improve clarity and to make it easier to find information.
- ❖ Remove or update statutory references.
- ❖ Revise the rules to reflect the agency name change from "Iowa Board of Dental Examiners" to "Iowa Dental Board."
- ❖ Review and update the descriptions of administrative procedures to process applications, renewals, permits, etc.
- ❖ Update descriptions of roles and responsibilities of Board committees.
- ❖ Amend the rules to incorporate changes needed as part of the database project that will result in offering online application and renewal to licensees, permit holder and registrants
- ❖ Revise the rules relating to initial licensure. Provide for an application fee and a prorated initial license fee. Thereafter, the usual renewal fees would be applicable.
- ❖ Revise the rules to include recommended rule amendments from the Anesthesia Credentials Committee.
- ❖ Amending the rules to incorporate the statutory changes to become effective on July 1, 2011 relating to licensure by credentials.

Action Requested

Approval of FY 2012 Regulatory Plan as described above.

REPORT TO THE IOWA DENTAL BOARD

FYI

DATE OF MEETING: July 21-22, 2011
RE: **Fiscal Year 2012 Projected Budget**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Review of FY' 12 Budget

Background

The state's fiscal year begins on July 1 and ends on June 30. Prior to the end of each state fiscal year, typically in May/June, all state agencies prepare and enter into the state budget system a projected budget for the upcoming fiscal year. Attached is the Dental Board's projected budget for fiscal year 2012 (July 1, 2011 – June 30, 2012).

Please note that agencies have until August 31, 2011 to process payments for FY' 11 which ended on June 30, 2011. Final year-end numbers for FY' 11 will not be available until after August 31st when the state closes the accounting records for FY' 11.

The projected budget for FY' 12 was entered prior to the receipt of final numbers for FY' 11. Therefore, the amount of carryover funds shown on the attached budget projection may need to be increased or decreased after August 31st depending on the actual, year-end numbers.

IOWA DENTAL BOARD FY'12 BUDGET PROJECTION

PROJECTED FY'12 INCOME (All Sources):

Fees	\$	785,000.00
Fees (\$8.2)	\$	72,500.00
Carryover(FY2011)	\$	61,000.00
lowAccess Grant		\$104,339
Total:	\$	1,022,839.00

EXPENSES:

<u>Class Number</u>	<u>Class Name</u>	<u>Projected Amt.</u>
101	Personal Services	\$ 585,275.00
202	In-State Travel	\$ 9,500.00
203	State Vehicle Operation	\$ 2,500.00
204	State Vehicle Depreciation	\$ 2,160.00
205	Out of State Travel	\$ 3,500.00
301	Office Supplies	\$ 7,500.00
309	Printing & Binding	\$ 9,000.00
313	Postage	\$ 9,000.00
401	Communications	\$ 9,500.00
402	Rent	\$ 50,200.00
405	Professional & Scientific Services	\$ 2,500.00
406	Outside Services	\$ 1,750.00
407	Intrastate Transfers	\$ 100.00
409	Outside Repairs	\$ 1,000.00
411	Attorney General Reimbursement	\$ 21,000.00
412	Auditor Reimbursement	\$ 2,000.00
414	Reimbursement to Other Agencies	\$ 15,500.00
416	ITD Reimbursements	\$ 23,600.00
501	Equipment	\$ 1,221.00
502	Office Equipment	\$ 100.00
503	Equipment Non-Inventory	\$ 50.00
510	IT Equipment & Software	\$ 145,365.00
601	Carryover - Budgeted	\$ 71,000.00
602	Miscellaneous Expenses	\$ 49,518.00
Total:		\$ 1,022,839.00

REPORT TO THE IOWA DENTAL BOARD

FOR DISCUSSION

DATE OF MEETING: July 21-22, 2011
RE: **Annual Fee Review - Preliminary**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Review and Discussion of Fees

Background

Iowa Code section 147.80 requires licensing boards to annually review and adjust their schedule of fees so that, as nearly as possible, projected revenues equal projected costs and any imbalance in revenues and costs in a fiscal year is offset in a subsequent fiscal year.

The last fee schedule review was at the October 14-15, 2010 Board meeting. The minutes reflect that based on a review of financial information received the Board determined that fees generated were sufficient to cover annual costs for state fiscal year 2011. There were no fee increases recommended.

The annual fee review typically occurs at the first Board meeting following the closure of the state accounting records on August 31st of each year. After August 31, the Board office has access to actual final year-end numbers and is better able to provide the Board with projected income and expenses for the next fiscal year.

A preliminary review and discussion of the current fee structure has been added to the July agenda to coincide with the Board's review of the projected FY'12 budget, a status report concerning the new licensing healthcare database and future maintenance costs, and the ongoing rules review project.

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: July 21-22, 2011
RE: **Report – Actions Taken by Executive Director on Applications for Licensure, Registration and Permit**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Ratification of Executive Director’s Actions on Applications

Background

The Board’s administrative rules authorize the executive director to review applications and act within the scope of the following delegated authority:

650—11.8(147,153) Review of applications. Upon receipt of a completed application, the executive director as authorized by the board has discretion to:

1. Authorize the issuance of the license, permit, or registration.
2. Refer the license, permit, or registration application to the license committee for review and consideration when the executive director determines that matters including, but not limited to, prior criminal history, chemical dependence, competency, physical or psychological illness, malpractice claims or settlements, or professional disciplinary history are relevant in determining the applicants’ qualifications for license, permit, or registration.

At each regular meeting of the Board a report is provided on the actions taken by the executive director on applications. Attached is a listing of the actions taken as of June 23, 2011. An updated list will be distributed at the meeting.

Proposed Motion

I move that the Board ratify the actions taken by the executive director on licenses, registrations and permits since the last board meeting.

Practitioner Licensed from 04/12/2011 - 06/22/2011

**Dental Assistant
Trainee**Mildenhall, Julie Marie
1618 11th St
Eldora IA 50627
Date of Birth: 10/07/1967License Number: T11007
Orig Issue Date: 04/14/2011
Expiration Date:Graeve, Beth Ann
1340 2100th St
Defiance IA 51527
Date of Birth: 08/08/1991License Number: T11009
Orig Issue Date: 04/18/2011
Expiration Date:Hammen, Emily May
1327 Tama St
Boone IA 50036
Date of Birth: 08/12/1980License Number: T11010
Orig Issue Date: 04/19/2011
Expiration Date:Long, Blanca Elizabeth
4075 Hammontree Ct
Clive IA 50325
Date of Birth: 04/07/1993License Number: T11011
Orig Issue Date: 04/19/2011
Expiration Date:King, Angel Jackie
1427 Osceola Ave
Des Moines IA 50316
Date of Birth: 05/14/1986License Number: T11015
Orig Issue Date: 04/26/2011
Expiration Date:Schulze, Heather Jeanne
PO Box 543
Clear Lake IA 50428
Date of Birth: 02/22/1985License Number: T11014
Orig Issue Date: 04/26/2011
Expiration Date:**Dental Assistant
Trainee**Harford, Jillian Marie
690 Bentley Dr #33
Marion IA 52302
Date of Birth: 06/28/1985License Number: T11013
Orig Issue Date: 04/26/2011
Expiration Date:Schaefer, Mary Katherine
607 W Main
Washington IA 52353
Date of Birth: 09/07/1988License Number: T11012
Orig Issue Date: 04/26/2011
Expiration Date:Crawford, Kathryn Elizabeth
1316 E 9th St
Des Moines IA 50316
Date of Birth: 05/11/1984License Number: T11028
Orig Issue Date: 05/09/2011
Expiration Date:Kloski, Katie Lynn
211 E Harrison St
PO Box 311
Richland IA 52585
Date of Birth: 03/02/1976License Number: T11018
Orig Issue Date: 05/09/2011
Expiration Date:Smith, Amy Marie
803 Western Ave
Waterloo IA 50702
Date of Birth: 01/29/1979License Number: T11030
Orig Issue Date: 05/09/2011
Expiration Date:Johnson, Kaylee Marie
203 E 4th St
Meriden IA 51037
Date of Birth: 11/18/1989License Number: T11027
Orig Issue Date: 05/09/2011
Expiration Date:

Practitioner Licensed from 04/12/2011 - 06/22/2011

**Dental Assistant
Trainee**

Fouts, Jennifer Lee
2508 Union Rd #75
Cedar Falls IA 50613
Date of Birth: 08/15/1978

License Number: T11025
Orig Issue Date: 05/09/2011
Expiration Date:

Canovic, Anela
6806 Jake Barnes Ct
Johnston IA 50131
Date of Birth: 10/04/1973

License Number: T11029
Orig Issue Date: 05/09/2011
Expiration Date:

Knoll, Michelle Lacy
707 E Salem Ave
Indianola IA 50125
Date of Birth: 04/12/1986

License Number: T11021
Orig Issue Date: 05/09/2011
Expiration Date:

Okey, Alicia Ann
1717 Kane St
Apt 37
Dubuque IA 52001
Date of Birth: 12/14/1989

License Number: T11022
Orig Issue Date: 05/09/2011
Expiration Date:

Langager, Rhonda Jane
1703 37th Ave
East Moline IL 61244
Date of Birth: 12/05/1961

License Number: T11016
Orig Issue Date: 05/09/2011
Expiration Date:

Linville, Alisha Marie
1728 Spruce Hills Dr
Bettendorf IA 52722
Date of Birth: 09/03/1993

License Number: T11020
Orig Issue Date: 05/09/2011
Expiration Date:

**Dental Assistant
Trainee**

Sievers, Deborah Lynn
3219 Pleasant Dr
Bettendorf IA 52722
Date of Birth: 09/08/1969

License Number: T11019
Orig Issue Date: 05/09/2011
Expiration Date:

Benson, Jessica Ali
8602 Westown Pkwy
#2006
West Des Moines IA 50266
Date of Birth: 04/15/1990

License Number: T11017
Orig Issue Date: 05/09/2011
Expiration Date:

Tingley, Heather Lea
4415 70th Pl
Urbandale IA 50322
Date of Birth: 01/21/1980

License Number: T11023
Orig Issue Date: 05/09/2011
Expiration Date:

Exline, Crystal Dawn
2505 Devils Glen Rd
#2103
Bettendorf IA 52722
Date of Birth: 01/20/1983

License Number: T11026
Orig Issue Date: 05/09/2011
Expiration Date:

Jeffries, Erin Mary
1271 Bentwood Ct
Altoona IA 50009
Date of Birth: 08/20/1988

License Number: T11024
Orig Issue Date: 05/09/2011
Expiration Date:

Reese, Lacey Lynn
319 12th Ave W
Spencer IA 51301
Date of Birth: 10/07/1988

License Number: T11032
Orig Issue Date: 05/12/2011
Expiration Date:

Practitioner Licensed from 04/12/2011 - 06/22/2011

**Dental Assistant
Trainee**

Rollinger, Susanne Marie
 411 Kennedy Dr
 Wapello IA 52653
 Date of Birth: 05/02/1962

License Number: T11031
 Orig Issue Date: 05/12/2011
 Expiration Date:

Pulay, Kamelia Nadine
 2423 W 47th St.
 Davenport IA 52806
 Date of Birth: 03/03/1980

License Number: T11033
 Orig Issue Date: 05/16/2011
 Expiration Date:

Philbern, Amanda Faye
 301 S Indiana Ave
 Mason City IA 50401
 Date of Birth: 03/26/1982

License Number: T11034
 Orig Issue Date: 05/17/2011
 Expiration Date:

Davis, Amber Elizabeth
 5609 120th Ave W
 Milan IL 61264
 Date of Birth: 01/10/1991

License Number: T11036
 Orig Issue Date: 05/19/2011
 Expiration Date:

Stout, Valerie Sue
 334 W 64th St
 Davenport IA 52806
 Date of Birth: 12/27/1981

License Number: T11035
 Orig Issue Date: 05/19/2011
 Expiration Date:

Vobr, Casey Marie
 735 3rd St SE
 Cresco IA 52136
 Date of Birth: 02/18/1986

License Number: T11037
 Orig Issue Date: 05/19/2011
 Expiration Date:

**Dental Assistant
Trainee**

Anania, Lora M
 617 Pierce St
 Omaha NE 68108
 Date of Birth: 03/05/1965

License Number: T11038
 Orig Issue Date: 05/19/2011
 Expiration Date:

Brown, Jennifer Sue
 2844 S Lakeport
 Sioux City IA 51106
 Date of Birth: 08/19/1984

License Number: T11039
 Orig Issue Date: 05/23/2011
 Expiration Date:

Estrada, Jaqueline
 1401 W 3rd St
 Apt #3
 Sioux City IA 51103
 Date of Birth: 12/27/1990

License Number: T11040
 Orig Issue Date: 05/27/2011
 Expiration Date:

Gutierrez, Lorena
 111 E 10th St #2
 Storm Lake IA 50588
 Date of Birth: 04/08/1972

License Number: T11042
 Orig Issue Date: 06/01/2011
 Expiration Date:

Roth, Melanie Anne
 2278 Glasgow Rd
 Fairfield IA 52256
 Date of Birth: 10/12/1990

License Number: T11046
 Orig Issue Date: 06/01/2011
 Expiration Date:

Hill, Kinsey Noelle
 705 Summit St
 Marshalltown IA 50158
 Date of Birth: 07/29/1991

License Number: T11045
 Orig Issue Date: 06/01/2011
 Expiration Date:

Practitioner Licensed from 04/12/2011 - 06/22/2011

**Dental Assistant
Trainee**

McKenna, Kevin P.
1328 Harne Ln
York NE 68467
Date of Birth: 12/19/1988

License Number: T11044
Orig Issue Date: 06/01/2011
Expiration Date:

Treinen, Christopher Neal
1814 9th St
Rock Valley IA 51247
Date of Birth: 02/27/1991

License Number: T11043
Orig Issue Date: 06/01/2011
Expiration Date:

Gard, Angela M.
3027 178th Ave
Calamus IA 52729
Date of Birth: 02/18/1969

License Number: T11041
Orig Issue Date: 06/01/2011
Expiration Date:

Jones, Joshua William
1735 Madison St
Davenport IA 52804
Date of Birth: 01/19/1984

License Number: T11049
Orig Issue Date: 06/02/2011
Expiration Date:

Munoz, Lilliana
360 12th St
East Moline IL 61244
Date of Birth: 09/23/1986

License Number: T11051
Orig Issue Date: 06/02/2011
Expiration Date:

Kuehl, Kari Grace
901 N Bluff St
Albany IL 61230
Date of Birth: 06/17/1992

License Number: T11052
Orig Issue Date: 06/02/2011
Expiration Date:

**Dental Assistant
Trainee**

Moen, Joshua Scott
410 N Pennsylvania Ave
Mason City IA 50401
Date of Birth: 07/24/1982

License Number: T11054
Orig Issue Date: 06/07/2011
Expiration Date:

Eilers, Katy Marie
1581 Curtis Bridge Rd NE
Swisher IA 52338
Date of Birth: 03/11/1993

License Number: T11061
Orig Issue Date: 06/17/2011
Expiration Date:

Hejhal, Sara Lyn
1020 State St
Osage IA 50461
Date of Birth: 05/05/1990

License Number: T11057
Orig Issue Date: 06/17/2011
Expiration Date:

Hess, Morgan Catherine
19 Country Club Place
Clear Lake IA 50428
Date of Birth: 07/02/1991

License Number: T11058
Orig Issue Date: 06/17/2011
Expiration Date:

Dieleman, Paige Adair
314 W Washington
Washington IA 52353
Date of Birth: 07/05/1991

License Number: T11059
Orig Issue Date: 06/17/2011
Expiration Date:

Robertson, Ashley Genell
13682 110th St
Rock Port MO 64482
Date of Birth: 09/16/1987

License Number: T11067
Orig Issue Date: 06/21/2011
Expiration Date:

Practitioner Licensed from 04/12/2011 - 06/22/2011

**Dental Assistant
Trainee**

Cox, Diedra Michelle
1328 3rd St
Moline IL 61265
Date of Birth: 10/17/1975

License Number: T11066
Orig Issue Date: 06/21/2011
Expiration Date:

Lopez-Diaz, Sonia
727 W 11th St
Davenport IA 52804
Date of Birth: 02/17/1992

License Number: T11072
Orig Issue Date: 06/22/2011
Expiration Date:

Gardner, Megan Denise
16140 190th
Perry IA 50220
Date of Birth: 11/04/1990

License Number: T11071
Orig Issue Date: 06/22/2011
Expiration Date:

Rivas, Sarah Jean
2529 SE 6th St
Des Moines IA 50315
Date of Birth: 07/05/1982

License Number: T11070
Orig Issue Date: 06/22/2011
Expiration Date:

Dental Hygienist

Egeberg, Julie Lutz, D.H.
4413 S Larch Ave.
Sioux Falls SD 57106
Date of Birth: 07/14/1957

License Number: 03961
Orig Issue Date: 04/20/2011
Expiration Date: 08/31/2011

Collins, Kelli Nicole, D.H.
4212 Lillie Ave.
Davenport IA 52806
Date of Birth: 05/27/1990

License Number: 03962
Orig Issue Date: 04/26/2011
Expiration Date: 08/31/2011

Dental Hygienist

Bassett, Keri Ann, D.H.
10524 N 152nd Ave. Cir.
Bennington NE 68007
Date of Birth: 05/10/1974

License Number: 03963
Orig Issue Date: 04/26/2011
Expiration Date: 08/31/2011

Flor-Phillips, Elizabeth Marie, D.H
202 N Cedar Ave.
Box 95
New Richland MN 56072
Date of Birth: 12/06/1958

License Number: 03964
Orig Issue Date: 05/16/2011
Expiration Date: 08/31/2011

Eveleth, Ashley Marie, D.H.
2062 3rd Ave. N
Fort Dodge IA 50501
Date of Birth: 11/23/1989

License Number: 03967
Orig Issue Date: 05/31/2011
Expiration Date: 08/31/2011

Gannon, Kelly JoAnn, D.H.
5887 NW 3rd Ct.
Des Moines IA 50313
Date of Birth: 03/09/1983

License Number: 03965
Orig Issue Date: 05/31/2011
Expiration Date: 08/31/2011

Schroeder, Amanda Lynn, D.H.
403 1st St
PO Box 215
Wall Lake IA 51466
Date of Birth: 03/10/1987

License Number: 03966
Orig Issue Date: 05/31/2011
Expiration Date: 08/31/2011

Gross, Candace Gene, D.H.
203 5th St.
PO Box 135
Dedham IA 51440
Date of Birth: 02/26/1982

License Number: 03969
Orig Issue Date: 06/01/2011
Expiration Date: 08/31/2011

Practitioner Licensed from 04/12/2011 - 06/22/2011

Dental Hygienist

Peterson, Emily Ann, D.H.
 839 N 20th St.
 Fort Dodge IA 50501
 Date of Birth: 04/29/1990

License Number: 03970
 Orig Issue Date: 06/01/2011
 Expiration Date: 08/31/2011

Huff, Brandi Lee, D.H.
 4910 68th St.
 Urbandale IA 50322
 Date of Birth: 12/22/1986

License Number: 03968
 Orig Issue Date: 06/01/2011
 Expiration Date: 08/31/2011

Sims, Shannon Marie, D.H.
 1050 218th Ave.
 Pella IA 50219
 Date of Birth: 06/06/1986

License Number: 03971
 Orig Issue Date: 06/01/2011
 Expiration Date: 08/31/2011

Blain, Amie Sue, D.H.
 1915 N 3rd St
 Oskaloosa IA 52577-1811
 Date of Birth: 06/22/1981

License Number: 03972
 Orig Issue Date: 06/03/2011
 Expiration Date: 08/31/2011

Goodwin, Kelsey Ann, D.H.
 1002 4th St SW
 Apt. #24
 Altoona IA 50009
 Date of Birth: 08/21/1987

License Number: 03973
 Orig Issue Date: 06/03/2011
 Expiration Date: 08/31/2011

Hall, Rebecca Lynn, D.H.
 506 NE 5th St.
 Ankeny IA 50021
 Date of Birth: 12/21/1981

License Number: 03974
 Orig Issue Date: 06/08/2011
 Expiration Date: 08/31/2011

Dental Hygienist

Ackerman, Mariah Lynn, D.H.
 13172 280th Ave.
 South English IA 52335
 Date of Birth: 10/03/1988

License Number: 03982
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2011

Gerk, Hannah Laura, D.H.
 210 E 7th St.
 St. Ansgar IA 50472
 Date of Birth: 06/20/1988

License Number: 03979
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2011

Lewis, Krista Marie, D.H.
 5532 N Union Rd.
 Cedar Falls IA 50613
 Date of Birth: 02/02/1981

License Number: 03978
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2011

Goodwin, Melissa Ann, D.H.
 740 Olympic Dr.
 Waterloo IA 50701
 Date of Birth: 05/02/1983

License Number: 03980
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2011

Boffeli, Lacey Lynn, D.H.
 209 Taylor St. SE
 Cascade IA 52033
 Date of Birth: 11/06/1987

License Number: 03981
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2011

Hoffert, Erin Lee, D.H.
 4409 F St.
 Amana IA 52203
 Date of Birth: 07/09/1987

License Number: 03976
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2011

Practitioner Licensed from 04/12/2011 - 06/22/2011

Dental Hygienist

Engle, Jennifer Kaye, D.H.
3846 W 80th St. S
Colfax IA 50054
Date of Birth: 09/06/1985

License Number: 03977
Orig Issue Date: 06/10/2011
Expiration Date: 08/31/2011

Pinter, Stephanie Lorraine, D.H.
1929 Vermont Ave
Wilton IA 52778
Date of Birth: 12/31/1979

License Number: 03975
Orig Issue Date: 06/10/2011
Expiration Date: 08/31/2011

Robinson, Jessica Jean, D.H.
112 Kayle Drive
Manchester IA 52057
Date of Birth: 06/29/1978

License Number: 03983
Orig Issue Date: 06/13/2011
Expiration Date: 08/31/2011

Morales, Heather Marie, D.H.
#12 Evergreen Ln
McCook Lake SD 57049
Date of Birth: 09/10/1980

License Number: 03984
Orig Issue Date: 06/13/2011
Expiration Date: 08/31/2011

Webb, Samantha Nicole, D.H.
608 W South St.
Knoxville IA 50138
Date of Birth: 07/11/1987

License Number: 03985
Orig Issue Date: 06/16/2011
Expiration Date: 08/31/2011

Robinson, Sarah Jean, D.H.
208 NE 17th St.
Ankeny IA 50021
Date of Birth: 10/29/1986

License Number: 03987
Orig Issue Date: 06/16/2011
Expiration Date: 08/31/2011

Dental Hygienist

Post, Nicole Elizabeth, D.H.
32 SW 58th Dr.
Des Moines IA 50312
Date of Birth: 08/17/1985

License Number: 03986
Orig Issue Date: 06/16/2011
Expiration Date: 08/31/2011

Bradley, Lori Jo, D.H.
680 N Pleasant Hill Blvd
#2
Pleasant Hill IA 50327
Date of Birth: 07/23/1987

License Number: 03988
Orig Issue Date: 06/17/2011
Expiration Date: 08/31/2011

Partington, Catherine Ann, D.H.
3608 SW Court Ave
Ankeny IA 50023
Date of Birth: 06/09/1983

License Number: 03989
Orig Issue Date: 06/17/2011
Expiration Date: 08/31/2011

Macke, Jennifer Mary, D.H.
322 W Pleasant Ridge Rd.
Carroll IA 51401
Date of Birth: 09/26/1973

License Number: 03990
Orig Issue Date: 06/17/2011
Expiration Date: 08/31/2011

Chamberlain, Melissa Amber, D.H.
612 Lancaster Circle
Sioux City IA 51103
Date of Birth: 12/10/1979

License Number: 03991
Orig Issue Date: 06/17/2011
Expiration Date: 08/31/2011

Breitkreutz, Danielle Kay, D.H.
623 17th Ave NW #3302
Altoona IA 50009
Date of Birth: 08/05/1987

License Number: 03994
Orig Issue Date: 06/21/2011
Expiration Date: 08/31/2011

Practitioner Licensed from 04/12/2011 - 06/22/2011

Dental Hygienist

Wineland, Emily Kay, D.H.
 504 Farmer St.
 Pella IA 50219
 Date of Birth: 07/01/1988

License Number: 03995
 Orig Issue Date: 06/21/2011
 Expiration Date: 08/31/2011

Jefson, Jenny Noel, D.H.
 34819 160th Ave.
 Forest City IA 50436
 Date of Birth: 04/16/1985

License Number: 03998
 Orig Issue Date: 06/21/2011
 Expiration Date: 08/31/2011

Edler, Caitlin Louise, D.H.
 1131 Lantern Square #5
 Waterloo IA 50701
 Date of Birth: 02/19/1988

License Number: 03999
 Orig Issue Date: 06/21/2011
 Expiration Date: 08/31/2011

Feldmann, Joann Marie, D.H.
 PO Box 71
 310 Grover St.
 Ryan IA 52330
 Date of Birth: 01/12/1989

License Number: 03997
 Orig Issue Date: 06/21/2011
 Expiration Date: 08/31/2011

Olson, Shelly Jo, D.H.
 788 Collins Dr.
 Waukee IA 50263
 Date of Birth: 09/15/1987

License Number: 03992
 Orig Issue Date: 06/21/2011
 Expiration Date: 08/31/2011

Banes, Shelbie Augustia, D.H.
 2914 V Ave.
 Elberon IA 52225
 Date of Birth: 01/03/1988

License Number: 03996
 Orig Issue Date: 06/21/2011
 Expiration Date: 08/31/2011

Dental Hygienist

Norland, Mary Martha, D.H.
 460 Bradley Place # 12
 North Liberty IA 52317
 Date of Birth: 01/02/1985

License Number: 03993
 Orig Issue Date: 06/21/2011
 Expiration Date: 08/31/2011

Dentist

Borgwardt, Ryan Norman, D.D.S.
 258 Pleasant St. #3
 Oak Park IL 60302
 Date of Birth: 12/13/1984

License Number: 08807
 Orig Issue Date: 04/26/2011
 Expiration Date: 08/31/2012

Dietz, Renee Katherine, D.M.D.
 1302 Oakcrest St
 Iowa City IA 52246
 Date of Birth: 12/07/1980

License Number: 08810
 Orig Issue Date: 05/10/2011
 Expiration Date: 08/31/2012

Risma, Kayla Marie, D.D.S.
 2117 S 7th St.
 La Crosse WI 54601
 Date of Birth: 12/20/1983

License Number: 08808
 Orig Issue Date: 05/10/2011
 Expiration Date: 08/31/2012

Chukwu, Stella O., D.D.S.
 25 Lincoln Ave. #18
 Iowa City IA 52246
 Date of Birth: 05/26/1984

License Number: 08809
 Orig Issue Date: 05/10/2011
 Expiration Date: 08/31/2012

Gell, Gregory Charles, D.D.S.
 266 Trillium St. NW
 Concord NC 28027
 Date of Birth: 11/18/1962

License Number: 08811
 Orig Issue Date: 05/10/2011
 Expiration Date: 08/31/2012

Practitioner Licensed from 04/12/2011 - 06/22/2011

Dentist

Walker, Spencer Wallace, D.D.S.
 3644 Cadillac Dr
 Waterloo IA 50701
 Date of Birth: 10/26/1984

License Number: 08812
 Orig Issue Date: 05/12/2011
 Expiration Date: 08/31/2012

Howe, Brian James, D.M.D.
 6205 Adobe Way
 Madison WI 53719
 Date of Birth: 11/21/1979

License Number: 08814
 Orig Issue Date: 05/16/2011
 Expiration Date: 08/31/2012

McManus, Michelle Marie, D.D.S.
 2850 24th St.
 Rock Island IL 61201
 Date of Birth: 09/07/1976

License Number: 08813
 Orig Issue Date: 05/16/2011
 Expiration Date: 08/31/2012

Reynolds, Michael Thomas, D.D.S.
 9036 Kell Circle
 Bloomington MN 55437
 Date of Birth: 04/29/1982

License Number: 08815
 Orig Issue Date: 05/16/2011
 Expiration Date: 08/31/2012

Rahmatian, Azadeh, D.D.S.
 2126 E Wilmar Dr.
 Quincy IL 62301
 Date of Birth: 02/18/1979

License Number: 08816
 Orig Issue Date: 05/27/2011
 Expiration Date: 08/31/2012

Chang, Yong Jung, D.D.S.
 423 W Jefferson St.
 Lake City IA 51449
 Date of Birth: 12/04/1984

License Number: 08817
 Orig Issue Date: 06/01/2011
 Expiration Date: 08/31/2012

Dentist

Montgomery, David Russell, D.D.S.
 16335 Chicago Cir.
 Omaha NE 68118
 Date of Birth: 04/03/1984

License Number: 08819
 Orig Issue Date: 06/01/2011
 Expiration Date: 08/31/2012

Melhus, Bradley Alan, D.D.S.
 100 Wyldeewood Dr. #204A
 Oshkosh WI 54904
 Date of Birth: 04/09/1984

License Number: 08818
 Orig Issue Date: 06/01/2011
 Expiration Date: 08/31/2012

Weaver, Ryan Scott, D.D.S.
 861 Maucker Rd.
 Cedar Falls IA 50613
 Date of Birth: 05/11/1983

License Number: 08820
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2012

Monroe, Meghan Michelle, D.D.S.
 6093 Forest Hills Dr.
 Dubuque IA 52002
 Date of Birth: 02/12/1985

License Number: 08822
 Orig Issue Date: 06/17/2011
 Expiration Date: 08/31/2012

Sturm, Michelle N., D.D.S.
 626 Hidden Valley Rd.
 Carroll IA 51401
 Date of Birth: 11/02/1983

License Number: 08821
 Orig Issue Date: 06/17/2011
 Expiration Date: 08/31/2012

Cox, Ashley Larisa, D.D.S.
 4801 W 108th Terr. #914
 Overland Park KS 66211
 Date of Birth: 10/24/1983

License Number: 08823
 Orig Issue Date: 06/21/2011
 Expiration Date: 08/31/2012

Practitioner Licensed from 04/12/2011 - 06/22/2011

Faculty

Elangovan, Satheesh, B.D.S.
 35 Northampton St. #706
 Boston MA 02118
 Date of Birth: 02/09/1981

License Number: 40119
 Orig Issue Date: 06/17/2011
 Expiration Date: 08/31/2012

**Local Anesthesia
 Permit**

Egeberg, Julie Lutz, D.H.
 4413 S Larch Ave.
 Sioux Falls SD 57106
 Date of Birth: 07/14/1957

License Number: 2641
 Orig Issue Date: 04/20/2011
 Expiration Date: 08/31/2011

Collins, Kelli Nicole, D.H.
 4212 Lillie Ave.
 Davenport IA 52806
 Date of Birth: 05/27/1990

License Number: 2642
 Orig Issue Date: 04/26/2011
 Expiration Date: 08/31/2011

Siddall, Anita Marie, DH
 826 Oakland Rd. NE
 Cedar Rapids IA 52402
 Date of Birth: 10/11/1963

License Number: 2649
 Orig Issue Date: 05/16/2011
 Expiration Date: 08/31/2011

Doster, Allita Marie Engel, DH
 1465 NW 70th Avenue
 Ankeny IA 50023
 Date of Birth: 03/29/1957

License Number: 2647
 Orig Issue Date: 05/16/2011
 Expiration Date: 08/31/2011

Flor-Phillips, Elizabeth Marie, D.H
 202 N Cedar Ave.
 Box 95
 New Richland MN 56072
 Date of Birth: 12/06/1958

License Number: 2643
 Orig Issue Date: 05/16/2011
 Expiration Date: 08/31/2011

**Local Anesthesia
 Permit**

Andersen, Lisa Lynn, DH
 235 Lencester Ave.
 North Liberty IA 52317
 Date of Birth: 01/22/1971

License Number: 2648
 Orig Issue Date: 05/16/2011
 Expiration Date: 08/31/2011

Bova, Barbara Jo Whitman, DH
 927 White Ivy Pl. NE
 Cedar Rapids IA 52402
 Date of Birth: 04/22/1958

License Number: 2646
 Orig Issue Date: 05/16/2011
 Expiration Date: 08/31/2011

Kleinhesselink, Linda M, DH
 2609 68th St
 Urbandale IA 50322
 Date of Birth: 04/12/1959

License Number: 2644
 Orig Issue Date: 05/16/2011
 Expiration Date: 08/31/2011

Maharry, Maria Wentte, DH
 702 S 6th Ave W
 Newton IA 50208
 Date of Birth: 12/31/1969

License Number: 2645
 Orig Issue Date: 05/16/2011
 Expiration Date: 08/31/2011

Messenger, Kelly K Payne, DH
 549 31st St
 West Des Moines IA 50265
 Date of Birth: 02/22/1958

License Number: 2651
 Orig Issue Date: 05/23/2011
 Expiration Date: 08/31/2011

Howard, Crystal Lynn, DH
 114 Lois Lane
 Fruitland IA 52749
 Date of Birth: 12/04/1965

License Number: 2650
 Orig Issue Date: 05/23/2011
 Expiration Date: 08/31/2011

400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
(515) 281-5157

Practitioner Licensed from 04/12/2011 - 06/22/2011

Local Anesthesia Permit

Floyd, Teresa Lee Ray, DH
4601 SW 31st
Des Moines IA 50321
Date of Birth: 04/26/1956

License Number: 2652
Orig Issue Date: 05/23/2011
Expiration Date: 08/31/2011

Eveleth, Ashley Marie, D.H.
2062 3rd Ave. N
Fort Dodge IA 50501
Date of Birth: 11/23/1989

License Number: 2654
Orig Issue Date: 05/31/2011
Expiration Date: 08/31/2011

Gannon, Kelly JoAnn, D.H.
5887 NW 3rd Ct.
Des Moines IA 50313
Date of Birth: 03/09/1983

License Number: 2653
Orig Issue Date: 05/31/2011
Expiration Date: 08/31/2011

Gross, Candace Gene, D.H.
203 5th St.
PO Box 135
Dedham IA 51440
Date of Birth: 02/26/1982

License Number: 2656
Orig Issue Date: 06/01/2011
Expiration Date: 08/31/2011

Peterson, Emily Ann, D.H.
839 N 20th St.
Fort Dodge IA 50501
Date of Birth: 04/29/1990

License Number: 2657
Orig Issue Date: 06/01/2011
Expiration Date: 08/31/2011

Sims, Shannon Marie, D.H.
1050 218th Ave.
Pella IA 50219
Date of Birth: 06/06/1986

License Number: 2658
Orig Issue Date: 06/01/2011
Expiration Date: 08/31/2011

Local Anesthesia Permit

Huff, Brandi Lee, D.H.
4910 68th St.
Urbandale IA 50322
Date of Birth: 12/22/1986

License Number: 2655
Orig Issue Date: 06/01/2011
Expiration Date: 08/31/2011

Blain, Amie Sue, D.H.
1915 N 3rd St
Oskaloosa IA 52577-1811
Date of Birth: 06/22/1981

License Number: 2659
Orig Issue Date: 06/03/2011
Expiration Date: 08/31/2011

Goodwin, Kelsey Ann, D.H.
1002 4th St SW
Apt. #24
Altoona IA 50009
Date of Birth: 08/21/1987

License Number: 2660
Orig Issue Date: 06/03/2011
Expiration Date: 08/31/2011

Hall, Rebecca Lynn, D.H.
506 NE 5th St.
Ankeny IA 50021
Date of Birth: 12/21/1981

License Number: 2661
Orig Issue Date: 06/08/2011
Expiration Date: 08/31/2011

Boffeli, Lacey Lynn, D.H.
209 Taylor St. SE
Cascade IA 52033
Date of Birth: 11/06/1987

License Number: 2669
Orig Issue Date: 06/10/2011
Expiration Date: 08/31/2011

Ackerman, Mariah Lynn, D.H.
13172 280th Ave.
South English IA 52335
Date of Birth: 10/03/1988

License Number: 2670
Orig Issue Date: 06/10/2011
Expiration Date: 08/31/2011

Practitioner Licensed from 04/12/2011 - 06/22/2011

**Local Anesthesia
Permit**

Gerck, Hannah Laura, D.H.
 210 E 7th St.
 St. Ansgar IA 50472
 Date of Birth: 06/20/1988

License Number: 2666
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2011

Lewis, Krista Marie, D.H.
 5532 N Union Rd.
 Cedar Falls IA 50613
 Date of Birth: 02/02/1981

License Number: 2665
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2011

Engle, Jennifer Kaye, D.H.
 3846 W 80th St. S
 Colfax IA 50054
 Date of Birth: 09/06/1985

License Number: 2664
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2011

Goodwin, Melissa Ann, D.H.
 740 Olympic Dr.
 Waterloo IA 50701
 Date of Birth: 05/02/1983

License Number: 2668
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2011

Pinter, Stephanie Lorraine, D.H.
 1929 Vermont Ave
 Wilton IA 52778
 Date of Birth: 12/31/1979

License Number: 2662
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2011

Hoffert, Erin Lee, D.H.
 4409 F St.
 Amana IA 52203
 Date of Birth: 07/09/1987

License Number: 2663
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2011

**Local Anesthesia
Permit**

Sawvel, Susan Lynn Lorenz, DH
 1275 Alexander Way
 #304
 North Liberty IA 52317
 Date of Birth: 04/05/1971

License Number: 2667
 Orig Issue Date: 06/10/2011
 Expiration Date: 08/31/2011

Robinson, Jessica Jean, D.H.
 112 Kayle Drive
 Manchester IA 52057
 Date of Birth: 06/29/1978

License Number: 2671
 Orig Issue Date: 06/13/2011
 Expiration Date: 08/31/2011

Webb, Samantha Nicole, D.H.
 608 W South St.
 Knoxville IA 50138
 Date of Birth: 07/11/1987

License Number: 2672
 Orig Issue Date: 06/16/2011
 Expiration Date: 08/31/2011

Robinson, Sarah Jean, D.H.
 208 NE 17th St.
 Ankeny IA 50021
 Date of Birth: 10/29/1986

License Number: 2674
 Orig Issue Date: 06/16/2011
 Expiration Date: 08/31/2011

Post, Nicole Elizabeth, D.H.
 32 SW 58th Dr.
 Des Moines IA 50312
 Date of Birth: 08/17/1985

License Number: 2673
 Orig Issue Date: 06/16/2011
 Expiration Date: 08/31/2011

Partington, Catherine Ann, D.H.
 3608 SW Court Ave
 Ankeny IA 50023
 Date of Birth: 06/09/1983

License Number: 2677
 Orig Issue Date: 06/17/2011
 Expiration Date: 08/31/2011

400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
(515) 281-5157

Practitioner Licensed from 04/12/2011 - 06/22/2011

Local Anesthesia Permit

Chamberlain, Melissa Amber, D.H.
612 Lancaster Circle
Sioux City IA 51103
Date of Birth: 12/10/1979

License Number: 2679
Orig Issue Date: 06/17/2011
Expiration Date: 08/31/2011

Bradley, Lori Jo, D.H.
680 N Pleasant Hill Blvd
#2
Pleasant Hill IA 50327
Date of Birth: 07/23/1987

License Number: 2676
Orig Issue Date: 06/17/2011
Expiration Date: 08/31/2011

Macke, Jennifer Mary, D.H.
322 W Pleasant Ridge Rd.
Carroll IA 51401
Date of Birth: 09/26/1973

License Number: 2678
Orig Issue Date: 06/17/2011
Expiration Date: 08/31/2011

Olson, Shelly Jo, D.H.
788 Collins Dr.
Waukee IA 50263
Date of Birth: 09/15/1987

License Number: 2680
Orig Issue Date: 06/21/2011
Expiration Date: 08/31/2011

Wineland, Emily Kay, D.H.
504 Farmer St.
Pella IA 50219
Date of Birth: 07/01/1988

License Number: 2683
Orig Issue Date: 06/21/2011
Expiration Date: 08/31/2011

Breitkreutz, Danielle Kay, D.H.
623 17th Ave NW #3302
Altoona IA 50009
Date of Birth: 08/05/1987

License Number: 2682
Orig Issue Date: 06/21/2011
Expiration Date: 08/31/2011

Local Anesthesia Permit

Banes, Shelbie Augustia, D.H.
2914 V Ave.
Elberon IA 52225
Date of Birth: 01/03/1988

License Number: 2684
Orig Issue Date: 06/21/2011
Expiration Date: 08/31/2011

Feldmann, Joann Marie, D.H.
PO Box 71
310 Grover St.
Ryan IA 52330
Date of Birth: 01/12/1989

License Number: 2685
Orig Issue Date: 06/21/2011
Expiration Date: 08/31/2011

Norland, Mary Martha, D.H.
460 Bradley Place # 12
North Liberty IA 52317
Date of Birth: 01/02/1985

License Number: 2681
Orig Issue Date: 06/21/2011
Expiration Date: 08/31/2011

Jefson, Jenny Noel, D.H.
34819 160th Ave.
Forest City IA 50436
Date of Birth: 04/16/1985

License Number: 2686
Orig Issue Date: 06/21/2011
Expiration Date: 08/31/2011

Edler, Caitlin Louise, D.H.
1131 Lantern Square #5
Waterloo IA 50701
Date of Birth: 02/19/1988

License Number: 2687
Orig Issue Date: 06/21/2011
Expiration Date: 08/31/2011

Moderate Sedation Permit

Schow, Brett Douglas, D.D.S.
UIA College of Dentistry
451 DSBS
Iowa City IA 52242
Date of Birth: 05/20/1977

License Number: MS0093
Orig Issue Date: 06/14/2011
Expiration Date: 08/31/2011

Practitioner Licensed from 04/12/2011 - 06/22/2011

Qual/Reg Dental Asst

Monroe, Michaela Kay
 915 Emma Ave
 Des Moines IA 50315
 Date of Birth: 06/30/1988

License Number: Q11008
 Orig Issue Date: 04/14/2011
 Expiration Date: 08/31/2011

Matlage, Amy Renee
 224 E 16th St
 Des Moines IA 50316
 Date of Birth: 04/11/1983

License Number: Q11006
 Orig Issue Date: 04/14/2011
 Expiration Date: 08/31/2011

Heaton, Corrine Ruth
 2605 S Palmetto St
 Sioux City IA 51106
 Date of Birth: 02/09/1979

License Number: Q11047
 Orig Issue Date: 06/02/2011
 Expiration Date: 08/31/2011

Andrea, Staci Ann
 PO Box 322
 Clear Lake IA 50428
 Date of Birth: 08/17/1977

License Number: Q11050
 Orig Issue Date: 06/02/2011
 Expiration Date: 08/31/2011

Rowe, Shayla Mae
 807 Cottonwood Trail
 PO Box 308
 Sergeant Bluff IA 51054
 Date of Birth: 01/20/1989

License Number: Q11048
 Orig Issue Date: 06/02/2011
 Expiration Date: 08/31/2011

Greenfield, Alisha Danielle Elizabe
 1411 Edith St
 Hull IA 51239
 Date of Birth: 06/25/1980

License Number: Q11053
 Orig Issue Date: 06/07/2011
 Expiration Date: 08/31/2011

Qual/Reg Dental Asst

Robinson, Alison Louise
 1204 W State St
 Marshalltown IA 50158
 Date of Birth: 04/06/1983

License Number: Q11055
 Orig Issue Date: 06/17/2011
 Expiration Date: 08/31/2011

Montgomery, Lisa Marie
 4156 E 5th St S
 Newton IA 50208
 Date of Birth: 09/02/1984

License Number: Q11063
 Orig Issue Date: 06/17/2011
 Expiration Date: 08/31/2011

Walker, Mindi Sue
 1305 W 6th St S
 Newton IA 50208
 Date of Birth: 07/11/1977

License Number: Q11065
 Orig Issue Date: 06/17/2011
 Expiration Date: 08/31/2011

Taylor, Rhonda Luann
 PO Box 532
 State Center IA 50247
 Date of Birth: 02/12/1968

License Number: Q11064
 Orig Issue Date: 06/17/2011
 Expiration Date: 08/31/2011

Krout, Leslie Renee
 225 West 2nd St
 Spencer IA 51301
 Date of Birth: 09/21/1989

License Number: Q11062
 Orig Issue Date: 06/17/2011
 Expiration Date: 08/31/2011

Osmankic, Aida
 1455 Forest Ave
 Waterloo IA 50702
 Date of Birth: 06/09/1991

License Number: Q11056
 Orig Issue Date: 06/17/2011
 Expiration Date: 08/31/2011

400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
(515) 281-5157

Practitioner Licensed from 04/12/2011 - 06/22/2011**Qual/Reg Dental Asst**

Simonsen, Terri Lynn

1529 24th St

Sioux City IA 51104

Date of Birth: 11/05/1974

License Number: Q11068

Orig Issue Date: 06/22/2011

Expiration Date: 08/31/2011

Peterson, Mahanaim Nahal

808 1st Ave South

Denison IA 51442

Date of Birth: 03/27/1987

License Number: Q11073

Orig Issue Date: 06/22/2011

Expiration Date: 08/31/2011

Herrick, Amanda June

1414 Avenue G

Wisher NE 68791

Date of Birth: 12/12/1988

License Number: Q11069

Orig Issue Date: 06/22/2011

Expiration Date: 08/31/2011

Resident Dental

Poulsen, Christopher Todd, D.D.S.

UIA College of Dentistry

Dept. of Periodontics

Iowa City IA 52242

Date of Birth: 08/10/1973

License Number: 30329

Orig Issue Date: 06/17/2011

Expiration Date: 06/30/2014

Dietz, Gregory Michael, D.M.D.

UIA College of Dentistry

Dept. Pediatrics

Iowa City IA 52242

Date of Birth: 01/21/1981

License Number: 30330

Orig Issue Date: 06/17/2011

Expiration Date: 06/30/2013

Practitioner Profession Change Report from 04/12/2011 - 06/22/2011**Qual/Nreg Dental Asst**

Soyer, Julie Renae
3002 SW Glenbrooke Blvd
Ankeny IA 50023
Date of Birth: 06/11/1974

License Number: X10877
Orig Issue Date: 10/06/2010
Expiration Date: 08/31/2011

Qual/Reg Dental Asst

Hamilton, Lyndy Jo
3906 NE Raintree Ln
Ankeny IA 50023
Date of Birth: 02/05/1981

License Number: Q07028
Orig Issue Date: 06/26/2001
Expiration Date: 08/31/2011

Benchina, Mary Johnson
N6202 Eggens Coulee Rd
West Salem WI 54669
Date of Birth: 01/26/1961

License Number: Q07466
Orig Issue Date: 08/10/2001
Expiration Date: 08/31/2011

McFarland, Denise S.
4002 Laredo Dr
Iowa City IA 52246
Date of Birth: 10/04/1953

License Number: Q07671
Orig Issue Date: 05/08/2002
Expiration Date: 08/31/2011

Bunkers, Cassie Lynn
133 3rd St North
PO Box 244
Central City IA 52214
Date of Birth: 09/11/1986

License Number: Q09580
Orig Issue Date: 07/30/2007
Expiration Date: 08/31/2011

Anderson, Katie Jo
210 S. Clark Street
Winfield IA 52659
Date of Birth: 04/09/1986

License Number: Q10090
Orig Issue Date: 09/09/2008
Expiration Date: 08/31/2011

Qual/Reg Dental Asst

North, Ana Christine
2121 Stadium Dr
Rock Island IL 61201
Date of Birth: 11/17/1987

License Number: Q10333
Orig Issue Date: 06/12/2009
Expiration Date: 08/31/2011

Hershberger, Megan Margo
1325 Kiwi Ave
Kalona IA 52247
Date of Birth: 03/06/1991

License Number: Q10401
Orig Issue Date: 08/04/2009
Expiration Date: 08/31/2011

Schaefer, Olivia Jo
1693 Valley Trail NE
Solon IA 52333
Date of Birth: 07/31/1992

License Number: Q10648
Orig Issue Date: 05/03/2010
Expiration Date: 08/31/2011

Hunter, Casey Elizabeth
305 South Main St
Stanwood IA 52337
Date of Birth: 10/08/1989

License Number: Q10653
Orig Issue Date: 05/13/2010
Expiration Date: 08/31/2011

Tran, Kim-Thanh Thi
908 NE 41st St
Ankeny IA 50021
Date of Birth: 11/29/1985

License Number: Q10655
Orig Issue Date: 05/13/2010
Expiration Date: 08/31/2011

Semotan, Miranda Lee
711 Meadowlane Ct
Apt 6
Mount Vernon IA 52314
Date of Birth: 09/21/1990

License Number: Q10661
Orig Issue Date: 05/19/2010
Expiration Date: 08/31/2011

Practitioner Profession Change Report from 04/12/2011 - 06/22/2011

Qual/Reg Dental Asst

Alcaraz, Karen N.
1337 E 13th St
Des Moines IA 50316
Date of Birth: 08/12/1990

License Number: Q10662
Orig Issue Date: 05/19/2010
Expiration Date: 08/31/2011

Fangman, Lauren Elizabeth
16129 Mahogany Ave
Carroll IA 51401
Date of Birth: 08/19/1989

License Number: Q10669
Orig Issue Date: 05/25/2010
Expiration Date: 08/31/2011

Giessinger, Eva Mae
7720 Meadow Ln
La Vista NE 68128
Date of Birth: 04/12/1978

License Number: Q10676
Orig Issue Date: 06/02/2010
Expiration Date: 08/31/2011

McAuliffe, Raina Jean
2524 Pierce St
Omaha NE 68105
Date of Birth: 07/31/1973

License Number: Q10695
Orig Issue Date: 06/17/2010
Expiration Date: 08/31/2011

Talbott, Stacy Diane
3525 290th St
Sac City IA 50583
Date of Birth: 09/10/1982

License Number: Q10706
Orig Issue Date: 06/21/2010
Expiration Date: 08/31/2011

Seegerstrom, Brooke Ellen
22764 360th St
Forest City IA 50436
Date of Birth: 04/12/1990

License Number: Q10709
Orig Issue Date: 06/22/2010
Expiration Date: 08/31/2011

Qual/Reg Dental Asst

Jackson, Brooke Elizabeth
210 S 41st St
Apt 5301
West Des Moines IA 50265
Date of Birth: 10/28/1989

License Number: Q10723
Orig Issue Date: 06/28/2010
Expiration Date: 08/31/2011

Radcliffe, BreeAnn Lynn
201 East 3rd St
Box 532
Remsen IA 51050
Date of Birth: 01/28/1991

License Number: Q10728
Orig Issue Date: 07/02/2010
Expiration Date: 08/31/2011

McCaughey, Ashley Jean
2316 Watrous Ave
Des Moines IA 50321
Date of Birth: 12/08/1985

License Number: Q10754
Orig Issue Date: 07/09/2010
Expiration Date: 08/31/2011

Gibbs, Nicole Marie
1129 13 Ave
Moline IL 61265
Date of Birth: 01/08/1984

License Number: Q10768
Orig Issue Date: 07/23/2010
Expiration Date: 08/31/2011

Williams, Sara Ann
217 Warren St
Council Bluffs IA 51503
Date of Birth: 12/19/1989

License Number: Q10787
Orig Issue Date: 08/05/2010
Expiration Date: 08/31/2011

Worrick, Nicole Marie
114 East Lincoln St
PO Box 331 Apt D
Walcott IA 52773
Date of Birth: 10/31/1987

License Number: Q10788
Orig Issue Date: 08/05/2010
Expiration Date: 08/31/2011

400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687
(515) 281-5157

Practitioner Profession Change Report from 04/12/2011 - 06/22/2011

Qual/Reg Dental Asst

Tapia-Arteaga, Alondra
1923 W 5th St
Perry IA 50220
Date of Birth: 11/06/1985

License Number: Q10796
Orig Issue Date: 08/11/2010
Expiration Date: 08/31/2011

Pierce, Shelby Cassandra
108 24th St
Apt C
Sioux City IA 51104
Date of Birth: 01/15/1984

License Number: Q10801
Orig Issue Date: 08/24/2010
Expiration Date: 08/31/2011

Eckley, Cassie Jo
416 Billy Sunday Rd
Apt 106
Ames IA 50010
Date of Birth: 07/19/1988

License Number: Q10830
Orig Issue Date: 09/02/2010
Expiration Date: 08/31/2011

Heimbaugh, Emily A.
3944 13th St
Des Moines IA 50313
Date of Birth: 03/23/1990

License Number: Q10854
Orig Issue Date: 09/13/2010
Expiration Date: 08/31/2011

Thomas, Kristie Lynn
2311 Pear Ln
Madrid IA 50156
Date of Birth: 04/29/1988

License Number: Q10958
Orig Issue Date: 01/31/2011
Expiration Date: 08/31/2011

Oesterle, Mallorie Ann
823 Burnett Ave
Unit 3
Ames IA 50010
Date of Birth: 01/23/1986

License Number: Q10966
Orig Issue Date: 02/24/2011
Expiration Date: 08/31/2011

Qual/Reg Dental Asst

Van Gundy, Danielle Alyse
908 8th St SW
Apt 11
Altoona IA 50009
Date of Birth: 01/31/1989

License Number: Q10998
Orig Issue Date: 04/07/2011
Expiration Date: 08/31/2011

Rocha, Tania Larissa
1924 Bridge Ave
Davenport IA 52803
Date of Birth: 09/04/1976

License Number: Q11001
Orig Issue Date: 04/11/2011
Expiration Date: 08/31/2011

Monroe, Michaela Kay
915 Emma Ave
Des Moines IA 50315
Date of Birth: 06/30/1988

License Number: Q11008
Orig Issue Date: 04/14/2011
Expiration Date: 08/31/2011

Rowe, Shayla Mae
807 Cottonwood Trail
PO Box 308
Sergeant Bluff IA 51054
Date of Birth: 01/20/1989

License Number: Q11048
Orig Issue Date: 06/02/2011
Expiration Date: 08/31/2011

Andrea, Staci Ann
PO Box 322
Clear Lake IA 50428
Date of Birth: 08/17/1977

License Number: Q11050
Orig Issue Date: 06/02/2011
Expiration Date: 08/31/2011

Registered Dental Asst

Gilbertson, Kristin Malynda
3111 Gundersen Dr
Onalaska WI 54650
Date of Birth: 11/30/1976

License Number: R05525
Orig Issue Date: 03/01/1998
Expiration Date: 08/31/2011

Practitioner Profession Change Report from 04/12/2011 - 06/22/2011**Registered Dental Asst**

Sandvig, Amanda Lea	License Number:	R09965
24 4th St. SE	Orig Issue Date:	06/27/2008
Spencer IA 51301	Expiration Date:	08/31/2011
Date of Birth: 06/11/1992		

Steil, Kimberly Kay	License Number:	R10596
803 N Wright Ave	Orig Issue Date:	02/08/2010
Eagle Grove IA 50533	Expiration Date:	08/31/2011
Date of Birth: 08/26/1958		

Lebeda, Nichole Dawn	License Number:	R10638
3932 82nd St	Orig Issue Date:	04/27/2010
Urbandale IA 50322	Expiration Date:	08/31/2011
Date of Birth: 07/31/1972		

Olson, Carolyn Jean	License Number:	R10656
1215 Logan St	Orig Issue Date:	05/18/2010
LaCrosse WI 54603	Expiration Date:	08/31/2011
Date of Birth: 04/13/1956		

Downing, Alyssa Michelle	License Number:	R10734
1711 E Boston Pl	Orig Issue Date:	07/06/2010
Indianola IA 50125	Expiration Date:	08/31/2011
Date of Birth: 05/05/1986		

Layer, Virginia June	License Number:	R10849
5 Val Aire Dr	Orig Issue Date:	09/10/2010
Burlington IA 52601	Expiration Date:	08/31/2011
Date of Birth: 08/29/1946		

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: July 21-22, 2011
RE: **Application for Iowa Dental License by Credentials – Dr. Daniel Ehrich, D.D.S**
SUBMITTED BY: Christel Braness, Administrative Assistant
ACTION REQUESTED: Action on Applicant’s Reported Practice History

Topic(s) for Board Review

Should the Board approve the practice history of Dr. Daniel Ehrich and allow him to be licensed on the basis of credentials?

Background

The Board’s administrative rules allow the Board discretion in approving the practice history of an application on the basis of credentials:

650—11.3(2)(153) Dental licensure by credentials.

- e. Certification by a state board of dentistry, or equivalent authority, from a state in which applicant has been licensed for at least three years immediately preceding the date of application and evidence of having engaged in the practice of dentistry in that state for three years immediately preceding the date of application or evidence of three years of practice satisfactory to the board.

May 1983	Dr. Ehrich graduated from the Medical College of Virginia – School of Dentistry
July 1983 -June 1984	Dr. Ehrich Completed a general practice residency in Pennsylvania.
August 1984-December 1984	Dr. Ehrich practiced in Pennsylvania
January 1985-June 1985	Dr. Ehrich applied for California license and began in-processing for the Navy, along with miscellaneous jobs
June 1985-June 2006	Endodontic residency, taught, managed
July 1993-June 1995	Dr. Ehrich completed a Naval postgraduate training in endodontics.
June 2006-June 2007	Dr. Ehrich was in private practice in California
August 2007-July 2010	Army DENTAC/NATO clinic (Arizona and Texas)
October 2010-November 2010	Dr. Ehrich practiced in Kansas.
February 2011-Present	Dr. Ehrich is currently practicing and teaching in Kansas.
March 17, 2011	Board office received application for license by credentials

Historical Treatment of Similar Situations

The Board, historically, has approved applications for dental license on the basis of credentials when the Board members have determined that the overall practice history is sufficient to ensure the safe practice of dentistry and maintain the protection of the public.

APPLICATION FOR IOWA DENTAL LICENSE

IOWA DENTAL BOARD

400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687
Ph. (515) 281-5157 <http://www.dentalboard.iowa.gov>



RECEIVED

Please read the accompanying instructions prior to completing this application.

Application by: _____ Examination X Credentials

MAR 17 2011

1. IDENTIFYING INFORMATION IOWA DENTAL BOARD

Full Legal Name: (Last, First, Middle, Suffix) Ehrich, Daniel Glen			
Other Names Used: (e.g. Maiden) N/A			
Home Address: 9631 N. Smalley Ave.		Telephone: (816) 863-6700	
City: Kansas City	County: Clay	State: MO	Zip: 64157
Work Address: 3021 Eaglecrest Drive, Suite A		Telephone: (816) 863-6700	
City: Emporia	County: Lyon	State: KS	Zip: 66801
Home Fax: (816) 792-0552	Home E-mail: EhrichEndo@GMail.com	Work Fax: (816) 792-0552	Work E-mail: EhrichEndo@GMail.com
Social Security Number: [REDACTED]	Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.		
Height: 76"	Weight: 230 lbs	Hair Color: Brn	Eye Color: Grn
Identifying Marks: None		U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If No, Visa Type or Alien Registration Number: N/A
Date of Birth: 03 July 1957	City of Birth: Muscatine	State of Birth: IA	Country of Birth: USA
Father's Full Name: Glen Gerald Ehrich		Mother's Full Name: Sheila Kathleen Ehrich	
Full Name & Address of Nearest Relative Not Living With You: Jennifer Ehrich (sister); 9707 N. Smalley Ave; Kansas City, MO 64157			Phone/Email Address: (816) 863-4511 Peach818@Mac.com

2. BASIS FOR APPLICATION

EXAMINATION	PASS	DATE(S):
National Board Examination see attached scores (Attach original or a notarized copy of National Board card reflecting scores.)	<input checked="" type="checkbox"/> Passed	Class of '83
Central Regional Dental Testing Service (CRDTS) Western Regional Examining Board (WREB) American Board of Dental Examiners (ADEX) (Attach scores from each examination attempt.)	<input type="checkbox"/> Passed <input type="checkbox"/> Passed <input type="checkbox"/> Passed	<i>N/A CB 4/19/11 see below</i>
Iowa Jurisprudence Examination (Required by every applicant.) <i>Not scheduled prior to app. submitted CB 4/19/11</i>	<input type="checkbox"/> Passed	
Other National, Regional, or State Licensure Examinations NERB - Spring 1983 - Passed (List all other examinations taken. Include the date and scores.) see attached scores Calif. 12-14 June 1985 - Passed, see attached scores	<input checked="" type="checkbox"/> Passed	see dates ←

Office Use	Lic. #	Fee: <i>CK # 3353 \$1596</i>	CPR: <input checked="" type="checkbox"/>	Cert. License: <input checked="" type="checkbox"/>
	Date issued:	F-prints: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Clinical Exam(s): <input checked="" type="checkbox"/>	References: <input checked="" type="checkbox"/>
	Marriage Cert: <i>N/A</i>	Cert. Education: <input checked="" type="checkbox"/>	Nat'l Bd: <input checked="" type="checkbox"/> <i>M81, D82</i>	3 Yrs. Practice (Cred): <input checked="" type="checkbox"/>
	Letter/Authorization: <input checked="" type="checkbox"/>	Diploma: <input checked="" type="checkbox"/>	Juris: <input checked="" type="checkbox"/>	NPDB: <input checked="" type="checkbox"/>

Name of Applicant Daniel G. Ehrich, DDS, MS, LLC

3. PRELIMINARY EDUCATION

(we moved a lot when I was in high school so attended four of them; graduated from this one)

Name of High School: Palo Alto High School	City, State: Palo Alto, CA	From (Mo, Yr): 01-73	To (Mo, Yr): 06-74
Name of College: University of California	City, State: Santa Barbara, CA	From (Mo, Yr): 08-74	To (Mo, Yr): 08-78
Name of College: Tulane Univ - Graduate School	City, State: New Orleans, LA	From (Mo, Yr): 08-78	To (Mo, Yr): 06-79

4. DENTAL EDUCATION

Institution	City, State, Country	From (Mo, Yr):	To (Mo, Yr):
Year (1) Med. Col. of Virginia - Sch. of Dentistry	Richmond, VA	08-79	06-80
Year (2) "	"	08-80	06-81
Year (3) "	"	08-81	06-82
Year (4) "	"	08-82	05-83
Degree Received: DDS		Date of Degree: 14 May 1983	

5. POST-GRADUATE DENTAL TRAINING

Institution: Naval Post-Graduate Dental School	Specialty: Endodontics	From (Mo, Yr): 07-93	To (Mo, Yr): 06-95
Address: 8901 Rockville Pike	City: Bethesda	State/Providence: MD 20889	

6. CHRONOLOGY OF ACTIVITIES

Provide a chronological listing of all dental and non-dental activities from the date of your graduation from dental school to the present date, with no more than a three (3) month gap in time. Include months, years, location (city & state), and type of practice. Attach additional sheets of paper, if necessary, labeled with your name and signed by you. Attach a practice reference for each practice location in the last three (3) years.

Activity & Location	From (Mo, Yr):	To (Mo, Yr):
General Practice Residency; Einstein Medical Center; Philadelphia, PA	07-1983	06-1984
Private Practice (employee); Reading, PA	08-1984	12-1984
California Board prep; Application and inprocessing for Navy; misc jobs	01-1985	06-1985
Navy: Endo Residency and Boards, teach, manage; full-time clinical last 5 yrs	06-1985	06-2006
Private Practice Endodontist; Brookside Dental Specialties; Redlands, CA	06-2006	06-2007
Army DENTAC, SHAPE/NATO Clinic; Regular part-time Endodontist volunteer	08-2007	07-2010
University Park Endodontics; Leawood, KS; Endodontist temp position	10-2010	11-2010

see attached - cont.

7. LICENSE INFORMATION

List all state/countries in which you are or have ever been licensed.

State/Country	License No.	Date Issued	License Type (e.g. Resident, Faculty, Permanent)	How Obtained (e.g. Credentials, Exam)
Pennsylvania	DS023596L	12 Aug 83	Permanent-expired	Exam - NERB
California	33452	19 Jul 85	Permanent-active	Exam - Calif
Washington	DE00010397	28 Sep 05	Permanent-expired	Cred
Missouri	2009006811	18 Mar 2009	Permanent-active	Cred
Kansas	60761	22 Oct 2010	Permanent-active	Cred



EHRICH ENDODONTICS

9631 N. Smalley Ave
Kansas City, Mo 64157

SPECIALIST MEMBER

15 March 2011

Subj: Addendum to D.G. Ehrich Application for Iowa Dental Licensure, Section 6 (Cont.)

Activity & Location	From (Mo, Yr):	To (Mo, Yr):
Ehrich Endodontics; Emporia, Kansas	02-2011	Present
Univ of Missouri School of Dentistry; Kansas City, MO Adjunct Assistant Professor of Endodontics, part-time	02-2011	Present

Attach a practice reference for each practice location in the last three years:

University of Missouri School of Dentistry, Endodontics Department
Direct Supervisor: Robert Blundell, Jr, DDS, Clinical Associate Professor, Dept of Endodontics
School of Dentistry, Rm 231 A; 650 E. 25th St.; Kansas City, MO 64108
Phone (913) 708-1108 cell blundellr@umkc.edu

Ehrich Endodontics; 3021 Eaglecrest Drive, Suite A; Emporia, Kansas 66801
Work with J. Joseph Hannah, DDS
Phone (913) 515-5911 cell jhannahortho@yahoo.com

Purchased the above endodontics practice from Navy endodontist colleague,
CDR, DC, USN (Ret) George Euler, DDS
Ft. Leonard Wood DENTAC; 1724 Nebraska Ave, Bldg 1608; Ft Leonard Wood, MO 65473
Phone (847) 809-7843 cell bluffmn1@yahoo.com

University Park Endodontics; Leawood, KS; was an Independent Contractor temp/fill-in for
departing endodontist. Owner is Paul Jones, DDS (913) 645-8206 cell pajdds@gmail.com

US Army Dental Activity, SHAPE/NATO Clinic
Direct Supervisor: Colonel Nasrin Mazuji, current Commander, Ft. Huachuca, AZ DENTAC
Phone (520) 533-8957 nasrin.mazuji@us.army.mil
Direct Supervisor: Lt Colonel Ricardo Vendrell, Dental Staff, Lackland AFB, Texas
Phone (210) 671-9324 ricardo.vendrell@us.af.mil

Signed,

Daniel G. Ehrich, DDS, MS, LLC

DEFINITIONS FOR SECTION 8. Important! Read these definitions before completing the following questions.

“Ability to practice dentistry with reasonable skill and safety” means ALL of the following:

1. The cognitive capacity to make appropriate clinical diagnosis, exercise reasoned clinical judgments, and to learn and keep abreast of clinical developments;
2. The ability to communicate clinical judgments and information to patients and other health care providers; and
3. The capability to perform clinical tasks such as dental examinations and dental surgical procedures.

“Medical condition” means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

“Chemical substances” means alcohol, legal and illegal drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of chemical substances or medical conditions may have an ongoing impact on the ability to function and practice, or has adversely affected the ability to function and practice within the past two (2) years.

“Improper use of drugs or other chemical substances” means ANY of the following:

1. The use of any controlled drug, legend drug, or other chemical substance for any purpose other than as directed by a licensed health care practitioner; and
2. The use of any substance, including but not limited to, petroleum products, adhesive products, nitrous oxide, and other chemical substances for mood enhancement.

“Illegal use of drugs or other chemical substances” means the manufacture, possession, distribution, or use of any drug or chemical substance prohibited by law.

SECTION 8. In answering each of the following questions, please check the appropriate box next to each question. **FOR EACH “YES” ANSWER TO QUESTIONS 1 THROUGH 22, YOU MUST PROVIDE A SEPARATE, SIGNED STATEMENT GIVING FULL DETAILS, INCLUDING DATE(S), LOCATION(S), ACTION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC REASON(S).**

- | YES | NO | |
|------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety? |
| <input type="checkbox"/> N/A | <input type="checkbox"/> | 4. If YES to any of the above, are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances? |
| <input type="checkbox"/> N/A | <input type="checkbox"/> | 5. If YES to any of the above, does your field of practice, the setting, or the manner in which you have chosen to practice dentistry, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Except for minor speeding or parking offenses, have you ever been arrested, charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or expunged judgment? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been terminated or requested to withdraw from any dental school or training program? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Have you ever been requested to repeat a portion of any professional training program/school? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been denied a license to practice dentistry? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. Have you ever voluntarily surrendered a license issued to you by any professional licensing agency? |
| <input type="checkbox"/> N/A | <input type="checkbox"/> | 11a. If yes, was a license disciplinary action pending against you, or were you under investigation by a licensing agency at that time the voluntary surrender of license was tendered? |



**CAPTAIN DANIEL G. EHRICH
DENTAL CORPS, US NAVY**

PSC 80 Box 11606
APO, AP 96367



SPECIALIST MEMBER

22 May 2006

Dentist's Advantage Insurance Company

Subj: SUPPLEMENT TO DENTIST'S ADVANTAGE INSURANCE COMPANY DENTAL
PROFESSIONAL LIABILITY APPLICATION, PAGE 5, DTD 22 MAY 2006

I am completing 21 years as a Naval Dental Officer and have arranged with work at the practice of Dr. Kevin J. Welch to provide endodontic care in Redlands, California.

My professional history includes completion of endodontic residency in 1995 and board certification in 1999. From 1999 to 2006 I was stationed at an overseas American military base where we treat family members in addition to our regular military patients. I learned just recently that a case I had thought was dropped long ago was actually settled by the government with the decision by the government to pay the claimant \$25,000. In July 2000, in preparation for root canal therapy, I administered a routine local anesthetic injection to the wife of a Marine. A few minutes thereafter she developed a posterior superior alveolar hematoma. This is a post-op complication which occasionally can occur and which is routinely discussed in textbooks and case report literature. My treatment of the complication included ice packs, prescribing the appropriate course of antibiotics, offering pain medication, and immediately summoning the oral surgeon who was present in the building. I referred the patient to the oral surgeon for follow-up and my involvement with the patient was thusly terminated. (I never was able to bring her back to treat the tooth; she had the root canal treatment completed by a Navy endodontist back in the US). Prior to administering the local anesthetic I had found her pre-op verbal and written medical history to include only a history of heart murmur, for which physicians determined no antibiotic prophylaxis was needed for dental procedures, and mild hypertension. My treatment as an endodontist administering a local anesthetic was ultimately evaluated by the Endodontic Specialty Advisor for the Navy and found to be within the standard of care.

The clinical event should have ended with resolution of the hematoma, but she claimed continuing severe pain which eventually led to TMJ arthroscopy, TMD treatment for chronic pain, internal medicine issues, and psychiatric notes documenting social problems from childhood through adulthood. She filed a claim against the government, listing several dental and medical practitioners. I have the full 300+ page record of her case, which includes dental, medical, and psychiatric notes, findings and opinions by various investigating officers, social history, etc. I, and many others, feel that her claims were absolutely baseless, and that the underlying problems are not the result of Navy doctors, but to the psychiatric and chronic pain profiles of the patient and to unanswered questions regarding an unrevealed possible organic or medication induced bleeding disorder.

Respectfully,

A handwritten signature in black ink that reads "Daniel G. Ehrich".

Daniel G. Ehrich, DDS, MS
Captain, Dental Corps, US Navy
Command Consultant for Endodontics
Diplomate, American Board of Endodontics

A handwritten signature in black ink that reads "Daniel G. Ehrich".



SPECIALIST MEMBER

EHRICH ENDODONTICS

9631 N. Smalley Ave
Kansas City, Mo 64157

3021 Eaglecrest Drive, Suite A
Emporia, KS 66801

RECEIVED

MAR 17 2011

16 March 2011

IOWA DENTAL BOARD

IOWA DENTAL BOARD
400 S. W. 8th St., Suite D
Des Moines, IA 50309-4687

Dear Sir/Madam:

Enclosed is my application for dental licensure in Iowa. Over the last several weeks I have interviewed with Aspen Dental Management and have been offered a part-time position with them providing endodontic care at some of their clinics in Iowa. They operate clinics in Des Moines, Ankeny, Coralville, Cedar Rapids, Waterloo, Dubuque, Mason City, Burlington, Sioux City, and Council Bluffs. I have been very impressed with what I have seen at Aspen Dental. Their facilities are very clean and well designed for dentistry. Their practice model tends to serve those of lesser financial means via the dental insurance system and I would be very pleased to provide endodontic care for those who may not be able to afford the higher private practice fees. I was involved in a similar arrangement in a specialty practice the year after I retired from the Navy and it worked out very well. I believe we demonstrated that it is possible to provide quality care at affordable prices and it gave me a sense of satisfaction to do so.

In response to questions in the Board instructions, I do dispense medications such as analgesics and antibiotics. I used to use triazolam (similar to Valium) as an oral sedative, but will not do so until I look into the Iowa regulations concerning minimal sedation and have verified that I have integrated proper emergency equipment and protocols (oxygen, medical emergency kit, protocols, etc.).

I'm excited about this new practice opportunity. My family is from Iowa (Cherokee) and I was born in Muscatine, but my family left the state as my father pursued his civil engineering career in various locations. I also moved quite a bit during my Navy career. Now settled in Kansas City where my family members had gravitated to over the years, I will finally have a chance to do dentistry in and contribute back to my Iowa home.

Yours sincerely,

Daniel G. Ehrich, DDS, MS, LLC
Captain, Dental Corps, US Navy (Ret)
Diplomate, American Board of Endodontics

AUTHORIZATION TO RELEASE INFORMATION

I, Daniel G. Ehrich, do hereby authorize a disclosure of records concerning myself to the Iowa Dental Board (IDB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the IDB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the IDB relating to substance abuse or dependence and/or mental health.

I further agree that the IDB may receive confidential information and records, including but not limited to the following records:

- Medical records
- Education records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Residency or fellowship training records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the IDB deems reasonably necessary for the purposes set forth in this release.

Release of Liability. I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any dental school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the IDB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the IDB, the State of Iowa, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

This authorization is effective through the completion of the licensure process. I understand I have the right to revoke this authorization in writing, except to the extent that the IDB has already taken action in reliance upon this consent.

I have read and fully understand the contents of this "Authorization to Release Information."

Daniel G. Ehrich
Signature of Dentist

15 March 2011
Date

PROHIBITION ON REDISCLOSURE

This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific written consent of the patient except as provided in IAC 12.16(6)"b"2, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

March 31, 2011

CERTIFICATION OF LICENSE

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME:	DANIEL GLEN EHRICH
LICENSE TYPE:	Dentist
LICENSE NUMBER:	DS023596L
ORIGINAL LICENSURE DATE:	08/12/1983
EXPIRATION DATE:	03/31/1987
STATUS:	Expired

The license is in good standing and the records indicate no derogatory information.

Seal



Acting Commissioner
Bureau of Professional and Occupational Affairs

DENTAL BOARD OF CALIFORNIA

2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
(916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov



MAR 21 2011

IOWA DENTAL BOARD

March 17, 2011

Iowa Dental Board
400 S. W. 8th Street, Suite D
Des Moines, IA 50309-4687

To Whom It May Concern:

I, Richard DeCuir, Executive Officer of the Dental Board of California of the State of California, custodian of the records of said Board located at 2005 Evergreen Street, Suite 1550, Sacramento, California, 95815, do hereby certify that:

A search of the Board's records confirms that Daniel G. Ehrich, presently listed at 9631 N. Smalley Avenue, Kansas City, MO 64157-6204, was granted dental license number 33452, in the State of California on July 19, 1985, on the basis of successfully completing the required theory and practical examinations.

Said license is currently active and will expire July 31, 2011, unless renewed. No formal disciplinary action has been taken against said license.

Witness my hand and seal of the Dental Board of California of the State of California, this 17th day of March, 2011.

Sincerely,

Richard DeCuir
Executive Officer
Dental Board of California



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

RECEIVED

MAR 28 2011

IOWA DENTAL BOARD

March 22, 2011

IA Dental Board
400 SW 8th St, Ste D
Des Moines, IA 50309-4687

Subject: Credential Verification

To Whom It May Concern:

This will verify the status of the Dentist License for Daniel Ehrich.

Year of Birth:	07/03/1957
Credential Number:	DENT.DE.00010397
Credential Type:	Dentist License
Current Credential Status:	EXPIRED
First Credential Date:	09/28/2005
Expiration Date:	07/03/2006
Disciplinary Action:	No

Please call (360) 236-4700 if you have questions or visit our Online Provider Credential Search at www.doh.wa.gov.



Diane Dysle

Diane Dysle, Credentialing Specialist



Jeremiah W. (Jay) Nixon
 Governor
 State of Missouri

Jane A. Rackers, Division Director
 DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
 Financial Institutions
 and Professional Registration
 John M. Huff, Director

MISSOURI DENTAL BOARD
 3605 Missouri Boulevard
 P.O. Box 1367
 Jefferson City, MO 65102-1367
 573-751-0040
 573-751-8216 FAX
 800-735-2966 TTY
 800-735-2466 Voice Relay Missouri
 dental@pr.mo.gov
 http://www.pr.mo.gov

Brian Barnett
 Executive Director

RECEIVED

MAR 21 2011

Certification of Licensure
 March 15, 2011

IOWA DENTAL BOARD

To:
 Iowa Board Of Dental Examiners
 400 South West 8th Street
 Suite D
 Des Moines IA 50309-4687
 USA

From:
 Missouri Dental Board
 3605 Missouri Boulevard
 PO Box 1367
 Jefferson City MO 65102
 USA

This is to certify that : Ehrich, Daniel Glen
 Was Issued license number : 2009006811
 To Practice as a : Dental Specialist
 Licensed by : Credential
 Current Licensure status is : Active
 According to our records this license has not been disciplined.

DOB: 07/03/1957
 On : 3/18/2009
 Current License Expires : 11/30/2012

Exam Date	Exam ID	Exam Type	Exam Status
3/8/2009		Jurisprudence	Pass
		Jurisprudence	
12/1/1982		National Board	Pass
		National Board-Part I	
		National Board-Part II	



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI DENTAL BOARD
3605 Missouri Boulevard
P.O. Box 1367
Jefferson City, MO 65102-1367
573-751-0040
573-751-8216 FAX
800-735-2966 TTY
800-735-2466 Voice Relay Missouri
dental@pr.mo.gov
http://www.pr.mo.gov

Brian Barnett
Executive Director

Certification of Licensure
March 15, 2011

To:
Iowa Board Of Dental Examiners
400 South West 8th Street
Suite D
Des Moines IA 50309-4687
USA

From:
Missouri Dental Board
3605 Missouri Boulevard
PO Box 1367
Jefferson City MO 65102
USA

This is to certify that : Ehrich, Daniel Glen
Was Issued license number : 2009006811

DOB: 07/03/1957
On : 3/18/2009

To Practice as a : Dental Specialist

Licensed by : Credential

Current Licensure status is : Active

Current License Expires : 11/30/2012

According to our records this license has not been disciplined.

Exam Date	Exam ID	Exam Type	Exam Status
5/1/1983		Clinical Competency	Pass

Name of education program completed :

Virginia Commonwealth University

Location : Richmond, VA

Date of completion : 5/14/1983

Type of program : Dental Surgery

Degree Title: Doctorate DDS

Brian Barnett
Executive Director

Betty Wright, Executive Director

Kansas Dental Board

Sam Brownback, Governor

**Verification of Licensure
March 15, 2011**

**IOWA DENTAL BOARD
400 SW 8TH ST., SUITE D
DES MOINES, IA 50309-4687**

Profession:	Dentist		
Issuance Date:	October 22, 2010		
Name:	Daniel G Ehrich DDS		
Address:	9631 N. Smalley Ave Kansas City, MO 64157-		
Date of Birth:	July 3, 1957		
License Number:	60761	Status:	Active
ExpirationDate:	December 1, 2011		
Specialty License Number:	656	Specialty:	Endodontics
Issuance Date:	November 3, 2010		
Credential Obtained by:	Credentials		
Clinical Boards:	NERB	Score:	PASS%
National Boards:		Score:	[REDACTED]
Jurisprudence:		Score:	Pass
School/Graduation:	Virginia U	Graduation Date:	May 14, 1983
Board Action:	No		

Unless listed above there has been no disciplinary action taken. If other information is needed, please do not hesitate to contact this office.

KANSAS STATE DENTAL BOARD



Board Staff

RECEIVED

MAR 17 2011

CERTIFICATION OF LICENSURE

IOWA DENTAL BOARD

As part of the license application process, the Iowa Dental Board requires that this form be completed by every board that has ever issued any license to the applicant, even if the license is not current. The completed form must be mailed directly from the state licensing board to the IOWA DENTAL BOARD. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the board.

Print Name Daniel G. Ehrich, DDS, MS

License # 60761; Endodontist 656

Signature Daniel G. Ehrich

Date 11 March 2011

***** This portion of the form should be completed by the state licensing board. *****

IT IS HEREBY CERTIFIED THAT Daniel G Ehrich (Name of Applicant)

WAS GRANTED LICENSE NUMBER 60761 DATE ISSUED 10/22/2010

TO PRACTICE Dentistry IN THE STATE OF Kansas

DATE LICENSE EXPIRES 12-1-2011 LICENSE STATUS Active

BASIS FOR LICENSURE:

- NATIONAL BOARD EXAM
LICENSURE BY CREDENTIALS
STATE BOARD PREPARED WRITTEN AND/OR PRACTICAL EXAM
REGIONAL CLINICAL EXAM, NAME OF TESTING AGENCY

Scores are recorded as follows:

Table with 4 columns: SUBJECT, PERCENT, SUBJECT, PERCENT

Scores are no longer available, however, I certify that it is apparent the applicant received a score sufficient to meet the licensure requirements of this state at that time; and these requirements were substantially equivalent to the requirements for licensure in Iowa.

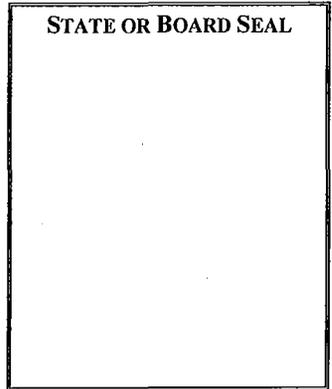
YES NO Disciplinary action ever been initiated, pending, or taken?

Print Name Vanda Collins Title Sr Admin Assistant

Signature Vanda Collins Date 3/15/11

Phone # 785-296-6400 Fax # 785-296-3116

Return completed form to: IOWA DENTAL BOARD 400 S.W. 8th St, Suite D Des Moines, IA 50309-4687 Phone (515) 281-5157



REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: July 21-22, 2011
RE: **Application for Iowa Dental License by Credentials – Dr. Dale Nixon**
SUBMITTED BY: Christel Branness, Administrative Assistant
ACTION REQUESTED: Action on Applicant’s Reported Practice History

Topic(s) for Board Review

Should the Board approve the practice history of Dr. Dale Nixon and allow him to be licensed on the basis of credentials?

Background

The Board’s administrative rules allow the Board discretion in approving the practice history of an application on the basis of credentials:

650—11.3(2)(153) Dental licensure by credentials.

- e. Certification by a state board of dentistry, or equivalent authority, from a state in which applicant has been licensed for at least three years immediately preceding the date of application and evidence of having engaged in the practice of dentistry in that state for three years immediately preceding the date of application or evidence of three years of practice satisfactory to the board.

June 1987	Dr. Nixon graduated from the dental school at the University of Minnesota.
July 1987	Dr. Nixon obtained a license in the state of Wisconsin.
July 1987 - January 2008	Dr. Nixon practiced at 3 locations within Wisconsin.
February 2008 - present	Dr. Nixon indicates in his application that he has been “traveling, etc.”
March 14, 2011	Board office received application for license by credentials

Historical Treatment of Similar Situations

The Board, historically, has approved applications for dental license on the basis of credentials when the Board members have determined that the overall practice history is sufficient to ensure the safe practice of dentistry and maintain the protection of the public.

In at least one instance, where there was a rather lengthy departure from the practice of dentistry, the Board determined that the practice history was not satisfactory to the Board and the license was not granted.

APPLICATION FOR IOWA DENTAL LICENSE

IOWA DENTAL BOARD

400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687
Ph. (515) 281-5157 <http://www.dentalboard.iowa.gov>

Please read the accompanying instructions prior to completing this application.

Application by: _____ Examination Credentials



1. IDENTIFYING INFORMATION

Full Legal Name: (Last, First, Middle, Suffix) Nixon, Dale, Taylor			
Other Names Used: (e.g. Maiden) NA OB 3/28/11			
Home Address: W8620 State Highway 86		Telephone: 715-453-8780	
City: Tomahawk	County: Lincoln	State: Wisconsin	Zip: 54487
Work Address: NA		Telephone: NA	
City: NA	County: NA	State: NA	Zip: NA
Home Fax: NA	Home E-mail: lostcanoe@gmail.com	Work Fax: NA	Work E-mail: NA
Social Security Number: [REDACTED]	<small>Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.</small>		
Height: 6' 2"	Weight: 230	Hair Color: Blonde/Light Brown	Eye Color: Green
Identifying Marks: NA	U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If No, Visa Type or Alien Registration Number:
Date of Birth: 5/12/1959	City of Birth: De Pere	State of Birth: Wisconsin	Country of Birth: USA
Father's Full Name: Deceased		Mother's Full Name: Rita Jarvis	
Full Name & Address of Nearest Relative Not Living With You: Rita Jarvis 906 Georgia Drive, De Pere WI 54115			Phone/Email Address: 920-336-3388

2. BASIS FOR APPLICATION

EXAMINATION	PASS	DATE(S):
National Board Examination (Attach original or a notarized copy of National Board card reflecting scores.)	<input checked="" type="checkbox"/> Passed	1987
Central Regional Dental Testing Service (CRDTS)	<input checked="" type="checkbox"/> Passed	1987
Western Regional Examining Board (WREB)	<input type="checkbox"/> Passed	
American Board of Dental Examiners (ADEX) (Attach scores from each examination attempt.)	<input type="checkbox"/> Passed	
Iowa Jurisprudence Examination (Required by every applicant.)	<input type="checkbox"/> Passed	
Other National, Regional, or State Licensure Examinations (List all other examinations taken. Include the date and scores.)	<input checked="" type="checkbox"/> Passed	1986

not yet scheduled @ time app was submitted. OB 3/28/11

Office Use	Lic. #	Fee: CK# 2200 \$596	CPR: <input checked="" type="checkbox"/>	Cert. License: <input checked="" type="checkbox"/>
	Date issued:	F-prints: Mailed 3-14-11	Clinical Exam(s): <input checked="" type="checkbox"/>	References:
	Marriage Cert: NA	Cert. Education: <input checked="" type="checkbox"/>	Nat'l Bd: 7/85, 12/86	3 Yrs. Practice (Cred): refer to bd.
	Letter/Authorization: <input checked="" type="checkbox"/>	Diploma: <input checked="" type="checkbox"/>	Juris: <input checked="" type="checkbox"/>	NPDB: <input checked="" type="checkbox"/>

Name of Applicant Dale Taylor Nixon

3. PRELIMINARY EDUCATION

Name of High School: East De Pere High School	City, State: De Pere, WI	From (Mo, Yr): 9/1973	To (Mo, Yr): 5/1977
Name of College: University of Wisconsin	City, State: Stevens Point, WI	From (Mo, Yr): 9/1977	To (Mo, Yr): 5/1978
Name of College: University of Wisconsin	City, State: Madison, WI	From (Mo, Yr): 9/1978	To (Mo, Yr): 5/1982

4. DENTAL EDUCATION

Institution	City, State, Country	From (Mo, Yr):	To (Mo, Yr):
Year (1) University of Minnesota	Minneapolis, MN USA	9/1983	5/1984
Year (2) University of Minnesota	Minneapolis, MN USA	9/1984	5/1985
Year (3) University of Minnesota	Minneapolis, MN USA	9/1985	5/1986
Year (4) University of Minnesota	Minneapolis, MN USA	9/1986	5/1987
Degree Received: DDS		Date of Degree: 6/1987	

5. POST-GRADUATE DENTAL TRAINING

Institution: <i>N/A per history ↓ CB 3/28/11</i>	Specialty:	From (Mo, Yr):	To (Mo, Yr):
Address:	City:	State/Providence:	

6. CHRONOLOGY OF ACTIVITIES

Provide a chronological listing of all dental and non-dental activities from the date of your graduation from dental school to the present date, with no more than a three (3) month gap in time. Include months, years, location (city & state), and type of practice. Attach additional sheets of paper, if necessary, labeled with your name and signed by you. Attach a practice reference for each practice location in the last three (3) years.

Activity & Location	From (Mo, Yr):	To (Mo, Yr):
Webster Dental - Green Bay WI Private Practice General Dentist	7/87	6/93
Phaller Dental - Woodruff, WI Private Practice General Dentist	7/93	9/95
Lakeview Dental - Ashland, WI Private Practice General Dentist	10/95	1/2008
Traveling, etc	2/2008	Current

7. LICENSE INFORMATION

List all state/countries in which you are or have ever been licensed.				
State/Country	License No.	Date Issued	License Type (e.g. Resident, Faculty, Permanent)	How Obtained (e.g. Credentials, Exam)
WI/USA	3829	7/15/1987	Permanent	Examination

DEFINITIONS FOR SECTION 8. Important! Read these definitions before completing the following questions.

“Ability to practice dentistry with reasonable skill and safety” means ALL of the following:

1. The cognitive capacity to make appropriate clinical diagnosis, exercise reasoned clinical judgments, and to learn and keep abreast of clinical developments;
2. The ability to communicate clinical judgments and information to patients and other health care providers; and
3. The capability to perform clinical tasks such as dental examinations and dental surgical procedures.

“Medical condition” means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

“Chemical substances” means alcohol, legal and illegal drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of chemical substances or medical conditions may have an ongoing impact on the ability to function and practice, or has adversely affected the ability to function and practice within the past two (2) years.

“Improper use of drugs or other chemical substances” means ANY of the following:

1. The use of any controlled drug, legend drug, or other chemical substance for any purpose other than as directed by a licensed health care practitioner; and
2. The use of any substance, including but not limited to, petroleum products, adhesive products, nitrous oxide, and other chemical substances for mood enhancement.

“Illegal use of drugs or other chemical substances” means the manufacture, possession, distribution, or use of any drug or chemical substance prohibited by law.

SECTION 8. In answering each of the following questions, please check the appropriate box next to each question. **FOR EACH “YES” ANSWER TO QUESTIONS 1 THROUGH 22, YOU MUST PROVIDE A SEPARATE, SIGNED STATEMENT GIVING FULL DETAILS, INCLUDING DATE(S), LOCATION(S), ACTION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC REASON(S).**

- | | | |
|--------------------------|-------------------------------------|---|
| YES | NO | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Do you currently have a medical condition that in any way impairs or limits your ability to practice dentistry with reasonable skill and safety? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Are you currently engaged in the illegal or improper use of drugs or other chemical substances? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Do you currently use alcohol, drugs, or other chemical substances that would in any way impair or limit your ability to practice dentistry with reasonable skill and safety? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. If YES to any of the above, are you receiving ongoing treatment or participating in a monitoring program that reduces or eliminates the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. If YES to any of the above, does your field of practice, the setting, or the manner in which you have chosen to practice dentistry, reduce or eliminate the limitations or impairments caused by either your medical condition or use of alcohol, drugs, or other chemical substances? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Except for minor speeding or parking offenses, have you ever been arrested, charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or expunged judgment? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have you ever been terminated or requested to withdraw from any dental school or training program? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Have you ever been requested to repeat a portion of any professional training program/school? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have you ever been denied a license to practice dentistry? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. Have you ever voluntarily surrendered a license issued to you by any professional licensing agency? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11a. If yes, was a license disciplinary action pending against you, or were you under investigation by a licensing agency at that time the voluntary surrender of license was tendered? |

Name of Applicant Dale Taylor Nixon

YES NO

- 12. Have you ever been denied a Drug Enforcement Administration (DEA) or state controlled substance registration certificate?
- 13. Have you ever surrendered your state or federal controlled substance registration or had it restricted in any way?
- 14. Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions?
- 15. Have you ever been terminated, sanctioned, penalized, had to repay monies to, or been denied provider participation in any state Medicaid, federal Medicare, or other publicly funded health care program?
- 16. Are any malpractice claims or complaints in process/pending against you?
- 17. Have any settlement agreements been rendered or any judgments entered against you resulting from your practice of dentistry?
- 18. Are charges or an investigation currently pending relative to your dental license in any other state?
- 19. Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held?
- 20. Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation?
- 21. Do you have professional liability suits in process or pending?
- 22. Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)?
- 23. Do you understand that if a license is granted by this board, it will be based in part on the truth of the statements contained herein, which, if false, may subject you to criminal prosecution and revocation of the license?

9. AFFIDAVIT OF APPLICANT

STATE OF Wisconsin COUNTY OF Lincoln

I, Dale Nixon, hereby declare under penalty of perjury that I am the person described and identified in this application and that the attached photograph is a true likeness of myself. I also declare that I am the lawful holder of the enclosed diploma, which was procured in the regular course of instruction and examination without fraud or misrepresentation.

I further state that I have read the statutes and rules pertaining to the practice of dentistry as prescribed in Iowa Code chapters 147, 153, and 272C and 650 Iowa Administrative Code. If a license to practice dentistry is issued to me, I understand that if I violate any laws or rules, my license may be revoked as provided by law.

I declare, under penalty of perjury, that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or have substantial omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license. I also declare under penalty of perjury that if I did not personally complete the foregoing application that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I hereby agree to abide by the laws and rules pertaining to the practice of dentistry in the state of Iowa.

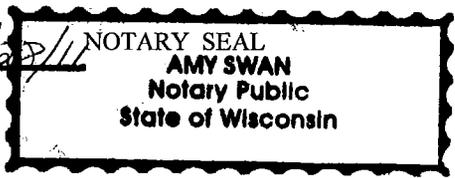
Signature of Applicant [Signature]

Sworn to before me this 24th day of February, 2011

Signature of Notary Public Amy M. Swan



My Commission Expires 8/23/11



Iowa Board of Dental Examiners
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687

February 15, 2011

Dear Iowa Board of Dental Examiners,

I am writing this letter as the final step of the application process for a dental license in the state of Iowa. I would like to practice in the state of Iowa and become an independent contractor for a group dental practice to provide coverage for medical and maternity leaves as well as vacations to avoid a scheduling interruption for the patients of the practices in Iowa. My current plans don't include practicing as a full time dentist in the state of Iowa. I am a 1987 graduate of the University of Minnesota, School of Dentistry and am currently licensed only in the state of Wisconsin.

I currently do not practice any form of general sedation or conscious sedation. However, I would plan to use nitrous oxide in our practices.

I do not keep any narcotics or antibiotics in my offices. I do have an active DEA number (which I can reveal to the board at any time you wish) and prescribe narcotics and antibiotics via prescription. I would plan on having supplementary prescription pharmaceutical products available in my office such as home fluoride, fluoride toothpaste, Chlorhexidine rinses etc.

Thank you for your time in reviewing my application for licensure in your state. If you have any questions or concern, please feel free to contact me at (715)453-8780.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dale T. Nixon', with a stylized flourish at the end.

Dr. Dale T. Nixon

AUTHORIZATION TO RELEASE INFORMATION

I, Dale Taylor Nixon, do hereby authorize a disclosure of records concerning myself to the Iowa Dental Board (IDB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the IDB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the IDB relating to substance abuse or dependence and/or mental health.

I further agree that the IDB may receive confidential information and records, including but not limited to the following records:

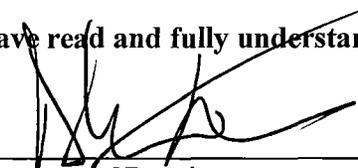
- Medical records
- Education records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Residency or fellowship training records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the IDB deems reasonably necessary for the purposes set forth in this release.

Release of Liability. I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any dental school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the IDB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the IDB, the State of Iowa, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

This authorization is effective through the completion of the licensure process. I understand I have the right to revoke this authorization in writing, except to the extent that the IDB has already taken action in reliance upon this consent.

I have read and fully understand the contents of this "Authorization to Release Information."



Signature of Dentist

2/28/11

Date

PROHIBITION ON REDISCLOSURE

This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific written consent of the patient except as provided in IAC 12.16(6)"b"2, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.



STATE OF WISCONSIN
Department of Regulation & Licensing

1400 E Washington Ave
PO Box 8935
Madison WI 53703-8935

Email: web@drl.state.wi.us
Web: www.drl.wi.gov

Governor Scott Walker Secretary Dave Ross

Voice: 608-266-2112 • FAX: 608-267-0644 • TTY: 608-267-2416

RECEIVED
MAR 28 2011
IOWA DENTAL BOARD

IOWA DENTAL BOARD
SUITE D
400 S W 8TH ST
DES MOINES IA 50309-4687

CERTIFICATION

DATE: 03/18/2011

I, Domingo Leguizamon, do hereby certify that I am the Division Administrator, Credentialing in the Department of Regulation and Licensing, a department of the government of the State of Wisconsin; that I am the custodian of the records relating to Dentistry and its seal; that a standard search of the available records of this office indicates the following:

THIS IS TO CERTIFY THAT: DALE T NIXON
WAS ISSUED LICENSED NO: 3829 - 15
ON: 07/15/1987
CREDENTIAL TYPE: DENTISTRY
LICENSE EXPIRATION DATE: 09/30/2011

Credential Holder History

Date	Code	Description
06/14/1987	EXAM	EXAM P CRDTS
06/13/1987	GRADUATED FROM	GRADUATED FROM UNIV OF MN

According to our records, this credential holder has not been disciplined.

The information above is the only certification information provided by this Department. To expedite the certification process, the above format is the standard format for all professions regulated by this Department.

SEAL

Domingo Leguizamon
Division Administrator, Credentialing