



# STATE OF IOWA

## IOWA DENTAL BOARD

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

JILL STUECKER  
EXECUTIVE DIRECTOR

### IOWA DENTAL BOARD

#### AGENDA

July 21-22, 2016

**Location:** Iowa Dental Board, 400 SW 8<sup>th</sup> St., Suite D, Des Moines, Iowa

**Members:** *Steve Bradley, D.D.S., Board Chair; Steven Fuller, D.D.S., Board Vice Chair; Tom Jeneary, D.D.S., Board Secretary; William McBride, D.D.S.; Monica Foley, D.D.S.; Mary Kelly, R.D.H.; Nancy Slach, R.D.H.; Diane Meier, Public Member; Lori Elmitt, Public Member*

#### Thursday July 21, 2016

#### COMMITTEE MEETINGS:

8:30 A.M. **DENTAL HYGIENE COMMITTEE**  
*(See separate committee agendas)*

10:15 A.M. **EXECUTIVE COMMITTEE**

11:30 A.M. **BOARD MEETING:**

#### OPEN SESSION

- I. **CALL MEETING TO ORDER – ROLL CALL** *Steven Bradley*
- II. **LEGISLATIVE UPDATES** *Jill Stuecker*
  - a. Overview of Progress on HF2387
  - b. Presentation on Exams from the University of Iowa
  - c. Presentation and Q&A on California Portfolio Exam  
*-Via conference call*
  - d. Discussion and Vote to Pursue Portfolio Exam
  - e. Discussion on Other Alternate Testing Methods
  - f. Discussion and Vote to Permit Alternate Curriculum Integrated Format (Buffalo Model)
- III. **1<sup>st</sup> OPPORTUNITY FOR PUBLIC COMMENT** *Steven Bradley*
- IV. **APPROVAL OF OPEN SESSION MINUTES** *Steven Bradley*
  - a. April 28, 2016 – Quarterly Meeting
  - b. May 12, 2016 – Teleconference
  - c. June 16, 2016 – Teleconference

## **V. REPORTS**

### **A. EXECUTIVE DIRECTOR'S REPORT**

*Jill Stuecker*

- a. New IDB Website Preview

### **B. BUDGET REPORT**

*Jill Stuecker*

### **C. LEGAL REPORT**

*Sara Scott*

### **D. ANESTHESIA CREDENTIALS COMMITTEE REPORT**

*Steven Fuller*

- a. Actions Taken by the Committee on General Anesthesia & Moderate Sedation Permit Applications
- b. Other Committee Recommendations, if any

### **E. CONTINUING EDUCATION COMMITTEE REPORT**

*Lori Elmitt*

- a. Vote on Recommendations: RE: Continuing Education Course Applications
- b. Vote on Recommendations: RE: Continuing Education Sponsor Applications
- c. Other Committee Recommendations, if any

### **F. EXECUTIVE COMMITTEE REPORT**

*Steven Bradley*

- a. Committee Update

### **G. LICENSURE/REGISTRATION COMMITTEE REPORT**

*Tom Jeneary*

(Pursuant to Iowa Code § 21.5(1)(a) some licensure/registration information is required by state or federal law to be kept confidential).

- a. Recommendations by the Committee on Applications

### **H. DENTAL HYGIENE COMMITTEE REPORT**

*Mary Kelly*

- a. Pending Dental Hygiene Applications (Pursuant to Iowa Code § 21.5(1)(a) some licensure/registration information is required by state or federal law to be kept confidential).
- b. Vote on Actions Taken at the Dental Hygiene Committee Meeting for Board Ratification (*items i. and ii. to be voted on in section V. of the agenda*)
  - i. Vote on Notice of Intended Action – Iowa Administrative Code 650 – Chapter 11, “Licensure to Practice Dentistry or Dental Hygiene”\*
  - ii. Vote on Notice of Intended Action – Iowa Administrative Code 650 – Chapter 12, “Dental and Dental Hygiene Examinations”\*
  - iii. Discussion and Vote on Testing Format for Jurisprudence Exam
  - iv. Vote on Local Anesthesia Course - Southwestern College
- c. Other Committee Recommendations, if any

### **I. DENTAL ASSISTANT REGISTRATION COMMITTEE**

*Steven Bradley*

- a. Committee Update
- b. Other Committee Recommendations, if any

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**J. EXAMINATION REPORTS**

- a. CRDTS – Dental Steering Committee *Steven Bradley*
- b. CRDTS – Dental Hygiene Examination Review Committee *Mary Kelly*
- c. CRDTS – Dental Examination Review Committee *Vacant*

**K. IOWA PRACTITIONER REVIEW COMMITTEE REPORT**

*David Schultz*

- a. Quarterly Update

**L. EXPANDED FUNCTION COMMITTEE REPORT**

*Nancy Slach*

- a. Vote on Recommendations RE: Expanded Functions Course Applications
- b. Other Committee Recommendations, If Any

**VI. ADMINISTRATIVE RULES/ADMINISTRATIVE RULE WAIVERS**

*Phil McCollum*

- a. Update on Previously Noticed Rules
- b. Review of 2017 Regulatory Plan
- c. Vote on Notice of Intended Action – Iowa Administrative Code 650 – Chapter 11, “Licensure to Practice Dentistry or Dental Hygiene”
- d. Vote on Notice of Intended Action – Iowa Administrative Code 650 – Chapter 12, “Dental and Dental Hygiene Examinations”
- e. Discussion on Rulemaking Draft: Chapter 25, “Continuing Education”
- f. Discussion on Rulemaking Draft: Chapter 14, “Renewal and Reinstatement”
- g. Discussion on Rulemaking Draft: Chapter 27, “Standards of Practice and Principles of Professional Ethics”
- h. Discussion on Rulemaking Draft: Chapter 15, “Fees”
- i. Discussion on Rulemaking Draft: Chapter 20, “Dental Assistants”
- j. Rule Waiver Request: Dr. Sima Zitouni – Iowa Administrative Code 650—11.4(1) and 11.4(3)e, “Graduates of Foreign Dental Schools”
- k. Rule Waiver Request: Catia Atienza – Iowa Administrative Code 650—20.5(1)b(4), “Categories of Dental Assistants: Dental Assistant Trainee, Registered Dental Assistant”
- l. Rule Waiver Request: Dr. Robert Hurley, Dr. David Jones & Dr. Melissa Nensel–650-29.5(1), “Permit Holders”

**VII. OTHER BUSINESS**

*Jill Stuecker*

- a. Discussion on IDB Consultant Contracts
- b. Discussion and Vote on Testing Format for Jurisprudence Exams
- c. Discussion on Examination Resources and Materials for Dental Assistants
  - i. Jurisprudence
  - ii. Infection Control
  - iii. Radiography
- d. Discussion on Dental Handpiece Regulations
- e. Review of Public Health Supervision Reports from IDPH
- f. Retired Volunteer License Update

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- g. Committee Review and Committee Appointments
  - i. Continuing Education
  - ii. Expanded Functions
  - iii. IPRC
  - iv. CRDTS Dental Examination Review
- h. Follow- Up on Teledentistry Discussion with Dr. Paul Glassman
- i. Strategic Planning Update

**VIII. APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS** (Pursuant to Iowa Code § 21.5(1)(a) some licensure/registration information is required by state or federal law to be kept confidential).

*Christel Braness*

- a. Ratification of Actions Taken on Applications Since Last Meeting

**IX. 2<sup>nd</sup> OPPORTUNITY FOR PUBLIC COMMENT**

*Steven Bradley*

**Thursday July 21, 2016 as Time Permits**  
**Resumption on Friday, July 22 at 8:30 A.M.**

**CLOSED SESSION**

**I. ITEMS FOR REVIEW AND DISCUSSION**

- a. **Closed Session Minutes** (Closed session pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential..., specifically to review or discuss information that is confidential under Iowa Code § 21.5(4)).
- b. **Motion to Stay in The Matter of Jay Buckley, DDS** (Closed session pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential and pursuant to Iowa Code § 21.5(1)(f) a Board deliberation in a contested case will be held in closed session).
- c. **Compliance with Board Orders** (Closed session pursuant to Iowa Code § 21.5(1)(a) to review information required by state or federal law to be kept confidential, specifically Iowa Code § 272C.6(4) and Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings).
- d. **Investigative Reports** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).
- e. **New Complaints** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).
- f. **Additional Information on Previous Complaints** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by

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state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).

- g. **Settlement Agreement** (Closed session pursuant to Iowa code § 21.5(1)(f) to discuss the decision to be rendered in a contested case).
- h. **Hygiene Committee (Disciplinary Only)** (Closed session pursuant to Iowa Code § 21.5(1)(a) to review information required by state or federal law to be kept confidential, specifically Iowa Code § 272C.6(4) and Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings).
- i. **Review of Infection Control Exam and Jurisprudence Exam** (Closed session pursuant to Iowa Code §21.5(d) to discuss the contents of a licensing examination.)

## **OPEN SESSION**

### **II. ACTION, IF ANY, ON CLOSED SESSION AGENDA ITEMS**

- a. Closed Session Minutes
- b. Motion to Stay in the Matter of Jay Buckley, DDS
- c. Compliance with Board Orders
- d. Investigative Reports
- e. New Complaints
- f. Additional Information on Previous Complaints
- g. Settlement Agreement
- h. Hygiene Committee Recommendations (Disciplinary Only)
- i. Infection Control Exam
- j. Jurisprudence Exam

### **III. ADJOURN**

**NEXT QUARTERLY MEETING: OCTOBER 13-14, 2016**

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### IOWA DENTAL BOARD

#### MINUTES

April 28-29, 2016  
Conference Room  
400 S.W. 8<sup>th</sup> St., Suite D  
Des Moines, Iowa

#### **Board Members**

Steven Bradley, D.D.S.,  
Steven C. Fuller, D.D.S.  
Kaaren G. Vargas, D.D.S.  
Thomas M. Jeneary, D.D.S.  
William G. McBride, D.D.S.  
Mary C. Kelly, R.D.H.  
Nancy A. Slach, R.D.H.  
Diane Meier, Public Member  
Lori Elmitt, Public Member

#### **April 28, 2016**

Present  
Present  
Present  
Present  
Present  
Present  
Present  
Present  
Present

#### **April 29, 2016**

Present  
Present  
Present  
Present  
Present  
Present  
Present  
Present  
Present

#### **Staff Members**

Jill Stuecker, Phil McCollum, Christel Braness, David Schultz, Dee Ann Argo, Janet Arjes

#### **Attorney General's Office**

Sara Scott, Assistant Attorney General

#### **Other Attendees\***

Carol Van Aernam, Iowa Dental Hygienists' Association  
Sara Schlievert, Iowa Department of Public Health  
Tom Cope, Iowa Dental Hygienists' Association  
Qwana Mosley  
Bob Russell, D.D.S., Iowa Department of Public Health  
Jane Slach, Iowa Dental Assistants Association  
Joni Miller, Western Iowa Technical Community College  
Larry Carl, Iowa Dental Association  
Sabrina Johnson, Department of Human Services  
Jeff Chaffin, D.D.S., Delta Dental of Iowa  
Stephen Thies, D.D.S., Iowa Academy of General Dentistry  
Francisco Olalde, University of Iowa

\*Open session meeting on April 29, 2016

**Administrative Law Judge**

Maggie LaMarche\*\*

\*\*Presided over the hearing in the Matter of Jay R. Buckley, D.D.S. which was continued on April 28, 2016.

**I. CALL TO ORDER FOR APRIL 28, 2016**

Dr. Bradley called the meeting of the Iowa Dental Board to order at 8:27 a.m. on Thursday, April 28, 2016.

Roll Call:

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McBride</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Present	x	x	x	x	x	x	x	x	x
Absent									

A quorum was established with all members present.

Ms. LaMarche, administrative law judge, reported on the status of the hearing in the Matter of Jay R. Buckley, D.D.S. Dr. Buckley’s hearing was held in closed session at his request pursuant to Iowa Code section 272C.6(1).

- The hearing in the Matter of Jay R. Buckley, D.D.S. resumed in closed session at 8:27 a.m.
- Following the hearing, the Board met in closed executive session to deliberate in the Matter of Jay R. Buckley, D.D.S.
- The Board met in closed executive session on April 28, 2016 to complete the annual performance review of the executive director. Ms. Stuecker requested that this be completed in closed session pursuant to Iowa Code 21.5(1)(i).
- The Board reconvened in open session at 9:47 a.m. on Friday, April 29, 2016.

Roll Call:

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McBride</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Present	x	x	x	x	x	x	x	x	x
Absent									

A quorum was established with all members present.

**II. 1<sup>st</sup> OPPORTUNITY FOR PUBLIC COMMENT**

Dr. Bradley asked everyone to introduce themselves. Dr. Bradley allowed the opportunity for public comment.

Ms. Van Aernam requested that the Dental Hygiene Committee and Board meetings continue to be held on the same day for the convenience of attendees.

### **III. APPROVAL OF OPEN SESSION MINUTES**

- *January 28, 2016 – Quarterly Meeting Minutes*
- ❖ MOVED by ELMITT, SECONDED by FULLER, to APPROVE the open session minutes as submitted. Motion APPROVED unanimously.

### **IV. REPORTS**

#### EXECUTIVE DIRECTOR'S REPORT

Ms. Stuecker reported that graduation season was soon approaching. Ms. Stuecker asked the attendees to encourage applicants to apply for licensure online to minimize processing times.

Ms. Stuecker reported that the Board will be changing its website. Ms. Braness was working on transferring the information to the new format. The website will be previewed at the July 2016 meeting.

Ms. Stuecker reported that Mr. McCollum has recently travelled to various educational programs in Iowa to present information about the Board. Ms. Stuecker thanked him for his work on this.

Ms. Stuecker provided an overview of some data from the last quarter regarding the issuance of licenses, registrations, permits and qualifications.

Mr. McCollum provided an update on some changes and new functionality made to the online services website. Mr. McCollum reminded attendees that this was a renewal year for dentists. Mr. McCollum reported that renewal services will be available July 1, 2016.

Mr. McCollum reported that the online services website now allows interested parties to subscribe to a status reporting service. Subscribers can select licensees and registrants to add to their lists. Subscribers will be notified any time there is a change to the license/registrant status, or when action is taken against a license. The hope is to minimize action against licensees/registrants by proactively notifying subscribers of changes to license status. Mr. McCollum noted that this was another way the Board was attempting to remind licensees/registrants about expiration dates.

Ms. Stuecker reported that Mr. Schultz, Board investigator, had been with the state of Iowa for five (5) years. Ms. Stuecker presented him with a certificate of service.

Ms. Stuecker reported that this was Dr. Vargas' last meeting. Ms. Stuecker thanked Dr. Vargas for her service to the Board, and presented her with a certificate of appreciation.

#### BUDGET REPORT

Ms. Stuecker provided a financial status update to the Board. Ms. Stuecker provided an explanation of some of the spending classes and what fees are typically associated with each. The FY2017 budget will be presented at the July meeting.

The Board members did not have any comments or questions about the report.

### LEGAL REPORT

Ms. Scott reported that there was a case that recently came out of the Iowa Supreme Court that may have impact on the Board: Hutchison vs. Warren County Board of Supervisors. The Warren County Board of Supervisors is comprised of three (3) members. Whenever two (2) of the committee members meet, a quorum is established, which would require that the meeting be notice under open meetings laws. The board of supervisors was considering a reorganization plan that included layoffs. One of the supervisors met with the board staff to discuss the proposed reorganization plans. That staff member would later meet with the other supervisor(s) to get approval for the proposed changes.

It appeared that board of supervisors were making decisions without any public discussion until after the reorganization plan was approved, and layoffs were made. This method of discussion and implementation of changes made it seem that deliberate attempts were made to evade the requirements of open meetings laws. The ruling indicated that perceived evasion to avoid compliance with open meetings laws by delegating decision making authority to a staff member meant that the staff member was acting as a supervisor for the purpose of the quorum. Therefore, the meetings were illegal. Informal discussion among board members is okay provided there is less than a quorum; however, if staff is acting as a proxy for a board member, and decisions are made, there would be a potential violation of the law.

### ANESTHESIA CREDENTIALS COMMITTEE REPORT

Dr. Vargas reported that the Anesthesia Credentials Committee met recently to review and consider an application for general anesthesia permit. Additional information was requested prior to making a final recommendation concerning issuance.

### CONTINUING EDUCATION ADVISORY COMMITTEE REPORT

- *Recommendations RE: Continuing Education Course Applications*
- *Recommendations RE: Continuing Education Sponsor Application(s)*

Ms. Elmitt reported that the Continuing Education Advisory Committee met recently. Ms. Elmitt provided an overview of the committee's recommendations.

- ❖ **MOVED** by ELMITT, **SECONDED** by MCBRIDE, to **APPROVE** the committee's recommendations as submitted. Motion **APPROVED** unanimously.
- *Other Committee Recommendations, If Any*

There weren't any other recommendations.

### EXECUTIVE COMMITTEE REPORT

Dr. Bradley reported that the committee met earlier that morning. Dr. Bradley indicated that most of the topics discussed by the committee will be addressed later in the meeting.

### LICENSURE/REGISTRATION COMMITTEE REPORT

- *Actions Taken by Committee on Applications*

Dr. Vargas reported that a list of actions taken by the committee was included in the Board members' folders.

- *Kayla Hewitt*

The committee has recommended approval of the proposed Stipulated Registration Agreement as drafted. A signed copy was provided in the Board members' folders for review.

❖ MOVED by VARGAS, SECONDED by FULLER, to APPROVE the Stipulated Registration Agreement as submitted. Motion APPROVED unanimously.

- *Lyda Bubenyak*

Ms. Bubenyak made application for registration as a dental assistant. Ms. Stuecker noted that there was a split vote by the committee as to whether to approve issuance of registration, or to take other action. Ms. Bubenyak reported a criminal history from 1996-2001 that included DUI and possession of controlled substances. Ms. Bubenyak has not had any legal issues since 2001. Dr. Vargas recommended issuance of the registration given that it has been 15 years since the last instance of criminal history.

❖ MOVED by VARGAS, SECONDED by FULLER, to APPROVE issuance of the registration. Motion APPROVED unanimously.

### DENTAL HYGIENE COMMITTEE REPORT

- *Pending Dental Hygiene Applications*
  - *Penny Chambers, R.D.H.*

Ms. Kelly reported that the committee met earlier that morning. The committee recommended issuance of the license for Ms. Chambers.

❖ MOVED by KELLY, SECONDED by JENEARY, to APPROVE issuance of the license to Ms. Chambers. Motion APPROVED unanimously.

- *Actions Taken at Dental Hygiene Committee Meeting*

- *Other Committee Recommendations, If Any*
  - *Final and Adopted – Iowa Administrative Code 650—Chapter 10, Students Enrolled in Dental Hygiene Programs*

Ms. Kelly reported that the committee recommended adoption of the rules as drafted.

#### DENTAL ASSISTANT REGISTRATION COMMITTEE REPORT

- *Committee Update*

Dr. Bradley reported that the committee has not met since the last Board meeting, and had nothing new to report.

#### EXAMINATIONS REPORT

- *CRDTS – Dental Steering Committee Report*

Dr. Bradley reported that they will meet in approximately a month. The committee continually reviews and updates as needed. CRDTS has started looking at the Buffalo Model examination.

- *CRDTS – Dental Hygiene Examination Review Committee Report*

Ms. Kelly reported that the committee will meet in July 2016.

- *CRDTS – Dental Examinations Review Committee Report*

Dr. Vargas reported that the committee is scheduled to meet on April 30, 2016.

#### QUARTERLY IPRC REPORT

Mr. Schultz provided an overview of the current IPRC data.

#### EXPANDED FUNCTIONS COMMITTEE REPORT

- *Vote on Recommendations: RE: Expanded Functions Course Applications*
- *Other Committee Recommendations, If Any*

Ms. Slach reported that committee reviewed some new requests. The Iowa Dental Assistant Educators submitted curriculum for the two new expanded functions. The committee has recommended approval with a couple of corrections.

Ms. Slach also reported that Impact Dental Training submitted a request for modification of their previously-approved curriculum. Impact Dental Training requested an extra half hour of continuing education credit for the didactic portion of the removing dental adhesives course. The

other requests for modification focus on changing the total number of required experiences to complete training in three (3) of their expanded functions courses.

Ms. Slach questioned the request for modification related to the change in continuing education hours awarded. Ms. Slach recommended leaving the continuing education hours as currently established.

Ms. Slach stated that Ms. Elmitt has also been contacted as the chair of the Continuing Education Advisory Committee, about questions related to the continuing education for expanded functions courses. There are questions about whether all expanded functions providers are teaching the courses as approved. Ms. Stuecker stated that this would require a separate meeting and discussion, and at this time the Board could only approve or deny this specific request.

- ❖ MOVED by SLACH, SECONDED by MCBRIDE, to APPROVE the recommendations from the committee for the course submission made by the Iowa Dental Assistant Educators Council. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by MEIER, to DENY the request to modify the continuing education hours awarded for the didactic portion of the removing dental adhesives course taught by Impact Dental Training due to the prior recommendation of the committee about awarding continuing education credit.

There was discussion by Board members and staff regarding the motion to deny the Impact Dental request. Ms. Slach preferred to address this topic in a more general way. Ms. Braness stated that the request received by the Board was specific to Impact Dental Training's own courses; therefore, the Board needed to make a decision regarding this request, and could determine how to address the topic more generally at a later date. Ms. Stuecker stated that there was nothing in rule regarding a minimum number of hours for expanded function courses.

Dr. Vargas stated that she did not understand the reason for denial of the request for increase continuing education if the training provider found that extra time was needed to teach the course effectively. Dr. Vargas believed that each course needed to be addressed individually.

- ❖ Vote taken on the motion. The motion FAILED, 1-8. Ms. Slach voted in favor of the motion, the remaining Board members voted in opposition.
- ❖ MOVED by VARGAS, SECONDED by KELLY, to APPROVE the request to increase hours as requested for Impact Dental Training. Motion APPROVED unanimously.
- ❖ MOVED by SLACH SECONDED by MEIER, to APPROVE the request for change in clinical experiences as requested. Motion APPROVED unanimously.

## **VI. ADMINISTRATIVE RULES/PETITIONS FOR RULE WAIVER**

- *Vote on Final and Adopted – Iowa Administrative Code 650—Chapter 10, “Students Enrolled in Dental Hygiene Programs”*

Mr. McCollum reported that the rules proposed to clarify supervision requirements in dental hygiene programs. A public hearing was held on March 30, 2016. Mr. McCollum stated that there were no attendees, and no comments received. The proposed rules eligible were for adoption.

- ❖ MOVED by KELLY, SECONDED by SLACH, to ADOPT the rules as drafted. Motion APPROVED unanimously.
- *Vote on Final and Adopted – Iowa Administrative Code 650—Chapter 20, “Students Enrolled in Dental Assisting Programs”*

Mr. McCollum reported that the proposed rules clarify the supervision requirements in dental assistant programs. A public hearing was held on March 30, 2016. Mr. McCollum stated that Ms. Miller, with Iowa Western Community College, attended. There were also three (3) written comments received. All comments asked that the dental assistant program directors be allowed to supervise training in expanded functions procedures. Mr. McCollum recommended striking item 3 of the proposed rules.

Ms. Kelly asked about the comparison to dental hygiene supervision requirements. Mr. McCollum stated that supervision requirements for expanded functions are not specifically addressed in the drafted rules.

- ❖ MOVED by VARGAS, SECONDED by JENEARY, to ADOPT the rules to include the proposed change to strike item 3. Motion APPROVED unanimously.
- *Rulemaking Update – Draft – Iowa Administrative Code 650—Chapter 25, “Continuing Education”*

Ms. Stuecker reported that Ms. Braness had prepared a draft of proposed changes to Iowa Administrative Code 650—Chapter 25 based on prior suggestions and comments submitted to the Board. The version provided was a preliminary draft and will be subject to change as additional review is completed and additional comments received.

Ms. Braness provided an overview of the changes. The Continuing Education Advisory Committee reviewed the draft and recommended support for the draft with a proposal to include continuing education credit for ergonomics courses.

Dr. McBride feels that the draft was an improvement over current rules. Ms. Stuecker stated that she would reach out to stakeholders for further review and discussion of the draft.

- *Rulemaking Update – Draft – Iowa Administrative Code 650—Chapter 14, “Renewal and Reinstatement”*

Ms. Braness reported that the only proposed change to this chapter was to move the requirements for reactivation of an inactive license from Chapter 25 to Chapter 14 where renewal and reinstatement requirements are addressed.

- *Rule Waiver Request for Reconsideration – Axel Ruprecht, D.D.S. – Iowa Administrative Code 650—11.2(2)d-e, “Dental Licensure by Examination”*

Ms. Stuecker reported that Dr. Ruprecht requested reconsideration of the Board’s decision to his waiver request. The Board denied this request at the January 2016 meeting. Dr. Ruprecht believed that his situation was different enough to warrant unique treatment.

Ms. Slach believed that the original waiver request should have been approved. Ms. Slach believed that it would be an undue hardship to require a clinical examination at this point in Dr. Ruprecht’s career.

Dr. McBride agreed with Ms. Slach in some respects; however, Dr. McBride was concerned that approval of the waiver may create a situation where the Board would be creating a de facto specialty license, which it cannot do. Dr. Vargas agreed. Dr. Vargas believed that approval of the waiver would set a significant precedent. If the Board would not be willing to accommodate the precedent to those who would make requests in the future, the Board should deny this request.

Ms. Stuecker asked about the issue of undue hardship. Dr. Vargas stated that Dr. Ruprecht retired voluntarily; therefore, Dr. Ruprecht limited his ability to practice within the state of Iowa. Dr. Vargas stated that other well known, respected professionals have submitted to the Board’s requirements for licensure. Dr. Vargas referenced her own experience in this regard. Dr. Vargas taught pediatric dentistry at the University of Iowa College of Dentistry before joining a general practice residency for two years, and completing the WREB examination in order to meet the requirements for licensure in Iowa. Dr. Vargas believed that the standard of the rules should be maintained.

Ms. Slach stated that the issue of hardship may not be comparable since Dr. Ruprecht has not practiced general dentistry in so many years. To ask Dr. Ruprecht to demonstrate proficiency in the areas of general dentistry may pose a risk to the public given the length of time since that training was completed.

Ms. Meier asked if the Board members needed to consider specialty licensure. Dr. Bradley stated that the nature of the request would not allow a discussion on that issue at this time.

Dr. Vargas stated that Dr. Ruprecht was from Canada, and therefore, his practice would not have to be limited to Iowa; and he could seek a specialty license elsewhere. Dr. Vargas believed that there were other options available to Dr. Ruprecht.

Ms. Scott reminded the Board members that there were other factors to consider beyond the issue of undue hardship. Rule waiver requests cannot prejudice legal rights of others, and must also provide substantially equal protection to the public. Ms. Scott wanted to be sure that the Board addressed all of the requirements for consideration of a rule waiver as they would be addressed in the Board’s response.

Ms. Kelly asked whether others waiver requests had been granted to individuals who had not completed a regional clinical examination. Ms. Braness provided an overview of past requests. In one instance, the Board denied a request to someone who had failed only one portion of the CRDTS examination. In the other cases, clinical examinations had been completed.

- ❖ MOVED by VARGAS, SECONDED by MEIER, to DENY the request for reconsideration.

Ms. Slach asked if the Board could consider specialty licensure in the future. Ms. Stuecker stated that the Board can discuss this matter further at a later date.

- ❖ Vote taken. Motion APPROVED, 8-1. Ms. Slach voted in opposition to the motion.

## **VII. LEGISLATIVE UPDATES**

- *For Discussion: Alternate Pathways for Licensure*

Ms. Stuecker reported that HF2387, “Alternative Testing Study”, was signed into law on March 20, 2016. Ms. Stuecker stated that there are a lot of rumors about what the bill requires. Ms. Stuecker provided an overview of the requirements of the bill. The bill requires the Board and the University of Iowa College of Dentistry to find an improvement to the current exam construct. The bill does not dictate the outcome. A report is due to the legislature no later than December 15, 2016.

Ms. Stuecker asked Dr. Vargas to speak on some of the alternate options to the current examination requirements. Dr. Vargas stated that although a manikin-based examination may be ideal, manikins do not perfectly reflect performing dental work on humans. The Board’s mission is to protect the public, and therefore, it may need to explore other options.

Dr. Vargas reported that the Board has been provided information about a portfolio examination in California. Initially, Dr. Vargas was skeptical about the examination type. A member of the California Dental Board reached out to Dr. Vargas, and also spoke with Dr. Bradley about the examination. Psychometricians have reviewed the examination for validity. It is a patient-based examination consolidated with a portfolio examination. There are two (2) parts: a clinical portion, and a portion that is similar to a standard regional examination. Both parts of the examination utilize faculty; however, they are used in different ways. Dr. Vargas provided an overview of the examination requirements. The examination uses existing clinic patients. Each competency allows up to three (3) failures prior to remediation. This would address the issue of finding patients and many of the concerns related to current patient-based examinations.

Dr. Vargas stated that another alternative to examination for licensure is to accept a fifth year in dental school that is similar to a general practice residency in lieu of a licensure examination. This would allow those practitioners to forego a clinical license examination.

Dr. Bradley stated that the Buffalo Model examination was modeled after this. Ms. Stuecker reported that she, Dr. Bradley and Dr. Kanellis would be going to Boston, Massachusetts to observe a Buffalo Model examination. Ms. Stuecker stated that this would be a good opportunity.

Ms. Slach raised some questions about the resources needed to conduct the examination, and for the purposes of remediation. Dr. Vargas did not have much additional information beyond the overview provided. Dr. Vargas still believed that these options would still be good alternatives; though, they may require an investment on behalf of the school. Dr. Vargas stated that all five (5) dental schools in California opted into this examination.

Dr. Vargas stated that this was the first year this examination was offered. Dr. Vargas confirmed that many students opted to take a clinical examination for purposes of portability for licensure in other states.

Ms. Stuecker asked the Board members if either of these options were appealing. Dr. Bradley favored waiting until there was more information on the Buffalo Model examination. Dr. Vargas agreed it would be beneficial to gather information on additional alternatives.

Ms. Stuecker asked if anyone was uncomfortable with these alternatives. No comments were made.

Ms. Elmitt asked about the timeline for reporting to the legislature. Ms. Stuecker stated that the intent was to meet with the University of Iowa College of Dentistry this summer. The hope was to have a better timeline developed following that meeting.

Dr. Vargas provided a brief overview of OSCE, and explained some of the opposition to using it as a basis for licensure.

Ms. Kelly stated that the dental hygienists were observing this matter since there would likely be an impact on those examination requirements as well.

## **VIII. OTHER BUSINESS**

- *Approval of Expanded Functions Q&A Document*

Ms. Stuecker reported that the Board had been provided a document that addressed a list of frequently asked questions (FAQ) about expanded functions. Ideally, Ms. Stuecker would like to distribute this due to the number of ongoing questions. Ms. Stuecker received feedback from interested parties, which was generally favorable. Ms. Stuecker stated that question #14 was added to clarify the subject of provisional restorations.

- ❖ **MOVED** by SLACH, **SECONDED** by ELMITT, to **APPROVE** the document with an update to include a definition of “provisional restoration”.

Mr. McCollum believed that many dentists would define provisional restorations as temporary crowns or temporary bridges. The dental members of the Board indicated that it could depend on a number of factors including the materials from which they are made.

Mr. McCollum stated that dental assistants are limited to services that are reversible, and do not require the judgment and skill of a dentist. This was the matter of concern. Mr. McCollum stated that the term is so broad that some may take this to mean a temporary filling. Dr. McBride asked if the terminology could be changed. Ms. Stuecker stated that this would require a rule change.

There was some additional discussion about whether clarification would be necessary. Dr. Vargas believed that dentists should understand this terminology. Mr. McCollum stated that the rules are written for everyone, and need to be understood by all.

Ms. Kelly asked if these issues could be addressed as requests are reviewed at the committee level. Mr. McCollum stated that this was a separate matter, but that this would be a possibility.

Mr. McCollum stated that an alternative to a list of what is allowed would be to indicate what is prohibited. Mr. McCollum believed that any confusion would be better addressed to avoid future problems. There was further discussion about how to clarify this further.

Ms. Scott and Ms. Stuecker pointed out that the rules prohibit the placement of provisional restorations, as opposed to the fabrication and removal.

Ms. Stuecker stated that staff will work on the language and present it at the next meeting. Ms. Scott stated that the Board can approve the FAQ as drafted, or they can table the discussion.

- ❖ The motion was amended to allow approval for the FAQ as drafted, and to follow up on the definition of “provisional restoration” at a later date. Vote taken. Motion APPROVED unanimously.
- *Retired Volunteer License Update*

Ms. Stuecker reported briefly that the rules were effective on April 6, 2016. The applications will only be available on paper for now. Staff will continue to monitor this in case changes need to be made.

- *Committee Appointments*
  - i. *Anesthesia Credentials Committee*

Ms. Stuecker reported that Board rules require that a board member serve as the chair of this committee. The Board chairman can appoint the chair of the committee

Dr. Bradley stated that he would like Dr. Vargas will continue to serve on the committee, and that he would like Dr. Fuller will serve as the chairman of the Anesthesia Credentials Committee.

- ❖ MOVED by BRADLEY, SECONDED by MCBRIDE, to RETAIN Dr. Vargas' membership on the Anesthesia Credentials Committee, and to REMOVE Dr. Burton from the committee. Motion APPROVED unanimously.

Dr. Bradley appointed Dr. Fuller as the chairperson to the committee.

ii. *IPRC*

Ms. Stuecker reported that the committee was not prepared to discuss this.

iii. *Licensure/Registration Committee*

Ms. Stuecker stated that due to the confidentiality of the information, the committee must be comprised of Board members. Dr. Bradley, as chairman of the Board, can make the appointments to the committee. Dr. Bradley asked for input as to who may wish to serve.

Dr. Bradley appointed Dr. McBride to the committee, and Dr. Jeneary as the chairman.

- *Confirmed 2017 Meeting Dates*

Ms. Stuecker reported that the meeting dates for 2017 had been established, and provided as part of the meeting materials.

- *Set Date for Future Board Teleconference*

Ms. Stuecker reported that the Board would likely need to meet via teleconference prior to the next quarterly meeting to address Board business. There was teleconference scheduled for Thursday, May 12, 2016 at 7:00 a.m. to elect officers and address committee composition. Ms. Stuecker recommended scheduling a separate teleconference in June to address other business.

The Board scheduled a tentative teleconference meeting date of June 16, 2016, to begin at 7:00 a.m.

## **IX. APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS**

- *Ratification of Actions Taken on Applications Since Last Meeting*

Mr. Braness reported that the Board was provided an updated list of actions taken in response to applications for license, registration, qualification, and permit.

- ❖ MOVED by ELMITT, SECONDED by VARGAS, to APPROVE the list as submitted. Motion APPROVED unanimously.

Ms. Scott asked to follow up on the appointment to the Anesthesia Credentials Committee. Ms. Scott stated that the Board may need to vote on the appointment of Dr. Fuller to Anesthesia Credentials Committee.

- ❖ MOVED by KELLY, SECONDED by JENEARY, to APPOINT Dr. Fuller to Anesthesia Credentials Committee. Motion APPROVED unanimously.

## **X. 2<sup>nd</sup> OPPORTUNITY FOR PUBLIC COMMENT**

Dr. Bradley allowed the opportunity for public comment.

Dr. Chaffin announced that the Governor's Conference on Aging and Disability is May 23-26, 2016. The Delta Dental of Iowa Foundation is sponsoring a pre-session with Dr. Paul Glassman on Monday, May 23, 2016. Continuing education credit will be awarded for that session.

Ms. Stuecker reported that Dr. Glassman will be presenting information at the Board offices on May 23, 2016, from 3:00 – 4:30 p.m. Dr. Glassman is an authority on teledentistry. Dr. Glassman has consulted with a number of states on this subject. Ms. Stuecker stated that if a quorum of the Board attends this meeting, Board staff will need to notice that as part of open meetings laws. The meeting will be held in conjunction with Skilled Care Task Force. Ms. Kelly reported that this was intended to be the last meeting of the task force.

- The Board took a recess at 11:27 a.m.
- The Board reconvened at 11:39 a.m.

## **CLOSED SESSION**

- ❖ MOVED by BRADLEY, SECONDED by ELMITT, for the Board to go into closed session at 11:42 a.m., pursuant to:
  - a. **CLOSED SESSION MINUTES** (Closed session pursuant to Iowa Code § 21.5(1)(a) “to review or discuss records which are required or authorized by state or federal law to be kept confidential...”, specifically to review or discuss information that is confidential under Iowa Code § 21.5(4)).
  - b. **COMPLIANCE WITH BOARD ORDERS** (Closed session pursuant to Iowa Code § 21.5(1)(a) to review information required by state or federal law to be kept confidential, specifically Iowa Code § 272C.6(4) and Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings).
  - c. **BOARD APPEARANCE** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).
  - d. **COMBINED STATEMENT OF CHARGES, SETTLEMENT AGREEMENT AND FINAL ORDER** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings, and Iowa code § 21.5(1)(f) to discuss the decision to be rendered in a contested case).
  - e. **NOTICE OF HEARING AND STATEMENT OF CHARGES** (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings).

- f. INVESTIGATIVE REPORTS (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).
- g. NEW COMPLAINTS (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).
- h. ADDITIONAL INFORMATION ON PREVIOUS COMPLAINTS (Closed session pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4)).
- i. APPLICATION FOR LICENSURE/REGISTRATION (Closed session pursuant to Iowa Code § 21.5(1)(a) to review information required by state or federal law to be kept confidential).
- j. REQUEST TO MODIFY BOARD ORDERS (Closed session pursuant to Iowa Code § 21.5(1)(a) to review information required by state or federal law to be kept confidential).

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McBride</u>	<u>Meier</u>	<u>Slach</u>	<u>Vargas</u>
Aye	x	x	x	x	x	x	x	x	x
Nay									
Absent									

Motion APPROVED by ROLL CALL.

**OPEN SESSION**

- ❖ MOVED by ELMITT, SECONDED by VARGAS, to return to open session. Motion APPROVED unanimously.
- The Board reconvened in open session at 3:35 p.m. on April 28, 2016.

**ACTION ON CLOSED SESSION ITEMS**

*1. Closed Session Minutes*

- ❖ MOVED by MEIER, SECONDED by VARGAS, to APPROVE the closed session minutes for the January 29, 2016 quarterly meeting. Motion APPROVED unanimously.

*2. Compliance with Board Orders*

- ❖ MOVED by MEIER, SECONDED by VARGAS, to KEEP OPEN in the Matter of Terry L. Thurman, D.D.S., file number 97-076. Motion APPROVED unanimously.
- ❖ MOVED by MEIER, SECONDED by VARGAS, to CLOSE in the Matter of Lindsey K. May, D.D.S., file number 14-0118. Motion APPROVED unanimously.

- ❖ MOVED by MEIER, SECONDED by VARGAS, to KEEP OPEN in the Matter of Taylor R. Brommel, Q.D.A., file number 16-0044. Motion APPROVED unanimously.

### 3. *Requests to Modify Board Orders*

- ❖ MOVED by KELLY, SECONDED by MCBRIDE, to DENY the request for termination of probation but modify his Order that he no longer be required to have a practice monitor in the Matter of Paul R. Schultz, D.D.S., file numbers 10-087, 13-0017. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by MCBRIDE, to DENY the request for termination of probation in the Matter of Lance P. Forbes, D.D.S., file numbers 12-059, 12-091. Motion APPROVED unanimously.

### 4. *Final Action on Cases*

- ❖ MOVED by MEIER, SECONDED by VARGAS, to KEEP OPEN file number 11-190. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FULLER, to CLOSE file numbers 12-119, 12-120. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FULLER, to KEEP OPEN file number 15-0046. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FULLER, to CLOSE file number 15-0091. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FULLER, to CLOSE file number 15-0178. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FULLER, to APPROVE Order and KEEP OPEN file number 15-0080. Motion APPROVED unanimously.
- ❖ MOVED by FULLER, SECONDED by KELLY, to CLOSE file number 16-0011. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FULLER, to APPROVE Order and CLOSE file number 16-0042. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 15-0157. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 15-0161. Motion APPROVED unanimously.

- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 15-0171. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to KEEP OPEN file number 15-0174. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 15-0186. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 15-0187. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 15-0188. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 15-0189. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0006. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0007. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0014. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0017. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0018. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0019. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0025. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0026. Motion APPROVED unanimously. Vargas recused.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0027. Motion APPROVED unanimously.

- ❖ MOVED by ELMITT, SECONDED by JENEARY, to KEEP OPEN file number 16-0031. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to KEEP OPEN file number 16-0043. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to KEEP OPEN file number 16-0005. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by KELLY, to CLOSE file number 11-185. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by KELLY, to CLOSE file number 11-186. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by KELLY, to CLOSE file number 11-187. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by KELLY, to KEEP OPEN file numbers 14-0081, 15-0048. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by KELLY, to KEEP OPEN file number 14-0116. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by KELLY, to CLOSE file numbers 15-0044, 15-0069, 15-0070. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by KELLY, to CLOSE file number 15-0049. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by KELLY, to CLOSE file number 15-0158. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by KELLY, to CLOSE file numbers 14-0061, 14-0079, 15-0006. Motion APPROVED unanimously.
- ❖ MOVED by VARGAS, SECONDED by KELLY, to CLOSE file number 14-0151. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by MCBRIDE, to APPROVE issuance of dental hygiene license and CLOSE file number 16-0045. Motion APPROVED unanimously.

## **XVII. ADJOURN**

- ❖ MOVED by JENEARY, SECONDED by VARGAS, to ADJOURN. Motion APPROVED unanimously.

The meeting was adjourned at 3:42 p.m. on April 29, 2016.

**NEXT MEETING OF THE BOARD**

The next quarterly meeting of the Board is scheduled for July 21-22, 2016, in Des Moines, Iowa.

These minutes are respectfully submitted by Christel Braness, Program Planner 2, Iowa Dental Board.

DRAFT



# STATE OF IOWA

## IOWA DENTAL BOARD

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

JILL STUECKER  
EXECUTIVE DIRECTOR

### IOWA DENTAL BOARD

#### OPEN SESSION MINUTES

May 12, 2016

Conference Room

400 S.W. 8<sup>th</sup> St., Suite D

Des Moines, Iowa

#### Board Members

Steven Bradley, D.D.S.,  
Steven C. Fuller, D.D.S.  
Thomas M. Jeneary, D.D.S.  
Monica Foley, D.D.S.  
William G. McBride, D.D.S.  
Mary C. Kelly, R.D.H.  
Nancy A. Slach, R.D.H.  
Diane Meier, Public Member  
Lori Elmitt, Public Member

#### May 12, 2016

Present  
Present  
Present  
Present  
Present  
Present  
Present  
Present  
Present

#### Staff Members

Jill Stuecker, Phil McCollum, Christel Braness, Dee Ann Argo, David Schultz

#### Attorney General's Office

Sara Scott, Assistant Attorney General

### I. CALL TO ORDER FOR MAY 12, 2016

Ms. Stuecker called the open session meeting of the Iowa Dental Board to order at 7:02 a.m. on Friday, May 12, 2016. The meeting was held by electronic means in compliance with Iowa Code Section 21.8. The purpose of the meeting was to conduct Board business. It was impractical to meet in person with such a short agenda. A quorum was established with eight (8) members present.

#### Roll Call:

Member	<u>Bradley</u>	<u>Elmitt</u>	<u>Foley</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McBride</u>	<u>Meier</u>	<u>Slach</u>
Present	x	x	x	x	x	x	x	x	
Absent									x

## II. 1<sup>st</sup> OPPORTUNITY FOR PUBLIC COMMENT

Ms. Stuecker asked the members of the public to introduce themselves.

Ms. Stuecker allowed the opportunity for public comment. No comments were received.

## III. VOTE ON ELECTION OF OFFICERS/COMMITTEES

- *Board Chair*
  - ❖ MOVED by JENEARY, SECONDED by FULLER, to APPOINT Dr. Bradley as chairman. Motion APPROVED unanimously.
- *Board Vice Chair*
- *Board Secretary*
- *Other Appointments to Board Executive Committee*

Ms. Stuecker stated that the Board chair appoints the members of the Executive Committee. Dr. Bradley appointed Dr. Fuller as vice chair, Dr. Jeneary as secretary, and Ms. Kelly to the committee.

➤ Ms. Slach joined the teleconference at 7:03 a.m.

- *Hygiene Committee*
  - ❖ MOVED by KELLY, SECONDED by BRADLEY, to APPOINT Dr. McBride to the Dental Hygiene Committee as the dental member.

Ms. Elmitt asked for clarification about whether Dr. McBride would replace Dr. Jeneary. Dr. Bradley stated that this was correct since Dr. Jeneary was appointed to the Executive Committee, the recommendation was to appoint Dr. McBride in his place.

- ❖ Vote taken. Motion APPROVED unanimously.

## IV. 2<sup>nd</sup> OPPORTUNITY FOR PUBLIC COMMENT

Ms. Stuecker allowed the opportunity for public comment.

No comments were received.

## CLOSED SESSION

- ❖ MOVED by BRADLEY, SECONDED by ELMITT, for the Board to go into closed session, pursuant to Iowa Code § 21.5(1)(d) to discuss whether to initiate licensee disciplinary investigations or proceedings and pursuant to Iowa Code § 21.5(1)(a) to review

or discuss records which are required or authorized by state or federal law to be kept confidential, specifically information that is confidential under Iowa Code § 272C.6(4).

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Foley</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McBride</u>	<u>Meier</u>	<u>Slach</u>
Yes	x	x	x	x	x	x	x	x	x
No									

- The Board convened in closed session at 7:10 a.m.
- ❖ MOVED by BRADLEY, SECONDED by KELLY, to return to open session. Motion APPROVED unanimously.
- The Board reconvened in open session at 7:17 a.m.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to APPROVE the Statement of Charges and Notice of Hearing in the Matter of #14-0116. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to APPROVE the Statement of Charges and Notice of Hearing in the Matter of #14-0081, #15-0048. Motion APPROVED unanimously.

**VI. ADJOURN**

- ❖ MOVED by JENEARY, SECONDED by FULLER, to ADJOURN the meeting. Motion APPROVED unanimously.

The meeting was adjourned at 7:19 a.m. on May 12, 2016.

**NEXT MEETING OF THE BOARD**

The next meeting of the Board is scheduled for July 21-22, 2016, in Des Moines, Iowa.

These minutes are respectfully submitted by Christel Braness, Program Planner 2, Iowa Dental Board.



# STATE OF IOWA

## IOWA DENTAL BOARD

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

JILL STUECKER  
EXECUTIVE DIRECTOR

### IOWA DENTAL BOARD

#### OPEN SESSION MINUTES

**June 16, 2016**  
**Conference Room**  
**400 S.W. 8<sup>th</sup> St., Suite D**  
**Des Moines, Iowa**

#### **Board Members**

Steven Bradley, D.D.S.,  
Steven C. Fuller, D.D.S.  
William G. McBride, D.D.S.  
Thomas M. Jeneary, D.D.S.  
Monica Foley, D.D.S.  
Mary C. Kelly, R.D.H.  
Nancy A. Slach, R.D.H.  
Diane Meier, Public Member  
Lori Elmitt, Public Member

#### **June 16, 2016**

Present  
Present  
Present  
Present  
Absent  
Present  
Present  
Absent  
Present

#### **Staff Members**

Jill Stuecker, Christel Braness, Dee Ann Argo, Janet Arjes

### **I. CALL TO ORDER FOR JUNE 16, 2016**

Ms. Stuecker called the open session meeting of the Iowa Dental Board to order at 7:00 a.m. on Thursday, June 16, 2016. The meeting was held by electronic means in compliance with Iowa Code Section 21.8. The purpose of the meeting was to conduct Board business. It was impractical to meet in person with such a short agenda. A quorum was established with seven (7) members present.

Roll Call:

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Foley</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McBride</u>	<u>Meier</u>	<u>Slach</u>
Present	x	x		x	x	x	x		x
Absent			x					x	

### **II. 1<sup>st</sup> OPPORTUNITY FOR PUBLIC COMMENT**

Ms. Stuecker asked the members of the public to introduce themselves.

No comments were received.

**III. Vote on Election of Officers/Committees**

Ms. Stuecker clarified that agenda item was added to correct an error during the last teleconference. A vote needed to be taken on these positions by the full Board, as opposed to being appointed by the Board chairman.

- *Board Vice Chair*
- ❖ MOVED by JENEARY, SECONDED by BRADLEY, to APPOINT Dr. Fuller as vice chairman. Motion APPROVED unanimously.
- *Board Secretary*
- ❖ MOVED by FULLER, SECONDED by BRADLEY, to APPOINT Dr. Jeneary as secretary. Motion APPROVED unanimously.

**IV. VOTE ON EXECUTIVE DIRECTOR COMPENSATION**

Ms. Stuecker stated that the Board needed to take a vote on this in open session.

- ❖ MOVED by BRADLEY, SECONDED by MCBRIDE, to APPROVE the compensation of the director as discussed in closed session at the April 2016 quarterly meeting. Motion APPROVED, 6-1. Dr. Fuller dissented.

**V. DECISION AND ORDER: IN THE MATTER OF JAY BUCKLEY, D.D.S.**

Ms. Stuecker provided an overview of this. The Board members have had the opportunity to review and comment on the decision.

- ❖ MOVED by KELLY, SECONDED by JENEARY, to APPROVE the decision as written. Motion APPROVED by roll call.

Roll Call:

<u>Member</u>	<u>Bradley</u>	<u>Elmitt</u>	<u>Foley</u>	<u>Fuller</u>	<u>Jeneary</u>	<u>Kelly</u>	<u>McBride</u>	<u>Meier</u>	<u>Slach</u>
Yea	x	x		x	x	x	x		x
Nay									
Absent			x					x	

**VI. 2<sup>nd</sup> OPPORTUNITY FOR PUBLIC COMMENT**

Ms. Stuecker allowed the opportunity for public comment.

No comments were received.

## **VII. ADJOURN**

- ❖ MOVED by BRADLEY, SECONDED by JENEARY, to ADJOURN the meeting. Motion APPROVED unanimously.

The meeting was adjourned at 7:05 a.m. on June 16, 2016.

### **NEXT MEETING OF THE BOARD**

The next meeting of the Board is scheduled for July 21-22, 2016, in Des Moines, Iowa.

These minutes are respectfully submitted by Christel Braness, Program Planner 2, Iowa Dental Board.

DRAFT

# REPORT TO THE IOWA DENTAL BOARD

FYI

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**DATE OF MEETING:** July 21-22, 2016  
**RE:** **Actions Taken by the Committee on Applications for Sedation Permits**  
**SUBMITTED BY:** **Anesthesia Credentials Committee**

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## **COMMITTEE ACTIONS TAKEN ON APPLICATIONS**

The committee voted to take action on the applications as indicated below:

### **APPLICATIONS FOR GENERAL ANESTHESIA PERMITS:**

- Lois I. Jacobs, D.D.S. – Requested additional information regarding credentialing, and intended facility location(s).
- Amine Bellil, D.D.S. – Approved for issuance, pending completion of all facility inspections, and related requirements.
- Jason M. Thompson, D.D.S. – Approved for issuance.

## **COMMITTEE RECOMMENDATION FOR BOARD APPROVAL**

The committee voted to RECOMMEND the following:

To INTERPRET “*hospitalization*” as it relates to reporting adverse occurrences pursuant to Iowa Administrative Code 650—29.9(1), to mean in-patient treatment in a hospital or clinic. Out-patient treatment at an ER or clinic would not be subject to reporting.

### **Iowa Administrative Code 650—29.9(153) Reporting of adverse occurrences related to sedation, nitrous oxide inhalation analgesia, and antianxiety premedication.**

**29.9(1) Reporting.** All licensed dentists in the practice of dentistry in this state must submit a report within a period of seven days to the board office of any mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a result of, antianxiety premedication, nitrous oxide inhalation analgesia, or sedation. The report shall include responses to at least the following:

- a. Description of dental procedure.
- b. Description of preoperative physical condition of patient.
- c. List of drugs and dosage administered.
- d. Description, in detail, of techniques utilized in administering the drugs utilized.
- e. Description of adverse occurrence:
  1. Description, in detail, of symptoms of any complications, to include but not be limited to onset, and type of symptoms in patient.
  2. Treatment instituted on the patient.
  3. Response of the patient to the treatment.
- f. Description of the patient’s condition on termination of any procedures undertaken.

# REPORT TO THE IOWA DENTAL BOARD

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**DATE OF MEETING:** July 21-22, 2016  
**RE:** Recommendations: Course, Sponsor & Requests  
**SUBMITTED BY:** Continuing Education Advisory Committee  
**ACTION REQUESTED:** Board Action on Committee Recommendation

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## COMMITTEE RECOMMENDATIONS

The committee requests that the Board accept the following recommendations:

### CONTINUING EDUCATION COURSE REVIEW

1. University of Iowa College of Dentistry – “*Culturally Responsive Health Care in Iowa 2016*” – Requested 6.5 hours; Recommended APPROVAL
2. James Fili, D.D.S., M.S. – “*Implant Site Preservation*” – Requested 1 hour; Recommended APPROVAL
3. Christopher M. Aldrich, D.D.S., P.L.L.C. – “*New Patients/Patient Communication*” – Requested 3 hours; **RECOMMENDED to DENY the courses as submitted since the focus of the courses was practice management.**
4. Christopher M. Aldrich, D.D.S., P.L.L.C. – “*Scheduling for Patient Care/Treatment Planning*” – Requested 3 hours; **RECOMMENDED to DENY the courses as submitted since the focus of the courses was practice management.**
5. Impact Dental Training – “*The Young and the Restless: The Child Exam and Prophylaxis*” – Requested 1 hour; Recommended APPROVAL
6. National Jewish Health – “*Addressing Tobacco Use in Iowa Using 2 As and an R: A Brief Tobacco Intervention*” – Requested 0.5 hours; Recommended APPROVAL
7. Dentsply Sirona – “*Polish Your Skills*” – Requested 6 hours; **REQUESTED ADDITIONAL INFORMATION**

### CONTINUING EDUCATION COURSE APPLICATIONS REVIEWED BY BOARD STAFF

The Continuing Education Advisory Committee recommended APPROVAL for the staff recommendations as follows:

1. SE Iowa District Dental Society – “*Current Concepts of Tooth Preserving Restorative Dentistry*” – Requested 3.5 hours Board staff recommends APPROVAL pursuant to Iowa Administrative Code 650—25.3(7)b.\*\*
2. Midlands Dental Group – “*Caries Diagnosis & Treatment Planning*” – Requested 2 hours Board staff recommends APPROVAL pursuant to Iowa Administrative Code 650—25.3(7)b.\*\*
3. Spring Park Implant Study Club – “*The Immediate Smile: Esthetic Temporization Options for Implant Patients*” – Requested 2 hours Board staff recommends APPROVAL pursuant to Iowa Administrative Code 650—25.3(7)b.\*\*

4. Densply Sirona Imaging, Schick – “*Essentials of Digital Radiography*” – Requested 2 hours Board staff recommends APPROVAL pursuant to Iowa Administrative Code 650—25.3(7)b.\*\*
5. Alpha Orthodontics – “*Update on Women’s Health: Puzzling Conditions in Complicated Patients*” – Requested 6 hours Board staff recommends APPROVAL pursuant to Iowa Administrative Code 650—25.3(7)b.\*\*
6. Midlands Dental Group – “*Prosthodontics in General Dentistry – Part 2*” – Requested 2.5 hours Board staff recommends APPROVAL pursuant to Iowa Administrative Code 650—25.3(7)b.\*\*
7. Eastern Iowa Oral & Maxillofacial Surgery – “*Management of Impacted Third Molars*” – Requested 1 hour Board staff recommends APPROVAL pursuant to Iowa Administrative Code 650—25.3(7)b.\*\*

\* Iowa Administrative Code 650—25.3(7)b. “*Acceptable subject matter includes courses in patient treatment record keeping, risk management, sexual boundaries, communication, and OSHA regulations, and courses related to clinical practice. A course on Iowa jurisprudence that has been prior-approved by the board is also acceptable subject matter.*”

#### **CONTINUING EDUCATION SPONSOR APPLICATIONS FOR REVIEW**

1. Parks & Schmit Orthodontics, P.C. – Committee recommended APPROVAL
2. Black & Gold Study Club – Committee recommended APPROVAL
3. Patterson Dental – Committee recommended APPROVAL
4. Fort Dodge District Dental Society (Recertification) – Committee recommended APPROVAL
5. Clinton Dental Study Club (Recertification) – Committee recommended APPROVAL

# REPORT TO THE IOWA DENTAL BOARD

FYI ONLY

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**DATE OF MEETING:** July 21, 2016  
**RE:** Quarterly Report on IPRC Activities  
**SUBMITTED BY:** Angie Davidson, Administrative Assistant  
**ACTION REQUESTED:** None.

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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 07/21/16)	2016 Totals
Self Reports	0
Current Participants	8
Contracts under Review	0
Discharged Participants	2

## DENTAL BOARD [650]

### Notice of Intended Action

Pursuant to the authority of Iowa Code sections 147.34, and 153.21 the Dental Board hereby gives Notice of Intended Action to amend Chapter 11, “Licensure to Practice Dentistry or Dental Hygiene,” Iowa Administrative Code.

The purpose of the proposed amendments is to allow applicants applying for licensure by examination to take the same nationally recognized regional examinations currently accepted by applicants who apply for licensure by credentials, require applicants who have held licenses in other states for one year or longer to apply for licensure by credentials, clarify the practice requirements for applicants applying for licensure by credentials, remove special transitional period language that is no longer applicable, remove references to the Healthcare Integrity and Protection Data Bank, and to allow jurisprudence examinations to be administered by other entities.

These amendments would allow applicants applying for licensure the ability to show successful completion of any of the nationally recognized regional examinations without regard to the basis for application.

These amendments would require applicants who have held a license in another state for one year or longer to make application by credentials to allow for better verification of their qualifications.

These amendments further clarify the three year practice requirements for applicants who apply by credentials.

These amendments remove references to the transition period for applicants who make application for licensure by examination as such a period would no longer be necessary.

These amendments remove reference to the Healthcare Integrity Protection Data Bank which merged with the National Practitioners Data Bank in 2013.

These amendments would allow other entities to administer the Board-approved jurisprudence examination in order to make it more widely accessible.

Any interested person may make written comments on the proposed amendments on or before \_\_\_\_\_, 2016. Such written materials should be directed to Phil McCollum, Associate Director, Iowa Dental Board, 400 S.W. Eighth Street, Suite D, Des Moines, IA 50309 or sent by email to phil.mccollum@iowa.gov.

There will be a public hearing on \_\_\_\_\_, 2016 at 2:00 pm 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 amendments are subject to waiver or variance pursuant to 650-chapter 7.

After analysis and review of this rule making, there is no impact on jobs.

CHAPTER 11  
LICENSURE TO PRACTICE DENTISTRY OR DENTAL HYGIENE

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

**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.

[ARC 9218B, IAB 11/3/10, effective 12/8/10; ARC 0265C, IAB 8/8/12, effective 9/12/12]

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

**11.2(1)** Applications for licensure by **examination** to practice dentistry in this state shall be made on the form provided by the board and must be completely **answered**, ~~and~~ including required credentials and documents. **An applicant who has held a dental license issued in another state for one year or longer, must apply for licensure by credentials pursuant to rule 11.3.**

**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. Evidence of good standing in each state where licensed.* ~~If the applicant is a dentist licensed by another jurisdiction, the applicant shall furnish 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 the examination administered 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.

*e. Documentation of passage of a regional clinical examination.*

(1) Successful passage ~~CRDTS~~ of **a regional clinical examination within the previous five year period.**

(2) **The following regional examinations are approved by the board for purposes of licensure by examination: Central Regional Dental Testing Service, Inc. (CRDTS), Western Regional Examining Board, Inc. (WREB), Southern Regional Testing Agency (SRTA), and the American Board of Dental Examiners (ADEX).**

~~Evidence of having successfully completed in the last five years the examination 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. 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).~~

~~g. 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.~~

~~h. Documentation of passage of jurisprudence examination. Evidence of successful completion of the a board-approved jurisprudence examination administered by the Iowa dental board.~~

~~i. Current CPR certification. 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.~~

~~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 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.

[**ARC 9218B**, IAB 11/3/10, effective 12/8/10; **ARC 9510B**, IAB 5/18/11, effective 6/22/11; **ARC 0265C**, IAB 8/8/12, effective 9/12/12]

### **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 the examination of the Joint Commission on National Dental Examinations 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 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 under requirements equivalent or substantially equivalent to those of this state.

- e.* 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);~~ **Has less than three consecutive years of practice immediately prior to the filing of the application and successful passage of a regional clinical examination within the previous five year period. The following regional examinations are approved by the board for purposes of licensure by credentials: Central Regional Dental Testing Service, Inc. (CRDTS), Western Regional Examining Board, Inc. (WREB), Southern Regional Testing Agency (SRTA), and the American Board of Dental Examiners (ADEX);** 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.* Evidence from the state board of dentistry, or equivalent authority, from each state in which applicant has been licensed to practice 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.* 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.
- j.* Evidence of successful completion of ~~the~~ **a board-approved** jurisprudence examination. ~~administered by the Iowa dental board.~~
- 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 verified attesting to the truth of the statements contained therein.

This rule is intended to implement Iowa Code chapters 147 and 153.  
[ARC 9218B, IAB 11/3/10, effective 12/8/10; ARC 0265C, IAB 8/8/12, effective 9/12/12]

**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.

#### **650—11.5 (147,153) Dental hygiene licensure by examination.**

**11.5(1)** Applications for licensure to practice dental hygiene in this state shall be made on the form provided by the dental hygiene committee and must be completely answered, including required credentials and documents. **An applicant who has held a hygiene license issued in another state for one year or longer, must apply for licensure by credentials pursuant to rule 11.6.**

**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. *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 evidence from the appropriate examining board of that jurisdiction that the applicant is a licensed dental hygienist in good standing.
- d. *Documentation of ~~completion~~ passage of national hygiene examination.* Evidence of successful completion of the examination administered by the Joint Commission on National Dental Examinations.
- e. *Documentation of ~~P~~passage of a regional clinical examination.*

(1) Successful passage of ~~CRDTS. Evidence of having successfully completed in the last five years the examination administered by the Central Regional Dental Testing Service, Inc. (CRDTS).~~ a regional clinical examination within the previous five year period. The following regional examinations are approved by the board for purposes of licensure by examination: Central Regional Dental Testing Service, Inc. (CRDTS), Western Regional Examining Board, Inc. (WREB), Southern Regional Testing Agency (SRTA), and the American Board of Dental Examiners (ADEX).

~~(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~~ **a board-approved** jurisprudence examination. ~~administered by the dental hygiene committee.~~

*h. Current CPR certification.* 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.

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

**11.5(3)** The dental hygiene committee may require a personal appearance or any additional information relating to the character, education and experience of the applicant.

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

**11.5(5)** Following review by the dental hygiene committee, the committee shall make recommendation to the board regarding the issuance or denial of any license to practice dental hygiene. The board’s review of the dental hygiene committee recommendation is subject to 650—Chapter 1.

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

[**ARC 7790B**, IAB 5/20/09, effective 6/24/09; **ARC 9218B**, IAB 11/3/10, effective 12/8/10; **ARC 9510B**, IAB 5/18/11, effective 6/22/11; **ARC 0265C**, IAB 8/8/12, effective 9/12/12]

**650—11.6 (153) Dental hygiene licensure by credentials.** To be issued a license to practice dental hygiene in Iowa on the basis of credentials, an applicant shall meet the following requirements.

**11.6(1)** Applications for licensure by credentials to practice dental hygiene in this state shall be made on the form provided by the dental hygiene committee and must be completely answered, including required credentials and documents.

**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 or evidence of having passed a written examination that is comparable to the examination given by the Joint Commission on National Dental Examinations. **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.**

*c.* A statement of any dental hygiene examinations taken by the applicant, 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 under requirements equivalent or substantially equivalent to those of this state.

*e.* 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 12.3(5).~~ **Has less than three consecutive years of practice immediately prior to the filing of the application and successful passage of a regional clinical examination within the previous five year period. The following regional examinations are approved by the board for purposes of licensure by credentials: Central Regional Dental Testing Service, Inc. (CRDTS), Western Regional Examining Board, Inc. (WREB), Southern Regional Testing Agency (SRTA), and the American Board of Dental Examiners (ADEX).**

or

(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.* Evidence from the state board of dentistry, or equivalent authority, in each state in which applicant has been licensed to practice 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, 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.* 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.

*j.* Successful completion of ~~the~~ **a board-approved** jurisprudence examination. ~~administered by the dental hygiene committee.~~

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

**11.6(3)** Applicant shall appear for a personal interview conducted by the dental hygiene committee or the board by request only.

**11.6(4)** The dental hygiene committee may also require such examinations as may be necessary to evaluate the applicant for licensure by credentials.

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

**11.6(6)** Following review by the dental hygiene committee, the committee shall make a recommendation to the board regarding issuance or denial of a dental hygiene license. The board’s review of the dental hygiene committee recommendation is subject to 650—Chapter 1.

This rule is intended to implement Iowa Code section 147.80 and chapter 153.

[**ARC 9218B**, IAB 11/3/10, effective 12/8/10; **ARC 0265C**, IAB 8/8/12, effective 9/12/12; **ARC 0618C**, IAB 3/6/13, effective 4/10/13]

**650—11.7(147,153) Dental hygiene application for local anesthesia permit.** A licensed dental hygienist may administer local anesthesia provided the following requirements are met:

1. The dental hygienist holds a current local anesthesia permit issued by the board of dental examiners.

2. The local anesthesia is prescribed by a licensed dentist.

3. The local anesthesia is administered under the direct supervision of a licensed dentist.

**11.7(1) Application for permit.** A dental hygienist shall make application for a permit to administer local anesthesia on the form approved by the dental hygiene committee and provide the following:

a. The fee for a permit to administer local anesthesia as specified in 650—Chapter 15; and

b. Evidence that formal training in the administration of local anesthesia has been completed within 12 months of the date of application. The formal training shall be approved by the dental hygiene committee and conducted by a school accredited by the American Dental Association Commission on Dental Education; or

c. Evidence of completion of formal training in the administration of local anesthesia approved by the dental hygiene committee and documented evidence of ongoing practice in the administration of local anesthesia in another state or jurisdiction that authorizes a dental hygienist to administer local anesthesia.

**11.7(2) Permit renewal.** 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.

**11.7(3) Failure to meet the requirements for renewal shall cause the permit to lapse and become invalid.**

**11.7(4) A permit that has been lapsed for two years or less may be reinstated upon the permit holder's application for reinstatement and payment of the reinstatement fee as specified in 650—Chapter 15. A permit that has been lapsed for more than two years may be reinstated upon application for reinstatement, documentation of meeting the requirements of 11.7(1) "b" or "c," and payment of the reinstatement fee as specified in 650—Chapter 15.**

This rule is intended to implement Iowa Code sections 147.10 and 147.80 and chapter 153.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

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

1. Authorize the issuance of the license, permit, or registration.

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

**11.8(1) Following review and consideration of a license, permit, or registration application referred by the executive director, the license committee may at its discretion:**

a. Recommend to the board issuance of the license, permit, or registration.

b. Recommend to the board denial of the license, permit, or registration.

c. Recommend to the board issuance of the license, permit, or registration under certain terms and conditions or with certain restrictions.

d. Refer the license, permit, or registration application to the board for review and consideration without recommendation.

**11.8(2) Following review and consideration of a license, permit, or registration application referred by the license committee the board shall:**

a. Authorize the issuance of the license, permit, or registration,

- b. Deny the issuance of the license, permit, or registration, or
- c. Authorize the issuance of the license, permit, or registration under certain terms and conditions or with certain restrictions.

**11.8(3)** The license committee or board may require an applicant to appear for an interview before the committee or the full board as part of the application process.

**11.8(4)** The license committee or board may defer final action on an application if there is an investigation or disciplinary action pending against an applicant, who may otherwise meet the requirements for license, permit, or registration, until such time as the committee or board is satisfied that licensure or registration of the applicant poses no risk to the health and safety of Iowans.

**11.8(5)** The dental hygiene committee shall be responsible for reviewing any applications submitted by a dental hygienist that require review in accordance with this rule. Following review by the dental hygiene committee, the committee shall make a recommendation to the board regarding issuance of the license or permit. The board's review of the dental hygiene committee's recommendation is subject to 650—Chapter 1.

**11.8(6)** An application for a license, permit, or reinstatement of a license will be considered complete prior to receipt of the criminal history background check on the applicant by the FBI for purposes of review and consideration by the executive director, the license committee, or the board. However, an applicant is required to submit an additional completed fingerprint packet and fee within 30 days of a request by the board if an earlier fingerprint submission has been determined to be unacceptable by the DCI or FBI.

**650—11.9(147,153) Grounds for denial of application.** The board may deny an application for license or permit for any of the following reasons:

1. Failure to meet the requirements for license or permit as specified in these rules.
2. Failure to provide accurate and truthful information, or the omission of material information.
3. Pursuant to Iowa Code section 147.4, upon any of the grounds for which licensure may be revoked or suspended.

This rule is intended to implement Iowa Code section 147.4.

**650—11.10(147) Denial of licensure—appeal procedure.**

**11.10(1) Preliminary notice of denial.** Prior to the denial of licensure to an applicant, the board shall issue a preliminary notice of denial that shall be sent to the applicant by regular, first-class mail. The preliminary notice of denial is a public record and shall cite the factual and legal basis for denying the application, notify the applicant of the appeal process, and specify the date upon which the denial will become final if it is not appealed.

**11.10(2) Appeal procedure.** An applicant who has received a preliminary notice of denial may appeal the notice and request a hearing on the issues related to the preliminary notice of denial by serving a request for hearing upon the executive director not more than 30 calendar days following the date when the preliminary notice of denial was mailed. The request is deemed filed on the date it is received in the board office. The request shall provide the applicant's current address, specify the factual or legal errors in the preliminary notice of denial, indicate if the applicant wants an evidentiary hearing, and provide any additional written information or documents in support of licensure.

**11.10(3) Hearing.** If an applicant appeals the preliminary notice of denial and requests a hearing, the hearing shall be a contested case and subsequent proceedings shall be conducted in accordance with 650—51.20(17A). License denial hearings are open to the public. Either party may request issuance of a protective order in the event privileged or confidential information is submitted into evidence.

a. The applicant shall have the ultimate burden of persuasion as to the applicant's qualification for licensure.

b. The board, after a hearing on license denial, may grant the license, grant the license with restrictions, or deny the license. The board shall state the reasons for its final decision, which is a

public record.

c. Judicial review of a final order of the board to deny a license, or to issue a license with restrictions, may be sought in accordance with the provisions of Iowa Code section 17A.19.

**11.10(4) Finality.** If an applicant does not appeal a preliminary notice of denial, the preliminary notice of denial automatically becomes final and a notice of denial will be issued. The final notice of denial is a public record.

**11.10(5) Failure to pursue appeal.** If an applicant appeals a preliminary notice of denial in accordance with 11.10(2), but the applicant fails to pursue that appeal to a final decision within six months from the date of the preliminary notice of denial, the board may dismiss the appeal. The appeal may be dismissed after the board sends a written notice by first-class mail to the applicant at the applicant's last-known address. The notice shall state that the appeal will be dismissed and the preliminary notice of denial will become final if the applicant does not contact the board to schedule the appeal hearing within 14 days after the written notice is sent. Upon dismissal of an appeal, the preliminary notice of denial becomes final.

This rule is intended to implement Iowa Code sections 147.3, 147.4 and 147.29.  
[ARC 7789B, IAB 5/20/09, effective 6/24/09]

**650—11.11(252J,261) Receipt of certificate of noncompliance.** The board shall consider the receipt of a certificate of noncompliance from the college student aid commission pursuant to Iowa Code sections 261.121 to 261.127 and 650—Chapter 34 of these rules or receipt of a certificate of noncompliance of a support order from the child support recovery unit pursuant to Iowa Code chapter 252J and 650—Chapter 33 of these rules. License denial shall follow the procedures in the statutes and board rules as set forth in this rule.

This rule is intended to implement Iowa Code chapter 252J and sections 261.121 to 261.127.

[Filed 8/23/78, Notice 6/28/78—published 9/20/78, effective 10/25/78]

[Filed emergency 12/16/83—published 1/4/84, effective 12/16/83]

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[Filed ARC 9218B (Notice ARC 8846B, IAB 6/16/10), IAB 11/3/10, effective 12/8/10]

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IAC 3/6/13

[Filed ARC 9510B (Notice ARC 9243B, IAB 12/1/10), IAB 5/18/11, effective 6/22/11]

[Filed ARC 0265C (Notice ARC 0128C, IAB 5/16/12), IAB 8/8/12, effective 9/12/12]

[Filed ARC 0618C (Notice ARC 0473C, IAB 11/28/12), IAB 3/6/13, effective 4/10/13]

DENTAL BOARD [650]

Notice of Intended Action

Pursuant to the authority of Iowa Code sections 147.34, and 153.21 the Dental Board hereby gives Notice of Intended Action to amend Chapter 12, “Dental and Dental Hygiene Examinations,” Iowa Administrative Code.

The purpose of the proposed amendments is to allow applicants applying for licensure by examination to take the same nationally recognized regional examinations currently accepted by applicants who apply for licensure by credentials, require applicants to take all parts of the examination offered by each respective testing agency, refer applicants to the policies and procedures of each respective testing agency, and to strike language that is outdated.

These amendments would allow applicants applying for licensure the ability to show successful completion of any of the nationally recognized regional examinations without regard to the basis for application.

Any interested person may make written comments on the proposed amendments on or before \_\_\_\_\_, 2016. Such written materials should be directed to Phil McCollum, Associate Director, Iowa Dental Board, 400 S.W. Eighth Street, Suite D, Des Moines, IA 50309 or sent by email to phil.mccollum@iowa.gov.

There will be a public hearing on \_\_\_\_\_, 2016 at 2:00 pm 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 amendments are subject to waiver or variance pursuant to 650-chapter 7.

After analysis and review of this rule making, there is no impact on jobs.

## CHAPTER 12

## DENTAL AND DENTAL HYGIENE EXAMINATIONS

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

**650—12.1 (147,153) Clinical examination procedure for dentistry.**~~12.1(1) Completion of regional clinical examination required.~~

~~a. CRDTS accepted for licensure by examination. To meet the requirements for dental licensure by examination, applicants shall complete the examination administered by the Central Regional Dental Testing Service, Inc. (CRDTS).~~

~~b. Special transition period for dentists passing WREB or ADEX examination prior to September 1, 2011. An applicant who has successfully passed the WREB or ADEX examination prior to September 1, 2011, may apply for licensure by examination.~~

**12.1(2) Compliance with testing requirements and procedures.**

~~a. CRDTS Regional clinical exam. Examinees shall meet the requirements for testing and follow the procedures established by Central Regional Dental Testing Service, Inc. each respective testing agency. Examinees must take all parts offered by the respective testing agency.~~

~~b. Special transition period for dentists passing WREB or ADEX examination prior to September 1, 2011. Examinees who have completed the WREB or ADEX examination prior to September 1, 2011, shall meet the requirements for testing and follow the procedures established by WREB or ADEX.~~

**12.1(3) Scoring requirements.**

~~a. Prior to April 1, 1995, the examinee must attain an average grade of not less than 70 percent on each clinical portion of the examination and 70 percent on the written portion of the examination.~~

~~b. Between April 1, 1995, and December 31, 2000, the examinee must attain an average grade of not less than 75 percent on each clinical portion of the examination and 75 percent on the written portion of the examination.~~

~~c. Between January 1, 2001, and June 22, 2011, the examinee must attain a comprehensive score that meets the standard for passing established by ADEX, CRDTS, or WREB.~~

~~d. Post June 22, 2011, and special transition period.~~

~~(1) Effective June 22, 2011, the examinee must attain a comprehensive score that meets the standard for passing established by CRDTS each respective testing agency.~~

~~(2) Special transition period for dentists passing WREB or ADEX. Examinees who successfully complete the WREB or ADEX examination by September 1, 2011, must attain a comprehensive score that meets the standard for passing established by WREB or ADEX.~~

**12.1(4) Compliance with performance clinical operations requirements.**

~~a. Each examinee shall be required to perform such clinical operations as may be required by the Central Regional Dental Testing Service, Inc. respective testing agency, for the purpose of sufficiently evaluating and testing the fitness of the examinee to practice dentistry.~~

~~b. Special transition period for dentists passing WREB or ADEX. Examinees who successfully complete the WREB or ADEX examination by September 1, 2011, shall be required to perform such clinical operations as may be required by WREB or ADEX for the purpose of sufficiently evaluating and testing the fitness of the examinee to practice dentistry.~~

~~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 the Council of Interstate Testing Agencies (CITA). [ARC 9510B, IAB 5/18/11, effective 6/22/11; ARC 0265C, IAB 8/8/12, effective 9/12/12]~~

**650—12.2 (147,153) System of retaking dental examinations.****12.2(1) Method of counting failures.**

a. ~~Integrated format.~~ For the purposes of counting examination failures, the board shall utilize the policies adopted by ~~CRDTS~~ **each respective testing agency**. ~~A dental examinee who has not passed all five parts of the integrated examination format by June 30 following graduation from dental school shall have one examination failure recorded. The dental examinee must then retake all five parts of the examination in the traditional format.~~

b. ~~Traditional format.~~ For the purposes of counting examination failures, the board shall utilize the policies adopted by ~~CRDTS~~. ~~A dental examinee who fails one or more parts of the examination shall have one examination failure recorded. A dental examinee shall be required to retake only those parts of the examination that the examinee failed. A dental examinee who has not passed all five parts of the examination within the time frame specified by CRDTS shall be required to retake the entire examination.~~

~~c. A dental examinee who has two examination failures in the traditional format will be required to complete remedial education requirements set forth in subrule 12.2(2).~~

**12.2(2) Remedial education required prior to third examination.**

a. Prior to the third examination attempt, a dental examinee must submit proof of additional formal education or clinical experience approved in advance by the board.

b. A dental examinee shall be required to retake only those parts of the examination that the examinee failed. However, a dental examinee who has not passed all ~~five~~ parts of the examination within the time frame specified by ~~CRDTS~~ shall be required to retake the entire examination. **The examinee shall refer to the policies of the respective testing agency, to determine applicable timeframes.**

**12.2(3) Remedial education required prior to fourth examination.**

a. Prior to the fourth examination attempt, a dental examinee must submit proof of satisfactory completion of the equivalent of an additional senior year of an approved curriculum in dentistry at a university or school with an approved curriculum.

b. At the fourth examination, the dental examinee shall be required to retake only those parts of the examination that the examinee failed. However, a dental examinee who has not passed all ~~five~~ parts of the examination within the time frame specified by ~~CRDTS~~ shall be required to retake the entire examination. **The examinee shall refer to the policies of the respective testing agency, to determine applicable timeframes.**

**12.2(4) Subsequent failures.** For the purposes of additional study prior to retakes, the fifth examination will be considered the same as the third.

**12.2(5) Failures of other examinations.** If a dental examinee applies for ~~the Central Regional Dental Testing Service, Inc.,~~ an examination after having failed any other state or regional examinations, the failure shall be considered a ~~CRDTS failure~~ **counted** for the purposes of retakes.

[ARC 9510B, IAB 5/18/11, effective 6/22/11]

**650—12.3 (147,153) Clinical examination procedure for dental hygiene.**

~~12.3(1) Completion of regional clinical examination required.~~

~~a. CRDTS accepted for licensure by examination. To meet the requirements for dental hygiene licensure by examination, applicants shall complete the examination administered by the Central Regional Dental Testing Service, Inc.~~

~~b. Special transition period for dentists passing WREB examination prior to September 1, 2011. An applicant who has successfully passed the WREB examination prior to September 1, 2011, may apply for licensure by examination.~~

**12.3(2 1) Compliance with testing requirements and procedures.**

a. ~~CRDTS.~~ **Regional clinical exam.** Examinees shall meet the requirements for testing and follow the procedures established by the Central Regional Dental Testing Service, Inc. **each respective testing agency. Examinees must take all parts offered by the respective testing agency.**

~~b. Special transition period for dentists passing WREB examination prior to September 1, 2011. Examinees who successfully complete the WREB examination prior to September 1, 2011, shall meet the requirements for testing and follow the procedures established by WREB.~~

**12.3(3 2) Scoring requirements.**

~~a. Prior to December 31, 2003, the examinee must attain an average grade of 70 percent on the examination.~~

~~b. Between January 1, 2004, and June 22, 2011, the examinee must attain a comprehensive score that meets the standard for passing established by CRDTS or WREB.~~

c. Post-June 22, 2011, and special transition period.

(1) ~~Effective June 22, 2011, t~~The examinee must attain a comprehensive score that meets the standard for passing established by ~~CRDTS.~~ **each respective testing agency.**

~~(2) Special transition period for dental hygienists passing WREB. Examinees who successfully complete the WREB examination by September 1, 2011, must attain a comprehensive score that meets the standard for passing established by WREB.~~

**12.3(4 3) Practical demonstrations.** Each examinee shall be required to perform such practical demonstrations as may be required by the Central Regional Dental Testing Service, Inc., **testing agency** for the purpose of sufficiently evaluating and testing the fitness of the examinee to practice dental hygiene.

~~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).~~

[ARC 7790B, IAB 5/20/09, effective 6/24/09; ARC 9510B, IAB 5/18/11, effective 6/22/11; ARC 0265C, IAB 8/8/12, effective 9/12/12]

**650—12.4 (147,153) System of retaking dental hygiene examinations.****12.4(1) Method of counting failures.**

a. For the purposes of counting examination failures, the board shall utilize the policies adopted by ~~CRDTS~~ **each respective testing agency**.

~~b. A dental hygiene examinee who fails the examination shall be required to retake the examination.~~

c. A dental hygiene examinee who has two examination failures will be required to complete the remedial education requirements set forth in subrule 12.4(2).

**12.4(2) Remedial education required prior to third examination.** Prior to the third examination attempt, a dental hygiene examinee must submit proof of a minimum of 40 hours of additional formal education or a minimum of 40 hours of clinical experience that is approved in advance by the dental hygiene committee.

**12.4(3) Remedial education required prior to fourth examination.** Prior to the fourth examination attempt, a dental hygiene examinee must submit proof of satisfactory completion of the equivalent of an additional semester of dental hygiene at a university or school approved by the dental hygiene committee.

**12.4(4) Subsequent failures.** For purposes of additional study prior to retakes, the fifth examination will be considered the same as the third.

**12.4(5) Failures of other examinations.** If a dental hygiene examinee applies for ~~the Central Regional Dental Testing Service, Inc.~~ **an** examination after having failed any other state or regional examination, the failure shall be ~~considered a CRDTS failure~~ **counted** for the purposes of retakes.

[ARC 7790B, IAB 5/20/09, effective 6/24/09; ARC 9510B, IAB 5/18/11, effective 6/22/11]

**650—12.5(153) Additional requirements.** Rescinded IAB 2/6/02, effective 3/13/02.

This chapter is intended to implement Iowa Code section 147.36.

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Proposed Changes – Continuing Education  
IAC 650—Chapter 25

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**Iowa Administrative Code 650—Chapter 25 – “Continuing Education”**

- ✓ **25.1** – Update definition of “Approved program or activity” to allow approval for courses, which clearly meet the requirements for approval pursuant to Ch. 25.
- ✓ **25.1** – Update definition of “Board” to reflect current name: Iowa Dental Board
- ✓ **25.1** – Add definition for “Dental public health”
- ✓ **25.1** – Strike language in definition of “Hour” to better clarify designation of continuing education awarded.
- ✓ **25.1** – Update definition of “Licensee” to match the definition provided in Ch. 1. The definition is intended to include those who may have a permit (e.g. faculty permit) as opposed to a license.
- ✓ **25.2(1)** – Strike references to continuing education requirements that are no longer applicable.
- ✓ **25.2(2) (new)** – Add continuing education requirements for dental assistants for each renewal period. (Move from Ch. 20).
- ✓ **25.2(3) (new)** – Strike references to continuing education requirements that are no longer applicable.
- ✓ **25.2(4) (new)** – Strike language, and update rule citation.
- ✓ **25.2(6) (new)** – Add language regarding continuing education audit requirements.
- ✓ **25.2(8) (new)** – Strike language regarding continuing education reporting with renewal, add requirement to only report continuing education hours completed, unless selected for audit.
- ✓ **25.2(10)c (new)** – Include reference to Iowa Code establishing requirements for mandatory reporting; move reference for CE hours awarded to later in the chapter.
- ✓ **25.2(11) (new)** – Update language and terminology. Move reference to total CE hours for CPR to later in the chapter.
- ✓ **25.2(12) (new)** – Add requirement for licensees and registrants to complete CE in the areas of infection control and jurisprudence at least once every 4 years. Credit shall be applied to renewal hours due.
- ✓ **25.3(2),(3),(4)** – Update language used. Move references to CE hours awarded for certain activities to later in the chapter.
- ✓ **25.3(5),(6)** – Update language regarding requirements for continuing education prior and post approval requests; establish limit for validity of continuing education courses following approval (5 years). Intended to prevent out-of-date courses from being reused for continuing education credit.

- ✓ **25.3(7)** – Update language to better clarify topics eligible for continuing education credit, and topics, which are ineligible for continuing education credit.
- ✓ **25.3(8)** – Update language to current name of Iowa Dental Board.
- ✓ **25.4 (new)** – Move all references to specific continuing education credit to this section. (e.g. CPR=3 hrs CE)
- ✓ **25.5 (new)** – Moved up sections regarding extensions/exemptions and exemption for inactive renewal further up in the chapter for continuity. Changed language to allow “licensed health care professionals”, such as a PA or ARNP, to provide documentation of illness or disability.
- ✓ **25.6 (new)** – Moved up sections regarding exemption for inactive renewal further up in the chapter for continuity.
- ✓ **25.7 (new)** – Changed language regarding sponsor application forms.
- ✓ **25.9 (new)** – Change notification requirements to “written” notification as opposed to notification by mail.
- ✓ **25.7, 8 (old)** – (Strike) Move to an earlier section of the chapter.
- ✓ **25.9 (old)** – Strike and move to chapter 14

TITLE V  
PROFESSIONAL STANDARDS  
CHAPTER 25  
CONTINUING EDUCATION  
[Prior to 5/18/88, Dental Examiners, Board of[320]]

**650—25.1(153) Definitions.** For the purpose of these rules on continuing education, definitions shall apply:

*“Advisory committee.”* An advisory committee on continuing education shall be formed to review and advise the board with respect to applications for approval of sponsors or activities and requests for ~~postapproval~~ approval of activities. Its members shall be appointed by the board and consist of a member of the board, two licensed dentists with expertise in the area of professional continuing education, two licensed dental hygienists with expertise in the area of professional continuing education, and two registered dental assistants with expertise in the area of professional continuing education. The advisory committee on continuing education may tentatively approve or deny applications or requests submitted to it pending final approval or disapproval of the board at its next meeting.

*“Approved program or activity”* means a continuing education program activity meeting the standards set forth in these rules which has received ~~advanced~~ approval by the board pursuant to these rules, or which otherwise meets the requirements herein.

*“Approved sponsor”* means a person or an organization sponsoring continuing education activities which has been approved by the board as a sponsor pursuant to these rules. During the time an organization, educational institution, or person is an approved sponsor, all continuing education activities of such person or organization may be deemed automatically approved provided they meet the continuing education guidelines of the board.

*“Board”* means the dental board of dental examiners.

*“Continuing dental education”* consists of education activities designed to review existing concepts and techniques and to update knowledge on advances in dental and medical sciences. The objective is to improve the knowledge, skills, and ability of the individual to deliver the highest quality of service to the public and professions.

Continuing dental education should favorably enrich past dental education experiences. Programs should make it possible for practitioners to attune dental practice to new knowledge as it becomes available. All continuing dental education should strengthen the skills of critical inquiry, balanced judgment and professional technique.

*“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.*

*“Hour”* of continuing education means one unit of credit which shall be granted for each hour of ~~contact~~ instruction and shall be designated as a “clock hour.” ~~This credit shall apply to either academic or clinical instruction.~~

*“Licensee”* means any person ~~licensed~~ who has been issued a certificate to practice dentistry or dental hygiene in the state of Iowa.

*“Registrant”* means any person registered to practice as a dental assistant in the state of Iowa.

**650—25.2(153) Continuing education requirements.**

**25.2(1)** Each person licensed to practice dentistry or dental hygiene in this state shall complete during the biennium renewal period a minimum of 30 hours of continuing education approved by the board. ~~However, for the dental hygiene renewal period beginning July 1, 2006, and ending August 30, 2007, a dental hygienist shall complete a minimum of 12 hours of continuing education approved by~~

the board.

25.2(2) Each person registered to practice dental assisting in this state shall complete during the biennium renewal period a minimum of 20 hours of continuing education approved by the board.

~~25.2(23)~~ The continuing education compliance period shall be the 24-month period commencing September 1 and ending on August 31 of the renewal cycle. ~~However, for the dental hygiene renewal period beginning July 1, 2006, and ending August 30, 2007, the continuing education compliance period for dental hygienists shall be the 14-month period commencing July 1, 2006, and ending August 30, 2007. For the dental assistant renewal period beginning July 1, 2005, and ending August 30, 2007, the continuing education compliance period for dental assistants shall be the previous 26-month period. For the dental license renewal period beginning July 1, 2006, and ending August 30, 2008, the continuing education compliance period for dentists shall be the previous 26-month period.~~

~~25.2(34)~~ Hours of continuing education credit may be obtained by attending and participating in a continuing education activity, either ~~previously~~ approved by the board or which otherwise meets the requirement herein ~~and is approved by the board~~ pursuant to subrule 25.3(5).

25.2(45) It is the responsibility of each licensee or registrant to finance the costs of continuing education.

~~25.2(56)~~ Every licensee or registrant shall maintain a record of all courses attended by keeping the certificates of attendance for four years after the end of the year of attendance. The board reserves the right to require any licensee or registrant to submit the certificates of attendance for the continuing education courses attended. If selected for continuing education audit, the licensee or registrant shall file a signed continuing education form reflecting the continuing education hours reported to include the evidence of attendance.

25.2(67) Licensees and registrants are responsible for obtaining proof of attendance forms when attending courses. Clock hours must be verified by the sponsor with the issuance of proof of attendance forms to the licensee or registrant.

~~25.2(78)~~ Each licensee or registrant shall ~~file a signed continuing education reporting form reflecting the required minimum~~ report the number of continuing education credit hours completed during the current renewal cycle reflecting the required minimum in compliance with this chapter ~~and 650 Chapter 20~~. Such report shall be filed with the board at the time of application for renewal of a dental or dental hygiene license or renewal of dental assistant registration.

~~25.2(89)~~ No carryover of credits from one biennial period to the next will be allowed.

25.2(910) Mandatory training for child abuse and dependent adult abuse reporting.

a. Licensees or registrants who regularly examine, attend, counsel or treat children in Iowa shall indicate on the renewal application completion ~~of two hours~~ of training in child abuse identification and reporting in the previous five years or conditions for exemptions as identified in paragraph "f" of this subrule.

b. Licensees or registrants who regularly examine, attend, counsel or treat adults in Iowa shall indicate on the renewal application completion ~~of two hours~~ of training in dependent adult abuse identification and reporting in the previous five years or conditions for exemptions as identified in paragraph "f" of this subrule.

c. Licensees or registrants who regularly examine, attend, counsel or treat both children and adults in Iowa shall indicate on the renewal application completion of ~~at least two hours~~ of training on the identification and reporting of abuse in children and dependent adults in the previous five years or conditions for exemptions as identified in paragraph "f" of this subrule pursuant to Iowa Code Sections chapters 232 and 235B. Training may be completed through separate courses or in one combined course that includes curricula for identifying and reporting child abuse and dependent adult abuse. ~~Up to three hours of continuing education may be awarded for taking a combined course.~~

d. The licensee or registrant shall maintain written documentation for five years after completion of the mandatory training, including program date(s), content, duration, and proof of participation. The board may audit this information at any time within the five-year period.

e. Training programs in child and dependent adult abuse identification and reporting that are

approved by the board are those that use a curriculum approved by the abuse education review panel of the department of public health or a training program offered by the department of human services, the department of education, an area education agency, a school district, the Iowa law enforcement academy, an Iowa college or university, or a similar state agency.

f. Exemptions. Licensees and registrants shall be exempt from the requirement for mandatory training for identifying and reporting child and dependent adult abuse if the board determines that it is in the public interest or that at the time of the renewal the licensee or registrant is issued an extension or exemption pursuant to 650—25.7(153).

~~25.2(10.1)~~ Licensees, ~~faculty permit holders~~, and registrants shall furnish evidence of valid certification for cardiopulmonary resuscitation (CPR), which shall be credited toward the continuing education requirement for renewal of the license, ~~faculty permit~~ or registration. Such evidence shall be filed at the time of renewal of the license, ~~faculty permit~~ or registration. ~~Credit hours awarded shall not exceed three continuing education credit hours per biennium.~~ Valid certification means certification by an organization on an annual basis or, if that certifying organization requires certification on a less frequent basis, evidence that the licensee or registrant has been properly certified for each year covered by the renewal period. In addition, the course must include a clinical component.

25.2(12) Licensees and registrants shall furnish evidence of continuing education in the areas of infection control and jurisprudence in the previous four years, which shall be credited toward the continuing education requirement for the renewal of the license or registration in the renewal period during which the courses were completed.

**650—25.3(153) Approval of programs and activities.** A continuing education activity shall be qualified for approval if the board determines that:

25.3(1) It constitutes an organized program of learning (including a workshop or symposium) which contributes directly to the professional competency of the licensee or registrant; and

25.3(2) It pertains to ~~common subjects or other subject matters~~ which relate ~~integrally~~ to the practice of dentistry, dental hygiene, or dental assisting which are intended to refresh and review, or update knowledge of new or existing concepts and techniques; and

25.3(3) It is conducted by individuals who have ~~special~~ education, training and experience ~~to be considered experts~~ concerning the subject matter of the program. The program must include a manual or written outline that substantively pertains to the subject matter of the program.

25.3(4) Activity types acceptable for continuing dental education credit may include:

a. Attendance at a ~~multiply~~ multiday convention-type meeting. A multiday, convention-type meeting is held at a national, state, or regional level and involves a variety of concurrent educational experiences directly related to the practice of dentistry. ~~Effective July 1, 2000, attendees shall receive three hours of credit with the maximum allowed six hours of credit per biennium. Prior to July 1, 2000, attendees received five hours of credit with the maximum allowed ten hours of credit per biennium. Four hours of credit shall be allowed for presentation of an original table clinic at a convention type meeting as verified by the sponsor when the subject matter conforms with 25.3(7). Attendees at the table clinic session of a dental, dental hygiene, or dental assisting convention shall receive two hours of credit as verified by the sponsor.~~

b. Postgraduate study relating to health sciences, ~~shall receive 15 credits per semester.~~

c. Successful completion of ~~Part II of the National Board Examination for dentists, or the National Board Examination for dental hygienists, if taken five or more years after graduation, or a recognized specialty examination,~~ or the Dental Assisting National Board (DANB) examination, ~~will result in 15 hours of credit.~~

d. Self-study activities shall ~~result in a maximum of 12 hours of credit per biennium.~~ Activity ~~may~~ include television viewing, video programs, correspondence work or research or computer CD-ROM programs that are interactive and require branching, navigation, participation and decision making on the part of the viewer.

~~e. Original presentation of continuing dental education courses, shall result in credit double that which the participant receives. Credit will not be granted for repeating presentations within the biennium. Credit is not given for teaching that represents part of the licensee's or registrant's normal academic duties as a full time or part time faculty member or consultant.~~

~~f. Publications of scientific articles in professional journals related to dentistry, dental hygiene, or dental assisting, shall result in a maximum of 5 hours per article, maximum of 20 hours per biennium.~~

~~g. Credit may be given for other continuing education activities upon request and approval by the Iowa board of dental board examiners.~~

**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~~ using board-approved forms. 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 as specified in 650—Chapter 15 is required. Continuing education course approval shall be valid for a period of five years following the date of board approval. Thereafter, courses may be resubmitted for approval.

**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~~ shall apply for approval to the board using board-approved forms. 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 as specified in 650—Chapter 15 is required. Continuing education course approval shall be valid for a period of five years following the date of board approval. Thereafter, courses may be resubmitted for approval.

**25.3(7)** Subject matter acceptable for continuing dental education credit:

a. In order for specific course subject material to be acceptable for credit, the stated course objectives, overall curriculum design or course outlines shall clearly establish conformance with the following criteria:

- (1) The subject matter is of value to dentistry and directly applicable to oral health care.
- (2) The information presented enables the dental professional to enhance the dental health of the public.
- (3) The dental professional is able to apply the knowledge gained within the professional capacity of the individual.
- (4) The dental science courses include, but are not limited to, ~~those within the eight recognized dental specialty areas and topics such as~~ the clinical practice of dentistry, dental hygiene and dental assisting, and dental public health ~~geriatric dentistry, hospital dentistry, oral diagnosis, oral rehabilitation and preventative dentistry.~~

b. Acceptable subject matter includes but is not limited to, courses in patient treatment record keeping, medical conditions which may have an effect in oral health, ergonomics, HIPAA, risk management, sexual boundaries, communication with patients, and OSHA regulations, Iowa jurisprudence, discontinuation of practice and transition of an office, and courses related to clinical practice. ~~A course on Iowa jurisprudence that has been prior approved by the board is also acceptable subject matter.~~

c. Unacceptable subject matter and activity types includes but are not limited to, personal development, business aspects of practice, business strategy, financial management, marketing, sales,

practice growth, personnel management, ~~government regulations~~, insurance, collective bargaining, and ~~community service presentations~~ events where volunteer services are provided. While desirable, those subjects and activities are not applicable to dental skills, knowledge, and competence. Therefore, such courses will receive no credit toward renewal. The board may deny credit for any course.

**25.3(8)** Inquiries relating to acceptability of continuing dental education activities, approval of sponsors, or exemptions should be directed to Advisory Committee on Continuing Dental Education, Iowa Board of Dental ~~Board~~ **Examiners**, 400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687. [ARC 8369B, IAB 12/16/09, effective 1/20/10; ARC 0265C, IAB 8/8/12, effective 9/12/12]

**650—25.4(153) Designation of continuing education hours.** Continuing education hours shall be determined by the length of a continuing education course in “clock hours”. For the purposes of calculating continuing education hours for renewal of a license or registration the following rules shall apply:

**25.4(1)** Licensees and registrants may claim continuing education credit for completion of the mandatory reporter training if completed in the current biennium.

a. Completion of training in the identification and reporting of abuse in children shall result in two hours credit.

b. Completion of training in the identification and reporting of abuse in dependent adults shall result in two hours of credit.

c. Completion of training in the identification and reporting of abuse in children and dependent adults as a combined course shall result in three hours of credit.

**25.4(2)** Credit hours awarded for certification in cardiopulmonary resuscitation (CPR) shall not exceed three continuing education hours per biennium.

**25.4(3)** Attendees of a multiday convention-type meeting, shall receive three hours of credit with the maximum allowed six hours of credit per biennium.

a. Four hours of credit shall be allowed for presentation of an original table clinic at a convention-type meeting as verified by the sponsor when the subject matter conforms with 25.3(7).

b. Attendees at the table clinic session of a dental, dental hygiene, or dental assisting convention shall receive two hours of credit as verified by the sponsor when the subject matter conforms with 25.3(7).

**25.4(4)** Postgraduate study relating to health sciences shall receive 15 credits per semester.

**25.4(5)** Successful completion of a specialty examination or the Dental Assisting National Board (DANB) shall result in 15 hours of credit.

**25.4(6)** Self-study activities shall result in a maximum of 12 hours of continuing education credit per biennium. Activity may include Internet-based coursework, television viewing, video programs, correspondence work or research, or computer CD-ROM programs that are interactive and require branching, navigation, participation and decision making on the part of the viewer. Internet-based webinars, which includes the involvement of an instructor and participants in real time and which allow for communication with the instructor through messaging, telephone or other means shall not be construed to be self-study activities.

**25.4(7)** Original presentation of continuing education dental education shall result in credit double that which the participants receives. Additional credit will not be granted for repeating presentations within the biennium. Credit is not given for teaching that represents part of the licensee’s or registrant’s normal academic duties as a full-time or part-time faculty member or consultant.

**25.4(8)** Publication of scientific articles in professional journals related to dentistry, dental hygiene, or dental assisting shall result in 5 hours of credit per article, maximum of 20 hours per biennium.

**650—25.5(153) Extensions and exemptions.**

**25.5(1)** Illness or disability. The board may, in individual cases involving physical disability or illness, grant an exemption of the minimum education requirements or an extension of time within

which to fulfill the same or make the required reports. No exemption or extension of time shall be granted unless written application is made on forms provided by the board and signed by the licensee or registrant and a licensed health care professional. Extensions or exemptions of the minimum educational requirements may be granted by the board for any period of time not to exceed one calendar year. In the event that the physical disability or illness upon which an exemption has been granted continues beyond the period granted, the licensee or registrant must reapply for an extension of the exemption. The board may, as a condition of the exemption, require the applicant to make up a certain portion or all of the minimum educational requirements.

25.5(2) Other extensions or exemptions. Extensions or exemptions of continuing education requirements will be considered by the board on an individual basis. Licensees or registrants will be exempt from the continuing education requirements for:

- a. Periods that the person serves honorably on active duty in the military services;
- b. Periods that the person practices the person's profession in another state or district having a continuing education requirement and the licensee or registrant meets all requirements of that state or district for practice therein;
- c. Periods that the person is a government employee working in the person's licensed or registered specialty and assigned to duty outside the United States;
- d. Other periods of active practice and absence from the state approved by the board;
- e. The current biennium renewal period, or portion thereof, following original issuance of the license.
- f. For dental assistants registered pursuant to 650—20.7(153), the current biennium renewal period, or portion thereof, following original issuance of the registration.

650—25.6(153) Exemptions for inactive practitioners. A licensee or registrant who is not engaged in practice in the state of Iowa, residing in or out of the state of Iowa, may place the license or registration on inactive status by submitting a written renewal form and paying the required renewal fee. No continuing education hours are required to renew a license or registration on inactive status until application for reactivation is made. A request to place a license or registration on inactive status shall also contain a statement that the applicant will not engage in the practice of the applicant's profession in Iowa without first complying with all rules governing reactivation of inactive practitioners.

[ARC 8369B, IAB 12/16/09, effective 1/20/10]

#### **650—25.47(153) Approval of sponsors.**

**25.47(1)** An organization or person not previously approved by the board, which desires approval as a sponsor of courses, programs, or other continuing education activities, shall apply for approval to the board stating its education history ~~for the preceding two years~~, including approximate dates, subjects offered, total hours of instruction presented, and names and qualifications of instructors. All applications shall be reviewed by the advisory committee on continuing education prior to final approval or denial by the board.

**25.47(2)** Prospective sponsors must apply to the Iowa dental board using a ~~“Sponsor Approval Form”~~ board-approved forms in order to obtain approved sponsor status. An application fee as specified in 650—Chapter 15 is required. Board-approved sponsors must pay the biennial renewal fee as specified in 650—Chapter 15 and file a sponsor recertification record report biennially.

**25.47(3)** The person or organization sponsoring continuing education activities shall make a written record of the Iowa licensees or registrants in attendance, maintain the written record for a minimum of five years, and submit the record upon the request of the board. The sponsor of the continuing education activity shall also provide proof of attendance and the number of credit hours awarded to the licensee or registrant who participates in the continuing education activity.

**25.47(4)** Sponsors must be formally organized and adhere to board rules for planning and providing continuing dental education activities. Programs sponsored by individuals or institutions for

commercial or proprietary purposes, especially programs in which the speaker advertises or urges the use of any particular dental product or appliance, may be recognized for credit on a prior approval basis only. When courses are promoted as approved continuing education courses which do not meet the requirements as defined by the board, the sponsor will be required to refund the registration fee to the participants. Approved sponsors may offer noncredit courses provided the participants have been informed that no credit will be given. Failure to meet this requirement may result in loss of approved sponsor status.

[ARC 9218B, IAB 11/3/10, effective 12/8/10; ARC 0265C, IAB 8/8/12, effective 9/12/12]

**650—25.58(153) Review of programs or sponsors.** The board on its own motion or at the recommendation of the advisory committee on continuing education may monitor or review any continuing education program or sponsors already approved by the board. Upon evidence of significant variation in the program presented from the program approved, the board may disapprove all or any part of the approved hours granted to the program or may rescind the approval status of the sponsor.

**650—25.69(153) Hearings.** In the event of denial, in whole or in part, of any application for approval of a continuing education program or credit for continuing education activity, the applicant, licensee, or registrant shall have the right, within 20 days after the sending of the **written** notification of the denial ~~by ordinary mail~~, to request a hearing which shall be held within 60 days after receipt of the request for hearing. The hearing shall be conducted by the board or a qualified hearing officer designated by the board. If the hearing is conducted by a hearing officer, the hearing officer shall submit a transcript of the hearing with the proposed decision of the hearing officer. The decision of the board or decision of the hearing officer after adoption by the board shall be final.

**650—25.7(153) Extensions and exemptions.**

~~—25.7(1) *Illness or disability.* The board may, in individual cases involving physical disability or illness, grant an exemption of the minimum education requirements or an extension of time within which to fulfill the same or make the required reports. No exemption or extension of time shall be granted unless written application is made on forms provided by the board and signed by the licensee or registrant and a physician licensed by the board of medical examiners. Extensions or exemptions of the minimum educational requirements may be granted by the board for any period of time not to exceed one calendar year. In the event that the physical disability or illness upon which an exemption has been granted continues beyond the period granted, the licensee or registrant must reapply for an extension of the exemption. The board may, as a condition of the exemption, require the applicant to make up a certain portion or all of the minimum educational requirements.~~

~~—25.7(2) *Other extensions or exemptions.* Extensions or exemptions of continuing education requirements will be considered by the board on an individual basis. Licensees or registrants will be exempt from the continuing education requirements for:~~

- ~~—a. Periods that the person serves honorably on active duty in the military services;~~
- ~~—b. Periods that the person practices the person's profession in another state or district having a continuing education requirement and the licensee or registrant meets all requirements of that state or district for practice therein;~~
- ~~—c. Periods that the person is a government employee working in the person's licensed or registered specialty and assigned to duty outside the United States;~~
- ~~—d. Other periods of active practice and absence from the state approved by the board;~~
- ~~—e. The current biennium renewal period, or portion thereof, following original issuance of the license.~~

~~—f. For dental assistants registered pursuant to 650—20.6(153), the current biennium renewal period, or portion thereof, following original issuance of the registration.~~

**650—25.8(153) Exemptions for inactive practitioners.** A licensee or registrant who is not engaged

in practice in the state of Iowa, residing in or out of the state of Iowa, may place the license or registration on inactive status by submitting a written renewal form and paying the required renewal fee. No continuing education hours are required to renew a license or registration on inactive status until reinstatement. A request to place a license or registration on inactive status shall also contain a statement that the applicant will not engage in the practice of the applicant's profession in Iowa without first complying with all rules governing reinstatement of inactive practitioners.  
~~[ARC 8369B, IAB 12/16/09, effective 1/20/10]~~

~~650—25.9(153) Reinstatement of inactive practitioners.~~ Inactive practitioners shall, prior to engaging in the practice of dentistry, dental hygiene, or dental assisting in the state of Iowa, satisfy the following requirements for reinstatement:

~~25.9(1) Submit written application for reinstatement to the board upon forms provided by the board; and~~

~~25.9(2) Furnish in the application evidence of one of the following:~~

~~a. The full-time practice of the profession in another state of the United States or the District of Columbia and completion of continuing education for each year of inactive status substantially equivalent in the opinion of the board to that required under the rules; or~~

~~b. Completion of a total number of hours of approved continuing education computed by multiplying 15 by the number of years the license has been on inactive status for a dentist or dental hygienist, up to a maximum of 75 hours for a dentist or dental hygienist, or by multiplying 10 by the number of years the registration has been on inactive status for a dental assistant, up to a maximum of 50 hours for a dental assistant; or~~

~~c. Successful completion of CRDTS or other Iowa state license or registration examination conducted within one year immediately prior to the submission of such application for reinstatement;~~

~~or~~  
~~d. The licensee or registrant may petition the board to determine the continuing education credit hours required for reinstatement of the Iowa license or registration;~~

~~e. Evidence that the applicant possesses a current certificate in a nationally recognized course in cardiopulmonary resuscitation. The course must include a clinical component.~~

~~25.9(3) Applications must be filed with the board along with the following:~~

~~a. Certification by the state board of dentistry or equivalent authority in which applicant has engaged in the practice of the applicant's profession that the applicant has not been the subject of final or pending disciplinary action.~~

~~b. Statement as to any claims, complaints, judgments or settlements made with respect to the applicant arising out of the alleged negligence or malpractice in rendering professional services as a dentist, dental hygienist, or dental assistant.~~

~~[ARC 8369B, IAB 12/16/09, effective 1/20/10; ARC 9218B, IAB 11/3/10, effective 12/8/10]~~

**650—25.10(153) Noncompliance with continuing dental education requirements.** It is the licensee's or registrant's personal responsibility to comply with these rules. The license or registration of individuals not complying with the continuing dental education rules may be subject to disciplinary action by the board or nonrenewal of the license or registration.

**650—25.11(153) Dental hygiene continuing education.** The dental hygiene committee, in its discretion, shall make recommendations to the board for approval or denial of requests pertaining to dental hygiene education. The dental hygiene committee may utilize the continuing education advisory committee as needed. The board's review of the dental hygiene committee recommendation is subject to 650—Chapter 1. The following items pertaining to dental hygiene shall be forwarded to the dental hygiene committee for review.

1. Dental hygiene continuing education requirements and requests for approval of programs, activities and sponsors.
2. Requests by dental hygienists for waivers, extensions and exemptions of the continuing

**Commented [BC[1]]:** Intent is to move this section to IAC 650—Chapter 14 where renewal and reinstatements are addressed.

education requirements.

3. Requests for exemptions from inactive dental hygiene practitioners.
4. Requests for reinstatement from inactive dental hygiene practitioners.
5. Appeals of denial of dental hygiene continuing education and conduct hearings as necessary.

These rules are intended to implement Iowa Code sections 147.10, 153.15A, and 153.39 and chapter 272C.

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[Filed ARC 0265C (Notice ARC 0128C, IAB 5/16/12), IAB 8/8/12, effective 9/12/12]

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Proposed Changes – Continuing Education, Reinstatement/Reactivation  
IAC 650—Chapter 14

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**Iowa Administrative Code 650—Chapter 14 – “Renewal and Reinstatement”**

- ✓ **14.2(3)** – Strike reference to continuing education requirements in Chapter 20. (All continuing education requirements will be addressed in Ch. 25.)
  
- ✓ **14.(8) (new)** – Add requirements for Reactivation of Inactive Practitioners (move from chapter 25). This allows all renewal, reinstatement and reactivation requirements in one chapter (Ch. 14).

CHAPTER 14  
RENEWAL AND REINSTATEMENT  
[Prior to 5/18/88, Dental Examiners, Board of[320]]

**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. Dental hygiene licenses expire on August 31 of every odd-numbered year. Dental licenses expire August 31 of every even-numbered year.

**14.1(1) Application renewal procedures.**

*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, 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.  
[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**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 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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**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 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.  
[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**650—14.4(147,153,272C) Grounds for nonrenewal.** The board may refuse to renew a license, 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 license, registration or radiography qualification or renewal of license, 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 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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

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

**14.5(1) *Failure to renew license or permit.***

*a.* Failure to renew a dental or dental hygiene license or permit prior to September 1 following expiration shall result in a late fee 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 in the amount specified in 650—Chapter 15.

*c.* Failure of a license 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 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, and 272C.2.  
[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**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 have the license or registration reinstated at the discretion of the board by submitting the following:

*a.* A completed application for reinstatement of a lapsed license to practice dentistry or dental hygiene or application for reinstatement of a lapsed registration on the form provided by the board.

*b.* Dates and places of practice.

*c.* A list of other states in which licensed or registered and the identifying number of each license or registration.

*d.* Reasons for seeking reinstatement and why the license or registration was not maintained.

*e.* Payment of all renewal fees past due, as specified in 650—Chapter 15, plus the reinstatement fee as specified in 650—Chapter 15.

*f.* Evidence of completion of a total of 15 hours of continuing education for each lapsed year or part thereof in accordance with 650—Chapter 25, up to a maximum of 75 hours. Dental assistants shall be required to submit evidence of completion of a total of 10 hours of continuing education for each lapsed year or part thereof in accordance with 650—20.12(153), up to a maximum of 50 hours.

*g.* If licensed or registered in another state, the licensee or registrant shall provide certification by the state board of dentistry or equivalent authority of such state that the licensee or registrant has not been the subject of final or pending disciplinary action.

*h.* A statement disclosing and explaining any disciplinary actions, investigations, claims, complaints, judgments, settlements, or criminal charges.

*i.* Evidence that the applicant possesses a current certificate in a nationally recognized course in cardiopulmonary resuscitation. The course must include a clinical component.

*j.* For reinstatement of a lapsed license, a completed fingerprint packet to facilitate a criminal history background check by the Iowa division of criminal investigation (DCI) and the Federal Bureau of Investigation (FBI), including the fee for the evaluation of the fingerprint packet and the criminal history background checks by the DCI and FBI, as specified in 650—Chapter 15.

**14.6(2)** The board may require a licensee or registrant applying for reinstatement to successfully complete an examination designated by the board prior to reinstatement if necessary to ensure the licensee or registrant is able to practice the licensee's or registrant's respective profession with reasonable skill and safety.

**14.6(3)** When the board finds that a practitioner applying for reinstatement is or has been subject to disciplinary action taken against a license or registration held by the applicant in another state of the United States, District of Columbia, or territory, and the violations which resulted in such actions would also be grounds for discipline in Iowa in accordance with rule 650—30.4(153), the board may deny reinstatement of a license or registration to practice dentistry, dental hygiene, or dental assisting in Iowa or may impose any applicable disciplinary sanctions as specified in rule 650—30.2(153) as a condition of reinstatement.

**14.6(4)** The dental hygiene committee may, in its discretion, review any applications for reinstatement of a lapsed dental hygiene license and make recommendations to the board. The board's review of the dental hygiene committee recommendation is subject to 650—Chapter 1.

This rule is intended to implement Iowa Code sections 147.10, 147.11, and 272C.2.  
[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**650—14.8 (153) Reactivation of inactive practitioners.** Inactive practitioners shall, prior to engaging in the practice of dentistry, dental hygiene, or dental assisting in the state of Iowa, satisfy the following requirements for reactivation:

**14.8(1)** Submit written application for reactivation to the board upon forms provided by the board; and

**14.8(2)** Furnish in the application evidence of one of the following:

a. The full-time practice of the profession in another state of the United States or the District of Columbia and completion of continuing education for each year of inactive status substantially equivalent in the opinion of the board to that required under the rules; or

b. Completion of a total number of hours of approved continuing education computed by multiplying 15 by the number of years the license has been on inactive status for a dentist or dental hygienist, up to a maximum of 75 hours for a dentist or dental hygienist, or by multiplying 10 by the number of years the registration has been on inactive status for a dental assistant, up to a maximum of 50 hours for a dental assistant; or

c. Successful completion of CRDTS, WREB, SRTA or ADEX examination or registration examination conducted within one year immediately prior to the submission of such application for reactivation; or

d. The licensee or registrant may petition the board to determine the continuing education credit hours required for reactivation of the Iowa license or registration.

e. Evidence that the applicant possesses a current certificate in a nationally recognized course in cardiopulmonary resuscitation. The course must include a clinical component.

f. The board may require a licensee or registrant applying for reactivation to successfully complete an examination designated by the board prior to reactivation if necessary to ensure the licensee or registrant is able to practice the licensee's or registrant's prospective profession with reasonable skill and safety.

g. The dental hygiene committee may, in its discretion, review any applications for reactivation of an inactive dental hygiene license and make recommendations to the board. The board's review of the dental hygiene committee recommendation is subject to 650—Chapter 1.

**14.8(3)** Applications must be filed with the board along with the following:

a. Certification by the state board of dentistry or equivalent authority in which applicant has engaged in the practice of the applicant's profession that the applicant has not been the subject of final or pending disciplinary action.

b. Statement as to any claims, complaints, judgments or settlements made with respect to the applicant arising out of the alleged negligence or malpractice in rendering professional services as a dentist, dental hygienist, or dental assistant.

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Proposed Changes – Discontinuation of Practice (Round 2) – IAC 650—Chapter 27

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- ✓ **27.10** – Updated to reflect that the rules are applicable to any practitioner who leaves a permanent practice location.
- ✓ **27.10** – Updated to reflect that any patient who has been seen by the outgoing practitioner in the previous 2 years must be notified.
- ✓ **27.10** – Updated with new procedures for notification.
- ✓ **27.10** – Updated to define a permanent practice location.

CHAPTER 27  
STANDARDS OF PRACTICE AND  
PRINCIPLES OF PROFESSIONAL ETHICS

**650—27.1(153) General.**

**27.1(1) *Dental ethics.*** The following principles relating to dental ethics are compatible with the Code of Professional Ethics and advisory opinions published in August 1998 by the American Dental Association. These principles are not intended to provide a limitation on the ability of the board to address problems in the area of ethics but rather to provide a basis for board review of questions concerning professional ethics. The dentist's primary professional obligation shall be service to the public with the most important aspect of that obligation being the competent delivery of appropriate care within the bounds of the clinical circumstances presented by the patient, with due consideration being given to the needs and desires of the patient. Unprofessional conduct includes, but is not limited, to any violation of these rules.

**27.1(2) *Dental hygiene ethics.*** The following principles relating to dental hygiene ethics are compatible with the Code of Ethics of the American Dental Hygienists' Association published in 1995. Standards of practice for dental hygienists are compatible with the Iowa dental hygienists' association dental hygiene standards of practice adopted in May 1993. These principles and standards are not intended to provide a limitation on the ability of the dental hygiene committee to address problems in the area of ethics and professional standards for dental hygienists but rather to provide a basis for committee review of questions regarding the same. The dental hygienist's primary responsibility is to provide quality care and service to the public according to the clinical circumstances presented by the patient, with due consideration of responsibilities to the patient and the supervising dentist according to the laws and rules governing the practice of dental hygiene.

**27.1(3) *Dental assistant ethics.*** Dental assistants shall utilize the principles of professional dental and dental hygiene ethics for guidance, and the laws and rules governing the practice of dental assisting.

**650—27.2(153,272C) Patient acceptance.** Dentists, in serving the public, may exercise reasonable discretion in accepting patients in their practices; however, dentists shall not refuse to accept patients into their practice or deny dental service to patients because of the patient's race, creed, sex or national origin.

**650—27.3(153) Emergency service.** Emergency services in dentistry are deemed to be those services necessary for the relief of pain or to thwart infection and prevent its spread.

**27.3(1)** Dentists shall make reasonable arrangements for the emergency care of their patients of record.

**27.3(2)** Dentists shall, when consulted in an emergency by patients not of record, make reasonable arrangements for emergency care.

**650—27.4(153) Consultation and referral.**

**27.4(1)** Dentists shall seek consultation, if possible, whenever the welfare of patients will be safeguarded or advanced by utilizing those practitioners who have special skills, knowledge and experience.

**27.4(2)** The specialist or consulting dentist upon completion of their care shall return the patient, unless the patient expressly states a different preference, to the referring dentist or, if none, to the dentist of record for future care.

**27.4(3)** The specialist shall be obliged, when there is no referring dentist and upon completion of the treatment, to inform the patient when there is a need for further dental care.

**27.4(4)** A dentist who has a patient referred for a second opinion regarding a diagnosis or treatment plan recommended by the patient's treating dentist, should render the requested second

opinion in accordance with these rules. In the interest of the patient being afforded quality care, the dentist rendering the second opinion should not have a vested interest in the ensuing recommendation.

**650—27.5(153) Use of personnel.** Dentists shall protect the health of their patients by assigning to qualified personnel only those duties that can be legally delegated. Dentists shall supervise the work of all personnel working under their direction and control.

**650—27.6(153) Evidence of incompetent treatment.**

**27.6(1)** Licensees or registrants shall report to the board instances of gross or continually faulty treatment by other licensees or registrants.

**27.6(2)** Licensees or registrants may provide expert testimony when that testimony is essential to a just and fair disposition of a judicial or administrative action.

**650—27.7(153) Representation of care and fees.**

**27.7(1)** Dentists shall not represent the care being rendered to their patients or the fees being charged for providing the care in a false or misleading manner.

**27.7(2)** A dentist who accepts a third-party payment under a copayment plan as payment in full without disclosing to the third-party payer that the patient's payment portion will not be collected is engaging in deception and misrepresentation by this overbilling practice.

**27.7(3)** A dentist shall not increase a fee to a patient solely because the patient has insurance.

**27.7(4)** Payments accepted by a dentist under a governmentally funded program, a component or constituent dental society sponsored access program, or a participating agreement entered into under a program of a third party shall not be considered as evidence of overbilling in determining whether a charge to a patient or to another third party on behalf of a patient not covered under any of these programs, constitutes overbilling under this rule.

**27.7(5)** A dentist who submits a claim form to a third party reporting incorrect treatment dates is engaged in making unethical, false or misleading representations.

**27.7(6)** A dentist who incorrectly describes a dental procedure on a third party claim form in order to receive a greater payment or incorrectly makes a noncovered procedure appear to be a covered procedure is engaged in making an unethical, false or misleading representation to the third party.

**27.7(7)** A dentist who recommends or performs unnecessary dental services or procedures is engaged in unprofessional conduct.

**27.7(8)** A dentist shall not bill for services not rendered. A dentist shall not be prohibited from billing for those services which have been rendered, for actual costs incurred in the treatment of the patient, or for charges for missed appointments.

**27.7(9)** A dentist shall not bill or draw on a patient's line of credit prior to services being rendered. A dentist may bill or draw on a patient's line of credit for those services which have been rendered or for actual costs incurred in the treatment of the patient.

**27.7(10)** A dentist shall not be prohibited from permitting patients to prepay for services, in whole or in part, on a voluntary basis.

[ARC 9218B, IAB 11/3/10, effective 12/8/10]

**650—27.8(153) General practitioner announcement of services.** General dentists who wish to announce the services available in their practices are permitted to announce the availability of those services so long as they avoid any communications that express or imply specialization. General dentists shall also state that the services are being provided by a general dentist.

**650—27.9(153) Unethical and unprofessional conduct.**

**27.9(1)** Licensee or registrant actions determined by the board to be abusive, coercive, intimidating, harassing, untruthful or threatening in connection with the practice of dentistry shall constitute unethical or unprofessional conduct.

**27.9(2)** A treatment regimen shall be fully explained and patient authorization obtained before

treatment is begun.

**27.9(3)** A licensee or registrant determined to be infected with HIV or HBV shall not perform an exposure-prone procedure except as approved by the expert review panel as specified in Iowa Code section 139A.22, established by the Iowa department of public health, or if the licensee or registrant works in a hospital setting, the licensee or registrant may elect either the expert review panel established by the hospital or the expert review panel established by the Iowa department of public health for the purpose of making a determination of the circumstances under which the licensee or registrant may perform exposure-prone procedures. The licensee or registrant shall comply with the recommendations of the expert review panel. Failure to do so shall constitute unethical and unprofessional conduct and is grounds for disciplinary action by the board.

**27.9(4)** Knowingly providing false or misleading information to the board or an agent of the board is considered unethical and unprofessional conduct.

**27.9(5)** Prohibiting a person from filing or interfering with a person's filing a complaint with the board is considered unethical and unprofessional conduct.

**27.9(6)** A licensee shall not enter into any agreement with a patient that the patient will not file a complaint with the board.

[ARC 9218B, IAB 11/3/10, effective 12/8/10]

**650—27.10(153) Retirement or discontinuance of practice.**

**27.10(1)** A licensee licensed dentist, upon retirement, or upon ~~discontinuance of the practice of dentistry, or upon leaving or moving from a community~~ leaving a permanent practice location, shall notify ~~all active patients in writing~~ any patient whom the dentist has examined, treated, cared for, or otherwise consulted with during the previous two-year period at that permanent practice location, ~~or~~ Such notifications shall be in writing or by publication once a week for three consecutive weeks in a newspaper of general circulation in the community and must inform the patients that they intend to retire or discontinue practice at that practice location, and shall inform patients of options for future care, ~~that the licensee intends to discontinue the practice of dentistry in the community, and shall encourage patients to seek the services of another licensee.~~ The licensee shall make reasonable arrangements with active such patients for the transfer of patient records, or copies thereof, to the succeeding licensee dentist. A permanent location is defined as any location at which a practitioner regularly practices dentistry for a period of 6 months, on either a part-time or full-time basis. ~~“Active patient” means a person whom the licensee has examined, treated, cared for, or otherwise consulted with during the two year period prior to retirement, discontinuance of the practice of dentistry, or leaving or moving from a community.~~

**27.10(2)** Nothing herein provided shall prohibit a licensee from conveying or transferring the licensee's patient records to another licensed dentist who is assuming a practice, provided that written notice is furnished to all patients as hereinbefore specified.

**650—27.11(153,272C) Record keeping.** Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient. Records shall be permanent, timely, accurate, legible, and easily understandable.

**27.11(1) Dental records.** Dentists shall maintain dental records for each patient. The records shall contain all of the following:

*a. Personal data.*

- (1) Name, date of birth, address and, if a minor, name of parent or guardian.
- (2) Name and telephone number of person to contact in case of emergency.

*b. Dental and medical history.* Dental records shall include information from the patient or the patient's parent or guardian regarding the patient's dental and medical history. The information shall include sufficient data to support the recommended treatment plan.

*c. Patient's reason for visit.* When a patient presents with a chief complaint, dental records shall include the patient's stated oral health care reasons for visiting the dentist.

*d. Clinical examination progress notes.* Dental records shall include chronological dates and descriptions of the following:

- (1) Clinical examination findings, tests conducted, and a summary of all pertinent diagnoses;
- (2) Plan of intended treatment and treatment sequence;
- (3) Services rendered and any treatment complications;
- (4) All radiographs, study models, and periodontal charting, if applicable;
- (5) Name, quantity, and strength of all drugs dispensed, administered, or prescribed; and
- (6) Name of dentist, dental hygienist, or any other auxiliary, who performs any treatment or service or who may have contact with a patient regarding the patient's dental health.

*e. Informed consent.* Dental records shall include, at a minimum, documentation of informed consent that includes discussion of procedure(s), treatment options, potential complications and known risks, and patient's consent to proceed with treatment.

**27.11(2) Retention of records.** A dentist shall maintain a patient's dental record for a minimum of six years after the date of last examination, prescription, or treatment. Records for minors shall be maintained for a minimum of either (a) one year after the patient reaches the age of majority (18), or (b) six years, whichever is longer. Study models and casts shall be maintained for six years after the date of completion of treatment. Alternatively, one year after completion of treatment, study models and casts may be provided to the patient for retention. Proper safeguards shall be maintained to ensure safety of records from destructive elements.

**27.11(3) Electronic record keeping.** The requirements of this rule apply to electronic records as well as to records kept by any other means. When electronic records are kept, a dentist shall keep either a duplicate hard copy record or use an unalterable electronic record.

**27.11(4) Correction of records.** Notations shall be legible, written in ink, and contain no erasures or white-outs. If incorrect information is placed in the record, it must be crossed out with a single nondeleting line and be initialed by a dental health care worker.

**27.11(5) Confidentiality and transfer of records.** Dentists shall preserve the confidentiality of patient records in a manner consistent with the protection of the welfare of the patient. Upon request of the patient or patient's legal guardian, the dentist shall furnish the dental records or copies or summaries of the records, including dental radiographs or copies of the radiographs that are of diagnostic quality, as will be beneficial for the future treatment of that patient. The dentist may charge a nominal fee for duplication of records, but may not refuse to transfer records for nonpayment of any fees.

[ARC 8369B, IAB 12/16/09, effective 1/20/10; ARC 1995C, IAB 5/27/15, effective 7/1/15]

**650—27.12(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 153.34(7), 153.34(9), 272C.3, 272C.4(1f) and 272C.4(6).

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IAC 5/27/15

Dental Board[650]

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[Filed ARC 8369B (Notice ARC 8044B, IAB 8/12/09), IAB 12/16/09, effective 1/20/10]

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[Filed ARC 1995C (Notice ARC 1897C, IAB 3/4/15), IAB 5/27/15, effective 7/1/15]

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Proposed Changes – Fees, Rosters/Mailing Lists – IAC 650—Chapter 15

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- ✓ **15.2** – Update reference to “overpayment” to match IAC 650—1.1. (Refunds only made if \$10 or more pursuant to Iowa Administrative Code 650—1.1.)
- ✓ **15.3(8)** – Correct reference from “inactive” to “lapsed”
- ✓ **15.6(3)** – Reinstatement of Dental Assistant: Limit back renewal fees owed from \$750 to \$115 (in addition to the reinstatement application fee)
- ✓ **15.6(4)** – Reinstatement of Dental Assistant with Radiography Qualification: Limit back renewal fees owed from \$750 to \$175 (in addition to the reinstatement application fee)
- ✓ **15.6(5)** – Radiography Qualification only: Reduce application fee from \$150 to \$40 and limit back renewal fees owed from \$750 to \$60.
- ✓ **15.7(2)** – Add clarification for *written* certification (as opposed to online certification/verification)
- ✓ **15.10(3)** – Update rules to provide free electronic delivery of public disciplinary action.
- ✓ **15.11** – Update rules to clarify what information is provided in a standard mailing list or standard data list.

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.

[ARC 0164C, IAB 6/13/12, effective 5/21/12; ARC 0265C, IAB 8/8/12, effective 9/12/12]

**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 **\$10 or more**.

“*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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**650—15.3(153) 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.

**15.3(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 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—15.4(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 15.7(4).

**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 as specified in subrule 15.7(4).

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

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

**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 as specified in subrule 15.7(4).

**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 as specified in subrule 15.7(4).

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

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

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

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

**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.

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

**15.3(13) Dental assistant registration only application.**

*a. Application fee.* The application fee for dental assistant registration is \$40.

*b. Initial registration 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 registration application fee. A dental assistant registration shall not be issued for a period less than three months or longer than two years and three months. Thereafter, a registrant shall pay the renewal fee as specified in 650—15.4(153).

**15.3(14) Combined application—dental assistant registration and qualification in radiography.**

*a. Application fee.* The application fee for a combined application for both registration as a registered dental assistant and radiography qualification is \$60.

*b. Initial combined registration and radiography qualification 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 combined registration/radiography qualification application fee. A dental assistant registration and radiography qualification shall not be issued for a period less than three months or longer than two years and three months. Thereafter, the applicant shall pay the renewal fee as specified in 650—15.4(153).

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

**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.

**15.3(17) Temporary permit—volunteer services.** Rescinded ARC 0984C, IAB 9/4/13, effective 10/9/13.

[ARC 0265C, IAB 8/8/12, effective 9/12/12; ARC 0618C, IAB 3/6/13, effective 4/10/13; ARC 0984C, IAB 9/4/13, effective 10/9/13]

**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.

**15.4(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.

**15.4(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.

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

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

**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.

**15.4(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.

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

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

**15.4(10) Resident license renewal.** The fee for renewal or extension of a resident license is \$40.  
[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**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 following expiration is subject to late renewal fees as described in this rule.

**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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**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 ~~\$115~~) to reinstate a registration as a registered dental assistant.

**15.6(4) Combined reinstatement application—dental assistant registration and 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 \$175). ~~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) of \$40~~, the applicant must pay all back renewal fees (not to exceed \$750 ~~\$60~~) to reinstate a qualification in dental radiography without registration as a dental assistant.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**650—15.7(153) Miscellaneous fees.** Payments made to the Iowa 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.

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

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

**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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

#### **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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**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, 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.

**15.10(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.

**15.10(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.

**15.10(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 delivered via email, upon written request, at no cost.

**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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**650—15.11(22,147,153) Purchase of a mailing list or data list.** Payment made to the Iowa 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 the release of a list.

**15.11(1)** *Mailing list for dentists, hygienists or assistants.* The standard mailing list for all active dental and dental hygiene licensees and dental assistant licensees and registrants includes the full name, address, city, state, and ZIP code, and Iowa county. 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 disc or DVD, \$45 per profession requested.
- c. Mailing list in an electronic file, \$35 per profession requested.

**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), original issue date, expiration date, license or registration number, and license or registration status, specialty (if applicable), and whether public disciplinary action has been taken. The standard data list includes resident licensees and faculty permit holders. 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 disc or DVD, \$55 per profession requested.
- c. Standard data list in an electronic file, \$45 per profession requested.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**650—15.12(147,153) Returned checks.** The board shall charge a fee of \$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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**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](http://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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

**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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12]

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

[Filed 8/23/78, Notice 6/28/78—published 9/20/78, effective 10/25/78]

[Filed 3/18/82, Notice 2/3/82—published 4/14/82, effective 5/19/82]

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IAC 9/4/13

Dental Board[650]

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[Filed ARC 0984C (Notice ARC 0724C, IAB 5/1/13), IAB 9/4/13, effective 10/9/13]

◊ Two or more ARCs

BEFORE THE IOWA DENTAL BOARD

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Petition by **SIMA ZITOUNI** }  
 }  
for the waiver of 650 IAC 11.4(1) and 11.4(3)(e) } **PETITION FOR WAIVER**  
 }  
relating to certain provisions applicable to graduates of }  
 }  
foreign dental schools }  
 }

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1. Petitioner’s name, address, and telephone number. All communications concerning the petition can be directed to the address, phone, and e-mail address listed below.

Name: Sima Zitouni

Address: 13231 Nicholas Circle, Omaha, Nebraska 68154

Cell phone (primary contact): 402.651.9341

Email: [simazitouni7@yahoo.com](mailto:simazitouni7@yahoo.com)

2. I am requesting a waiver of 650 Iowa Administrative Code subrules 11.4(1) and 11.4(3)(e).

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

I graduated from the University of Aleppo School of Dentistry located in Aleppo, Syria, and received a License of Doctor of Dentistry in October 2001 (Tab 1).<sup>1</sup> As the Board may be aware, the dental program at the University of Aleppo is highly regarded and well-respected. The

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<sup>1</sup> I have attached copies of the documents referenced at the tabs indicated.

courses offered and completed by me included all aspects of general dentistry and were comparable in scope and complexity to those offered by an ADA accredited dental school in the United States (Tab 2). I am providing to the Board a copy of my Certificate from the Syrian Arab Republic Ministry of Health as well as a true and accurate translation of that Certificate showing that I am licensed to practice dentistry in Syria (Tab 3).

The Course-by-Course Evaluation Report from the Educational Credential Evaluators, Inc., which I have attached provides insight as to how my courses at the University of Aleppo compare to those offered in U.S. dental schools both in terms of credits and grades received (Tab 4). Please note that the courses successfully completed by me were in general dentistry rather than a particular specialty.

From 2009 through 2014, I attended the School of Dental Medicine at Case Western Reserve University in Cleveland, Ohio. I completed one year of study in general dentistry consisting of a Restorative Fellowship for six months (Fall, 2009) and a Fellowship in Dentistry (Spring, 2010) (Tab 5). In addition, I completed a three-year program in Periodontics at Case Western in December 2013, and received my Master of Science in Dentistry from Case Western in January 2014 (Tab 6). A transcript showing my one-year Fellowship and the courses completed in connection with my Master of Science in Dentistry degree from Case Western is attached (Tab 7).

I also completed a post-doctoral training course in conscious sedation in July 2014 while at Case Western. A copy of my certification is enclosed (Tab 8).

I have obtained and am providing to the Board copies of four letters of recommendation from faculty members at Case Western which speak to my competence and qualifications (Tab 9). Furthermore, I have been in contact with Dr. Belknap with Aesthetic and Family

Dentistry in Shenandoah, Iowa, and Dr. Higginbotham in Council Bluffs, Iowa, and discussed my desire to practice dentistry, specifically periodontics, in Council Bluffs and southwest Iowa. Both of these individuals are supportive of my licensure by the state of Iowa as set forth in the letters that I am providing to the Board (Tab 10).

I have sat for and passed the following examinations: (i) Test of English as a Foreign Language (TOEFL) – April 2007 (Tab 11), (ii) WREB – 2014 (Tab 12), (iii) National Board Dental Examination (NBDE), Part I (August 2007) and Part II (July 2015) (Tab 13), and (iv) State of Iowa Jurisprudence Examination – May 2016 (Tab 14).

Finally, I am providing copies of my current licenses issue by the Texas State Board of Dental Examiners and the Virginia Board of Dentistry (Tab 15). Both of these licenses are current and in good standing.

Please note that I am also requesting a waiver of 650 Iowa Administrative Code subrule 11.4(3)(e) which requires 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. Because of the current political climate in Syria, I am unable to obtain the verification from the governmental authority as required. However, as noted above I have provided a true and correct copy of my License of Doctor in Dentistry and my transcript to the Board. In addition, I swear and affirm that no adverse action has been taken against my license in Syria or any other country, state, or jurisdiction.

4. Explain the relevant facts and reasons that the petitioner believes justify a waiver. Include in your answer all of the following:

a. Undue Hardship. My husband, Haysam Akkad, M.D., practices cardiology extensively in Iowa and is a member of the staff at the Shenandoah Medical Center in Shenandoah, Iowa (Tab 16). He services a large number of residents in Iowa in this highly specialized area. While we currently reside in Omaha, Nebraska, we are actively considering the possibility of expanding our presence in Iowa, both personally and professionally, and allowing me to immediately begin practicing dentistry in Iowa would facilitate this transition.

If I am required to seek additional training beyond that already received and described above, it will significantly delay any transition that we ultimately may decide to make to establishing our respective health practices in Iowa.

b. Why Waiving the Rule Would Not Prejudice the Substantial Legal Rights of Any Person. Waiver of the rule would not prejudice the substantial legal rights of any person because the training, education, and clinical experience I have received, including but not limited to the one-year study in general dentistry at Case Western School of Dental Medicine has, I believe, fully qualified me to practice general dentistry in Iowa. I am providing to the Board a summary of my experience in general dentistry for its review (Tab 17) as well as a listing of my Continuing Education courses and hours (Tab 18).

Furthermore, although I am qualified and competent to provide services in general dentistry, it is my clear intention to focus on periodontics as I recognize that there is a significant need for Periodontists in underserved areas in southwest Iowa. I have a passion for this particular specialty and it is my intention to seek a designation as a specialist in the area of periodontics as provided pursuant to 650 – 28.8(153).

c. The Provisions of the Rule Subject to the Waiver are NOT Specifically Mandated by Statute or Another Provision of Law. Iowa Code Chapter 153 does not mandate the

requirements of subrules 11.4(1) and 11.4(3)(e) and such rules can be waived by the Iowa Dental Board.

d. Substantially Equal Protection of the Public Health, Safety, and Welfare has been Afforded by me demonstrating to the Iowa Dental Board my extensive qualifications and experience which, combined with my express desire to practice in the area of periodontics, will ensure that the Board's granting of my waiver request will not endanger the public's health, safety, and welfare.

The subrules that I am requesting a waiver from help to ensure that individuals who are not properly trained and/or qualified to practice general dentistry are not licensed to practice dentistry in Iowa. For the reasons set forth above, a waiver in my specific case seems warranted.

5. A history of prior contacts between the board and petitioner related to the regulated activity is as follows.

I have asked for and received the assistance of James. B. McVay, our family attorney, in reviewing the various rules and regulations applicable to the application process and in completing the forms necessary to apply for a license to practice dentistry in Iowa. He has, in turn, communicated with Christel Braness extensively regarding this matter. On March 24, 2016, we asked for and I subsequently received permission from the Iowa Dental Board to sit for the jurisprudence examination prior to submitting my application to the Board. By email dated June 2, 2016, Ms. Braness provided to us an index of waivers submitted by foreign graduates to assist in presenting this information to the Board (Tab 19). As of the date hereof, I have not yet submitted my Application For Iowa Dental License but plan on doing so immediately upon the Board granting my request for a waiver, should it decide to do so.

6. Information related to the board's action in similar cases:

As noted above, Ms. Braness has provided us with a Waiver Index of waiver requests submitted by foreign graduates. As we review this information, we find that our facts and circumstance are very similar to those presented by the following applicants whose Petitions for Waiver were *approved* by the Iowa Dental Board:

*Jyoti Chowdhury* – 6/17/2004 – MS in dental public health, general practice residency (1 year) program, and a pediatric residency program (2 years).

*Karen Vargas* – 10/24/2006 – Waiver was approved pending completion of a 1-year general practice residency in addition to certain post-graduate training in pediatrics and PhD in oral sciences. I would suggest that my one-year general dentistry fellowships at Case Western would satisfy the contingency.

*Ritu Bansal* – 10/15/2010 – (April 2005-Oct 2005); graduated with Master of Public Health degree in December 2006; enrolled in a dental public health residency at Baylor College of Dentistry (Jan 2007- May 2008); accepted faculty position, Baylor College of Dentistry, November 2007; private practice (general practice) since December 2008.<sup>2</sup>

*Niels Oestervemb* – 7/12/2012 – Completed 5 months in his senior year as part of an exchange program in family dentistry at University of Iowa College of Dentistry; General practice residency (GPR) from 2010-2011 at UIA Hospitals/Clinics - certificate granted; Fellowship 2011-2012 at UIA COD - certificate granted.

---

<sup>2</sup> It is our understanding that neither Dr. Bansal's internship nor her residency were "hands on" positions and, as such, I would suggest that my practical experience in general dentistry is greater in scope than that of Dr. Bansal.

7. There is no other public agency or political subdivision that regulates dentistry in Iowa. Are there any public agencies or political subdivisions that would be affected by your request? If yes, please provide the name, address and other contact information below.

Yes  No

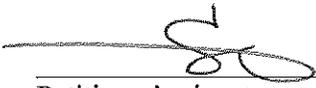
8. I am not aware of any person or entity that would be adversely affected by the granting of a waiver in this case.

9. Provide the name, address, and telephone number of any person with knowledge of the relevant facts relating to the proposed waiver, if any.

None other than me, my husband, and the individuals referenced in the attached letters of recommendation.

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

06-30-16  
Date

Catia Atienza

1704 Swagosa Drive

Maquoketa, IA 52060

563-652-6581

2. I am requesting a waiver for the following rule Rule 350-7.1

3. I am asking for a waiver for my dental assistant trainee status to be granted for one more year. I will be 18 on September 15, 2016 but will not graduate until May 2017.

4a. I would love to be allowed to continue with my part time job as a dental assistant during my senior year in high school. If I am not able to renew this all the previous experience, test scores and knowledge I have gained will all have gone to waste. I am interested in continuing my assisting duties through college as one possible interest I have is oral surgery or an orthodontist.

4b I feel that no one's legal rights will be prejudiced by granting of the waiver, since I was previously licensed as a trainee and passed all needed tests.

4c. I do not believe that the rule waiver is provision to the law other than this renewal period.

4d. I feel the public's safety will still be protected since I am not doing something outside of what I was originally hired to do. I am asking for a 1 year extension as a trainee and have passed all needed requirements except being a high school graduate.

5. I have had no previous contact with the board on this matter.

6. I am not aware of any cases prior.

7. I am not aware of any person or political subdivision that would be affected.

8. I do not see any one that would be adversely affected if the waiver is granted, however if it is not granted the office I help at would be since they will be losing a part time employee.

9. Michelle Atienza

119 South Main Street Ste. 1

Maquoketa, IA 52060

Michelle is the Office Manager at Smiles on Main as well as a Dental Hygienist. She has helped me obtain this dental assisting trainee/work study job approved in the previous year's encouraging me to build my skills and look at the field of dentistry as a career. I was excited to start assisting at the same time as my sister as a freshman in High School. I truly hope that the board will reconsider a 1 year extension and allow me to continue to build my skills, knowledge and experience from the office. It really opens your eyes to what happens in the office from answering phones, walk in emergencies, sterilization, compassion for the patient and working as a team.

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

*Latia Ramsey*

6/22/16

Petitioner's Signature

Date

1 <sup>st</sup> date of employment:	June 3, 2013
HS Trainee Status Expiration Date (initial):	June 3, 2014
1 <sup>st</sup> extended Trainee Status Expiration Date:	no extensions
1 <sup>st</sup> 'start over' Trainee Status Expiration Date:	June 2, 2015
2 <sup>nd</sup> 'start over' Trainee Status Expiration Date:	June 10, 2016

# Smiles ON MAIN

**Dr. Salvador Atienza, D.D.S.**

**Dr. Abby Gehl, D.D.S.**

119 South Main Street, Suite 1

Maquoketa, Iowa 52060

Office: (563) 652-4133

Fax: (563) 652-0443

e-mail: info@smilesonmain.us

June 2, 2016

To Whom it May Concern:

As a doctor at Smiles on Main I would like to see the board approve this petition to allow Leticia to continue her dental skills, assist the practice and encourage her for a career in the dental field. Thank You.

Salvador Atienza, DDS

## Braness, Christel [IDB]

---

**From:** Michelle Atienza- Office Manager <info@smilesomain.us>  
**Sent:** Thursday, June 30, 2016 6:34 PM  
**To:** Braness, Christel [IDB]  
**Subject:** RE: Request for Rule Waiver - Catia Atienza

Just to verify she would like to just extend one more year as a work study trainee and then when she graduates in May she can apply for her regular DA license.

MICHELLE ATIENZA, RDH  
OFFICE MANAGER  
563-652-4133  
Sent from my U.S. Cellular® Smartphone

----- Original message -----

From: "Braness, Christel [IDB]" <Christel.Braness@iowa.gov>  
Date: 6/30/16 3:35 PM (GMT-06:00)  
To: Michelle Atienza- Office Manager <info@smilesomain.us>  
Subject: RE: Request for Rule Waiver - Catia Atienza

To clarify the rule waiver is for 650—20.5(1)b, correct? (There isn't a 20.1b; so, I just want to be certain we're talking about the same sub-rule.)

Thank you.

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 | [IDB Online Services](#)

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**From:** Michelle Atienza- Office Manager [mailto:info@smilesonmain.us]  
**Sent:** Thursday, June 30, 2016 3:29 PM  
**To:** Braness, Christel [IDB] <Christel.Braness@iowa.gov>  
**Subject:** RE: Request for Rule Waiver - Catia Atienza

650.20.1b

MICHELLE ATIENZA, RDH

OFFICE MANAGER

563-652-4133

Sent from my U.S. Cellular® Smartphone

----- Original message -----

From: "Braness, Christel [IDB]" <[Christel.Braness@iowa.gov](mailto:Christel.Braness@iowa.gov)>  
Date: 6/30/16 2:31 PM (GMT-06:00)  
To: [info@smilesonmain.us](mailto:info@smilesonmain.us)  
Subject: Request for Rule Waiver - Catia Atienza

I was forwarded a request for rule waiver from Catia Atienza. I need to confirm something with respect to the request. Her email address was not provided; therefore, I am hoping that this can be forwarded to her for clarification.

The rule waiver indicates that she is requesting waiver of Iowa Administrative Code “350—7.1.” I believe that the “350” was a typo, and Catia intended to list “650—7.1.” Having said that, IAC 650—7.1 establishes the requirements for requesting a rule waiver. The request needs to include the specific rule, which Catia wishes to have waived, not the chapter establishing the requirements for rule waiver.

Information included with the waiver suggests that she is requesting a rule waiver in order to be granted another start-over trainee status, which is addressed in Iowa Administrative Code 650—20.5(1). I’ve copied the rule below. Can you please confirm that this is the rule of which Catia is requesting a rule waiver? If this is not correct, please clarify the rule that she would like to have waived.

Let me know if you have any questions.

**650—20.5(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.

**20.5(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:

(1) 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.

(2) Prior to the trainee status expiration date, the trainee must apply to the board office to be reclassified as a registered dental assistant.

(3) 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 20.7(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 20.11(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.

*c. Trainees enrolled in cooperative education or work study programs.* 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. In addition, a trainee under 18 years of age shall not participate in dental radiography.

**20.5(2) Registered dental assistant.** A registered dental assistant may perform under general supervision dental radiography, intraoral suctioning, use of a curing light and intraoral camera, 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.

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 | [IDB Online Services](#)

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RECEIVED

JUN 03 2016

BEFORE THE IOWA DENTAL BOARD

IOWA DENTAL BOARD

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PETITION BY

Robert W. Hurley, D.D.S.,  
David L. Jones, D.D.S. and  
Melissa A. Nensel, D.D.S.

for the waiver of certain requirements  
under Iowa Admin. Code Ch. 650-29

**PETITION FOR WAIVER/VARIANCE**

---

COME NOW the above-named Petitioners, Robert W. Hurley, D.D.S., David L. Jones, D.D.S. and Melissa A. Nensel, D.D.S., and hereby submit the following Petition for Waiver/Variance pursuant to Iowa Administrative Code section 650-7.4 and 7.5.

1. Petitioners Robert W. Hurley, D.D.S., David L. Jones, D.D.S. and Melissa A. Nensel, D.D.S. practice dentistry at Omni Dental Centre, LLC, which is located at 1026 Woodbury Avenue, Council Bluffs, Iowa 51503. All Petitioners are licensed and in good standing with the Iowa Dental Board. The phone number for Omni Dental Centre, LLC is (712)328-8573. Petitioners' legal representative is Rebecca A. Brommel of Brown, Winick, Graves, Gross, Baskerville & Schoenebaum, P.L.C., which is located at 666 Grand Avenue, Suite 2000, Des Moines, Iowa 50309. Ms. Brommel's phone number is (515)242-2452 and her email address is [brommel@brownwinick.com](mailto:brommel@brownwinick.com). Communications regarding this Petition should be addressed to Ms. Brommel.

2. Petitioners seek waiver of a portion of Iowa Administrative Code section 650-29.5(1), which states in relevant part as follows: "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."

3. More specifically, Petitioners seek a permanent waiver of the portion of the rule that requires each of them to individually hold deep sedation/general anesthesia permits. Petitioners intend to have the sedation or anesthesia services performed in their office (located at 1026 Woodbury Avenue, Council Bluffs, Iowa) by a Certified Registered Nurse Anesthetist (“CRNA”). Although Petitioners currently only intend to have CRNAs perform the sedation or anesthesia services, they request that the waiver allow them to also have anesthesiologists perform such service should they decide to use anesthesiologists instead of or in addition to CRNAs. Petitioners are not requesting waiver of the requirements related to the equipment that must be present at the facility in which the sedation or anesthesia is being provided.

4. Petitioners’ requested waiver is justified for the following reasons:

a. Application of the rule would result in undue hardship to the Petitioners. Petitioners would incur significant expense – both related to the costs of the training itself and related to time away from the office – to obtain the training necessary to meet the permit requirements.

b. Waiver of this rule would not substantially prejudice the rights of any person. Under Petitioners’ proposal, the sedation and anesthesia services will be performed by a CRNA or an anesthesiologist who is properly trained and licensed to perform such services. Accordingly, there would be no prejudice to the rights of any other person, because the Board would not be decreasing the requirements for the administration of sedation in a dentist office. Furthermore, the Board has granted similar waivers in the past. See Petition for Waiver by Gregory Ceraso, DMD, granted by Board at October 22-23, 2015 Meeting; Petition for Waiver by Ryan Hussong, D.D.S., granted by Board at

July 31-August 1, 2014 Meeting.

c. The provisions of Iowa Administrative Code section 650-29.5 are not mandated by Iowa Code chapter 153 or any other statute or provision of law.

d. Utilizing a CRNA or anesthesiologist to perform the sedation or anesthesia services at Petitioners' dental office actually ensures a higher level of public protection, health and safety, because these practitioners have the specific and advanced training to provide these services. Additionally, the CRNA that Petitioners intend to utilize has familiarity with sedation in a dental office setting as he has provided such services in dental offices in Nebraska.

5. Petitioners have had no prior contact with the Board related to Iowa Administrative Code section 650-29 or with regard to any sedation or anesthesia services. Petitioners have not previously applied for any sedation permits.

6. As stated above, the Board has granted similar waiver requests to at least two dentists in Iowa: (1) Gregory Ceraso, DMD, which was granted at the Board's meetings on October 22-23, 2015 (allowing Dr. Ceraso to use CRNAs), and May 8, 2009 (allowing Dr. Ceraso to use anesthesiologists); and (2) Ryan Hussong, D.D.S., which was granted at the Board's meeting on July 31-August 1, 2014.

7. No other public agency or political subdivision regulates the provision of sedation or anesthesia in dental offices. The CRNAs or anesthesiologists would be subject to any statutes and regulations pertinent to their profession and in particular, the Iowa Board of Nursing and the Iowa Board of Medicine.

8. Petitioners are not aware of any person who would be adversely affected by the

grant of this Petition for Waiver/Variance.

9. The following individuals will provide the sedation and anesthesia services should this waiver be granted and thus, will have knowledge of relevant facts related to this requested waiver:

Sweet Dreams Anesthesia  
Timothy J. Brady, CRNA (Iowa License No. D142470)  
601 North 30<sup>th</sup> Street  
Omaha, NE 68131  
Phone: (402)305-9986  
Email: [tjbrady@yahoo.com](mailto:tjbrady@yahoo.com)

10. Through the signature of their legal representative below, Petitioners authorize the persons with knowledge identified in paragraph 9 to provide the Board with any information relevant to this Petition for Waiver/Variance.



---

Rebecca A. Brommel, AT0001235

BROWN, WINICK, GRAVES, GROSS,  
BASKERVILLE AND SCHOENEBAUM, P.L.C.  
666 Grand Avenue, Suite 2000  
Des Moines, IA 50309-2510  
Telephone: 515-242-2452  
Facsimile: 515-323-8552  
E-mail: [brommel@brownwinick.com](mailto:brommel@brownwinick.com)

ATTORNEY FOR PETITIONERS

Original hand-delivered on June 3, 2016 to:

Iowa Dental Board  
400 SW 8th Street, Suite D  
Des Moines, IA 50309



TERRY E. BRANSTAD  
GOVERNOR

**OFFICE OF THE GOVERNOR**

KIM REYNOLDS  
LT. GOVERNOR

March 30, 2016

The Honorable Paul Pate  
Secretary of State of Iowa  
State Capitol Building  
LOCAL

Dear Mr. Secretary:

I hereby transmit:

House File 2387, an Act requiring the dental board to offer an alternative examination for licensure.

The above House File is hereby approved this date.

Sincerely,

A handwritten signature in black ink, appearing to read "Terry E. Branstad", written over a horizontal line.

Terry E. Branstad  
Governor

cc: Secretary of the Senate  
Clerk of the House



House File 2387

AN ACT

REQUIRING THE DENTAL BOARD TO OFFER AN ALTERNATIVE EXAMINATION  
FOR LICENSURE.

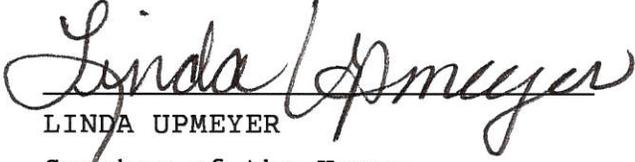
BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

Section 1. DENTAL BOARD — ALTERNATIVE TESTING STUDY.

1. The dental board, jointly with the university of Iowa college of dentistry, shall study the use of a station-based examination for the licensure of dentists for implementation no later than academic year 2017-2018. The dental board and the university of Iowa college of dentistry shall develop a joint strategy for alternative and improved testing methods involving the use of live patients.

2. The dental board and the university of Iowa college of dentistry shall jointly file a report on the findings and recommendations of the study with the general assembly no later

than December 15, 2016. The cost of the study and report shall be treated as an additional cost to the dental board.

  
LINDA UPMEYER  
Speaker of the House

  
PAM JOCHUM  
President of the Senate

I hereby certify that this bill originated in the House and is known as House File 2387, Eighty-sixth General Assembly.

  
CARMINE BOAL  
Chief Clerk of the House

Approved March 30, 2016

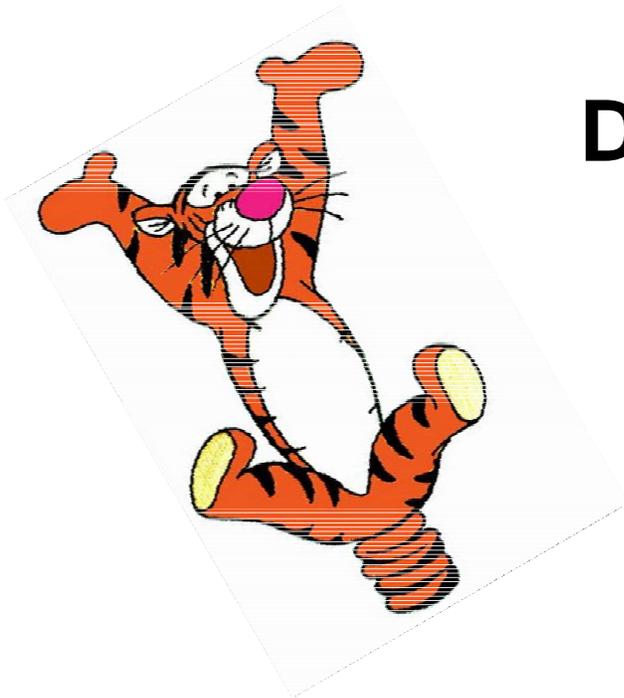
  
TERRY E. BRANSTAD  
Governor

# PORTFOLIO EXAMINATION



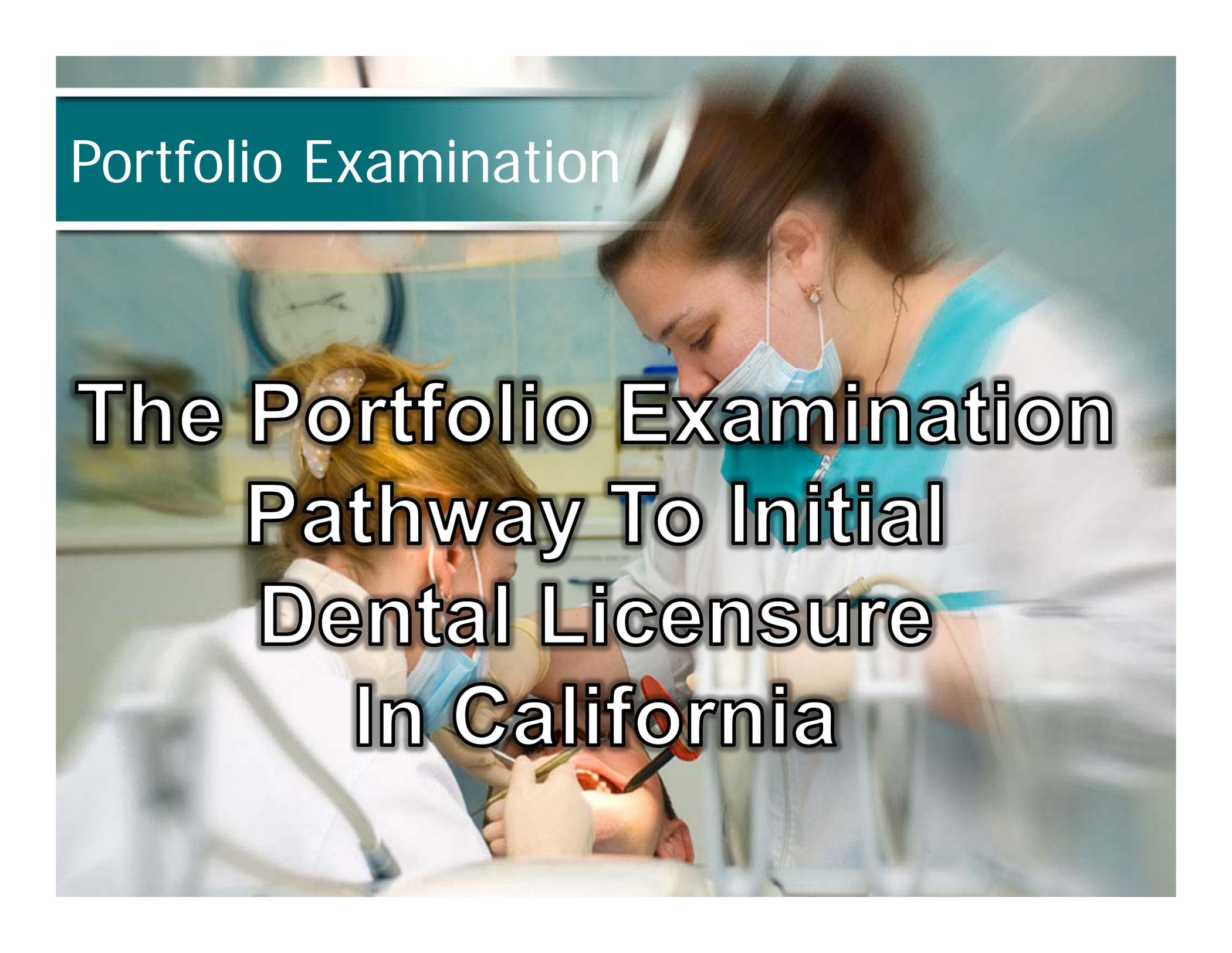
# PORTFOLIO EXAMINATION

## INITIAL DENTAL LICENSE IN CALIFORNIA



**Dental Board of California**  
**May 16-17, 2013**



A photograph of a dental procedure. Two dentists, a man and a woman, are focused on a patient's mouth. The woman is wearing a blue surgical mask and a blue surgical cap. The man is also wearing a blue surgical mask. They are both wearing white lab coats. The patient is lying back in a dental chair. The background is a clinical setting with a clock on the wall.

Portfolio Examination

**The Portfolio Examination  
Pathway To Initial  
Dental Licensure  
In California**

# PORTFOLIO DENTAL EXAMINATION

- **Resulted from a collaboration between:**
  - **Dental Board of California**
  - **California Dental Association**
  - **Six California Dental Schools**
  - **Professional Psychometric Consultants**
  - **California Legislators**



# PORTFOLIO DENTAL EXAMINATION

## ➤ What is a Portfolio?

✓ Merriam-Webster Dictionary

**“A selection of a student’s work, such as papers and test results, compiled over time and used for assessing performance or progress.”**



# PORTFOLIO DENTAL EXAMINATION

## ➤ What is a Portfolio Examination?

**“The cumulative documentation, submitted to the Dental Board, of the applicant’s completion of the required minimum clinical experiences and the successful demonstration of the required clinical competencies for licensure.”**



Hertz and Chinn



# PORTFOLIO DENTAL EXAMINATION

## ➤ What is competency?

**“The level of knowledge, skills and values required by the new graduate to begin independent, unsupervised dental practice.”**

ADA - Commission on Dental Accreditation



# PORTFOLIO DENTAL EXAMINATION

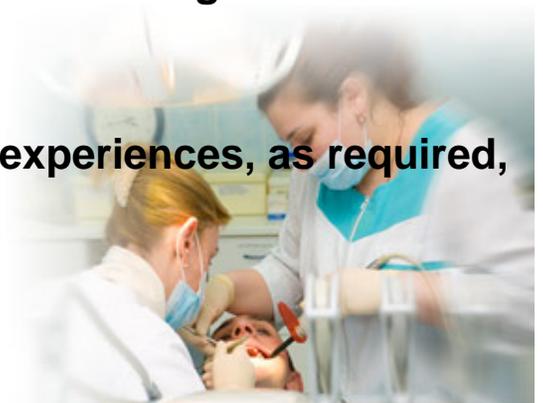
- **Documentation required**
  - **Proof of satisfactory completion of assessment in the competency examinations prescribed by the Board.**
  - **Satisfactory evidence the candidate has completed the minimum clinical experiences prescribed by the Board.**
  - **A letter from the Dean (or his/her designee) stating the candidate will graduate with no pending ethical issues.**



# PORTFOLIO LICENSURE EXAMINATION

## ➤ Distinguishing Characteristics (10)

1. The Portfolio Examination is a performance examination that assesses the candidates' skills in commonly encounter clinical situations and meets all appropriate legal requirements.
2. The Portfolio Examination is a summative assessment of a candidate's competence to enter the independent practice of dentistry.
3. The Portfolio Examination is administered in a manner that is similar to other clinical examinations encountered in the candidate's course of study.
4. The Portfolio Examination is performed on a patient of record during the normal course of treatment.
5. Candidates must complete a minimum number of clinical experiences, as required, in each of six clinical domains.



# PORTFOLIO LICENSURE EXAMINATION

## ➤ Distinguishing Characteristics (10)

6. Readiness for the Portfolio Examination is determined by the clinical faculty of the institution where the candidate is enrolled.
7. Each school will designate faculty as Portfolio Examiners and administer to them a Board approved standardized calibration training course.
8. Each candidate's performance is measured according to standardized competency evaluations conducted in the schools by clinical faculty within the predoctoral program.
9. Resulting outcomes assessment data allows for verification of validity.
10. Policies and procedures are in place to treat candidates fairly and professionally, with timely and complete communication of examination results.



# PORTFOLIO LICENSURE EXAMINATION

## Required Minimum Clinical Experiences in 6 competency areas:

- Oral Diagnosis and Treatment Planning
  - 20 experiences
- Periodontics
  - 25 experiences
- Direct Restorations
  - 60 experiences
- Indirect Restorations
  - 14 experiences
- Endodontics
  - 5 experiences
- Removable Prosthodontics
  - 5 experiences



# PORTFOLIO LICENSURE EXAMINATION



- **20 Oral Diagnosis and Treatment Planning**
  - **Comprehensive oral evaluations**
  - **Limited (problem-focused) evaluations**
  - **Periodic oral evaluations**



# PORTFOLIO LICENSURE EXAMINATION

- **20 Oral examinations and treatment plans must include evidence of:**
  - **Assessment of a patient's medical and dental history**
  - **Development of problem work-up**
  - **Identified diagnoses and alternative treatment plans, when appropriate**
  - **Identification of a definitive treatment plan which includes all or part of the patient's treatment needs**
  - **Includes patient's informed consent**



# PORTFOLIO LICENSURE EXAMINATION

## ➤ Required Minimum Clinical Experiences

➤ Oral Diagnosis and Treatment Planning (20)

## ➤ 25 Periodontal Tx Cases

➤ Scaling and root planing

➤ Min of 5 quadrants

➤ Adult prophy

➤ Periodontal Surgery

➤ Assisting Periodontal Surgery (Faculty/Grad)



# PORTFOLIO LICENSURE EXAMINATION

- **Required Minimum Clinical Experiences**
  - Oral Diagnosis and Treatment Planning (20)
  - Periodontal Treatment (25)
  - **60 Direct Restorations** (amalgam, composite resin, etc.)
    - **Permanent and Primary teeth**



# PORTFOLIO LICENSURE EXAMINATION

- **Required Minimum Clinical Experiences**
  - Oral Diagnosis and Treatment Planning (20)
  - Periodontal Treatment (25)
  - Direct Restorations (60)
  - **14 Indirect Restorations (crown and bridge)**
    - Inlay/onlay, FC, Partial crown, FPD, Implant-crown, cast post/core



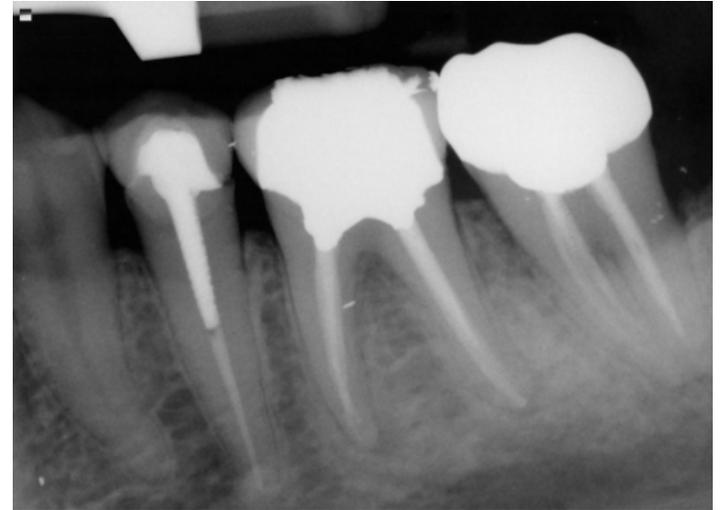
# PORTFOLIO LICENSURE EXAMINATION

## ➤ **Required Minimum Clinical Experiences**

- Oral Diagnosis and Treatment Planning (20)
- Periodontal Treatment (25)
- Direct Restorations (60)
- Indirect Restorations (14)

## ➤ **5 Endodontic treatments**

- **Each canal counts as a treatment**
- **At least 3 teeth**

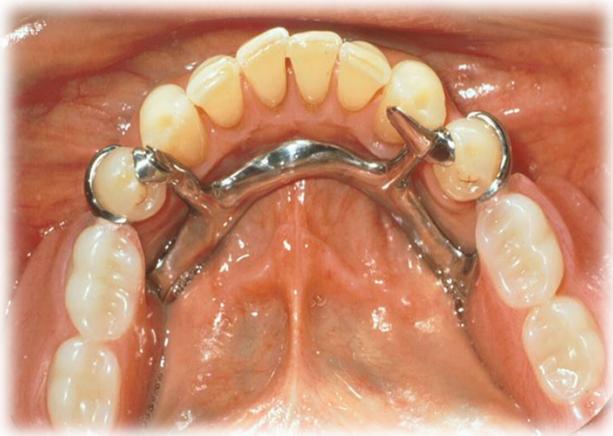


# PORTFOLIO DENTAL EXAMINATION

## ➤ **Required Minimum Clinical Experiences**

- Oral Diagnosis and Treatment Planning (20)
- Periodontal Treatment (25)
- Direct Restorations (60)
- Indirect Restorations (14)
- Endodontic treatments (5)

## ➤ **5 Removable Prosthesis**



# PORTFOLIO LICENSURE EXAMINATION

## ➤ **Required Portfolio Clinical Competency Examinations (6)**

**Each competency examination will be graded by two independent examiners in accordance with the Board's grading criteria on forms prescribed by the Board. Each of the two competency examination grade forms for the prescribed competency will be signed by the respective Faculty Portfolio Examiner.**



# PORTFOLIO LICENSURE EXAMINATION

## PORTFOLIO EXAMINATION DIRECT RESTORATIONS



### Scoring Criteria

7 Scoring Factors

Scoring Value Range = 0-5

Minimum Competency Value = 3



# PORTFOLIO LICENSURE EXAMINATION

## PORTFOLIO EXAMINATION DIRECT RESTORATIONS



**Scoring by  
Compensatory  
Model**





DENTAL BOARD OF CALIFORNIA PORTFOLIO EXAMINATION  
DIRECT RESTORATION COMPETENCY EXAM

**Factor 2: Outline and extensions –**

**[5]** – Optimal outline and extensions such as: Smooth flowing; Does not weaken tooth; Includes the lesion; Breaks proximal contact as appropriate; Appropriate cavosurface angles; Optimal treatment of fissures; No damage to adjacent teeth; Optimal extension for caries; Decalcification; Appropriate extension requests.

**[4]** – Slight deviation(s) from optimal minimal impact on treatment.

**[3]** – Moderate clinically acceptable deviation(s) from optimal minimal impact on treatment.

**[2]** – Major deviations from optimal such as: Irregular outline; Outline weakens the tooth; Does not include the lesion; Contacts not broken where appropriate; Proximal extensions excessive; Inappropriate cavosurface angle(s); Inappropriate treatment of fissures; Adjacent tooth requires major recontouring; Inappropriate extension requests.

**[1]** – Multiple major deviations from optimal including: Irregular outline; Outline weakens the tooth; Does not include the lesion; Contacts not broken where appropriate; Proximal extensions excessive; Inappropriate cavosurface angle(s); Inappropriate treatment of fissures; Adjacent tooth requires major recontouring; Inappropriate extension requests.

**Factor 2: Outline and extensions – Continued**  
Score [   ]

**[0] – Critical errors –**

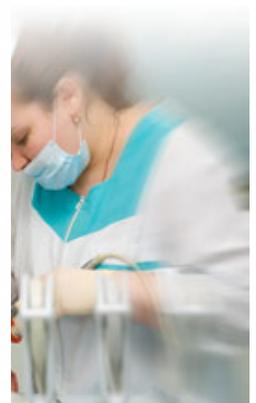
- Critical errors in outline and extensions.
- Deviations from optimal that are irreversible and have a significant impact on treatment.
- Damage to adjacent tooth that requires restoration.

**Comments:**

**Date:** \_\_\_\_\_

**Examiner signature:**  
\_\_\_\_\_

DR



# FACTOR 1: CASE PRESENTATION

Score 5	Score 4	Score 3	Score 2	Score 1	Score 0
<ul style="list-style-type: none"> <li>• Obtains informed consent</li> <li>• Comprehensive review of medical and dental history</li> <li>• Provides rationale for restorative procedure</li> <li>• Proposes initial design of preparation and restoration</li> <li>• Demonstrates full understanding of procedure</li> </ul>	<ul style="list-style-type: none"> <li>• Slight deviation from optimal case presentation</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate deviation from optimal case presentation</li> </ul>	<ul style="list-style-type: none"> <li>• Major deviation from optimal case presentation</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple major deviations from optimal case presentation</li> </ul>	<ul style="list-style-type: none"> <li>• Major errors in assessing medical and/or dental history</li> <li>• Unable to justify treatment</li> <li>• Proposed treatment would cause harm to patient</li> <li>• Proposed treatment not indicated</li> <li>• Missed critical factors in medical/dental history review that affect treatment or patient well being</li> </ul>

## FACTOR 2: OUTLINE AND EXTENSIONS

Score 5	Score 4	Score 3	Score 2	Score 1	Score 0
<ul style="list-style-type: none"> <li>• Optimal outline and extension(s) -</li> <li>✓ Pulpal and axial depth</li> <li>✓ Wall relationships</li> <li>✓ Axio-pulpal line angles</li> <li>✓ Internal refinements</li> <li>✓ All previous restorative material removed</li> <li>✓ Prep is clean and free of fluids and/or debris</li> <li>✓ Appropriate liners and bases</li> <li>✓ Appropriate extension requests</li> </ul>	<ul style="list-style-type: none"> <li>• Slight deviation from optimal</li> <li>✓ See column #5</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate clinically acceptable deviation(s) from optimal</li> <li>✓ See column #5</li> </ul>	<ul style="list-style-type: none"> <li>• Major deviation(s) from optimal –</li> <li>✓ Irregular outline</li> <li>✓ Outline weakens the tooth</li> <li>✓ Does not include lesion</li> <li>✓ Contacts not broken where appropriate</li> <li>✓ Proximal extensions excessive</li> <li>✓ Inappropriate cavosurface angle(s)</li> <li>✓ Inappropriate treatment of fissures</li> <li>✓ Adjacent tooth requires major recontouring</li> <li>✓ Inappropriate extension requests</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple major deviations from optimal</li> <li>✓ See column #2</li> </ul>	<ul style="list-style-type: none"> <li>• Critical errors in outline and extension</li> <li>• Deviations from optimal that are irreversible and have a significant impact on treatment</li> <li>• Damage to adjacent tooth that requires restoration</li> </ul>

## FACTOR 3: INTERNAL FORM

Score 5	Score 4	Score 3	Score 2	Score 1	Score 0
<ul style="list-style-type: none"> <li>• Optimal internal form – such as</li> <li>✓ Pulpal and axial depth</li> <li>✓ Optimal wall relationships</li> <li>✓ Optimal axio-pulpal line angles</li> <li>✓ Optimal internal refinements</li> <li>✓ All previous restorative material removed</li> <li>✓ All caries removed</li> <li>✓ Preparation is clean and free of fluids and/or debris</li> <li>✓ Appropriate liners and bases placed</li> <li>✓ Appropriate extension requests</li> </ul>	<ul style="list-style-type: none"> <li>• Slight deviation from optimal</li> <li>✓ See column #5</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate clinically acceptable deviation(s) from optimal</li> <li>✓ See column #5</li> </ul>	<ul style="list-style-type: none"> <li>• Major deviation from optimal - such as:</li> <li>✓ Excessive or inadequate pulpal/axial depth</li> <li>✓ Inappropriate wall relationships</li> <li>✓ Inappropriate internal line angles</li> <li>✓ Rough or uneven internal features</li> <li>✓ Previous restorative material present</li> <li>✓ Inappropriate caries removal</li> <li>✓ Fluid and/or debris present</li> <li>✓ Inappropriate handling of liners and bases</li> <li>✓ Inappropriate extension requests</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple major deviations from optimal</li> <li>✓ See column #2</li> </ul>	<ul style="list-style-type: none"> <li>• Critical errors from optimal internal form</li> <li>• Noncarious pulp exposure</li> </ul>

# FACTOR 4: OPERATIVE ENVIRONMENT

Score 5	Score 4	Score 3	Score 2	Score 1	Score 0
<ul style="list-style-type: none"> <li>• Soft tissue free of unnecessary damage</li> <li>• Proper patient comfort/pain management</li> <li>• Optimal isolation</li> <li>• Correct teeth Isolated</li> <li>• Dam fully inverted</li> <li>• Clamp stable with no tissue damage</li> <li>• No leakage</li> <li>• Preparation can be accessed and visualized</li> </ul>	<ul style="list-style-type: none"> <li>• Slight deviation(s) from optimal ✓ See column #5</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate clinically acceptable deviation(s) from optimal ✓ See column #5</li> </ul>	<ul style="list-style-type: none"> <li>• Major deviation from optimal – such as:                             <ul style="list-style-type: none"> <li>✓ Incorrect teeth isolated</li> <li>✓ Dam not inverted, causing leakage that may compromise the final restoration</li> <li>✓ Clamp is not stable or impinges on tissue</li> <li>✓ Preparation cannot be accessed or visualized to allow proper placement of restoration</li> <li>✓ Major tissue damage</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Multiple major deviations from optimal such as ✓ See column #2</li> </ul>	<ul style="list-style-type: none"> <li>• Critical errors from optimal in operative environment</li> <li>• Gross soft tissue damage</li> <li>• Gross lack of concern for patient comfort</li> </ul>

## FACTOR 5: ANATOMIC FORM

Score 5	Score 4	Score 3	Score 2	Score 1	Score 0
<ul style="list-style-type: none"> <li>• <b>Optimal anatomical form – such as:</b></li> <li>✓ Harmonious and consistent with adjacent tooth structure</li> <li>✓ Interproximal contour and shape are proper</li> <li>✓ Interproximal contact area and position are properly restored</li> <li>✓ Contact is closed</li> <li>✓ Height and shape of marginal ridge(s) is appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Slight deviation(s) from optimal</b></li> <li>✓ See column #5</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Moderate clinically acceptable deviation(s) from optimal</b></li> <li>✓ See column #5</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Major deviation from optimal – such as</b></li> <li>✓ Inconsistent with adjacent tooth structure</li> <li>✓ Interproximal contour and shape are inappropriate</li> <li>✓ Height and shape of marginal ridge(s) is inappropriate</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Multiple major deviations from optimal</b></li> <li>Including:</li> <li>✓ See column #2</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Critical errors that require restoration to be redone</b></li> </ul>

## FACTOR 6: MARGINS

Score 5	Score 4	Score 3	Score 2	Score 1	Score 0
<ul style="list-style-type: none"> <li>• Optimal margins</li> <li>• No deficiencies or excesses</li> </ul>	<ul style="list-style-type: none"> <li>• Slight deviation(s) from optimal</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate clinically acceptable deviation(s) from optimal</li> </ul>	<ul style="list-style-type: none"> <li>• Major deviation from optimal – such as:                             <ul style="list-style-type: none"> <li>✓ Open margin</li> <li>✓ Sub-marginal and/or excess restorative material</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Multiple major deviations from optimal Including                             <ul style="list-style-type: none"> <li>✓ See column #2</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Critical errors that require restoration to be redone</li> </ul>

## FACTOR 7: FINISH AND FUNCTION

Score 5	Score 4	Score 3	Score 2	Score 1	Score 0
<ul style="list-style-type: none"> <li>• Optimal finish and function – such as:                             <ul style="list-style-type: none"> <li>✓ Smooth with no pits, voids or irregularities in restoration</li> <li>✓ Occlusion is properly restored with no interferences</li> <li>✓ No damage to hard or soft tissue</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Slight deviation(s) from optimal                             <ul style="list-style-type: none"> <li>✓ See column #5</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Moderate clinically acceptable deviation(s) from optimal                             <ul style="list-style-type: none"> <li>✓ See column #5</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Major deviation from optimal – such as:                             <ul style="list-style-type: none"> <li>✓ Significant pits, voids or irregularities in the surfaces</li> <li>✓ Severe hyper-occlusion or hypo-occlusion</li> <li>✓ Moderate damage to hard or soft tissue</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Multiple major deviations from optimal                             <ul style="list-style-type: none"> <li>Including</li> <li>✓ See column #2</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Critical errors that require restoration to be redone                             <ul style="list-style-type: none"> <li>• Procedure is not completed within allotted time</li> <li>• Unnecessary, gross damage to hard and soft tissue as related to finishing procedure</li> </ul> </li> </ul>

# SUMMARY OF GRADING/SCORING METHOD

Subject Section	Value Range (The Minimal-Competency Value is Bolded and Underlined)	Grade Value for Minimal Competency	# of Factors in Subject Section	Example of Raw Values Multiplied out, using Minimal Competency Value as an example	SCALED SCORE of that Minimal-Competency Threshold (single Examiner total)	Example: Total of Scaled Scores for 2 Examiners grading identically and thus the whole Category is a Pass
ODTP	0-4: 0 1 <b><u>2</u></b> 3 4	<b>[2]</b>	15	$15 \times 2 = 30$	30 is Scaled to 75	$75 \times 2 = 150$
Direct Restoration	0-5: 0 1 2 <b><u>3</u></b> 4 5	<b>[3]</b>	7	$7 \times 3 = 21$	21 is Scaled to 75	$75 \times 2 = 150$
Indirect Restoration	0-5: 0 1 2 <b><u>3</u></b> 4 5	<b>[3]</b>	7	$7 \times 3 = 21$	21 is Scaled to 75	$75 \times 2 = 150$
*Removable Prosthodontics; Complete Dentures*	1-5: 1 2 <b><u>3</u></b> 4 5	<b>[3]</b>	9*	$9 \times 3 = 27$	27 is Scaled to 75	$75 \times 2 = 150$
*Removable Prosthodontics; Partial Dentures*	1-5: 1 2 <b><u>3</u></b> 4 5	<b>[3]</b>	12*	$12 \times 3 = 36$	36 is Scaled to 75	$75 \times 2 = 150$
Endodontics	0-4: 0 1 <b><u>2</u></b> 3 4	<b>[2]</b>	10	$10 \times 2 = 20$	20 is Scaled to 75	$75 \times 2 = 150$
Periodontics	0-4: 0 1 <b><u>2</u></b> 3 4	<b>[2]</b>	9	$9 \times 2 = 18$	18 is Scaled to 75	$75 \times 2 = 150$

\*NOTE: REMOVABLE PROSTHETICS HAS A VARIABLE NUMBER OF FACTORS, DEPENDING WHETHER THE PROJECT IS COMPLETE DENTURES OR 'PARTIAL' PROSTHESES. The Complete Dentures Category does NOT use Factors 4,5,and 7:

FACTOR 4: RPD DESIGN (IF APPLICABLE)

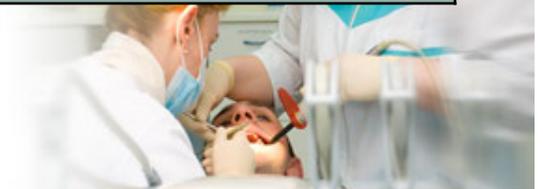
FACTOR 5: TOOTH MODIFICATION (IF APPLICABLE)

FACTOR 7: FRAMEWORK TRY-IN

# PORTFOLIO LICENSURE EXAMINATION

## Summary of Requirements

AGE	<ul style="list-style-type: none"><li>• At least 18 years of age</li></ul>
IDENTIFICATION NUMBER	<ul style="list-style-type: none"><li>• Submit “Request for Portfolio Candidate Identification Number and Law and Ethics Examination Eligibility”</li></ul>
APPLICATION	<ul style="list-style-type: none"><li>• Complete a Board “Application for Determination of Licensure Eligibility (Portfolio)”</li></ul>
REQUIREMENTS FOR LICENSURE	<ul style="list-style-type: none"><li>• Successful completion of all Portfolio Competency Examinations</li><li>• Certificate of good academic standing by the Dean; applicant is expected to graduate with no pending ethical/professional issues</li><li>• Certificate of completion of minimum number of clinical experiences</li><li>• NBDE Passing Results</li><li>• Passing the Dental Law and Ethics Examination</li><li>• Certificate of licensure (If licensed in another country)</li><li>• Submission of fingerprints</li></ul>



## Stuecker, Jill [IDB]

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**From:** Stuecker, Jill [IDB] <Jill.Stuecker@iowa.gov>  
**Sent:** Wednesday, June 15, 2016 10:16 AM  
**To:** Stuecker, Jill [IDB]  
**Subject:** Handpieces

Hello Iowa licensed dentists,

It has come to our attention that misinformation is being circulated regarding “new” CDC requirements; specifically as relates to sterilization protocols for handpieces. This note is intended to provide clarity around this issue, as Board rules require compliance with CDC requirements and recommendations.

The CDC recently published a new document, ‘Summary of Infection Prevention Practices in Dental Settings.’ Available [HERE](#). It states the following (page 14):

*“Dental handpieces and associated attachments, including low-speed motors and reusable prophylaxis angles, should always be heat sterilized between patients and not high-level or surface disinfected. Although these devices are considered semicritical, studies have shown that their internal surfaces can become contaminated with patient materials during use. If these devices are not properly cleaned and heat sterilized, the next patient may be exposed to potentially infectious materials.”*

While this is not a new requirement, the example they use for clarification purposes (i.e. low-speed motors) is likely the reason this has now surfaced in conversation as there appears to be a lack of general consensus when it comes to low-speed handpiece terminology. Some consider the attachment to be the handpiece, and others consider the motor to be the handpiece. The CDC, in their newest publication, is making it clear that regardless of terminology, all handpieces and attachments that connect to air and waterlines, including motors, should be heat sterilized between patients unless they are single-use disposable items. This includes, but is not limited to, all handpiece attachments, handpiece motors, reusable prophy angles, reusable air and water syringe tips, and ultrasonic scaler tips. Note that there is no distinction as to whether the handpiece is air powered or electric. If the unit is designed to be removed from the air or waterline, it must be heat sterilized after use. If the unit is designed to be permanently affixed to the air and waterlines and cannot be removed, the rules do not apply.

The CDC has required heat sterilization for all handpieces since 2003. This was a change from the 1993 guidelines, which stated that practitioners should sterilize all high-speed dental handpieces, low-speed handpiece components used intraorally, and reusable prophylaxis angles. The 2003 update stated that practitioners should “clean and heat sterilize handpieces and other intraoral instruments that can be removed from the air and waterlines of dental units between patients.” The revised language eliminated the distinction between low-speed and high-speed handpieces and stated that any dental device which can be removed from the dental unit or waterline must be heat sterilized (see page 45 of the 2003 [MMWR](#), which is the most current version). According to the CDC, studies have shown the internal portions of some low-speed handpiece motors have the potential to become contaminated when used. The studies have also shown that there is the potential for internal contamination to be released into the mouth of a patient during subsequent uses.

In 2013 the Board made available a version of the infection control checklist, used by our own investigative staff, when performing infection control inspections. This form is available on our website [HERE](#) and states that all dental handpieces should be heat sterilized after each use (page 3).

If you have further questions regarding this issue please don’t hesitate to reach out.

Jill Stuecker | MPA, MA  
Executive Director | Iowa Dental Board  
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Phone: 515.281.6935 | Fax: 515.281.7969  
<http://www.dentalboard.iowa.gov/>

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Gerd W. Clabaugh, MPA  
Director

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

### Calendar Year 2015 Services Report Public Health Supervision of Dental Assistants

Total Number of Dental Assistants with Supervision Agreement: 9 (9 *provided services*)

Total Number of Dentists with Supervision Agreement: 9

Setting	Number of Patients Assisted
Public Health Agency	9
School	3,818
Hospital	0
Armed Forces	0

Services Provided	Number of Assistants per Setting			
	Public Health Agency	School	Hospital	Armed forces
Extraoral Duties - Documentation	1	9	0	0
Extraoral Duties - Infection Control	0	9	0	0
Dental Radiography	0	0	0	0
Intraoral Suctioning	0	8	0	0



Gerd W. Clabaugh, MPA  
 Director

Terry E. Branstad  
 Governor

Kim Reynolds  
 Lt. Governor

**Calendar Year 2015 Services Report**  
**Public Health Supervision of Dental Hygienists**

Total Number of Dental Hygienists with Supervision Agreement: 149 (104 *provided services*)

Total Number of Dentists with Supervision Agreement: 65

Service	Total Provided	Total Clients Age 0-20	Total Clients ≥ Age 21
Sealant	46,435	9,278	0
Prophylaxis	728	159	569
Open Mouth Screening	78,105	76,025	2,080
Fluoride Varnish Application	55,521	54,024	1,497
Individual Counseling/Education	55,919	53,264	2,655
Group Counseling/Education	1,813	38,135	1,867
Other (X-rays)	62	6	56

Referrals to Dentist(s)			
Clients Age 0-20		Clients ≥ Age 21	
Regular Care	Urgent Care	Regular Care	Urgent Care
49,378	7,861	962	469

Service	Total Services Per Public Health Spending										
	Schools	Head Start Programs	Child Care Centers	Federally Qualified Health Centers	Free Clinics	Nursing Facilities	Nonprofit Community Health Centers	Public Health Dental Vans	Federal Public Health Programs	State Public Health Programs	Local Public Health Programs
Sealant	45,946	0	0	16	5	0	0	0	0	0	468
Prophylaxis	46	0	0	238	0	339	0	0	1	0	104
Open Mouth Screening	38,019	10,342	2,486	27	91	420	2,397	0	23,700	0	623
Fluoride Application	23,829	9,815	2,029	40	5	310	1,328	0	17,761	0	404
Individual Counseling	24,307	5,686	1,648	238	106	416	2,422	0	20,629	0	467
Group Education	1,080	374	213	95	0	24	0	0	15	2	10
Other (x-rays)	0	0	0	62	0	0	0	0	0	0	0