

Iowa Dental Board Meeting (Open Session)

SUPPLEMENTAL MEETING MATERIALS (6/29/12)

July 12-13, 2012 Board Meeting

<u>Changes To:</u>	<u>Agenda #</u>	<u>Description</u>
1. Meeting Overview	n/a	<ul style="list-style-type: none"> • <i>Revised Schedule Overview:</i> Friday July 13th informal meeting re: alternatives to portfolio examination moved to Board Open agenda on 7/13/12; all Board members invited & open to public
2. Board Open Agenda	Revised 6/29/12	<ul style="list-style-type: none"> • <i>New agenda item:</i> Preliminary Annual Fee Review • <i>New agenda item:</i> Approval of Regulatory Plan • <i>New agenda item:</i> Discussion re: Alternative to Portfolio Examination
3. Anesthesia Credentials Committee Report	Agenda Item IV(c)	<i>Revised:</i> Correction made. Dr. Pingel, DDS will be submitting a general anesthesia permit application to replace the moderate sedation permit application that she previously submitted.
4. Continuing Education Advisory Committee Report	Agenda Item IV(d)(3)	<i>New agenda items:</i> <ul style="list-style-type: none"> • Additional sponsor applications
5. Executive Committee Report	Agenda Item IV(e)	<u>New material</u> <ul style="list-style-type: none"> • Report to Board, IDB Financial Report as of 5/31/12, IDB FY'13 budget • Preliminary – Annual Fee Review
6. Administrative Rules/Rule Waivers	Agenda Item V(e)	<i>New agenda item:</i> <ul style="list-style-type: none"> • Approval of Annual Regulatory Plan
7. Open Session: Follow-up From 1/27/12 Discussion: Expanded Functions	Agenda Item XIII(b)	<u>New material</u> <ul style="list-style-type: none"> • Information from IDA, UICD, IDHA, IDAA, IAGD
8. Other Open Session Items: Discussion - Alternative to Portfolio Examination	Agenda Item XIII(c)	<ul style="list-style-type: none"> • <i>New agenda item:</i> Discussion re: Alternative to Portfolio Examination



STATE OF IOWA

IOWA DENTAL BOARD

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

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

Revised 6/29/12
IOWA DENTAL BOARD

AGENDA

July 12-13, 2012

**Supplemental & new information in red*

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

Board Members: *Michael J. Rovner, D.D.S., Board Chair; Lynn D. Curry, D.D.S., Board Vice Chair; Steve Bradley, D.D.S., Board Secretary; Steven Fuller, D.D.S.; Matthew McCullough, D.D.S.; Mary Kelly, R.D.H.; Nancy Slach, R.D.H.; Diane Meier, Public Member; Lori Elmitt, Public Member*

THURSDAY, JULY 12, 2012

Committee Meetings:

9:00 a.m.	EXECUTIVE COMMITTEE	Closed Session	<i>Rovner, Curry, Bradley, Kelly</i>
9:30 a.m.	LICENSURE/REGISTRATION COMMITTEE	Closed Session	<i>Rovner, Meier, McCullough</i>
10:10 a.m.	DENTAL HYGIENE COMMITTEE <i>(See Separate Committee Agenda)</i>	Open Session	<i>Kelly, Slach, Bradley</i>
10:30 a.m.	ANESTHESIA CREDENTIALS COMMITTEE <i>(See Separate Committee Agenda)</i>	Open Session	<i>Curry, Burton, Clark Westlund, Horton, Roth Vargas</i>
10:45 a.m.	CONTINUING EDUCATION ADVISORY COMMITTEE <i>(See Separate Committee Agenda)</i>	Open Session	<i>Curry, Elmitt, North, Cacioppo, Slach, Malmberg, Corwin</i>

Board Meeting:

OPEN SESSION

		Open Session	<i>Full Board</i>
10:55 a.m.	I. CALL MEETING TO ORDER – ROLL CALL		<i>Mike Rovner</i>
	II. OPPORTUNITY FOR PUBLIC COMMENT		<i>Mike Rovner</i>
11:00 a.m.	a. Public Hearing - Notice of Intended Action to amend Chapter 20, "Dental Assistants." (ARC #0170C)		
	b. Other public comments		

III. APPROVAL OF OPEN SESSION MINUTES

Mike Rovner

- April 24-25, 2012 Quarterly Meeting
- May 18, 2012 Telephonic Meeting

IV. REPORTS

a. EXECUTIVE DIRECTOR'S REPORT

Melanie Johnson

b. LEGAL REPORT

Theresa Weeg

c. ANESTHESIA CREDENTIALS COMMITTEE REPORT

Lynn Curry

1. Recommendations re: Moderate Sedation Permit Applications
2. Recommendations re: General Anesthesia Permit Applications
 - a. Luke Freml, D.D.S.
 - b. **Kimberly Pingel, D.D.S.**
(formerly listed as a moderate sedation permit applicant; correction 6/29/12)
3. Recommendations re: Process for Board Approval of Permit Applications
4. Other Committee Recommendations

d. CONTINUING EDUCATION ADVISORY COMMITTEE REPORT

Lynn Curry

1. Ratification of Actions Taken by Committee Since Last Meeting
2. Recommendations re: Continuing Education Course Applications

Sponsor / Title / Date

 - a. Iowa Dept of Public Health; "I-Smile Oral Health Coordinator Meeting" (4/16/2012)
 - b. Spring Park Oral & Maxillofacial Surgeons; "Abutment Selection and Digital Impressioning with Implants" (6/7 2012)
 - c. Kiess Kraft Dental Lab; "When Bad Implants Happen to Good People" (6/8/2012)
 - d. Iowa Head Start Association; "Healthy Smiles"; (6/22/2012 & 6/26/ 2012)
 - e. Eastern Iowa Community College; "TMJ/TMD- What Is It & What Do I Do Now?" (6/21/ 2012)
 - f. Periodontal Specialists; "Setting Your Team on Fire for Patient Care" (9/20/2012)
 - g. Any other applications received by meeting date
3. Recommendations re: Continuing Education Sponsor Applications

- a. G.V. Black Dental Study Group of Des Moines
 - b. Indian Hills Community College
 - c. Iowa Dental Hygienists' Association
 - d. Compliance Training Partners
 - e. Midwest Ganthostatic Research & Study Group
 - f. Tallcorn Dental Symposium (TCDP)
 - g. Any other applications received by meeting date
- 4. Recommendations re: Process for Board Approval of Continuing Education Applications
 - 5. Other Committee Recommendations
- e. EXECUTIVE COMMITTEE REPORT** *Mike Rovner*
- 1. FY'13 Budget Recommendation
(New material added 6/29/12 – FY13 projected budget, FY12 financials as of 5/31/12)
 - 2. Preliminary Annual Fee Review (added 6/29/12)
 - 3. Appointment to Fill Vacancy on Continuing Education Advisory Committee
 - 4. Board Member Representative to AADB Annual Meeting October 17-18, 2012
- f. LICENSURE/REGISTRATION COMMITTEE REPORT** *Mike Rovner*
- 1. Ratification of Actions Taken by Committee Since Last Meeting
 - 2. Recommendations re: Process for Board Approval of Licensure/Registration Applications
 - 3. Pending Licensure/Registration Applications – Will Be Discussed Under Agenda Item VIII (2)
 - 4. Other Committee Recommendations
- g. DENTAL HYGIENE COMMITTEE REPORT** *Mary Kelly*
- h. DENTAL ASSISTANT REGISTRATION COMMITTEE REPORT** *Mike Rovner*
- i. EXAMINATIONS REPORT**
- 1. CRDTS (Central Regional Dental Testing Service) - *Dental Steering Committee Report* *Steve Bradley*
 - 2. CRDTS - *Dental Hygiene Examination Review Committee Report* *Mary Kelly*
 - 3. CRDTS - *Dental Examination Review Committee Report* *Steve Bradley*
- j. IOWA PRACTITIONERS REVIEW COMMITTEE REPORT** *Brian Sedars*
- V. ADMINISTRATIVE RULES/RULE WAIVERS** *Melanie Johnson*
- a. RULE-MAKING UPDATE**

Please Note: At the discretion of the Board Chair, agenda items may be taken out of order to accommodate scheduling requests of Board members, presenters or attendees.

1. **ARC #0164C** - Adopted and Filed Emergency, Amendments to Chpt. 15, "Fees."
Effective 5/21/12
2. **ARC #0170C** - Notice of Intended Action (NOIA) Amendments to Chpt. 20, "Dental Assistants."
Public Hearing @ Board Meeting: July 12, 2012 @ 11:00 a.m.

b. FINAL ADOPTION

1. **ARC #0128C (NOIA)**– Adoption of final amendments to Chapter 10, "General Requirements," Chapter 11, "Licensure to Practice Dentistry or Dental Hygiene," Chapter 12, "Dental and Dental Hygiene Examinations," Chapter 13, "Special Licenses," Chapter 14, "Renewal," Chapter 15, "Fees," Chapter 20, "Dental Assistants," Chapter 22, "Dental Assistant Radiography Qualification," Chapter 25, "Continuing Education," Chapter 29, "Sedation and Nitrous Oxide Inhalation Analgesia," and Chapter 51, "Contested Cases, "Dental Assistants."

c. DISCUSSION

1. Possible rule amendment re: expanded functions
(See Friday, July 13th Board agenda)

d. RULE WAIVER

1. Dr. Niels Ostervemb: Petition to Waive Subrule 11.4(1) Relating to Graduates of Foreign Dental Schools

h. ANNUAL REGULATORY PLAN

(added 6/29/12)

Melanie Johnson

VI. LEGISLATIVE UPDATE

Melanie Johnson

VII. OTHER BUSINESS

Mike Rovner

1. Discussion Regarding Designation as Specialists, Implants & Anesthesia
2. Discussion Regarding Public Health Supervision, RDH, and Subsequent Visits: Is an Exam By DDS Required?

VIII. APPLICATIONS FOR LICENSURE /REGISTRATION & OTHER REQUESTS *

Mike Rovner

1. Ratification of Actions Taken by Executive Director on Applications Since Last Meeting
2. Pending Licensure/Registration Applications*

Melanie Johnson

IX. 2nd OPPORTUNITY FOR PUBLIC COMMENT

Mike Rovner

X. LUNCH & PRESENTATION

CRDTS Presentation by Dr. Deena Keempel, D.D.S.

XI. CLOSED SESSION*

Closed Session

Full Board

BOARD RECESS UNTIL 7/13/12 @ 9:00 a.m.

FRIDAY, JULY 13, 2012

Please Note: At the discretion of the Board Chair, agenda items may be taken out of order to accommodate scheduling requests of Board members, presenters or attendees.

9:00 a.m.	XII. CONTINUE WITH ANY CLOSED SESSION AGENDA ITEMS	Closed Session	<i>Full Board</i>
	XIII. OPEN SESSION	Open Session	<i>Full Board</i>
	a. ACTION, IF ANY, ON CLOSED SESSION AGENDA ITEMS		
	1. Licensure/Registration Applications		
	2. Statement of Charges		
	3. Combined Notice of Hearing, Settlement Agreement and Final Order		
	4. Settlement Agreements		
	5. Final Hearing Decisions		
	6. Other		
	b. FOLLOW-UP FROM 1/27/12 DISCUSSION: EXPANDED FUNCTIONS		
	1. Results of survey of Iowa dentists (materials added 6/29/12)		<i>IDA</i>
	2. Data from other states w/expanded functions (materials added 6/29/12)	(added 6/29/12)	<i>IDA, UICD</i>
	3. Information re: expanded functions training in current dental hygiene programs (materials added 6/29/12)	(added 6/29/12)	<i>IDHA</i>
	4. Potential curriculum and training by UICD (materials added 6/29/12)	(added 6/29/12)	<i>UICD – Dr. Kanellis</i>
	5. Potential curriculum and training by community colleges (materials added 6/29/12)	(added 6/29/12)	<i>IDAA</i>
	6. Informal comments rec'd since 1/27/12 (materials added 6/29/12)	(added 6/29/12)	<i>IAGD – Dr. Thies</i>
	7. Review draft IDB rule amendments - Chpt. 10, "General Requirements"		
	8. Review suggested revisions to draft from IDA, IDHA, IDAA		
	9. Approval to file Notice of Intended Action (NOIA) (possible Board action depending on review of follow-up information)		
	➤ DENTAL HYGIENE COMMITTEE MEETING (tentative) - will meet if Committee action needed re: NOIA		
	c. OTHER OPEN SESSION ITEMS, IF ANY		
	1. Discussion Re: Alternative to Portfolio Examination	(added 6/29/12)	<i>UICD</i>
	XIV. CLOSED SESSION, IF NEEDED*	Closed Session	
	XV. ADJOURN		

Next Meeting: October 25-26, 2012

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.

* 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.

**Pursuant to Iowa Code section 272C.6(1) a licensee may request that their disciplinary hearing be held in closed session.

REPORT TO THE IOWA DENTAL BOARD

PUBLIC HEARING

DATE OF MEETING: July 12-13, 2012
RE: **Rules: Amendments to Chapter 20, Dental Assistants
ARC #0170C**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Public Hearing Regarding Proposed Rule Amendments

Public Hearing at Board Meeting

A public hearing about proposed amendments to Chapter 20, "Dental Assistants," will be held at 11:00 A.M. on July 13, 2012 in conjunction with the Board's quarterly meeting. The public hearing will be held at the following address:

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

Summary of Proposed Amendments

Proposed rule amendments were approved by the Board at its May 18, 2012 telephonic meeting. The proposed rule amendments:

- Establish a process by which a dental assistant trainee that does not become a registered dental assistant within 12 months of the first date of employment as a dental assistant may reapply to become a dental assistant trainee.
- Clarify that out of state dental assistants applying for an Iowa dental assistant registration must have at least six months of prior dental assisting experience under a licensed dentist within the past two years.
- Require that dental assistant trainees must have a certification of dental assistant trainee status issued prior to beginning work as a dental assistant trainee.

Attached for Review

- ❖ ARC 0170C, published in the Iowa Administrative Bulletin on 6/13/12



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CONTENTS IN THIS ISSUE

Pages 1635 to 1680 include **ARC 0148C** to **ARC 0165C** and **ARC 0167C** to **ARC 0174C**

ACCOUNTANCY EXAMINING BOARD[193A]

Professional Licensing and Regulation Bureau[193]
COMMERCE DEPARTMENT[181]"umbrella"

Filed, Definition of "attest"; removal of
reference to biennial renewal, 1.1, 12.3,
13.6(1) **ARC 0174C** 1662

ALCOHOLIC BEVERAGES DIVISION[185]

COMMERCE DEPARTMENT[181]"umbrella"

Notice, Dramshop policy requirements,
5.8, 12.2(12) **ARC 0157C** 1635

ALL AGENCIES

Agency identification numbers 1633
Citation of administrative rules 1629
Schedule for rule making 1630

CAPITAL INVESTMENT BOARD, IOWA[123]

Amended Notice, Verification of tax
credits for investment in fund of funds,
4.2, 4.5 **ARC 0169C** 1637

COLLEGE STUDENT AID COMMISSION[283]

EDUCATION DEPARTMENT[281]"umbrella"

Notice, Washington, D.C., internship
grant, rescind ch 16 **ARC 0160C** 1637

DENTAL BOARD[650]

PUBLIC HEALTH DEPARTMENT[641]"umbrella"

Notice, Dental assistants, 20.2, 20.4, 20.6
ARC 0170C 1638
Filed Emergency, Licensure; fees, 15.1
ARC 0164C 1660

ENGINEERING AND LAND SURVEYING

EXAMINING BOARD[193C]

Professional Licensing and Regulation Bureau[193]
COMMERCE DEPARTMENT[181]"umbrella"

Notice, Land surveyors—title change
to professional land surveyor,
amendments to chs 1 to 9, 11, 12
ARC 0156C 1640

Notice, Land surveyor licensure by
comity; unethical or illegal conduct,
5.2, 8.2(6)"a" **ARC 0159C** 1646

ENVIRONMENTAL PROTECTION

COMMISSION[567]

NATURAL RESOURCES DEPARTMENT[561]"umbrella"

Amended Notice, Air quality, 20.2,
22.3(3), 22.100, 22.108(3), 25.1
ARC 0162C 1647
Notice, Emission standards, 23.1 **ARC 0165C**... 1648
Filed, Hazardous waste, rescind chs 140,
141, 148, 150, 151 **ARC 0161C** 1663

FAIR BOARD[371]

Filed, State fair—general practices,
year-round activities, amendments to
chs 1, 3 to 8 **ARC 0163C** 1664

HUMAN SERVICES DEPARTMENT[441]

Filed, Family investment and food
assistance programs—determination of
self-employment income, 40.27(4)"b,"
41.27(2), 65.29(1) **ARC 0148C** 1665
Filed, Medicaid for employed people
with disabilities—premiums, reopening
of cases canceled for nonpayment,
75.1(39)"b" **ARC 0149C** 1668

DENTAL BOARD[650]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147.76, the Dental Board hereby gives Notice of Intended Action to amend Chapter 20, “Dental Assistants,” Iowa Administrative Code.

These proposed amendments establish a process by which a dental assistant trainee who does not become a registered dental assistant within 12 months of the first date of employment as a dental assistant may reapply for dental assistant trainee status; clarify that an out-of-state dental assistant applying for an Iowa dental assistant registration must have at least six months of prior dental assisting experience under a licensed dentist within the past two years; and require that a dental assistant trainee must have a certification of dental assistant trainee status issued prior to beginning work as a dental assistant trainee.

Written comments about the proposed amendments will be accepted through July 12, 2012. Comments should be directed to Melanie Johnson, Executive Director, Iowa Dental Board, 400 SW 8th Street, Suite D, Des Moines, Iowa 50309-4687; or by e-mail to Melanie.Johnson@iowa.gov.

A public hearing will be held on July 12, 2012, at 11 a.m. at the office of the Iowa Dental Board located at 400 SW 8th Street, Suite D, Des Moines, Iowa. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendments.

Any person who plans to attend the public hearing and who may have special requirements, such as those related to hearing or mobility impairments, should contact the Board office and advise of specific needs.

These proposed amendments were approved at the May 18, 2012, meeting of the Dental Board.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code sections 153.33 and 153.39.

The following amendments are proposed.

ITEM 1. Adopt the following new definition of “Trainee status expiration date” in rule **650—20.2(153)**:

“*Trainee status expiration date*” means the date established by the board office which is 12 months from a person’s first date of employment as a dental assistant. The trainee status expiration date is the date by which a trainee must successfully complete requirements and become registered as a dental assistant, pursuant to Iowa Code section 153.39.

ITEM 2. Amend rule 650—20.4(153) as follows:

650—20.4(153) Categories of dental assistants: dental assistant trainee, registered dental assistant. There are two categories of dental assistants. Both the supervising dentist and dental assistant are responsible for maintaining documentation of training. Such documentation must be maintained in the office of practice and shall be provided to the board upon request.

20.4(1) Dental assistant trainee. Dental assistant trainees are all individuals who are engaging in on-the-job training to meet the requirements for registration and who are learning the necessary skills under the personal supervision of a licensed dentist. Trainees may also engage in on-the-job training in dental radiography pursuant to 650—22.3(136C,153).

a. General requirements. The dental assistant trainee shall meet the following requirements:

~~a. (1) Within 12 months of employment~~ Prior to the trainee status expiration date, the dental assistant trainee shall successfully complete a course of study and examination in the areas of infection

control, hazardous materials, and jurisprudence. The course of study shall be prior approved by the board and sponsored by a board-approved postsecondary school.

~~b. (2) Prior to satisfactorily completing 12 months of work as a dental assistant the trainee status expiration date, the trainee must apply to the board office to be reclassified as a registered dental assistant.~~

~~c. (3) Dental assistant trainee status is valid for practice for a maximum of 12 months. If trainee status has expired, the trainee must meet the requirements for registration and receive a certificate of registration in order to practice as a dental assistant. If a trainee fails to become registered by the trainee status expiration date, the trainee must stop work as a dental assistant.~~

~~b. New trainee application required if trainee not registered prior to trainee status expiration date. Pursuant to Iowa Code section 153.39, a person employed as a dental assistant has a 12-month period following the person's first date of employment to become registered. If not registered by the trainee status expiration date, the trainee must stop work as a dental assistant and reapply for trainee status.~~

~~(1) Reapplying for trainee status. A trainee may "start over" as a dental assistant trainee provided the trainee submits an application in compliance with subrule 20.6(1).~~

~~(2) Examination scores valid for three years. A "repeat" trainee is not required to retake an examination (jurisprudence, infection control/hazardous materials, radiography) if the trainee has successfully passed the examination within three years of the date of application. If a trainee has failed two or more examinations, the trainee must satisfy the remedial education requirements in subrule 20.10(1). The trainee status application will not be approved until the trainee successfully completes any required remedial education.~~

~~(3) New trainee status expiration date issued. If the repeat trainee application is approved, the board office will establish a new trainee status expiration date by which registration must be completed.~~

~~(4) Maximum of two "start over" periods allowed. In addition to the initial 12-month trainee status period, a dental assistant is permitted up to two start over periods as a trainee. If a trainee seeks an additional start over period beyond two, the trainee shall submit a petition for rule waiver under 650—Chapter 7.~~

~~d. c. Trainees enrolled in cooperative education or work study programs. Notwithstanding paragraphs "b" and "c," the expiration date for dental assistant trainee status for The requirements stated in this subrule apply to all dental assistant trainees, including a person enrolled in a cooperative education or work-study program through an Iowa high school shall be extended until the trainee is 17 years of age and a high school graduate or equivalent. However, In addition, a trainee under 18 years of age shall not participate in dental radiography.~~

20.4(2) Registered dental assistant. A registered dental assistant may perform under general supervision dental radiography, intraoral suctioning, and all extraoral duties that are assigned by the dentist and are consistent with these rules. During intraoral procedures, the registered dental assistant may, under direct supervision, assist the dentist in performing duties assigned by the dentist that are consistent with these rules. The registered dental assistant may take radiographs if qualified pursuant to 650—Chapter 22.

~~**20.4(3) Expanded function dental assistant.** Rescinded IAB 9/17/03, effective 10/22/03.~~

ITEM 3. Amend subrule 20.6(1) as follows:

20.6(1) Dental assistant trainee.

a. A dentist supervising a person performing dental assistant duties must ~~notify the board in writing of such employment within seven days of the time the~~ ensure that the person has been issued a trainee status certificate from the board office prior to the person's first date of employment as a dental assistant ~~begins work.~~ A dentist who has been granted a temporary permit to provide volunteer services for a qualifying event of limited duration pursuant to 650—subrule 13.3(3), or an Iowa-licensed dentist who is volunteering at such qualifying event, is exempt from this requirement for a dental assistant who is working under the dentist's supervision at the qualifying event.

b. Applications for registration as a dental assistant trainee must be filed on official board forms and include the following:

- (1) The fee as specified in 650—Chapter 15.
- (2) Evidence of high school graduation.
- (3) Evidence the applicant is 17 years of age or older.
- (4) Any additional information required by the board relating to the character and experience of the applicant as may be necessary to evaluate the applicant's qualifications.
- (5) If the applicant does not meet the requirements of (2) and (3) above, evidence that the applicant is enrolled in a cooperative education or work-study program through an Iowa high school.

c. ~~Within 12 months of employment~~ Prior to the trainee status expiration date, the dental assistant trainee is required to successfully complete a board-approved course of study and examination in the areas of infection control, hazardous materials, and jurisprudence. The course of study may be taken at a board-approved postsecondary school or on the job using curriculum approved by the board for such purpose. Evidence of meeting this requirement prior to the trainee status expiration date shall be submitted ~~within 12 months~~ by the employer dentist.

d. ~~Upon expiration of the trainee status~~ Prior to the trainee status expiration date, the dental assistant trainee's supervising dentist must ensure that the trainee has received a certificate of registration before performing any further dental assisting duties.

ITEM 4. Amend paragraph **20.6(2)“a”** as follows:

- a.* To meet this qualification, a person must:
- (1) Work in a dental office for six months as a dental assistant trainee; or
 - (2) ~~Have~~ If licensed out of state, have had at least six months of prior dental assisting experience under a licensed dentist within the past two years; or
 - (3) Be a graduate of an accredited dental assisting program approved by the board; and
 - (4) Be a high school graduate or equivalent; and
 - (5) Be 17 years of age or older.



STATE OF IOWA

IOWA DENTAL BOARD

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

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

(6/20/12) DRAFT

April 24-25, 2012 Open minutes - Subject to Final Board Approval

IOWA DENTAL BOARD
MINUTES
April 24-25, 2012
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Board Members	April 24, 2012	April 25, 2012
Gary D. Roth, D.D.S., Chairperson	Present	Present
Michael J. Rovner, D.D.S., Vice Chairperson	Present	Present
Marijo A. Beasler, R.D.H., Secretary	Present	Present
Steve P. Bradley, D.D.S.	Present	Absent
Lynn D. Curry, D.D.S.	Present	Present
Steven C. Fuller, D.D.S.	Present	Present
Mary C. Kelly, R.D.H.	Present	Present
Diane Meier, Public Member	Present	Present
Kimberlee Spillers, Public Member	Present	Present

Staff Members

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

Attorney General's Office

Sara Scott, Assistant Attorney General

Other Attendees

Carol Van Aernam, R.D.H., Iowa Dental Hygienists' Association
Sara Yezek, DMACC Dental Hygiene Student
Brandi Haynes, DMACC Dental Hygiene Student
Tracy Rodgers, R.D.H., Iowa Department of Public Health
Lori Pelke, Midwest Dental
Jeannene Veenstra, R.D.A., Iowa Dental Assistant Association
Stephen Thies, D.D.S., Iowa Academy of General Dentistry
Larry Carl, Iowa Dental Association

CALL TO ORDER FOR APRIL 24, 2012

Chairman Roth called the open session meeting of the Iowa Dental Board to order at 10:09 a.m. on Tuesday, April 24, 2012. A quorum was established with all members present.

Roll Call:

<u>Member</u>	<u>Beasler</u>	<u>Bradley</u>	<u>Curry</u>	<u>Fuller</u>	<u>Meier</u>	<u>Kelly</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 27, 2012 Minutes - Expanded Functions Roundtable Discussion*
- ❖ MOVED by BRADLEY, SECONDED SPILLERS, to approve the minutes of the January 27, 2012 meeting. Motion APPROVED unanimously.
 - *January 31 – February 1, 2012 Minutes*
- ❖ MOVED by BRADLEY, SECONDED CURRY, to approve the minutes of the January 31 – February 1, 2012 meeting. Motion APPROVED unanimously.
 - *Disciplinary Hearing Minutes – Marc Hagen, D.D.S.*
- ❖ MOVED by BRADLEY, SECONDED BEASLER, to approve the minutes of the disciplinary hearing. Motion APPROVED unanimously.
 - *March 2, 2012 Minutes*
- ❖ MOVED by BRADLEY, SECONDED SPILLERS to approve the minutes of the March 2, 2012 teleconference meeting. Motion carried.

REPORTS

EXECUTIVE DIRECTOR'S REPORT

Ms. Johnson provided information in the Board folders regarding her report.

Ms. Johnson reported that Dr. Matthew McCullough, D.D.S., Ms. Nancy Slach, R.D.H. and Ms. Lori Elmitt are the new members appointed to serve on the Iowa Dental Board beginning May 1,

2012. Ms. Johnson indicated that a brief meeting may be scheduled in May 2012 to elect officers and appoint committee members.

Ms. Johnson reported that Mr. Sedars attended the Reid Training for interrogation and investigation. The Board is committed to providing training to staff to provide better service and protection to the public.

Ms. Johnson reported that Mr. McCollum spoke at all of the dental assistant, dental hygiene and dental education programs in Iowa. Mr. McCollum addressed the regulations related to the practice of dental assisting, dental hygiene and dentistry in Iowa and provided answers to any other questions the students had.

Ms. Johnson reported that SF401 did not make it out of the House subcommittee. SF401 proposed legislation, which would have made the illegal practice of dentistry a felony charge. Therefore, the legislation will go further this session. The illegal practice of dentistry remains a misdemeanor offense.

ANESTHESIA CREDENTIALS COMMITTEE REPORT

Dr. Roth reported that the committee recommended approval of a general anesthesia permit for Dr. Jeffrey O. Link following successful completion of all inspections and a peer evaluation.

- ❖ MOVED by BRADLEY, SECONDED CURRY, to approve the application for general anesthesia permit for Dr. Link as recommended. Motion APPROVED unanimously.

LEGAL REPORT

Ms. Scott reported that there is a petition for judicial review pending in the matter of Dr. Marc Hagen, D.D.S. Ms. Scott's office, in assistance with Board staff, is preparing the response.

CONTINUING EDUCATION ADVISORY COMMITTEE

Ms. Beasler reported that the Board was provided a list of courses, which were recommended for approval since the last meeting.

- ❖ MOVED by BRADLEY, SECONDED MEIER, to approve the continuing education courses as submitted. Motion APPROVED unanimously.

EXECUTIVE COMMITTEE REPORT

Dr. Roth reported that the Executive Committee met earlier in the morning. The discussion focused largely on budgetary issues. The committee recommended that staff continue to implement the budget as previously recommended.

Dr. Roth reported that the Board previously filed proposed rule amendments, including proposals to raise fees; however, the Governor's office did not allow the proposed rule amendments, relating to fees, to move forward. Dr. Roth reported that there is sufficient revenue for this fiscal year and going into next fiscal year. Ultimately, the issue relating to fees will need to be further addressed in order to ensure sufficient services and protection to the public. Dr. Roth indicated that there could be problems in the future if this issue is not addressed.

LICENSURE/REGISTRATION COMMITTEE REPORT

Dr. Rovner indicated that there was no information to report.

DENTAL HYGIENE COMMITTEE REPORT

Ms. Beasler reported that the Dental Hygiene Committee met earlier in the morning. Ms. Beasler reported that there was a request by a foreign-trained dental technician to practice as a dental hygienist. The Dental Hygiene Committee recommended denying the request and that she be referred to an ADA-accredited dental hygiene program for training and education as required by Iowa Administrative Code 650—Chapter 11.

DENTAL ASSISTANT REGISTRATION COMMITTEE REPORT

Dr. Rovner indicated that there was discussion in the Executive Committee regarding some issues related to the regulations for dental assistant trainee status.

EXAMINATION REPORTS

CRDTS STEERING COMMITTEE

Dr. Roth reported that CRDTS' per diem payments have increased for its examiners.

Ms. Johnson reminded the Board members to inform Ms. Braness when travelling on behalf of the Board in order to obtain approval from the state for the travel out of state.

CRDTS DENTAL HYGIENE EXAMINATION REVIEW COMMITTEE

Ms. Beasler reported that the examining season has started.

CRDTS DENTAL EXAMINATION REVIEW COMMITTEE

Dr. Roth reported that Dr. P.T. Grimes represents the Board on this committee. The committee is continually improving the exam. Dr. Roth also reported that the handheld devices are working well for scoring.

IOWA PRACTITIONER REVIEW COMMITTEE REPORT

Mr. Sedars provided the Board with updated statistics for the IPRC. Mr. Sedars indicated that there are one self-report, one contract under review and two discharges.

ADMINISTRATIVE RULES/ RULES WAIVERS

- *Update on Status of Proposed Amendments*

Dr. Roth reported that the Governor's office has released the non-fee-related rules with the addition of the rules, which address service charges incurred with the acceptance of credit cards for payment. Ms. Johnson clarified that the service charges relate to fees incurred by the Department of Administrative Services (DAS), e-payment system and the state sign-on system. The rules propose recouping those fees. The Governor's office denied the request to increase the fingerprint packet fee. Ms. Johnson provided the Board a new timeline for the updated filing. The public hearing could be scheduled in June 2012.

Dr. Roth inquired about the pro-rated renewal fees. Ms. Johnson reported that the Governor's office considers this to be a fee increase. Ms. Braness reported that Board staff is seeking a compromise to allow new graduates in a renewal year to pay the application fee and renewal fee at once, without charging a pro-rated renewal fee. This proposal would streamline the licensing and renewal process in renewal years. There was some discussion of the frustration with this latest rulemaking request. The Board hoped to streamline and simplify the licensing process, particularly for the new graduates; however, the delays have made this more difficult. Discussion focused on how to best assist the new graduates and streamline the process as much as possible given current regulations.

Ms. Braness indicated that she could ask the applicants from the University of Iowa College of Dentistry to submit a separate check to cover the renewal fee if the rules, combining the application and renewal process, become effective. If the rules go into effect, the fee could very easily be applied, if not, the check could be returned.

Ms. Johnson reported that the Board may schedule a teleconference meeting in May 2012 to address this issue. Ms. Scott recommended addressing this later since the item is not listed on the agenda for this meeting.

LEGISLATIVE UPDATE

LEGISLATIVE INITIATIVES FOR 2012 SESSION

Ms. Johnson reported that there was no further legislative update.

OTHER BUSINESS

ACUPUNCTURE AND PRACTICE OF DENTISTRY

Dr. Roth received a letter from Dr. Kristin Morris asking if acupuncture would be allowed within the practice of dentistry.

Ms. Spillers and Dr. Bradley think it should be allowed with sufficient training. In Ms. Morris' case, she has 300 hours of training in the use of acupuncture. Dr. Curry questioned what would be considered sufficient training.

Ms. Scott clarified that the Board of Medicine licenses acupuncturists; however, dentists are exempted from those administrative rules. Ms. Scott said that the Dental Board will need to determine if there is enough interest to address this item by rule.

Ms. Beasler asked Ms. Scott about the requirements for acupuncturists. Ms. Scott stated that every profession addresses these requirements a little differently. Ms. Scott stated again that the Board would need to determine the level of need and interest in this area by licensees.

Dr. Roth wondered to what extent acupuncture would be used to treat dental problems: would a dentist use acupuncture to treat problems not related to the practice of dentistry?

Dr. Curry would like the Board to take a little more time to address this.

Dr. Roth stated that if Ms. Morris is trained and treating dental-related issues, it should be allowed. Ms. Morris would need to be informed that her treatment would need to be limited to dentistry, or she could run the risk of practicing another profession without a license. Treating migraines would not be considered to be the practice of dentistry by this Board.

Ms. Scott stated that Dr. Morris could be referred to the definition of the practice of dentistry. Without rules, an expert would need to be located if a complaint were filed.

❖ MOVED by BRADLEY, SECONDED BEASLER, to inform Dr. Morris that she would be allowed to perform these services so long as she remains within the practice of dentistry as defined in Iowa Code Chapter 153. Motion APPROVED unanimously.

ADA REQUEST FOR PROPOSAL FOR DEVELOPMENT OF A PORTFOLIO-STYLE EXAMINATION

Ms. Johnson reported that information related to this issue was distributed by email.

Dr. Roth reported that the ADA is looking into developing a portfolio-style examination, which would potentially replace current (regional) clinical licensure examinations. Several state dental boards have already responded to the ADA concerning this proposal. Most of the responses have indicated opposition to the ADA's attempt to develop a portfolio examination. Most state dental boards have stated that this is outside of the scope of authority of the ADA. Dr. Roth wants to know what the other Board members feel about this proposal.

The Central Regional Dental Testing Service, Inc. (CRDTS) also responded to the request. CRDTS pointed out that there are a number of disadvantages to this proposed format.

Dr. Roth read the response from the Oregon Board of Dentistry as an example of the type of responses submitted to the ADA regarding their request for proposal. The Oregon Board of Dentistry states that the ADA does not have the authority to develop and approve examinations of this nature; it is the authority of state dental boards to set licensing and examination requirements and to establish the protection of the public.

Dr. Roth reported that representatives of the University of Iowa College of Dentistry have recommended portfolio-based licensing. In the past, faculty members have also recommended that the Iowa Dental Board license University of Iowa College of Dentistry graduates without an examination requirement.

Ms. Meier asked for clarification about what a portfolio examination is. Dr. Roth stated that over the course of the senior year, the student documents treatment and a variety of dental work completed. The documentation is later reviewed to determine qualifications to practice. This format is much more subjective in the course of the review. It also becomes far more difficult to prove that the work was completed independently by the student in question. The question of bias may also come into play if the individual reviewing the work knows the student.

Dr. Roth indicated that a handful of states have approved this basis of licensure. Ms. Beasler confirmed that Minnesota has approved a portfolio-style examination. The disadvantage to the portfolio-based licensure is that practitioners are restricted to practicing in Minnesota. Dr. Roth reported that New York has a PG-1 licensing option. The PG-1 basis for application also presents restrictions since most states require the successful completion of a clinical examination in order to obtain a license to practice.

Ms. Beasler's primary concern is bias, which can come into play. Clinical examinations are scored anonymously. Ms. Beasler reiterated that the portfolio examination makes it much more difficult to verify who actually completed the work under review.

Dr. Curry indicated that there are always some students who don't do well in dental school. Students, who are dismissed, often file lawsuits. Dr. Curry fears that portfolio-style examinations, if rated poorly, would also result in lawsuits against the university or other organizations involved in the education and licensing of practitioners. Dr. Curry feels that an outside testing service does a better job of removing bias from the scoring process. CRDTS' system of testing makes the process anonymous, which removes bias from the scoring.

Dr. Bradley stated that he is indifferent to the proposal. Dr. Bradley would like the ADA to advocate for a national examination, which would be accepted by all states.

Dr. Roth feels that states are moving closer to having better options for licensing across the nation. Dr. Roth pointed out that Iowa recently changed the requirements for licensure by credentials, making more practitioners eligible.

Ms. Meier stated that as a public member, she has more confidence in a clinical-based examination.

Dr. Roth also read aloud the response from the Wyoming Board of Dental Examiners. The Wyoming Board voiced their agreement with the other responses, which indicate that it is up to the states to set requirements for licensure and examination. The Wyoming Board of Dental Examiners stated their support for independent third-party testing.

Dr. Roth would like the Board to go on the record as being opposed to the portfolio-style examination.

Dr. Roth gave Dr. David Davidson, with the Iowa Dental Association, an opportunity to give his opinions on this matter. Dr. Davidson reported that he is not aware of a single University of Iowa College of Dentistry graduate who could not pass a licensing examination. Dr. Davidson feels that the students at the University of Iowa College of Dentistry are very competent. Dr. Davidson wonders if Iowa could retain more practitioners if University of Iowa College of Dentistry graduates were allowed to use a portfolio-style examination in place of a clinical examination.

Dr. Roth stated that while University of Iowa College of Dentistry graduates do well, there are 3% of students, who will never pass an examination. Dr. Roth's concern is that a portfolio would continually be adjusted until it passes review. Dr. Roth also questions how many students would choose this alternative if it limited their licensing potentials to Iowa.

Ms. Veenstra expressed her concerns about the portfolio-style examination being a step backwards in terms of objectively measuring an applicant's skills.

Dr. Roth reminded the Board members that the Board licenses dental students and practitioners from all over the country, not just graduates from Iowa. Dr. Roth does not want to lower the standards of what is acceptable for the purposes of licensing competent individuals.

Dr. Bradley agreed that it should be up to the states to determine licensing requirements.

❖ MOVED by BEASLER, SECONDED MEIER, to write a letter objecting to the ADA's proposal of a portfolio-style examination due to board members' feeling that it is a states' authority to make those decisions. Motion APPROVED. (Dr. Curry initially abstained from voting due to his strong preference to make licensing open and easier for graduating students. Following further discussion, Dr. Curry changed his vote to "aye" in support of the motion. The vote was, ultimately, unanimous.)

Dr. Roth feels strongly that the Board should retain its authority and responsibilities to licensing and examining requirements. Ms. Johnson stated that she would try to have a draft prepared for review by the next day, April 25, 2012.

BUDGET DISCUSSION/FINANCIAL REPORT – 3/31/12

Ms. Johnson reported that staff put together a memo regarding the current financial concerns and updated financial status reports. Ms. Johnson asked if there were any questions regarding the matter.

Ms. Johnson reminded the Board that this agency is not appropriated by the state of Iowa. This fiscal year, the Board has been fortunate to take in more revenue than originally projected.

SNAP-SMILE – IMPRESSION/VENEER KITS

Dr. Roth provided a brief overview of the information provided to the Board about the use of these kits. Based on the information provided, it would be allowed under Iowa law, so long as the lab, or other non-licensee, does not assist in the service in any way. This would be similar to teeth-whitening treatments that can be purchased over the counter.

Dr. Rovner questioned if this is really similar to white strips given that this is a more involved procedure. Dr. Rovner feels that there should be some sort of distinction between services, which one can reasonably do by himself or herself and services, which require a greater level of education and expertise to perform the service to an acceptable level of care.

Ms. Beasler wonders to what extent the Board can address this given that the company is located out of state. Mr. McCollum pointed out that the Board can only regulate *licensees*. Non-

licensees can only be turned over to the county or district attorneys for possible criminal proceedings. Currently, the illegal practice of dentistry is only a misdemeanor offense.

Dr. Rovner asked that this information be forwarded to the Texas Dental Board for review.

Dr. Curry also feels like this appliance could delay dental treatment if bacteria were allowed to remain under the appliance. Many of these appliances are meant for short term use. Ultimately, the appliance could be worn down and used beyond its intended lifespan.

❖ MOVED by ROVNER, SECONDED BRADLEY, to refer this matter to the Texas Dental Board for review. Motion APPROVED unanimously.

Dr. Curry asked what would happen if a dentist were to provide these services and a complaint were filed. Mr. McCollum stated that the Board would have the purview to look into the matter involving licensees.

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 CURRY, to ratify the actions taken on licenses, registrations and permits. Motion APPROVED unanimously.

- *Paula Meyer – Application for Radiography Qualification*

Ms. Johnson reported that Ms. Meyer is an applicant for a qualification in dental radiography. The rules require training that either uses Board-approved curriculum or has received prior-approval from the Board. The Board needs to determine if this applicant has met the rules regarding training requirements as she was trained out of state.

Board staff verified that Ms. Meier has met the examination requirement as stipulated in Iowa Administrative Code 650—Chapter 22. The question is whether Ms. Meier has met the requirement for training in this area.

Ms. Veenstra, with the Iowa Dental Assistants Association, stated that passing the Dental Assisting National Board (DANB) examination in radiography suggests Ms. Meyer has demonstrated competency. Ms. Braness reiterated that Board staff is not necessarily questioning

Ms. Meier's competency to take radiographs; however, Iowa Administrative Code 650—Chapter 22 specifically mandates that applicants complete *Board-approved* training in the area of dental radiography. The Board needs to decide whether or not Ms. Meier has complied with this rule.

❖ MOVED by KELLY, SECONDED BRADLEY, to approve Ms. Meier's training in dental radiography upon receipt of written confirmation from Ms. Meier's previous employer, who trained her in this area, stating that she has been trained in and demonstrated proficiency in all competencies currently established by the Board curriculum in dental radiography. Motion APPROVED unanimously.

- *John Cheek, D.D.S. – Application for Licensure by Credentials*

Ms. Johnson and Ms. Braness provided an overview of the applicant's history given the prior prior orders issued by Ohio State Dental Board.

Ms. Scott clarified that a license could be denied for any reason, which would result in action in Iowa. Therefore, the Board has discretion in this matter.

The Board decided to table further discussion of this application to closed session given some of the information supplied with the application, which meets the criteria for confidentiality under Iowa law.

IDPH PRESENTATION – PUBLIC HEALTH SUPERVISION

Dr. Bob Russell provided an overview of the 2010 public health supervision data. Dr. Russell has become aware that some public health hygienists are providing services to direct care centers, which include day care centers. Dr. Russell contacted Ms. Johnson for clarification on public health supervision rules in Iowa Administrative Code 650—Chapter 10 as to whether public health supervision services were allowed in day care centers.

Dr. Russell said that the question is whether or not day care centers are allowed under the rule, in the same way pre-schools are allowed. Some state agencies consider day care centers to be schools/pre-schools. Dr. Russell is asking the Board to clarify whether direct care centers/day care center could be considered a school or pre-school for the purposes of public health supervision.

Ms. Beasler asked about private centers versus public centers. Ms. Kelly clarified that private centers often receive public funding.

Dr. Russell stated that the definition of "school" is unclear because the definition can vary depending upon which state agency has jurisdiction in a given area. Dr. Roth asked if the Iowa Department of Public Health has a recommendation. Dr. Russell stated that he would

recommend that the Board define direct care centers as schools, or that language be proposed to clarify where services could be provided by a public health hygienist.

Ms. Scott does not see an easy way to include day care centers under the current wording in the rule. The question comes down to how the Board would interpret schools and head start programs.

Dr. Roth would like to know if the interested parties would be open to adding language to the rule, which would specifically include day care centers.

Mr. Carl, with the Iowa Dental Association, is reluctant to address this matter without a more specific proposal to review. Mr. Carl would like to see this matter addressed through the rulemaking process. Dr. Roth agreed that the rule should be clarified.

Ms. Beasler states that the rule impacts low-income, high need patient bases. Ms. Beasler asked if the change will sufficiently address the future needs of this patient base.

Dr. Russell stated that they are currently aware of public health hygienists serving these groups. The intent of the public health hygienists is to target young children who greatly need these services. Dr. Russell needs to know how to instruct the hygienists so as to comply with the administrative rules, which address this area of practice.

Ms. Kelly worked in some of these centers, providing fluoride varnishes. Dr. Russell clarified that in those cases, a dentist is, ultimately, responsible for those patients. Mr. McCollum provided some additional clarification between the general supervision rules and public health supervision rules.

Dr. Russell was attempting to provide better instruction to the public health hygienists so as to ensure compliance with the rules.

Ms. Scott asked for clarification about the intended age group for some of these services. Dr. Roth clarified that, particularly for really young patients around one year of age, it is critical to educate the parents as well.

Dr. Russell reminded the Board that preventative services reduce overall costs to the state and federal agencies, which provide funding for treatment and care.

Ms. Scott stated that preschool usually does not start until age three; whereas a day care center will likely have children under the age of three. Ms. Beasler expressed her preference that age not be a consideration in this matter. Again, education needs to be provided at an early age to the children and the parents.

Dr. Russell also pointed out that most patients are referred to dentists for further follow-up. This is just a “pipeline” for services and future treatment. Dr. Fuller asked where the patients follow-up. The Iowa Department of Public Health tries to follow up with these patients to ensure that a child has been entered into a “dental home”. Ms. Beasler reported that some public health

hygienists may be in contact with the Department of Human Services as necessary. Given all of the barriers that may exist to treatment and care, further restriction of services is detrimental.

Dr. Curry asked how these definitions could be addressed to catch the populations who truly need access to the care and services. Dr. Russell indicated that the payment source becomes important. Services are being billed and being reimbursed through Medicaid, or the services are being provided for free. This, generally, eliminates higher income groups from the equation.

Mr. Carl feels that the Iowa Dental Association leadership would appreciate further clarification on the matter, preferably in writing. Based on Mr. Carl’s understanding of the rules, the dentist who agrees to the supervision is ultimately responsible. Mr. Carl would prefer that the Board be the agency that provides clarification on this matter.

Ms. Johnson asked if it would be acceptable for the Iowa Department of Public Health to take the current language in the rule and propose a change in language. Upon receipt, the discussion could be more focused and address the matter more specifically. Dr. Russell clarified that the Iowa Department of Public Health is not specifically requesting a certain outcome; however, they need clarification in order to provide better direction to the public health hygienists. The Iowa Department of Public Health can provide proposed language in preferred.

Mr. Carl wondered why the Iowa Department of Public Health is enforcing these agreements. Mr. Carl is concerned by the language regarding enforcement. Mr. Carl understands that the Iowa Department of Public Health oversees the agreements. Dr. Russell apologized for the use of terminology and stated that “advise” would be a better term.

PUBLIC COMMENT

Chairman Roth allowed time for public comment.

Mr. Carl wanted to remind the Board and the public of the IMOM project scheduled for October 2012 in Davenport, IA. They would appreciate any and all help regarding this project.

- The Board took a brief recess at 12:21 p.m.
- The Board reconvened at 1:19 p.m.

CLOSED SESSION

❖ MOVED by SPILLERS, SECONDED BRADLEY, 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

- The Board went into closed session at 1:20 p.m.
- ❖ MOVED by SPILLERS, SECONDED BEASLER for the Board to go into open session to approve the motions in open session. Motion APPROVED unanimously.
- The Board recessed at 4:15 p.m. on Tuesday, April 24, 2012.
- The Board went back into open session at 10:30 a.m. on Wednesday, April 25, 2012

OPEN SESSION

OPEN SESSION ACTION ON CLOSED SESSION AGENDA ITEMS

- *Catherine P. Reno, D.D.S. – (12-032)*
- ❖ MOVED by FULLER, SECONDED CURRY, to accept the proposed combined Statement of Charges, Settlement Agreement and Final Order concerning this matter. Motion APPROVED unanimously.
 - *John Cheek, D.D.S. – Application for Licensure by Credentials*
- ❖ MOVED by FULLER, SECONDED SPILLERS, to approve licensure on the basis of credentials. Motion APPROVED unanimously.

DENTAL ASSISTANT TRAINEE STATUS

- ❖ MOVED by BEASLER, SECONDED KELLY, to direct staff to deny *all* requests for extension of dental assistant trainee status beyond the 12 months due to the provisions in Iowa Code Chapter 153. Motion APPROVED unanimously.

If dental assistant trainees are unable to complete all requirements of registration within the 12 months allowed by law, they will be required to submit a new application for trainee status, effectively starting over.

APPLICATIONS FOR DENTAL ASSISTANT REGISTRATION

- *Nicole McGhghy*
- *Ashley Backes*
- *Katherine Callan*

- ❖ MOVED by SPILLERS, SECONDED CURRY, to approve the applications for dental assistant registration for Ms. McGhghy, Ms. Backes, and Ms. Callan based on the advice legal counsel provided to the Board. Motion APPROVED unanimously.

ADA REQUEST FOR PROPOSAL FOR DEVELOPMENT OF A PORTFOLIO-STYLE EXAMINATION

Dr. Roth read the draft of the letter responding to the ADA addressing the Board's concerns related to the request for proposal of a portfolio-style examination.

- ❖ MOVED by ROVNER, SECONDED FULLER, to approve the letter as drafted. Motion APPROVED unanimously.

NEXT MEETING OF THE BOARD

The next meeting of the Board is scheduled for July 12-13, 2012, in Des Moines, Iowa.

ADJOURNMENT

Chairman Roth adjourned the meeting at 10:45 a.m. on April 25, 2012.

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

(6/20/12) DRAFT

May 18, 2012 Open minutes - Subject to Final Board Approval

**IOWA DENTAL BOARD
- TELEPHONIC MEETING -**

OPEN SESSION MINUTES

May 18, 2012

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

Board Members

Michael J. Rovner, Vice Chairperson
Matthew J. McCullough, D.D.S.
Steven Bradley, D.D.S.
Lynn D. Curry, D.D.S.
Steven C. Fuller, D.D.S.
Mary C. Kelly, R.D.H.
Nancy A. Slach, R.D.H.
Diane Meier, Public Member
Lori L. Elmitt, Public Member

May 18

Present
Present
Present
Present
Present
Present
Present
Absent
Present

Staff Members

Melanie Johnson, Christel Braness, Phil McCollum

Attorney General's Office

Theresa O'Connell Weeg, Assistant Attorney General

Other Attendees

Larry Carl, Iowa Dental Association
Tracy Rodgers, Iowa Department of Public Health

CALL TO ORDER FOR MARCH 18, 2012

Vice chairperson Rovner called the open session of the Iowa Dental Board meeting to order at 1:00 p.m. on Friday, May 18, 2012. A quorum was established with 8 members present.

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 elect officers, appoint committees, consider complaints, disciplinary Orders, and rule waiver requests. 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.

Roll Call:

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Rovner</u>	<u>Slach</u>
Present	x	x	x	x	x	x		x	x
Absent							x		

PUBLIC COMMENT

Vice-chairman Rovner allowed the opportunity for public comment.

No comments were received.

ELECTION OF OFFICERS

❖ MOVED by FULLER, SECONDED BRADLEY, to appoint Dr. Rovner as the chairperson of the Board.

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Rovner</u>	<u>Slach</u>
Yes	x	x	x	x	x	x		x	x
No									
Absent							x		

Motion APPROVED by roll call.

❖ MOVED by FULLER, SECONDED BRADLEY, to appoint Dr. Curry as the vice-chairperson of the Board. Motion APPROVED unanimously.

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Rovner</u>	<u>Slach</u>
Yes	x	x	x	x	x	x		x	x
No									
Absent							x		

Motion APPROVED by roll call.

❖ MOVED by FULLER, SECONDED MCCULLOUGH, to appoint Dr. Bradley as the secretary of the Board. Motion APPROVED unanimously.

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Rovner</u>	<u>Slach</u>
Yes	x	x	x	x	x	x		x	x
No									
Absent							x		

Motion APPROVED by roll call.

COMMITTEE APPOINTMENTS – APPOINTED BY BOARD

EXECUTIVE COMMITTEE

- ❖ MOVED by ROVNER, SECONDED FULLER, to appoint Ms. Kelly to the Executive Committee. Motion APPROVED unanimously.

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Rovner</u>	<u>Slach</u>
Yes	x	x	x	x	x	x		x	x
No									
Absent							x		

Motion APPROVED by roll call.

DENTAL HYGIENE COMMITTEE

- ❖ MOVED by ROVNER, SECONDED FULLER, to appoint Dr. Bradley as the dental member to the Dental Hygiene Committee.

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Rovner</u>	<u>Slach</u>
Yes	x	x	x	x	x	x		x	x
No									
Absent							x		

Motion APPROVED by roll call.

IOWA PRACTITIONER REVIEW COMMITTEE (IPRC)

Ms. Johnson reported that all IPRC members have agreed to continue serving. Ms. Johnson stated that all of the members are actively involved in the committee. Ms. Johnson indicated that the Board may want to review the IPRC rules and consider removing the term limits for IPRC members and possibly expanding the size of the committee to include more dental practitioners. Dr. Rovner proposed discussing that at the next meeting.

- ❖ MOVED by CURRY, SECONDED ROVNER, to reappoint the members currently serving on the IPRC.
 - Dr. Bradley left the call 1:10 p.m.

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Rovner</u>	<u>Slach</u>
Yes		x	x	x	x	x		x	x
No									
Absent	x						x		

Motion APPROVED by roll call.

ANESTHESIA CREDENTIALS COMMITTEE (ACC)

- ❖ MOVED by ROVNER, SECONDED KELLY, to appoint Dr. Curry as the chairperson of the Anesthesia Credentials Committee and Dr. Roth to replace Dr. Lowman.

- Dr. Bradley rejoined the call.

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Rovner</u>	<u>Slach</u>
Yes	x	x	x	x	x	x		x	x
No									
Absent							x		

Motion APPROVED by roll call.

CONTINUING EDUCATION ADVISORY COMMITTEE

- ❖ MOVED by ROVNER, SECONDED BRADLEY, to appoint Lori Elmitt to the Continuing Education Advisory Committee. Motion APPROVED unanimously.

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Rovner</u>	<u>Slach</u>
Yes	x	x	x	x	x	x		x	x
No									
Absent							x		

Motion APPROVED by roll call.

CENTRAL REGIONAL DENTAL TESTING SERVICE, INC. (CRDTS)

CRDTS STEERING COMMITTEE

- ❖ MOVED by ROVNER, SECONDED KELLY, to appoint Dr. Bradley to the CRDTS Steering Committee. Motion APPROVED unanimously.

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Rovner</u>	<u>Slach</u>
Yes	x	x	x	x	x	x		x	x
No									
Absent							x		

Motion APPROVED by roll call.

CRDTS EXAMINATION REVIEW COMMITTEES

- ❖ MOVED by ROVNER, SECONDED BRADLEY, to reappoint Dr. P.T Grimes to the Dental Examination Review Committee and to appoint Ms. Kelly to the Dental Hygiene Examination Review Committee. Motion APPROVED unanimously.

OTHER COMMITTEE APPOINTMENTS – APPOINTED BY BOARD CHAIR

CONTINUING EDUCATION ADVISORY COMMITTEE

Dr. Rovner appointed Dr. Curry the chairperson of the Continuing Education Advisory Committee.

LICENSURE/REGISTRATION COMMITTEE

Dr. Rovner appointed Dr. McCullough to the Licensure/Registration Committee to fill the vacant position previously held by Kimberlee Spillers whose term ended April 30, 2012. Dr. Rovner will continue to serve as the chairperson.

DENTAL ASSISTANT REGISTRATION COMMITTEE

Dr. Rovner reappointed Dr. North as the chairperson of the Dental Assistant Registration Committee.

AD-HOC EXAMINATION COMMITTEE

Dr. Rovner stated that he wanted to maintain the Ad-Hoc Examination Committee in order to review other alternatives to examination for licensure. Dr. Rovner also appointed Dr. Fuller to the Committee to fill the vacant position previously held by Dr. Roth whose term ended April 30, 2012.

ADMINISTRATIVE RULES

- *June 5, 2012 – Public Hearing – ARC 0128C*

Ms. Johnson reported that the rules approved in December are currently working through the rulemaking process after being pre-cleared, in part, by the Governor's Office. A public hearing will be held June 5, 2012 at 2:30 p.m. to receive comments.

- *Chapter 20 – Dental Assistants*

Ms. Johnson indicated that the proposed filing would address the issue of how to handle dental assistant trainees who do not complete the requirements for registration within 12 months as required by Iowa Code Chapter 153. These amendments establish a process by which a dental assistant trainee who does not become a registered dental assistant within 12 months of the first date of employment as a dental assistant may reapply to become a dental assistant trainee;

clarifies that out of state dental assistants applying for an Iowa dental assistant registration must have at least six months of prior dental assisting experience under a licensed dentist within the past two years; and requires that dental assistant trainees must have a certification of dental assistant trainee status issued prior to beginning work as a dental assistant trainee.

❖ MOVED by KELLY, SECONDED CURRY, to approve the Notice of Intended Action as drafted.

Mr. Carl, with the Iowa Dental Association, addressed the provision for temporary permit holders using their own dental assistants for volunteer programs. Mr. Carl would like to expand the language to include Iowa-licensed dentists at volunteer programs or other qualifying events.

❖ Ms. Kelly amended the motion to include the language as proposed by Mr. Carl. Curry seconded. Motion APPROVED unanimously.

- *Chapter 15 – Fees*

Ms. Johnson reported that the Board is proposing filing and adopting these rule amendments on an emergency basis. These amendments would allow the Board to combine the application and renewal process for those applicants who apply within three months of the due date of the biennial licensure expiration date. These amendments do not increase the total fees owed. Ms. Johnson reported that she has notified the Governor's office of the draft emergency rule amendments and the time-sensitive nature of the filing. The Board will still need to receive final pre-clearance approval from the Governor's Office before the rulemaking proceeds.

❖ MOVED by CURRY, SECONDED KELLY, to approve and adopt these proposals on an emergency basis as drafted. Motion APPROVED unanimously.

PETITION FOR RULE WAIVER

- *Dr. Niels Oestervemb – Waiver Petition for Subrule 11.4(1)*

Ms. Johnson reported that Dr. Oestervemb has requested a waiver of subrule 11.4(1). Dr. Oestervemb is asking that the Board accept his prior education and training, including two years at the University of Iowa College of Dentistry.

❖ MOVED by CURRY, SECONDED MCCULLOUGH, to approve the waiver as submitted.

Ms. Weeg questioned the nature of Dr. Oestervemb's fellowship. Previous requests were denied if the training was not in the area of general practice. Since the Board does not have much information on the fellowship, this may require further review.

The Board decided to table this discussion to closed session.

PUBLIC COMMENT

Chairman Rovner allowed time for public comment.

CLOSED SESSION

❖ MOVED by KELLY, SECONDED BRADLEY, to go into closed session.

<u>Member</u>	<u>Bradley</u>	<u>Curry</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Kelly</u>	<u>McCullough</u>	<u>Meier</u>	<u>Rovner</u>	<u>Slach</u>
Yes	x	x	x	x	x	x		x	x
No									
Absent							x		

Motion APPROVED by roll call.

➤ The Board convened in closed session at 1:38 p.m.

❖ MOVED by CURRY, SECONDED KELLY, to return to open session. Motion APPROVED unanimously.

➤ The Board reconvened in open session at 2:17 p.m.

OPEN SESSION

REVIEW OF NOTICE OF HEARING & STATEMENT OF CHARGES

▪ *Robert Benson, D.D.S. (11-156)*

Dr. Rovner disclosed a potential conflict of interest, did not participate during the discussion and did not vote on this matter.

❖ MOVED by CURRY, SECONDED KELLY, to approve the Notice of Hearing and Statement of Charges as drafted. The hearing will be scheduled in conjunction with the July 2012 meeting of the Board. Motion APPROVED. .

▪ *Erna McSwain, D.A. (12-007)*

Dr. Rovner and Dr. Fuller disclosed potential conflicts of interest, did not participate during the discussion and did not vote on this matter.

❖ MOVED by KELLY, SECONDED CURRY, to approve the Notice of Hearing and Statement of Charges as drafted. The hearing will be scheduled in conjunction with the July 2012 meeting of the Board. Motion APPROVED.

- *Amy L. DeVries, R.D.H. (12-030)*

❖ MOVED by KELLY, SECONDED CURRY, to approve the Notice of Hearing and Statement of Charges as drafted. The hearing will be scheduled in conjunction with the July 2012 meeting of the Board. Motion APPROVED unanimously.

ADJOURNMENT

❖ MOVED by FULLER, SECONDED CURRY, to adjourn the meeting of the Board. Motion APPROVED unanimously.

Chairman Rovner adjourned the meeting at 2:20 p.m.

Respectfully submitted,

Melanie Johnson, J.D.
Executive Director

MJ/cb

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING:	July 12-13, 2012
RE:	Moderate Sedation & 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.

Public Meeting on July 12, 2012

The Committee will hold a public meeting prior to the quarterly meeting to review applications and related materials.

The Committee will provide the Board with a recommendation regarding the following deep sedation/general anesthesia application:

- **Dr. Luke Freml, D.D.S.**
- **Dr. Kimberly Pingel, D.D.S. – (Dr. Pingel will be submitting an application for deep sedation/general anesthesia. The wrong application was forwarded to the Board office previously.)**

<u>Sponsor</u>	<u>Course Name</u>	<u>Date Submitted for Review</u>	<u>Approved/Denied</u>	<u>Credit Hours</u>
University of Iowa College of Dentistry	Culturally Competent Care in the Dental Office	4/2/2012	approved	2 to Marijo
Consamus & Hampton Dental	OSHA Training for Office	4/2/2012	approved	3 to Marijo
Oral Surgeons PC	Case Selection and Treatment Options to Increase the Predictability of Esthetic Success	4/12/2012	approved	1.5 to Marijo
Metro West Dental	Application of 3D Dentistry for Endodontic Diagnosis	4/9/2012	approved	2 to Marijo
Kiess Kraft Dental Lab	Innovation for Vertical Ridge Augmentation Sinus Lift	4/12/2012	approved	2 to Marijo
South East District Iowa Dental Assistants Association	Radiography Update 2012	4/17/2012	approved	2 to Marijo
Oral Surgery Assoc-Implant Study Club	Building a Strong Team for the Dental Implant Practice	4/3/2012	approved	7 to Marijo
Eastern Iowa Community College	Dental Infection Control	4/23/2012	approved	2 to Marijo
Lifetime Dental Solutions	Cerec Mastery-Rapid Integration Into Your Practice	4/30/2012	approved	15 to Marijo
Southeast District Dental Society	Orofacial Pain: Diagnosis, Mechanisms & Management	4/30/2012	approved	3.5 to Marijo
Spring Park Oral & Maxillofacial Surgeons	Abutment Selection and Digital Impressioning with Implants	6/15/2012		
IDPH	I-Smile oral Health Coordinator Meeting	5/14/2012		
Kiess Kraft Dental Lab	When Bad Implants Happen to Good People	6/6/2012		
Periodontal Specialists	Setting Your Team on Fire For Patient Care	6/4/2012		
Iowa Head Start Association	Healthy Smiles	6/4/2012		
Eastern Iowa Community College	TMJ/TMD What is it & What Do I Do Now?	5/22/2012		

*As of June 21, 2012

CONTINUING EDUCATION SPONSOR APPLICATIONS

- a. G.V. Black Dental Study Group of Des Moines*
- b. Indian Hills Community College
- c. Iowa Dental Hygienists' Association*
- d. Compliance Training Partners/HPTC LLP
- e. Midwest Gnathostatic Research & Study Group*
- f. Tallcorn Dental Symposium (TCDP)*

*Applying for recertification of sponsor status

Received as of June 29, 2012

Added 6/29/12

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: July 12-13, 2012
RE: Approval of FY'13 Budget
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Review and Approval of FY'13 Budget

Fiscal Year 2013 Budget

State fiscal year 2013 began on July 1, 2012 and ends on June 30, 2013. Prior to the start of the each fiscal year, all agencies must enter their estimated budget for the upcoming year into the state's accounting system (referred to as the "I-3 system"). This includes projected revenue and expenses. Board staff entered the Board's FY'13 projected budget into I-3 by the due date in May. The budget that was entered can be revised to reflect any changes to the staff's preliminary allocation of funds that the Board may require after its review of the attached FY13 budget projection.

Review and Recommendation from Executive Committee

The members of the Executive Committee will be briefed on the details of the FY'13 projected budget including revenue projections, fixed expenses, technology expenses, other planned expenditures, and assumptions that were made when preparing the estimated budget. The Executive Committee will make a recommendation to the full Board concerning approval of , or revisions to, the FY'13 budget.

Attached for Review

- ❖ FY'13 projected IDB budget
- ❖ FY'12 financials as of May 31, 2012

IOWA DENTAL BOARD BUDGET PROJECTIONS FY2013

Updated - June 12, 2012

IDB PROJECTED FY'12 INCOME (All Sources):	<u>Original</u>	Description of how calculated
	<u>Projection</u>	
Fees	\$ 730,000.00	Based on historical information for DDS renewal years. FY'09 = \$720,070; FY'11 = \$734,769
Fees (\$8.2)	\$ 72,500.00	Based on 3 yrs. Historical: FY'09 = \$67,333, FY'10 = \$82,836, FY'11 = \$73,891
lowAccess Grant	\$ 95,520.00	
User Fees - Online Payment Costs, EA&A	\$ 37,797.00	
FY2013 Start-up	\$ 81,000.00	
Carryover(FY2012)*	\$ 174,025.00	
TOTAL:	\$ 1,190,842.00	

EXPENSES:

Class	FY13 Projection
101 - Personal Services **	\$ 617,494.00
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	\$ 6,000.00
301 - Office Supplies	\$ 8,000.00
309 - Printing & Binding	\$ 10,000.00
313 - Postage	\$ 9,500.00
401 - Communications	\$ 12,250.00
402 - Rent	\$ 50,200.00
405 - Professional & Scientific Services	\$ 7,000.00
406 - Outside Services**	\$ 13,750.00
407 - Intrastate Transfers	\$ 2,600.00
409 - Outside Repairs	\$ 1,000.00
414 - Reimbursement to Other Agencies	\$ 21,000.00
416 - ITD Reimbursement	\$ 23,310.00
432 - AG Reimbursement	\$ 20,500.00
433 - Auditor Reimbursement	\$ 2,000.00
501 - Equipment	\$ 17,000.00
502 - Office Equipment	\$ 500.00
503 - Equipment Non-Inventory	\$ 50.00
510 - IT Equipment & Software	\$ 186,446.00
601 - Claims (Carryover)	\$ 71,000.00
602 - Other Expenses & Obligations (includes contingency fund)	\$ 97,082.00
Total:	\$ 1,190,842.00

Dental Board Financial Report As of May 31, 2012

REVENUES	FY11	FINAL	FY11	Revised 04.25.12	FY12	FY12
	Estimated Budget	FY11	% Spent	FY12	Actual as of	% Spent
		Actual as of	(Actual/Budget)	Estimated Budget	05.31.12	(Actual/Budget)
Prior FY Carryover of fees	180,568.18	180,568.18	100%	147,910.69	147,910.69	100%
204 Intra-State Transfers	252,599.00	157,119.49	62%	104,339.00	-	0%
401 Licensing Fees (new and renewal) (0521,0529,0530)	729,999.82	734,608.87	101%	698,089.31	832,128.40	119%
401 §8.2 reimbursement receipts (0512,0570,0578)				72,500.00	67,901.00	
Revenue Total	1,163,167.00	1,072,296.54	92%	1,022,839.00	1,047,940.09	102%
Class EXPENDITURES						
101 Personnel	653,563.00	651,650.49	100%	585,275.00	527,495.31	90%
202 In-State Travel	10,000.00	8,241.53	82%	9,500.00	8,383.96	88%
203 State Vehicle Operation	3,000.00	2,171.40	72%	2,500.00	1,972.88	79%
204 State Vehicle Depreciation	2,160.00	-	0%	2,160.00	-	0%
205 Out-of-State Travel	4,831.00	1,978.90	0%	3,500.00	3,965.43	0%
301 Office Supplies	510.00	448.19	88%	7,500.00	7,046.62	94%
309 Printing and Binding	490.00	(2,558.75)	-522%	9,000.00	5,859.93	65%
313 Postage	500.00	(5,649.55)	-1130%	9,000.00	10,745.42	119%
401 Communications	8,500.00	8,243.60	97%	9,500.00	8,919.48	94%
402 Rentals	50,118.00	43,482.73	87%	50,200.00	49,396.58	98%
405 Professional & Scientific Services	4,900.00	1,808.50	37%	2,500.00	2,937.50	118%
406 Outside Services	1,000.00	(1,476.26)	-148%	1,750.00	22,448.45	1283%
407 Intra-State Transfers	100.00	28.12	28%	100.00	13.88	14%
409 Outside Repairs	2,000.00	1,797.35	90%	1,000.00	638.00	64%
411 Attorney General Reimbursement	22,000.00	19,134.61	87%	-	-	0%
412 Auditor of State Reimbursement	2,000.00	1,242.97	62%	-	-	0%
414 Reimbursement to other Agencies	4,000.00	1,838.94	46%	15,500.00	12,878.71	83%
416 ITD Reimbursements	15,000.00	13,645.76	91%	23,600.00	11,828.40	50%
432 Gov Transfer Attorney General	-	-	0%	21,000.00	14,372.10	68%
433 Gov Transfer Auditor of State	-	-	0%	2,000.00	490.73	25%
501 Equipment/Non-Inventory	24,000.00	-	0%	1,221.00	-	0%
502 Office Equipment	1,100.00	498.00	45%	100.00	918.00	918%
503 Equipment/Non-Inventory	875.00	884.75	101%	50.00	-	0%
510 IT Equipment	281,414.00	176,939.57	63%	145,355.00	6,514.51	4%
601 Claims	-	-	0%	-	-	0%
602 Other Expenses & Obligations	96.00	25.00	26%	49,518.00	-	0%
701 Licenses	-	-	-	-	-	0%
705 Refund	10.00	10.00		10.00	500.00	
Expenditure Total	1,092,167.00	924,385.85	85%	951,839.00	697,325.89	73%
RECAP	FY11 Budget	FY11 TO DATE	FY11 %	FY12 Budget	FY12 TO DATE	FY11 %
Total Revenue	1,163,167.00	1,072,296.54	92%	1,022,839.00	1,047,940.09	102%
Total Expenditures	1,092,167.00	924,385.85	85%	951,839.00	697,325.89	73%
Balance	71,000.00	147,910.69		71,000.00	350,614.20	
Approp Close Out &/or Appeal Boards						
Estimated Carry Forward to next Fiscal Year	71,000.00	147,910.69		71,000.00	350,614.20	

Added 6/29/12

REPORT TO THE IOWA DENTAL BOARD

FOR DISCUSSION

DATE OF MEETING: July 12-13, 2012
RE: **Annual Fee Review – Preliminary; Final Review in October**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Discussion of Process for Annual Fee Review

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 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.

Last year a preliminary review of the Board's fees occurred in July, 2011 with a final review at the October, 2011 meeting. At the July 21, 2011 meeting the Board decided that the Executive Committee would review financial and staffing information and then bring a recommendation to the Board.

We are recommending that the Board follow a similar process this year to allow for sufficient time to initiate any changes in the fee structure, should the Board determine that action is necessary to remain compliant with the statutory requirement that fees cover expenses.

The following process is submitted for the Board's consideration:

July 12-13, 2012 Quarterly Meeting	Preliminary review
August 31, 2012	Actual year-end numbers available
September – October, 2012	Review final numbers; revise, as needed, projected FY13 revenue and expenses. Executive Committee members, or a Budget Review Committee appointed by the Board Chair, meet with Board office staff to review budget, fees and develop a recommendation for the Board.
October 24-5, 2012 Quarterly Meeting	Annual Fee Review; Committee Recommendation to Board

REPORT TO THE IOWA DENTAL BOARD

FYI ONLY

DATE OF MEETING: July 12-13, 2012
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

Current Numbers (as of 6/21/12) 2012
Totals

Self Reports	1
Current Participants	13
Contracts under Review	0
Discharged Participants	2

REPORT TO THE IOWA DENTAL BOARD

FYI ONLY

DATE OF MEETING: July 12-13, 2012
RE: **Rules: Amendments to Chapter 15, Fees
ARC #0164C**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: None.

Summary

Emergency Adopted & Filed rule amendments were approved by the Board at its May 18, 2012 telephonic meeting.

The amendments streamlined the initial licensure process for dentist applicants applying for a license within three months of the next renewal due date. Applicants applying this close to a renewal cycle are now able to pay the application fee and the renewal fee at the same time. Their licenses will be issued for a period of 24 months plus the amount of time remaining until the next renewal due date.

This change eliminates the need for applicants to submit two separate applications and fees within one three-month period. These amendments allow an applicant to submit one application and pay one combined fee of \$515 (\$200 application fee plus the \$315 renewal fee due August 31, 2012). At the time the application for licensure is approved, the license is issued and valid for a period of 27 months (24 months plus the 3 months remaining until the August 31, 2012, renewal).

Effective Date

These amendments became effective on May 21, 2012.

Attached for Review

- ❖ ARC 0164C, published in the Iowa Administrative Bulletin on 6/13/12



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NUMBER 25
Pages 1627 to 1680

CONTENTS IN THIS ISSUE

Pages 1635 to 1680 include **ARC 0148C** to **ARC 0165C** and **ARC 0167C** to **ARC 0174C**

ACCOUNTANCY EXAMINING BOARD[193A]

Professional Licensing and Regulation Bureau[193]
COMMERCE DEPARTMENT[181]"umbrella"

Filed, Definition of "attest"; removal of
reference to biennial renewal, 1.1, 12.3,
13.6(1) **ARC 0174C** 1662

ALCOHOLIC BEVERAGES DIVISION[185]

COMMERCE DEPARTMENT[181]"umbrella"

Notice, Dramshop policy requirements,
5.8, 12.2(12) **ARC 0157C** 1635

ALL AGENCIES

Agency identification numbers 1633
Citation of administrative rules 1629
Schedule for rule making 1630

CAPITAL INVESTMENT BOARD, IOWA[123]

Amended Notice, Verification of tax
credits for investment in fund of funds,
4.2, 4.5 **ARC 0169C** 1637

COLLEGE STUDENT AID COMMISSION[283]

EDUCATION DEPARTMENT[281]"umbrella"

Notice, Washington, D.C., internship
grant, rescind ch 16 **ARC 0160C** 1637

DENTAL BOARD[650]

PUBLIC HEALTH DEPARTMENT[641]"umbrella"

Notice, Dental assistants, 20.2, 20.4, 20.6
ARC 0170C 1638

Filed Emergency, Licensure; fees, 15.1
ARC 0164C 1660

ENGINEERING AND LAND SURVEYING

EXAMINING BOARD[193C]

Professional Licensing and Regulation Bureau[193]
COMMERCE DEPARTMENT[181]"umbrella"

Notice, Land surveyors—title change
to professional land surveyor,
amendments to chs 1 to 9, 11, 12
ARC 0156C 1640

Notice, Land surveyor licensure by
comity; unethical or illegal conduct,
5.2, 8.2(6)"a" **ARC 0159C** 1646

ENVIRONMENTAL PROTECTION

COMMISSION[567]

NATURAL RESOURCES DEPARTMENT[561]"umbrella"

Amended Notice, Air quality, 20.2,
22.3(3), 22.100, 22.108(3), 25.1
ARC 0162C 1647

Notice, Emission standards, 23.1 **ARC 0165C**... 1648
Filed, Hazardous waste, rescind chs 140,
141, 148, 150, 151 **ARC 0161C** 1663

FAIR BOARD[371]

Filed, State fair—general practices,
year-round activities, amendments to
chs 1, 3 to 8 **ARC 0163C** 1664

HUMAN SERVICES DEPARTMENT[441]

Filed, Family investment and food
assistance programs—determination of
self-employment income, 40.27(4)"b,"
41.27(2), 65.29(1) **ARC 0148C** 1665

Filed, Medicaid for employed people
with disabilities—premiums, reopening
of cases canceled for nonpayment,
75.1(39)"b" **ARC 0149C** 1668

DENTAL BOARD[650]

Adopted and Filed Emergency

Pursuant to the authority of Iowa Code section 147.76, the Dental Board hereby adopts amendments to Chapter 15, "Fees," Iowa Administrative Code.

These amendments are included in a Notice of Intended Action published in the Iowa Administrative Bulletin on May 16, 2012, as **ARC 0128C**.

The amendments streamline the initial licensure process for dentist applicants applying for a license within three months of the next renewal due date. Applicants applying this close to a renewal cycle will be able to pay the application fee and the renewal fee at the same time. Their licenses will be issued for a period of 24 months plus the amount of time remaining until the next renewal due date. This change will eliminate the need for applicants to submit two separate applications and fees within one three-month period. For example, under existing rules a dentist graduating in May 2012 who submits an application for an Iowa dental license will pay a \$200 application fee. Dental licenses are valid for a 24-month period and are renewed in even-numbered years. This newly licensed dentist must renew the license by August 31, 2012, and pay the renewal fee of \$315. This requires the submittal of two applications (one for initial licensure and one for the renewal application due by August 31, 2012) and two checks (a \$200 licensure application fee and a \$315 fee for renewal) within a very short period. These amendments allow the applicant in this example to submit one application and pay one combined fee of \$515 (\$200 application fee plus the \$315 renewal fee due August 31, 2012). At the time the application for licensure is approved, the license would be issued and valid for a period of 27 months (24 months plus the 3 months remaining until the August 31, 2012, renewal). This change will impact applicants who are applying within three months of a biennial renewal due date.

In compliance with Iowa Code section 17A.4(3), the Board finds that notice and public participation are unnecessary because the amendments do not change requirements or increase fees. The amendments simplify the initial licensure process during a year when licenses must also be renewed. These amendments are in response to input from former applicants, current licensees, and representatives of private dental profession groups.

The Board also finds, pursuant to Iowa Code section 17A.5(2)"b"(2), that the normal effective date of these amendments should be waived and these amendments should be made effective upon filing, as they confer a benefit on dentist applicants who will be seeking licensure this spring and summer. These amendments have been adopted and implemented on an emergency basis due to time-sensitive deadlines. Dentists graduate in May and will be applying for initial licensure shortly thereafter. Dental licenses must be renewed by August 31, 2012. These amendments will permit applicants to apply for a license and pay the renewal fee at one time, and the applicants will receive a longer initial license period. These emergency amendments will only apply to dentist applicants. Similar amendments that cover other dental professionals are included in the Notice of Intended Action published in the Iowa Administrative Bulletin on May 16, 2012, as **ARC 0128C**.

The Dental Board adopted these amendments on May 18, 2012.

After analysis and review of this rule making, it was determined that these amendments could have a positive impact on jobs. This rule making helps new graduates obtain their initial dental licenses and renew at the same time during a renewal year, which eliminates the need for double applications and separate payments in a short period of time. New licensees will receive initial licenses that are valid for 24 months plus the amount of time remaining until the renewal due date (August 31, 2012). The new licensees would be authorized to start employment upon issuance of the license, and they will not need to submit a separate renewal application for 2012.

These amendments became effective on May 21, 2012.

These amendments are intended to implement Iowa Code section 153.33.

The following amendments are adopted.

ITEM 1. Amend rule 650—15.1(153), introductory paragraph, as follows:

650—15.1(153) License application Application fees. All fees are nonrefundable.

ITEM 2. Amend subrule 15.1(1) as follows:

15.1(1) Dental licensure on the basis of examination. The fees for a dental license issued on the basis of examination include an application fee, a fee for evaluation of a fingerprint packet and criminal background check and, if the applicant is applying within three months or less of a biennial renewal due date, the renewal fee.

a. Application fee. The application fee for a license to practice dentistry is \$200.

b. Initial licensure period and renewal period. If an applicant applies within three months or less of a biennial renewal due date, the applicant shall pay the renewal fee along with the licensure application fee. A license shall not be issued for a period less than three months or longer than two years and three months. Thereafter, a licensee shall pay the renewal fee as specified in 650—15.2(153).

c. Fingerprint packet and criminal history check. The fee for evaluation of a fingerprint packet and criminal background check is as specified in subrule 15.1(14).

ITEM 3. Amend subrule 15.1(5) as follows:

15.1(5) Dental licensure on the basis of credentials. The fees for a dental license issued on the basis of credentials include an application fee, an initial licensure fee, and a fee for evaluation of a fingerprint packet and criminal background check.

a. Application fee. The application fee for a license to practice dentistry issued on the basis of credentials is \$550.

b. Initial licensure period and renewal period. If an applicant applies within three months or less of a biennial renewal due date, the applicant shall pay the renewal fee along with the licensure application fee. A license shall not be issued for a period less than three months or longer than two years and three months. Thereafter, a licensee shall pay the renewal fee as specified in 650—15.2(153).

c. Fingerprint packet and criminal history check. The fee for evaluation of a fingerprint packet and criminal background check is as specified in subrule 15.1(14).

[Filed Emergency 5/21/12, effective 5/21/12]

[Published 6/13/12]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 6/13/12.

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: July 12-13, 2012

RE: Final Rules Amendments: Chapter 10, "General Requirements," Chapter 11, "Licensure to Practice Dentistry or Dental Hygiene," Chapter 12, "Dental and Dental Hygiene Examinations," Chapter 13, "Special Licenses," Chapter 14, "Renewal," Chapter 15, "Fees," Chapter 20, "Dental Assistants," Chapter 22, "Dental Assistant Radiography Qualification," Chapter 25, "Continuing Education," Chapter 29, "Sedation and Nitrous Oxide Inhalation Analgesia," and Chapter 51, "Contested Cases, "Dental Assistants."

SUBMITTED BY: Melanie Johnson, Executive Director

ACTION REQUESTED: Adoption of Final Rule Amendments

Summary

Proposed rules were published in the Iowa Administrative Bulletin on May 16, 2012. These amendments:

- Update the rules to reflect changes related to a new licensing database system.
- Combine fee information currently located in nine chapters into one chapter to make the rules more user-friendly and understandable. These amendments consolidate renewal and reinstatement information currently located in multiple chapters into one chapter for ease of reference.
- Provide that users of the online system will pay a service charge in addition to regular fees for Board services. Service charges are costs charged by external entities for the online system (e.g., fees charged banks for credit card processing, e-payment fees payable to DAS-ITE and the Treasurer of State, and DAS-ITE charge for Enterprise Authentication for each person who logs on to the system).
- Streamline the initial licensure process for applicants applying for a license within three months of the next renewal due date.
- Implement 2011 Iowa Acts, Senate File 438, regarding licensure by credentials. This recent statutory change directed the Board to establish by rule the regional clinical examinations that will be accepted for licensure by credentials. The amendments identify the following regional examinations as approved by the Board for purposes of applications for licensure by credentials: Central Regional Dental Testing Service, Inc. (CRDTS), the Western Regional Examining Board, Inc. (WREB), Southern Regional Testing Agency (SRTA), North East Regional Board of Dental Examiners (NERB), and Council of Interstate Testing Agencies (CITA).

A public hearing about the proposed amendments was held on June 5, 2012. No written comments were received.

Adoption of Final Amendments

The Board is being asked to adopt final rule amendments. There are no changes recommended to the proposed rule amendments. If approved by the Board, these amendments would become effective on September 12, 2012.

Attached for Review

- ❖ ARC 0128C, Notice of Intended Action, IAB 5/16/12

DENTAL BOARD[650]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 147.76, the Dental Board hereby gives Notice of Intended Action to amend Chapter 10, “General Requirements,” Chapter 11, “Licensure to Practice Dentistry or Dental Hygiene,” Chapter 12, “Dental and Dental Hygiene Examinations,” Chapter 13, “Special Licenses,” Chapter 14, “Renewal,” Chapter 15, “Fees,” Chapter 20, “Dental Assistants,” Chapter 22, “Dental Assistant Radiography Qualification,” Chapter 25, “Continuing Education,” Chapter 29, “Sedation and Nitrous Oxide Inhalation Analgesia,” and Chapter 51, “Contested Cases,” Iowa Administrative Code.

These proposed amendments:

- Update the rules to reflect changes related to a new licensing database system. The new system will offer online filing of all applications (e.g., initial licensure, registration, renewals, reinstatements, reactivation, and continuing education courses) and complaints; license verification; and other electronic services that will increase access to Board services. The amendments eliminate collection of unnecessary application information, streamline the application process and provide for a paperless process.

- Combine fee information currently located in nine chapters into one chapter to make the rules more user-friendly and understandable. These amendments consolidate renewal and reinstatement information currently located in multiple chapters into one chapter for ease of reference.

- Provide that users of the online system will pay a service charge in addition to regular fees for Board services. Service charges are costs charged by external entities for the online system (e.g., fees charged banks for credit card processing, e-payment fees payable to DAS-ITE and the Treasurer of State, and DAS-ITE charge for Enterprise Authentication for each person who logs on to the system).

- Streamline the initial licensure process for applicants applying for a license within three months of the next renewal due date. Applicants applying close to a renewal cycle will pay the application fee and the renewal fee at the same time. Their licenses will be issued for a period of 24 months plus the amount of time remaining until the next renewal due date. This change will eliminate the need for applicants to submit two separate applications and fees within one three-month period. For example, under existing rules a dentist graduating in May 2012 who submits an application for an Iowa dental license will pay a \$200 application fee. Dental licenses are valid for a 24-month period and are renewed in even-numbered years. This newly licensed dentist must renew the license by August 31, 2012, and pay the renewal fee of \$315. This requires the submittal of two applications (one for initial licensure and one for the renewal application due by August 31, 2012) and two checks (a \$200 licensure application fee and a \$315 fee for renewal) within a very short period. The proposed amendments would allow the applicant in this example to submit one application and pay one combined fee of \$515 (\$200 application fee plus the \$315 renewal fee due August 31, 2012). At the time the application for licensure is approved, the license would be issued and valid for a period of 27 months (24 months plus the 3 months remaining until the August 31, 2012, renewal). This change will impact only applicants who are applying within three months of a biennial renewal due date.

- Implement 2011 Iowa Acts, Senate File 438, regarding licensure by credentials. This recent statutory change directed the Board to establish by rule the regional clinical examinations that will be accepted for licensure by credentials. The amendments identify the following regional examinations as approved by the Board for purposes of applications for licensure by credentials: Central Regional Dental Testing Service, Inc. (CRDTS), the Western Regional Examining Board, Inc. (WREB), Southern

Regional Testing Agency (SRTA), North East Regional Board of Dental Examiners (NERB), and Council of Interstate Testing Agencies (CITA).

Written comments about the proposed amendments will be accepted through June 5, 2012. Comments should be directed to Melanie Johnson, Executive Director, Iowa Dental Board, 400 SW 8th Street, Suite D, Des Moines, Iowa 50309-4687, or by e-mail to Melanie.Johnson@iowa.gov.

A public hearing will be held on June 5, 2012, at 2:30 p.m. at the office of the Iowa Dental Board located at 400 SW 8th Street, Suite D, Des Moines, Iowa. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendments. Any person who plans to attend the public hearing and who may have special requirements, such as those related to hearing or mobility impairments, should contact the Board office and advise of specific needs.

These amendments were approved at the December 16, 2011, meeting of the Iowa Dental Board.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 153.33.

The following amendments are proposed.

ITEM 1. Amend subrule 10.6(1) as follows:

10.6(1) *Change of address or name.* Each person licensed or registered by the board must notify the board, ~~in writing~~ by written correspondence or through the board's online system, of a change of legal name or address within 60 days of such change. Proof of a legal name change, such as a notarized copy of a marriage certificate, must accompany the request for a name change.

ITEM 2. Amend rule 650—11.1(147,153) as follows:

650—11.1(147,153) Applicant responsibilities. An applicant for dental or dental hygiene licensure bears full responsibility for each of the following:

1. Paying all fees charged by regulatory authorities, national testing or credentialing organizations, health facilities, and educational institutions providing the information required to complete a license or permit application; and

2. Providing accurate, up-to-date, and truthful information on the application form including, but not limited to, prior professional experience, education, training, examination scores, and disciplinary history.

3. Submitting complete application materials. An application for a license, permit, or registration or reinstatement of a license or registration will be considered active for 180 days from the date the application is received. For purposes of establishing timely filing, the postmark on a paper submittal will be used, and for applications submitted online, the electronic timestamp will be deemed the date of filing. If the applicant does not submit all materials, including a completed fingerprint packet, within this time period or if the applicant does not meet the requirements for the license, permit, registration or reinstatement, the application shall be considered incomplete. An applicant whose application is filed incomplete must submit a new application and application fee.

ITEM 3. Amend rule 650—11.2(147,153) as follows:

650—11.2(147,153) Dental licensure by examination.

11.2(1) Applications for licensure to practice dentistry in this state shall be made on the form provided by the board and must be ~~completely answered, including complete and include~~ required credentials and documents.

11.2(2) Applications for licensure must be filed with the board along with:

a. Documentation of graduation from dental college. Satisfactory evidence of graduation with a DDS or DMD from an accredited dental college approved by the board or satisfactory evidence of meeting the requirements specified in rule 650—11.4(153).

b. Certification of good standing from dean or designee. Certification by the dean or other authorized representative of the dental school that the applicant has been a student in good standing while attending that dental school.

c. ~~Certification~~ Evidence of good standing in each state where licensed. If the applicant is a dentist licensed by another jurisdiction, the applicant shall furnish ~~certification from the board of dental examiners of that jurisdiction that~~ evidence that the applicant is a licensed dentist in good standing in those states in which the applicant is licensed.

d. Documentation of passage of national dental examination. Evidence of successful completion of ~~Part I and Part II~~ of the examination, ~~with resulting scores~~, administered by the Joint Commission on National Dental Examinations. ~~At the discretion of the board, any~~ Any dentist who has lawfully practiced dentistry in another state or territory for five years may be exempted from presenting this evidence.

e. Documentation of passage of a regional clinical examination.

(1) Successful passage of CRDTS. Evidence of successful completion of the examination taken in the last five years, ~~with resulting scores~~, administered by the Central Regional Dental Testing Service, Inc. (CRDTS).

(2) Special transition period for dentists passing WREB or ADEX examination prior to September 1, 2011. An applicant who has successfully taken and passed the WREB or ADEX examination within the five years prior to September 1, 2011, may apply for licensure by examination by submitting evidence of successful completion of the WREB or ADEX examination.

f. to h. No change.

i. Current CPR certification. Evidence A statement:

(1) Confirming that the applicant possesses a valid certificate in from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a “hands-on” clinical component;

(2) Providing the expiration date of the CPR certificate; and

(3) Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.

j. ~~Current photograph.~~ A photograph of the applicant suitable for positive identification.

k. j. Completed fingerprint packet. A completed fingerprint packet to facilitate a criminal history background check by the DCI and FBI.

11.2(3) The board may require a personal appearance or any additional information relating to the character, education and experience of the applicant.

11.2(4) Applications must be signed and ~~notarized~~ verified as to the truth of the statements contained therein.

This rule is intended to implement Iowa Code sections 147.3, 147.29, and 147.34.

ITEM 4. Amend rule 650—11.3(153) as follows:

650—11.3(153) Dental licensure by credentials.

11.3(1) Applications for licensure by credentials to practice dentistry in this state shall be made on the form provided by the board and must be completely answered, including required credentials and documents.

11.3(2) Applications must be filed with the board along with:

a. Satisfactory evidence of graduation with a DDS or DMD from an accredited dental college approved by the board or satisfactory evidence of meeting the requirements specified in rule 650—11.4(153).

b. Evidence of successful completion of ~~Parts I and II~~ of the examination of the Joint Commission on National Dental Examinations, ~~with resulting scores~~, or evidence of having passed a written examination during the last ten years that is comparable to the examination given by the Joint Commission on National Dental Examinations. Any dentist who has lawfully practiced dentistry in another state or territory for five years may be exempted from presenting this evidence.

c. A statement of any dental examinations taken by the applicant, ~~with resulting scores~~ with indication of pass/fail for each examination taken. Any dentist who has lawfully practiced dentistry in another state or territory for five or more years may be exempted from presenting this evidence.

d. Evidence of a current, valid license to practice dentistry in another state, territory or district of the United States issued ~~upon clinical examination~~ under requirements equivalent or substantially equivalent to those of this state.

~~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. Evidence that the applicant has met at least one of the following:~~

~~(1) Passed an examination approved by the board in accordance with Iowa Code section 147.34(1) and administered by a regional or national testing service. The clinical examinations approved by the board are specified in 650—subrule 12.1(5); or~~

~~(2) Has for three consecutive years immediately prior to the filing of the application been in the lawful practice of dentistry in such other state, territory or district of the United States.~~

~~f. Certification by Evidence from the state board of dentistry, or equivalent authority, from each state in which applicant has engaged in the been licensed to practice of dentistry, that the applicant has not been the subject of final or pending disciplinary action.~~

~~g. A statement disclosing and explaining any disciplinary actions, investigations, malpractice claims, complaints, judgments, settlements, or criminal charges, including the results of a self-query of the National Practitioners Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).~~

~~h. The nonrefundable application fee for licensure by credentials, plus the fee for the evaluation of the fingerprint packet and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI), as specified in 650—Chapter 15.~~

~~i. Current CPR certification. Evidence A statement:~~

~~(1) Confirming that the applicant possesses a valid certificate in from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a “hands-on” clinical component;~~

~~(2) Providing the expiration date of the CPR certificate; and~~

~~(3) Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.~~

~~j. Evidence of successful completion of the jurisprudence examination administered by the board of dental examiners Iowa dental board.~~

~~k. A photograph of the applicant suitable for positive identification.~~

~~l. k. A completed fingerprint packet to facilitate a criminal history background check by the DCI and FBI.~~

11.3(3) The board may require a personal appearance or may require any additional information relating to the character, education, and experience of the applicant.

11.3(4) The board may also require such examinations as may be necessary to evaluate the applicant for licensure by credentials.

11.3(5) Applications must be signed and notarized verified attesting to the truth of the statements contained therein.

This rule is intended to implement Iowa Code chapters 147 and 153.

ITEM 5. Amend subrule 11.5(2) as follows:

11.5(2) Applications for licensure must be filed with the dental hygiene committee along with:

a. *Documentation of graduation from dental hygiene school.* Satisfactory evidence of graduation from an accredited school of dental hygiene approved by the dental hygiene committee.

b. *Certification of good standing from dean or designee.* Certification by the dean or other authorized representative of the school of dental hygiene that the applicant has been a student in good standing while attending that dental hygiene school.

c. ~~Certification~~ *Evidence of good standing in each state where licensed.* If the applicant is licensed as a dental hygienist by another jurisdiction, the applicant shall furnish ~~certification~~ evidence from the appropriate examining board of that jurisdiction that the applicant is a licensed dental hygienist in good standing.

d. Documentation of completion of national examination. Evidence of successful completion of the examination, ~~with resulting scores~~, administered by the Joint Commission on National Dental Examinations.

e. Passage of regional clinical examination.

(1) Successful passage of CRDTS. Evidence of ~~successful completion of the examination taken having successfully completed~~ in the last five years, ~~with resulting scores~~, the examination administered by the Central Regional Dental Testing Service, Inc. (CRDTS).

(2) Special transition period for dental hygienists passing WREB examination prior to September 1, 2011. An applicant who has successfully taken and passed the WREB examination within the five years prior to September 1, 2011, may apply for licensure by examination by submitting evidence of successful completion of the WREB examination.

f. Payment of application, fingerprint and background check fees. The nonrefundable application fee, plus the fee for the evaluation of the fingerprint packet and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI), as specified in 650—Chapter 15.

g. Documentation of passage of jurisprudence examination. Evidence of successful completion of the jurisprudence examination administered by the dental hygiene committee.

h. Current CPR certification. Evidence A statement:

(1) Confirming that the applicant possesses a valid certificate in from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a “hands-on” clinical component;

(2) Providing the expiration date of the CPR certificate; and

(3) Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.

i. Explanation of any legal or administrative actions. A statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, or criminal charges, including the results of a self-query of the National Practitioners Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

~~*j. Current photograph.* A photograph of the applicant suitable for positive identification.~~

~~*k. j. Completed fingerprint packet.* A completed fingerprint packet to facilitate a criminal history background check by the DCI and FBI.~~

ITEM 6. Amend subrule 11.5(4) as follows:

11.5(4) Applications must be signed and ~~notarized~~ verified as to the truth of the statements contained therein.

ITEM 7. Amend subrule 11.6(2) as follows:

11.6(2) Applications must be filed with the dental hygiene committee along with:

a. Satisfactory evidence of graduation from an accredited school of dental hygiene approved by the dental hygiene committee.

b. Evidence of successful completion of the examination of the Joint Commission on National Dental Examinations ~~with resulting scores~~, or evidence of having passed a written examination that is comparable to the examination given by the Joint Commission on National Dental Examinations.

c. A statement of any dental hygiene examinations taken by the applicant, ~~with resulting scores~~ with indication of pass/fail for each examination taken. Any dental hygienist who has lawfully practiced dental hygiene in another state or territory for five or more years may be exempted from presenting this evidence.

d. Evidence of a current, valid license to practice dental hygiene in another state, territory or district of the United States issued ~~upon clinical examination~~ under requirements equivalent or substantially equivalent to those of this state.

e. ~~Certification by the 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 dental hygiene in that state for three years immediately~~

~~preceding the date of application or evidence of practice satisfactory to the dental hygiene committee.~~
Evidence that the applicant has met at least one of the following:

(1) Passed an examination approved by the board in accordance with Iowa Code section 147.34(1) and administered by a regional or national testing service. The clinical examinations approved by the board are specified in 650—subrule 12.1(5).

(2) Has for three consecutive years immediately prior to the filing of the application been in the lawful practice of dental hygiene in such other state, territory or district of the United States.

~~f. Certification by~~ Evidence from the state board of dentistry, or equivalent authority, in each state in which applicant has ~~engaged in the~~ been licensed to practice of dental hygiene, that the applicant has not been the subject of final or pending disciplinary action.

g. A statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, or criminal charges, including the results of a self-query of the National Practitioners Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

h. The nonrefundable application fee for licensure by credentials, ~~plus the initial licensure fee and the fee for the evaluation of the fingerprint packet and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI), as specified in 650—Chapter 15.~~

~~i. Evidence~~ A statement:

(1) Confirming that the applicant possesses a valid certificate in from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a “hands-on” clinical component;

(2) Providing the expiration date of the CPR certificate; and

(3) Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.

j. Successful completion of the jurisprudence examination administered by the dental hygiene committee.

~~k. A photograph of the applicant suitable for positive identification.~~

~~l. k.~~ A completed fingerprint packet to facilitate a criminal history background check by the DCI and FBI.

ITEM 8. Amend subrule 11.6(5) as follows:

11.6(5) Applications must be signed and ~~notarized~~ verified attesting to the truth of the statements contained therein.

ITEM 9. Amend subrule 11.7(2) as follows:

11.7(2) Permit renewal. ~~Prior to June 30, 2006, the permit shall expire on June 30 of every even-numbered year. For the renewal period beginning July 1, 2006, and ending June 30, 2007, the permit shall expire on June 30, 2007. A permit due to expire on June 30, 2007, shall be automatically extended until August 30, 2007, and expire August 31, 2007. After August 30, 2007, the~~ The permit shall expire on August 31 of every odd-numbered year. To renew the permit, the dental hygienist must:

a. At the time of renewal, document evidence of holding an active Iowa dental hygiene license.

b. Submit the application fee for renewal of the permit as specified in 650—Chapter 15.

ITEM 10. Adopt the following new subrule 12.1(5):

12.1(5) *Clinical examinations accepted for purposes of licensure by credentials.* The board is authorized by 2011 Iowa Code Supplement section 153.21 to establish the regional or national testing service examinations that will be accepted for purposes of licensure by credentials. The following regional examinations are approved by the board for purposes of application for licensure by credentials submitted pursuant to 650—Chapter 11: Central Regional Dental Testing Service, Inc. (CRDTS), Western Regional Examining Board, Inc. (WREB), Southern Regional Testing Agency (SRTA), North East Regional Board of Dental Examiners (NERB), and Council of Interstate Testing Agencies (CITA).

ITEM 11. Adopt the following **new** subrule 12.3(5):

12.3(5) *Clinical examinations accepted for purposes of licensure by credentials.* The board is authorized by 2011 Iowa Code Supplement section 153.21 to establish the regional or national testing service examinations that will be accepted for purposes of licensure by credentials. The following regional examinations are approved by the board for purposes of application for licensure by credentials submitted pursuant to 650—Chapter 11: Central Regional Dental Testing Service, Inc. (CRDTS), Western Regional Examining Board, Inc. (WREB), Southern Regional Testing Agency (SRTA), North East Regional Board of Dental Examiners (NERB), and Council of Interstate Testing Agencies (CITA).

ITEM 12. Amend subrule 13.1(5) as follows:

13.1(5) A resident license may be extended past the original expected completion date of the training program at the discretion of the board. A licensee who wishes to extend the expiration date of the license shall submit to the board office an extension application ~~to the board~~ that includes a letter explaining the need for an extension, an extension fee of \$40 in the amount specified in 650—Chapter 15, and a statement from the director of the resident training program attesting to the progress of the resident in the training program, the new expected date of completion of the program, and whether any warnings have been issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action.

ITEM 13. Amend subrules 13.2(2), 13.2(3) and 13.2(7) as follows:

13.2(2) The dean of the college of dentistry or chairperson of a dental hygiene program shall certify to the board or the dental hygiene committee those bona fide members of the college's or a dental hygiene program's faculty who are not licensed to practice dentistry or dental hygiene in Iowa. Any faculty member so certified shall, prior to commencing duties in the college of dentistry or a dental hygiene program, make on official board forms written application to the board or the dental hygiene committee for a permit and shall provide the following:

a. The nonrefundable application fee, plus the fee for the evaluation of the fingerprint packet and the criminal history background checks by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI), as specified in 650—Chapter 15.

b. Information regarding the professional qualifications and background of the applicant.

c. A completed fingerprint packet to facilitate a criminal history background ~~check~~ checks by the DCI and FBI.

d. If the applicant is licensed by another jurisdiction, the applicant shall furnish ~~certification~~ evidence from the board of dental examiners of that jurisdiction that the applicant is licensed in good standing and has not been the subject of final or pending disciplinary action.

e. A statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, or criminal charges, including the results of a self-query of the National Practitioners Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB).

~~f. A photograph of the applicant suitable for positive identification.~~

~~g. f. Evidence that the applicant possesses a valid certificate in a nationally recognized course in cardiopulmonary resuscitation. A statement:~~

(1) Confirming that the applicant possesses a valid certificate from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a "hands-on" clinical component;

(2) Providing the expiration date of the CPR certificate; and

(3) Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.

~~h. g.~~ Such additional information as the board may deem necessary to enable it to determine the character, education or experience of such applicant.

~~i. h.~~ Applications must be signed and ~~notarized~~ verified as to the truth of the statements contained therein and include required credentials and documents, and all questions must be completely answered.

~~j. i.~~ Evidence of successful completion of the jurisprudence examination administered by the Iowa dental board.

13.2(3) A faculty permit shall expire on August 31 of every even-numbered year and may, at the sole discretion of the board, be renewed on a biennial basis. ~~Prior to June 30, 2006, a faculty permit expired on June 30 of every even-numbered year. A faculty permit due to expire on June 30, 2008, shall be automatically extended until August 30, 2008, and expire August 31, 2008.~~

13.2(7) Faculty ~~To renew the permit, faculty permit holders shall also be required to submit evidence of current certification in a nationally recognized course in cardiopulmonary resuscitation to renew the permit. a statement:~~

- ~~a. Confirming that the applicant possesses a valid certificate from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a “hands-on” clinical component;~~
- ~~b. Providing the expiration date of the CPR certificate; and~~
- ~~c. Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.~~

ITEM 14. Amend paragraph **13.3(1)“g”** as follows:

g. A temporary permit holder shall notify the board ~~in writing~~ by written correspondence or through the board’s online system of any change in name or mailing address within seven days of the change. A certified copy of a marriage license or a certified copy of court documents is required for proof of a name change.

ITEM 15. Amend subrules 13.3(2) and 13.3(3) as follows:

13.3(2) Eligibility for a temporary permit to fulfill an urgent need or serve an educational purpose. An application for a temporary permit shall be filed on the form provided by the board and must be completely answered, including required credentials and documents. An applicant for a temporary permit may submit an application online or on a paper form. To be eligible for a temporary permit to fulfill an urgent need or serve an educational purpose, an applicant shall provide all of the following:

a. Satisfactory evidence of graduation with a DDS or DMD degree for applicants seeking a temporary permit to practice dentistry or satisfactory evidence of graduation from a dental hygiene school for applicants seeking a temporary permit to practice dental hygiene.

b. The nonrefundable application fee for a temporary permit to fulfill an urgent need or serve an educational purpose as specified in 650—Chapter 15.

c. ~~Evidence that the applicant possesses a valid certificate in a nationally recognized course in cardiopulmonary resuscitation. A statement:~~

(1) Confirming that the applicant possesses a valid certificate from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a “hands-on” clinical component;

(2) Providing the expiration date of the CPR certificate; and

(3) Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.

d. A statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, or criminal charges against the applicant.

e. Certification from the state board of dentistry, or equivalent authority, from a state in which the 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. The applicant must also provide evidence that the applicant has not been the subject of final or pending disciplinary action.

f. ~~Certification~~ Evidence from the appropriate examining board from each jurisdiction in which the applicant has ever held a license. At least one license must be issued on the basis of clinical examination.

g. A request for the temporary permit from those individuals or organizations seeking the applicant’s services that establishes, to the board’s satisfaction, the justification for the temporary permit, the dates the applicant’s services are needed, and the location or locations where those services will be delivered.

13.3(3) Eligibility for a temporary permit to provide volunteer services.

a. A temporary permit to provide volunteer services is intended for dentists and dental hygienists who will provide volunteer services at a free or nonprofit dental clinic and who will not receive compensation for dental services provided. A temporary permit issued under this subrule shall be valid only at the location specified on the permit, which shall be a free clinic or a dental clinic for a nonprofit organization, as described under Section 501(c)(3) of the Internal Revenue Code.

b. An application for a temporary permit shall be filed on the form provided by the board and must be completely answered, including required credentials and documents. To be eligible for a temporary permit to provide volunteer services, an applicant shall provide all of the following:

~~(1) Satisfactory evidence of graduation with a DDS or DMD degree for applicants seeking a temporary permit to practice dentistry or satisfactory evidence of graduation from a dental hygiene school for applicants seeking a temporary permit to practice dental hygiene.~~

~~(2) (1) The nonrefundable application fee for a temporary permit to provide volunteer services as specified in 650—Chapter 15.~~

~~(3) (2) Evidence that the applicant possesses a valid certificate in a nationally recognized course in cardiopulmonary resuscitation. A statement:~~

~~1. Confirming that the applicant possesses a valid certificate from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a “hands-on” clinical component;~~

~~2. Providing the expiration date of the CPR certificate; and~~

~~3. Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.~~

~~(4) (3) A statement disclosing and explaining any disciplinary actions, investigations, complaints, malpractice claims, judgments, settlements, or criminal charges against the applicant.~~

~~(5) (4) Evidence that the applicant holds an active, permanent license in good standing to practice in at least one United States jurisdiction and that no formal disciplinary action is pending or has even ever been taken.~~

~~(6) (5) Certification Evidence from the appropriate examining board from each jurisdiction in which the applicant has ever held a license. At least one license must be issued on the basis of clinical examination.~~

~~(7) (6) A request for the temporary permit from those individuals or organizations seeking the applicant’s services that establishes, to the board’s satisfaction, the justification for the temporary permit, the dates the applicant’s services are needed, and the location or locations where those services will be delivered.~~

~~(8) (7) A statement from the applicant seeking the temporary permit that the applicant shall practice only in a free dental clinic or dental clinic for a nonprofit organization and that the applicant shall not receive compensation directly or indirectly for providing dental services.~~

ITEM 16. Amend **650—Chapter 14**, title, as follows:

RENEWAL AND REINSTATEMENT

ITEM 17. Amend rule 650—14.1(147,153,272C) as follows:

650—14.1(147,153,272C) Renewal of license to practice dentistry or dental hygiene. A license to practice dentistry or a license to practice dental hygiene must be renewed prior to the expiration date of the license. ~~Prior to July 1, 2008, dental licenses expired on June 30 of every even-numbered year. A dental license due to expire on June 30, 2008, shall be automatically extended until August 30, 2008, and expire August 31, 2008. Beginning July 1, 2008, dental licenses expire on August 31 of every even-numbered year. Prior to July 1, 2006, dental hygiene licenses expired on June 30 of every even-numbered year. However, for the renewal period beginning July 1, 2006, a dental hygiene license expires on June 30, 2007. A dental hygiene license due to expire on June 30, 2007, shall be automatically extended until August 30, 2007, and expire August 31, 2007. Beginning July 1, 2007, dental~~ Dental hygiene licenses expire on August 31 of every odd-numbered year. Dental licenses expire August 31 of every even-numbered year. ~~The board will notify each licensee by mail of the expiration of the license.~~

~~14.1(1) *Application renewal procedures.* Application for renewal must be made in writing on forms provided by the board at least 30 days before the current license expires.~~

~~a. *Renewal notice.* The board office will send a renewal notice by regular mail or e-mail to each licensee at the licensee's last-known mailing or e-mail address.~~

~~b. *Licensee and permit holder obligation.* The licensee or permit holder is responsible for renewing the license or permit prior to its expiration. Failure of the licensee or permit holder to receive the notice does not relieve the licensee or permit holder of the responsibility for renewing that license or permit in order to continue practicing in the state of Iowa.~~

~~c. *Renewal application form.* Application for renewal must be made on forms provided by the board office. Licensees and permit holders may renew their licenses and permits online or via paper application.~~

~~d. *Complete and timely filed application.* No renewal application shall be considered timely and sufficient until received by the board office and accompanied by all material required for renewal and all applicable renewal and late fees. Incomplete applications will be not be accepted. For purposes of establishing timely filing, the postmark on a paper submittal will be used, and for renewals submitted online, the electronic timestamp will be deemed the date of filing.~~

~~14.1(2) *Application fee.* The appropriate fee as specified in 650—Chapter 15 of these rules must accompany the application for renewal. A penalty shall be assessed by the board for late renewal, as specified in 650—Chapter 15.~~

~~14.1(3) *Continuing education requirements.* Completion of continuing education in accordance with 650—Chapter 25 is required for renewal of an active license. However, licensees are exempt from the continuing education requirement for the current biennium in which the license is first issued.~~

~~14.1(4) *CPR certification.* In order to renew a license, evidence of current certification in a nationally recognized course in cardiopulmonary resuscitation is required. The course must include a clinical component. an applicant must submit a statement:~~

~~a. *Confirming that the applicant possesses a valid certificate from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a "hands-on" clinical component;*~~

~~b. *Providing the expiration date of the CPR certificate; and*~~

~~c. *Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.*~~

~~14.1(5) *Dental hygiene committee review.* The dental hygiene committee may, in its discretion, review any applications for renewal of a dental hygiene license and make recommendations to the board. The board's review is subject to 650—Chapter 1.~~

~~This rule is intended to implement Iowa Code section 147.10 and chapters 153 and 272C.~~

~~ITEM 18. Adopt the following **new** rule 650—14.2(153):~~

650—14.2(153) Renewal of registration as a dental assistant. A certificate of registration as a registered dental assistant must be renewed biennially. Registration certificates shall expire on August 31 of every odd-numbered year.

14.2(1) *Renewal procedures.*

a. *Renewal notice.* The board office will send a renewal notice by regular mail or e-mail to each registrant at the registrant's last-known mailing address or e-mail address. The board will notify each registrant by mail or e-mail of the expiration of the registration certificate.

b. *Registrant obligation.* The registrant is responsible for renewing the registration prior to its expiration. Failure of the registrant to receive the notice does not relieve the registrant of the responsibility for renewing that registration in order to continue practicing in the state of Iowa.

c. *Renewal application form.* Registrants may renew their registration online or via paper application. Paper application for renewal must be made in writing on forms provided by the board office before the current registration expires.

d. *Complete and timely filed application.* No renewal application shall be considered timely and sufficient until received by the board office and accompanied by all material required for renewal and all applicable renewal and late fees. Incomplete applications will be not be accepted. For purposes of

establishing timely filing, the postmark on a paper submittal will be used, and for renewals submitted online, the electronic timestamp will be deemed the date of filing.

14.2(2) Application fee. The appropriate fee as specified in 650—Chapter 15 must accompany the application for renewal. A penalty shall be assessed by the board for late renewal, as specified in 650—Chapter 15.

14.2(3) Continuing education requirements. Completion of continuing education as specified in rule 650—20.11(153) and 650—Chapter 25 is required for renewal of an active registration. Failure to meet the requirements of renewal in the time specified by rule will automatically result in a lapsed registration.

14.2(4) CPR certification. In order to renew a registration, an applicant must submit a statement:

- a. Confirming that the applicant possesses a valid certificate from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a “hands-on” clinical component;
- b. Providing the expiration date of the CPR certificate; and
- c. Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.

This rule is intended to implement Iowa Code sections 147.10 and 153.39.

ITEM 19. Renumber rules **650—14.3(147,153,272C)** to **650—14.5(147,153,272C)** as **650—14.4(147,153,272C)** to **650—14.6(147,153,272C)**.

ITEM 20. Adopt the following new rule 650—14.3(136C,153):

650—14.3(136C,153) Renewal of dental assistant radiography qualification. A certificate of radiography qualification must be renewed biennially. Radiography qualification certificates shall expire on August 31 of every odd-numbered year.

14.3(1) Renewal procedures.

a. *Renewal notice.* The board office will send a renewal notice by regular mail or e-mail to each registrant at the registrant’s last-known mailing address or e-mail address. The board will notify each registrant by mail or e-mail of the expiration of the radiography qualification.

b. *Registrant obligation.* The registrant is responsible for renewing the radiography qualification prior to its expiration. Failure of the registrant to receive the notice does not relieve the registrant of the responsibility for renewing that radiography qualification if the registrant wants to continue taking dental radiographs in the state of Iowa.

c. *Renewal application form.* Application for renewal must be made in writing on forms provided by the board office before the current radiography qualification expires. Registrants may renew their radiography qualification online or via paper application.

d. *Complete and timely filed application.* No renewal application shall be considered timely and sufficient until received by the board office and accompanied by all material required for renewal and all applicable renewal and late fees. Incomplete applications will be not be accepted. For purposes of establishing timely filing, the postmark on a paper submittal will be used, and for renewals submitted online, the electronic timestamp will be deemed the date of filing.

14.3(2) Application fee. The appropriate fee as specified in 650—Chapter 15 must accompany the application for renewal. A penalty shall be assessed by the board for late renewal, as specified in 650—Chapter 15.

14.3(3) Continuing education requirements. In order to renew a radiography qualification, the dental assistant shall obtain at least two hours of continuing education in the subject area of dental radiography. Proof of attendance shall be retained by the dental assistant and must be submitted to the board office upon request.

14.3(4) CPR certification. In order to renew a radiography qualification, an applicant must submit a statement:

- a. Confirming that the applicant possesses a valid certificate from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a “hands-on” clinical component;
- b. Providing the expiration date of the CPR certificate; and

c. Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.

This rule is intended to implement Iowa Code chapters 136C and 153.

ITEM 21. Amend renumbered rules 650—14.4(147,153,272C) to 650—14.6(147,153,272C) as follows:

650—14.4(147,153,272C) Grounds for nonrenewal. The board may refuse to renew a license₂ or registration or radiography qualification on the following grounds:

14.4(1) After proper notice and hearing, for a violation of these rules or Iowa Code chapter 147, 153, or 272C during the term of the last license₂ or registration or radiography qualification or renewal of license₂ or registration or radiography qualification.

14.4(2) Failure to pay required fees.

14.4(3) Failure to obtain required continuing education.

14.4(4) Failure to provide proof a statement of current certification in cardiopulmonary resuscitation in a course that includes a clinical component.

14.4(5) Receipt of a certificate of noncompliance from the college student aid commission or the child support recovery unit of the department of human services in accordance with 650—Chapter 33 and 650—Chapter 34.

This rule is intended to implement Iowa Code section 153.23 and chapters 147, 252J, 261, and 272C.

650—14.5(147,153,272C) Late fee renewal.

14.5(1) No renewal application shall be considered timely and sufficient until received by the board and accompanied by the material required for renewal and all applicable renewal and late fees.

14.5(1) Failure to renew license or permit.

a. Failure to renew the a dental or dental hygiene license or permit prior to September 1 following expiration shall result in a late fee of \$100 in the amount specified in 650—Chapter 15 being assessed by the board in addition to the renewal fee.

b. Failure to renew prior to October 1 following expiration shall result in assessment of a late fee of \$150 being assessed in the amount specified in 650—Chapter 15.

c. **14.5(2)** Failure of a licensee or permit holder to renew a license or permit prior to November 1 following expiration shall cause the license or permit to lapse and become invalid. A licensee or permit holder whose license or permit has lapsed and become invalid is prohibited from the practice of dentistry or dental hygiene until the license or permit is reinstated in accordance with rule 14.5(153) 650—14.6(147,153,272C).

14.5(2) Failure to renew registration.

a. Failure to renew a dental assistant registration prior to September 1 following expiration shall result in a late fee in the amount specified in 650—Chapter 15 assessed by the board in addition to the renewal fee.

b. Failure to renew prior to October 1 following expiration shall result in assessment of a late fee in the amount specified in 650—Chapter 15.

c. Failure to renew a registration prior to November 1 following expiration shall cause the registration to lapse and become invalid. A registrant whose registration has lapsed and become invalid is prohibited from practicing as a dental assistant until the registration is reinstated in accordance with rule 650—14.6(147,153,272C).

14.5(3) Failure to renew radiography qualification. Failure to renew a radiography qualification prior to November 1 following expiration shall cause the radiography qualification to lapse and become invalid. A dental assistant whose radiography qualification is lapsed is prohibited from engaging in dental radiography until the qualification is reinstated in accordance with rule 650—14.7(136C,153).

This rule is intended to implement Iowa Code sections 147.10, 147.11, 153.30 and 272C.2.

650—14.6(147,153,272C) Reinstatement of a lapsed license or registration.

14.6(1) A licensee or a registrant who allows a license or registration to lapse by failing to renew may be have the license or registration reinstated at the discretion of the board by submitting the following:

a. to d. No change.

e. Payment of all renewal fees past due, ~~not to exceed \$750~~ as specified in 650—Chapter 15, plus the reinstatement fee as specified in 650—Chapter 15.

f. to j. No change.

14.6(2) to 14.6(4) No change.

This rule is intended to implement Iowa Code sections 147.10, 147.11, ~~153.30~~ and 272C.2.

ITEM 22. Adopt the following new rule 650—14.7(136C,153):

650—14.7(136C,153) Reinstatement of lapsed radiography qualification. A dental assistant who allows a radiography qualification to lapse by failing to renew may have the radiography qualification reinstated at the discretion of the board by submitting the following:

14.7(1) A completed application for reinstatement of the dental assistant radiography qualification.

14.7(2) Payment of the radiography reinstatement application fee and the current renewal fee, both as specified in 650—Chapter 15.

14.7(3) Proof of current registration as a dental assistant or proof of an active Iowa nursing license.

14.7(4) If the radiography qualification has been lapsed for less than four years, proof of two hours of continuing education in the subject area of dental radiography, taken within the previous two-year period.

14.7(5) If the radiography qualification has been lapsed for more than four years, the dental assistant shall be required to retake and successfully complete an examination in dental radiography. A dental assistant who presents proof of a current radiography qualification issued by another state and who has engaged in dental radiography in that state is exempt from the examination requirement.

This rule is intended to implement Iowa Code section 136C.3 and chapter 153.

ITEM 23. Amend 650—Chapter 15 as follows:

CHAPTER 15

FEES

650—15.1(147,153) Establishment of fees. The board is self-supporting through the collection of fees and does not receive an appropriation from the general fund. Pursuant to Iowa Code section 147.80, the board is to establish fees by rule based on the costs of sustaining the board and the actual costs of the services performed by the board. Under Iowa law, the board is required to annually prepare an estimate of projected revenues generated by the fees received and review projected expenses to ensure that there are sufficient funds to cover projected expenses.

650—15.2(147,153) Definitions. The following definitions apply to this chapter:

“Fee” means the amount charged for the services described in this chapter. All fees are nonrefundable. The board office will refund any overpayment of fees.

“Service charge” means the amount charged for making a service available online and is in addition to the actual fee for a service itself. For example, a licensee who renews a license online will pay the license renewal fee and a service charge.

650—15.1 650—15.3(153) License application Application fees. All fees are nonrefundable. In addition to the fees specified in this rule, an applicant will pay a service charge for filing online.

~~15.1(1)~~ **15.3(1) Dental licensure on the basis of examination.** The fees for a dental license issued on the basis of examination include an application fee, a fee for evaluation of a fingerprint packet and criminal background check and, if applying within three months or less of a biennial renewal due date, the renewal fee.

a. Application fee. The application fee for a license to practice dentistry is \$200.

b. Initial licensure period and renewal period. If an applicant applies within three months or less of a biennial renewal due date, the applicant shall pay the renewal fee along with the licensure application fee. A license shall not be issued for a period less than three months or longer than two years and three months. Thereafter, a licensee shall pay the renewal fee as specified in 650—15.4(153).

c. Fingerprint packet and criminal history check. The fee for evaluation of a fingerprint packet and criminal background check is specified in subrule 15.7(4).

~~15.1(2)~~ **15.3(2)** *Dental hygiene licensure on the basis of examination.* The fees for a dental hygiene license issued on the basis of examination include an application fee, an initial licensure fee, and a fee for evaluation of a fingerprint packet and criminal background check.

a. Application fee. The application fee for a license to practice dental hygiene is \$100.

b. Initial licensure period and renewal period. If an applicant applies within three months or less of a biennial renewal due date, the applicant shall pay the renewal fee along with the licensure application fee. A license shall not be issued for a period less than three months or longer than two years and three months. Thereafter, a licensee shall pay the renewal fee as specified in 650—15.4(153).

c. Fingerprint packet and criminal history check. The fee for evaluation of a fingerprint packet and criminal background check is specified in subrule 15.7(4).

~~15.1(3)~~ **15.3(3)** *Resident dental license.* The application fee for a resident dentist dental license is \$120.

~~15.1(4)~~ **15.3(4)** *Faculty permit.* The application fee for a faculty permit is \$200.

~~15.1(5)~~ **15.3(5)** *Dental licensure on the basis of credentials.* The fees for a dental license issued on the basis of credentials include an application fee, an initial licensure fee, and a fee for evaluation of a fingerprint packet and criminal background check.

a. Application fee. The application fee for a license to practice dentistry issued on the basis of credentials is \$550.

b. Initial licensure period and renewal period. If an applicant applies within three months or less of a biennial renewal due date, the applicant shall pay the renewal fee along with the licensure application fee. A license shall not be issued for a period less than three months or longer than two years and three months. Thereafter, a licensee shall pay the renewal fee as specified in 650—15.4(153).

c. Fingerprint packet and criminal history check. The fee for evaluation of a fingerprint packet and criminal background check is specified in subrule 15.7(4).

~~15.1(6)~~ **15.3(6)** *Dental hygiene licensure on the basis of credentials.* The fees for a dental hygiene license issued on the basis of credentials include an application fee, an initial licensure fee, and a fee for evaluation of a fingerprint packet and criminal background check.

a. Application fee. The application fee for a license to practice dental hygiene issued on the basis of credentials is \$200.

b. Initial licensure period and renewal period. If an applicant applies within three months or less of a biennial renewal due date, the applicant shall pay the renewal fee along with the licensure application fee. A license shall not be issued for a period less than three months or longer than two years and three months. Thereafter, a licensee shall pay the renewal fee as specified in 650—15.4(153).

c. Fingerprint packet and criminal history check. The fee for evaluation of a fingerprint packet and criminal background check is specified in subrule 15.7(4).

~~15.1(7)~~ **15.3(7)** *Reactivation of an inactive license or registration.* The fee for a reinstatement reactivation application for inactive practitioners is \$50.

~~15.1(8)~~ **15.3(8)** *Reinstatement of an inactive license or registration.* The fee for a reinstatement application for a lapsed license or registration is \$150.

~~15.1(9)~~ **15.3(9)** *General anesthesia permit application.* The application fee for a general anesthesia permit is \$500.

~~15.1(10)~~ **15.3(10)** *Moderate sedation permit application.* The application fee for a conscious moderate sedation permit is \$500.

~~15.1(11)~~ **15.3(11)** *Local anesthesia permit—initial application and reinstatement.* The application or reinstatement fee for a permit to authorize a dental hygienist to administer local anesthesia is \$70.

~~15.1(12)~~ **15.3(12)** *Dental assistant trainee application.* The fee for an application for registration as a dental assistant trainee is \$25.

~~15.1(13)~~ **15.3(13)** *Dental assistant registration only application.* The fee for an application for registration as a registered dental assistant is \$40.

~~15.1(14)~~ The fee for evaluation of a fingerprint packet and the criminal history background checks is \$46. The fee shall be considered a repayment receipt as defined in Iowa Code section 8.2.

15.3(14) *Combined application—dental assistant registration and qualification in radiography.* The fee for a combined application for both registration as a registered dental assistant and radiography qualification is \$60.

~~15.1(15)~~ **15.3(15)** *Dental assistant radiography qualification application fee.* The fee for an application for dental assistant radiography qualification is \$40.

~~15.1(16)~~ **15.3(16)** *Temporary permit—urgent need or educational services.* The fee for an application for a temporary permit to serve an urgent need or provide educational services is \$100 if an application is submitted online or \$150 if submitted via paper application.

~~15.1(17)~~ **15.3(17)** *Temporary permit—volunteer services.* The fee for an application for a temporary permit to provide volunteer services is \$25.

650—15.2 650—15.4(153) Renewal fees. All fees are nonrefundable. Each two-year renewal period begins on September 1 and runs through August 31. Dental licenses, moderate sedation permits, and general anesthesia permits expire in even-numbered years. Dental hygiene licenses, local anesthesia permits, dental assistant registration and qualification in dental radiography expire in odd-numbered years. To avoid late fees, paper renewal applications must be postmarked on or received in the board office by August 31. To avoid late fees, online renewal applications must be time-stamped no later than 11:59 p.m. (CST) on August 31.

~~15.2(1)~~ **15.4(1)** *Dental license renewal.* The fee for renewal of a license to practice dentistry for a biennial period is \$315 for an active practitioner and \$315 for an inactive practitioner.

~~15.2(2)~~ **15.4(2)** *Dental hygiene license renewal.* The fee for renewal of a license to practice dental hygiene for a biennial period is \$150 for an active practitioner and \$150 for an inactive practitioner.

~~15.2(3)~~ **15.4(3)** *General anesthesia permit renewal.* The fee for renewal of a general anesthesia permit is \$125.

~~15.2(4)~~ **15.4(4)** *Moderate sedation permit renewal.* The fee for renewal of a conscious moderate sedation permit is \$125.

~~15.2(5)~~ **15.4(5)** *Local anesthesia permit renewal.* The fee for renewal of a permit to authorize a dental hygienist to administer local anesthesia is \$25.

~~15.2(6)~~ **15.4(6)** *Dental assistant registration renewal.* The fee for renewal of registration as a registered dental assistant is \$75.

15.4(7) *Combined renewal application—dental assistant registration and qualification in radiography.* The fee for a combined application to renew both a registration as a registered dental assistant and a radiography qualification is \$115.

~~15.2(7)~~ **15.4(8)** *Dental assistant qualification in radiography renewal.* The fee for renewal of a certificate of qualification in dental radiography is \$40.

~~15.2(8)~~ **15.4(9)** *Faculty permit renewal.* The fee for renewal of a faculty permit is \$315.

~~15.2(9)~~ **15.4(10)** *Resident license renewal.* The fee for renewal or extension of a resident license is \$40.

650—15.3 650—15.5(153) Late renewal fees. All fees are nonrefundable. A licensee, registrant or permit holder who fails to renew a license, registration or permit to practice following expiration is subject to late renewal fees pursuant to ~~650—Chapter 14~~ as described in this rule. ~~A registrant who fails to renew a registration to practice following expiration is subject to late renewal fees pursuant to 650—Chapter 20.~~

15.5(1) Failure to renew a license, registration or permit prior to September 1. Failure by a licensee, registrant or permit holder to renew the license, registration or permit prior to September 1 following expiration shall result in the following late fees:

- a. Dental license or permit. A late fee of \$100 shall be assessed, in addition to the renewal fee.
- b. Dental hygiene license. A late fee of \$100 shall be assessed, in addition to the renewal fee.
- c. Dental assistant registration. A late fee of \$20 shall be assessed, in addition to the renewal fee.

15.5(2) Failure to renew a license, registration or permit prior to October 1. Failure by a licensee, registrant or permit holder to renew the license, registration or permit prior to October 1 following expiration shall result in the following late fees:

- a. Dental license or permit. A late fee of \$150 shall be assessed, in addition to the renewal fee.
- b. Dental hygiene license. A late fee of \$150 shall be assessed, in addition to the renewal fee.
- c. Dental assistant registration. A late fee of \$40 shall be assessed, in addition to the renewal fee.

15.5(3) Failure to renew a license, registration or permit prior to November 1. Failure by a licensee, registrant or permit holder to renew a license, registration or permit prior to November 1 following expiration shall cause the license, registration or permit to lapse and become invalid. A licensee, registrant or permit holder whose license, registration or permit has lapsed and become invalid is prohibited from the practice of dentistry, dental hygiene, or dental assisting until the license, registration or permit is reinstated.

650—15.6(147,153) Reinstatement fees. If a license, registration or permit lapses or is inactive, a licensee, registrant or permit holder may submit an application for reinstatement. Licensees, registrants or permit holders are subject to reinstatement fees as described in this rule.

15.6(1) Reinstatement of a dental license. In addition to the reinstatement application fee specified in 15.3(8), the applicant must pay all back renewal fees (not to exceed \$750) and the fee for evaluation of a fingerprint packet and criminal background check as specified in 15.7(4).

15.6(2) Reinstatement of a dental hygiene license. In addition to the reinstatement application fee specified in 15.3(8), the applicant must pay all back renewal fees (not to exceed \$750) and the fee for evaluation of a fingerprint packet and criminal background check as specified in 15.7(4).

15.6(3) Reinstatement of a dental assistant registration. In addition to the reinstatement application fee specified in 15.3(8), the applicant must pay all back renewal fees (not to exceed \$750).

15.6(4) Combined reinstatement application—dental assistant registration and qualification in radiography. The fee for a combined application to reinstate both a registration as a registered dental assistant and a radiography qualification is specified in 15.3(8).

15.6(5) Reinstatement of qualification in radiography. In addition to the reinstatement application fee specified in 15.3(8), the applicant must pay all back renewal fees (not to exceed \$750).

650—15.4 650—15.7(153) Miscellaneous fees. Payments made to the Iowa Board of Dental Examiners Dental Board, which shall be considered a repayment receipt as defined in Iowa Code section 8.2, shall be received in the board office prior to release of the requested document.

15.4(1) 15.7(1) Duplicates. The fee for issuance of a duplicate license, permit or registration certificate or current renewal is \$25.

15.4(2) 15.7(2) Certification or verification. The fee for a certification or written verification of an Iowa license, permit or registration is \$25.

15.4(3) 15.7(3) Trainee manual. The fee for the dental assistant trainee manual is \$70.

15.7(4) Fingerprint packet and criminal history background check. The fee for evaluation of a fingerprint packet and the criminal history background checks is \$46.

15.7(5) IPRC monitoring. The fee for monitoring for compliance with an IPRC agreement is \$100 per quarter, unless otherwise stated in the Iowa practitioner program contract entered into pursuant to 650—Chapter 35.

15.7(6) Monitoring for compliance with settlement agreements. The fee for monitoring a licensee's, registrant's or permit holder's compliance with a settlement agreement entered into pursuant to 650—subrule 51.19(9) is \$300 per quarter, unless otherwise stated in the settlement agreement.

15.7(7) Disciplinary hearings—fees and costs.

a. Definitions. As used in this subrule in relation to fees related to a formal disciplinary action filed by the board against a licensee, registrant or permit holder:

“Deposition” means the testimony of a person pursuant to subpoena or at the request of the state of Iowa taken in a setting other than a hearing.

“Expenses” means costs incurred by persons appearing pursuant to subpoena or at the request of the state of Iowa for purposes of providing testimony on the part of the state of Iowa in a hearing or other official proceeding and shall include mileage reimbursement at the rate specified in Iowa Code section 70A.9 or, if commercial air or ground transportation is used, the actual cost of transportation to and from the proceeding. Also included are actual costs incurred for meals and necessary lodging.

“Medical examination fees” means actual costs incurred by the board in a physical, mental, chemical abuse, or other impairment-related examination or evaluation of a licensee when the examination or evaluation is conducted pursuant to an order of the board.

“Transcript” means a printed verbatim reproduction of everything said on the record during a hearing or other official proceeding.

“Witness fees” means compensation paid by the board to persons appearing pursuant to subpoena or at the request of the state of Iowa for purposes of providing testimony on the part of the state of Iowa. For the purposes of this rule, compensation shall be the same as outlined in Iowa Code section 622.69 or 622.72 as the case may be.

b. The board may charge a fee not to exceed \$75 for conducting a disciplinary hearing which results in disciplinary action taken against the licensee by the board. In addition to the fee, the board may recover from the licensee costs for the following procedures and personnel:

- (1) Transcript.
- (2) Witness fees and expenses.
- (3) Depositions.
- (4) Medical examination fees incurred relating to a person licensed under Iowa Code chapter 147.

650—15.8(153) Continuing education fees.

15.8(1) Application for prior approval of activities. The fee for an application for prior approval of a continuing education activity is \$10.

15.8(2) Application for postapproval of activities. The fee for an application for postapproval of a continuing education activity is \$10.

15.8(3) Application for approved sponsor status. The fee for an application to become an approved sponsor for a continuing education activity is \$100. The biennial renewal fee is \$100.

650—15.9(153) Facility inspection fee. The actual costs for an on-site evaluation of a facility at which deep sedation/general anesthesia or moderate sedation is authorized pursuant to 650—Chapter 29 shall not exceed \$500 per facility per inspection.

650—15.5 650—15.10(22,147,153) Public records. Public records are available according to 650—Chapter 6, “Public Records and Fair Information Practices.” Payment made to the Iowa Dental Board of Dental Examiners, which shall be considered a repayment receipt as defined in Iowa Code section 8.2, shall be received in the board office prior to the release of the records.

15.5(4) 15.10(1) Copies of public records shall be calculated at \$.25 per page plus labor. A \$16 per hour fee shall be charged for labor in excess of one-half hour for searching and copying documents or retrieving and copying information stored electronically. No additional fee shall be charged for delivery of the records by mail or fax. A fax is an option if the requested records are fewer than 30 pages. The board office shall not require payment when the fees for the request would be less than \$5 total.

15.5(2) 15.10(2) Electronic copies of public records delivered by e-mail shall be calculated at \$.10 per page; the minimum charge shall be \$5. A \$16 per hour fee shall be charged for labor in excess of one-half hour for searching and copying documents or retrieving and copying information stored

electronically. The board office shall not require payment when the fee for the request would be less than \$5 total.

~~15.5(3)~~ **15.10(3)** Electronic files of statements of charges, final orders and consent agreements from each board meeting delivered via e-mail may be available for an annual subscription fee of \$24.

~~15.5(4)~~ **15.10(4)** Printed copies of statements of charges, final orders and consent agreements from each board meeting shall be available for an annual subscription fee of \$120.

~~650—15.6~~ **650—15.11(22,147,153)** **Purchase of a mailing list or data list.** Payment made to the Iowa Dental Board of ~~Dental Examiners~~, which shall be considered a repayment receipt as defined in Iowa Code section 8.2, shall be received in the board office prior to the release of a list.

~~15.6(1)~~ **15.11(1)** *Mailing list.* The standard mailing list for all active dental and dental hygiene licensees and dental assistant registrants includes the full name, address, city, state, and ZIP code. The standard mailing list of dentists or dental hygienists does not include resident licensees or faculty permit holders.

- a. Printed mailing list, \$65 per profession requested.
- b. Mailing list on ~~diskette~~ disc or DVD, \$45 per profession requested.
- c. Mailing list in an electronic file, \$35 per profession requested.

~~15.6(2)~~ **15.11(2)** *Data list for dentists, hygienists, or assistants.* The standard data list for active licensees or registrants includes full name, address, Iowa county (if applicable), issue date, expiration date, license or registration number, and license or registration status. Additional data elements, programming or sorting increases the following fees by \$25.

- a. Printed standard data list, \$75 per profession requested.
- b. Standard data list on ~~diskette~~ disc or DVD, \$55 per profession requested.
- c. Standard data list in an electronic file, \$45 per profession requested.

~~650—15.7~~ **650—15.12(147,153)** **Returned checks.** The board shall charge a fee of ~~\$25~~ **\$39** for a check returned for any reason. If a license or registration had been issued by the board office based on a check that is later returned by the bank, the board shall request payment by certified check or money order. If the fees are not paid within two weeks of notification of the returned check by certified mail, the licensee or registrant shall be subject to disciplinary action for noncompliance with board rules.

~~650—15.8~~ **650—15.13(147,153,272C)** **Copies of the laws and rules.** Copies of laws and rules pertaining to the practice of dentistry, dental hygiene, or dental assisting are available from the board office for the following fees.

1. Iowa Code and Iowa Administrative Code access, no fee, available at www.state.ia.us/dentalboard.
2. Printed copies of the Iowa Code chapters that pertain to the practice of dentistry, \$10.
3. Printed copies of dental board rules in the Iowa Administrative Code, \$15.

~~650—15.9~~ **650—15.14(17A,147,153,272C)** **Waiver prohibited.** Rules in this chapter are not subject to waiver pursuant to 650—Chapter 7 or any other provision of law.

These rules are intended to implement Iowa Code sections 147.10, 147.80 and 153.22.

ITEM 24. Amend subparagraph **20.6(2)“b”(8)** as follows:

~~(8) Evidence of current certification in cardiopulmonary resuscitation sponsored by a nationally recognized provider. A statement:~~

1. Confirming that the applicant possesses a valid certificate from a nationally recognized course in cardiopulmonary resuscitation (CPR) that included a “hands-on” clinical component;
2. Providing the expiration date of the CPR certificate; and
3. Acknowledging that the CPR certificate will be retained and made available to board office staff as part of routine auditing and monitoring.

ITEM 25. Rescind rule ~~650—20.11(153)~~.

ITEM 26. Renumber rules ~~650—20.12(153)~~ to ~~650—20.16(153)~~ as ~~650—20.11(153)~~ to ~~650—20.15(153)~~.

ITEM 27. Rescind rules ~~650—22.6(136C,153)~~ and ~~650—22.7(136C,153)~~.

ITEM 28. Renumber rule ~~650—22.8(136C,153)~~ as ~~650—22.6(136C,153)~~.

ITEM 29. Amend subrules 25.3(5) and 25.3(6) as follows:

25.3(5) Prior approval of activities. An organization or person, other than an approved sponsor, that desires prior approval for a course, program or other continuing education activity or that desires to establish approval of the activity prior to attendance shall apply for approval to the board at least 90 days in advance of the commencement of the activity on a form provided by the board. The board shall approve or deny the application. The application shall state the dates, subjects offered, total hours of instruction, names and qualifications of speakers and other pertinent information. An application fee of \$10, which shall be considered a repayment receipt as defined in Iowa Code section 8.2, as specified in 650—Chapter 15 is required.

25.3(6) Postapproval of activities. A licensee or registrant seeking credit for attendance and participation in an educational activity which was not conducted by an approved sponsor or otherwise approved may submit to the board, within 60 days after completion of such activity, its dates, subjects, instructors, and their qualifications, the number of credit hours and proof of attendance. Within 90 days after receipt of such application the board shall advise the licensee or registrant in writing by ordinary mail whether the activity is approved and the number of hours allowed. All requests may be reviewed by the advisory committee on continuing education prior to final approval or denial by the board. A licensee or registrant not complying with the requirements of this paragraph may be denied credit for such activity. An application fee of \$10, which shall be considered a repayment receipt as defined in Iowa Code section 8.2, as specified in 650—Chapter 15 is required.

ITEM 30. Amend subrule 25.4(2) as follows:

25.4(2) Prospective sponsors must apply to the Iowa dental board of dental examiners using a “Sponsor Approval Form” in order to obtain approved sponsor status. An application fee of \$100 as specified in 650—Chapter 15 is required, which shall be considered a repayment receipt as defined in Iowa Code section 8.2. Board-approved sponsors must pay the biennial renewal fee of \$100, which shall be considered a repayment receipt as defined in Iowa Code section 8.2, as specified in 650—Chapter 15 and file a sponsor recertification record report biennially.

ITEM 31. Amend subrule 29.5(7) as follows:

29.5(7) The actual costs associated with the on-site evaluation of the facility shall be the primary responsibility of the licensee. The cost to the licensee shall not exceed \$500 per facility the fee as specified in 650—Chapter 15.

ITEM 32. Amend subrules 51.19(3) and 51.19(9) as follows:

51.19(3) Consent to negotiation by the respondent during informal settlement negotiation constitutes a waiver of notice and opportunity to be heard pursuant to Iowa Code section 17A.17 as amended by 1998 Iowa Acts, chapter 1202. Thereafter, the prosecuting attorney is authorized to discuss informal settlement with the board chairperson or designee(s).

51.19(9) A provision for payment of the actual costs or a \$300 a quarterly fee to cover the board’s expenses associated with monitoring a licensee’s or registrant’s compliance with the settlement agreement may be included in the settlement agreement. Actual costs include mileage, meals, travel expenses, hourly investigative time, and all incidental expenses associated with monitoring compliance. Monitoring costs shall be considered repayment receipts as defined in Iowa Code section 8.2 as stated in 650—Chapter 15 or such other fees as specified by the board may be included in the settlement agreement.

ITEM 33. Amend rule 650—51.35(272C) as follows:

650—51.35(272C) Disciplinary hearings—fees and costs.

51.35(1) Definitions. As used in this chapter in relation to a formal disciplinary action filed by the board against a licensee:

“*Deposition*” means the testimony of a person pursuant to subpoena or at the request of the state of Iowa taken in a setting other than a hearing.

“*Expenses*” means costs incurred by persons appearing pursuant to subpoena or at the request of the state of Iowa for purposes of providing testimony on the part of the state of Iowa in a hearing or other official proceeding and shall include mileage reimbursement at the rate specified in Iowa Code section 70A.9 or, if commercial air or ground transportation is used, the actual cost of transportation to and from the proceeding. Also included are actual costs incurred for meals and necessary lodging.

“*Medical examination fees*” means actual costs incurred by the board in a physical, mental, chemical abuse, or other impairment-related examination or evaluation of a licensee when the examination or evaluation is conducted pursuant to an order of the board.

“*Transcript*” means a printed verbatim reproduction of everything said on the record during a hearing or other official proceeding.

“*Witness fees*” means compensation paid by the board to persons appearing pursuant to subpoena or at the request of the state of Iowa for purposes of providing testimony on the part of the state of Iowa. For the purposes of this rule, compensation shall be the same as outlined in Iowa Code section 622.69 or 622.72 as the case may be.

51.35(1) Fees. The fees related to a formal disciplinary action filed by the board are specified in 650—Chapter 15.

51.35(2) The board may charge a fee not to exceed \$75 for conducting a disciplinary hearing which results in disciplinary action taken against the licensee by the board. In addition to the fee, the board may recover from the licensee costs for the following procedures and personnel:

a. Transcript.

b. Witness fees and expenses.

c. Depositions.

d. Medical examination fees incurred relating to a person licensed under Iowa Code chapter 147.

51.35(3) Fees and costs assessed by the board pursuant to subrule 51.35(2) shall be calculated by the board’s executive director and shall be entered as part of the board’s final disciplinary order. The board’s final disciplinary order shall specify the time period in which the fees and costs shall be paid by the licensee.

51.35(4) Fees and costs collected by the board pursuant to subrule 51.35(2) shall be allocated to the expenditure category of the board in which the hearing costs were incurred. The fees and costs shall be considered repayment receipts as defined in Iowa Code section 8.2.

51.35(5) 51.35(2) Failure of a licensee, registrant or permit holder to pay the fees and costs assessed herein in 650—Chapter 15 in the time specified in the board’s final disciplinary order shall constitute a violation of a lawful order of the board.

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: July 12-13, 2012
RE: **Rule Waiver Request from Dr. Niels Oestervemb, D.D.S.**
SUBMITTED BY: Melanie Johnson, Executive Director; Christel Braness,
Licensing/Registration Administrative Assistant
ACTION REQUESTED: Action on Rule Waiver Petition

Follow-up Information for Review

At the May 18, 2012 telephonic meeting, the Board requested additional information about Dr. Oestervemb's clinical training in connection with his 2011-2012 Fellowship at University of Iowa College of Dentistry. Attached is a letter from Dr. Michael Kanellis, D.D.S., UICD regarding the Fellowship.

Background Information

Request to Waive Rule Based on Training

Dr. Oestervemb submitted a rule waiver petition, along with supporting documentation, requesting waiver of subrule 11.4(1) relating to graduates of foreign dental schools. This administrative rule provides that a graduate of a foreign dental school must obtain two years of supplemental undergraduate dental education at an accredited dental school to be eligible for permanent dental licensure:

11.4(1) The applicant must complete a full-time, undergraduate supplemental dental education program of at least two academic years at an accredited dental college. The undergraduate supplemental dental education program must provide didactic and clinical education to the level of a DDS or DMD graduate of the dental college.

Dr. Oestervemb is requesting that the Board accept in lieu of two years of supplemental undergraduate education the following education and training:

- 1) Five months in his senior year as an exchange student in Family Dentistry at the University of Iowa College of Dentistry.
- 2) General Practice Residency (GPR) program in 2010-2011 at the University of Iowa Hospitals and Clinics. Certificate granted.
- 3) Fellowship 2011-2012 at the University of Iowa College of Dentistry. Certificate to be granted

Criteria for Waiver

Board rules provide a procedure by which an individual may request waiver of a Board rule. The criteria used to determine if a waiver should be granted are:

7.4(4) Criteria for waiver. In response to a petition completed pursuant to subrule 7.4(6), the board may in its sole discretion issue an order waiving in whole or in part the requirements of a rule if the board finds, based on clear and convincing evidence, all of the following: *a.* The application of the rule would impose an undue hardship on the person for whom the waiver is requested; *b.* The waiver from the requirements of the rule in the specific case would not prejudice the substantial legal rights of any person; *c.* The provisions of the rule subject to the petition for a waiver are not specifically mandated by statute or

another provision of law; and *d.* Substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in the particular rule for which the waiver is requested.

Board's Action In Similar Cases

The Board has received ten formal waiver requests from foreign dental graduates. The Board has approved 7 requests and denied 3 requests for waiver of subrule 11.4(1):

- **Chowdhury (2004).** In the first case, the applicant had a masters degree in dental public health, a two-year pediatric residency from an accredited dental school, and a one-year GPR from an accredited dental school. The Board approved that waiver request.
- **Vargas, K. (2004).** In the second case, the dentist had a PhD in biosciences and a two-year pediatric residency from an accredited program. The Board denied that waiver request.
- **Karunagaran (2006).** In the third case, the applicant had a masters level education in dental materials and two years of postgraduate training in general practice dentistry, including one year as Chief Resident, at an accredited dental school. The Board approved that waiver request.
- **Vargas, K. (2006).** In the fourth case, the applicant planned to complete a one-year general practice residency at an accredited dental school, in addition to two years of postgraduate training in pediatrics and a PhD in Oral Sciences. The Board approved that request.
- **Mahajan (2007).** In the fifth case, the applicant had a two-year research oriented masters in dental materials and two years of active practice in general dentistry in the state of Minnesota. The Board denied that request.
- **Vargas, M. (2007).** In the sixth case, the applicant had two years of postgraduate training in general practice residency plus two years of postgraduate training in operative dentistry at an accredited dental school. The Board approved that request.
- **Uribe (2008).** In the seventh case, the applicant had two years of postgraduate training in general practice residency, including one year as Chief Resident. The Board approved that request.
- **Rouman (2008).** In the eighth case, the applicant had 17-months of postgraduate training in geriatrics. The Board denied that request.
- **Gomez (2009).** In the ninth case, the applicant had completed 2-years of postgraduate training in endodontics and had four years of experience as a faculty member at the University of Iowa College of Dentistry in endodontics and family dentistry. The Board denied that request.
- **Bansal (2010).** In the tenth case, the applicant completed a masters degree program in public health at UT Houston, which included a six month internship at Baylor College of Dentistry in the Department of Oral Diagnosis, along with approximately an 18-month residency in dental public health at Baylor College of Dentistry. The Board approved that request.
- **Fatah (2012).** In the eleventh case, the applicant's background and education, including two years of post-graduate Advanced Education in General Dentistry in two accredited programs, demonstrated similar education beyond that required in the subrule. Applicant demonstrated clinical competency by passing a Board-approved clinical licensing examination, the Western Regional Examining Board (WREB). The Board approved that request.

Supporting Documents

1. **NEW INFORMATION:** June 6, 2012 Letter from Dr. Michael Kanellis, DDS, UICD
2. From May 18, 2012 meeting
 - a. Petition for Rule Waiver
 - b. Dr. Oestervemb's Faculty Professional Biography



June 6, 2012

COLLEGE OF DENTISTRY

Clinic Administration

440 Dental Science W
Iowa City, Iowa 52242-1010
319-335-7438 Fax 319-335-8338

Christel Braness, Administrative Assistant
Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309

Dear Christel:

I am writing in response to your request for additional information regarding Dr. Niels Oestervemb's activities during his fellowship this past year.

As you are aware, Dr. Oestervemb completed a one year GPR at the University of Iowa Hospitals and Clinics last June (2011). Following his residency we offered him a one year fellowship at the College of Dentistry. He has been enrolled in course 112:199 *Advanced Clinical Comprehensive Dentistry* since July 1, 2011. Your question about his fellowship activities follows, along with our response.

Q. Could you, or a faculty member at the University of Iowa College of Dentistry, clarify the nature of the fellowship? Was the fellowship research-based, clinically-based, or focused on a specialty? Please be specific about your activities within the fellowship over the course of the last year.

A. Dr. Oestervemb's fellowship is entirely clinically-based, and is in General Dentistry. His primary clinical activities during the past year have consisted of providing comprehensive care to College of Dentistry patients, as well as working in our Emergency Care and Limited Care clinics. None of his activities have been research-based or focused on a specialty.

Please let me know if you want details about the number of patients seen or procedures provided.
Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Michael Kanellis".

Michael Kanellis, DDS, MS
Associate Dean for Patient Care

Petition by Niels Oestervemb for the	}	
waiver of 650 IAC subrule 11.4(1)	}	PETITION FOR
relating to graduates of foreign dental	}	WAIVER
schools.	}	

1. All communications concerning the petition can be directed to the address, phone, and e-mail address listed below.

Niels Oestervemb
433 Oak Park Ct
Iowa City, Iowa, 52246

Work: 319-335-8281
Home: 319-936-9008
Email: niels-oestervemb@uiowa.edu

2. I am requesting a waiver of 650 Iowa Administrative Code subrule 11.4(1), which requires that graduates of foreign dental schools complete a full-time undergraduate supplemental dental education program of at least two years at an accredited dental college. In lieu of two years of undergraduate dental education, I would like the board to accept the following education and training:

1. Five months of my senior year as an exchange student in Family Dentistry at the College of Dentistry in Iowa City
2. GPR program 2010-211 at University of Iowa Hospitals and Clinics. Certificate granted.
3. Fellowship 2011-2012 at the College of Dentistry in Iowa City. Certificate to be granted.

3. I would like the Board to grant a permanent waiver to 650 IAC subrule 11.4(1), which requires that graduates of foreign dental schools complete a full-time undergraduate supplemental dental education program of at least two years at an accredited dental college. In lieu of the two years of undergraduate supplemental education at an accredited college, I would like the Board to consider and accept the following advanced training that I have completed at an accredited U.S. dental school:

1. Five months of my senior year as an exchange student in Family Dentistry at the College of Dentistry in Iowa City
2. GPR program 2010-211 at University of Iowa Hospitals and Clinics. Certificate granted.
3. Fellowship at the College of Dentistry 2011-2012 following my GPR program (Iowa only has a 1 year GPR program). Certificate to be granted.

In addition, I completed the following undergraduate dental education:

- 6 years of training at Aarhus School of Dentistry, University of Aarhus, Denmark, and graduating with honors as Valedictorian of my class. I spent 5 years in the DDS program

and 1 year finishing my master's thesis in Esthetic Dentistry. I attached my transcripts so the Iowa Dental Board can see the broad based comprehensive education I received.

Furthermore I completed the following examinations:

- NBDE Part I - June 2011
- NBDE Part II - December 2011
- TOEFL test - January 2012
- CRDTS exam - March 2012

4. The following explains the relevant facts and reasons to justify a waiver:

a. Compliance with the rule would impose an undue hardship caused by the time, expense, and unnecessary requirement to repeat two years of undergraduate dental education when I have already completed postgraduate general dental education and training at an accredited dental school. My accredited GPR training was broad-based to cover general practice in all aspects and as my CV shows, I have been involved with all aspects of general and comprehensive dentistry. Furthermore, I have during my fellowship at the College of Dentistry in Iowa City also been teaching senior dental students in emergencies, trauma, and urgent-, limited-, and general comprehensive care. At the same time I have been performing all aspect of general comprehensive dentistry. As my recommendations relate, my peers judge me to be a fully competent dentist comparable to my American colleagues.

b. Waiver of the rule would not prejudice the substantial legal rights of any person, because I have already completed more additional training at an accredited dental school than required in the rule. This ensures and protects public health, safety, and welfare.

c. Iowa Code Chapter 153 does not mandate the requirements of rule 650—11.4.

d. The subrule that I am requesting a waiver from helps to ensure that applicants obtain a broad-based general dental education of at least two years length at an accredited dental school and that applicants have demonstrated the same level of didactic and clinical education as an accredited dental school graduate. My particular background, education, and training show that I have met this same level of broad-based dental education at an accredited dental school. My five months in Family Dentistry, my one year GPR program, and my one year Fellowship which have all been at the College of Dentistry in Iowa City have enabled me to achieve the same level of training as American dentists. This is also highlighted in the recommendations from my faculty at the College of Dentistry in Iowa City.

5. I have previously requested information about previous waivers and the petition for waiver process.

6. To my knowledge the board has previously granted waivers to dentists that have completed a GPR program, the NBDE part I and II, and a clinical licensure exam. I fulfill all of these criteria.

7. There is no other public agency or political subdivision that regulates dentistry in Iowa.

8. I am not aware of any person or entity that would be adversely affected by the granting of a waiver in this case.

9. The following is the names, addresses and contact information of dentist that have been responsible for my postgraduate training in the United States.

- Dr. Mike Kanellis DDS, MS, MS. Associate Dean for Patient Care. University of Iowa College of Dentistry. Email: Michael-kanellis@uiowa.edu Phone: 319-335-7439
- Dr. John Doering, DDS, MA. Professor, Department of Family Dentistry, University of Iowa College of Dentistry. Email: john-doering@uioawa.edu Phone: 319-335-7322
- Dr. Kirk Fridrich, DDS, MS, Professor and Head, Hospital Dentistry Institute, University of Iowa Hospitals and Clinics. Email: kirk-fridrich@uiowa.edu Phone: 319-356-1981.

10. I hereby authorize the Board to obtain any information relating to this waiver request from the individuals named herein. I will provide signed releases of information if necessary.

I hereby attest to the accuracy and truthfulness of the above information.



Petitioner's signature



Date

FACULTY PROFESSIONAL BIOGRAPHY
College of Dentistry
University of Iowa

RECEIVED
APR 25 2012
IOWA DENTAL BOARD

Date of Preparation: April 23, 2012

I. Personal Data

1. Name

Niels Oestervemb

2. Department

Clinic Administration

II. Higher Education, formal programs (most recent first)

<u>Date Awarded</u>	<u>Degree</u>	<u>Specialty/Major</u>	<u>Institution</u>
2012	Fellowship	Dentistry	University of Iowa College of Dentistry
2011	General Practise Residency	Dentistry	University of Iowa Hospitals and Clinics
2010	DDS	Dentistry	Royal Dental College Aarhus
2010	MSC	Dentistry	Royal College of Dentistry Aarhus

III. Certification and Licensure (Eligibility, stage of completion)

<u>Date</u>	<u>Dental License (State)</u>
2010	Iowa

<u>Date</u>	<u>Board</u>
2010	Danish Dental Board

IV. Honors and Awards (most recent first)

<u>Year/s</u>	<u>Award</u>	<u>Organization</u>
	SDA/Dentsply Student Clinician Research Award	SDA/Dentsply
2010 - Present	Henry Shaw Award	Henry Shaw Foundation
2010 - Present	Highest Graduating GPA Award	Royal Dental College Aarhus
2010 - Present	Knud Hoejgaard Award	Knud Hoejgard International

2010 - Present	Oticon Award	Oticon
2009 - Present	Diploma in Medical Research	Aarhus University, Faculty of Health Sciences

V. Professional Appointments (consultantships, editorships, review panels, etc.; most recent first)

State

<u>Years</u>	<u>Type of Appointment</u>	<u>Organization or Journal</u>
2012	Judge at AARD Graduate student research competition	Iowa Section of the American Association for Dental Research (AADR)

VI. Dental Service Plan Practice

<u>Academic Year</u>	<u>Time Allocated Per Week</u> (# of Half Days)
2011-2012	4

VII. Professional Memberships (include offices held; most recent first)

<u>Years</u>	<u>Organization</u>
2010-Present	Academy of General Dentistry
2008-Present	American Academy of Cosmetic Dentistry
2011-Present	American Dental Association
	2011 - Present, American Dental Association
2004-Present	Danish Dental Association
2007-Present	International Team of Implantology

VIII. Areas of Research

Shade Guides
Anterior Composites
Endodontics and MTA

IX. Financial Resources (Grants and Contracts; include funded, pending, and approved but not funded applications; list most recent first in each category)

Completed

<u>Title</u>	<u>Role on Project</u>	<u>Dates</u>	<u>Amount</u>
University of Aarhus - Shade Guide Optimization and Evaluation of the Esthetic properties of four composite materials	Principal Investigator	September 2008 - August 2009	\$26,000.00

X. Bibliography (attach sections in the following order, with authors in sequence; most recent first; list work that is published or "in press". Submitted work may also be listed; include journal title and date of submission; manuscripts in progress should not be included)

1. Books and/or Chapters

2. Journal Articles (include initial and final page numbers)

Oestervemb N. A new approach to compare the esthetic properties of different composite materials. Journal of Esthetic and Restorative Dentistry. 2011;23:238-246. PubMed PMID: 21806755.

Oestervemb N. Shade guide optimization--a novel shade arrangement principle for both ceramic and composite shade guides when identifying composite test objects. Journal of Esthetic and Restorative Dentistry. 2011;23:22-32. PubMed PMID: 21323835.

3. Book Reviews

4. Abstracts

Oestervemb N. Optimering af farveskala – et nyt princip for opstilling af farver. Tandlægebladet, 2011.

5. Other Publications

6. Invited External Presentations and Lectures

Oestervemb, N., Symposium, International, SDA/Dentsply Student Clinician Research Program, Presenter, Poster, "Shade Guide Optimization." (2009).

XI. Teaching Activities (Include the most recent first; provide narrative describing responsibility in each course)

<u>Year</u>	<u>Term</u>	<u>Course Title and No.</u>	<u>Role</u>	<u>No. Registered</u>	<u>Length of Course</u>
2011	Fall	Clinical Administrations - Emergency 112:185:800	Clinical Instructor	81+	1

Added 6/29/12

REPORT TO THE IOWA DENTAL BOARD

ACTION

DATE OF MEETING: July 12-13, 2012
RE: **2013 Regulatory Plan**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Review and Approval of FY 2013 Regulatory Plan

Background

Annually, each state agency must submit, by August 1, a Regulatory Plan to the Governor's office. This is an annual listing of all administrative rules currently under active consideration or development for the upcoming fiscal year (FY'13). 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. The Iowa Dental Board's Regulatory Plans are also posted on the Board's website.

Proposed Regulatory Plan for FY'13 (July 1, 2012 – June 30, 2013)

During FY 2012, the Board began the process of reviewing and updating its rules. That review process will continue in FY'13 and include input from the appropriate Board Committees about possible changes. A very preliminary draft of potential rule revisions was distributed for discussion purposes only with the October 27, 2011 meeting materials to begin the review process; no action was requested of the Board at that time and no action was taken. This preliminary draft will be used as the starting point for the continued review during FY'13.

Rulemaking under consideration or development for FY'13

1. Chapters 1 – 51. General review and update to:

- ❖ Reorganize the rules to improve clarity and to make it easier to find information.
- ❖ Remove or update statutory references.
- ❖ Rescind outdated chapters (e.g., Chapter 8, "Sales of Goods & Services," is no longer required and has been replaced by a Board Resolution filed with the Iowa Ethics & Campaign Disclosure Board)
- ❖ 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.
- ❖ Update descriptions of roles and responsibilities of Board committees.

2. Chapter 29, "Sedation and Nitrous Oxide Inhalation Analgesia" - Revise the rules to include recommended rule amendments previously identified by the Board's Anesthesia Credentials Committee.

3. Chapter 35, "Iowa Practitioner Review Committee" - Possible changes include removing term limits for Committee members and clarifying when the Board can make referrals to IPRC.

4. Chapter 10, "General Requirements" – Possible amendments related to expanded functions for dental hygienists, dental assistants and including "child care facilities" in the definition of "public health setting."

Action Requested

Approval of FY 2013 Regulatory Plan as described above.

REPORT TO THE IOWA DENTAL BOARD

DISCUSSION

DATE OF MEETING: July 12-13, 2012
RE: **Discussion Regarding Designation as Specialists, Implants & Anesthesia**
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Review and Discussion

A licensee recently contacted the Board with questions about who can and who cannot designate themselves as specialists and implants and anesthesia. This item is on the Board agenda for general discussion.

Attached for Review

- ❖ Board rules re: Advertising, Chpt. 26
- ❖ Board rules re: Designation of Specialty, Chpt. 28

CHAPTER 26
ADVERTISING

[Prior to 5/18/88, Dental Examiners, Board of [320]]

650—26.1(153) General. Communications by inclusion or omission to the public must be accurate. They must not convey false, untrue, deceptive, or misleading information through statements, testimonials, photographs, graphics or other means. Communications must not appeal to an individual's anxiety in an excessive or unfair way; and they must not create unjustified expectations of results. If communications refer to benefits or other attributes of dental procedures or products that involve significant risks, realistic assessments of the safety and efficacy of those procedures or products must also be included, as well as the availability of alternatives and, where necessary to avoid deception, descriptions or assessments of the benefits or other attributes of those alternatives. Communications must not misrepresent a dentist's credentials, training, experience or ability, and must not contain material claims of superiority that cannot be substantiated.

There are several areas that the board believes to be susceptible to deceptive or misleading statements. While the board does not intend to discourage dentists from engaging in any form of truthful, nondeceptive advertising, dentists engaging in the type of advertising listed below shall take special care to ensure that their ads are consistent with these rules.

26.1(1) Claims that the service performed or the materials used are professionally superior to that which is ordinarily performed or used or that convey the message that one licensee is better than another when superiority of service or materials cannot be substantiated.

26.1(2) The use of an unearned or nonhealth degree in general announcements to the public.

26.1(3) The use of attainment of an honorary fellowship in an advertisement. An honorary fellowship does not include an award based on merit, study or research. However, the attainment of the fellowship status may be indicated in scientific papers, curriculum vitae, third party payment forms, and letterhead and stationery which is not used for the direct solicitation of patients.

26.1(4) Promotion of a professional service which the dentist knows or should know is beyond the dentist's ability to perform.

26.1(5) Techniques of communication which intimidate, exert undue pressure or undue influence over a prospective patient.

26.1(6) The use of any personal testimonial attesting to a quality of competence of a service or treatment offered by a licensee that is not reasonably verifiable.

26.1(7) Utilizing any statistical data or other information based on past performance or predication of future success, which creates an unjustified expectation about results that the dentist can achieve.

26.1(8) The communication of personally identifiable facts, data, or information about a patient without first obtaining patient consent.

26.1(9) Any misrepresentation of a material fact.

26.1(10) The knowing suppression, omission or concealment of any material fact or law without which the communication would be deceptive.

26.1(11) Any communication which creates an unjustified expectation concerning the potential result of any dental treatment.

26.1(12) Where the circumstances indicate "bait and switch" advertising, the board may require the advertiser to furnish to the board data or other evidence pertaining to those sales at the advertised price as well as other sales. Where the circumstances indicate deceptive advertising, the board will initiate an investigation or disciplinary action as warranted.

650—26.2(153) Requirements. The board of dental examiners may require a dentist to substantiate the truthfulness of any assertion or representation of material fact set forth in an advertisement.

26.2(1) At the time an advertisement is placed, the dentist must possess and rely upon information which, when produced, would substantiate the truthfulness of any assertion, omission, or representation of material fact set forth in the advertisement.

26.2(2) The failure to possess and rely upon the information required in subrule 26.2(1) at the time the advertisement is placed shall be deemed professional misconduct.

26.2(3) The failure or refusal to provide the factual substantiation to support a representation or assertion when requested by the board shall be deemed professional misconduct.

650—26.3(153) Fees. Advertising that states a fee must clearly define the professional service being offered in the advertisement. Advertised offers shall be presumed to include everything ordinarily required for such a service.

650—26.4(153) Public representation. All advertisement and public representations shall contain the name and address or telephone number of the practitioner who placed the ad.

26.4(1) If one's practice is referred to in the advertisement, the ad may state either "general/family practice" or the American Dental Association recognized specialty that the practitioner practices.

26.4(2) No dentist may state or imply that the dentist is certified as a specialist when that is not the case. Use of the terms "specialist," "specializing in" or other similar terms in connection with areas that are not recognized as specialties pursuant to 650—Chapter 28 is not permitted.

26.4(3) Dentists may advertise the areas in which they practice using other descriptive terms such as "emphasis on _____" or other similar terms.

650—26.5(153) Responsibility. Each professional who is a principal partner, officer, or licensed professional employee, acting as an agent of the firm or entity identified in the advertisement, is jointly and severally responsible for the form and content of any advertisement offering services or materials.

650—26.6(153) Advertisement records. A recording of every advertisement communicated by electronic media, and a copy of every advertisement communicated by print media indicating the date and place of the advertisement shall be retained by the dentist for a period of two years and be made available for review upon request by the board or its designee.

These rules are intended to implement Iowa Code sections 153.33 and 153.34.

[Filed 4/9/79, Notice 10/4/78—published 5/2/79, effective 6/6/79]¹

[Filed emergency 6/5/79—published 6/27/79, effective 6/5/79]

[Filed 10/11/79, Notice 6/27/79—published 10/31/79, effective 12/5/79]

[Filed emergency 11/30/84—published 12/19/84, effective 11/30/84]

[Filed 12/12/85, Notice 9/11/85—published 1/1/86, effective 2/5/86]

[Filed 4/28/88, Notice 3/23/88—published 5/18/88, effective 6/22/88]

[Filed 1/19/01, Notice 11/15/00—published 2/7/01, effective 3/14/01]

¹ Effective date of 650—Chapter 26 delayed by the Administrative Rules Review Committee 70 days.

CHAPTER 28
DESIGNATION OF SPECIALTY
[Prior to 5/18/88, Dental Examiners, Board of[320]]

650—28.1(153) General review. A dentist may represent that the dentist is a specialist in the specialties of dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, orthodontics, pediatric dentistry, periodontics, prosthodontics, or oral and maxillofacial radiology provided the requirements of that area of specialty have been met. The board recognizes there are overlapping responsibilities among the recognized areas of dental practice. However, as a matter of principle, a specialist shall not routinely provide procedures that are beyond the scope of the specialty as defined below.

650—28.2(153) Dental public health.

28.2(1) Definition. Dental public health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice in which the community serves as the patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.

28.2(2) Requirements.

- a. Be a diplomate of the American Board of Dental Public Health; or
- b. Have successfully completed a formal graduate or residency training program in dental public health accredited by the Commission on Dental Accreditation of the American Dental Association; or
- c. Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

650—28.3(153) Endodontics.

28.3(1) Definition. Endodontics is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

28.3(2) Requirements.

- a. Be a diplomate of the American Board of Endodontics; or
- b. Have successfully completed a formal graduate or residency training program in endodontics accredited by the Commission on Dental Accreditation of the American Dental Association; or
- c. Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

650—28.4(153) Oral and maxillofacial pathology.

28.4(1) Definition. Oral and maxillofacial pathology is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral and maxillofacial pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

28.4(2) Requirements.

- a. Be a diplomate of the American Board of Oral and Maxillofacial Pathology; or
- b. Be a fellow in the American Academy of Oral and Maxillofacial Pathology; or
- c. Have successfully completed a formal graduate or residency training program in oral and maxillofacial pathology accredited by the Commission on Dental Accreditation of the American Dental Association; or
- d. Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

650—28.5(153) Oral and maxillofacial surgery.

28.5(1) Definition. Oral and maxillofacial surgery is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

28.5(2) Requirements.

- a. Be a diplomate of the American Board of Oral and Maxillofacial Surgery; or
- b. Be a member of the American Association of Oral and Maxillofacial Surgeons; or
- c. Have successfully completed a formal graduate or residency training program in oral surgery accredited by the Commission on Dental Accreditation of the American Dental Association; or
- d. Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

650—28.6(153) Orthodontics and dentofacial orthopedics.

28.6(1) Definition. Orthodontics and dentofacial orthopedics is that area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces or the stimulation and redirection of functional forces within the craniofacial complex, or both. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.

28.6(2) Requirements.

- a. Be a diplomate of the American Board of Orthodontics; or
- b. Have successfully completed a formal graduate or residency training program in orthodontics accredited by the Commission on Dental Accreditation of the American Dental Association; or
- c. Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

650—28.7(153) Pediatric dentistry.

28.7(1) Definition. The specialty of pediatric dentistry is the practice and teaching of comprehensive preventive and therapeutic oral health care of children from birth through adolescence. It shall be construed to include care for special patients beyond the age of adolescence who demonstrate mental, physical or emotional problems.

28.7(2) Requirements.

- a. Be a diplomate of the American Board of Pediatric Dentistry; or
- b. Have successfully completed a formal graduate or residency training program in pediatric dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or
- c. Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

650—28.8(153) Periodontics.

28.8(1) Definition. Periodontics is that specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes; and the maintenance of the health, function, and esthetics of these structures and tissues.

28.8(2) Requirements.

- a. Be a diplomate of the American Board of Periodontology; or
- b. Have successfully completed a formal graduate or residency training program in periodontics accredited by the Commission on Dental Accreditation of the American Dental Association; or
- c. Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

650—28.9(153) Prosthodontics.

28.9(1) Definition. Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth or maxillofacial tissues using biocompatible substitutes.

28.9(2) Requirements.

- a. Have fulfilled those requirements prescribed by the American Board of Prosthodontics to be eligible to be examined therein for certification; or
- b. Have successfully completed a formal graduate or residency training program in prosthodontics accredited by the Commission on Dental Accreditation of the American Dental Association; or
- c. Have limited practice to this area prior to January 1, 1965, and have been permitted to continue to do so pursuant to resolution of the ADA House of Delegates.

650—28.10(153) Oral and maxillofacial radiology.

28.10(1) Definition. Oral and maxillofacial radiology is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders, and conditions of the oral and maxillofacial region.

28.10(2) Requirements.

- a. Be a diplomate of the American Board of Oral and Maxillofacial Radiology; or
- b. Have successfully completed a formal graduate or residency training program in oral and maxillofacial radiology accredited by the Commission on Dental Accreditation of the American Dental Association.

These rules are intended to implement Iowa Code section 153.13.

[Filed 4/9/79, Notice 10/4/78—published 5/2/79, effective 6/6/79]¹

[Filed emergency 6/5/79—published 6/27/79, effective 6/5/79]

[Filed 10/11/79, Notice 6/27/79—published 10/31/79, effective 12/5/79]

[Filed 4/28/88, Notice 3/23/88—published 5/18/88, effective 6/22/88]

[Filed 1/29/93, Notice 11/25/92—published 2/17/93, effective 3/24/93]

[Filed 11/2/95, Notice 8/16/95—published 11/22/95, effective 12/27/95]

[Filed 1/19/01, Notice 11/15/00—published 2/7/01, effective 3/14/01]

[Filed 1/18/02, Notice 11/14/01—published 2/6/02, effective 3/13/02]

[Filed 7/1/04, Notice 5/12/04—published 7/21/04, effective 8/25/04]

[Filed 2/5/07, Notice 11/22/06—published 2/28/07, effective 4/4/07]

¹ Effective date of Chapter 28 delayed by the Administrative Rules Review Committee 70 days.

REPORT TO THE IOWA DENTAL BOARD

DISCUSSION

DATE OF MEETING: July 12-13, 2012
RE: Discussion Regarding Public Health Supervision, RDH, and Subsequent Visits: Is an Exam By DDS Required?
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Review and Discussion Re: Interpretation of Board Rule

For Discussion

Board staff received a question about requirements under the Board's public health supervision rules. It has been reported that some hygienists in a public health clinic are seeing patients multiple times with only an initial exam conducted by a dentist. Dental hygienists working in a public health setting can see a patient initially for a cleaning, but if there are subsequent visits do the Board's rules require an exam by a dentist?

Board Rule – Public Health Supervision

10.5(3) Licensee responsibilities. When working together in a public health supervision relationship, a dentist and dental hygienist shall enter into a written agreement that specifies the following responsibilities.

a. The dentist providing public health supervision must:

- (1) Be available to provide communication and consultation with the dental hygienist;
- (2) Have age- and procedure-specific standing orders for the performance of dental hygiene services. Those standing orders must include consideration for medically compromised patients and medical conditions for which a dental evaluation must occur prior to the provision of dental hygiene services;
- (3) Specify a period of time in which an examination by a dentist must occur prior to providing further hygiene services. However, this examination requirement does not apply to educational services, assessments, screenings, and fluoride if specified in the supervision agreement; and
- (4) Specify the location or locations where the hygiene services will be provided under public health supervision.

Practitioner Licensed from 04/24/2012 - 06/20/2012

**Dental Assistant
 Trainee**

Blevins, Vanessa Mae
 2022 Elmwood Ln
 Bettendorf IA 52806
 Date of Birth: 12/05/1981

License Number: T11407
 Orig Issue Date: 04/30/2012
 Expiration Date:

Jones, Amanda Kay
 21420 Tyler St
 Lacona IA 50139
 Date of Birth: 10/15/1988

License Number: T11408
 Orig Issue Date: 04/30/2012
 Expiration Date:

Griebahn, Brenda Kay
 3590 Utah Ave NE
 Iowa City IA 52240
 Date of Birth: 05/23/1958

License Number: T11409
 Orig Issue Date: 05/01/2012
 Expiration Date:

Espino, Maria Paloma
 1529 1st Ave S
 Apt #2
 Denison IA 51442
 Date of Birth: 06/17/1986

License Number: T11410
 Orig Issue Date: 05/02/2012
 Expiration Date:

Shortell, Laura Lee
 2485 S 1st St
 West Des Moines IA 50265
 Date of Birth: 03/21/1990

License Number: T11411
 Orig Issue Date: 05/02/2012
 Expiration Date:

Timmerman, Marie LeAnn
 470 NE 72nd St
 Pleasant Hill IA 50327
 Date of Birth: 04/25/1989

License Number: T11412
 Orig Issue Date: 05/09/2012
 Expiration Date:

**Dental Assistant
 Trainee**

McCoid, Jessica Ann
 620 36th St NE
 Cedar Rapids IA 52402
 Date of Birth: 02/11/1988

License Number: T11413
 Orig Issue Date: 05/09/2012
 Expiration Date:

Gonzalez, Mayra Lizbeth
 203 Bridgeman St
 Muscatine IA 52761
 Date of Birth: 10/21/1990

License Number: T11414
 Orig Issue Date: 05/16/2012
 Expiration Date:

Moser, Shelby Ann, D.H.
 27520 Imperial Rd
 Hinton IA 51024
 Date of Birth: 08/25/1991

License Number: T11415
 Orig Issue Date: 05/16/2012
 Expiration Date:

Nyquist, Mercedes Brooke
 14 Brittany Lane
 Rock Island IL 61201
 Date of Birth: 11/07/1991

License Number: T11417
 Orig Issue Date: 05/23/2012
 Expiration Date:

Thompson, Kate Ann
 17105 168th St West
 Taylor Ridge IL 61284
 Date of Birth: 12/24/1989

License Number: T11416
 Orig Issue Date: 05/23/2012
 Expiration Date:

Nguyen, Nicole Hongthi
 2712 Raccoon Street
 Des Moines IA 50317
 Date of Birth: 04/10/1982

License Number: T11419
 Orig Issue Date: 05/24/2012
 Expiration Date:

Practitioner Licensed from 04/24/2012 - 06/20/2012**Dental Assistant
Trainee**

Lechuga, Marilu
2627 River Meadows Dr
Des Moines IA 50320
Date of Birth: 10/09/1988

License Number: T11418
Orig Issue Date: 05/24/2012
Expiration Date:

Coleman, Regina Lynn
704 Country Club Heights
#102
Quincy IL 62301
Date of Birth: 09/01/1976

License Number: T11420
Orig Issue Date: 05/31/2012
Expiration Date:

Cunningham Beal, Jourdan Brianna
700 N 19th St
Clarinda IA 51632
Date of Birth: 06/18/1993

License Number: T11422
Orig Issue Date: 06/05/2012
Expiration Date:

Viers, Lita Elaine
1839 130th Street
Packwood IA 52580
Date of Birth: 06/13/1971

License Number: T11423
Orig Issue Date: 06/06/2012
Expiration Date:

Stuhr, Candace Kaye
68222 740th St
Massena IA 50853
Date of Birth: 01/16/1976

License Number: T11424
Orig Issue Date: 06/08/2012
Expiration Date:

Dutcher, Christine Lynn
20040 Sherri Lane
Fort Dodge IA 50501
Date of Birth: 08/19/1971

License Number: T11425
Orig Issue Date: 06/11/2012
Expiration Date:

**Dental Assistant
Trainee**

TouVelle, Anthony Ross
2105 Wendy Ct
Bettendorf IA 52722-2016
Date of Birth: 08/04/1992

License Number: T11432
Orig Issue Date: 06/15/2012
Expiration Date:

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

License Number: T11433
Orig Issue Date: 06/15/2012
Expiration Date:

Colwell, Mary Jean
11617 County Hwy S33
Iowa Falls IA 50126
Date of Birth: 12/28/1993

License Number: T11428
Orig Issue Date: 06/15/2012
Expiration Date:

Cox, Sabrina Marie Kay
808 Hampton Dr
Williamsburg IA 52361
Date of Birth: 10/15/1990

License Number: T11429
Orig Issue Date: 06/15/2012
Expiration Date:

Dostal, Brenden Robert
19 Red Bud Circle
Shenandoah IA 51601
Date of Birth: 10/11/1995

License Number: T11442
Orig Issue Date: 06/19/2012
Expiration Date:

Dental Hygienist

Thomsen, Sheila Ann, D.H.
1434 Center Pt. Rd. NE
Unit B
Cedar Rapids IA 52402
Date of Birth: 03/03/1983

License Number: 04080
Orig Issue Date: 05/07/2012
Expiration Date: 08/31/2013

Practitioner Licensed from 04/24/2012 - 06/20/2012

Dental Hygienist

Turner, Rachel Lynn, D.H.
 2344 S Geo. Washington Dr
 Wichita KS 67218
 Date of Birth: 06/12/1982

License Number: 04079
 Orig Issue Date: 05/07/2012
 Expiration Date: 08/31/2013

Clemens, Janet Diane, D.H.
 15231 Preston Rd. #2070
 Dallas TX 75248
 Date of Birth: 08/14/1953

License Number: 04081
 Orig Issue Date: 05/07/2012
 Expiration Date: 08/31/2013

Sheetz, Kyle Lee, D.H.
 1615 N 6th Ave. Apt. 5
 Washington IA 52353
 Date of Birth: 09/15/1981

License Number: 04082
 Orig Issue Date: 05/08/2012
 Expiration Date: 08/31/2013

Bemisdarfer, Karissa Lynn, D.H.
 2922 SE Peachtree Dr.
 Ankeny IA 50021
 Date of Birth: 12/06/1988

License Number: 04083
 Orig Issue Date: 05/30/2012
 Expiration Date: 08/31/2013

Hudson, Beckie Ann, D.H.
 1415 Langenberg Ave.
 Iowa City IA 52240
 Date of Birth: 01/30/1980

License Number: 04087
 Orig Issue Date: 05/31/2012
 Expiration Date: 08/31/2013

Pfeifer, Rachel Marie, D.H.
 PO Box 153
 Richland IA 52585
 Date of Birth: 11/27/1983

License Number: 04085
 Orig Issue Date: 05/31/2012
 Expiration Date: 08/31/2013

Dental Hygienist

Nerhus, Lindsey Marie, D.H.
 1660 Floral Circle
 Fort Dodge IA 50501
 Date of Birth: 06/05/1989

License Number: 04086
 Orig Issue Date: 05/31/2012
 Expiration Date: 08/31/2013

Thomsen, Jamie Lynn, D.H.
 192 West 9th St
 PO Box 403
 Lake View IA 51450
 Date of Birth: 01/13/1981

License Number: 04088
 Orig Issue Date: 05/31/2012
 Expiration Date: 08/31/2013

Dohlman, Camille Marie, D.H.
 4686 Fir Ave.
 Riceville IA 50466
 Date of Birth: 01/03/1990

License Number: 04084
 Orig Issue Date: 05/31/2012
 Expiration Date: 08/31/2013

Tousley, Elizabeth Gale, D.H.
 12390 S Race St.
 Olathe KS 66061
 Date of Birth: 11/14/1984

License Number: 04091
 Orig Issue Date: 06/01/2012
 Expiration Date: 08/31/2013

McNamara, Emily Rose, D.H.
 125 3rd St.
 PO Box 31
 Templeton IA 51463
 Date of Birth: 04/06/1989

License Number: 04089
 Orig Issue Date: 06/01/2012
 Expiration Date: 08/31/2013

Hawkins, Alyssa Eileen, D.H.
 422 Jackson St.
 PO Box 482
 Brooklyn IA 52211
 Date of Birth: 09/08/1988

License Number: 04090
 Orig Issue Date: 06/01/2012
 Expiration Date: 08/31/2013

Practitioner Licensed from 04/24/2012 - 06/20/2012

Dental Hygienist

Krebs, Katie Lori, D.H.
 45693 170th St.
 Sleepy Eye MN 56085
 Date of Birth: 05/04/1989

License Number: 04093
 Orig Issue Date: 06/08/2012
 Expiration Date: 08/31/2013

Tegeler, Kristy Lynn, D.H.
 1114 190th Ave.
 Edgewood IA 52042
 Date of Birth: 09/21/1989

License Number: 04094
 Orig Issue Date: 06/08/2012
 Expiration Date: 08/31/2013

Allen, Andrea Raquel, D.H.
 17924 Fulda Trail
 Lakeville MN 55044
 Date of Birth: 04/07/1983

License Number: 04092
 Orig Issue Date: 06/08/2012
 Expiration Date: 08/31/2013

Krall, Katie Leigh, D.H.
 106 N Riverpark Dr.
 Guttenberg IA 52052
 Date of Birth: 10/04/1989

License Number: 04099
 Orig Issue Date: 06/14/2012
 Expiration Date: 08/31/2013

Kier, Mindy Jane, D.H.
 470 E Jensen St.
 Newell IA 50568
 Date of Birth: 11/17/1989

License Number: 04095
 Orig Issue Date: 06/14/2012
 Expiration Date: 08/31/2013

McMullen, Tara Jo, D.H.
 1110 9th Ave. SE
 Dyersville IA 52040
 Date of Birth: 08/20/1982

License Number: 04100
 Orig Issue Date: 06/14/2012
 Expiration Date: 08/31/2013

Dental Hygienist

Smith, Bailey Nichol, D.H.
 608 E 7th St. N
 Newton IA 50208
 Date of Birth: 08/23/1989

License Number: 04096
 Orig Issue Date: 06/14/2012
 Expiration Date: 08/31/2013

Driscoll, Larissa Ellen, D.H.
 4502 Dunibar Ridge Rd.
 Minnetonka MN 55345
 Date of Birth: 06/19/1989

License Number: 04098
 Orig Issue Date: 06/14/2012
 Expiration Date: 08/31/2013

Moser, Shelby Ann, D.H.
 27520 Imperial Rd
 Hinton IA 51024
 Date of Birth: 08/25/1991

License Number: 04097
 Orig Issue Date: 06/14/2012
 Expiration Date: 08/31/2013

Topping, Jennifer Marie, D.H.
 734 Carter St. SW
 Ryan IA 52330
 Date of Birth: 04/19/1990

License Number: 04106
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Mugge, Amanda Lee, D.H.
 213 8th St. SE
 Spencer IA 51301
 Date of Birth: 01/11/1989

License Number: 04105
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Moore, Jordan Ashley, D.H.
 26296 County Hwy L20
 Soldier IA 51572
 Date of Birth: 07/23/1991

License Number: 04104
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Practitioner Licensed from 04/24/2012 - 06/20/2012

Dental Hygienist

Behymer, Amanda Ka, D.H.
1046 12th St. NE
Cedar Rapids IA 52402
Date of Birth: 08/02/1981

License Number: 04101
Orig Issue Date: 06/15/2012
Expiration Date: 08/31/2013

Kalkwarf, Meredith Lee, D.H.
2230 225th St.
Garner IA 50438
Date of Birth: 10/17/1990

License Number: 04102
Orig Issue Date: 06/15/2012
Expiration Date: 08/31/2013

Krull, Teri Lynn, D.H.
PO Box 278
George IA 51237
Date of Birth: 06/13/1984

License Number: 04103
Orig Issue Date: 06/15/2012
Expiration Date: 08/31/2013

Uhlenhopp, Brigietta Anne, D.H.
2426 Lincoln Hwy
Nevada IA 50201
Date of Birth: 11/25/1986

License Number: 04107
Orig Issue Date: 06/15/2012
Expiration Date: 08/31/2013

Nelson, Megan Renee, D.H.
3306 50th St.
Des Moines IA 50310
Date of Birth: 03/10/1987

License Number: 04109
Orig Issue Date: 06/19/2012
Expiration Date: 08/31/2013

Brucker, Jennifer Belle, D.H.
1505 W 19th St.
Cedar Falls IA 50613
Date of Birth: 02/08/1969

License Number: 04111
Orig Issue Date: 06/19/2012
Expiration Date: 08/31/2013

Dental Hygienist

Haynes, Brandi Mae, D.H.
4520 104th St #5
Urbandale IA 50322
Date of Birth: 03/30/1981

License Number: 04110
Orig Issue Date: 06/19/2012
Expiration Date: 08/31/2013

Scullen, Laura Beth, D.H.
1152 NE 8th Lane
Ankeny IA 50021
Date of Birth: 01/18/1988

License Number: 04108
Orig Issue Date: 06/19/2012
Expiration Date: 08/31/2013

Dentist

Cheek, John Arthur, D.D.S.
810 Old Woods Rd.
Columbus OH 43235
Date of Birth: 10/28/1949

License Number: 08902
Orig Issue Date: 05/07/2012
Expiration Date: 08/31/2012

Jordan, Bradley David, D.D.S.
8602 Cinnamon Creek Dr.
Apt. 1304
San Antonio TX 78240
Date of Birth: 10/01/1985

License Number: 08903
Orig Issue Date: 05/08/2012
Expiration Date: 08/31/2012

Johnson, Tessa Jean, D.D.S.
1103 S 22nd St.
Quincy IL 62301
Date of Birth: 01/05/1976

License Number: 08904
Orig Issue Date: 05/10/2012
Expiration Date: 08/31/2012

Rouman, Marco Elia Boulos, B.D.S.
560 Penn Ct.
North Liberty IA 52317
Date of Birth: 10/18/1978

License Number: 08905
Orig Issue Date: 05/25/2012
Expiration Date: 08/31/2012

Practitioner Licensed from 04/24/2012 - 06/20/2012

Dentist

Trambly, Jane Lea, D.D.S.
 907 Padua Ave.
 Ravenna NE 68869
 Date of Birth: 08/19/1985

License Number: 08906
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2014

**Local Anesthesia
 Permit**

Bemisdarfer, Karissa Lynn, D.H.
 2922 SE Peachtree Dr.
 Ankeny IA 50021
 Date of Birth: 12/06/1988

License Number: 2763
 Orig Issue Date: 05/30/2012
 Expiration Date: 08/31/2013

Faculty

Maia, Rodrigo Rocha, DDS, MS
 UIA College of Dentistry
 801 Newton Rd.
 Iowa City IA 52242
 Date of Birth: 12/31/1972

License Number: 40127
 Orig Issue Date: 05/25/2012
 Expiration Date: 08/31/2012

Pfeifer, Rachel Marie, D.H.
 PO Box 153
 Richland IA 52585
 Date of Birth: 11/27/1983

License Number: 2765
 Orig Issue Date: 05/31/2012
 Expiration Date: 08/31/2013

**Local Anesthesia
 Permit**

Turner, Rachel Lynn, D.H.
 2344 S Geo. Washington Dr
 Wichita KS 67218
 Date of Birth: 06/12/1982

License Number: 2759
 Orig Issue Date: 05/07/2012
 Expiration Date: 08/31/2013

Dohlman, Camille Marie, D.H.
 4686 Fir Ave.
 Riceville IA 50466
 Date of Birth: 01/03/1990

License Number: 2764
 Orig Issue Date: 05/31/2012
 Expiration Date: 08/31/2013

Clemens, Janet Diane, D.H.
 15231 Preston Rd. #2070
 Dallas TX 75248
 Date of Birth: 08/14/1953

License Number: 2761
 Orig Issue Date: 05/07/2012
 Expiration Date: 08/31/2013

Nerhus, Lindsey Marie, D.H.
 1660 Floral Circle
 Fort Dodge IA 50501
 Date of Birth: 06/05/1989

License Number: 2767
 Orig Issue Date: 05/31/2012
 Expiration Date: 08/31/2013

Thomsen, Sheila Ann, D.H.
 1434 Center Pt. Rd. NE
 Unit B
 Cedar Rapids IA 52402
 Date of Birth: 03/03/1983

License Number: 2760
 Orig Issue Date: 05/07/2012
 Expiration Date: 08/31/2013

Thomsen, Jamie Lynn, D.H.
 192 West 9th St
 PO Box 403
 Lake View IA 51450
 Date of Birth: 01/13/1981

License Number: 2769
 Orig Issue Date: 05/31/2012
 Expiration Date: 08/31/2013

Sheetz, Kyle Lee, D.H.
 1615 N 6th Ave. Apt. 5
 Washington IA 52353
 Date of Birth: 09/15/1981

License Number: 2762
 Orig Issue Date: 05/08/2012
 Expiration Date: 08/31/2013

Hudson, Beckie Ann, D.H.
 1415 Langenberg Ave.
 Iowa City IA 52240
 Date of Birth: 01/30/1980

License Number: 2768
 Orig Issue Date: 05/31/2012
 Expiration Date: 08/31/2013

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

Practitioner Licensed from 04/24/2012 - 06/20/2012

Local Anesthesia Permit

Speer, Colleen Jennifer, D.H.
1221 N Van Buren #1
Ottumwa IA 52501
Date of Birth: 12/16/1980

License Number: 2766
Orig Issue Date: 05/31/2012
Expiration Date: 08/31/2013

Tousley, Elizabeth Gale, D.H.
12390 S Race St.
Olathe KS 66061
Date of Birth: 11/14/1984

License Number: 2772
Orig Issue Date: 06/01/2012
Expiration Date: 08/31/2013

McNamara, Emily Rose, D.H.
125 3rd St.
PO Box 31
Templeton IA 51463
Date of Birth: 04/06/1989

License Number: 2770
Orig Issue Date: 06/01/2012
Expiration Date: 08/31/2013

Hawkins, Alyssa Eileen, D.H.
422 Jackson St.
PO Box 482
Brooklyn IA 52211
Date of Birth: 09/08/1988

License Number: 2771
Orig Issue Date: 06/01/2012
Expiration Date: 08/31/2013

Krebs, Katie Lori, D.H.
45693 170th St.
Sleepy Eye MN 56085
Date of Birth: 05/04/1989

License Number: 2774
Orig Issue Date: 06/08/2012
Expiration Date: 08/31/2013

Allen, Andrea Raquel, D.H.
17924 Fulda Trail
Lakeville MN 55044
Date of Birth: 04/07/1983

License Number: 2773
Orig Issue Date: 06/08/2012
Expiration Date: 08/31/2013

Local Anesthesia Permit

Tegeler, Kristy Lynn, D.H.
1114 190th Ave.
Edgewood IA 52042
Date of Birth: 09/21/1989

License Number: 2775
Orig Issue Date: 06/08/2012
Expiration Date: 08/31/2013

Driscoll, Larissa Ellen, D.H.
4502 Dunibar Ridge Rd.
Minnetonka MN 55345
Date of Birth: 06/19/1989

License Number: 2779
Orig Issue Date: 06/14/2012
Expiration Date: 08/31/2013

Kier, Mindy Jane, D.H.
470 E Jensen St.
Newell IA 50568
Date of Birth: 11/17/1989

License Number: 2776
Orig Issue Date: 06/14/2012
Expiration Date: 08/31/2013

Smith, Bailey Nichol, D.H.
608 E 7th St. N
Newton IA 50208
Date of Birth: 08/23/1989

License Number: 2777
Orig Issue Date: 06/14/2012
Expiration Date: 08/31/2013

Krall, Katie Leigh, D.H.
106 N Riverpark Dr.
Guttenberg IA 52052
Date of Birth: 10/04/1989

License Number: 2780
Orig Issue Date: 06/14/2012
Expiration Date: 08/31/2013

Moser, Shelby Ann, D.H.
27520 Imperial Rd
Hinton IA 51024
Date of Birth: 08/25/1991

License Number: 2778
Orig Issue Date: 06/14/2012
Expiration Date: 08/31/2013

Practitioner Licensed from 04/24/2012 - 06/20/2012

**Local Anesthesia
Permit**

McMullen, Tara Jo, D.H.
 1110 9th Ave. SE
 Dyersville IA 52040
 Date of Birth: 08/20/1982

License Number: 2781
 Orig Issue Date: 06/14/2012
 Expiration Date: 08/31/2013

Krull, Teri Lynn, D.H.
 PO Box 278
 George IA 51237
 Date of Birth: 06/13/1984

License Number: 2784
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Kalkwarf, Meredith Lee, D.H.
 2230 225th St.
 Garner IA 50438
 Date of Birth: 10/17/1990

License Number: 2783
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Mugge, Amanda Lee, D.H.
 213 8th St. SE
 Spencer IA 51301
 Date of Birth: 01/11/1989

License Number: 2786
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Moore, Jordan Ashley, D.H.
 26296 County Hwy L20
 Soldier IA 51572
 Date of Birth: 07/23/1991

License Number: 2785
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Uhlenhopp, Brigietta Anne, D.H.
 2426 Lincoln Hwy
 Nevada IA 50201
 Date of Birth: 11/25/1986

License Number: 2788
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

**Local Anesthesia
Permit**

Behymer, Amanda Ka, D.H.
 1046 12th St. NE
 Cedar Rapids IA 52402
 Date of Birth: 08/02/1981

License Number: 2782
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Topping, Jennifer Marie, D.H.
 734 Carter St. SW
 Ryan IA 52330
 Date of Birth: 04/19/1990

License Number: 2787
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Haynes, Brandi Mae, D.H.
 4520 104th St #5
 Urbandale IA 50322
 Date of Birth: 03/30/1981

License Number: 2791
 Orig Issue Date: 06/19/2012
 Expiration Date: 08/31/2013

Scullen, Laura Beth, D.H.
 1152 NE 8th Lane
 Ankeny IA 50021
 Date of Birth: 01/18/1988

License Number: 2789
 Orig Issue Date: 06/19/2012
 Expiration Date: 08/31/2013

Brucker, Jennifer Belle, D.H.
 1505 W 19th St.
 Cedar Falls IA 50613
 Date of Birth: 02/08/1969

License Number: 2792
 Orig Issue Date: 06/19/2012
 Expiration Date: 08/31/2013

Nelson, Megan Renee, D.H.
 3306 50th St.
 Des Moines IA 50310
 Date of Birth: 03/10/1987

License Number: 2790
 Orig Issue Date: 06/19/2012
 Expiration Date: 08/31/2013

Practitioner Licensed from 04/24/2012 - 06/20/2012

Qual/Reg Dental Asst

Joaquin-Caro, Daisy Joanna
 1605 Silver St
 Sioux City IA 51103
 Date of Birth: 11/18/1991

License Number: Q11421
 Orig Issue Date: 05/31/2012
 Expiration Date: 08/31/2013

McMahon, Robbie Jo
 484 8th Avenue
 Manilla IA 51454
 Date of Birth: 11/27/1991

License Number: Q11426
 Orig Issue Date: 06/11/2012
 Expiration Date: 08/31/2013

Gomez, Angelica
 410 S Main St
 Toledo IA 52342
 Date of Birth: 06/09/1984

License Number: Q11427
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Delic, Zinaida
 2910 West 4th Street
 Waterloo IA 50701
 Date of Birth: 10/26/1991

License Number: Q11437
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Story, Delaney Jerica
 123 North 6th Ave
 Sheldon IA 51201
 Date of Birth: 03/28/1991

License Number: Q11438
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Beye, Anna Marie
 2111 Lafayette Ave
 Marshalltown IA 50158
 Date of Birth: 07/16/1992

License Number: Q11436
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Qual/Reg Dental Asst

Bragg, Ashlie Michelle
 8391 Harbach Blvd
 Apt 118
 Clive IA 50325
 Date of Birth: 05/26/1990

License Number: Q11439
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Divis, Ashley Marie
 704 W Centre
 Hartington NE 68739
 Date of Birth: 04/11/1989

License Number: Q11430
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Bryan, Sarah Laree
 523 13th St
 Onawa IA 51040
 Date of Birth: 12/16/1985

License Number: Q11434
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Robbins, Kellie Marie
 204 Park Place Avenue
 State Center IA 50247
 Date of Birth: 08/13/1993

License Number: Q11431
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Cervellera, Jeni Ilene
 222 E Jefferson St
 Apt 8
 Pella IA 50219
 Date of Birth: 07/23/1984

License Number: Q11435
 Orig Issue Date: 06/15/2012
 Expiration Date: 08/31/2013

Amos, Melissa Marie
 225 W 8th St. S
 Newton IA 50208
 Date of Birth: 03/10/1981

License Number: Q11441
 Orig Issue Date: 06/18/2012
 Expiration Date: 08/31/2013

Practitioner Licensed from 04/24/2012 - 06/20/2012

Qual/Reg Dental Asst

Hansen, Kayla Elaine
306 4th Ave
Holland IA 50642
Date of Birth: 01/13/1993

License Number: Q11440
Orig Issue Date: 06/18/2012
Expiration Date: 08/31/2013

Practitioner Profession Change Report from 04/24/2012 - 06/20/2012

Qual/Nreg Dental Asst

Knoll, Michelle Lacy
 2437 Pine Court
 Van Meter IA 50261
 Date of Birth: 04/12/1986

License Number: X11021
 Orig Issue Date: 05/09/2011
 Expiration Date: 08/31/2013

Lowe, Erin Mary
 2768 NW 152nd St
 Clive IA 50325
 Date of Birth: 08/20/1988

License Number: X11024
 Orig Issue Date: 05/09/2011
 Expiration Date: 08/31/2013

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

License Number: X11023
 Orig Issue Date: 05/09/2011
 Expiration Date: 08/31/2013

DeLaura, Sheila May
 3821 Kennedy Ave
 Hospers IA 51238
 Date of Birth: 05/24/1964

License Number: X11211
 Orig Issue Date: 09/20/2011
 Expiration Date: 08/31/2013

Qual/Reg Dental Asst

See, Kristie Lee Liland
 63547 270th Street
 Nevada IA 50201
 Date of Birth: 10/13/1970

License Number: Q04307
 Orig Issue Date: 10/01/1992
 Expiration Date: 08/31/2013

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

License Number: Q05525
 Orig Issue Date: 03/01/1998
 Expiration Date: 08/31/2013

Qual/Reg Dental Asst

Hayek, Brenda Sue
 3155 English Glen Ct
 Unit #4
 Marion IA 52302
 Date of Birth: 02/08/1958

License Number: Q06712
 Orig Issue Date: 06/14/2001
 Expiration Date: 08/31/2013

Callan, Katherine Clare
 250 S 14th St
 Clinton IA 52732
 Date of Birth: 04/05/1990

License Number: Q10352
 Orig Issue Date: 06/23/2009
 Expiration Date: 08/31/2013

Backes, Ashley Lynn
 314 Loma St
 Waterloo IA 50701
 Date of Birth: 12/17/1981

License Number: Q10729
 Orig Issue Date: 07/02/2010
 Expiration Date: 08/31/2013

Harford, Jillian Marie
 5727 Golden Ct NE #2
 Cedar Rapids IA 52402
 Date of Birth: 06/28/1985

License Number: Q11013
 Orig Issue Date: 04/26/2011
 Expiration Date: 08/31/2013

Jones, Joshua William
 3423 Central Ave
 Bettendorf IA 52722
 Date of Birth: 01/19/1984

License Number: Q11049
 Orig Issue Date: 06/02/2011
 Expiration Date: 08/31/2013

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

License Number: Q11052
 Orig Issue Date: 06/02/2011
 Expiration Date: 08/31/2013

Practitioner Profession Change Report from 04/24/2012 - 06/20/2012

Qual/Reg Dental Asst

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

License Number: Q11057
 Orig Issue Date: 06/17/2011
 Expiration Date: 08/31/2013

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

License Number: Q11066
 Orig Issue Date: 06/21/2011
 Expiration Date: 08/31/2013

Kerger, Emily Ann
 2895 - 185th Ln.
 Woodbine IA 51579
 Date of Birth: 05/12/1992

License Number: Q11098
 Orig Issue Date: 07/13/2011
 Expiration Date: 08/31/2013

Turrado, Jamie Ellen
 163 N Davis
 Ottumwa IA 52501
 Date of Birth: 08/27/1982

License Number: Q11099
 Orig Issue Date: 07/13/2011
 Expiration Date: 08/31/2013

Gillispie-Walker, Lauren Rachelle
 3416 W. Columbia Ave.
 Davenport IA 52804
 Date of Birth: 11/03/1985

License Number: Q11119
 Orig Issue Date: 07/21/2011
 Expiration Date: 08/31/2013

Young, Telisha Rochelle
 1220 Highview Dr
 Des Moines IA 50315
 Date of Birth: 01/08/1987

License Number: Q11130
 Orig Issue Date: 08/02/2011
 Expiration Date: 08/31/2013

Qual/Reg Dental Asst

Winder, Jenny Marie
 4720 Valdez Dr
 Des Moines IA 50310
 Date of Birth: 06/02/1986

License Number: Q11146
 Orig Issue Date: 08/10/2011
 Expiration Date: 08/31/2013

Wirth, Jenell Debra
 115 6th Ave NE
 Buffalo Center IA 50424
 Date of Birth: 09/01/1984

License Number: Q11245
 Orig Issue Date: 10/14/2011
 Expiration Date: 08/31/2013

Hanson, Krysta Mae
 2090 340th Street
 Forest City IA 50436
 Date of Birth: 12/29/1987

License Number: Q11248
 Orig Issue Date: 10/20/2011
 Expiration Date: 08/31/2013

Guyer, Ellen Marie
 501 W Franklin St
 West Union IA 52175
 Date of Birth: 01/09/1949

License Number: Q11261
 Orig Issue Date: 11/07/2011
 Expiration Date: 08/31/2013

Bensley, Brenna Kae
 6396 SE 128th St
 Runnells IA 50237
 Date of Birth: 10/11/1990

License Number: Q11275
 Orig Issue Date: 11/18/2011
 Expiration Date: 08/31/2013

McGhghy, Nicole Krystal
 303 Hawthorne Place
 Keokuk IA 52632
 Date of Birth: 03/27/1985

License Number: Q11299
 Orig Issue Date: 12/14/2011
 Expiration Date: 08/31/2013

Practitioner Profession Change Report from 04/24/2012 - 06/20/2012

Qual/Reg Dental Asst

Harris, Marquita Marshelle
 86 Aossey Ln #7
 Cedar Rapids IA 52404
 Date of Birth: 05/20/1987

License Number: Q11386
 Orig Issue Date: 03/26/2012
 Expiration Date: 08/31/2013

Registered Dental Asst

Hodzic, Albina
 4835 Suncshine Cir
 Johnston IA 50131
 Date of Birth: 01/02/1986

License Number: R11093
 Orig Issue Date: 07/01/2011
 Expiration Date: 08/31/2013

Registered Dental Asst

Trnjanin, Alma
 6213 NW 95th St
 Johnston IA 50131
 Date of Birth: 11/26/1985

License Number: R10902
 Orig Issue Date: 11/04/2010
 Expiration Date: 08/31/2013

Dalton, Hillary Rose
 10045 Albany Rd
 Erie IL 61250
 Date of Birth: 04/12/1990

License Number: R11004
 Orig Issue Date: 04/11/2011
 Expiration Date: 08/31/2013

Canovic, Anela
 8610 Crescent Chase
 Apt #15B
 Johnston IA 50131
 Date of Birth: 10/04/1973

License Number: R11029
 Orig Issue Date: 05/09/2011
 Expiration Date: 08/31/2013

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

License Number: R11035
 Orig Issue Date: 05/19/2011
 Expiration Date: 08/31/2013

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

License Number: R11036
 Orig Issue Date: 05/19/2011
 Expiration Date: 08/31/2013

Revised 6/29/12 (added new materials)

REPORT TO THE IOWA DENTAL BOARD

DISCUSSION & POSSIBLE ACTION

DATE OF MEETING: July 12-13, 2012
RE: Follow-Up From 1/27/12 Meeting: Expanded Functions
SUBMITTED BY: Melanie Johnson, Executive Director
ACTION REQUESTED: Discussion and Possible Action

Background

At the December 16, 2011 telephonic Board meeting proposed rule amendments were presented regarding authorizing a dentist to delegate an expanded function duty to a dental hygienist if the hygienist has completed approved dental assistant functions training pursuant to rule 650--20.16. The Board did not approve of the filing of the amendments at that time.

An informal meeting of all interested parties was hosted by the Board on January 27, 2012 to discuss the topic of expanded functions. Participants included representatives from the Iowa Dental Association, Iowa Dental Hygiene Association, Iowa Dental Assistants Association, University of Iowa College of Dentistry, Iowa Department of Public Health, and current and former Board members.

That meeting resulted in the identification of follow-up information that the parties felt would be useful to review before making any recommendations to the Board about possible rule amendments. The following information ~~has been requested and will be provided on or before the July 13th meeting~~ has been received and is included with this updated Report:

1. Results of survey of Iowa dentists
2. Data from other states w/expanded functions
3. Information re: expanded functions training in current dental hygiene programs
4. Potential curriculum and training by UICD
5. Potential curriculum and training by community colleges
6. Informal comments rec'd since 1/27/12

Next Steps

- Review follow-up information.
- If ready to do so, approve of proposed rule amendments and begin the rulemaking process.

Attached for Review

- ❖ 1/27/12 Meeting Minutes
- ❖ Materials Distributed at 1/27/12 Meeting
 - IDB draft rule amendments (from 12/16/11 telephonic meeting)
 - IDA proposed revisions to IDB draft
 - Comments rec'd from IDHA, Iowa Dental Assisting Educators Council
- ❖ Results of survey of Iowa dentists (IDA)

- ❖ Data from other states w/expanded functions (UICD)
- ❖ Information re: expanded functions training in current dental hygiene programs (IDHA)
- ❖ IDHA recommended rule amendments
- ❖ Potential curriculum and training by UICD (UICD)
- ❖ Potential curriculum and training by community colleges (IDAA)
- ❖ Informal comments rec'd since 1/27/12 (IAGD)



STATE OF IOWA

IOWA DENTAL BOARD

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

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

IOWA DENTAL BOARD NOTICE OF MEETING

January 27, 2012
10:00 A.M. - Noon

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

Purpose: The purpose of this meeting is an initial informal discussion among stakeholders regarding (i) a proposal to authorize dental hygienists to perform dental assistant expanded functions and (ii) a proposal to authorize dentists to delegate additional functions to dental assistants. Because there may be a quorum of the Board members in attendance this Notice of Meeting has been issued to comply with the Open Meetings Law.

Invited attendees include: Representatives of the Iowa Dental Association, the Iowa Dental Hygienists' Association, the Iowa Dental Assistants Association, the University of Iowa College of Dentistry, and all members of the Iowa Dental Board.

Open to the public: All other interested persons are welcome to attend.

AGENDA

- I. Introductions
- II. Facilitated Discussion re: Proposal to Authorize Dental Hygienists to Perform Dental Assistant Expanded Functions; Proposal to Authorize Dentists to Delegate Additional Functions to Dental Assistants
- III. Adjourn

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.

ITEM 1. Amend 650—1.1(53) definition of “overpayment” and add new definitions of “reactivation” and reinstatement” as follows:

“Overpayment” means payment in excess of the required fee. Overpayment of ~~less than \$10~~ \$20 or less received by the board shall not be refunded.

ITEM 2. Amend 650—10.3(153) as follows:

650—10.3(153) Authorized practice of a dental hygienist.

10.3(1) “Practice of dental hygiene” as defined in Iowa Code section 153.15 means the performance of the following educational, therapeutic, preventive and diagnostic dental hygiene procedures which are delegated by and under the supervision of a dentist licensed pursuant to Iowa Code chapter 153.

a. Educational. Assessing the need for, planning, implementing, and evaluating oral health education programs for individual patients and community groups; conducting workshops and in-service training sessions on dental health for nurses, school personnel, institutional staff, community groups and other agencies providing consultation and technical assistance for promotional, preventive and educational services.

b. Therapeutic. Identifying and evaluating factors which indicate the need for and performing (1) oral prophylaxis, which includes supragingival and subgingival debridement of plaque, and detection and removal of calculus with instruments or any other devices; (2) periodontal scaling and root planing; (3) removing and polishing hardened excess restorative material; (4) administering local anesthesia with the proper permit; (5) administering nitrous oxide inhalation analgesia in accordance with 650—subrules 29.6(4) and 29.6(5); (6) applying or administering medicaments prescribed by a dentist, including chemotherapeutic agents and medicaments or therapies for the treatment of periodontal disease and caries.

c. Preventive. Applying pit and fissure sealants and other medications or methods for caries and periodontal disease control; organizing and administering fluoride rinse or sealant programs.

d. Diagnostic. Reviewing medical and dental health histories; performing oral inspection; indexing dental and periodontal disease; making occlusal registrations for mounting study casts; testing pulp vitality; analyzing dietary surveys.

e. The following services may only be delegated by a dentist to a dental hygienist: administration of local anesthesia, placement of sealants, and the removal of any plaque, stain, calculus, or hard natural or synthetic material except by toothbrush, floss, or rubber cup coronal polish.

10.3(2) All authorized services provided by a dental hygienist shall be performed under the general, direct, or public health supervision of a dentist currently licensed in the state of Iowa in accordance with 650—1.1(153) and 650—10.5(153).

10.3(3) Under the general or public health supervision of a dentist, a dental hygienist may provide educational services, assessment, screening, or data collection for the preparation of preliminary written records for evaluation by a licensed dentist. A dentist is not required to examine a patient prior to the provision of these dental hygiene services.

10.3(4) The administration of local anesthesia or nitrous oxide inhalation analgesia shall only be provided under the direct supervision of a dentist.

10.3(5) All other authorized services provided by a dental hygienist to a new patient shall be provided under the direct or public health supervision of a dentist. An examination by the dentist must take place during an initial visit by a new patient, except when hygiene services are provided under public health supervision.

10.3(6) Subsequent examination and monitoring of the patient, including definitive diagnosis and treatment planning, is the responsibility of the dentist and shall be carried out in a reasonable period of time in accordance with the professional judgment of the dentist based upon the individual needs of the patient.

10.3(7) General supervision shall not preclude the use of direct supervision when in the professional judgment of the dentist such supervision is necessary to meet the individual needs of the patient.

10.3(8) Expanded dental assistant functions for dental hygienists. A dentist may delegate an expanded dental assistant function duty to a licensed dental hygienist if the hygienist has completed approved dental assistant functions training pursuant to rule 650—20.16. The supervising dentist and registered dental hygienist shall be responsible for maintaining in the office of practice documentation of board-approved training. A dentist may delegate any of the following dental assistant expanded function duties:

- a. Taking occlusal registrations;
- b. Placement and removal of gingival retraction;
- c. Taking final impressions;
- d. Fabrication and removal of provisional restorations;
- e. Applying cavity liners and bases, desensitizing agents, and bonding systems;
- f. Placement and removal of drv socket medication;
- g. Placement of periodontal dressings; and
- h. Testing pulp vitality.

This rule is intended to implement Iowa Code section 153.15.

ITEM 3. Amend 650—10.6 as follows:

650—10.6(147,153,272C) Other requirements.

10.6(1) *Change of address or name.* Each person licensed or registered by the board must notify the board, ~~in writing~~ by written correspondence or through the board's online system, of a change of legal name or address within 60 days of such change. Proof of a legal name change, such as a notarized copy of a marriage certificate, must accompany the request for a name change.

10.6(2) *Child and dependent adult abuse training.* Licensees or registrants who regularly examine, attend, counsel or treat children or adults in Iowa must obtain mandatory training in child and dependent adult abuse identification and reporting within six months of initial employment and subsequently every five years in accordance with 650—subrule 25.2(9).

10.6(3) *Reporting requirements.* Each licensee and registrant shall be responsible for reporting to the board, within 30 days, any of the following:

- a. Every adverse judgment in a professional malpractice action to which the licensee or registrant was a party.
- b. Every settlement of a claim against the licensee or registrant alleging malpractice.
- c. Any license or registration revocation, suspension or other disciplinary action taken by a licensing authority of another state, territory or country within 30 days of the final action by the licensing authority.

This rule is intended to implement Iowa Code sections 147.9, 232.69, 235B.16 and 272C.9.

(12-12-11) Draft for Discussion at Telephonic Board/DHC Meeting on 12/16/11

See next page for the IDA requested additional "Expanded Functions"

10.3(6) Subsequent examination and monitoring of the patient, including definitive diagnosis and treatment planning, is the responsibility of the dentist and shall be carried out in a reasonable period of time in accordance with the professional judgment of the dentist based upon the individual needs of the patient.

10.3(7) General supervision shall not preclude the use of direct supervision when in the professional judgment of the dentist such supervision is necessary to meet the individual needs of the patient.

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- d. Fabrication and removal of provisional restorations;
- e. Applying cavity liners and bases, desensitizing agents, and bonding systems;
- f. Placement and removal of dry socket medication;
- g. Placement of periodontal dressings; and
- h. Testing pulp vitality.

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- b. Every settlement of a claim against the licensee or registrant alleging malpractice.
- c. Any license or registration revocation, suspension or other disciplinary action taken by a licensing authority of another state, territory or country within 30 days of the final action by the licensing authority.

This rule is intended to implement Iowa Code sections 147.9, 232.69, 235B.16 and 272C.9.

This list was provided to the IDB by IDB staff at its October 2011 board meeting. There is nothing disallowed by the 2000 "legislative intent" language among the 5 request items below in "red". Thank you!

10/20 /11 DRAFT FOR DISCUSSION

training. In addition to the other duties authorized under this rule, a dentist may delegate any of the following expanded function duties:

- a. Taking occlusal registrations;
- b. Placement and removal of gingival retraction;
- c. Taking final impressions;
- d. Fabrication and removal of provisional restorations;
- e. Applying cavity liners and bases, desensitizing agents, and bonding systems;
- f. Placement and removal of dry socket medication;
- g. Placement of periodontal dressings;
- h. Testing pulp vitality; ~~and~~
- i. Monitoring of nitrous oxide inhalation analgesia;
- j. **Removal of adhesives;**
- k. **Placement and shaping of amalgam or composite following preparation of a tooth by a dentist;**
- l. **Forming and placement of stainless steel crowns;**
- m. **Taking final impressions and records for the fabrication of dentures and partial dentures; and**
- n. **Cementation of final restorations.**

21.1(4) A dental assistant may perform duties consistent with these rules under the supervision of a licensed dentist. The specific duties dental assistants may perform are based upon:

- a. The education of the dental assistant.
- b. The experience of the dental assistant.

650—32.2 (153) Unlawful practice. A dental assistant who assists a dentist in practicing dentistry in any capacity other than as a person supervised by a dentist in a dental office, or who directly or indirectly procures a licensed dentist to act as nominal owner, proprietor or director of a dental office as a guise or subterfuge to enable such dental assistant to engage directly or indirectly in the practice of dentistry, or who performs dental service directly or indirectly on or for members of the public other than as a person working for a dentist shall be deemed to be practicing dentistry without a license.

650—20.16 (153) Dental assistant with expanded function training. Expanded function training shall be eligible for board approval if the training is offered through a program accredited by the Commission on Dental Accreditation of the American Dental Association or another program prior-approved by the board, which may include on-the-job training offered by a dentist licensed in Iowa. Training must consist of the following:

1. An initial assessment to determine the base entry level of all participants in the program. At a minimum, participants must be currently certified by the Dental Assisting National Board or must have two years of clinical dental assisting experience as a registered dental assistant;
2. A didactic component;
3. A laboratory component, if necessary;
4. A clinical component, which may be obtained under the personal supervision of the participant's supervising dentist while the participant is concurrently enrolled in the training program; and
5. A postcourse competency assessment at the conclusion of the training program.

I.A. Dental Assisting Educators Council

Johnson, Melanie [IDB]

From: Deal, Terri L. [tdeal@dmacc.edu]
Sent: Thursday, January 26, 2012 4:13 PM
To: Johnson, Melanie [IDB]
Subject: FW: exp function iobde mtg
Attachments: exp function iobde mtg.docx

From: Deal, Terri L.
Sent: Thursday, January 26, 2012 4:11 PM
To: Arjes, Janet [IDB] (Janet.Arjes@iowa.gov); 'melanie'
Cc: joni.miller@witcc.edu; Jackie Krueger (Jackie.Krueger@witcc.edu); Pam.Hanson@kirkwood.edu; Jane Slach (Jane.Slach@kirkwood.edu); elaine.peterson@iavalley.edu; suzanne.vansyoc@hawkeyecollege.edu; tball@eicc.edu; Bell, Deborah P.; Deal, Terri L.
Subject: exp function iobde mtg

Melanie,

This is a letter/statement regarding additional expanded functions for dental assistants from the Iowa Dental Assisting Educators Council.

Thanks
Terri Deal

January 26, 2012

Melanie Johnson, J.D., Executive Director
Iowa Board of Dental Examiners
400 S.W. 8th Street, Suite D
Des Moines, Iowa 50309-4687

Dental Assistant Additional Expanded Functions
Dental Hygiene Expanded Functions

The Iowa Dental Assistants Educators Council supports the additional expanded functions for the Dental Assistants with some additional criteria. The Council feels that the additional proposed expanded functions should require that the Dental Assistant be a graduate of an Accredited Dental Assistant Program and be DANB Certified in order to qualify for the advanced training. Patient safety has historically been the central concern in establishing the initial expanded function tasks and remains our utmost priority with the additional expanded functions that have been proposed.

The Iowa Dental Assistants Educators Council does not support the implementation to authorize registered dental hygienists to practice dental assisting expanded functions. The dental hygiene education is preventive based rather than restorative based.

We feel that dental assistants are well trained in the aspects of chairside procedures, technique and manipulation of dental materials that provide for patient safety.

In reviewing the core competencies it is very evident to the council that the natural progression would be for the dental assistant to be the provider of the expanded function procedures relating to general restorative chairside practices.

Respectfully,

Iowa Dental Assistants Educators Council

Johnson, Melanie [IDB]

From: Angie Kelley [akelleyrdh@gmail.com]
Sent: Tuesday, January 24, 2012 11:06 PM
To: Johnson, Melanie [IDB]
Cc: Jane Slaugh; Dr. Kanellis; Larry Carl; Jeannene
Subject: Letter from IDHA concerning DA proposed expanded functions
Attachments: IDB letter DA proposed expanded functions.docx

Dear Ms. Johnson,

Attached is a letter of concern from the IDHA regarding the proposed DA expanded .

If you have any other questions or concerns, please contact me.

Angie Kelley, RDH, BS
President
Iowa Dental Hygienists' Association
712-326-9088



January 24, 2012

Melanie Johnson, J.D., Executive Director
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687

Via email: Melanie.johnson@iowa.gov

Dear Melanie;

The Iowa Dental Hygienists' Association (IDHA) is writing to express our concerns with the proposed changes to the Iowa Dental Board's (IDB) administrative rules dealing with additional expanded functions for Dental Assistants. We strongly believe the duties proposed as expanded functions are more appropriately performed by licensed personnel who have had the training to perform these functions, and thus IDHA opposes each of the proposed expanded functions.

Current Dental Assistants in Iowa have different backgrounds in the job skills they have acquired. Those who have attended and completed an accredited dental assisting program participate in a one year program that gives basic knowledge in head and neck anatomy, microbiology, and pathology as related to dental assistant functions. Radiology classes teach measures for safely using dental radiography equipment and exposing radiographs as directed by their supervising dentists. They have been taught basic life support for emergency situations; as well as learning the basic instruments that are used in the dental office and skills that allow them to assist the dentist with dental procedures. They are also given background in dental materials as well as front office procedures. Upon graduation from an accredited program they are eligible to take a national certification test that when passed attests to the knowledge base at the dental assisting level of dentistry. When a certification test is not taken we have only knowledge that they have passed their courses but not at what proficiency.

The other pathway for dental assistants is for a dentist to hire someone with little to no previous formal oral health education and provide on the job training. Those persons are, as you know, to be registered within 24 hours of their hiring, pass a basic radiology test within a required amount of time, as well as learning enough infection control procedures and jurisprudence to insure the public is not at risk.

Neither type of these educational routes provide a clinical evaluation of expanded functions by an accrediting board; that is one reason that the current list of expanded functions cover only provisional restorations and portions of procedures that are reversible by the dentist if not done properly.

We believe that these newly proposed expanded functions fall far outside the current scope of practice of a Dental Assistant and potentially pose a risk to public safety.

We look forward to discussing these proposed changes and will have representatives at the meeting January 27, 2012

Sincerely,

Angie Kelley, President
Iowa Dental Hygienists' Association

cc: Larry Carl, Iowa Dental Association
Dr. Michael Kanellis, University of Iowa Dental College
Jane Slach, Iowa Dental Assistants Association
Jeannene Veenstra, Iowa Dental Assistants Association



STATE OF IOWA

IOWA DENTAL BOARD

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

MELANIE JOHNSON, J.D.
EXECUTIVE DIRECTOR

EXPANDED FUNCTIONS MEETING SUMMARY

January 27, 2012
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Board Members

January
27

Gary D. Roth, D.D.S., Chairperson	Present
Michael J. Rovner, D.D.S., Vice Chairperson	Present
Lynn D. Curry, D.D.S.	Present
Mary C. Kelly-Grief, R.D.H.	Present
Kimberlee Spillers, Public Member (by telephone)	Present

Staff Members

Melanie Johnson, Christel Braness, Phil McCollum, Janet Arjes.

Other Attendees

Eileen Cacioppo, R.D.H.
Bruce Cochrane, D.D.S., Iowa Dental Association
Michael Moffitt, D.D.S.
Jeannene Veenstra, Iowa Dental Assistants Association
Mary Mariani, D.D.S.
Jane Slach, Iowa Dental Assistants Association
Deborah Bell, R.D.H.
Mike Kanellis, University of Iowa College of Dentistry
Larry Carl, Iowa Dental Association
Barb Blough, Iowa Dental Association
Shawn Leonard
Lori Brown
Terri Deal
Sara Schlievert, Iowa Department of Public Health
Carol Hooper, R.D.H.
David Davidson, D.D.S.
Tom Cope, Iowa Dental Hygienists' Association
Nancy Adrianse, R.D.H., Iowa Dental Hygienists' Association
George North, D.D.S. (by telephone)

CALL TO ORDER FOR JANUARY 27, 2012

Chairman Roth called the meeting to order at 10:03 a.m. on Friday, January 27, 2012.

Dr. Roth asked the participants to introduce themselves. Dr. Roth reminded the participants that this meeting was intended to be an informal discussion on proposed changes to expanded functions.

Ms. Johnson indicated that she had provided some materials to the participants. Ms. Johnson reported that this meeting stemmed from the proposed rule changes related to adding expanded functions for dental hygienists, which came about following prior meetings of the Dental Hygiene Committee.

Dr. David Davidson thanked Ms. Johnson and Dr. Roth for hosting this meeting. Dr. Davidson stated that all of the interested parties are concerned about the quality of care provided to Iowans and it is good to see the interested parties come together to have this discussion.

Dr. Bruce Cochrane stated that there is clearly an access to care problem, particularly as it relates to Title XIX patients. Dr. Cochrane sees the proposed rules as a means to provide care at a lower cost to patients. Dr. Cochrane feels that some services can be provided to the patient at substantial savings. Dr. Cochrane reported that children are an important patient base. It is not uncommon for there to be a shortage of available pediatric dentists.

Dr. Michael Kanellis reported that the University of Iowa College of Dentistry prioritizes acceptance into the college of dentistry to those students who are likely to stay in Iowa. In spite of that, Dr. Kanellis also reported that, currently, the University of Iowa College of Dentistry is booked weeks in advance for those who are seeking dental treatment through the college of dentistry.

Dr. Mary Mariani agreed that there is an ongoing access to care issue that needs to be met. Dr. Mariani feels that the expansion of the list of allowed expanded functions would allow dental assistants and other approved auxiliary to safely perform these functions following completion of Board-approved training.

Dr. Lynn Curry expressed his concern that there may be some unintended consequences of expanding the list of allowed functions to dental assistants and dental hygienists.

*Kimberlee Spillers joined the meeting by telephone at 10:16 a.m. Dr. George North joined the meeting by telephone shortly after Ms. Spillers.

A quorum of the Board was established with five members present. Therefore, Dr. Roth formally called a meeting of the Board to order.

Roll Call:

Member	Beasler	Bradley	Curry	Fuller	Meier	Kelly	Roth	Rovner	Spillers
Present			x			x	x	x	x
Absent	x	x		x	x				

Dr. Curry reported that there was a growing need for Iowans seeking access to dental care through Title XIX and other health care programs. Dr. Curry indicated that there is no solution, currently, to address where the money will come from to treat all of the patients who need care. Dr. Curry expressed his feeling that there are a number of ways that the access to care problem could be addressed.

Dr. Curry stated that adding to the list of expanded functions allowed to be performed by dental auxiliaries would allow dentists to perform a larger number of procedures. This may provide care to patients at a lower cost.

Dr. Curry reported that there are approximately 20 health care centers throughout Iowa. The hope is to have dentists on staff in each location. Dr. Curry thinks that there is a need for existing staff to try to provide more access to care.

Dr. Curry also expressed his concerns regarding who would provide the training.

Dr. Curry reported that there is currently a surplus of dental hygienists in Iowa. Part of the problem is that there are more dental hygienists than there are jobs available. Many dental hygienists are struggling to find jobs. There is also some concern as the students do not always live where there is a need for licensed personnel. Dr. Curry also indicated that there is no clear information about the two programs in Minnesota, which are providing training to the new mid-level practitioners.

Ms. Eileen Cacioppo asked where the new list of potential expanded functions came from. It was clarified that the Iowa Dental Association provided the list. Ms. Cacioppo asked about other states and how Iowa compares in regards to allowed expanded functions duties. Ms. Cacioppo wondered what research was completed prior to submitting the list.

Dr. Cochrane reported that there have been programs, which previously taught these functions without too much problem.

Mr. Tom Cope asked the interested parties to step back a little before getting to specific in the nature of the discussion. Mr. Cope stated that the discussion to this point has been fairly broad. While the Iowa Dental Hygienists' Association welcomes the discussion, it is important to address these and other items more fully, prior to implementation.

Dr. Kanellis indicated that he would like to verify the lists and numbers of patients expecting to be added to Title XIX. Dr. Kanellis expressed support for bolstering the list of expanded functions for all dental auxiliaries. However, Dr. Kanellis expressed caution against moving too

far in one direction and making it more difficult to entice pediatric dentists to stay in Iowa. Dr. Kanellis also has reservations about mid-level practitioners as they may not sufficiently address some of the needs of Iowa citizens.

Ms. Johnson stated that given the time constraints for this meeting, the discussion should focus on the list currently before the Board. Mr. Larry Carl agreed and indicated that he believed the list of proposed expanded functions before the Board would not require legislative action.

Dr. Roth indicated that he wanted further clarification if the Iowa Dental Association's intent was to increase the list of expanded functions for dental hygienists along with increasing the list for dental assistants. Mr. Carl did not express any disagreement. However, Mr. Carl indicated that while he does not oppose dental hygienists performing expanded functions, Mr. Carl sees this as a "package deal."

Ms. Jane Slach, with the Iowa Dental Assistants Association, stated that she was not opposed to dental hygienists doing expanded functions. However, the current list of expanded functions may not currently be taught in ADA-accredited dental hygiene programs. Ms. Slach would like to see the curriculum bridge the gap to ensure sufficient training.

Ms. Slach asked if a survey had been conducted with Iowa-licensed dentists asking how many dentists would utilize expanded functions in order to provide additional services.

Representatives for the educators agreed with Ms. Slach and indicated that comparable training and educational requirements should be set for the dental hygienists. For example, to be eligible, a dental assistant must have two years of clinical practice or be DANB certified. Ms. Slach suggested that the dental hygienists might be able to complete the DANB examination to meet training requirements.

Licensees are not allowed to hold a dental hygiene license *and* a dental assistant registration. Current Iowa law and regulations allow dental hygienists to perform the same functions as a dental assistant with the exception of expanded functions.

Dr. Kanellis stated that the implementation of the proposed expanded functions should not cost the state any money. The program could be started or stopped as appropriate. Dr. Kanellis stated that adding to this list would only serve to benefit the state of Iowa and its citizens.

Ms. Veenstra expressed concerns regarding the curriculum in dental hygiene programs. Ms. Veenstra does not think hygiene programs sufficiently address expanded functions. Ms. Veenstra indicated that schools should provide the training or the dental hygienists should complete the training required of dental assistants.

Dr. Roth stated that there should be greater requirements and documentation for training and verification for some of the newly proposed expanded functions given the higher level of work and responsibility. Dr. Roth did not propose a clinical examination; however, he feels that there needs to be some kind of independent verification of competency.

Mr. Carl expressed agreement with Dr. Roth's proposal; however, he hopes that local solutions can be found.

Dr. Roth stated that he hopes this will alleviate some of the access problems; however, he has concerns about the number of dentists who will take on more Title XIX patients if these rules were to be implemented.

Dr. Kanellis stated that the expansion of this program could also be of benefit to pediatric dentists.

Mr. Cope stated that if these proposed changes are a package deal that the list isn't comprehensive enough. Mr. Cope stated this topic needs to be discussed and addressed on more than one occasion prior to the implementation of any of these suggestions.

Ms. Johnson asked Mr. Cope for examples of what he would like to see added to the proposed list. Mr. Cope responded by indicating the need for further meetings on this topic.

Dr. Kanellis indicated that he would be in favor of moving forward on this for the dental assistants, even if the dental hygienists were not comfortable with the current proposals.

Dr. Cochrane expressed an interest in allowing dental auxiliaries to perform all functions, which were non-permanent and could be reversed. Dr. Cochrane feels that the current proposal is simply a starting point in this discussion.

Dr. Curry indicated a preference to see a few select locations to provide this training.

Dr. Kanellis stated that the training for all dental auxiliaries should be the same as what is required of dentists. Currently, the University of Iowa College of Dentistry is the only place that can provide that level of training. The consensus was that much of the studying and training can be done locally; however, the final review should be conducted in person.

Dr. Roth indicated that, at a minimum, the Iowa-licensed dentist should make the recommendation for personnel to complete the training for these functions.

Ms. Terri Deal stated her preference that the dental auxiliaries should be required complete DANB to be considered eligible to complete training in these areas.

Ms. Deborah Bell indicated that she is a licensed dental hygienist, who also holds certification with DANB. Ms. Bell indicated that dental hygiene education focuses on preventative issues more so than restorative matters.

Ms. Cacioppo pointed out that being certified with DANB doesn't guarantee the ability to perform expanded functions, unless the dental auxiliary in question is a dental assistant.

Ms. Kelly-Grief wants community colleges to have the ability to provide the training, in addition to the University of Iowa College of Dentistry.

Dr. Roth expressed some reservations about Ms. Kelly-Grief's proposal. At this time, the community colleges are not equipped with the proper equipment. (e.g. simulators) That is not to say that they could not obtain the equipment; however, Dr. Roth is not aware of the community colleges currently having this equipment on site.

Dr. Kanellis stated that he was unsure if new students would even be asked to perform these functions. Dr. Kanellis thinks it is more likely that established dental hygienists would be more likely to be asked to perform these functions. As such, it may not be an efficient use of the schools' time to provide this training to their students.

Dr. Roth reiterated his belief that it should be up to the individual dentist to refer staff for training since the dentist will, ultimately, be held accountable for the quality of work completed under his or her supervision.

Ms. Cacioppo feels that it might be helpful to conduct a survey, as previously suggested, to get a better sense of what Iowa-licensed dentists want and need. There should be a focus on qualified candidates and establishing quality training programs.

Dr. Mariani also believes that the dentists should have the discretion to recommend staff for training. The dentist will better understand which of his or her staff is prepared to complete the training and perform these procedures.

Ms. Kelly-Grief inquired if there were data available from other states with expanded functions.

Dr. Kanellis responded by indicating that this kind of information can be difficult to quantify in real terms. The culture in other states may be different. Other states may not encourage as many dentists to take Title XIX patients. Based on his prior experience Dr. Kanellis also indicated that surveys are not always useful.

Ms. Johnson asked if there was any way to establish a current benchmark in Iowa concerning current Title XIX patients and services being provided. If so, this could provide information for a future comparison as to whether the level and quantity of services changed at all after implementation of the additional expanded functions.

It was pointed out that access to care is not always a workforce problem. Some populations aren't motivated to seek dental examinations and/or treatment. The reasons are numerous from socio-economic problems to cultural reasons.

Ms. Johnson indicated that she will report back to the Board and try to schedule more meetings to discuss this matter further.

NEXT MEETING OF THE BOARD

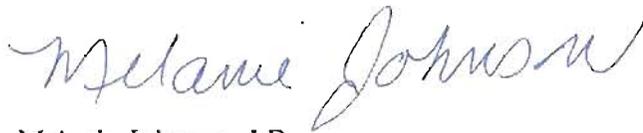
The next meeting of the Board is scheduled for January 31-February 1, 2012, in Des Moines, Iowa.

ADJOURNMENT

❖ MOVED by SPILLERS, SECONDED by CURRY, to adjourn the meeting. Motion APPROVED unanimously.

The meeting adjourned at 11:50 a.m. on January 27, 2012.

Respectfully submitted,

A handwritten signature in blue ink that reads "Melanie Johnson". The signature is written in a cursive, flowing style.

Melanie Johnson, J.D.
Executive Director

MJ/cb

❖ Results of survey of Iowa dentists

Content: Following the January 27, 2012 meeting the Iowa Dental Association worked through its existing infrastructure, 10 districts across the state, to determine the level of interest of Iowa dentists for expanded functions for dental auxiliaries. The results of this survey are summarized in the attached email dated 6/28/12.

Provided by: Larry Carl, Iowa Dental Association

Johnson, Melanie [IDB]

From: Larry Carl [Larry.Carl@IowaDental.org]
Sent: Thursday, June 28, 2012 11:40 AM
To: Johnson, Melanie [IDB]
Subject: Member surveying done by the Iowa Dental Association regarding "Expanded Functions"

June 28, 2012

Melanie:

You asked that I summarize the IDA member surveying activities following the Iowa Dental Board sponsored January meeting with stakeholders over additional "Expanded Functions" for dental auxiliaries (Assistants and Hygienists).

The IDA is a typical professional association consisting of individuals segregated by geography. There are 10 distinct districts in organized dentistry in Iowa which constitute the political/voting components of the IDA. Each district has a Spring and Fall membership gathering. During the Spring 2012 gathering, the issue of advancing the list of expanded functions for dental auxiliaries was thoroughly discussed and debated at each component district meeting. Five of the component districts took formal action regarding expanded functions providing instruction to their IDA delegates for the May 2012 Annual Meeting of the Iowa Dental Association.

The following resolution was presented to the assembled delegates and passed overwhelmingly but not unanimously:

Expanded Functions

“Resolved that the House of Delegates hereby authorizes and directs the Board of Trustees to take such action as it deems necessary, in the discretion of the Board of Trustees, to cause the Association to advocate for amendments to the rules of the Iowa Dental Board to allow certain Expanded Function Auxiliaries to perform such procedures as forming, placing, or shaping amalgam and composite materials following the preparation of a tooth by a dentist; to form and place stainless steel crowns; to take final impressions; to take records for the fabrication of dentures and partial dentures and to cement final restorations along with removal of adhesives and such other expanded functions as the Board of Trustees deems appropriate as may be considered by the Iowa Dental Board, provided that such expanded functions comply with Iowa law.

Disposition: Adopted

Larry

Lawrence F. Carl, CAE
Iowa Dental Association
5530 West Parkway Suite 100
P.O. Box 31088
Johnston IA 50131-9428
1-515-986-5605 Ext. 106
1-515-986-5626 fax
1-800-828-2181 Ext. 106
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❖ Data from other states w/expanded functions

❖ Potential curriculum and training by UICD

Content:

Follow-up information from the University of Iowa College of Dentistry:

- ◆ Data from other states w/ expanded functions
 - Dental Assisting Job Titles in the US.
 - Link to DANB's state-by-state listing of expanded functions
- ◆ Potential curriculum and training by UICD
 - Copy of Minnesota's curriculum and training program for Expanded Function Dental Auxiliaries

Provided by: Dr. Mike Kanellis, D.D.S., MS
Associate Dean for Patient Care, University of
Iowa College of Dentistry

The suggestions/recommendations that follow are in regard to the newly proposed list of expanded functions including:

1. Forming, placing, or shaping amalgam and composite materials following the preparation of a tooth by a dentist
2. Forming and placement stainless steel crowns
3. Taking final impressions
4. Taking records for the fabrication of dentures and partial dentures
5. Cementation of final restorations along with removal of adhesives

Item #4: Potential curriculum and training by UICD

The College of Dentistry would like to design a curriculum and provide training for new expanded functions as determined by the Iowa Dental Board. We would like to offer the training through continuing education consisting of a combination of onsite (College of Dentistry) instruction and distance learning. Following a final determination by the board regarding which expanded functions are to be offered, we would assign faculty and finalize a curriculum for approval by the board. We anticipate breaking down the training into modules that can be taken individually and in any sequence. For example, with 1-5 above, it is likely that five separate modules would be developed. We estimate it would take six months to fully develop the curriculum for these modules to present to the Iowa Dental Board for final approval.

I have attached a copy of Minnesota's curriculum and training program for Expanded Function Dental Auxiliaries. If the College of Dentistry provides EFDA training, I anticipate our approach would be similar, although the details (including the procedures covered) would be unique to Iowa. Minnesota's program also does not offer individual modules, which we are proposing for Iowa.

We would be anticipating keeping the cost for this training in line with what other states are doing.

Item #2: Data from other states w/ expanded functions

The best source for data from other states with expanded functions is found on the web site for the Dental Assisting National Board, Inc. (DANB): <http://www.danb.org>

I have attached a page describing Dental Assisting Job Titles in the US. From this single page you will see that there are multiple different titles for dental assistants who are allowed to provide expanded functions, and many different groupings of what expanded functions are allowed. The web site includes detailed information state by state, and it is this detailed information that I search through while preparing the IDJ article "Making the Case for Expanded Function Dental Auxiliaries in Iowa". The states I identified that allow EFDA's to place and contour amalgam and composite and to place stainless steel crowns include Kentucky, Maine, Massachusetts, Michigan, Minnesota, Missouri, Ohio, Pennsylvania, Virginia and Washington.

Dental Assisting Job Titles in the U.S.

Expanded Function(s)
Dental Assistant-EFDA
(FL, ID, ME, OH, OR, PA, VT)

Registered Dental Assistant
Qualified In or To Perform
Expanded/Extended Duties/
Functions-(CA, MI, MN, TN)

Registered
Dental Assistant with
Expanded Duties
Training-(IA)

Expanded Duties
Dental Assistant-EDDA
(CO, GA, LA, OK, SC)

Registered Restorative Assistant in Extended Functions-(CA)

Dental Assistant
Qualified In or To Perform
Expanded Duties/Functions
(IL, MO, NH, TX, WV)

In addition to these 'conceptually global' dental assisting designations, some states have specific qualifications to provide assistants with permits, licenses, endorsements, or certificates in specific expanded functions. (Other states allow qualified dental assistants to perform some or all of these duties, plus others, under the more conceptually global 'umbrella' term of RDA, EFDA, etc.) The states listed below provide specific endorsements/ permits/certificates/registrations/licenses for these functions:

Expanded
Functions
Dental
Assistant

Dental Assistant with State
Certification in Expanded
Functions-(NM)

Monitoring nitrous
oxide/oxygen
analgesia (or sedation)
administration
(AR, CA, IL, MI, NC, NH,
OK, SC, SD, TN, TX, WV)

Coronal
polishing
(AZ, AR, CA, CO, IL,
KY, KS, NC, NE, NH,
NM, OK, TN)

Application of
temporary soft
relines to full
dentures
(OR)

Dental Assistant with
Expanded Duties Training-(KS)

Administering &
monitoring
nitrous oxide/oxygen
analgesia (or sedation)
(KS, MN)

Pit and fissure
sealants/fluoride
varnish
(CA, IL, MN, ND, NM,
OK, TN, TX, WA)

Take final
impressions for
indirect
restorations
(MI)

Advanced
Dental Assistant-(SD)

Dental Assistant Qualified
in General Duties-(MD)

Inducing,
administering, &
monitoring nitrous
oxide/oxygen analgesia
(or sedation)
(CO)

Place, condense,
and carve
amalgam
(MI)

Provisional crown
and bridge
restorations
(NH)

Licensed
Expanded Function
Dental Auxiliary-(2008-WA)

Anesthesia administration (VA)

In-office whitening (NH)

DANB
Certified
Dental
Assistant
or
Registered
Dental
Assistant

*In some states, this section is
the highest level of dental
assistant, equivalent to
EFDA's in other states.*

DANB
Certified
Dental Assistant
(CDA®)
(MA, ME, MO, NC, NH,
NY, OH, RI, VT)

Registered
Dental Assistant
(RDA)
(AR, CA, IA, MI, MN, ND,
NJ, TN, TX)
(2008-WA)

Dental Assistant II
(NC)

Graduate
Dental Assistant
(NH)

Formally-Trained Dental Assistant (MA)

Certified Ohio Dental Assistant (OH)

State-licensed "certified dental assistant" (NY)

Registered
Restorative Assistant
(2008-CA)

Dental Assistant
(AK, AL, AR, AZ, CO, CT, DC,
DE, FL, GA, HI, ID, IL, IN, KS,
KY, LA, MD, ME, MI, MN,
MO, MS, ND, NE, NH, NM, NV,
OK, OR, PA, RI, SC, SD, TX, UT,
VA, WA, WI, WV, WY)

Dental Auxiliary
(MT)

Practical
Dental Assistant-(TN)

On-The-Job Trained
Dental Assistant-(MA)

Dental
Assistant

Dental Assistant I
(NC)

Basic Qualified
Personnel-(OH)

Qualified
Dental Assistant-(ND)

Traditional
Dental Assistant-(VT)

Unlicensed Dental
Assistant-(CA, NY)

Unregistered
Dental Assistant-(NJ)

Entry
Level

Dental Assistant with a Limited Permit-(NY)

Dental Assistant Trainee-(IA)

Continuing Dental Education

What's Inside

[IMPORTANT Access Information for East Bank Campus](#)

[Calendar of Courses](#)

[Courses by Subject](#)

[Independent Study Courses](#)

[Certificate Training in Esthetic Dentistry](#)

[Participation Courses](#)

[Clinical Grand Rounds Recorded Sessions](#)

[General Information](#)

[To Register Online](#)

[Credits and Documentation](#)

[Oral Cancer Screening Video](#)

[Resources/Links](#)

[CDE Advisory Committee](#)

[Speaker's Bureau Guide](#)

[CDE Staff](#)

[CDE Home](#)

[Home](#) > [Calendar of Courses](#) > [Restorative Expanded Functions: An 80-Hour Training Program](#)

Restorative Expanded Functions: An 80-Hour Training Program



Core Competency Credit Course

Four Weekend Sessions: September 28-30, 2012; October 19-21, 2012; November 16-18, 2012; and November 30-December 2, 2012

DENTAL HYGIENISTS & LICENSED DENTAL ASSISTANTS: You are invited to participate in an intensive restorative expanded functions training program taught by the same faculty who train the dental students at the University of Minnesota. These experienced course instructors are able to give you a wealth of practical information and clinical tips which comes from an average of 25 years of practice and teaching experience in restorative and pediatric dentistry.

This continuing dental education training program will give you the background knowledge and practical skills needed to feel confident in providing the restorative expanded functions passed by the Minnesota Board of Dentistry. "A Licensed Dental Assistant or Licensed Dental Hygienist may perform certain restorative procedures under indirect supervision upon completion of a board-approved course and issuance of a Restorative Functions (RF) Credential. The procedures that will be allowed include placing, contouring and adjusting: a) amalgam restorations, b) glass ionomers, and/or, c) Class I or Class V supragingival composite restorations, whose margins are entirely within the enamel; adaptation and cementation of stainless steel crowns; and adjusting the occlusion on newly placed restorations." The University of Minnesota's restorative expanded functions training program has been approved by the Minnesota Board of Dentistry.

Phase One: You will benefit from 80 hours of classroom and patient simulated instruction in the:

- manipulation, condensation, placement, and contouring of amalgam restorations.
- manipulation, placement, curing and polishing of glass ionomer and class I & V composite restorations where margins are entirely within enamel.
- adaptation, cementation, and removal of excess cement from stainless steel crowns on primary teeth.
- maintenance of a dry field during the placement of all types of restorations.
- articulation and adjustment of the occlusion for amalgam, glass ionomer and composite restorations.
- identification and correction of deficiencies in amalgam, glass ionomer, and composite restorations as well as stainless steel crowns.

Phase Two: You will complete the following patient experiences under the personal supervision (chairside) of a dentist:*

- amalgam—5 primary and 5 permanent teeth/surfaces
- glass ionomer—3 primary and 2 permanent teeth/surfaces
- stainless steel crowns—4 primary

[View Detailed Course Outline](#)

[Weekend One](#)
[Weekend Two](#)
[Weekend Three](#)
[Weekend Four](#)

Ways to Register

Mail in your registration form along with your check or credit card information.

Call us at 612-625-1418 or 800-685-1418 and use your credit card to register.

Fax your registration form and credit card information to 612-624-8159.

Register [online](#) via our secure website.

Tuition/Fees

\$2,495
 dental hygienist or
 licensed dental assistant

A \$595 deposit is due at the time of registration. You may either pay the balance of the tuition by **August 31, 2012**, or pay \$670 installments on each of the following dates:

1. September 15, 2012
2. October 15, 2012
3. November 15, 2012

Tuition covers the entire 80-hour training program (Phase One.) It includes continental breakfasts, lunches, written materials, laboratory and clinical supplies, and parking.

Examination Fee

\$125 per course participant, plus travel

- composite—2 primary and 3 permanent teeth/ surfaces

*These are the minimum requirements and must include at least 12 patients. Patient experiences will be completed in a dental practice.

Phase Three: After successful completion of Phases One and Two, you will arrange for a credentialing examination by one of the course instructors to be conducted in your dental office. For the examination you will:

- perform two of the four restorative procedures while the credentialing instructor observes and verifies satisfactory performance.
- previously have completed patient records for the other two restorative procedures. Records will include appropriate photographs, radiographs as well as study models.

Timing: Please note that you must complete all of the 80-hour training within one year and that you must also complete the clinical credentialing examination within one year of completing the training program.

Richard Baylon, D.D.S., Adjunct Assistant Professor, Division of Pediatric Dentistry, Department of Developmental and Surgical Sciences, School of Dentistry, University of Minnesota; private practice limited to pediatric dentistry.

Edward Combe, B.Sc., Ph.D., D.Sc., Professor, Division of Biomaterials, Department of Diagnostic & Biological Sciences, School of Dentistry, University of Minnesota.

Gary Cook, D.D.S., M.S., Associate Clinical Specialist, Director, Division of Prosthodontics, Department of Restorative Sciences, School of Dentistry, University of Minnesota.

David Dvorak, D.D.S., M.A., Clinical Professor, Division of Operative Dentistry, Department of Restorative Sciences, School of Dentistry, University of Minnesota.

Michael Madden, D.D.S., Clinical Assistant Specialist, Division of Prosthodontics, Department of Restorative Sciences, School of Dentistry, University of Minnesota.

Paul Walker, D.D.S., M.S., Clinical Professor, Indiana University; Chief Dental Officer, Kool Smiles, Atlanta, Georgia. *Dr. Walker is the Course Director.*

What others have liked about the continuing dental education program:

"Great mix of clinical instructors—all very knowledgeable with similar goals to help us learn. A very informative course with up-to-date topics as well as first hand experiences. I learned so much and am very grateful to all of the course instructors for their time and patience."

"The instructors and support staff were absolutely outstanding—you made it easy, bearable and enjoyable. The fact that you put this together—thank-you for your time and making this class possible. It has given me a new excitement for my job and I can't wait to put the restorative functions into work daily."

"Everything—information, hands-on, instructors—everyone spoke at our level, made us feel comfortable and taught us so much."

expenses (mileage, food, lodging, if applicable)**

**The scheduling and determining of travel expenses will be possible after completing Phases One and Two of the program.

Credits

80 hours

Minnesota Credits
79 Fundamental
1 Core (Management of Medical Emergencies)

Time

8:00 AM to 5:15 PM
(Fridays and Saturdays)
8:00 AM to 12:15 PM
(Sundays)

Location

Lecture: 6-410 Moos HS Tower

Simulation: 6-410 & 4th Floor Simulation Clinic, Moos HS Tower Minneapolis Campus

Registration Deadline

September 14, 2012

Registration Limited

Enrollment is limited to 36.

Course Number

404913

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CONTINUING DENTAL EDUCATION
School of Dentistry
University of Minnesota

**Restorative Expanded Functions:
Weekend One**

*Friday-Sunday
September 28-30, 2012*

PRELIMINARY PROGRAM

6-410 Moos HS Tower
Conference room

Friday, September 28, 2012

7:55 Welcome and Introduction of faculty

8:00 Course objectives

Dr. Paul Walker/Dr. Michael Madden

•Course Overview

Weekend One: September 28-30, 2012
Weekend Two: October 19-21, 2012
Weekend Three: November 16-18, 2012
Weekend Four: November 30-December 2, 2012

•Review of practice act changes

•History of Expanded Functions Personnel

•What is going on in other states

8:30 **Pretest**

Dr. Walker

9:15 Lecture: Dental cements

Dr. Ed Combe

properties, indications, & selection of materials

10:15 Refreshment break

10:30 Lecture: Dental amalgam

Dr. Combe

properties, indications & selection of materials

12:00 Luncheon (included)

12:30 Lecture: Dental anatomy- pediatric dentition

Dr. Walker

2:00 Refreshment break

2:15 Lecture: Dental anatomy- adult dentition

Dr. Madden

5:15 Adjourn

Saturday, September 29, 2012

6-410 Moos HS Tower
Conference room

8:00 Lecture: Isolation Techniques: Rubber dam and Matrices **Dr. Madden**

8:45 Lecture: Occlusion **Dr. Gary Cook**

10:00 Refreshment break

10:15 Laboratory Session—Carving occlusion on typodonts **Drs. Cook, Dvorak,
Madden & Walker**

8th floor- South Clinic

11:30 Demonstration and practice on student partners **Drs. Cook, Dvorak,
Madden & Walker**
- clinical mandibular movement
- evaluation of occlusion

6-410 Moos HS Tower
Conference room

12:00 Luncheon (included)

12:30 Lecture: Review of instruments used to mix, place and carve
amalgam restorations; placing and carving Class I and II restorations **Dr. David Dvorak**

4th floor laboratory

1:15 Orientation to the Simulation Lab **Drs. Dvorak, Madden & Walker**
- student practice with pressure indicating gauges
- condensing amalgam using a clear matrix

2:00 Demonstration: placing and carving class I occlusal
and buccal pit amalgam restorations on mandibular teeth
using manikins **Drs. Dvorak, Madden & Walker**

2:30 Student practice: placing class I and buccal pit amalgam
restorations on mandibular teeth using manikins

Operator one: #18- O & B; #30- O & B

Operator two: #19- O & B; #31- O & B

6-410 Moos HS Tower
Conference Room

4:30 *Questions & answers* **Dr. Walker**

5:15 Adjourn

Sunday, September 30, 2012

6-410 Moos HS Tower
Conference room

8:00 Review of Day Two **Dr. Dvorak**

4th floor laboratory

8:30 Demonstration: placing and carving maxillary class I and lingual pit amalgam restoration using manikins—Ergonomics and use of indirect vision in the maxillary arch **Drs. Dvorak & Madden**

9:00 Student practice—placing and carving maxillary class I and lingual pit amalgam restorations using manikins and indirect vision

Operator one: #2-O & Li; #14- O & L

Operator two: #3-O & Li; #15- O & L

11:30 *Questions and answers* **Dr. Dvorak**

12:15 Adjourn

FACULTY

Edward Combe, B.Sc., Ph.D., D.Sc., Professor, Biomaterials Program, Department of Restorative Sciences, School of Dentistry, University of Minnesota.

Gary Cook, D.D.S., M.S., Associate Clinical Specialist, Director, Division of Prosthodontics, Department of Restorative Sciences, School of Dentistry, University of Minnesota.

David Dvorak, D.D.S., M.A., Clinical Professor, Division of Operative Dentistry, Department of Restorative Sciences, School of Dentistry, University of Minnesota.

Michael Madden, D.D.S., Clinical Assistant Specialist, Division of Prosthodontics, Department of Restorative Sciences, School of Dentistry, University of Minnesota.

Paul Walker, D.D.S., M.S., Clinical Professor, Indiana University; Chief Dental Officer (CDO), Kool Smiles, Atlanta, Georgia. *Dr. Walker is the course director.*

CONTINUING DENTAL EDUCATION

School of Dentistry
University of Minnesota

**Restorative Expanded Function:
Weekend Two**

*Friday-Sunday
October 19-21, 2012*

PRELIMINARY PROGRAM

6-410 Moos HS Tower
Conference room

Friday, October 19, 2012

- 8:00 Review of Week One **Dr. Paul Walker**
- 8:15 Lecture: Restorative materials and techniques **Dr. Walker**
Hands-On demonstration and student practice with matrices and wedges used in adult and pediatric dentistry
- 10:00 Refreshment break
- 10:15 Lecture: Glass Ionomer Restorations- **Dr. Paul Walker**
properties, indications, selection of materials, mixing, placing and carving information
- 11:00 Lecture: Tips for polishing glass ionomer restorations **Dr. Walker**
- 11:30 Luncheon (included) **Dr. David Dvorak**
Lunch & Learn: Review of Class II amalgam restorations
- 4th floor laboratory
- 12:15 Student practice: dental amalgam- Class I **Drs. Dvorak, Madden & Walker**

Operator one: #12- O & B; #21- O
Operator two: #5- O & B; #28- O
- 2:15 Demonstration: placing and carving dental amalgam- Class II **Drs. Dvorak, Madden & Walker**
restorations using manikins
- 2:30 Student practice: placing and carving dental amalgam- Class II **Drs. Dvorak, Madden & Walker**
restorations using manikins (mandibular arch using direct vision)

Operator one: #30-MO; #20-MOD
Operator two: #19-MO; #29-MOD

6-410 Moos HS Tower
Conference Room

- 4:30 *Questions & Answers* **Dr. Walker**
- 5:15 Adjourn

Saturday, October 20, 2012

6-410 Moos HS Tower
Conference Room

8:00 Review of Day One **Dr. Paul Walker**

4th floor laboratory

8:15 Student practice: placing and carving dental amalgam- Class II restorations using manikins (maxillary arch using mouth mirror) **Drs. Dvorak, Madden & Walker**

Operator one: #14- MO & DO; #4- MOD
Operator two: #3- MO & DO; #13- MOD

10:15 Refreshment break

4th floor laboratory

10:30 Demonstration: mixing, placing and carving glass ionomer restorations using manikins **Dr. Rick Baylon**

11:00 Student practice: mixing, placing and carving glass ionomer restorations using mixed dentition manikins **Drs. Baylon, Dvorak, Madden & Walker**

Operator one: #M- F; #C- F; #J- slot; #J- slot; #14- O
Operator two: #R- F; #H- F; #K- slot; #A- slot; #3- O

6-410 Moos HS Tower
Conference Room

12:00 Lunch (included)

4th floor laboratory

12:30 Student practice: mixing, placing and carving glass ionomer restorations using mixed dentition manikins **Drs. Baylon, Dvorak, Madden & Walker**

1:30 Demonstration: polishing glass ionomer restorations **Dr. Baylon,**

1:45 Student practice: mixing, placing, carving and polishing glass ionomer restorations using adult dentition manikins **Drs. Baylon, Dvorak, Madden & Walker**

Operator one: #27- F; #7- F; #8- F
Operator two: #22- F; #10- F; #9- F

6-410 Moos HS Tower
Conference Room

4:30 *Questions and answers* **Dr. Walker**

5:15 Adjourn

Sunday, October 21, 2012

6-410 Moos HS Tower
Conference Room

- 8:00 Review of Day Two **Dr. Walker**
- 8:15 Lecture: Dental anatomy review- embrasure shapes,
tips to restoring proper dental anatomy, other helpful hints **Dr. Madden**
- 9:00 Refreshment break

4th floor laboratory

- 9:15 Student practice: dental amalgam- Class II restorations on the adult dentition **Drs. Dvorak, Madden
& Walker**
Operator one: #20- DO; #30- MOD
Operator two: #29- DO; #19- MOD
- 11:30 *Questions and answers* **Dr. Walker**
- 12:15 Adjourn

FACULTY

Rick Baylon, D.D.S., Clinical Associate Professor, Division of Pediatric Dentistry, Department of Developmental and Surgical Sciences, School of Dentistry, University of Minnesota; private practice limited to pediatric dentistry.

David Dvorak, D.D.S., M.A., Clinical Professor, Division of Operative Dentistry, Department of Restorative Sciences, School of Dentistry, University of Minnesota.

Michael Madden, D.D.S., Clinical Assistant Specialist, Division of Prosthodontics, Department of Restorative Sciences, School of Dentistry, University of Minnesota.

Paul Walker, D.D.S., M.S., Clinical Professor, Indiana University; Chief Dental Officer (CDO), Kool Smiles, Atlanta, Georgia. *Dr. Walker is the course director.*

CONTINUING DENTAL EDUCATION
School of Dentistry
University of Minnesota

Restorative Expanded Functions
Weekend Three

Friday-Sunday
November 16-18, 2012

PRELIMINARY PROGRAM

6-410 Moos HS Tower
Conference room

Friday, November 16, 2012

- 8:00 Review of weeks one and two, competency experience and recordkeeping **Dr. Walker**
Objectives of week three.
- 8:30 Lecture: Overview of the composite spectrum of materials **Dr. Walker**
Polishing composite restorations
- 9:00 Refreshment break
- 9:15 Lecture: Shade selection **Dr. Cook**
Demonstration and practice: shade selection **Dr. Cook**
- 10:30 Preparing for the competency exam **Dr. Walker**
Clinical requirements for phase II (in-office clinical training)
Record keeping
BOD rules
- 11:15 *Questions and answers* **Dr. Walker**
- 11:30 Luncheon (included)

4th Floor Laboratory

- 12:15 Demonstration: mixing, placing and polishing **Drs. Dvorak, Madden & Walker**
Class I & V composite restorations
- 1:15 Student practice: mixing, placing and polishing
Class I & V composite restorations
Operator one: #22- F; #6- F; #28- O; #12- O
Operator two: #27- F; #11- F; #21- O; #5- O

6-410 Moos HS Tower
Conference Room

- 4:30 *Question/Answer Session* **Dr. Walker**
- 5:15 Adjourn

Saturday, November 17, 2012

6-410 Moos HS Tower
Conference Room

- 8:00 Review of Day One **Dr. Walker**
- 8:15 Lecture: clinical tips for amalgam polishing **Dr. Madden**
- 8:30 Refreshment break

4th Floor Laboratory

- 9:00 Demonstration: polishing amalgam restorations **Drs. Dvorak, Madden & Walker**
- 9:15 Student practice: polishing amalgam restorations

6-410 Moos HS Tower
Conference Room

- 11:15 Lecture: Sequencing multiple amalgam restorations **Dr. Dvorak**
- 12:00 Luncheon- (included)

4th Floor Laboratory

- 12:45 Student practice: placing and carving multiple amalgam restorations in a quadrant **Drs. Dvorak, Madden & Walker**
- Operator one: #2- MO; #3- MOD; #4- MOD
Operator two: #15- MO; #14- MOD; #13- MOD

6-410 Moos HS Tower
Conference Room

- 4:30 *Questions & answers* **Dr. Walker**
- 5:15 Adjourn

Sunday, November 18, 2012

6-410 Moos HS Tower

- 8:00 Review of Day Two **Dr. Walker**
- 8:15 Lecture: Stainless steel crowns- indications, selection, adapting and placing **Dr. Walker**
- 9:00 Lecture: Utilizing a restorative functions auxiliary (RF) in practice **Dr. Rick Baylon**
- 9:30 Refreshment break

4th Floor Laboratory

- 9:45 Demonstration: selection, adapting and placing stainless steel crowns on manikins **Drs. Walker & Baylon**

10:30 Student practice: selection, adapting and placing stainless steel
Crowns on manikins

**Drs. Baylon, Dvorak,
& Walker**

Operator one: #L- SSC; #B- SSC
Operator two: #S- SSC; #I- SSC

11:30 *Questions & Answers*

Dr. Walker

12:15 Adjourn

SPEAKERS

Rick Baylon, D.D.S., Clinical Associate Professor, Division of Pediatric Dentistry, Department of Developmental and Surgical Sciences, School of Dentistry, University of Minnesota; private practice limited to pediatric dentistry.

Gary Cook, D.D.S., M.S., Associate Clinical Specialist, Director, Division of Prosthodontics, Department of Restorative Sciences, School of Dentistry, University of Minnesota.

David Dvorak, D.D.S., M.A., Clinical Professor, Division of Operative Dentistry, Department of Restorative Sciences, School of Dentistry, University of Minnesota.

Michael Madden, D.D.S., Clinical Assistant Specialist, Division of Prosthodontics, Department of Restorative Sciences, School of Dentistry, University of Minnesota.

Paul Walker, D.D.S., M.S., Clinical Professor, Indiana University; Chief Dental Officer (CDO), Kool Smiles, Atlanta, Georgia. *Dr. Walker is the course director.*

CONTINUING DENTAL EDUCATION

School of Dentistry
University of Minnesota

Restorative Expanded Functions Weekend Four

Friday-Sunday
November 30-December 2, 2012

PRELIMINARY PROGRAM

6-410 Moos HS Tower
Conference room

Friday, November 30, 2012

8:00 Review of weeks one through three **Dr. Paul Walker**

Review for Post test

8:15 Lecture: Dental caries management **Dr. Walker**

9:30 Refreshment break

4th Floor Laboratory

9:45 Demonstration: placing and carving more extensive
and difficult access amalgam restorations **Drs. Dvorak, Madden & Walker**

Student practice: placing and carving more extensive
and difficult access amalgam restorations

Operator one: #19 - DO; #3 - MO & OL
Operator two: #30 - DO; #14 - MO & OL

6-410 Moos HS Tower
Conference Room

12:00 Luncheon (included)

12:45 Lecture: Dental office emergencies **Dr. Walker**

4th Floor Laboratory

2:00 Student practice: additional composite restorations **Drs. Dvorak, Madden and Walker**

Operator one: Adult dentition - #7 - F; #9 - F
Mixed dentition - #3-O; #19 - O

Operator two: Adult dentition - #8 - F; #10 - F
Mixed dentition - #14 - O; #30 - O

6-410 Moos HS Tower
Conference Room

4:30 *Questions & Answers* **Dr. Walker**

5:15 Adjourn

6-410 Moos HS Tower
Conference Room

Saturday, December 1, 2012

8:00 Review of day two **Dr. Walker**

8:15 Lecture: Problem solving - improper marginal ridges, lack of contact, overhangs, when to immediately remove the restoration and start over **Dr. Dvorak**

9:00 Refreshment break

4th Floor Laboratory

9:15 Student practice: additional glass ionomer restorations and stainless steel crowns **Drs. Dvorak, Madden & Walker**

Operator one: Glass ionomer (slot preparations) #A; # K
SSC: #S; #I

Operator two: Glass ionomer (slot preparations) #J; #T
SSC: #L; #B

6-410 Moos HS Tower
Conference Room

11:15 Written Post test

12:00 Luncheon (included)

4th Floor Laboratory

12:45 Competency examination: **Drs. Dvorak, Madden & Walker**

- Dental amalgam restorations
- Glass ionomer restorations
- Composite restorations (class I/V)
- Stainless steel crowns

6-410 Moos HS Tower

4:30 *Questions & Answers* **Drs. Dvorak, Madden & Walker**

5:15 Adjourn

❖ Information re: expanded functions training in current dental hygiene programs (IDHA)

❖ IDHA recommended rule amendments

Content:

- ❖ 6/26/12 email from Tom Cope on behalf of IDHA
- ❖ Kansas legislation - new tasks that dental hygienists may perform
- ❖ Dental Hygienists Restorative Duties, By State
(Source: American Dental Hygienists' Association)
- ❖ Overview of Restorative Services Provided by Dental Hygienists and Other Non-Dentist Practitioners
(Source: American Dental Hygienists' Association)
- ❖ Maine – Scope of Practice Comparison Grid
- ❖ State of Maine Board of Dental Examiners: Protocols for the Placement of Temporary Fillings by PHS Hygienists (February 2006)
- ❖ Accreditation Standards for Dental Hygiene Education Programs
- ❖ IDHA recommended rule changes (see 6/26/12 email from Tom Cope on behalf of IDHA)
 - Allow Dental Hygienists to perform dental assistants expanded function tasks if hygienist has receiving training to perform task
 - Allow Dental Hygienists to place temporary filings including glass ionomers or other palliative materials.
 - Add child care facilities to the list of facilities in public health supervision dental hygienists can provide services.

Provided by: Lori Brown, President, Iowa Dental Hygienists Association

Tom Cope, Lobbyist for IDHA

Johnson, Melanie [IDB]

From: TOM COPE [tomwcope@msn.com]
Sent: Tuesday, June 26, 2012 1:28 PM
To: Johnson, Melanie [IDB]; Lori Brown; Lori Brown
Cc: Tom Cope
Subject: IDHA Materials for July 13th Dental Board discussion
Attachments: hb2631_enrolled.pdf; ADHA Restorative_Chart.pdf; ADHA Restorative_Services_Factsheet.pdf; Maine Grid.pdf; Maine Protocol on Temporary Filings.pdf

June 26, 2012

To: Melanie Johnson, Iowa Dental Board
Fr: Lori Brown, President, Iowa Dental Hygienists Association
RE: Materials for July 13th Discussion regarding Revisions to Functions for Dental Hygienists and Dental Assistants

Melanie,

In preparation for the July 13th Dental Board discussion on functions performed by Dental Hygienists and Dental Assistants, the Iowa Dental Hygienists Association would like to propose three changes to the Board's administrative rules regarding the practice of dental hygiene. Before listing those three changes, IDHA wishes to outline our thoughts on how we hope the Dental Board addresses these issues:

1. IDHA welcomes the Board's recognition that access to quality oral health care is an important issue which may be addressed by looking at increasing the use of dental hygienists and dental assistants.
2. IDHA believes a guiding principle in these discussions should be that any proposed change should be considered independently on its own merits, and not be linked, in a positive or negative way, to any other proposal.
3. IDHA believes each proposed change has to demonstrate sufficient empirical evidence for the change to be made, based on the following criteria:
 - a. There is a shortage of professionals performing the task (i.e. the proposed new task for a dental assistant is needed because there is a lack of dental hygienists performing the task, or in the case of new task for hygienists, there is a lack of dentists currently performing the task)
 - b. There is empirical evidence (based on research or experiences from other states) that a properly trained dental assistant/hygienist can perform the task.
 - c. Modifying the current training for the professional to incorporate the new training is feasible.
4. Organizations that have concerns about any of these proposals will have an opportunity to present any data or thoughts regarding the items listed in #3 above.

With these guiding principles in mind, IDHA proposes the following three changes to the current Iowa Dental Board administrative rules:

1. Allow Dental Hygienists to perform dental assistants expanded function tasks if hygienist has receiving training to perform task

This change was included in the materials that were discussed at the January 27th meeting.

2. Allow Dental Hygienists to place temporary filings including glass ionomers or other palliative materials.

As you may know, the state of Kansas approved legislation earlier this year which added new tasks that dental hygienists may perform. Among those tasks were placing temporary fillings. Maine is another state that also allows this to occur. Below is language (highlighted in yellow) that we would propose to add to the current administrative rules that would add this function in Iowa. Also, please find attached the Kansas legislation, a breakdown from the state of Maine of types of tasks that can be performed by various dental auxiliaries in their state, and a chart for hygienists to use in determining when temporary fillings or restorations are appropriate.

650—10.3(153) Authorized practice of a dental hygienist.

b. Therapeutic. Identifying and evaluating factors which indicate the need for and performing (1) oral prophylaxis, which includes supragingival and subgingival debridement of plaque, and detection and removal of calculus with instruments or any other devices; (2) periodontal scaling and root planing; (3) removing and polishing hardened excess restorative material; (4) administering local anesthesia with the proper permit; (5) administering nitrous oxide inhalation analgesia in accordance with 650—subrules 29.6(4) and 29.6(5); (6) applying or administering medicaments prescribed by a dentist, including chemotherapeutic agents and medicaments or therapies for the treatment of periodontal disease and caries; **(7) placing a temporary filling, including glass ionomer or other palliative materials.**

1. Add child care facilities to the list of facilities in public health supervision dental hygienists can provide services.

This item was discussed during the April Dental Board meeting, and was identified as a current gap in the public health supervision program. The Iowa Dental Hygienists Association believes that child care facilities are very similar to the other locations, such as schools or nursing facilities, which serve a broad base of citizens. The Dental Board overwhelmingly approved the most recent expansion of this program a few years ago when it added nursing facilities. We would urge the board to take similar action and add child care facilities. Below is the proposed language (highlighted in yellow) to make this change.

650—10.5 (153) Public health supervision allowed.

10.5(1) Public health settings defined. For the purposes of this rule, public health settings are limited to schools; Head Start programs; federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; nursing facilities; **child care facilities;** and federal, state, or local public health programs.

Other States/Conclusion

In order to help the Dental Board to understand how these issues are being addressed in other states, please find attached material from the American Dental Hygienists Association. If you have any thoughts or questions on this material, please don't hesitate to contact us. Thanks!

HOUSE BILL No. 2631

AN ACT concerning dental care; amending K.S.A. 2011 Supp. 65-1424, 65-1456 and 75-6102 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 2011 Supp. 65-1424 is hereby amended to read as follows: 65-1424. (a) As used in this act:

(1) "Proprietor" means any person who employs dentists or dental hygienists in the operation of a dental office.

(2) "Dental franchisor" means any person or entity, pursuant to a written agreement, who provides a licensed dentist any dental practice management consulting services, which may include marketing or advertising services, signage or branding consulting, or places in possession of a licensed dentist such dental material or equipment as may be necessary for the management of a dental office on the basis of a lease or any other agreement for compensation. A person or entity is not a dental franchisor if the agreement with the dentist:

(A) Permits the person or entity to interfere with the professional judgment of the dentist; or

(B) contains terms that would constitute a violation of the dental practices act, rules and regulations adopted by the board, any orders and directives issued by the board or any other applicable law.

(3) "Unlicensed proprietor" means any person or entity not authorized to own or operate a dental practice that enters into an agreement with a dentist or dental hygienist related to the practice of dentistry or dental hygiene which:

(A) Permits the person or entity to interfere with the professional judgment of the dentist; or

(B) contains terms that would constitute a violation of the dental practices act, rules and regulations adopted by the board, any orders and directives issued by the board or any other applicable law.

A licensee of dentistry who enters into any arrangement with an unlicensed proprietor may have such license limited, suspended or revoked by the board.

(b) The estate or agent for a deceased or substantially disabled dentist may employ dentists, for a period of not more than ~~one year~~ *18 months following the date of death or substantial disability of the dentist*, to provide service to patients until the practice can be sold or closed. *Upon application showing good cause, including, but not limited to, evidence of a good faith effort to sell or close the dental practice, the Kansas dental board may extend the time in six-month increments for a period of not more than one additional year for which the practice can be sold or closed. The Kansas dental board may adopt rules and regulations as necessary to carry out the provisions of this section.*

Sec. 2. On and after July 1, 2012, K.S.A. 2011 Supp. 65-1456 is hereby amended to read as follows: 65-1456. (a) The board may suspend or revoke the license of any dentist who shall permit any dental hygienist operating under such dentist's supervision to perform any operation other than that permitted under the provisions of article 14 of chapter 65 of the Kansas Statutes Annotated, ~~or acts amendatory thereof and amendments thereto~~, and may suspend or revoke the license of any hygienist found guilty of performing any operation other than those permitted under article 14 of chapter 65 of the Kansas Statutes Annotated, ~~or acts amendatory thereof and amendments thereto~~. No license of any dentist or dental hygienist shall be suspended or revoked in any administrative proceedings without first complying with the notice and hearing requirements of the Kansas administrative procedure act.

(b) The practice of dental hygiene shall include those educational, preventive, and therapeutic procedures which result in the removal of extraneous deposits, stains and debris from the teeth and the rendering of smooth surfaces of the teeth to the depths of the *gingival sulci*. Included among those educational, preventive and therapeutic procedures are the instruction of the patient as to daily personal care, protecting the teeth from dental caries, the scaling and polishing of the crown surfaces and the planing of the root surfaces, in addition to the curettage of those soft tissues lining the free *gingiva* to the depth of the *gingival sulcus* and such additional educational, preventive and therapeutic procedures as the board may establish by rules and regulations.

(c) Subject to such prohibitions, limitations and conditions as the

board may prescribe by rules and regulations, any licensed dental hygienist may practice dental hygiene and may also perform such dental service as may be performed by a dental assistant under the provisions of K.S.A. 65-1423, and amendments thereto.

(d) Except as otherwise provided in this section, the practice of dental hygiene shall be performed under the direct or general supervision of a licensed dentist at the office of such licensed dentist. The board shall designate by rules and regulations the procedures which may be performed by a dental hygienist under direct supervision and the procedures which may be performed under general supervision of a licensed dentist. As used in this section: (1) "Direct supervision" means that the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure and before dismissal of the patient evaluates the performance; and (2) "general supervision" means a Kansas licensed dentist may delegate verbally or by written authorization the performance of a service, task or procedure to a licensed dental hygienist under the supervision and responsibility of the dentist, if the dental hygienist is licensed to perform the function, and the supervising dentist examines the patient at the time the dental hygiene procedure is performed, or during the 12 calendar months preceding the performance of the procedure, except that the licensed hygienist shall not be permitted to diagnose a dental disease or ailment, prescribe any treatment or a regimen thereof, prescribe, order or dispense medication or perform any procedure which is irreversible or which involves the intentional cutting of the soft or hard tissue by any means. A dentist is not required to be on the premises at the time a hygienist performs a function delegated under part (2) of this subsection.

(e) The practice of dental hygiene may be performed at an adult care home, hospital long-term care unit, state institution, local health department or indigent health care clinic on a resident of a facility, client or patient thereof so long as:

(1) A licensed dentist has delegated the performance of the service, task or procedure;

(2) the dental hygienist is under the supervision and responsibility of the dentist;

(3) either the supervising dentist is personally present or the services, tasks and procedures are limited to the cleaning of teeth, education and preventive care; *and*

(4) the supervising dentist examines the patient at the time the dental hygiene procedure is performed or has examined the patient during the 12 calendar months preceding performance of the procedure; ~~and~~

(f) The practice of dental hygiene may be performed with consent of the parent or legal guardian, on children participating in residential and nonresidential centers for therapeutic services, on all children in families which are receiving family preservation services, on all children in the custody of the secretary of social and rehabilitation services or the commissioner of juvenile justice authority and in an out-of-home placement residing in foster care homes, on children being served by runaway youth programs and homeless shelters; and on children birth to five and children in public and nonpublic schools kindergarten through grade 12 regardless of the time of year and children participating in youth organizations, so long as such children ~~birth to five, in public or nonpublic schools or participating in youth organizations also meet the requirements of medicaid, healthwave, or free or reduced lunch programs or Indian health services who are dentally underserved are targeted;~~ at any state correctional institution, local health department or indigent health care clinic, as defined in K.S.A. 65-1466, and amendments thereto, and at any federally qualified health center, federally qualified health center look-alike or a community health center that receives funding from section 330 of the health center consolidation act, on a person, inmate, client or patient thereof and on other persons as may be defined by the board; so long as:

(1) The dental hygienist has received an "extended care permit I" from the Kansas dental board specifying that the dental hygienist has performed 1,200 hours of dental hygiene care within the past three years or has been an instructor at an accredited dental hygiene program for two academic years within the past three years;

(2) the dental hygienist shows proof of professional liability insurance;

(3) the dental hygienist is sponsored by a dentist licensed in the state

of Kansas, including a signed agreement stating that the dentist shall monitor the dental hygienist's activities, except such dentist shall not monitor more than five dental hygienists with an extended care permit;

(4) the tasks and procedures are limited to: (A) removal of extraneous deposits, stains and debris from the teeth and the rendering of smooth surfaces of the teeth to the depths of the *gingival sulci*; (B) the application of topical anesthetic if the dental hygienist has completed the required course of instruction approved by the dental board; (C) the application of fluoride; (D) dental hygiene instruction; (E) assessment of the patient's apparent need for further evaluation by a dentist to diagnose the presence of dental caries and other abnormalities; and (F) other duties as may be delegated verbally or in writing by the sponsoring dentists consistent with this act;

(5) the dental hygienist advises the patient and legal guardian that the services are preventive in nature and do not constitute a comprehensive dental diagnosis and care;

(6) the dental hygienist provides a copy of the findings and the report of treatment to the sponsoring dentist and any other dental or medical supervisor at a participating organization found in this subsection; and

(7) any payment to the dental hygienist for dental hygiene services is received from the sponsoring dentist or the participating organization found in this subsection.

(g) The practice of dental hygiene may be performed on persons with developmental disabilities and on persons who are 65 years and older who live in a residential center, an adult care home, subsidized housing, hospital long-term care unit, state institution or are served in a community senior service center, elderly nutrition program or at the home of a homebound person who qualifies for the federal home and community based service (HCBS) waiver on a resident of a facility, client or patient thereof so long as:

(1) The dental hygienist has received an "extended care permit II" from the Kansas dental board specifying that the dental hygienist has: (A) performed ~~1,800~~ *1,600* hours of dental hygiene care or has been an instructor at an accredited dental hygiene program for two academic years within the past three years; and (B) completed six hours of training on the care of special needs patients or other training as may be accepted by the board;

(2) the dental hygienist shows proof of professional liability insurance;

(3) the dental hygienist is sponsored by a dentist licensed in the state of Kansas, including a signed agreement stating that the dentist shall monitor the dental hygienist's activities, except such dentist shall not monitor more than five dental hygienists with an extended care permit II;

(4) the tasks and procedures are limited to: (A) Removal of extraneous deposits, stains and debris from the teeth and the rendering of smooth surfaces of the teeth to the depths of the *gingival sulci*; (B) the application of topical anesthetic if the dental hygienist has completed the required course of instruction approved by the dental board; (C) the application of fluoride; (D) dental hygiene instruction; (E) assessment of the patient's apparent need for further evaluation by a dentist to diagnose the presence of dental caries and other abnormalities; and (F) other duties as may be delegated verbally or in writing by the sponsoring dentist consistent with this act;

(5) the dental hygienist advises the patient and legal guardian that the services are preventive in nature and do not constitute comprehensive dental diagnosis and care;

(6) the dental hygienist provides a copy of the findings and the report of treatment to the sponsoring dentist and any other dental or medical supervisor at a participating organization found in this subsection;

(7) any payment to the dental hygienist for dental hygiene services is received from the sponsoring dentist or the participating organization found in this subsection; and

(8) the dental hygienist completes a minimum of ~~six~~ *three* hours of education in the area of special needs care within the board's continuing dental education requirements for relicensure.

(h) *The expanded practice of dental hygiene may be performed with consent of the parent or legal guardian, on children participating in residential and nonresidential centers for therapeutic services, on all children in families which are receiving family preservation services, on all chil-*

dren in the custody of the secretary of social and rehabilitation services or the commissioner of juvenile justice authority and in an out-of-home placement residing in foster care homes, on children being served by runaway youth programs and homeless shelters; and on children birth to five and children in public and nonpublic schools kindergarten through grade 12 regardless of the time of year and children participating in youth organizations, so long as such children who are dentally underserved are targeted; at any state correctional institution, local health department or indigent health care clinic, as defined in K.S.A. 65-1466, and amendments thereto, and at any federally qualified health center, federally qualified health center look-alike or a community health center that receives funding from section 330 of the health center consolidation act, on a person, inmate, client or patient; on persons with developmental disabilities and on persons who are 65 years and older who live in a residential center, an adult care home, subsidized housing, hospital long-term care unit, state institution or are served in a community senior service center, elderly nutrition program or at the home of a homebound person who qualifies for the federal home and community based service (HCBS) waiver on a resident of a facility, client or patient thereof so long as:

(1) The dental hygienist has received an “extended care permit III” from the Kansas dental board specifying that the dental hygienist has: (A) Performed 2,000 hours of dental hygiene care or has been an instructor at an accredited dental hygiene program for three academic years within the past four years; and (B) completed a course of study of 18 seat hours approved by the board which includes, but is not limited to, emergency dental care techniques, the preparation and placement of temporary restorations, the adjustment of dental prostheses and appropriate pharmacology;

(2) the dental hygienist shows proof of professional liability insurance;

(3) the dental hygienist is sponsored by a dentist licensed in the state of Kansas, including a signed agreement stating that the dentist shall monitor the dental hygienist’s activities, except such dentist shall not monitor more than five dental hygienists with an extended care permit III;

(4) the tasks and procedures are limited to: (A) Removal of extraneous deposits, stains and debris from the teeth and the rendering of smooth surfaces of the teeth to the depths of the gingival sulci; (B) the application of topical anesthetic if the dental hygienist has completed the required course of instruction approved by the dental board; (C) the application of fluoride; (D) dental hygiene instruction; (E) assessment of the patient’s apparent need for further evaluation by a dentist to diagnose the presence of dental caries and other abnormalities; (F) identification and removal of decay using hand instrumentation and placing a temporary filling, including glass ionomer and other palliative materials; (G) adjustment of dentures, placing soft relines in dentures, checking partial dentures for sore spots and placing permanent identification labeling in dentures; (H) smoothing of a sharp tooth with a slow speed dental handpiece; (I) use of local anesthetic, including topical, infiltration and block anesthesia, when appropriate to assist with procedures where medical services are available in a nursing home, health clinic or any other settings if the dental hygienist has completed a course on local anesthesia and nitrous oxide as required in this act; (J) extraction of deciduous teeth that are partially exfoliated with class 4 mobility; and (K) other duties as may be delegated verbally or in writing by the sponsoring dentist consistent with this act;

(5) the dental hygienist advises the patient and legal guardian that the services are palliative or preventive in nature and do not constitute comprehensive dental diagnosis and care;

(6) the dental hygienist provides a copy of the findings and the report of treatment to the sponsoring dentist and any other dental or medical supervisor at a participating organization found in this subsection;

(7) the dental hygienist notifies the patient or the patient’s parent or legal guardian of such patient’s need for treatment by a dentist, when the dental hygienist finds an apparent need for evaluation to diagnose the presence of dental caries and other abnormalities;

(8) any payment to the dental hygienist for dental hygiene services is received from the sponsoring dentist or the participating organization found in this subsection; and

(9) the dental hygienist completes a minimum of three hours of edu-

cation related to the expanded scope of dental hygiene practice in subsection (h)(4) of this act within the board's continuing dental education requirements for relicensure.

~~(h)(i)~~ In addition to the duties specifically mentioned in subsection (b) of K.S.A. 65-1456, and amendments thereto, any duly licensed dental hygienist may:

(1) Give fluoride treatments as a prophylactic measure, as defined by the United States public health service and as recommended for use in dentistry;

(2) remove overhanging restoration margins and periodontal surgery materials by hand scaling instruments; and

(3) administer local block and infiltration anaesthesia and nitrous oxide. (A) The administration of local anaesthesia shall be performed under the direct supervision of a licensed dentist except that topically applied local anaesthesia, as defined by the board, may be administered under the general supervision of a licensed dentist. (B) Each dental hygienist who administers local anaesthesia regardless of the type shall have completed courses of instruction in local anaesthesia and nitrous oxide which have been approved by the board.

~~(i)(j)~~ (1) The courses of instruction required in subsection ~~(h)(3)(B)~~ (i)(3)(B) shall provide a minimum of 12 hours of instruction at a teaching institution accredited by the American dental association.

(2) The courses of instruction shall include courses which provide both didactic and clinical instruction in: (A) Theory of pain control; (B) anatomy; (C) medical history; (D) pharmacology; and (E) emergencies and complications.

(3) Certification in cardiac pulmonary resuscitation shall be required in all cases.

~~(j)(k)~~ The board is authorized to issue to a qualified dental hygienist an extended care permit I or extended care permit II, or *extended care permit III* as provided in subsections (f) and (g) and (h) of this section.

~~(k)(l)~~ Nothing in this section shall be construed to prevent a dental hygienist from providing dental hygiene instruction or visual oral health care screenings or fluoride applications in a school or community based setting regardless of the age of the patient.

(m) *As used in this section, "dentally underserved" means a person who lacks resources to pay for medically necessary health care services and who meets the eligibility criteria for qualification as a medically indigent person established by the secretary of health and environment under K.S.A. 75-6120, and amendments thereto.*

New Sec. 3. On and after July 1, 2012, the state board of regents shall endeavor to add additional seats at the university of Missouri-Kansas City school of dentistry or other locations with the requirement that such students provide services in underserved areas of Kansas for a minimum of four years after graduation.

New Sec. 4. (a) There is established a special volunteer dental license for dentists who are retired from active practice and wish to donate their expertise for the dental care and treatment of indigent and underserved persons of the state. The special volunteer dental license shall be:

(1) Issued by the Kansas dental board to eligible dentists;

(2) issued without the payment of an application fee, license fee or renewal fee;

(3) issued or renewed without any continuing education requirements;

(4) issued for a fiscal year or part thereof; and

(5) renewable annually upon approval of the board.

(b) A dentist shall meet the following requirements to be eligible for a special volunteer dental license:

(1) Completion of a special volunteer dental license application, including documentation of the dentist's dental school graduation and practice history;

(2) documentation that the dentist has been previously issued a full and unrestricted license to practice dentistry in Kansas or in another state of the United States and that the dentist has never been the subject of any disciplinary action in any jurisdiction;

(3) acknowledgment and documentation that the dentist's practice under the special volunteer dental license will be exclusively and totally

devoted to providing dental care to underserved and indigent persons in Kansas; and

(4) acknowledgment and documentation that the dentist will not receive or have the expectation to receive any payment or compensation, either direct or indirect, for any dental services rendered under the special volunteer dental license.

(c) The provisions of this section shall become effective on and after July 1, 2012.

Sec. 5. On and after July 1, 2012, K.S.A. 2011 Supp. 75-6102 is hereby amended to read as follows: 75-6102. As used in K.S.A. 75-6101 through 75-6118, and amendments thereto, unless the context clearly requires otherwise:

(a) “State” means the state of Kansas and any department or branch of state government, or any agency, authority, institution or other instrumentality thereof.

(b) “Municipality” means any county, township, city, school district or other political or taxing subdivision of the state, or any agency, authority, institution or other instrumentality thereof.

(c) “Governmental entity” means state or municipality.

(d) (1) “Employee” means: (A) Any officer, employee, servant or member of a board, commission, committee, division, department, branch or council of a governmental entity, including elected or appointed officials and persons acting on behalf or in service of a governmental entity in any official capacity, whether with or without compensation and a charitable health care provider;

(B) any steward or racing judge appointed pursuant to K.S.A. 74-8818, and amendments thereto, regardless of whether the services of such steward or racing judge are rendered pursuant to contract as an independent contractor;

(C) employees of the United States marshal’s service engaged in the transportation of inmates on behalf of the secretary of corrections;

(D) a person who is an employee of a nonprofit independent contractor, other than a municipality, under contract to provide educational or vocational training to inmates in the custody of the secretary of corrections and who is engaged in providing such service in an institution under the control of the secretary of corrections provided that such employee does not otherwise have coverage for such acts and omissions within the scope of their employment through a liability insurance contract of such independent contractor;

(E) a person who is an employee or volunteer of a nonprofit program, other than a municipality, who has contracted with the commissioner of juvenile justice or with another nonprofit program that has contracted with the commissioner of juvenile justice to provide a juvenile justice program for juvenile offenders in a judicial district provided that such employee or volunteer does not otherwise have coverage for such acts and omissions within the scope of their employment or volunteer activities through a liability insurance contract of such nonprofit program;

(F) a person who contracts with the Kansas guardianship program to provide services as a court-appointed guardian or conservator;

(G) an employee of an indigent health care clinic;

(H) former employees for acts and omissions within the scope of their employment during their former employment with the governmental entity;

(I) any member of a regional medical emergency response team, created under the provisions of K.S.A. 48-928, and amendments thereto, in connection with authorized training or upon activation for an emergency response; and

(J) medical students enrolled at the university of Kansas medical center who are in clinical training, on or after July 1, 2008, at the university of Kansas medical center or at another health care institution.

(2) “Employee” does not include: (A) An individual or entity for actions within the scope of K.S.A. 60-3614, and amendments thereto; or

(B) any independent contractor under contract with a governmental entity except those contractors specifically listed in paragraph (1) of this subsection.

(e) “Charitable health care provider” means a person licensed by the state board of healing arts as an exempt licensee or a federally active

licensee, a person issued a limited permit by the state board of healing arts, a physician assistant licensed by the state board of healing arts, a mental health practitioner licensed by the behavioral sciences regulatory board, an ultrasound technologist currently registered in any area of sonography credentialed through the American registry of radiology technologists, the American registry for diagnostic medical sonography or cardiovascular credentialing international and working under the supervision of a person licensed to practice medicine and surgery, or a health care provider as the term “health care provider” is defined under K.S.A. 65-4921, and amendments thereto, who has entered into an agreement with:

(1) The secretary of health and environment under K.S.A. 75-6120, and amendments thereto, who, pursuant to such agreement, gratuitously renders professional services to a person who has provided information which would reasonably lead the health care provider to make the good faith assumption that such person meets the definition of medically indigent person as defined by this section or to a person receiving medical assistance from the programs operated by the Kansas health policy authority, and who is considered an employee of the state of Kansas under K.S.A. 75-6120, and amendments thereto;

(2) the secretary of health and environment and who, pursuant to such agreement, gratuitously renders professional services in conducting children’s immunization programs administered by the secretary;

(3) a local health department or indigent health care clinic, which renders professional services to medically indigent persons or persons receiving medical assistance from the programs operated by the Kansas health policy authority gratuitously or for a fee paid by the local health department or indigent health care clinic to such provider and who is considered an employee of the state of Kansas under K.S.A. 75-6120, and amendments thereto. Professional services rendered by a provider under this paragraph (3) shall be considered gratuitous notwithstanding fees based on income eligibility guidelines charged by a local health department or indigent health care clinic and notwithstanding any fee paid by the local health department or indigent health care clinic to a provider in accordance with this paragraph (3); or

(4) the secretary of health and environment to provide dentistry services defined by K.S.A. 65-1422 *et seq.*, and amendments thereto, or dental hygienist services defined by K.S.A. 65-1456, and amendments thereto, that are targeted, but are not limited to medically indigent persons, and are provided on a gratuitous basis: (A) At a location sponsored by a not-for-profit organization that is not the dentist or dental hygienist office location; or (B) *at the office location of a dentist or dental hygienist provided the care be delivered as part of a program organized by a not-for-profit organization and approved by the secretary of health and environment; or (C) as part of a charitable program organized by the dentist that has been approved by the secretary of health and environment upon a showing that the dentist seeks to treat medically indigent patients on a gratuitous basis;* except that such dentistry services and dental hygienist services shall not include “oral and maxillofacial surgery” as defined by ~~Kansas administrative regulation 71-2-2-rules and regulations adopted by the Kansas dental board,~~ or use sedation or general anesthesia that result in “deep sedation” or “general anesthesia” as defined by ~~Kansas administrative regulation 71-5-1-rules and regulations adopted by the Kansas dental board.~~

(f) “Medically indigent person” means a person who lacks resources to pay for medically necessary health care services and who meets the eligibility criteria for qualification as a medically indigent person established by the secretary of health and environment under K.S.A. 75-6120, and amendments thereto.

(g) “Indigent health care clinic” means an outpatient medical care clinic operated on a not-for-profit basis which has a contractual agreement in effect with the secretary of health and environment to provide health care services to medically indigent persons.

(h) “Local health department” shall have the meaning ascribed to such term under K.S.A. 65-241, and amendments thereto.

(i) “Fire control, fire rescue or emergency medical services equipment” means any vehicle, firefighting tool, protective clothing, breathing apparatus and any other supplies, tools or equipment used in firefighting or fire rescue or in the provision of emergency medical services.

Sec. 6. K.S.A. 2011 Supp. 65-1424 is hereby repealed.

Sec. 7. On and after July 1, 2012, K.S.A. 2011 Supp. 65-1456 and 75-6102 are hereby repealed.

Sec. 8. This act shall take effect and be in force from and after its publication in the Kansas register.

I hereby certify that the above BILL originated in the HOUSE, and passed that body

HOUSE adopted
Conference Committee Report _____

Speaker of the House.

Chief Clerk of the House.

Passed the SENATE
as amended _____

SENATE adopted
Conference Committee Report _____

President of the Senate.

Secretary of the Senate.

APPROVED _____

Governor.

Dental Hygienists Restorative Duties By State



State	Apply Cavity-Liners & Bases	Place & Remove Temporary Restorations	Place/Remove Temporary Crowns	Place/Carve/Finish Amalgam Restoration	Place & Finish Composite Resin Silicate Restoration	Requirements
AK				Allowed*	Allowed*	Board Approved Course WREB or Equivalent Exam
AL	Allowed*	Allowed*	Place Only*	Prohibited	Prohibited	
AR				Prohibited	Prohibited	Program
AZ		Place*				
CA	Allowed**	Allowed**	Allowed**	Allowed* Requires RDAEF License	Allowed* Requires RDAEF License	
CO						
CT		Prohibited		Prohibited	Prohibited	
DC	Prohibited	Allowed		Prohibited	Prohibited	
DE		Prohibited	Prohibited	Prohibited	Prohibited	
FL	Allowed	Allowed	Allowed	Prohibited	Prohibited	
GA	Allowed*		Allowed*			
HI				Prohibited	Prohibited	
IA	Allowed*	Allowed*				
ID	Allowed*		Place Only*	Allowed	Allowed	Restorative Endorsement. WREB or Equivalent Restorative Exam.
IL				Prohibited	Prohibited	
IN						
KS						
KY	Allowed*		Allowed*	Allowed*	Allowed*	Proof of competency.
LA				Prohibited	Prohibited	
MA	Prohibited	Remove Only*	Allowed*	Prohibited	Prohibited	
MD		Allowed	Allowed	Prohibited	Prohibited	
ME		Allowed	Allowed*	Allowed*	Allowed*	Board approved EFDA program

*Can do services by virtue of inclusion in dental assistants scope of practice. Please check practice act for education requirements.

**Allowed for an RDH, RDHEF, or RDHAP licensed prior to 2006.

Dental Hygienists Restorative Duties By State



State	Apply Cavity-Liners & Bases	Place & Remove Temporary Restorations	Place/Remove Temporary Crowns	Place/Carve/Finish Amalgam Restoration	Place & Finish Composite Resin Silicate Restoration	Requirements
MI	Allowed*	Allowed*	Allowed	Allowed*		Registered Dental Assistant took approved course
MN		Allowed*	Allowed*	Allowed	Allowed*	Board approved course to place & adjust permanent restorations.
Note: MN also permits RDH to place, contour and adjust glass ionomer.						
MO		Allowed*		Allowed*	Place Only*	Proof of Competency
MS						
MT		Allowed*		Prohibited	Prohibited	
NC	Allowed*	Place Only*				
ND	Prohibited	Allowed*	Allowed*	Prohibited	Prohibited	
NE				Prohibited	Prohibited	
NH	Allowed	Allowed	Allowed*	Place		Expanded Duty Course
NJ		Allowed*				
NM		Allowed	Allowed	Allowed	Allowed	EFDA Certification
NV		Place Only	Allowed			
NY		Allowed*		Allowed*	Allowed*	Approved Course
OH		Allowed*		Place Only	Place Only	
OK		Place Only				
OR				Allowed*	Allowed*	Board Approved Course, WREB or Equivalent Exam, Restorative Function Endorsement.
PA	Allowed*			Allowed*	Allowed*	
RI		Allowed		Prohibited	Prohibited	
SC				Prohibited	Prohibited	
SD		Place Only		Prohibited	Prohibited	
TN	Allowed	Allowed		Place Only		Restorative Function Permit

*Can do services by virtue of inclusion in dental assistants scope of practice. Please check practice act for education requirements.

**Allowed for an RDH, RDHEF, or RDHAP licensed prior to 2006.

Dental Hygienists Restorative Duties By State



State	Apply Cavity-Liners & Bases	Place & Remove Temporary Restorations	Place/Remove Temporary Crowns	Place/Carve/Finish Amalgam Restoration	Place & Finish Composite Resin Silicate Restoration	Requirements
TX	Prohibited	Prohibited	Prohibited	Prohibited	Prohibited	
UT						
VA						
VT						Trainings expanded function.
WA		Allowed*	Allowed*	Allowed*	Allowed*	Restorative services in curriculum of Washington Dental Hygiene programs. WREB restorative required for dental hygiene license.
WI		Place Only				Replacement of temporary restorations in emergency situations only.
WV	Allowed*	Allowed*	Allowed			
WY		Place Only		Allowed (with EP Certificate)	Allowed (with EP certificate)	Expanded function certificate no longer offered, but existing certificates honored.

This chart is for comparative purposes only. If information does not indicate whether one of the functions is prohibited or allowed, no assumptions should be made.

Disclaimer: Information based on staff research of state statutes and legislation. This document should not be considered a legal document.



*Can do services by virtue of inclusion in dental assistants scope of practice. Please check practice act for education requirements.

**Allowed for an RDH, RDHEF, or RDHAP licensed prior to 2006.

Overview of Restorative Services Provided by Dental Hygienists and Other Non-Dentist Practitioners

As of June 2010 three categories of non-dentist practitioners were permitted to perform some restorative services: dental hygienists, dental assistants, and dental therapists. Practice varies by state, based on what state practice acts authorize. The following provides a broad overview of each category of provider and the types of restorative services that are administered.

Dental Hygienists and Dental Assistants

Dental hygienists work in a host of settings to deliver clinical care and work under varying levels of supervision. Each state enacts its own laws determining the services dental hygienists can perform, the settings in which they can practice, and the supervision under which they practice. However, the typical restorative services provided by dental hygienists and dental assistants are limited to supportive services where the dentist prepares a tooth for restoration and the dental hygienist or dental assistant places and finishes the restorative material. Typically the dentist must be present while the restorative services are administered.

Most states that permit dental hygienists to perform restorative services, also allow at least an expanded duty dental assistant to perform them as well. Typically both dental hygienists and dental assistants qualify for a restorative certificate by completing the same state dental board-approved continuing education course and obtaining a restorative certificate.

The restorative services provided by dental hygienists and dental assistants may include some or all of the following services:

- Apply cavity liner/base
- Place (and also carve and finish) amalgam restoration
- Place and finish composite restoration
- Place and/or remove temporary restoration
- Place and/or remove temporary crown
- Fabricate temporary crown

It is not explicit in state laws whether atraumatic restorative treatment (ART), which is generally understood to mean removal of diseased tooth tissue with a hand instrument and placement of glass ionomer or similar temporary filling material, is considered within the definition of “temporary restoration.” Many states permit placement of a temporary restoration, but no state specifically identifies the term “atraumatic restorative treatment” in state statute. However, Maine rules provide a protocol for public health dental hygienists and independent practice dental hygienists to determine whether it is appropriate to place a temporary restoration. Because the protocol states that “any temporary filling material must be of a nature that is not harmful to the tooth, and preferably be fluoride releasing” and “reminds its licensees that the standard of care in the placement of any dental restoration would include the use of diagnostic films.” It would appear that an atraumatic restoration using a material such as glass ionomer is contemplated.

View Main rules at: <http://www.mainedental.org/TemporaryFillingsAlgorithms.htm>

Minnesota includes the placement of glass ionomer as part of the permitted restorative services dental assistants and dental hygienists with a restorative permit are able to administer.

In NM, dental hygienists who qualify as Expanded Function Dental Auxiliaries (EFDA) may place "temporary and sedative restorative material" in hand excavated lesions under direct supervision.

A 2011 Oregon law will allow expanded practice hygienists with an agreement with a dentist to administer "temporary restorations without excavation."

Washington State is unique in that it is the only state that requires competence in restorative procedures for initial licensure as a dental hygienist. Restorative services are part of the curriculum at all entry-level dental hygiene programs in Washington State. Applicants for licensure in Washington State must pass a clinical restorative test offered by the Western Regional Examining Board (WREB). There is no formal process in place at the Commission on Dental Accreditation (CODA) at this time to recognize or accredit a specific course of study in restorative skills. CODA develops overall standards for and accredits entry-level dental hygiene education programs, rather than individual classes within a program or continuing education classes.

ADHA's *Dental Hygienists Restorative Duties by State* chart designates the restorative services dental hygienists are permitted to administer by state, as stipulated by state statute or rule. Those states where the services are permitted as part of the dental assistant scope based on similar qualifications are marked with an asterisk. The chart indicates that a service is either allowed or prohibited in a state ONLY if there is a specific provision in the statute or rules to that effect. The blank sections indicate that the law is silent on whether or not a dentist may delegate that service to a dental hygienist. In at least some of these states (e.g. Colorado) dental hygienists are permitted to do any duty delegated by a dentist that is not otherwise prohibited, and the dental board has informally indicated that some restorative services would be allowed under this provision.

Visit: http://www.adha.org/governmental_affairs/downloads/restorative_chart.pdf to download the chart.

Dental Health Aide Therapists

Beginning in 2004, dental health aide therapists (DHATs) began administering dental care to Alaska natives on tribal land. The DHAT program was developed as a specialty area under the Community Health Aide Program (CHAP) and is operated by the Alaska Native Tribal Health Consortium. DHATs are regulated through the CHAP program and, because they practice on federal tribal land, are not required to hold a license from the state to practice or to adhere to state practice act restrictions.

In addition to the supportive restorative services which dental hygienists and dental assistants perform, DHATs may prepare the tooth for restoration, including drilling to remove tooth structure, as well as perform non-surgical extractions of primary and permanent teeth, pulpotomies and pulp capping. DHATs treat patients in consultation with dentists and other members of the dental team through practice under a form of remote general supervision and the use of teledental and other technology.

The first cohorts of DHATs were trained in an existing two year post secondary dental therapy education program in New Zealand. Since 2007, DHATs have been educated through the University of Washington, School of Medicine's DENTEX program based in Alaska. DENTEX is a 24 month program, with 45 academic credits in year one, followed by a second year of clinical studies.

For ongoing information about DENTEX or DHAT practice information visit:

<http://depts.washington.edu/dentexak/>

Dental Therapists, Advanced Dental Therapists and ADHPs

Two mid-level providers, the dental therapist and advanced dental therapist, will be eligible for licensure in Minnesota as early as mid-2011. Created by a new law passed in 2009, dental therapists and advanced dental therapists will provide a number of restorative services, similar to those provided by the Alaskan DHATs. The dental therapist and advanced dental therapist scopes of practice do not contain significant preventive services. However, a licensed dental hygienist who is dually licensed as an advanced dental therapist will be able to administer a scope of practice that essentially mirrors that of the ADHA's proposed Advanced Dental Hygiene Practitioner (ADHP).

Dental therapists will practice under the supervision of a dentist, with onsite/direct supervision required for most clinical services. Advanced dental therapists will practice under the general supervision of a dentist via a collaborative management agreement. Both providers were established with the intent to administer care to the underserved populations in the state, and statute restricts practice of the new providers to specific settings and populations.

Baccalaureate and Master's level dental therapist programs have been established at the University of Minnesota's School of Dentistry. A Master's level advanced dental therapist education program has been established at Metropolitan State University in partnership with the dental hygiene education program at Normandale Community College which requires students to be licensed to practice as a dental hygienist in order to gain acceptance into the program. The Metropolitan State University program is based, in part, on the Advanced Dental Hygiene Practitioner Competencies developed by the American Dental Hygienists' Association.

CODA received requests at its February, 2010 meeting from the Minnesota Board of Dentistry, the Minnesota Dental Association, the University of Minnesota, and Metropolitan State University of the Minnesota and State Colleges and Universities system to accredit the educational programs in Dental Therapy and Advanced Dental Therapy. CODA determined in August of 2010 that it would not proceed with the development of a process to accredit dental therapist education programs at this time.

Proposed New Providers

Several stakeholder organizations have expressed an interest in developing and advocating for a dental therapist provider who would undertake two years of post-secondary education and provide as yet undefined services similar to the other dental therapists. The Pew Center on the States' Children's Dental Health Initiative (<http://www.pewcenteronthestates.org>) and the WK Kellogg Foundation (<http://www.wkkf.org>) have both published reports concerning the development of such a provider.

In January 2010, the Kellogg Foundation and Josiah Macy Foundation announced a partnership with the American Association of Public Health Dentistry to fund the development of a dental therapist curriculum and development of recommendations concerning the implementation of dental therapists in the lower 48 states. The curriculum is expected to be available in early 2011.

Additionally, in October 2010, the Kellogg Foundation published a report it conducted in conjunction with the Rasmuson Foundation and Bethel Community Services Foundation, entitled *Evaluation of the Dental Health Aide Therapist Workforce Model in Alaska*. The evaluation demonstrated that non-dentist providers can safely and effectively administer restorative services.

Visit: http://www.adha.org/media/releases/10282010_Kellogg.htm to view ADHA's press release on the Kellogg evaluation.

A number of state dental associations have also expressed an interest in developing dental therapist provider models. The specific scopes of practice and educational competencies for the proposed providers have not yet been released, but it is understood that restorative services are expected to be included.

Prepared as general information by ADHA's Governmental Affairs Division. For information about a specific jurisdiction, check with the state dental or dental hygiene board. For additional information about the practice of dental hygiene, visit ADHA's website www.adha.org.

SCOPE OF PRACTICE-COMPARISON GRID

BEFORE USING THE COMPARISON GRID, PLEASE READ CLARIFYING STATEMENTS @ END OF DOCUMENT

It is important that you read those sections of the DPA that pertain to the Administration of Local Anesthesia & Nitrous Oxide

Refer to Chapter 2, Section 2 of the DPA

It is also important to note that PHS is not a licensure category but a status awarded to Hygienists-PIs. refer to Chapter 2, Section 3

PROCEDURES	CDA		Dental Asst's		EFDA'S	IPDH*	PHS**	RDH	
	Direct	General	Direct	General	Direct			Direct	General
	Supervision	Supervision	Supervision	Supervision	Supervision			Supervision	Supervision
ADMINISTRATION OF:									
Local Anesthesia (Refer to Chapter 2, Section 2, Items J.1-J.5)									
➤ Administer local anesthesia if in possession of a current local anesthesia permit**								X	
➤ Obtain a local anesthesia permit (may only be administered under the direct supervision of a Maine licensed dentist)								X	
Nitrous Oxide (Refer to Chapter 2, Section 2, Items D-I)									
➤ Administer nitrous oxide if in possession of a current nitrous oxide permit**								X	
➤ Observe gauges and advise the dentist of any changes in gauge indices or readings (shall not in any way or under any circumstances adjust, manipulate, or control the nitrous oxide apparatus or equipment) during nitrous oxide administration by the dentist without holding a nitrous oxide permit								X	
➤ Obtain a nitrous oxide permit (may only be administered under the direct supervision of a Maine licensed dentist)								X	
AMALGAM / COMPOSITE RESTORATIONS									
➤ Deliver, but not condense or pack, amalgam or composite restoration material	X		X		X			X	
➤ Place and contour amalgam, composite and other restorative materials prior to the final setting and/or curing of the material					X				
➤ Smooth and polish amalgam restorations									X
➤ Smooth and polish amalgam restorations, limited to slow speed application only						X	X		X
ANALYZE / INTERVIEW / INSPECT / INSTRUCT / RECORD / RETRACT									
➤ Perform dietary analyses for dental disease control		X		X	X	X	X		X
➤ Demonstrate to a patient how the patient should place and remove removable prostheses, appliances, or retainers (for instruction purposes)		X		X	X	X	X		X
➤ Give oral health instructions		X		X	X	X	X		X
➤ Interview patients and record complete medical and dental histories						X	X		X
➤ Perform oral inspections, recording all conditions that should be called to the attention of the dentist						X	X		X
➤ Retract lips, cheek, tongue, and other tissue parts		X		X	X	X	X		X
➤ Take and record the vital signs of blood pressure, pulse, and temperature		X		X	X	X	X		X
APPLICATION OF AGENTS									
➤ Apply cavity varnish	X		X		X	X	X		X
➤ Apply desensitizing agents to teeth						X	X		X
➤ Apply liquids, pastes or gel topical anesthetics	X		X		X	X	X		X
➤ Apply pit and fissure sealants after an evaluation of the teeth by the dentist at the time of sealant placement					X				
➤ Apply sealants						X	X		
➤ Apply sealants, provided that a licensed dentist first makes the determination and diagnosis as to the surfaces on which the sealants shall be applied									X
➤ Apply supragingival desensitizing agents to an exposed root surface and/or dentinal surface of teeth					X	X	X		X
➤ Apply topical anesthetics (topical includes superficial and intraoral application)	X				X	X	X		X
➤ Apply topical antimicrobials (excluding antibiotics), including fluoride for the purposes of bacterial reduction, caries control, and desensitization in the oral cavity. The independent practice dental hygienist shall follow current manufacturer's instructions in the use of these medicaments (topical includes superficial and intraoral application)						X			
➤ Apply topical antimicrobials (excluding antibiotics), including fluoride for the purposes of bacterial reduction, caries control, and desensitization in the oral cavity. The practitioner must follow current manufacturer's instructions in the use of these medicaments. For the purposes of this section, 'topical' includes superficial and intrasulcular application.							X		
➤ Apply topical fluorides recognized for the prevention of dental caries					X	X	X		X
➤ Place localized delivery of chemotherapeutic agents when treatment is planned by the dentist									X
CEMENT									
➤ Cement pontics and facings outside the mouth						X	X		X
➤ Cement provisional/temporary crowns and bridges and remove excess cement					X				
➤ Re-cement temporary crowns with temporary cement	X		X		X	X	X		X
➤ Remove excess cement from the supragingival surfaces of teeth		X	X		X	X	X		X
CROWNS / TEMPORARY CROWNS/BRIDGES									
➤ Fabricate temporary crowns and bridges, limiting handpiece rotary instrumentation used in the fabrication only to extraoral use, so long as the dentist checks the occlusion and fit prior to releasing the patient	X		X		X			X	X
➤ Select and try in stainless steel or other preformed crowns for insertion by the dentist	X		X		X			X	X
➤ Place and re-cement temporary crowns with temporary cement	X		X		X	X	X		X

PROCEDURES	CDA		Dental Asst's		EFDA'S	IPDH*	PHS**	RDH	
	Direct	General	Direct	General	Direct			Direct	General
	Supervision	Supervision	Supervision	Supervision	Supervision			Supervision	Supervision
GINGIVAL RETRACTION CORD									
➤ Place gingival retraction cord					X				
➤ Remove gingival retraction cord	X		X		X			X	
➤ Place and remove gingival retraction cord without vasoconstrictor						X	X		X
IRRIGATE									
➤ Irrigate and aspirate the oral cavity		X		X	X	X	X		X
➤ Irrigate and dry root canals	X		X		X		X	X	
➤ Perform post-operative irrigation of surgical sites									X
ISOLATE									
➤ Isolate Operative Fields	X		X		X	X	X		X
OBTAIN									
➤ Obtain bacterial sampling when treatment is planned by the dentist									X
ORTHODONTIC RELATED									
➤ Perform preliminary selection and fitting of orthodontic bands, but final placement and cementing in the patient's mouth shall be done by the dentist	X		X		X		X	X	
➤ Place elastics and/or instruct in their use	X		X		X		X	X	
➤ Place wires, pins and elastic ligatures to tie in orthodontic arch wires that have been fitted and approved by the dentist at the time of insertion	X		X		X		X	X	
➤ Prepare tooth sites and surfaces with a rubber cup and pumice for banding or bonding of orthodontic brackets. This procedure shall not be intended or interpreted as an oral prophylaxis, which is a procedure specifically reserved to be performed by dental hygienists or dentists. This procedure also shall not be intended or interpreted as a preparation for restorative material. A dentist or dental hygienist shall check and approve the procedure	X		X		X		X	X	
➤ Reapply, on an emergency basis only, orthodontic brackets	X		X		X		X	X	
➤ Remove composite material using slow speed instrumentation for de-bonding brackets, as long as the dentist conducts a final check prior to release of the patient	X		X		X		X	X	
➤ Remove loose, broken or irritating orthodontic appliances (for the purpose of eliminating pain or discomfort)		X		X	X		X		X
➤ Remove orthodontic arch wires and tension devices and any loose bands or bonds but only as directed by the dentist	X		X		X		X	X	
➤ Size, place, and cement/bond orthodontic bands and brackets with final inspection by the dentist.					X				
➤ Take intra-oral measurements and make preliminary selection of arch wires and intra and extra-oral appliances, including head gear	X		X		X		X	X	
PERIODONTAL CHARTING AND PERIODONTAL DRESSINGS (See also Socket Dressings)									
➤ Perform complete periodontal and dental restorative charting						X	X		X
➤ Place periodontal dressings								X	
➤ Place and remove periodontal dressing					X				
➤ Remove periodontal dressings									X
PHOTOGRAPHS									
➤ Take intra-oral photographs		X		X			X		X
PLACE AND/OR REMOVE (See also: Periodontal and Socket Headings)									
➤ Place and remove matrix bands	X		X		X		X	X	
➤ Place and remove rubber dams	X		X		X	X	X		X
➤ Place and remove wedges	X		X		X		X	X	
➤ Place, hold, or remove celluloid and other plastic strips prior to or subsequent to the placement of a filling by the dentist	X		X		X		X	X	
➤ Place or remove temporary separating devices	X		X		X		X	X	
POLISHING									
➤ Supragingival polishing: A Maine licensed dentist (DDS/DMD) or a Maine licensed hygienist (RDH) must first determine that the teeth to be polished are free of calculus or other extraneous material prior to polishing. Dentists may only permit an EFDA to perform supragingival polishing using a slow speed rotary instrument and rubber cup. Dentists may allow an EFDA to use high-speed, power-driven handpieces/instruments to contour of finish newly-placed composite materials.					X				
PROPHYLAXIS									
➤ Perform all procedures necessary for a complete prophylaxis, including root planing and curettage						X	X		X
RADIOGRAPHS									
➤ Expose and process radiographs									X
➤ Expose and process radiographs upon written standing prescription orders from a dentist who will be available to interpret all dental radiographs within 21 days and completes and signs a radiographic review and findings form							X		
➤ Expose dental radiographs, but only if licensed as a Dental Radiographer		X		X	X				
SEALANTS . . .See Application of Agents									
SMEARS									
➤ Take cytological smears, as requested by the dentist								X	
➤ Take dental plaque smears for microscopic inspection and patient education		X		X			X		X

PROCEDURES	CDA		Dental Asst's		EFDA'S	IPDH*	PHS**	RDH	
	Direct	General	Direct	General	Direct			Direct	General
	Supervision	Supervision	Supervision	Supervision	Supervision			Supervision	Supervision
SOCKETS									
➤ Change/replace dry socket packets after diagnosed and treatment planned by a dentist.		X		X	X		X		X
➤ Remove socket dressings								X	
SUTURES									
➤ Remove sutures and periodontal dressings									X
➤ Remove sutures with a follow-up appointment with the dentist within 7-10 days of suture removal		X		X			X		
TAKE IMPRESSIONS (for:)									
➤ Athletic Mouth Guards (IPDH'S may also deliver the appliance)						X	X		X
➤ Bleaching Trays					X				X
➤ Custom Trays									X
➤ Fluoride Trays						X	X		X
➤ Nightguards (as long as the dentist takes all measurements and bite registrations)								X	
➤ Occlusal Splints (as long as the dentist takes all measurements & bite registrations)	X		X				X	X	
➤ Opposing Models					X				X
➤ Pour and trim dental models		X		X			X		X
➤ Provisional/temporary crowns and bridges.					X				
➤ Retainers	X								X
➤ Sports Guards					X				
➤ Stents									X
➤ Study Casts					X				X
➤ Take and pour impressions for study casts		X		X			X		X
➤ Take impressions for single-arch athletic mouth guards, and custom fluoride trays	X		X		X	X	X	X	
TEMPORARY FILLINGS/RESTORATIONS (Refer to the Pulpal Pathology Protocols at the end of Chapter 2)									
➤ Place temporary fillings/restorations on an emergency basis, provided that the patient is informed of the temporary nature of the restoration		X							X
➤ Place temporary restorations in compliance with the protocol adopted by the Board						X	X		
TESTS									
➤ Perform pulp tests pursuant to the direction of a dentist							X		X
➤ Perform tooth vitality tests.					X				

CLARIFYING STATEMENTS

- * Pls. note that the column headed IPDH has been designed with those Hygienists in mind that are practicing independently (in a dental hygiene practice vs. those hygienists who hold an IPDH license but are practicing within a dental practice). Those hygienists (both IPDH and RDH) working in a dental office are allowed to perform all duties listed under the RDH columns (refer to 32 § 1094-Q.2).

An IPDH (practicing independently in a dental hygiene practice) **is not allowed** to perform those duties that are listed under Direct Supervision for an RDH. An IPDH (practicing independently in a dental hygiene practice) is allowed to perform **most** of those duties that are listed under General Supervision for an RDH (Pls. refer to Grid).

- ** Pls. note that even with a Local Anesthesia and/or Nitrous Oxide Permit a **hygienist may only administer Local Anesthesia and/or Nitrous Oxide under the direct supervision of a Maine licensed dentist** therefore, these privileges are not listed under the IPDH column (assuming the IPDH is practicing independently in a dental hygiene practice). Should an IPDH hold one or both of these permits the IPDH is allowed to utilize the permit(s) when working under the direct supervision of a Maine licensed dentist in a dental practice.

Certified Dental Assistants may perform those same duties that a Dental Assistant can and in the same manner (Direct or General); those additional duties that a CDA is allowed to perform are indicated in the CDA column.

- *** Pls. be aware that both registered dental (RDH) and independent practice dental hygienists (IPDH) may work under PHS status, however, seeking PHS status as an IPDH is not intended to be a means to take radiographs on all patients nor is it intended as a means to seek payment for all patients. In order for a PHS ID number to be assigned to a project, specific criteria must be met (e.g. must meet an unmet need). PHS hours and patients should be clearly separated from regular hours and patients.

- **** All Expanded Function Dental Assistants work under Direct Supervision, however, since an EFDA must be either a Certified Dental Assistant (CDA) or Registered Dental Hygienist to qualify to enter the EFDA program it would be appropriate to reference those columns that relate to whichever is appropriate for you (CDA / RDH) for further duties allowed under the appropriately related scope of practice.

To obtain Public Health Supervision Status, a hygienist must meet the criteria, must have a supervising dentist, must obtain a PHS ID number from the Board by submitting appropriate paperwork (notification form and standing orders), and must report on the activity to the Board via a reporting form.

Pls. be aware that individual dental practices also have their own policies that must be followed, so just because the scope of practice lists a procedure as an allowable procedure does not guarantee that the practice where you work will have you perform that service. On the other hand if a procedure is not listed as an allowable procedure under scope of practice you may safely assume you cannot perform that service at any practice.



State of Maine Board of Dental Examiners

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Protocols for the Placement of Temporary Fillings by PHS Hygienists February 2006

The Maine State Board of Dental Examiners recognizes the unique position of the Public Health Supervision hygienist and his or her role in serving the needs of the citizens of Maine. Among the various procedures a PHS hygienist may perform in their non-traditional dental setting is the appropriate placement of temporary fillings.

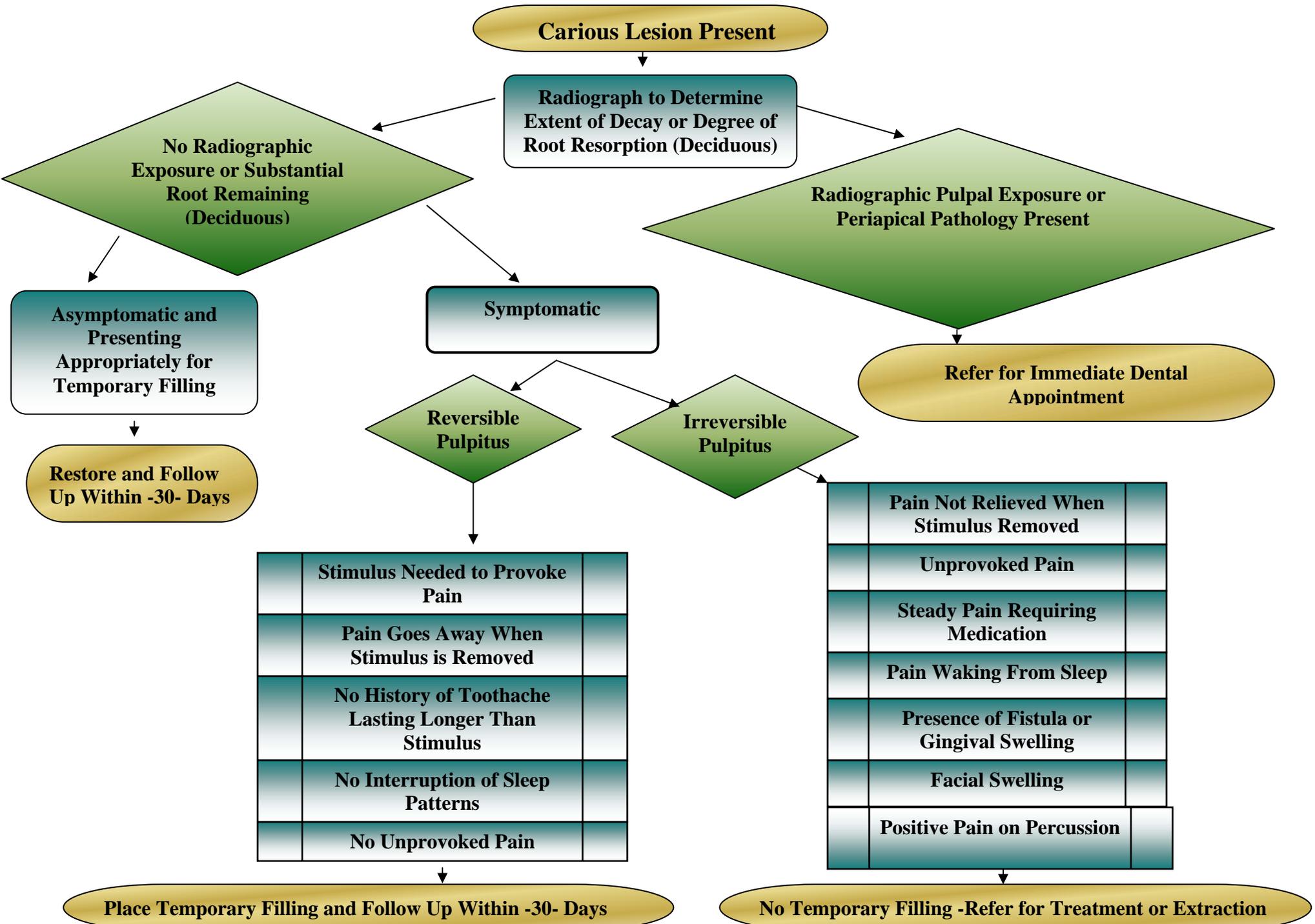
The Board directs that any temporary filling material must be of a nature that is not harmful to the tooth, and preferably be fluoride releasing. Desiccants and/or pulpal irritants are unacceptable as temporary filling materials.

The Board reminds its licensees that the standard of care in the placement of any dental restoration would include the use of diagnostic films or images. The Board recognizes that the PHS hygienist more often than not does not have this tool at their disposal. Whenever possible, however, the Board expects the PHS hygienist to obtain pre-operative films or images.

The Board reminds PHS hygienists that not all carious lesions are candidates for temporary restorations. These protocols include the following algorithms for the PHS hygienist to follow when deciding if a carious lesion in a tooth is to receive a temporary filling or whether it is to be left untreated. These algorithms should be used to determine the appropriateness of the placement of temporary fillings.

Pulpal Pathology Protocol

Figure 1.



Carious Lesion Present

Radiograph to Determine Extent of Decay or Degree of Root Resorption (Deciduous)

No Radiographic Exposure or Substantial Root Remaining (Deciduous)

Radiographic Pulpal Exposure or Periapical Pathology Present

Refer for Immediate Dental Appointment

Asymptomatic and Presenting Appropriately for Temporary Filling

Symptomatic

Restore and Follow Up Within -30- Days

Reversible Pulpitis

Irreversible Pulpitis

Stimulus Needed to Provoke Pain	
Pain Goes Away When Stimulus is Removed	
No History of Toothache Lasting Longer Than Stimulus	
No Interruption of Sleep Patterns	
No Unprovoked Pain	

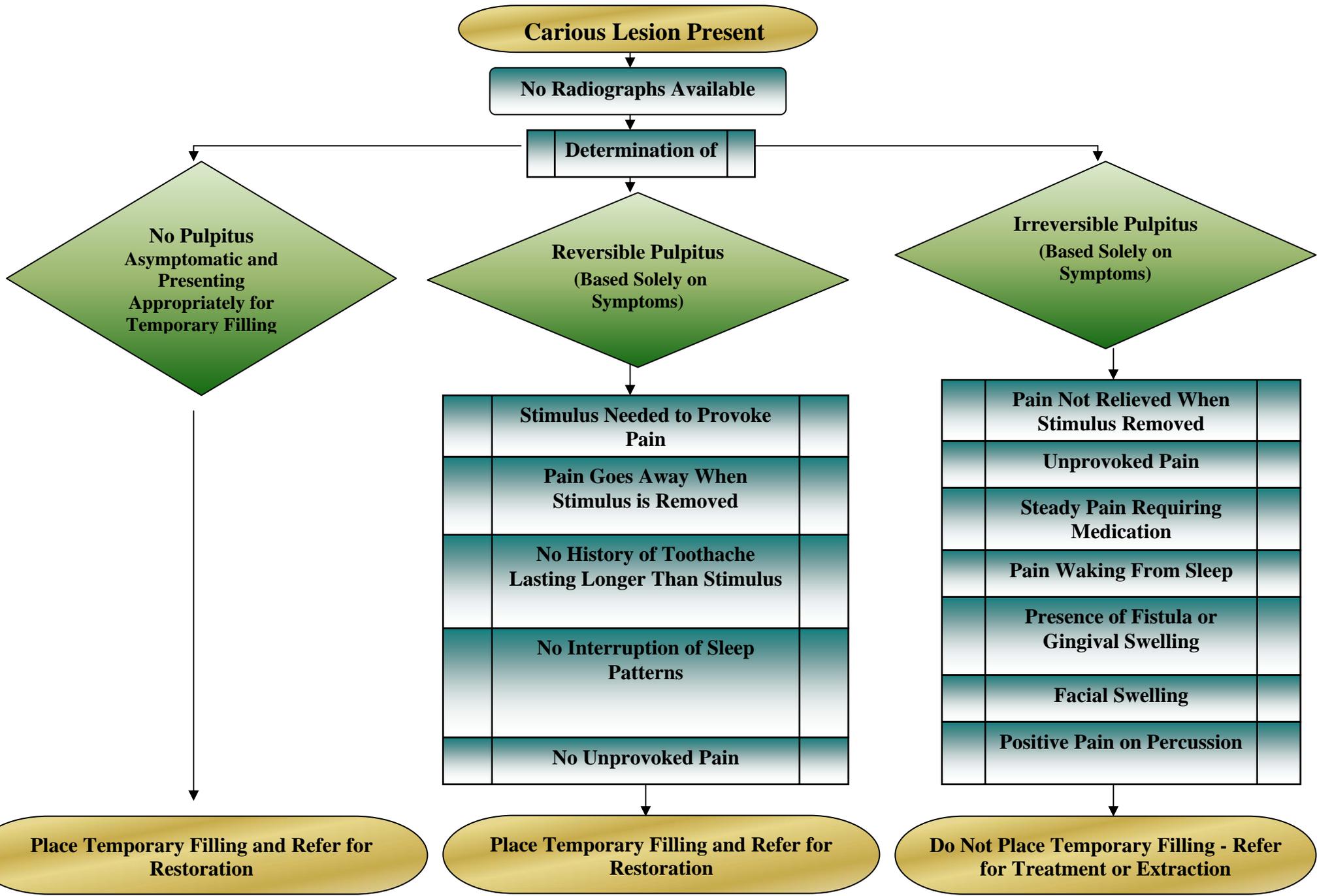
Place Temporary Filling and Follow Up Within -30- Days

Pain Not Relieved When Stimulus Removed	
Unprovoked Pain	
Steady Pain Requiring Medication	
Pain Waking From Sleep	
Presence of Fistula or Gingival Swelling	
Facial Swelling	
Positive Pain on Percussion	

No Temporary Filling -Refer for Treatment or Extraction

Pulpal Pathology Protocol

Figure 2.



Carious Lesion Present

No Radiographs Available

Determination of

**No Pulpitis
Asymptomatic and
Presenting
Appropriately for
Temporary Filling**

**Reversible Pulpitis
(Based Solely on
Symptoms)**

**Irreversible Pulpitis
(Based Solely on
Symptoms)**

**Stimulus Needed to Provoke
Pain**

**Pain Goes Away When
Stimulus is Removed**

**No History of Toothache
Lasting Longer Than Stimulus**

**No Interruption of Sleep
Patterns**

No Unprovoked Pain

**Pain Not Relieved When
Stimulus Removed**

Unprovoked Pain

**Steady Pain Requiring
Medication**

Pain Waking From Sleep

**Presence of Fistula or
Gingival Swelling**

Facial Swelling

Positive Pain on Percussion

**Place Temporary Filling and Refer for
Restoration**

**Place Temporary Filling and Refer for
Restoration**

**Do Not Place Temporary Filling - Refer
for Treatment or Extraction**

Commission on Dental Accreditation

Accreditation Standards for Dental Hygiene Education Programs

Accreditation Standards for Dental Hygiene Education Programs

**Commission on Dental Accreditation
American Dental Association
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Chicago, Illinois 60611
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Effective January 1, 2011

Accreditation Standards for Dental Hygiene Education Programs

Document Revision History

<i>Date</i>	<i>Item</i>	<i>Action</i>
<i>July 26, 2007</i>	<i>Accreditation Standards for Dental Hygiene Education Programs</i>	<i>Adopted</i>
<i>July 26, 2007</i>	<i>Standards to Ensure Program Integrity Examples of Evidence Modified: Standard 1-3</i>	<i>Approved and Implemented</i>
<i>February 1, 2008</i>	<i>Intent Statement Modified: Standard 3-3</i>	<i>Approved and Implemented</i>
<i>February 1, 2008</i>	<i>Revised Definition of Terms and Usage of Examples of Evidence</i>	<i>Adopted and Implemented</i>
<i>January 1, 2009</i>	<i>Accreditation Standards for Dental Hygiene Education Programs</i>	<i>Implemented</i>
<i>July 30, 2009</i>	<i>Revised Standard 2-17</i>	<i>Adopted</i>
<i>January 1, 2010</i>	<i>Revised Standard 2-17</i>	<i>Implemented</i>
<i>August 6, 2010</i>	<i>Policy Additions and Revisions (Distance Education, Off-Campus Sites)</i>	<i>Adopted</i>
<i>January 1, 2011</i>	<i>Policy Additions and Revisions (Distance Education, Off-Campus Sites)</i>	<i>Implemented</i>

Table Of Contents

	Page
Mission Statement of the Commission on Dental Accreditation.....	3
Accreditation Status Definitions.....	4
Preface.....	5
Statement of General Policy.....	7
Definitions of Terms Used in Dental Hygiene Accreditation Standards.....	9
 Standards	
1 INSTITUTIONAL EFFECTIVENESS.....	11
1-1 Planning and Assessment.....	11
1-2 Financial Support.....	12
1-5 Institutional Accreditation.....	12
1-7 Community Resources.....	13
 2 EDUCATIONAL PROGRAM.....	 15
2-1 Instruction.....	15
2-3 Admissions.....	16
2-6 Curriculum.....	17
2-16 Patient Care Competencies.....	21
2-26 Curriculum Management Plan.....	25
 3 ADMINISTRATION, FACULTY AND STAFF.....	 27
3-2 Program Administrator.....	27
3-5 Faculty.....	28
3-11 Support Staff.....	30
 4 EDUCATIONAL SUPPORT SERVICES.....	 32
4-1 Facilities.....	32
4-1 Clinical Facilities.....	32
4-2 Radiography Facilities.....	33
4-3 Laboratory Facilities.....	33
4-4 Extended Campus Facilities.....	34
4-5 Classroom Space.....	34
4-6 Office Space.....	35
4-7 Learning Resources.....	35
4-8 Student Services.....	35
 5 HEALTH AND SAFETY PROVISIONS.....	 37
5-1 Infectious Disease/Radiation Management.....	37
5-3 Emergency Management.....	38
 6 PATIENT CARE SERVICES.....	 39

Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry. The scope of the Commission on Dental Accreditation encompasses dental, advanced dental and allied dental education programs.

Commission on Dental Accreditation
Revised: January 30, 2001

Accreditation Status Definitions

Programs Which Are Fully Operational

APPROVAL (without reporting requirements): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

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

Programs Which Are Not Fully Operational

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

Preface

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

The Commission on Dental Accreditation

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

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

Specialized Accreditation

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

Dental Hygiene Accreditation

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

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

Statement of General Policy

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

1. Evaluates dental hygiene education programs on the basis of the extent to which program goals, institutional objectives and approved accreditation standards are met;
2. Supports continuing evaluation of and improvements in dental hygiene education programs through institutional self-evaluation;
3. Encourages innovations in program design based on sound educational principles;
4. Provides consultation in initial and ongoing program development.

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

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

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

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

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

Definitions of Terms Used in Dental Hygiene Accreditation Standards

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

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

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

Should: Indicates a method to achieve the Standards.

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

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

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

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

HIPAA: Health Insurance Portability and Accountability Act

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

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

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

Enriching Clinical Experiences: Clinical experiences that exceed the basic clinical education requirements of the program and that are provided to enhance the basic clinical education. Enriching experiences may be provided on campus and/or in extramural clinical facilities and

Dental Hygiene Standards

may be supervised by non-program personnel according to predetermined learning objectives and evaluation criteria.

Distance Education: Distance education means education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include:

- the internet;
- one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- audio conferencing; and/or
- video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed above.

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

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

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

STANDARD 1 - INSTITUTIONAL EFFECTIVENESS

Planning and Assessment

- 1-1 The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:**
- a) developing a plan addressing teaching, patient care, research and service which are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education.**
 - b) implementing the plan;**
 - c) assessing the outcomes, including measures of student achievement;**
 - d) using the results for program improvement.**

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

Financial Support

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

- program's mission, goals, objectives and strategic plan
- institutional strategic plan
- revenue and expense statements for the program for the past three years
- revenue and expense projections for the program for the next three years

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

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

Examples of evidence to demonstrate compliance may include:

- Written agreement(s)
- Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, faculty financial support

Institutional Accreditation

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

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

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

Examples of evidence to demonstrate compliance may include:

- affiliation agreement(s)

Community Resources

- 1-7 There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility**

for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

STANDARD 2 - EDUCATIONAL PROGRAM

Instruction

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

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

Intent:

The time necessary for psychomotor skill development and the number of required content areas require two academic years of study and is considered the minimum preparation for a dental hygienist. However, the curriculum may be structured to allow individual students to meet performance standards specified for graduation in less than two academic years as well as to provide opportunity for students who require more time to extend the length of their instructional program.

Maximum opportunity should be provided for students to continue their formal education with a minimum loss of time and duplication of learning experiences. Institutions are strongly encouraged to develop articulation agreements between associate degree programs and baccalaureate programs that provide for maximum transfer of course work. General education, social science and biomedical science courses included in associate degree dental hygiene curricula should parallel those offered in four-year colleges and universities. In baccalaureate degree curricula, attention is given to requirements for admission to graduate programs in establishing the balance between professional and nonprofessional credit allocations.

Examples of evidence to demonstrate compliance may include:

- copies of articulation agreements
- curriculum documents
- course evaluation forms and summaries
- records of competency examinations
- college catalog

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

- written remediation policy and procedures
- records of attrition/retention rates related to academic performance
- institutional due process policies and procedures

Admissions

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

- graduation rates
- analysis of attrition
- employment rates

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

Examples of evidence to demonstrate compliance may include:

- policies and procedures on advanced standing
- results of appropriate qualifying examinations
- course equivalency or other measures to demonstrate equal scope and level of knowledge

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

- sufficient number of clinical and laboratory stations based on enrollment
- clinical schedules demonstrating equitable and sufficient clinical unit assignments
- clinical schedules demonstrating equitable and sufficient radiology unit assignments
- faculty full-time equivalent (FTE) positions relative to enrollment
- budget resources and strategic plan
- equipment maintenance and replacement plan
- patient pool availability analysis
- course schedules for all terms

Curriculum

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

- competencies documentation demonstrating relationship between evaluation methods and program competencies
- process and product evaluation forms

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

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

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

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

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

2-9 General education content must include oral and written communications, psychology, and sociology.

Intent:

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

2-10 Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general pathology and/or pathophysiology, nutrition and pharmacology.

Intent:

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

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

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

2-11 Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.

Intent:

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

2-12 Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of

dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.

Intent:

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

- 2-13 The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.**

Intent:

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

- 2-14 The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment. Clinical practice must be distributed throughout the curriculum.**

Intent:

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

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

Examples of evidence to demonstrate compliance may include:

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

- 2-15 The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.**

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

Patient Care Competencies

- 2-16 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient. Graduates must be competent in assessing the treatment needs of patients with special needs.**

Intent:

An appropriate patient pool should be available to provide a wide scope of patient experiences that include patients whose medical, physical, psychological, or social situations may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. Student experiences should be evaluated for competency and monitored to ensure equal opportunities for each enrolled student.

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

Examples of evidence to demonstrate compliance may include:

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

2-17 Graduated must be competent in providing the dental hygiene process of care which includes:

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

2-18 Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

2-19 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups.

Intent:

Dental hygienists should be able to effectively communicate with individuals and groups. The ability to communicate verbally and in written form is basic to the provision of oral health services in a safe and effective manner.

Examples of evidence to demonstrate compliance may include:

- student projects demonstrating the ability to communicate effectively with a variety of individuals and groups
- examples of individual and community-based oral health projects implemented by students during the previous academic year
- evaluation mechanisms designed to monitor knowledge and performance

2-20 Graduates must be competent in assessing, planning, implementing and evaluating community-based oral health programs including, health promotion and disease prevention activities.

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

2-21 Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.

Intent:

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

Examples of evidence to demonstrate compliance may include:

- evaluation methods/grading criteria such as classroom or clinic examination, station examination, performance on emergency simulations, basic life support certification/recognition

2-22 Graduates must be competent in applying ethical, legal and regulatory concepts to the provision and/or support of oral health care services.

Intent:

Dental hygienists should understand and practice the ethical and legal requirements, which members of all health care professions are expected to maintain in the provision of health care to the public.

Examples of evidence to demonstrate compliance may include:

- written course documentation in ethics, ethical reasoning and professionalism
- evaluation mechanisms designed to monitor knowledge and performance
- outcomes assessment mechanisms

2-23 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

Intent:

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

Examples of evidence to demonstrate compliance may include:

- written course documentation of content in self-assessment skills
- evaluation mechanisms designed to monitor knowledge and performance
- outcomes assessment mechanisms

2-24 Graduates must be competent in the evaluation of current scientific literature.

Intent:

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

Examples of evidence to demonstrate compliance may include:

- written course documentation of content in the evaluation of current and classic scientific literature
- evaluation mechanisms designed to monitor knowledge and performance
- outcomes assessment mechanisms

2-25 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

Intent:

Critical thinking and decision making skills are necessary to provide effective and efficient dental hygiene services.

Examples of evidence to demonstrate compliance may include:

- evaluation mechanisms designed to monitor knowledge and performance
- outcomes assessment mechanisms

Curriculum Management

2-26 The dental hygiene program must have a formal, written curriculum management plan, which includes:

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

Program Administrator

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

- 3-3 The program administrator must be a dental hygienist who possesses a masters or higher degree or is currently enrolled in a masters or higher degree program or a dentist who has background in education and the professional experience necessary to understand and fulfill the program goals.**

Intent:

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

Examples of evidence to demonstrate compliance may include:

- curriculum vitae of program administrator

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

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

Examples of evidence to demonstrate compliance may include:

- program administrator position description

Faculty

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

- faculty schedules including student contact loads and supplemental responsibilities

3-6 The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not exceed one to five. Laboratory sessions in the dental science courses must not exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

Intent:

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

Examples of evidence to demonstrate compliance may include:

- faculty teaching commitments
- class schedules
- listing of ratios for clinical, radiographic and laboratory courses

- 3-7 The dental hygiene program must be staffed by a core of well-qualified full-time faculty who possess a baccalaureate or higher degree. Faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program. All dental hygiene program faculty members must have current knowledge of the specific subjects they are teaching. All program faculty must have documented background in educational methodology consistent with teaching assignments.**

Intent:

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

Examples of evidence to demonstrate compliance may include:

- faculty curriculum vitae with recent professional development activities listed
- examples of program or college faculty development offerings (i.e., in-services, workshops, self-study courses, on-line and credited courses)

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

- curriculum vitas with recent professional development activities listed
- examples of the program's or college's faculty development offerings
- records of formal in-service programs

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

- sample evaluation mechanisms addressing teaching, patient care, research, scholarship and service
- faculty evaluation policy, procedures and mechanisms

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

- institution's promotion/tenure policy
- faculty senate handbook
- institutional policies and procedures governing faculty

Support Staff

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

- description of current program support/personnel staffing
- program staffing schedules
- staff job descriptions
- examples of how support staff are used to support students

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

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

Examples of evidence to demonstrate compliance may include:

- description of current program support/personnel staffing
- program staffing schedules
- staff job descriptions
- examples of how support staff are used to support students

STANDARD 4 - EDUCATIONAL SUPPORT SERVICES

Facilities

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

Clinical Facilities

The dental hygiene facilities must include the following:

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

Intent:

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

Radiography Facilities

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

The radiography facilities must contain the following:

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

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

Intent:

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

Laboratory Facilities

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

Laboratory facilities must contain the following:

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

Intent:

The laboratory facilities should include an appropriate number of student stations with equipment and space for individual student performance of laboratory procedures with

instructor supervision. This Standard applies to all sites where students receive clinical instruction.

Extended Campus Facilities

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

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

Examples of evidence to demonstrate compliance may include:

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

Classroom Space

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

Intent:

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

Office Space

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

Intent:

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

Learning Resources

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

Student Services

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

STANDARD 5 - HEALTH AND SAFETY PROVISIONS

Infectious Disease/Radiation Management

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

Intent:

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

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

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

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

Examples of evidence to demonstrate compliance may include:

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

- 5-2 Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis, varicella and hepatitis B prior to contact with**

patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.

Intent:

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

Examples of evidence to demonstrate compliance may include:

- policies and procedures regarding infectious disease immunizations
- immunization compliance records
- declinations forms

Emergency Management

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

Examples of evidence to demonstrate compliance may include:

- accessible and functional emergency equipment, including oxygen
- instructional materials
- written protocol and procedures
- emergency kit(s)
- installed and functional safety devices and equipment
- first aid kit accessible for use in managing clinic and/or laboratory accidents

STANDARD 6 - PATIENT CARE SERVICES

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

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

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

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

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

- patient bill of rights
- documentation that patients are informed of their rights
- continuing care (recall) referral policies and procedures

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

Intent:

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

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

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

Intent:

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

Examples of evidence to demonstrate compliance may include:

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

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

Intent:

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

❖ Potential curriculum and training by community colleges (IDAA)

Content:

Follow-up information from the Iowa Dental Assistants Association:

- ◆ January 28, 2012 letter from Jane Slach to Melanie Johnson
- ◆ Potential curriculum and training by community college
 - Topic referred to the Dental Assisting Educator Council
 - IDAA representative will provide Council's perspective on the subject at the meeting

Provided by: Jane H. Slach, CDA RDA BA EFDA
IDAA President

January 28, 2012

Melanie Johnson, J.D
Executive Director
Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687

Dear Melanie,

This letter is to reaffirm the Iowa Dental Assistant Association position on a Registered Dental Hygienist becoming qualified to perform expanded function and the Iowa Dental Association proposal for additional EFDA clinical skills.

The IDAA supports a registered dental hygienist to practice dental assisting expanded function skills. To continue this support the IDAA feels that the following should be considered before a registered dental hygienist can qualify to enroll in the current expanded functions course that was designed for the level of knowledge and clinical skills of a dental assistant.

- Design a bridge course curriculum or
- Take and pass the DANB chairside certification exam and
- Require 2 hours of continuing education that pertains to restorative procedure or dental materials during each renewal period

The curriculum of the dental hygiene program is based on specific skills that provide preventative care for the dental patient. In comparison to the curriculum of a dental assisting program that provides clinical skills for restorative care. Because of the difference in clinical skill, the IDAA recommends that a registered dental hygienist be required to complete a bridge course that involves the didactical and clinical skills involved in providing restorative care.

Rational:

- The dental hygiene curriculum does not include restorative procedures, it has limited exposure to dental materials and there is no clinical evaluation of their knowledge and chairside skills that is required before, during and after restorative treatment.
- Taking and passing the DANB chairside certification exam would confirm a registered dental hygienist has restorative procedure basic knowledge and clinical application required of a dental assistant.
- The continuing education courses for a registered dental hygienist are usually based on prevention and not on restorative procedures or materials.

IDA Proposal:

The IDAA strongly supports the Iowa Dental Association proposal for additional expanded function clinical skills if these additional skills are considered a “higher” level which would require successfully completing the existing EFDA course.

Rational:

- A two tiered EFDA program will enhance the knowledge required and develop strong clinical skills before their advancement into the “higher” level of patient care.

Thank you for the opportunity to express the support, thoughts, and concerns of the Iowa Dental Assistant Association. The IDAA would welcome the opportunity to discuss other possible clinical skills that could be delegated under the direct supervision of the dentist. As we learned at the meeting, every one at the table desires quality and compassionate care for the people of Iowa.

Respectfully submitted,

Jane H. Slach CDA RDA BA EFDA
IDAA President
2170 250th St NW
Oxford, IA 52322
319-545-4422



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APR 23 2012

IOWA DENTAL BOARD

April 20, 2012

Iowa Dental Board
400 SW 8th Street Suite D
Des Moines, IA 50309-4687

Dear board members:

The Iowa Academy of General Dentistry is concerned about the proposed 5 expanded functions for dental assistants. Enclosed is a position paper regarding the expanded functions. Please give this issue consideration.

Thank you,

Dr. Stephen R. Thies
IAGD Legislative Chairperson

SEDATION DENTISTRY FOR ANXIETY RELIEF



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APR 23 2012
IOWA DENTAL BOARD

April 20, 2012

The Iowa Academy of General Dentistry is concerned about the recent proposal to increase the expanded functions of dental assistants. The proposal to increase the expanded functions of dental assistants is intended to address the access to care issue. Access to care is not an access problem. It is a funding problem. There is a lack of adequate funding to provide care to the underserved population. The IAGD is very concerned about the access to care issue and the unmet needs of the underserved population. The dental needs of the underserved population deserve treatment by properly educated dental providers with the oversight of the dentist. The dentist is the dental team leader.

The proposed 5 expanded functions will increase the availability of dental treatment and increase the capacity of the dental team. The IAGD supports the proposed 5 expanded functions for dental assistants. The 5 functions require a high skill level and are technically demanding. The IAGD recommends that proper education be provided by the dental educational institutions and that sufficient time be required for this education.

Public protection is paramount. The IAGD recommends that the board provides the necessary oversight to insure that expanded function providers are adequately educated, meet the standards of quality care, and are properly supervised.

The IAGD supports the 5 expanded functions for dental assistants and asks the dental board to approve them. The IAGD appreciates the board's consideration of this proposal.

Thank you,

Dr. Stephen R. Thies

IAGD Legislative Chairperson

SEDATION DENTISTRY FOR ANXIETY RELIEF