



# STATE OF IOWA

## IOWA DENTAL BOARD

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

PHIL MCCOLLUM  
INTERIM DIRECTOR

### TELECONFERENCE

### IOWA DENTAL BOARD

#### AGENDA

September 11, 2014

12:00 p.m.

**Location:** The public can participate in the public session of the teleconference by speakerphone at the Board's office, 400 SW 8<sup>th</sup> St., Suite D, Des Moines, Iowa.

**Board Members:** *Steve Bradley, D.D.S., Board Chair; Steven Fuller, D.D.S., Board Vice Chair; Matthew McCullough, D.D.S., Board Secretary; Kaaren Vargas, D.D.S.; Tom Jeneary, D.D.S.; Mary Kelly, R.D.H.; Nancy Slach, R.D.H.; Diane Meier, Public Member; Lori Elmitt, Public Member*

- I. CALL MEETING TO ORDER – ROLL CALL**
- II. OPPORTUNITY FOR PUBLIC COMMENT**
- III. ADMINISTRATIVE RULES**
  - a. Notice of Intended Action - Iowa Administrative Code 650—Chapter 29, “*Sedation and Nitrous Oxide Inhalation Analgesia*” (Change in public hearing date only)
  - b. Notice of Intended Action – Proposed Amendments, Chapter 52 (new chapter), “*Military Service and Veteran Reciprocity*”
- IV. REQUEST FOR BOARD APPROVAL OF DEMONSTRATED ENGLISH PROFICIENCY**
  - a. Dr. Amir Habib – Applicant for Iowa Dental License
- V. 2<sup>nd</sup> OPPORTUNITY FOR PUBLIC COMMENT**
- VI. ADJOURN**

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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.

## DENTAL BOARD [650]

### Notice of Intended Action

Pursuant to the authority of Iowa Code section 147.76, the Dental Board hereby gives Notice of Intended Action to amend Chapter 29, "Sedation and Nitrous Oxide Inhalation Analgesia," Iowa Administrative Code.

The proposed amendments include:

- Requiring all moderate sedation permit holders to use capnography or a pretracheal/precordial stethoscope at all facilities where they provide sedation beginning January 1, 2015.
- Allow moderate sedation permit holders who sedate pediatric patients to maintain Pediatric Advanced Life Support (PALS) certification in lieu of Advanced Cardiac Life Support (ACLS) certification.

Written comments about the proposed amendments will be accepted through October 21, 2014. Comments should be directed to: Phil McCollum Interim-Director, Iowa Dental Board, 400 S.W. 8<sup>th</sup> Street, Des Moines, Iowa 50309-4687 or by email to [IDB@iowa.gov](mailto:IDB@iowa.gov).

A public hearing will be held on October 21, 2014 at 2:00 p.m. at the office of the Iowa Dental Board located at 400 SW 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687. 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.

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

These proposed amendments were approved at the July 31, 2014 quarterly meeting of the Iowa Dental Board.

These proposed amendments are intended to implement Iowa Code section 153.33 and 153.34.

The following amendments are proposed.

**ITEM 1.** Amend rule 650—29.4 (153) as follows:

**650—29.4 (153) Requirements for the issuance of moderate sedation permits.**

**29.4(1)** A permit may be issued to a licensed dentist to use moderate sedation for dental patients provided the dentist meets the following requirements:

*a.* Has successfully completed a training program approved by the board that meets the American Dental Association Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students and that consists of a minimum of 60 hours of instruction and management of at least 20 patients; and

*b.* Has formal training in airway management; or

*c.* Has submitted evidence of successful completion of an accredited residency program that includes formal training and clinical experience in moderate sedation, which is approved by the board; and

*d.* Has completed a peer review evaluation, as may be required by the board, prior to issuance of a permit.

**29.4(2)** A dentist utilizing moderate sedation shall maintain a properly equipped facility. The dentist shall maintain and be trained on the following equipment at each facility where sedation is provided: capnography or pretracheal/precordial stethoscope, EKG monitor, positive pressure oxygen, suction, laryngoscope and blades, endotracheal tubes, magill forceps, oral airways, stethoscope, blood pressure monitoring device, pulse oximeter, emergency drugs, defibrillator. A licensee may submit a request to the board for an exemption from any of the provisions of this subrule. Exemption requests will be considered by the board on an individual basis and shall be granted only if the board determines that there is a reasonable basis for the exemption.

**29.4(3)** The dentist shall ensure that each facility where sedation services are provided is permanently equipped pursuant to subrule 29.4(2) and staffed with trained auxiliary personnel capable of reasonably handling procedures, problems and emergencies incident to the administration of moderate sedation. Auxiliary personnel shall maintain current certification in basic life support and be capable of administering basic life support.

**29.4(4)** A dentist administering moderate sedation must document and maintain current, successful completion of an Advanced Cardiac Life Support (ACLS) course. A dentist administering moderate sedation to pediatric patients may maintain current certification in Pediatric Advanced Life Support (PALS) in lieu of ACLS.

**29.4(5)** A dentist who is performing a procedure for which moderate sedation is being employed shall not administer the pharmacologic agents and monitor the patient without the presence and assistance of at least one qualified auxiliary personnel in the room who is qualified under subrule 29.4(3).

**29.4(6)** Dentists qualified to administer moderate sedation may administer nitrous oxide inhalation analgesia provided they meet the requirement of rule 650—29.6(153).

**29.4(7)** If moderate sedation results in a general anesthetic state, the rules for deep sedation/general anesthesia apply.

**29.4(8)** A dentist utilizing moderate sedation on pediatric or ASA category 3 or 4 patients must have completed an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA category 3 or 4 patients. A dentist who does not meet the requirements of this subrule is prohibited from utilizing moderate sedation on pediatric or ASA category 3 or 4 patients.

[ARC 8614B, IAB 3/10/10, effective 4/14/10; ARC 1194C, IAB 11/27/13, effective 11/4/13]

**ITEM 2.** Amend rule 650—29.4 (153) to add NEW section 29.5(12):

**650—29.5 (153) Permit holders.**

**29.5(1)** No dentist shall use or permit the use of deep sedation/general anesthesia or moderate sedation for dental patients, unless the dentist possesses a current permit issued by the board. No dentist shall use or

permit the use of deep sedation/general anesthesia or moderate sedation for dental patients in a facility that has not successfully passed an equipment inspection pursuant to the requirements of subrule 29.3(2). A dentist holding a permit shall be subject to review and facility inspection at a frequency described in subrule 29.5(10).

**29.5(2)** An application for a deep sedation/general anesthesia permit must include the appropriate fee as specified in 650—Chapter 15, as well as evidence indicating compliance with rule 650—29.3(153).

**29.5(3)** An application for a moderate sedation permit must include the appropriate fee as specified in 650—Chapter 15, as well as evidence indicating compliance with rule 650—29.4(153).

**29.5(4)** If a facility has not been previously inspected, no permit shall be issued until the facility has been inspected and successfully passed.

**29.5(5)** Permits shall be renewed biennially at the time of license renewal following submission of proper application and may involve board reevaluation of credentials, facilities, equipment, personnel, and procedures of a previously qualified dentist to determine if the dentist is still qualified. The appropriate fee for renewal as specified in 650—Chapter 15 of these rules must accompany the application.

**29.5(6)** Upon the recommendation of the anesthesia credentials committee that is based on the evaluation of credentials, facilities, equipment, personnel and procedures of a dentist, the board may determine that restrictions may be placed on a permit.

**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 the fee as specified in 650—Chapter 15.

**29.5(8)** Permit holders shall follow the American Dental Association’s guidelines for the use of sedation and general anesthesia for dentists, except as otherwise specified in these rules.

**29.5(9)** A dentist utilizing moderate sedation on pediatric or ASA category 3 or 4 patients must have completed an accredited residency program that includes formal training in anesthesia and clinical experience in managing pediatric or ASA category 3 or 4 patients. A dentist who does not meet the requirements of this subrule is prohibited from utilizing moderate sedation on pediatric or ASA category 3 or 4 patients.

**29.5(10)** Frequency of facility inspections.

*a.* The board office will conduct ongoing facility inspections of each facility every five years, with the exception of the University of Iowa College of Dentistry.

*b.* The University of Iowa College of Dentistry shall submit written verification to the board office every five years indicating that it is properly equipped pursuant to this chapter.

**29.5(11)** Use of capnography required beginning January 1, 2014. Consistent with the practices of the American Association of Oral and Maxillofacial Surgeons (AAOMS), all general anesthesia/deep sedation permit holders shall use capnography at all facilities where they provide sedation beginning January 1, 2014.

**29.5(12)** Use of capnography or pretracheal/precordial stethoscope required for moderate sedation permit holders. Beginning January 1, 2015, all moderate sedation permit holders shall use capnography or a pretracheal/precordial stethoscope at all facilities where they provide sedation.

DENTAL BOARD [650]

Notice of Intended Action

Pursuant to the authority of Iowa Code sections 147.76 and 272C.2, the Dental Board hereby gives Notice of Intended Action to adopt new Chapter 52, “Military Service and Veteran Reciprocity,” Iowa Administrative Code.

The purpose of Chapter 52 is to establish procedural rules implementing the licensing provisions of the Home Base Iowa Act, 2014 Iowa Acts, chapter 1116, section 34.

The Board approved this Notice of Intended Action on September 11, 2014.

Any interested person may make written comments on the proposed new rules on or before October 21, 2014. Such written materials should be directed to Phil McCollum, Interim Executive Director, Iowa Dental Board, 400 S.W. Eighth Street, Suite D, Des Moines, Iowa 50309 or sent by email to [phil.mccollum@iowa.gov](mailto:phil.mccollum@iowa.gov).

There will be a public hearing on October 21, 2014 at 2:00 in the Board office, 400 S.W. Eighth Street, Suite D, Des Moines, Iowa, at which time persons may present their views orally or in writing.

The proposed rules are subject to waiver or variance pursuant to 650—chapter 7.

After analysis and review of this rule making, it has been determined that these rules could have a positive impact on jobs in Iowa. The new rules could encourage qualified veterans to practice in Iowa.

These rules are intended to implement 2014 Iowa Acts, chapter 1116, division VI.

The following amendment is proposed.

Adopt the following **new** 650—chapter 52:

**CHAPTER 52**

## MILITARY SERVICE AND VETERAN RECIPROCITY

### **650—52.1(85GA,ch1116) Definitions.**

*License or licensure.* “License” or “licensure” means any license, registration, certificate or permit that may be granted by the board.

*Military service.* “Military service” means honorably serving on federal active duty, state active duty, or national guard duty, as defined in Iowa Code section 29A.1, in the military services of other states, as provided in 10 U.S.C. section 101(c), or in the organized reserves of the United States, as provided in 10 U.S.C. section 10101.

*Military service applicant.* A “military service applicant” means an individual requesting credit toward licensure for military education, training, or service obtained or completed in military service.

*Reciprocity.* “Reciprocity” means the process by which an individual licensed in another jurisdiction becomes licensed in Iowa and may also be referred to in other board rules as “licensure by credentials.”

*Veteran.* A “veteran” means an individual who meets the definition of “veteran” in Iowa Code section 35.1(2).

**650—52.2(85GA,ch1116) Military education, training, and service credit.** A military service applicant may apply for credit for verified military education, training, or service toward any experience or educational requirement for licensure by submitting a military service application form to the board office.

52.2(1) The application may be submitted with an application for licensure or examination or prior to an applicant’s applying for licensure or to take an examination. No fee is required with submission of an application for military service credit.

52.2(2) The applicant shall identify the experience or educational licensure requirement to which the credit would be applied if granted. Credit shall not be applied to an examination requirement.

52.2(3) The applicant shall provide documents, military transcripts, a certified affidavit, or forms that verify completion of the relevant military education, training, or service, which may include, when applicable, the applicant’s Certificate of Release or Discharge from Active Duty (DD Form 214) or Verification of Military Experience and Training (VMET) (DD Form 2586).

52.2(4) Upon receipt of a completed military service application, the board shall promptly determine whether the verified military education, training, or service will satisfy all or any part of the identified experience or educational licensure requirement.

52.2(5) The board shall grant the application in whole or in part if the board determines that the verified military education, training, or service satisfies all or part of the experience or educational qualifications for licensure.

52.2(6) The board shall inform the military service applicant in writing of the credit, if any, given toward an experience or educational qualification for licensure, or explain why no credit was granted. The applicant may request reconsideration upon submission of additional documentation or information.

52.2(7) A military service applicant who is aggrieved by the board's decision may request a contested case (administrative hearing) and may participate in a contested case by telephone. A request for a contested case shall be made within 30 days of issuance of the board's decision. No fees or costs shall be assessed against the military service applicant in connection with a contested case conducted pursuant to this subrule.

52.2(8) The board shall grant or deny the military service application prior to ruling on the application for licensure. The applicant shall not be required to submit any fees in connection with the licensure application unless the board grants the military service application. If the board does not grant the military service application, the applicant may withdraw the licensure application or request that the licensure application be placed in pending status for up to one year or as mutually agreed. The withdrawal of a licensure application shall not preclude subsequent applications supported by additional documentation or information.

### **650—52.3(85GA,ch1116) Veteran reciprocity.**

52.3(1) A veteran with an unrestricted professional license in another jurisdiction may apply for licensure in Iowa through reciprocity. A veteran must pass any examinations required for licensure to be eligible for licensure through reciprocity. A fully completed application for licensure submitted by a veteran under this subrule shall be given priority and shall be expedited.

52.3(2) Such an application shall contain all of the information required of all applicants for licensure who hold unrestricted licenses in other jurisdictions and who are applying for licensure by reciprocity, including, but not limited to, completion of all required forms, payment of applicable fees, disclosure of criminal or disciplinary histories, and, if applicable, a criminal history background report. The applicant shall use the same forms as any other applicant for licensure by reciprocity and shall additionally provide such documentation as is reasonably needed to verify the applicant's status as a veteran under Iowa Code section 35.1(2).

52.3(3) Upon receipt of a fully completed licensure application, the board shall promptly determine if the professional or occupational licensing requirements of the jurisdiction where the veteran is licensed are substantially equivalent to the licensing requirements in Iowa. The board shall make this determination based on information supplied by the applicant and such additional information as the board may acquire from the applicable jurisdiction. The board may consider the following factors in determining substantial equivalence: scope of practice, education and coursework, degree requirements, post-graduate experience, and examinations required for licensure.

52.3(4) The board shall promptly grant a fully completed application for licensure of a veteran if the applicant is licensed in the same or similar profession in another jurisdiction whose licensure requirements are substantially equivalent to those required in Iowa, unless the applicant is ineligible for licensure based on other grounds, for example the applicant's disciplinary or criminal background.

52.3(5) If the board determines that the veteran is not licensed in another jurisdiction whose licensure requirements are substantially equivalent to those required in Iowa, the board shall promptly inform the veteran of the additional experience, education, or examinations required for licensure in Iowa. Unless the applicant is ineligible for licensure based on other grounds, such as disciplinary or criminal background, the following shall apply:

a. If a veteran has not passed the required examination(s) for licensure, the applicant may not be issued a provisional license, but may request that the licensure application be placed in pending status for up to one year or as mutually agreed to provide the veteran with the opportunity to satisfy the examination requirements.

b. If additional experience or education is required for the applicant to be considered substantially equivalent, the applicant may request that the board issue a provisional license for a specified period of time during which the applicant will successfully complete the necessary experience or education. The board shall issue a provisional license for a specified period of time upon such conditions as the board deems reasonably necessary to protect the health, welfare or safety of the public unless the board determines that the deficiency is of a character that the public health, welfare or safety will be adversely affected if a provisional license is granted.

c. If a request for a provisional license is denied, the board shall issue an order fully explaining the decision and shall inform the applicant of the steps the applicant may take in order to receive a provisional license.

d. If a provisional license is issued, the application for full licensure shall be placed in pending status until the necessary experience or education has been successfully completed or the provisional license expires, whichever occurs first. The board may extend a provisional license on a case-by-case basis for good cause.

52.3(6) A veteran who is aggrieved by the board's decision to deny an application for a reciprocal license or a provisional license, or is aggrieved by the terms under which a provisional license will be granted may request a contested case (administrative hearing) and may participate in a contested case by telephone. A request for a contested case shall be made within 30 days of issuance of the board's decision. No fees or costs shall be assessed against the veteran in connection with a contested case conducted pursuant to this subrule.

These rules are intended to implement 2014 Iowa Acts, chapter 1116, division VI.

# REPORT TO THE IOWA DENTAL BOARD

ACTION

**DATE OF MEETING:** September 11, 2014 - Teleconference  
**RE:** **Iowa Administrative Code 650—11.4(4) – English Proficiency of a Foreign-Trained Dentist**  
**SUBMITTED BY:** Christel Branness, Program Planner  
**ACTION REQUESTED:** Decision on English Proficiency Documentation

## Topic(s) for Board Review

Dr. Habib is a foreign-trained dentist, who has applied for an Iowa dental license. The Board granted Dr. Habib's request for a rule waiver concerning the education requirements for foreign-trained dentists. However, Iowa Administrative Code 650—11.4(4) requires that foreign trained dentists demonstrate proficiency in English to the satisfaction of the Board. In lieu of the recommended examinations (TOEFL/TSE) referenced in the rule, Dr. Habib has asked the Board to accept a letter of recommendation from a former program director at Eastman Institute for Oral Health.

**Iowa Administrative Code--11.4(4)** The applicant must demonstrate to the satisfaction of the board an ability to read, write, speak, understand, and be understood in the English language. The applicant may demonstrate English proficiency by submitting to the board proof of a passing score on one of the following examinations:

- a. Test of English as a Foreign Language (TOEFL) administered by the Educational Testing Service. A passing score on TOEFL is a minimum overall score of 550 on the paper-based TOEFL or a minimum overall score of 213 on the computer-administered TOEFL.
- b. Test of Spoken English (TSE) administered by the Educational Testing Service. A passing score on TSE is a minimum of 50.

## Background

5/9/2014	Board approved a rule waiver from Dr. Habib concerning the education requirements as prescribed in Iowa Administrative Code 650—11.4(1).
5/21/2014	Made application for an Iowa dental license.
8/11/2014	Received reference from former program director at Eastman Institute for Oral Health.

## Prior Disciplinary Actions

None.

## Historical Treatment of Similar Situations

I am not aware of any other similar situations. To date, all foreign-trained dentists have submitted proof of having successfully completed either the TOEFL or TSE examinations.

## Attached for Review

- ❖ Correspondence RE: English proficiency requirement
- ❖ Dental license application
- ❖ Reference from former program director
- ❖ Ruling on Petition for Rule Waiver

**Braness, Christel [IDB]**

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**From:** Braness, Christel [IDB]  
**Sent:** Monday, June 16, 2014 3:07 PM  
**To:** 'Amr Habib'  
**Subject:** RE: Application for Iowa Dental License

**Importance:** High

Our attorney has gotten back to me on the issue of the demonstration of competency in English.

The rule states:

**“650—11.4(153) Graduates of foreign dental schools.** In addition to meeting the other requirements for licensure specified in rule 650—11.2(147,153) or 650—11.3(153), an applicant for dental licensure who did not graduate with a DDS or DMD from an accredited dental college approved by the board must provide satisfactory evidence of meeting the following requirements.

**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.

**11.4(2)** The applicant must receive a dental diploma, degree or certificate from the accredited dental college upon successful completion of the program.

**11.4(3)** The applicant must present to the board the following documents:

*a.* An official transcript issued by the accredited dental college that verifies completion of all coursework requirements of the undergraduate supplemental dental education program;

*b.* A dental diploma, degree or certificate issued by the accredited dental college or a certified copy thereof;

*c.* A letter addressed to the board from the dean of the accredited dental college verifying that the applicant has successfully completed the requirements set forth in 11.4(1);

*d.* A final, official transcript verifying graduation from the foreign dental school at which the applicant originally obtained a dental degree. If the transcript is written in a language other than English, an original, official translation shall also be submitted; and

*e.* Verification from the appropriate governmental authority that the applicant was licensed or otherwise authorized by law to practice dentistry in the country in which the applicant received foreign dental school training and that no adverse action was taken against the license.

**11.4(4)** The applicant must demonstrate to the satisfaction of the board an ability to read, write, speak, understand, and be understood in the English language. The applicant may demonstrate English proficiency by submitting to the board proof of a passing score on one of the following examinations:

*a.* Test of English as a Foreign Language (TOEFL) administered by the Educational Testing Service. A passing score on TOEFL is a minimum overall score of 550 on the paper-based TOEFL or a minimum overall score of 213 on the computer-administered TOEFL.

*b.* Test of Spoken English (TSE) administered by the Educational Testing Service. A passing score on TSE is a minimum of 50.

**This rule is intended to implement Iowa Code chapter 153.”**

Our attorney pointed out that the language of the rules states that the board *may* consider TOEFL and TSE as evidence of competency in English. The wording permits the possible allowance of other means of demonstration of your competency in English. From what our attorney stated, it appears that you would need to provide some objective evidence of competency. If you have some evidence, apart from TOEFL or TSE, to demonstrate competency in English, please forward that for consideration. If no other evidence is available, which is deemed acceptable, you would need to complete TOEFL or TSE.

**Please note:** our attorney thinks that it is unlikely that the board would grant a waiver to Iowa Administrative Code 650—11.4(4), since it is unlikely that there is a sufficient argument for the waiver, while also demonstrating protection

to the public. (One of the requirements for a rule waiver is that the applicant for the waiver must demonstrate that there is still adequate protection to the public.)

Let me know if you have any other questions.

*Christel Braness, Program Planner*

Iowa Dental Board | 400 SW 8th St., Suite D | Des Moines, IA 50309

Phone: 515-242-6369 | Fax: 515-281-7969 | [www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov)

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**From:** Amr Habib [mailto:a.habibz@gmail.com]

**Sent:** Monday, June 16, 2014 12:01 PM

**To:** Braness, Christel [IDB]

**Subject:** Re: Application for Iowa Dental License

**Importance:** High

Dear Christel

How are you Hope you are doing well thank you for your email.I would like to ask you some questions regarding the following:

- 1) The Iowa Jurisprudence exam, can I take it in any community college or it has to be in Iowa.
- 2) Regarding the residency I have some papers sent for you from my residency coordinator if you would like more than the form that you provided in your application please let me know.
- 3) Regarding the English requirement, I am an american citizen and I have the ability to write read and understand and speak english very well to the extent that my previous residencies have waived the TOEFL requirement based on my communication writing and reading skills.
- 4) Regarding the Statement for my Practice intentions, Should I write it on a separate email?
- 5) Regarding the Issue date I would like it to be the beginning of august 2014 if possible.
- 6) The NPI report is attached to this email.

**Braness, Christel [IDB]**

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**From:** Amr Habib <a.habibz@gmail.com>  
**Sent:** Monday, June 16, 2014 12:01 PM  
**To:** Braness, Christel [IDB]  
**Subject:** Re: Application for Iowa Dental License  
**Attachments:** 5500000089723445.pdf; ATT00001.htm

**Importance:** High

Dear Christel

How are you Hope you are doing well thank you for your email.I would like to ask you some questions regarding the following:

- 1) The Iowa Jurisprudence exam, can I take it in any community college or it has to be in Iowa.
- 2) Regarding the residency I have some papers sent for you from my residency coordinator if you would like more than the form that you provided in your application please let me know.
- 3) Regarding the English requirement, I am an american citizen and I have the ability to write read and understand and speak english very well to the extent that my previous residencies have waived the TOEFL requirement based on my communication writing and reading skills.
- 4) Regarding the Statement for my Practice intentions, Should I write it on a separate email?
- 5) Regarding the Issue date I would like it to be the beginning of august 2014 if possible.
- 6) The NPI report is attached to this email.

**Braness, Christel [IDB]**

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**From:** Braness, Christel [IDB]  
**Sent:** Monday, June 16, 2014 2:48 PM  
**To:** Scott, Sara [AG]  
**Cc:** McCollum, Phil [IDB]  
**Subject:** RE: Application for Iowa Dental License

That makes sense to me. I might email him a summary of what you stated and ask what evidence he may have available. It may be easier for us to assess what evidence he may have available, as opposed to guessing.

When I spoke to him on the phone, he made several references to having participated in residencies within the U.S. as evidence. While I understand that competency in English would be expected, or assumed to be necessary, to complete a residency, I am not sure that we would want to determine that, alone, as sufficient evidence. (For example, the school may have provided him some assistance in this respect. While not likely, I am not sure that we could complete preclude that from consideration.)

I will see what he might be able to provide, and then we can go from there.

Thank you for getting back to me so quickly about this.

*Christel Braness, Program Planner*

*Iowa Dental Board | 400 SW 8th St., Suite D | Des Moines, IA 50309*

*Phone: 515-242-6369 | Fax: 515-281-7969 | [www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov)*

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**From:** Scott, Sara [AG]  
**Sent:** Monday, June 16, 2014 2:39 PM  
**To:** Braness, Christel [IDB]  
**Cc:** McCollum, Phil [IDB]  
**Subject:** RE: Application for Iowa Dental License

I don't think the fact that he's a U.S. citizen exempts him from the rule; people can be U.S. citizens and never live in the U.S. and certainly never learn English and even for naturalized citizens, the English language testing component isn't necessarily comparable to what's required by the rule. However, he may already have evidence of an ability to read, write and speak English that would be satisfactory to the Board if his residencies exempted him based on something he provided/did. I don't read the rule as requiring the TOEFL or TSE if the applicant provides other satisfactory evidence since it uses "may" – do you? I just don't know what evidence he has of his English ability. I don't think the Board would waive the rule unless the Board reads it as requiring TOEFL or TSE because I don't think there would be an argument that it's in the public interest to have a licensee who can't communicate in English.

So, if you two agree with me that the test isn't a requirement, then the question would be what evidence can he provide of his English language ability and whether it's sufficient without requiring TOEFL or TSE as another benchmark.

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**From:** Braness, Christel [IDB]  
**Sent:** Monday, June 16, 2014 1:48 PM

**To:** Scott, Sara [AG]  
**Cc:** McCollum, Phil [IDB]  
**Subject:** FW: Application for Iowa Dental License  
**Importance:** High

I had a question from Dr. Habib regarding his dental license application. (I've attached a copy of his waiver request in case that impacts how this question is decided. From what I can tell, the request is limited to Iowa Administrative Code 650—11.4(1).)

Dr. Habib is a citizen of the U.S.A. Dr. Habib has completed two residencies within the U.S.A. Dr. Habib, to date, has not been required to complete TOEFL or TSE. Dr. Habib is questioning whether or not he would need to meet this requirement since he has had no problem reading, writing, or being understood in English. Dr. Habib, nor I, was not certain if his being a U.S. citizen would change things in terms of this requirement. (I would assume that to become a citizen that there may some kind of English requirement, of some sort.) I copied the section of rules regarding foreign trained dentists below.

Does Dr. Habib need to complete TOEFL or TSE testing? I explained to Dr. Habib that since this was a specific requirement by rule that he may be required to complete this, unless his waiver request, or other consideration, would exempt him from this requirement. I said that I would check with you to see what his options would be.

Thanks.

**650—11.4(153) Graduates of foreign dental schools.** In addition to meeting the other requirements for licensure specified in rule 650—11.2(147,153) or 650—11.3(153), an applicant for dental licensure who did not graduate with a DDS or DMD from an accredited dental college approved by the board must provide satisfactory evidence of meeting the following requirements.

**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.

**11.4(2)** The applicant must receive a dental diploma, degree or certificate from the accredited dental college upon successful completion of the program.

**11.4(3)** The applicant must present to the board the following documents:

- a. An official transcript issued by the accredited dental college that verifies completion of all coursework requirements of the undergraduate supplemental dental education program;
- b. A dental diploma, degree or certificate issued by the accredited dental college or a certified copy thereof;
- c. A letter addressed to the board from the dean of the accredited dental college verifying that the applicant has successfully completed the requirements set forth in 11.4(1);
- d. A final, official transcript verifying graduation from the foreign dental school at which the applicant originally obtained a dental degree. If the transcript is written in a language other than English, an original, official translation shall also be submitted; and
- e. Verification from the appropriate governmental authority that the applicant was licensed or otherwise authorized by law to practice dentistry in the country in which the applicant received foreign dental school training and that no adverse action was taken against the license.

**11.4(4)** The applicant must demonstrate to the satisfaction of the board an ability to read, write, speak, understand, and be understood in the English language. The applicant may demonstrate English proficiency by submitting to the board proof of a passing score on one of the following examinations:

- a. Test of English as a Foreign Language (TOEFL) administered by the Educational Testing Service. A passing score on TOEFL is a minimum overall score of 550 on the paper-based TOEFL or a minimum overall score of 213 on the computer-administered TOEFL.
- b. Test of Spoken English (TSE) administered by the Educational Testing Service. A passing score on TSE is a minimum of 50.

This rule is intended to implement Iowa Code chapter 153.

*Christel Braness, Program Planner*  
Iowa Dental Board | 400 SW 8th St., Suite D | Des Moines, IA 50309

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---

**From:** Amr Habib [<mailto:a.habibz@gmail.com>]

**Sent:** Monday, June 16, 2014 12:01 PM

**To:** Braness, Christel [IDB]

**Subject:** Re: Application for Iowa Dental License

**Importance:** High

Dear Christel

How are you Hope you are doing well thank you for your email.I would like to ask you some questions regarding the following:

- 1) The Iowa Jurisprudence exam, can I take it in any community colleague or it has to be in Iowa.
- 2) Regarding the residency I have some papers sent for you from my residency coordinator if you would like more than the form that you provided in your application please let me know.
- 3) Regarding the English requirement, I am an american citizen and I have the ability to write read and understand and speak english very well to the extent that my previous residencies have waived the TOEFL requirement based on my communication writing and reading skills.
- 4) Regarding the Statement for my Practice intentions, Should I write it on a separate email?
- 5) Regarding the Issue date I would like it to be the beginning of august 2014 if possible.
- 6) The NPI report is attached to this email.

---

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**Braness, Christel [IDB]**

---

**From:** Braness, Christel [IDB]  
**Sent:** Thursday, July 03, 2014 9:41 AM  
**To:** 'Amr Habib'  
**Subject:** English Proficiency Requirement

**Importance:** High

I spoke to our attorney about your request. Ultimately, she stated that it would be up to the Board to determine what would be acceptable evidence of your English proficiency. At this point, it appears that you have two options to meet the requirements:

1. Take TOEFL or TSE as referenced in the rules.
2. Submit a request to the Board for approval of the requirement, and submit whatever documentation you feel would be relevant to make your case.

If you choose option two, please be aware that if they choose to deny your request, you may still be required to complete the TOEFL or TSE examination.

Let me know if you have any other questions.

*Christel Braness, Program Planner*

*Iowa Dental Board | 400 SW 8th St., Suite D | Des Moines, IA 50309*

*Phone: 515-242-6369 | Fax: 515-281-7969 | [www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov)*

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**Braness, Christel [IDB]**

---

**From:** Braness, Christel [IDB]  
**Sent:** Friday, August 08, 2014 3:55 PM  
**To:** 'Amr Habib'  
**Cc:** 'McGarvey, Shawn'  
**Subject:** Update - Application for Iowa Dental License

**Importance:** High

To date, the following items are still required to complete your application:

- 1) Jurisprudence examination.
- 2) Demonstration that you have the ability to read, write, understand, and be understood in English.
  - a. You can complete TOEFL or TSE to meet this requirement, or
  - b. You can request that the board consider the request, which you submitted in writing on August 5.

I followed up with the interim director about this matter. Iowa Administrative Code 650—14.4(4) requires demonstration of English proficiency. Unfortunately, the wording of the regulation does not give Board staff the authority to make the determination in this area.

The Board is currently scheduled to meet on October 16-17, 2014. I cannot guarantee that the Board would be able to review your request prior to this date. While teleconferences are occasionally scheduled to address matters in between quarterly meetings, I cannot guarantee that a teleconference can be scheduled before the Board meets in October.

**650—11.4(153) Graduates of foreign dental schools.** In addition to meeting the other requirements for licensure specified in rule 650—11.2(147,153) or 650—11.3(153), an applicant for dental licensure who did not graduate with a DDS or DMD from an accredited dental college approved by the board must provide satisfactory evidence of meeting the following requirements.

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- d. A final, official transcript verifying graduation from the foreign dental school at which the applicant originally obtained a dental degree. If the transcript is written in a language other than English, an original, official translation shall also be submitted; and
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This rule is intended to implement Iowa Code chapter 153.

Let me know if you have any other questions.

Christel Braness, Program Planner

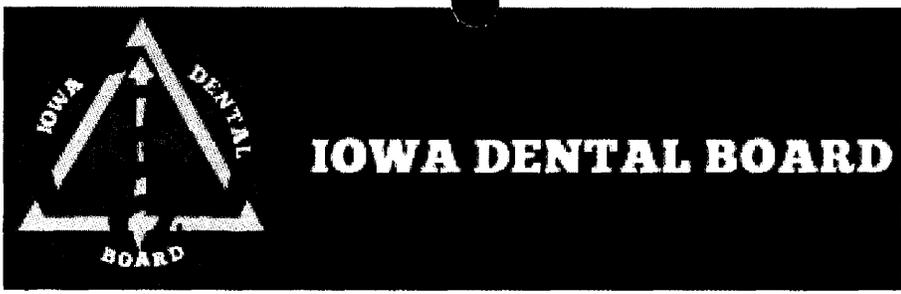
*Iowa Dental Board*

400 SW 8th St., Suite D

Des Moines, IA 50309

Phone: 515-242-6369; Fax: 515-281-7969; [www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov)

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# License Detail Report

First Name: Amr Ahmed Nour

Last Name: Habib

May 21, 2014 3:29 pm

Balance

## License Basic Information

License Type LIC-DDS  
 License Number  
 Status Internet Wait  
 Original Issue Date  
 Balance \$0.00

## Application Information

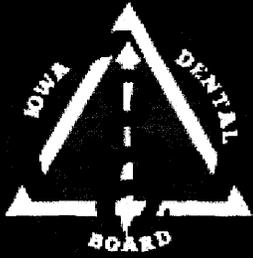
Basis for Application Examination

## Dental Education

Dental School College of Dentistry  
 City Manial  
 State Cairo  
 Country Egypt  
 From Sep 01, 2000  
 To May 31, 2005  
 Degree Received Bachelor in Dental medicine and oral surgery B.D.  
 Degree Date May 31, 2005  
 Marriage/Divorce Decree Submission Method?

## Exam Information

Have you taken the National Board Examination? Yes  
 Did you pass the National Board Examination?   
 Proof of National Board Successful Completion? Attached to Online Application  
 National Board Examination Date Apr 10, 2014  
 National Board Part 1 Score  
 National Board Part 2 Score  
 Clinical Exam Taken?   
 # of Clinical Exam attempts 1  
 Clinical Exam Type WREB - prior to 9/1/11  
 Clinical Exam Date Mar 31, 2011  
 Clinical Exam Score(s) - List each part  
 Proof of Clinical Exam Successful Completion? Submitting by Mail  
 # of Clinical 2 exam attempts 0  
 Clinical Exam 2 Type  
 Clinical Exam 2 Date  
 Clinical Exam 2 Scores(s) - List each part  
 Proof of Clinical Exam 2 Successful Completion?  
 # of Clinical 3 exam attempts



# IOWA DENTAL BOARD

## License Detail Report

First Name: Amr Ahmed Nour

Last Name: Habib

May 21, 2014 3:29 pm

### Balance

Clinical Exam 3 Type  
 Clinical Exam 3 Date  
 Clinical Exam 3 Scores(s) - List each part  
 Proof of Clinical Exam 3 Successful Completion?  
 # of Clinical 4 exam attempts  
 Clinical Exam 4 Type  
 Clinical Exam 4 Date  
 Clinical Exam 4 Score(s) - List each part  
 Proof of Clinical Exam 4 Successful Completion?  
 Iowa Jurisprudence Exam? No  
 Iowa Jurisprudence Exam Score  
 Iowa Jurisprudence Exam Date  
 Other national board attempts? No  
 Details other national board attempts

### Final Acknowledgements

Auth. Release Information Attached to Online Application  
 Application Signature Yes  
 Application Signature Date May 21, 2014 15:29:37  
 CPR Certification Acknowledgement Yes  
 CPR Expiration (mm/yyyy) 05/2016

### Initial Acknowledgements

Sedation / LA Permit Acknowledgement Yes  
 Public Record Acknowledgement Yes  
 Non-Refundable App Fee Acknowledgement Yes  
 App Valid 180 Days Acknowledgement Yes

### Post-Grad. Dental Training

Training Institution 1 Eastman Dental Center, University of Rochester  
 Specialty 1 General Practice  
 Training Type 1 Advanced Education In General Dentistry  
 From Dec 01, 2008  
 To Apr 30, 2014  
 City 1 Rochester  
 State 1 New York  
 Training Institution 2 College Of Dentistry University of Iowa  
 Specialty 2 Prosthodontics  
 Training Type 2 Advanced Graduate Prosthodontics  
 From Jun 24, 2011  
 To Dec 01, 2013  
 City 2 Iowa City  
 State 2 Iowa



# License Detail Report

First Name: Amr Ahmed Nour

Last Name: Habib

May 21, 2014 3:29 pm

Balance

## Practice Information

Primary Practice Setting Group  
 Secondary Practice Setting  
 Practice at more than one location?  
 Practice status (retired, inactive, etc) New Applicant  
 Dispense controlled substances? Yes  
 Administer nitrous oxide? Yes  
 Administer moderate sedation? No  
 Administer General Anesthesia? No  
 Practice Plans and Reasons Why

## Preliminary Education

High School Name El Alsson International School  
 High School City / State Haram / Giza  
 High School From (Mo, Yr) 09, 1997  
 High School To (Mo, Yr) 09, 2000  
 College 1 Name College of Dentistry Cairo University  
 College 1 City / State Cairo  
 College 1 From (Mo, Yr) 05, 2000  
 College 1 To (Mo, Yr) 05, 2005  
 College 2 Name  
 College 2 City / State  
 College 2 To (Mo, Yr)  
 College 2 From (Mo, Yr)

## Printing

Number of Extra Certificates (\$25 ea.) 0  
 Number of Extra Renewal Cards (\$25 ea.) 0

## Renewal Period Option

Joint New / Renewal Qualified No  
 Joint New / Renewal Accepted No

## Specialty Information

Primary Specialty General Practice  
 Primary Specialty Board Certified No  
 Secondary Specialty  
 Secondary Specialty Board Certified

## Chronology

GPR/Internship at Kasr El Einy Hospital, Cairo University Hospital and Clinics, Manial, Cairo, 09/2005 09/2006  
 Egypt.  
 Fellowship at Department of Endodontics, Faculty of Oral and Dental Medicine, Cairo University, 09/2006 09/2007  
 Manial, Cairo, Egypt.



# License Detail Report

First Name: Amr Ahmed Nour  
 Last Name: Habib

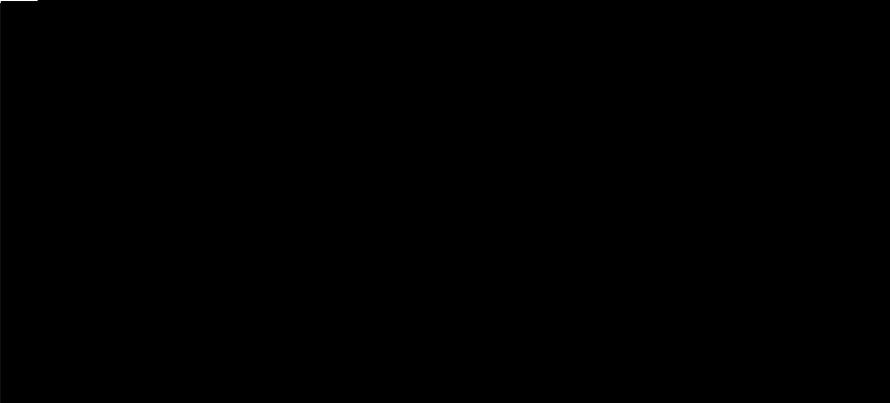
May 21, 2014 3:29 pm

	<u>Balance</u>	
Resident Department of Prosthodontics, Faculty of Oral and Dental Medicine , Manial, Cairo, Egypt.	09/2007	11/2008
Associate General Dentist, Habib Dental Practice, Garden City, Cairo, Egypt.	09/2005	11/2008
Attending Dentist, Shorouk Hospital, Mohandeseen, Giza, Egypt	01/2006	11/2008
AEGD Resident, Eastman Dental Center, University Of Rochester, Rochester, NY.	12/2008	04/2011
Graduate Prosthodontics Resident, Department of Prosthodontics University Of Iowa, Iowa City, IA	06/2011	12/2013
Board Part 2 attempted and passed, Job Interviews, Iowa City, IA	01/2014	04/2014

## Out of State License Information

State/Country	Active	License No.	Date Issued	License Type	How Obtained
---------------	--------	-------------	-------------	--------------	--------------

## Question List and Details



Except for minor speeding or parking offenses, have you ever been arrested, charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or expunged judgment? No

Have you ever been terminated or requested to withdraw from any dental school or training program? No

Have you ever been requested to repeat a portion of any professional training program/school? No

Have you ever received a warning, reprimand, or placed on probation or disciplined during a professional training program/school? No

Have you ever been denied a license to practice dentistry? No

Have you ever voluntarily surrendered a license issued to you by any professional licensing agency? No

Was a license disciplinary action pending against you, or were you under investigation by a licensing agency at the time a voluntary surrender of license was tendered? No

Have you ever been denied a Drug Enforcement Administration (DEA) or state controlled substance registration certificate? No

Have you ever surrendered your state or federal controlled substance registration or had it restricted in any way? No

Aside from ordinary initial requirements of proctorship, have your clinical activities ever been limited, suspended, revoked, not renewed, voluntarily relinquished, or subject to other disciplinary or probationary conditions? No

Have you ever been terminated, sanctioned, penalized, had to repay monies to, or been denied provider participation in any state Medicaid, federal Medicare, or other publicly funded health care program? No

**Braness, Christel [IDB]**

---

**From:** Amr Habib <a.habibz@gmail.com>  
**Sent:** Tuesday, August 05, 2014 10:26 AM  
**To:** Braness, Christel [IDB]  
**Subject:** Re: English Proficiency Requirement Clarification

**Importance:** High

Dear Mrs. Barnes,

Based on our phone call yesterday Monday the 4th of August regarding the english proficiency and clarification for the difference in the dates of withdrawal from the prosthodontic residency in U of Iowa. I am writing this letter to clarify both these points.

1) Regarding the english proficiency:

First of all I m an american citizen and I studied in english all my life. During my application for residency for the A.E.G.D in Eastman dental center at the university of Rochester they had me exempt from the TOEFL exam as they recognized that I had no need for it, although it is a requirement for matriculation in the program. Moreover during the process of application to the graduate prosthodontics program at the university of Iowa I was exempt for a second time from taking the TOFEL exam as they regarded my previous experience and completing my A.E.G.D as enough proof regarding my english proficiency. The program director of the A.E.G.D program has recently sent the Iowa Dental Board a recommendation and a testimonial regarding my english proficiency whether verbal or written skills. He also attested to my capacity to preform all my duties as dental health care provider will not be hindered by any language barriers.

2) Regarding the discrepancy in the dates of withdrawal from the Iowa prosthodontic graduate program:

I submitted my withdrawal request on november the 17 th 2013 usually the request takes time to process so the graduate college can determine if there is any tuition that will be returned and finalize the transcripts. This process ended in December this is why I put the withdrawal date as of december 2013. I will get in touch with Lori Kieser the registrar at the University of Iowa to have this issue resolved. If there is any other information that you would like me to provide please feel free to ask me.

Finally, I really appreciate the time, effort and help that you provided during this application process and I ll be waiting for your response regarding my requests. If you would like to reach me I will provide you with my telephone number

1(818)813-5199 keeping in mind that there is a time difference of 8 hours between Des Moines and Cairo, Egypt at the moment e.g if it is 12 PM in Iowa it will be 8 PM in Cairo. Thank you so much for your time.

Sincerely,

***Amr A. Habib D.D.S***

***Cell (585)2010170***

***Email : [a.habibz@gmail.com](mailto:a.habibz@gmail.com)***

On Jul 3, 2014, at 4:40 PM, Braness, Christel [IDB] <[Christel.Braness@iowa.gov](mailto:Christel.Braness@iowa.gov)> wrote:

I spoke to our attorney about your request. Ultimately, she stated that it would be up to the Board to determine what would be acceptable evidence of your English proficiency. At this point, it appears that you have two options to meet the requirements:

1. Take TOEFL or TSE as referenced in the rules.
2. Submit a request to the Board for approval of the requirement, and submit whatever documentation you feel would be relevant to make your case.

If you choose option two, please be aware that if they choose to deny your request, you may still be required to complete the TOEFL or TSE examination.

Let me know if you have any other questions.

*Christel Braness, Program Planner*

*Iowa Dental Board | 400 SW 8th St., Suite D | Des Moines, IA 50309*

*Phone: 515-242-6369 | Fax: 515-281-7969 | [www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov)*

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**Amr A. Habib B.D.S**

**Cell (585)2010170**

**Email : [a.habibz@gmail.com](mailto:a.habibz@gmail.com)**



# License Detail Report

First Name: Amr Ahmed Nour

Last Name: Habib

May 21, 2014 3:29 pm

### Balance

Are any malpractice claims or complaints in process/pending against you? No

Have any settlement agreements been rendered or any judgments entered against you resulting from your practice of dentistry? No

Are charges or an investigation currently pending relative to your dental license in any other state? No

Has any jurisdiction of the United States or other nation ever limited, restricted, warned, censured, placed on probation, suspended, or revoked a license you held? No

Have you ever been notified of any charges filed against you by a licensing or disciplinary agency of any jurisdiction of the U.S. or other nation? No

Do you have professional liability suits in process or pending? No

Have any judgments or settlements been paid on your behalf as a result of a professional liability case(s)? No

### **Attachments**

new doc 1.pdf

Release paper

## AUTHORIZATION TO RELEASE INFORMATION

I, Amr A. Nura Eldin Habib do hereby authorize a disclosure of records concerning myself to the Iowa Dental Board (IDB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the IDB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the IDB relating to substance abuse or dependence and/or mental health.

I further agree that the IDB may receive confidential information and records, including but not limited to the following records:

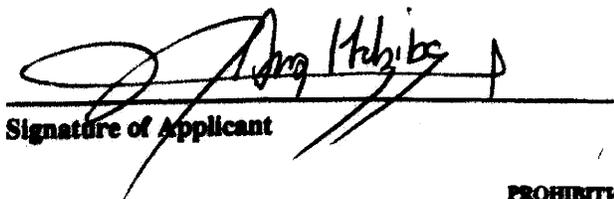
- Medical records
- Education records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Residency or fellowship training records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the IDB deems reasonably necessary for the purposes set forth in this release.

**Release of Liability.** I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any dental school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the IDB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the IDB, the State of Iowa, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

This authorization is effective through the completion of the licensure process. I understand I have the right to revoke this authorization in writing, except to the extent that the IDB has already taken action in reliance upon this consent.

**I have read and fully understand the contents of this "Authorization to Release Information."**

  
Signature of Applicant

05/20/2014  
Date

### PROHIBITION ON REDISCLOSURE

This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for alcohol/drug abuse records or by state law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific written consent of the patient except as provided in IAC 12.16(6) 2, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.

RECEIVED

JUN 19 2014

CERTIFICATION OF EDUCATION

IOWA DENTAL BOARD

As part of the license application process, the Iowa Dental Board requires that the school at which the applicant received her/his dental or dental hygiene education complete this form. The completed form must be mailed directly from the school to the IOWA DENTAL BOARD. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the board.

Print Name: Amr Ahmed Nour El Din Habib

Date of Birth or Last 4 of SSN: 09/14/1983

Signature: *Amr Habib*

Date: 06/13/14

\*\*\*\*\* This portion of the form should be completed by the school. \*\*\*\*\*

IT IS HEREBY CERTIFIED THAT Amr Ahmed Nour El Din Habib  
(Name of Applicant)

RECEIVED DENTAL EDUCATION AT Eastman Institute for Oral Health  
University of Rochester Medical Center  
(Name of School)

LOCATED AT 625 Elmwood Avenue Rochester N.Y. 14620  
(Full Address of School)

FROM 12/2008 TO 04/2011  
(Month/Year) (Month/Year)

GRANTED A ~~DIPLOMA WITH THE DEGREE OF~~ Certificate of Advanced Education in General Dentistry  
Certificate

DATE DIPLOMA RECEIVED 04/2011  
(Month/Year)

Was the school accredited by the Commission on Dental Accreditation of the American Dental Association at the time the applicant graduated? Yes  No

Did the student ever receive a warning, reprimand? Yes  No

Was the student placed on probation or disciplined? Yes  No

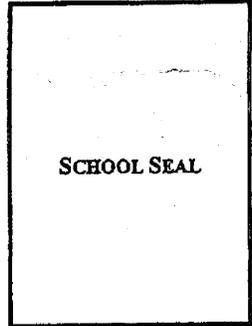
If yes, please provide details concerning the action taken.

President, Dean, Secretary, or Registrar:

Print Name Vanessa L Buckholz Title Registrar

Signature *Vanessa L. Buckholz* Date 6/12/14

Phone # (585) 275-9801 Fax # (585) 276-1244



Return Completed Form to:  
IOWA DENTAL BOARD  
400 S.W. 8th St, Suite D  
Des Moines, IA 50309-4687  
Phone (515) 281-5157

**AspenDental**

practice made perfect

281 Sanders Creek Parkway  
East Syracuse, NY 13057  
866.533.0429

July 23, 2014

To Whom It May Concern,

This is to confirm employment of Dr Amr Habib with Aspen Dental Management, Inc in Ames, Iowa.

Dr.Habib has been hired as Managing Clinical Director of Ames, Iowa office.

He is a full time employee of Aspen.

Please do not hesitate to contact me directly should you have questions or require additional information.

Best Regards,

Jennifer Walker

**Aspen Dental Management, Inc.**

281 Sanders Creek Parkway

East Syracuse, NY 13057

513-292-3580

email. [jewalker@aspendental.com](mailto:jewalker@aspendental.com)

**Braness, Christel [IDB]**

---

**From:** Amr Habib <a.habibz@gmail.com>  
**Sent:** Tuesday, August 05, 2014 9:10 AM  
**To:** Braness, Christel [IDB]  
**Subject:** Re: English Proficiency Requirement Clarification

**Importance:** High

Dear Mrs. Barnes,

Based on our phone call yesterday Monday the 4th of August regarding the english proficiency and clarification for the difference in the dates of withdrawal from the prosthodontic residency in U of Iowa. I am writing this letter to clarify both these points.

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First of all I m an american citizen and I studied in english all my life. During my application for residency for the A.E.G.D in Eastman dental center at the university of Rochester they had me exempt from the TOEFL exam as they recognized that I had no need for it, although it is a requirement for matriculation in the program. Moreover during the process of application to the graduate prosthodontics program at the university of Iowa I was exempt for a second time from taking the TOFEL exam as they regarded my previous experience and completing my A.E.G.D as enough proof regarding my english proficiency. The program director of the A.E.G.D program has recently sent the Iowa Dental Board a recommendation and a testimonial regarding my english proficiency whether verbal or written skills. He also attested to my capacity to preform all my duties as dental health care provider will not be hindered by any language barriers.

2) Regarding the discrepancy in the dates of withdrawal from the Iowa prosthodontic graduate program:

I submitted my withdrawal request on november the 17 th 2013 usually the request takes time to process so the graduate college can determine if there is any tuition that will be returned and finalize the transcripts. This process ended in December this is why I put the withdrawal date as of december 2013. I will get in touch with Lori Kieser the registrar at the University of Iowa to have this issue resolved. If there is any other information that you would like me to provide please feel free to ask me.

Finally, I really appreciate the time, effort and help that you provided during this application process and I ll be waiting for your response regarding my requests. If you would like to reach me I will provide you with my telephone number

1(818)813-5199 keeping in mind that there is a time difference of 8 hours between Des Moines and Cairo, Egypt at the moment e.g if it is 12 PM in Iowa it will be 8 PM in Cairo. Thank you so much for your time.

Sincerely,

***Amr A. Habib D.D.S***

***Cell (585)2010170***

***Email : [a.habibz@gmail.com](mailto:a.habibz@gmail.com)***

On Jul 3, 2014, at 4:40 PM, Braness, Christel [IDB] <[Christel.Braness@iowa.gov](mailto:Christel.Braness@iowa.gov)> wrote:

I spoke to our attorney about your request. Ultimately, she stated that it would be up to the Board to determine what would be acceptable evidence of your English proficiency. At this point, it appears that you have two options to meet the requirements:

1. Take TOEFL or TSE as referenced in the rules.
2. Submit a request to the Board for approval of the requirement, and submit whatever documentation you feel would be relevant to make your case.

If you choose option two, please be aware that if they choose to deny your request, you may still be required to complete the TOEFL or TSE examination.

Let me know if you have any other questions.

*Christel Braness, Program Planner*

*Iowa Dental Board | 400 SW 8th St., Suite D | Des Moines, IA 50309*

*Phone: 515-242-6369 | Fax: 515-281-7969 | [www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov)*

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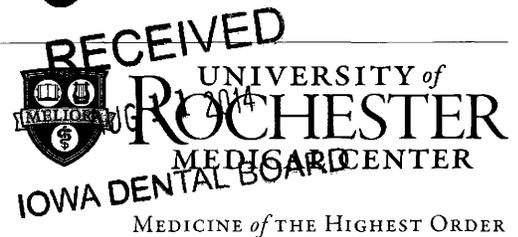
**Amr A. Habib B.D.S**

**Cell (585)2010170**

**Email : [a.habibz@gmail.com](mailto:a.habibz@gmail.com)**

Eastman Dental

July 11, 2014



I am writing this letter in support of Dr. Amr Habib's application for dental licensure in Iowa. He received his Doctor of Dental Surgery at Cairo University, Egypt in 2005. He then entered into several different practices in Cairo, practicing all phases of dentistry. Dr. Habib also enrolled in a Certificate Program in Endodontics in 2006. He is presently on leave from this program as he is continuing his education in the United States. He did complete a one-year Certificate Program in Prosthodontics in 2008 at the University of Cairo prior to the start of the Advanced Education in General Dentistry in the Eastman Institute for Oral Health at the University of Rochester.

Dr. Habib is a graduate of the two year Advanced Education in General Dentistry (AEGD) Program at the University of Rochester Eastman Institute for Oral Health, June 30, 2011.

As the Program Director I had the opportunity to work very closely with Dr. Habib in many areas. My impressions and information I received from other faculty members are that he is a very hard working and a bright individual. He is clinically skilled and has received good reviews from the faculty and staff in regard to patient communication. In addition I found him to be very reliable, ambitious and organized. Dr. Habib is an individual who is willing to go beyond what is required and to strive for excellence in all his endeavors. He is very personable and pleasant to work with.

Although English is not his first language, he is very proficient in English and it was not a barrier during his training.

Trainees enrolled in the AEGD program at Eastman Institute for Oral Health are required to prepare and deliver numerous oral presentations. Although he did have limited experience in regard to oral presentations prior to entering the program, Dr. Habib completed his presentations with confidence. In addition, the two-year Advanced Education in General Dentistry trainees are required to complete a research project. Dr. Habib worked with me and Dr. Georgios Romanos on a project titled "Effect of Different Surgical Experience on Implant Primary Stability"; which he presented during a poster presentation at our local American Association for Dental Research (AADR) in June 2010.

In summary, considering his performance in the AEGD program, I can recommend him highly for licensure to practice dentistry.

If you are in need of further information, or have any questions, please give me a call at 585 275-5087.

Sincerely,

Dr. Hans Malmström  
Professor and Chair  
Advanced Education in General Dentistry  
University of Rochester Eastman Institute for Oral Health

Pc: Registrar's Office



# STATE OF IOWA

## IOWA DENTAL BOARD

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

PHIL MCCOLLUM  
INTERIM DIRECTOR

June 16, 2014

Amr Ahmed Nour El Din Habib, B.D.S.  
12500 Old Yates Ford ROAD  
Clifton, VA 20124

### **RULING ON PETITION FOR RULE WAIVER**

Dear Dr. Habib:

This is a written ruling regarding the petition for rule waiver received on May 5, 2014. The petition requests waiver of the requirements contained in rule 650 Iowa Administrative Code 11.4(1).

This rule applies to the education and training requirements of foreign-trained dentists to obtain an Iowa dental license. This administrative rule requires applicants, who are graduates of foreign dental schools, to *“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 equivalent to the level of a DDS or DMD graduate of the dental college.”*

You asked the board to accept your dental education and training in Advanced Education in General Dentistry (A.E.G.D.), completed at Eastman Dental Center, University of Rochester, NY, from December 2008 – March 2011, in lieu of the undergraduate supplemental dental education required by rule.

The members of the board considered your waiver petition at their May 9, 2014 meeting. The board voted to **approve** the waiver request because it determined that you had completed training equivalent to that which was required by rule, and to meet the requirement would be an undue hardship.

In accordance with 650 Iowa Administrative Code 7.4(4), the board may grant a request for waiver only upon showing that an applicant has satisfied the following requirements:

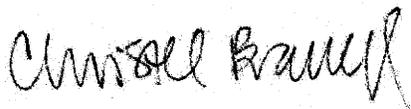
1. Application of the rule would impose an undue hardship on the person for whom the waiver is requested;
2. Waiver from the requirements of the rule in the specific case would not prejudice the substantial legal rights of any person;
3. Provisions of the rule subject to the petition for a waiver are not specifically mandated by statute or other provision of law; and

4. 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.

In considering the evidence provided, the board found that granting a waiver would provide substantially equal protection of public health, safety and welfare, as would compliance with the rule.

If you have any questions about this ruling, please feel free to contact the board office. You may reach me directly at [Christel.Braness@iowa.gov](mailto:Christel.Braness@iowa.gov), or 515-242-6369.

Sincerely,



Christel Braness  
Program Planner

/cb