



STATE OF IOWA

IOWA DENTAL BOARD

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

JILL STUECKER
EXECUTIVE DIRECTOR

IOWA DENTAL BOARD

AGENDA

October 13-14, 2016

Updated 10/10/2016

Location: Iowa Dental Board, 400 SW 8th 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 October 13, 2016

COMMITTEE MEETINGS:

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

9:30 A.M. **EXECUTIVE COMMITTEE**

10:00 A.M. **BOARD MEETING:**

OPEN SESSION

- | | |
|--|-----------------------|
| I. CALL MEETING TO ORDER – ROLL CALL | <i>Steven Bradley</i> |
| II. 1st OPPORTUNITY FOR PUBLIC COMMENT | <i>Steven Bradley</i> |
| III. APPROVAL OF OPEN SESSION MINUTES | <i>Steven Bradley</i> |
| a. July 21-22, 2016 – Quarterly Meeting | |
| b. July 29, 2016 – Teleconference | |
| c. September 2, 2016 – Teleconference | |
| IV. REPORTS | |
| A. EXECUTIVE DIRECTOR’S REPORT | <i>Jill Stuecker</i> |
| B. BUDGET REPORT | <i>Jill Stuecker</i> |
| C. LEGAL REPORT | <i>Sara Scott</i> |

- 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
 - i. Emily Forte
 - ii. Jessica Jacobs

- 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).
 - i. Erika Whalen, R.D.H.
 - b. Vote on Actions Taken at the Dental Hygiene Committee Meeting for Board Ratification (**items i. through iv. to be voted on in section V. of the agenda*)
 - i. Vote on Final and Adopted – 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. Vote on Notice of Intended Action – Iowa Administrative Code 650 – Chapter 25, *Continuing Education**
 - iv. Vote on Notice of Intended Action – Iowa Administrative Code 650 – Chapter 14, *Renewal and Reinstatement**
 - c. Other Committee Recommendations, if any

- I. DENTAL ASSISTANT REGISTRATION COMMITTEE** *Steven Bradley*
- a. Committee Update
 - b. Other Committee Recommendations, if any

- J. EXAMINATION REPORTS**
- a. CRDTS – Dental Steering Committee *Steven Bradley*
 - b. CRDTS – Dental Hygiene Examination Review Committee *Mary Kelly*

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

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

c. CRDTS – Dental Examination Review Committee

Will McBride

K. IOWA PRACTITIONER REVIEW COMMITTEE REPORT

Jill Stuecker

a. Quarterly Update

L. ADMINISTRATIVE RULES/ADMINISTRATIVE RULE WAIVERS *Phil McCollum*

a. Review of 2017 Regulatory Plan

b. Vote on Adopted and Filed: Iowa Administrative Code 650 - Chapter 11, *Licensure to Practice Dentistry or Dental Hygiene*

c. Vote on Adopted and Filed: Iowa Administrative Code 650 - Chapter 12, *Dental and Dental Hygiene Examinations*

d. Vote on Notice of Intended Action: Iowa Administrative Code 650 - Chapter 25, *Continuing Education*

e. Vote on Notice of Intended Action: Iowa Administrative Code 650 - Chapter 14, *Renewal and Reinstatement*

f. Vote on Notice of Intended Action: Iowa Administrative Code 650 - Chapter 27, *Standards of Practice and Principles of Professional Ethics*

g. Vote on Notice of Intended Action: Iowa Administrative Code 650 – Chapter 22, *Dental Assistant Radiography Qualification*

h. Discussion on Rulemaking Draft: Chapter 15, *Fees*

i. Discussion on Rulemaking Draft: Chapter 20, *Dental Assistants*

j. Rule Waiver Request: Dr. Ramin Azadeh, Iowa Administrative Code 650 - 11.4(1), “Graduates of Foreign Dental Schools”

V. LEGISLATIVE UPDATES

Jill Stuecker

a. Update on HF2387

b. IDA Legislative Priorities

Larry Carl

c. IDHA Legislative Priorities

Tom Cope

VI. OTHER BUSINESS

Jill Stuecker

a. **Discussion on Paper Versus Online Applications and Renewals**

b. Update on Examinations and Examination Resources for Dental Assistants

i. Jurisprudence

ii. Infection Control

iii. Radiography

c. Level 2 Expanded Functions Training Update

d. Discussion on Licensee and Registrant Titles/Abbreviations

e. Strategic Planning Report

f. Schedule November Teleconference

g. **Discussion on Frequency of Board Meetings and Future Meeting Dates**

VII. APPLICATIONS FOR LICENSURE/REGISTRATION

Christel Braness

& 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).

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

VIII. 2nd OPPORTUNITY FOR PUBLIC COMMENT

Steven Bradley

Thursday October 13, 2016 as Time Permits

Resumption on Friday, October 14, 2016 at 8:30 A.M. as Needed

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. **Enforcement Criteria for Applicants with Criminal Histories** (Closed session pursuant Iowa Code § 21.5(1)(g) to avoid disclosure of specific law enforcement matters, such as allowable tolerances or criteria for the selection, prosecution, or settlement of cases...”).
- c. **Enforcement Criteria for Applicants with Prior Board Disciplinary Action** (Closed session pursuant Iowa Code § 21.5(1)(g) to avoid disclosure of specific law enforcement matters, such as allowable tolerances or criteria for the selection, prosecution, or settlement of cases...”).
- d. **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).
- e. **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)).
- f. **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)).
- g. **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)).
- h. **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).
- i. **Settlement Agreement** (Closed session pursuant to Iowa code § 21.5(1)(f) to discuss the decision to be rendered in a contested case).
- j. **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).

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- k. **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).

OPEN SESSION

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

- a. Closed Session Minutes
- b. Enforcement Criteria for Applicants with Criminal Histories
- c. Enforcement Criteria for Applicants with Prior Board Disciplinary Action
- d. Compliance with Board Orders
- e. Investigative Reports
- f. New Complaints
- g. Additional Information on Previous Complaints
- h. Application for Licensure/Registration
- i. Settlement Agreement
- j. Combined Statement of Charges, Settlement Agreement and Final Order
- k. Hygiene Committee Recommendations (Disciplinary Only)

III. ADJOURN

NEXT QUARTERLY MEETING: JANUARY 26-27, 2017

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JILL STUECKER
EXECUTIVE DIRECTOR

IOWA DENTAL BOARD

MINUTES

July 21-22, 2016
Conference Room
400 S.W. 8th 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

July 21, 2016

Present
Present
Present
Present
Present
Present
Present
Absent
Present

July 22, 2016

Present
Present
Present
Present
Present
Present
Present
Absent
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*

Jane Slach, Iowa Dental Assistants Association
Francisco Olalde, University of Iowa
Michael Kanellis, D.D.S., University of Iowa College of Dentistry
Carol Van Aernam, Iowa Dental Hygienists' Association
Lori Brown, R.D.H., Des Moines Area Community College
Barb Blough, Iowa Dental Association
Shaun O'Neill, University of Iowa College of Dentistry
Melani Fulton, University of Iowa College of Dentistry
Jeff Chaffin, D.D.S., Delta Dental of Iowa
Stephen Thies, D.D.S., Iowa Academy of General Dentistry
Molly Driscoll, Brown Winick
Stephanie Chickering, R.D.H., Iowa Department of Public Health

I. CALL TO ORDER FOR JULY 21, 2016

Dr. Bradley welcomed Dr. Foley to the Board, and asked Dr. Foley to introduce herself.

Dr. Bradley called the meeting of the Iowa Dental Board to order at 11:33 a.m. on Thursday, July 21, 2016.

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		x
Absent								x	

A quorum was established with eight (8) members present.

II. LEGISLATIVE UPDATES

- *Overview of Progress – HF2387*

Ms. Stuecker provided an update on the progress made to date. At the last Board meeting the Board agreed to continue exploring the California Portfolio Exam. As a result, several meetings have occurred between the Board and the University of Iowa to discuss the specifics of this exam. The California Board of Dental Examiners will be participating in this meeting to discuss the portfolio examination in further detail and to answer questions. Given the timeframe, and the report due to the Legislature on December 15, 2016 Ms. Stuecker would like the Board to determine, at the end of this discussion, whether or not to continue moving this concept forward.

- *Presentation on Exams from the University of Iowa*

Dr. Kanellis provided an overview of the potential examination options, to compare side-by-side. Dr. Kanellis stated that there may be a pathway for a modified curriculum-integrated model from CRDTS, in addition to the portfolio examination.

Dr. Kanellis discussed enrollment at the University of Iowa College of Dentistry. The University of Iowa College of Dentistry is the fifth largest in terms of revenue in the country. Dr. Kanellis referenced this to demonstrate the quantity of patient experiences the dental students get.

Dr. Kanellis provided some data about the CRDTS testing results. Only one (1) student from the University of Iowa College of Dentistry in the last five (5) years has failed to pass CRDTS.

Dr. Kanellis provided a brief overview of the breakdown of faculty who completed their dental education at an ADA-accredited dental school, versus those who received their dental education abroad. Of the faculty with foreign dental degrees, 87% have completed specialty training through an ADA-accredited program.

Dr. Kanellis hoped that some of the faculty with specialty training will be allowed to participate in the evaluation of the portfolio examinations. For example, Dr. Teixeira would be valuable for evaluation of endodontics.

Dr. Kanellis provided some comparisons of CRDTS examination versus the proposed portfolio examination. The portfolio examination provided more experiences; though, those are on patients instead of a manikin. Dr. Kanellis believed that both a modified CRDTS examination and the California portfolio examination would be valid examinations.

The Board members asked Dr. Kanellis some questions related to the proposed examinations. The questions focused on the examiners and whether the competences would be completed as a part of the school's curriculum. Dr. Kanellis stated that some of these factors would need to be decided by the Board.

Ms. Kelly believed that implants should be a required competency. Dr. Kanellis stated that dental schools vary about how implants are addressed in dental school. Dr. Kanellis stated that at least one (1) implant procedure is observed in conjunction with other faculty at the University of Iowa College of Dentistry.

Dr. Bradley asked about bridges. Dr. Kanellis stated that implants are increasingly popular. The costs between a bridge and the implant are virtually the same at the University of Iowa College of Dentistry. Therefore, there are not enough patients who want 3-unit bridges. Though, this may vary by school.

Ms. Slach asked about periodontal portion of the portfolio examination and what is required. Dr. Kanellis stated that the California portfolio examination requirements are very specific about which CDT-code procedures must be completed as part of the examination.

Dr. Bradley stated that the Board could consider changing some of the portfolio requirements. Dr. Kanellis strongly suggested complying with the California requirements since they have validated that examination.

Dr. Kanellis did not believe that the portfolio examination will be a highly used option due to the lack of portability; though, he likes this as an alternative option.

- *Presentation and Q&A on California Portfolio Exam*
- The call with the California Board of Dental Examiners started at 12:02 p.m.

Dr. Morrow thanked the Board for the opportunity to discuss this. Dr. Morrow reported that detailed information was provided to the Board.

Dr. Morrow began with a brief overview of how the portfolio examination came to be. High failure rates of the California clinical examination were a factor in the change.

Dr. Morrow explained how California's portfolio examination varies from other portfolio examinations. The competencies are completed during dental school, and review of the completed portfolio occurs during the final year of dental school. Dr. Morrow summarized the requirements.

Dr. Morrow reported that Colorado and Kentucky accept the results of the California portfolio examination for the purposes of licensure. Dr. Bradley asked who completed the psychometrics for the examination. Dr. Morrow reported that COMIRA completed the validation.

Ms. Elmitt asked how California addresses issues of bias when selecting the examiners. Dr. Morrow stated that bias cannot be completely eliminated, and dental schools have to address these issues of bias on an ongoing basis. CODA establishes requirements for addressing issues such as these.

Dr. Morrow stated that in California there are minimum requirements for becoming an examiner:

- Full time faculty at the school;
- Calibrated by and with calibration instruments developed by the Board, and distributed to the schools; and
- Recalibrated on an annual basis.

Ms. Slach asked about how grading is handled on the portfolio examination. Dr. Morrow stated that there are individual grading factors. Dr. Morrow provided an overview of the criteria. Periodontal treatment is based on the full treatment, not just a quadrant at a time. In some cases, this will require multiple appointments for a patient. Each examiner selects a quadrant of their choice. The student and the other examiner do not know which quadrant(s) are being graded.

Each factor has established critical failures. Critical failures means the end of the examination.

Dr. Bradley asked if any candidates have failed to date. Dr. Morrow stated that this would be based on submissions. There is a distinction between a completed examination and a completed portfolio.

Dr. Bradley asked about testing on implants and other restorations. Dr. Morrow stated that implants would be acceptable; though not required. Restorations can be performed on primary or permanent teeth.

There was further discussion about the requirements for the portfolio examination, and the requirements of the dental school. Dr. Kanellis stated that there were some key differences. The portfolio currently requires more than is required as part of the curriculum.

Dr. Kanellis asked how many dental schools in California were utilizing the portfolio examination. Dr. Morrow stated that six (6) schools currently use it.

There was further discussion about the examiners. Dr. Morrow stated that each section requires two (2) independent examiners. Most schools have decided that the examiners for periodontics will be periodontal specialists and not general practitioners. Specialty work is graded by specialists.

There was some discussion about competencies, and instruction. Dr. Woo reported having attended all but the periodontal and endodontic calibrations. Most faculty was trained in 1-2

sessions. Dr. Kanellis asked if an examination would be required to be an examiner. Dr. Morrow stated that this was not currently required in California.

An inquiry was made as to how many licenses were issued based upon portfolio process. In 2015, seven (7) applicants submitted portfolios, and all were licensed. In 2016, to date, there have been 32 applications; 25 have been licensed, and the others were pending licensure.

To date, the examination was meeting expectations. Dr. Morrow stated that this was an alternative, and that they were aware that not everyone would do this. Portability is a limitation; however, as more states continue to review the examination and accept the results, this may lessen.

The portfolio examination addressed some of the concerns related to clinical testing.

Dr. Bradley asked if California would license Iowa graduates who use the examination. Dr. Morrow stated that this would require a legislative change; however, he would be in favor of pursuing this. Dr. Morrow would be open to sharing legislative language.

Dr. Morrow indicated that the examination material is not copyrighted.

Ms. Slach asked if any changes were made to the examination from the first year to the second. Dr. Morrow stated that the major stumbling block was completing the entirety of the periodontal treatment within the last 9 months of school. There has been some discussion about allowing the periodontal treatment to begin in the third year of dental school, and completing the treatment in the fourth year.

They have written into the examination a process so that if a patient cannot return for post-treatment assessment, it can be completed on another patient.

Ms. Slach asked how frequently they would review the examination. Dr. Morrow anticipated reviewing it on an annual basis. It would be relatively easy as compared to changing regulations.

The Board members inquired whether the periodontal portion of the examination could be used for dental hygienists. Dr. Morrow stated that California has a separate licensing board of dental hygiene. Though, there have been some discussions about integrating curriculum for use with dental hygienists and dental assistants.

Ms. Slach asked about a split vote with two (2) examiners. Dr. Morrow stated that the final score is a cumulative score of the entire examination; the only time it would be an issue would be if one examiner marked a critical failure.

Dr. Bradley thanked Dr. Morrow and Dr. Woo for their time.

- The Board took a brief recess at 12:42 p.m.
- The Board reconvened at 12:48 p.m.
- *Discussion and Vote to Pursue Portfolio Exam*

Ms. Stuecker stated that she noticed this as a vote because staff needed further instruction about how to proceed. For example, rulemaking would be required if the Board intended to pursue this pathway.

Ms. Slach believed that it was a good alternative. Dr. Bradley stated that he was not as pleased with the idea of faculty completing the grading of the examination; he would prefer uninterested parties to grade the work of the students. Ms. Slach stated that grading competencies are a requirement of faculty currently, and not all students pass.

❖ **MOVED** by KELLY, **SECONDED** by JENEARY, to **RECOMMEND** proceeding with this portfolio examination.

Dr. Jeneary expressed some concerns of allegations of impropriety on behalf of faculty examiners, and preferred independent examiners. Dr. Kanellis addressed some of the concerns. Dr. Kanellis welcomed anyone to visit the college and observe their procedures and processes.

Ms. Kelly stated that when considering current passing rates, there was not as much concern. Also, if an audit system were implemented, it would further reduce these fears. Dr. Kanellis stated that the California process utilizes the audit after licensure is issued. Dr. Kanellis stated that there could be some attempt to plan evaluation dates and invite Board members to observe the evaluations.

Dr. McBride believed that the Board needed to keep move forwarding on this. Ms. Stuecker agreed. The Board must report to the state legislature by December 15, 2016.

Dr. Kanellis stated that implementation of a portfolio examination would be easier if the California model were implemented as currently established. Dr. Kanellis stated that the number of students who may opt for this are hard to predict since they have not discussed this option with the students. Students could also opt to do both a portfolio and a clinical examination.

Ms. Kelly amended the motion to direct staff to draft rules based on the California model and to consider issues related to examination and oversight. Concerns could be addressed via the rulemaking process.

Dr. Bradley stated again that changes could be implemented to the current model. Dr. McBride expressed some trepidation with that since the changes would not have been validated by a psychometrician.

Mr. McCollum provided a summary as to what he understood the Board's position to be. Including audits of the examinations, and an open-door policy with the college. Dr. Kanellis was happy with that proposal as long the Board members go through the calibration process, with 1-2 weeks' notice whenever possible.

➤ Roll Call:

Member Bradley Elmitt Foley Fuller Jeneary Kelly McBride Meier Slach

Yes		x	x	x	x	x	x		x
No									
Absent								x	
Abstain	x								

➤ Motion carried.

- *Discussion on Other Alternate Testing Methods*
- *Discussion and Vote to Permit Alternate Curriculum Integrated Format (Buffalo Model)*

Dr. Bradley asked Dr. Kanellis to comment on his observations of the Buffalo model. Dr. Kanellis stated that the examination attempted to address some of the ethical concerns of testing on patients. The model looked good on paper; though, a lot of the problems on the East coast have not existed in Iowa. The biggest advantage was that if the patient does not show up, it would not count as a failure. Dr. Kanellis believed that this will yield good results if CRDTS were able to develop a similar examination with some modifications. Dr. Kanellis suggested allowing an extra day for retests, as this would solve some issues with students needing to travel to retest under the current format.

Dr. Kanellis also stated that allowing patients of record to serve as the examination patients will eliminate a number of concerns related to the current testing methods.

Dr. Bradley reported that the hope was to implement the modified version of the examination in 2017-2018.

Mr. McCollum noted that this would not require a rule change since CRDTS is already an established and accepted testing agency for licensure.

- ❖ MOVED by JENEARY, SECONDED by KELLY, to APPROVE the implementation of the alternate-curriculum integrated format as an acceptable standard.

➤ 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>
Yes		x	x	x	x	x	x		x
No									
Absent								x	
Abstain	x								

➤ Motion carried.

III. 1st OPPORTUNITY FOR PUBLIC COMMENT

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

Dr. Kanellis thanked the Board for the discussion on this matter. Dr. Kanellis welcomed questions and further discussion.

IV. APPROVAL OF OPEN SESSION MINUTES

- *April 28, 2016 – Quarterly Meeting Minutes*
- ❖ MOVED by JENEARY, SECONDED by KELLY, to APPROVE the open session minutes as submitted. Motion APPROVED unanimously.
- *May 12, 2016 – Teleconference Minutes*
- ❖ MOVED by FULLER, SECONDED by MCBRIDE, to APPROVE the open session minutes as submitted. Motion APPROVED unanimously.
- *June 16, 2016 – Teleconference Minutes*
- ❖ MOVED by KELLY, SECONDED by JENEARY, to APPROVE the open session minutes as submitted. Motion APPROVED unanimously.

V. REPORTS

EXECUTIVE DIRECTOR'S REPORT

Ms. Stuecker reported that dental license renewal began July 1, 2016. To date, approximately 500 licenses have been renewed. The paper applications take more time to process since staff must complete all of the data entry. At the time of the Board meeting, it took 10-14 days following receipt to process the paper renewals.

Ms. Stuecker reported that this has been a busy quarter with new graduates. Ms. Stuecker provided an overview of the number of licenses, permits and registrations issued. Ms. Stuecker thanked staff for the time spent processing those applications.

Ms. Stuecker provided a preview of the new website, which is still under development. There are still a number of things to complete prior to going live. The state decided not to renew the contract with the original vendor. This has put staff slightly behind schedule. Staff believed that the navigation of the new website will be easier.

BUDGET REPORT

Ms. Stuecker provided a financial status update to the Board, for both FY2016 and FY2017. Ms. Stuecker provided an overview of ongoing and pending expenses for FY2016. Ms. Stuecker provided an overview of the FY2017 budget.

Dr. Fuller asked about the lease for the office space. Ms. Stuecker reported that the Department of Administrative Services (DAS) was negotiating with Hubbell to renew the lease. Ms. Stuecker stated that DAS was hoping to cut costs; though, if an agreement was not reached, a move would be likely.

LEGAL REPORT

Ms. Scott reported that Dr. Buckley filed a request for judicial review the previous week. A certified record of the hearing will go to the district court for review. The ruling could take 6-12 months for a final decision depending upon the court's schedule.

Ms. Scott stated that she may provide a brief training for Board members at the October 2016 meeting. Ms. Scott may implement brief, ongoing training on a more regular basis.

ANESTHESIA CREDENTIALS COMMITTEE REPORT

Ms. Braness reported that the Anesthesia Credentials Committee met recently to review and consider applications for general anesthesia permit.

Ms. Braness reported that the committee had been asked to weigh in on how to define hospitalization as referred to in Iowa Administrative Code 650—29.9(1). The committee recommended interpreting hospitalization, as it relates to reporting adverse occurrences, to mean in-patient treatment in a hospital or clinic. Out-patient treatment at an ER or clinic would not be subject to reporting.

Ms. Scott recommended that the Board consider rulemaking to formally define the term.

- ❖ MOVED by ELMITT, SECONDED by FULLER, to ACCEPT the interpretation, and DIRECTED staff to draft rules for review at a later date. Motion APPROVED unanimously.

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 FULLER, 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 stated that the committee discussed the CDC's guidelines regarding hand pieces, clinical examinations, and other topics.

LICENSURE/REGISTRATION COMMITTEE REPORT

- *Actions Taken by Committee on Applications*

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

DENTAL HYGIENE COMMITTEE REPORT

Ms. Kelly reported that the committee met earlier that morning. Ms. Kelly reported that Indian Hills Community College has received initial accreditation for the 1+1 dental hygiene program.

Ms. Kelly stated that there was also some discussion about combining fees for dental hygiene licenses and local anesthesia permits.

Ms. Kelly reported that the committee discussed the use of suffixes by dental hygienists, R.D.H. versus D.H., in response to an email received about this topic. Staff will look into this further.

The Dental Hygiene Committee recommended allowing an open-book examination, and moving towards proctored online functionality.

Ms. Kelly reported that Board staff will look further into the uses of silver diamine fluoride, and whether this could be implemented in public health settings.

- *Pending Dental Hygiene Applications*
 - *Heidi Watson, R.D.H.*

Ms. Kelly reported that the committee recommended issuance of the license for Ms. Watson. The Board will vote on this later in the meeting.

- *Actions Taken at Dental Hygiene Committee Meeting*
 - *Vote on Notice of Intended Action – Iowa Administrative Code 650—Chapter 11, “Licensure to Practice Dentistry or Dental Hygiene”*

This will be discussed later in the meeting.

- *Vote on Notice of Intended Action – Iowa Administrative Code 650—Chapter 12, “Dental and Dental Hygiene Examinations”*

This will be discussed later in the meeting.

- *Discussion and Vote on Testing Format for Jurisprudence Examination*

This will be discussed further later in the meeting.

- *Vote on Local Anesthesia Course – Southwestern College*
- ❖ MOVED by KELLY, SECONDED by SLACH, to APPROVE the local anesthesia course through Southwestern College. Motion APPROVED unanimously.
- *Other Committee Recommendations, If Any*

There weren't any other recommendations.

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 there was discussion about Iowa and how the Board will proceed with the examination issue.

- *CRDTS – Dental Hygiene Examination Review Committee Report*

Ms. Kelly reported that there aren't any recommended changes to the current examination.

Ms. Kelly reported that there was discussion about Iowa and its ongoing discussion about examinations. The committee also discussed teledentistry and regional examining boards. The committee recommended removing references to names of examining boards, and listing required competencies.

Ms. Kelly reported that there was some discussion about expanded functions. CRDTS has a restorative component for dental hygienists that would allow testing on a manikin as an expanded function. Ms. Kelly indicated that there was also discussion about infection control and hand pieces.

- *CRDTS – Dental Examinations Review Committee Report*

Dr. Bradley reported that this position is vacant with Dr. Vargas' exit from the Board. Dr. Bradley has recommended that Dr. McBride serve in this position.

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. Braness reported that the Board received a request from Iowa Western Community College asking that they be allowed to provide the didactic training via a learning management system. The students would view Power Points and watch pre-recorded lectures prior to completing their clinical and laboratory training in the office. The request was received too late to forward to the committee for review, and was brought directly before the Board for discussion.

The Board members had some questions and discussion about the quality of the education if instructors were not present. The Board members preferred a proctored examination to ensure the validity of the testing.

Ms. Kelly asked Ms. Jane Slach to weigh in on this. Ms. Jane Slach stated that each school presents the information differently. At Kirkwood, the tests are proctored at the testing centers; though, quizzes are provided online. Ms. Kelly asked if the information retained varied with online learning. Ms. Jane Slach stated that she had not found to be true since they still have to pass the examinations.

Ms. Stuecker reported that expanded functions are on the list of regulatory review, and will likely be addressed again going forward.

- ❖ **MOVED** by ELMITT, **SECONDED** by FULLER, to **DENY** the request at this time. Motion **APPROVED** 7-1. Ms. Slach dissented.
- The Board took a brief recess at 2:05 p.m.
- The Board reconvened at 2:14 p.m.

VI. ADMINISTRATIVE RULES/PETITIONS FOR RULE WAIVER

- *Update on Previously Noticed Rules*

Mr. McCollum provided an overview of the pending rules. The supervision rules for dental assistant and dental hygiene programs will go into effect on July 27, 2016.

- *Review of 2017 Regulatory Plan*

Mr. McCollum provided an overview of the proposed regulatory plan. The Board members did not have any changes.

- *Vote on Notice of Intended Action – Iowa Administrative Code 650 – Chapter 11, “Licensure to Practice Dentistry or Dental Hygiene”*

Mr. McCollum provided an overview of the proposed Notice of Intended Action. The intent was not to change the examinations that are accepted for licensure. Rather the focus was on the establishment for the pathway for licensure. This will make the pathway more equitable.

Applicants who have been licensed in another state or territory for one year or longer would be required to apply on the basis of credentials. The results of the NPDB self-query would become required only for applicants by credentials. This would remove that requirement for applicants by examination who may not have practiced at all, or for periods of less than one year. The proposed changes would remove language for the transitional period for licensure by examination.

Ms. Kelly reported that the Dental Hygiene Committee recommended approval to file the Notice of Intended Action.

- ❖ MOVED by KELLY, SECONDED by MCBRIDE, to file the Notice of Intended Action as drafted.

<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
No									
Absent								x	

➤ Motion APPROVED unanimously.

- *Vote on Notice of Intended Action – Iowa Administrative Code 650 – Chapter 12, “Dental and Dental Hygiene Examinations”*

Mr. McCollum provided an overview of the changes. This chapter is dependent upon chapter 11 to establish the examinations accepted for licensure. The language would list each prospective testing agency and clarify examination requirements. Examinees must take all parts offered by the prospective testing agency. These changes would make mandatory portions of an examination offered as an option by a testing agency.

- ❖ MOVED by ELMITT, SECONDED by KELLY, to file Notice of Intended Action as drafted.

<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
No									
Absent								x	

➤ Motion APPROVED unanimously.

- *Discussion on Rulemaking Draft: Chapter 25, “Continuing Education”*

Mr. McCollum provided an overview of the draft proposals. There was the introduction of additional requirements, and the clarification of some definitions at the beginning of the chapter.

There is a proposed requirement for courses in infection control or jurisprudence at least once every four years. The hope was to mitigate future complaints. The Dental Hygiene Committee

noted that OSHA requires annual updates, and inquired as to whether this would be conflicting or confusing. Staff will look at this issue further.

There was some other discussion regarding the drafted proposals, along with a suggestion to allow 50% of continuing education hours to come from self-study courses, to make it more equitable for all professions.

- *Discussion on Rulemaking Draft: Chapter 14, “Renewal and Reinstatement”*

Mr. McCollum reported that the primary proposed change would be to move the requirements for reactivation of an inactive license or registration from chapter 25 to chapter 14.

- *Discussion on Rulemaking Draft: Chapter 27, “Standards of Practice and Principles of Professional Ethics”*

Mr. McCollum provided an overview of the proposed draft and related changes. The intent was to clarify when practitioners need to notify patients when they are leaving a practice. The purpose was to establish better continuity of care.

Ms. Kelly questioned the use of “regularly” practicing in the language. Mr. McCollum stated that the full time and part time practice was included to clarify those who would be included. Ms. Kelly recommended removing the term “regularly.”

- *Discussion on Rulemaking Draft: Chapter 15, “Fees”*

Mr. McCollum provided an overview of the proposed changes. The maximum fees owed for dental assistants reinstating a lapsed registration and/or qualification would be reduced. There were additions to clarify the difference between written certifications and online verification. The proposed changes would make notification of the public information subscription service free if notification were provided by email. The rules would be updated to better reflect the information provided in the data/ mailing lists.

Ms. Stuecker reported that the change to reduce the maximum fees for reinstatement of a dental assistant resulted from a recommendation from the Dental Assistant Registration Committee, in addition to a number of telephone calls received about this.

- *Discussion on Rulemaking Draft: Chapter 20, “Dental Assistants”*

Mr. McCollum provided an overview of the proposed changes. Definitions and terminology would be updated for clarification. The proposed changes would also better establish the date on which dental assistant trainee status would expire, as well as clarify when an application for dental assistant registration would need to be submitted by a dental assistant trainee.

- *Rule Waiver Request: Dr. Sima Zitouni – Iowa Administrative Code 650—11.4(1) and 11.4(3)e, “Graduates of Foreign Dental Schools”*

Ms. Braness provided an overview of the Dr. Zitouni's waiver request. Ms. Stuecker provided an overview of the past waiver requests related to foreign-trained dentists, and a summary of the Board's decisions. Overall, ten (10) requests have been approved, and four (4) have been denied. Generally, the Board has approved waivers in cases where the practitioner had completed a minimum of one (1) year of a general practice residency at an ADA-accredited dental school. Practitioners who had less general practice training than that were denied their requests.

- ❖ MOVED by MCBRIDE, SECONDED by SLACH, to APPROVE the request as submitted. Motion APPROVED unanimously.
- *Rule Waiver Request: Catia Atienza – Iowa Administrative Code 650—20.5(1)b(4), “Categories of Dental Assistants: Dental Assistant Trainee, Registered Dental Assistant”*

Ms. Braness provided an overview of the request. Ms. Atienza was not yet eligible to apply for registration. Rules prevented her from applying for a start-over trainee status without a request for waiver. This was the first such request received by the Board.

- ❖ MOVED by JENEARY, SECONDED by KELLY, to APPROVE the request. Motion APPROVED unanimously.
- *Rule Waiver Request: Dr. Robert Hurley, Dr. David Jones & Dr. Melissa Nensel– 650-29.5(1), “Permit Holders”*

Ms. Braness provided an overview of the request. Dr. Hurley, Dr. Jones and Dr. Nensel wish to offer moderate sedation in their dental office; however, they would prefer to have an anesthesiologist or a nurse anesthetist provide those services. The Board has approved at least two (2) other similar waiver requests in the past.

- ❖ MOVED by FOLEY, SECONDED by JENEARY, to APPROVE the request. Motion APPROVED unanimously.

VII. OTHER BUSINESS

- *Discussion on IDB Consultant Contracts*

Ms. Stuecker reported that the current reimbursement rates for Board consultants are low; and the contracts have not been reviewed in quite some time. This discussion was intended to address the issue of reimbursement. Ms. Stuecker provided an overview on the current rates of reimbursement. There has been a struggle to retain and recruit dentists to serve as consultants for this reason. Ms. Stuecker recommended a system of reimbursement similar to what the Iowa Board of Medicine offers. The Iowa Board of Medicine rates cases in terms of level 1, level 2, and priority. Level 2 cases would address issues related to standard of care, or specialty practice; and would be reimbursed at a higher rate.

Ms. Stuecker reported that the proposed increases could double the amount budgeted for this; though it may be a worthwhile investment. Ms. Stuecker asked the Board members if they would

be willing to pay a premium of 15-20% for cases that required a more urgent review. Ms. Scott stated that she may have to look into the limitations on what can be paid to consultants. The Board may not have total discretion over this. Staff will look into this further and bring it back to the October 2016 meeting.

- *Discussion and Vote on Testing Format for Jurisprudence Examinations*

Ms. Stuecker reported that staff has been trying to streamline the testing process, including looking at online testing options. There are potential procurement considerations involved in this. Staff will continue to look into those options.

Ms. Stuecker asked if the Board members would be comfortable allowing an open book examination. Currently, the examination is closed book. The Dental Hygiene Committee recommended continuing to have the examinations proctored.

- ❖ MOVED by ELMITT, SECONDED by JENEARY, to ALLOW open book testing format. Motion APPROVED unanimously.

- *Discussion on Examination Resources and Materials for Dental Assistants*
 - *Jurisprudence*
 - *Infection Control*
 - *Radiography*

Ms. Stuecker reported that the Board currently provides study materials for dental assistants. Ms. Stuecker stated that the Board did not have the resources to update these materials. This issue was being brought before the Board for a discussion about how to address this.

For the jurisprudence examination, Ms. Stuecker indicated that a copy of Iowa Administrative Code 650, along with a study guide indicating which chapters to focus on may be sufficient.

As to the infection control/hazardous materials examination, Ms. Stuecker recommended providing a copy of the CDC's MMWR report from 2003 that updated the requirements for infection control standards in dental offices.

Ms. Stuecker reported that there did not appear to be a clear standard available for study materials in dental radiography. Iowa Administrative Code 650—Chapter 22 does not require the Board to develop and provide educational materials. Ms. Stuecker recommended allowing outside organizations and licensees to provide this training. There would be a transitional period; though, the Board could review and approve courses submitted for continuing education review.

There was further discussion about resources and how to best make those available. Ms. Slach suggested asking the dental assistant programs for their resources. Ms. Stuecker stated that copyright laws may prevent this.

Ms. Stuecker recommended getting rid of the other study materials immediately, and keeping the radiography manual and examination in place until other resources and options are available.

- *Discussion on Dental Hand Piece Regulations*

Ms. Stuecker reported that a statement was emailed to licensees clarifying the requirements regarding the sterilization of hand pieces. Ms. Stuecker noted that these are not new requirements, rather they are clarifications of previously-existing requirements. Licensees need to comply with the national standard.

- *Review of Public Health Supervision Reports from IDPH*

Ms. Stuecker reported that Iowa Department of Public Health provided updated annual reports regarding public health supervision. Ms. Stuecker thanked the Iowa Department of Public Health for the information.

Ms. Stuecker reported on some of the data.

- *Retired Volunteer License Update*

Ms. Stuecker reported that one retired volunteer dentist license has been issued to date. Ms. Stuecker stated that some licensees have expressed disinterest due to the limitations and restrictions imposed on the retired volunteer license.

- *Committee Review and Committee Appointments*
 - *Continuing Education*

Ms. Elmitt proposed leaving the committee as was currently established.

- *Expanded Functions*

Ms. Stuecker reported that new courses are not being regularly submitted. Dr. Bradley preferred to disband the committee, and to refer new requests to the Continuing Education Advisory Committee. The Board members did not object.

- *Iowa Practitioner Review Committee*

Dr. Bradley reported that Dr. Marsh would be a good member to appoint to this committee.

- ❖ **MOVED** by BRADLEY, **SECONDED** by KELLY to appoint Dr. Marshall, M.D. to the Iowa Practitioner Review Committee. Motion **APPROVED** unanimously.

Ms. Scott asked about the submission from Ms. Hancock-Much. Ms. Stuecker stated that there were sufficient committee members with her credentials, and recommended that Ms. Hancock-Muck not be appointed at this time. The Board members agreed.

- *CRDTS Dental Examination Review*

- ❖ MOVED by BRADLEY, SECONDED by JENEARY, to APPOINT Dr. McBride to serve on this committee. Motion APPROVED unanimously.

- *Follow-Up on Teledentistry Discussion with Dr. Paul Glassman*

Ms. Stuecker provided an overview on the presentation that Dr. Glassman made to the Iowa Dental Board and interested parties. Ms. Stuecker would like to continue discussing this further. In the future, the legislature could mandate that boards write rules on telehealth. Ms. Stuecker would like to look into a small pilot project; though, this would take time to discuss further and develop.

Ms. Kelly provided an overview of the means of communications available as part of these programs.

- *Strategic Planning Update*

Dr. Bradley reported that a strategic planning meeting was scheduled for September 30, 2016 and October 1, 2016. Ms. Stuecker reported she procured a good provider to facilitate the strategic planning.

Ms. Stuecker reported that Dr. Bradley, Ms. Elmitt, Dr. McBride, and Ms. Kelly will participate in the two day strategic planning session. The full report and plan will be brought to a subsequent board meeting for discussion and adoption. The facilitator will be interviewing each Board member to gather information for this process.

VIII. APPLICATIONS FOR LICENSURE/REGISTRATION & OTHER REQUESTS

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

- ❖ MOVED by KELLY, SECONDED by SLACH, to APPROVE the application for Ms. Heidi Watson as recommended by the Dental Hygiene Committee. Motion APPROVED unanimously.

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 SLACH, to APPROVE the list as submitted. Motion APPROVED unanimously.

IX. 2nd OPPORTUNITY FOR PUBLIC COMMENT

Dr. Bradley allowed the opportunity for public comment.

Dr. Thies commented on the proposed discontinuation of practice rules, and inquired as to whether the medical community has comparable requirements. Mr. McCollum reported that the Board receives a lot of phone calls about this issue since, increasingly, practitioners are moving more frequently.

Ms. Scott reported that there was a similar obligation for medical professions. Ms. Scott believed that the main reason was to allow patients to know how to access their records. Mr. McCollum noted that the requirements would not be new, the proposals only serve to clarify who would be subject to the requirement.

Ms. Jane Slach commented on the study materials. Ms. Jane Slach reported that DANB was a good resource for materials. Ms. Stuecker indicated that there may be limitations due to costs, and other factors. Ms. Jane Slach stated that there are also good radiography text books available.

Ms. Jane Slach asked about remedial education and how to facilitate that. Ms. Stuecker acknowledged that this will require further discussion.

- The Board took a recess at 3:36 p.m.
- The Board reconvened at 3:45 p.m.

CLOSED SESSION

- ❖ MOVED by BRADLEY, SECONDED by JENEARY, for the Board to go into closed session at 3:46 p.m., pursuant to the following:

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).

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.

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).

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).

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).

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.

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.

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.

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.

<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>
Aye	x	x	x	x	x	x	x		x
Nay									
Absent								x	

Motion APPROVED by ROLL CALL.

OPEN SESSION

- ❖ MOVED by FULLER, SECONDED by MCBRIDE to RETURN to open session. Motion APPROVED unanimously.
- The Board reconvened in open session at 10:30 a.m. on July 22, 2016.

ACTION ON CLOSED SESSION ITEMS

1. Closed Session Minutes

- ❖ MOVED by JENEARY, SECONDED by SLACH, to APPROVE the closed session minutes for the April 29, 2016 quarterly meeting. Motion APPROVED unanimously.
- ❖ MOVED by JENEARY, SECONDED by SLACH, to APPROVE the closed session minutes for the May 12, 2016 teleconference meeting. Motion APPROVED unanimously.
- ❖ MOVED by JENEARY, SECONDED by SLACH, to APPROVE the minutes for the 2016 Jay Buckley, DDS hearing. Motion APPROVED unanimously.

2. Compliance with Board Orders

- ❖ MOVED by MCBRIDE, SECONDED by SLACH, to KEEP OPEN until she pays her civil penalty in the Matter of Taylor R. Brommel, Q.D.A., file number 16-0044. Motion APPROVED unanimously.

- ❖ MOVED by MCBRIDE, SECONDED by SLACH, to APPROVE Blanche Riordan, D.H., for infection control monitor and Henry Schein to provide the infection control course in the Matter of Jay R. Buckley, D.D.S., file numbers 13-0087, 15-0127. Motion APPROVED unanimously.

3. Requests to Modify Board Orders

- ❖ MOVED by MCBRIDE, SECONDED by SLACH, to APPROVE the Board Ruling Denying Motion to Stay Iowa Dental Board Decision Pending Judicial Review in the Matter of Jay R. Buckley, D.D.S., file numbers 13-0087, 15-0127. Motion APPROVED unanimously. Dr. Foley recused herself.

4. Final Action on Cases

- ❖ MOVED by SLACH, SECONDED by FULLER, to CLOSE file number 16-0029. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 15-0185. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0003. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0015. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0016. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0028. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0036. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0038. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0039. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0040. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to KEEP OPEN file number 16-0050. Motion APPROVED unanimously.

- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0051. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0052. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0053. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0056. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0057. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0058. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0062. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0065. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0073. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 15-0094. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 15-0172. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0013. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0034. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0041. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0049. Motion APPROVED unanimously.

- ❖ MOVED by ELMITT, SECONDED by JENEARY, to KEEP OPEN file number 16-0059. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0068. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0069. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0070. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0071. Motion APPROVED unanimously.
- ❖ MOVED by ELMITT, SECONDED by JENEARY, to CLOSE file number 16-0075. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FOLEY, to CLOSE file number 13-0059. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FOLEY, to CLOSE file number 15-0046. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FOLEY, to CLOSE file number 15-0055. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FOLEY, to CLOSE file number 15-0084. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FOLEY, to CLOSE file number 15-0090. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FOLEY, to CLOSE file number 15-0157. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FOLEY, to CLOSE file number 16-0031. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FOLEY, to KEEP OPEN file numbers 11-190, 16-0005. Motion APPROVED unanimously.
- ❖ MOVED by SLACH, SECONDED by FULLER, to CLOSE file numbers 12-175, 14-0028, 14-0055. Motion APPROVED unanimously. Foley recused.

- ❖ MOVED by SLACH, SECONDED by FOLEY, to CLOSE file numbers 13-0056, 13-0064. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by MCBRIDE, to CLOSE file number 16-0066. Motion APPROVED unanimously.
- ❖ MOVED by KELLY, SECONDED by MCBRIDE, to KEEP OPEN file number 16-0048. Motion APPROVED unanimously.
- ❖ MOVED by JENEARY, SECONDED by ELMITT, to APPROVE the infection control exam and the jurisprudence exam for dental assistants with the edits as discussed. Motion APPROVED unanimously.

XVII. ADJOURN

- ❖ MOVED by ELMITT, SECONDED by KELLY to ADJOURN the meeting. Motion APPROVED unanimously.

The Board adjourned its meeting at 10:46 a.m. on July 22, 2016.

NEXT MEETING OF THE BOARD

The next quarterly meeting of the Board is scheduled for October 13-14, 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

MINUTES - TELECONFERENCE

July 29, 2016

Conference Room

400 S.W. 8th 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

July 29, 2016

Present
Present
Absent
Present
Present
Present
Present
Absent
Present

Staff Members

Jill Stuecker, Phil McCollum, Christel Braness

I. CALL TO ORDER FOR JULY 29, 2016

Ms. Stuecker called the meeting of the Iowa Dental Board to order at 7:52 a.m. on Friday, July 29, 2016. The meeting was held by electronic means in compliance with Iowa Code section 21.8. The purpose of the meeting was to review a request for remedial education. It was impractical to meet in person on such short notice, and with such a short agenda.

Roll Call:

Member	Bradley	Elmitt	Foley	Fuller	Jeneary	Kelly	McBride	Meier	Slach
Present	x	x	x	x		x	x		x
Absent					x			x	

A quorum was established with seven (7) members present.

II. 1st OPPORTUNITY FOR PUBLIC COMMENT

Ms. Stuecker asked the public to introduce themselves.

Ms. Stuecker allowed the opportunity for public comment.

Ms. Boge thanked the Board for their time reviewing this request.

III. OTHER BUSINESS

- *Vote on Hawkeye Community College Remediation Course*

Ms. Stuecker reported that the Dental Hygiene Committee recommended approval of the course with a few modifications. Ms. Kelly reported that the modifications were to include the textbooks on the syllabus, incorporate a mock board, and to encourage students to bring back their patients from the boards.

- ❖ MOVED by BRADLEY, SECONDED by MCBRIDE, to APPROVE the remediation course as recommended by the Dental Hygiene Committee. Motion APPROVED unanimously.

IV. ADJOURN

- ❖ MOVED by BRADLEY, SECONDED by KELLY, to ADJOURN. Motion APPROVED unanimously.

The meeting was adjourned at 7:56 a.m. on July 29, 2016.

NEXT MEETING OF THE BOARD

The next quarterly meeting of the Board is scheduled for October 13-14, 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 - TELECONFERENCE

September 2, 2016
Conference Room
400 S.W. 8th 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

September 2, 2016

Present
Present
Present
Present
Absent
Present
Present
Absent
Present

Staff Members

Jill Stuecker, Phil McCollum, Christel Braness

I. CALL TO ORDER FOR SEPTEMBER 2, 2016

Ms. Stuecker called the meeting of the Iowa Dental Board to order at 7:15 a.m. on Friday, September 2, 2016. The meeting was held by electronic means in compliance with Iowa Code section 21.8. The purpose of the meeting was to review a request for remedial education, applications for licensure and discuss compliance with a board order. It was impractical to meet in person on such short notice, and with such a short agenda.

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	

A quorum was established with seven (7) members present.

II. 1st OPPORTUNITY FOR PUBLIC COMMENT

Ms. Stuecker allowed the opportunity for public comment.

III. OTHER BUSINESS

- *Review and Vote on Iowa Central Community College Remediation Course*
- ❖ MOVED by BRADLEY, SECONDED by SLACH, to APPROVE the remediation course as recommended by the Dental Hygiene Committee. Motion APPROVED unanimously.

IV. APPLICATION FOR LICENSURE AND OTHER REQUESTS

- *Steven Tipp, D.D.S.*

Ms. Braness provided an overview of the application.

Ms. Slach asked about the reported malpractice cases. Ms. Braness reported that the application was referred for review due to the previous disciplinary action taken against him. Mr. McCollum agreed. In some cases, insurance companies may opt to settle to save money over going to court. Malpractice information is harder to judge since the Board members do not have all of the facts related to the cases.

Dr. Jeneary recommended that the license be issued in conjunction with a written notice to remain in compliance with previous orders and rules of law.

- ❖ MOVED by JENEARY, SECONDED by KELLY, to APPROVE the application for license with an informal notification to remain in compliance with the previous orders and rules of law. Motion APPROVED unanimously.
- *Karen Cowsert, R.D.H.*

Ms. Braness provided an overview of the application.

- ❖ MOVED by SLACH, SECONDED by KELLY, to APPROVE the application for license as recommended by the Dental Hygiene Committee. Motion APPROVED unanimously.

V. COMPLIANCE WITH BOARD ORDERS

- *Jay Buckley, D.D.S.*

Ms. Stuecker provided an overview of this particular request. Ms. Stuecker stated that the Board members can vote to approve the practice monitor agreement as submitted, or go into closed session to discuss this further.

CLOSED SESSION

- ❖ MOVED by FULLER, SECONDED by SLACH, to go into CLOSED in compliance with the following:

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.

- The Board went into closed session at 7:26 a.m.

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>
Yes	x	x	x		x	x			x
No									
Absent				x			x	x	

Motion APPROVED unanimously by roll call.

- Dr. Fuller rejoined the teleconference.

RECONVENE IN OPEN SESSION

- MOVED By BRADLEY, SECONDED by ELMITT to RETURN to open session. Motion APPROVED unanimously.
- The Board reconvened in open session at 7:37 a.m.

VI. ACTION, IF ANY, ON CLOSED SESSION AGENDA ITEMS

- *Jay Buckley, D.D.S.*
- MOVED by FULLER, SECONDED by JENEARY to APPROVE the practice monitor agreement as discussed. Motion APPROVED.

VII. ADJOURN

- ❖ MOVED by BRADLEY, SECONDED by FULLER, to ADJOURN. Motion APPROVED unanimously.

The meeting was adjourned at 7:38 a.m. on September 2, 2016.

NEXT MEETING OF THE BOARD

The next quarterly meeting of the Board is scheduled for October 13-14, 2016, in Des Moines, Iowa.

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

2016-17 IDB REGULATORY PLAN

Chapter # and Title	Description of Action, Reason, & Alternatives	Legal Basis for Action	Schedule for Action
IAC 650-Chapter 11 “Licensure to Practice Dentistry or Dental Hygiene” and Chapter 12 “Dental and Dental Hygiene Examinations”	Amending licensure by examination to include all regional testing agencies for licensure. This will ensure uniformity in the testing process.	Iowa Code Chapter 147.34	In progress: Scheduled for July 2016
IAC 650-Chapter 11 “Licensure to Practice Dentistry or Dental Hygiene” and Chapter 12 “Dental and Dental Hygiene Examinations”	Per legislative mandate the Board is required to offer an alternate examination for licensure of dentists.	Iowa Code Chapter 147.34	Discussion In progress: Date to be determined
IAC 650—Chapter 25 “Continuing Education”	These rules have not been reviewed for several years. We are currently vetting a draft with stakeholders.	Iowa Code Chapter 272C.2	In progress: Scheduled for October 2016
IAC 650—Chapter 27 “Discontinuation of Practice”	These rules need to be updated to reflect new practice structures.	Iowa Code Chapter 153.33(8), 153.34 and 147.76	In progress: Scheduled for October 2016
IAC 650—Chapter 20 “Dental Assistants”	These rules need to be made simpler; particularly reinstatement for dental assistants.	Iowa Code Chapter 153.39 and 147.11	In progress: Scheduled for October 2016
IAC 650—Chapter 15 “Fees”	Due to database updates some of our mailing lists and subscription services are now automated. The section on subscription services needs to be revised to reflect this.	Iowa Code Chapter 147.80	In progress: Scheduled for October 2016
IAC 650—Chapter 10 “General Requirements”	The address type a licensee must submit to the board needs to be specified.	Iowa Code Chapter 147.8 and 147.9	Scheduled for January 2017
IAC 650—Chapter 20 “Dental Assistants” and Chapter 10 “General Requirements”	Expanded function rules in these 2 chapters need to be revisited to provide clarity on some functions. Language may need to be added regarding minimum requirements for training and resubmission of courses.	Iowa Code Chapter 153.15 and 153.38	Scheduled for April 2017
IAC 650 – Chapter 10 “General Requirements”	Chapter 10 currently prohibits a hygienist from owning a dental practice. This is the only prohibition on ownership and needs to be revisited.	Iowa Code Chapter 153.15	Scheduled for July 2017
IAC 650-Chapter 28 “Designation of Specialties”	The Board needs to discuss new legal concerns with ADA approved specialties, and determine whether changes need to be made to this chapter.	Iowa Code Chapter 153.13	Scheduled for July 2017

DENTAL BOARD [650]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 147.34, and 153.21 the Dental Board amends Chapter 11, "Licensure to Practice Dentistry or Dental Hygiene," Iowa Administrative Code.

The amendment allows applicants applying for licensure by examination to take the same nationally recognized regional examinations currently accepted by applicants who apply for licensure by credentials; requires applicants who have held licenses in other states for one year or longer to apply for licensure by credentials; clarifies the practice requirements for applicants applying for licensure by credentials; removes special transitional period language that is no longer applicable; removes references to the Healthcare Integrity and Protection Data Bank; **clarifies both the name of the examination and the agency administering the examination**; allows jurisprudence examinations to be administered by other entities; **and requires applicants to attain a grade of 75% on the jurisprudence examination, the national dental examination, and the national hygiene examination.**

Notice of Intended Action was published in the Iowa Administrative Bulletin on August 31, 2016, as **ARC 2701C**. A public hearing was held on September 21, 2016, at 2pm at the office of the Iowa Dental Board. There were one attendee present, Emily Boge, Dental Administrative Chair from Hawkeye Community College. Ms. Boge stated that she was supportive of the amendment. Written comments were received from the University of Iowa College of Dentistry & Dental Clinics, the Iowa Dental Association, the Iowa Dental Hygiene Association and Dr. Howard Cohen. All entities expressed support for the amendment.

The Board reviewed and discussed the amendment during their October 13, 2016, open session board meeting and allowed additional comments from the public.

The proposed amendment is 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 include 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 attaining a grade of at least 75% on 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 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 with a grade of at least 75%.

(2) The following regional examinations are approved by the board for purposes of licensure by examination: the Central Regional Dental Testing Service, Inc. exam as administered by the Central Regional Dental Testing Service, Inc. (CRDTS), the Western Regional Examining Board, Inc. (WREB) exam, as administered by the Western Regional Examining Board, Inc. (WREB), the Southern Regional Testing Agency (SRTA) exam, as administered by the Southern Regional Testing Agency (SRTA), and the American Board of Dental Examiners (ADEX) as administered by The Commission on Dental Competency Assessments (CDCA) and the Council of Interstate Testing Agencies, Inc. (CITA).

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 with a grade of at least 75%. ~~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 attaining a grade of at least 75% on the examination of the Joint Commission on National Dental Examinations or evidence of ~~having passed~~ attaining a grade of at least 75% on 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 evidence of attaining a grade of at least 75% on 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: the Central Regional Dental Testing Service, Inc. exam as administered by the Central Regional Dental Testing Service, Inc. (CRDTS), the Western Regional Examining Board, Inc. (WREB) exam, as administered by the Western Regional Examining Board, Inc. (WREB), the Southern Regional Testing Agency (SRTA) exam, as administered by the Southern Regional Testing Agency (SRTA), and the American Board of Dental Examiners (ADEX) as administered by The Commission on Dental Competency Assessments (CDCA) and the Council of Interstate Testing Agencies, Inc. (CITA); 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 with a grade of at least 75%. ~~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~~ attaining a grade of at least 75% on 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 with a grade of at least 75%.

(2) The following regional examinations are approved by the board for purposes of licensure by examination: the Central Regional Dental Testing Service, Inc. exam as administered by the Central Regional Dental Testing Service, Inc. (CRDTS), the Western Regional Examining Board, Inc. (WREB) exam, as administered by the Western Regional Examining Board, Inc. (WREB), the Southern Regional Testing Agency (SRTA) exam, as administered by the Southern Regional Testing Agency (SRTA), and the American Board of Dental Examiners (ADEX) as administered by The Commission on Dental Competency Assessments (CDCA) and the Council of Interstate Testing Agencies, Inc. (CITA).

~~(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 with a grade of at least 75%, ~~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 attaining a grade of at least 75% on of the examination of the Joint Commission on National Dental Examinations or evidence of attaining a grade of at least 75% on 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 evidence of attaining a grade of at least 75% on 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: the Central Regional Dental Testing Service, Inc. exam as administered by the Central Regional Dental Testing Service, Inc. (CRDTS), the Western Regional Examining Board, Inc. (WREB) exam, as administered by the Western Regional Examining Board, Inc. (WREB), the Southern Regional Testing Agency (SRTA) exam, as administered by the Southern Regional Testing Agency (SRTA), and the American Board of Dental Examiners (ADEX) as administered by The Commission on Dental Competency Assessments (CDCA) and the Council of Interstate Testing Agencies, Inc. (CITA).

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. Evidence of successful completion of the a board-approved jurisprudence examination with a grade of at least 75%. ~~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]
[Filed emergency 2/24/84 after Notice 1/4/84—published 3/14/84, effective 2/24/84]
[Filed 12/14/84, Notice 10/10/84—published 1/2/85, effective 2/6/85]
[Filed 3/20/86, Notice 9/11/85—published 4/9/86, effective 5/14/86]
[Filed 4/28/88, Notice 3/23/88—published 5/18/88, effective 6/22/88]
[Filed 2/1/91, Notice 12/12/90—published 2/20/91, effective 3/27/91]
[Filed 1/29/93, Notice 11/25/92—published 2/17/93, effective 3/24/93]
[Filed 7/28/95, Notice 5/10/95—published 8/16/95, effective 9/20/95]
[Filed 4/30/96, Notice 2/14/96—published 5/22/96, effective 6/26/96]
[Filed 2/5/97, Notice 11/20/96—published 2/26/97, effective 4/2/97]
[Filed 5/1/97, Notice 2/26/97—published 5/21/97, effective 6/25/97]
[Filed 10/30/98, Notice 5/20/98—published 11/18/98, effective 12/23/98]
[Filed 1/22/99, Notice 11/18/98—published 2/10/99, effective 3/17/99]
[Filed 1/22/99, Notice 12/2/98—published 2/10/99, effective 3/17/99]
[Filed 7/27/01, Notice 4/18/01—published 8/22/01, effective 9/26/01]
[Filed 1/18/02, Notice 11/14/01—published 2/6/02, effective 3/13/02]
[Filed 8/29/02, Notice 7/10/02—published 9/18/02, effective 10/23/02]
[Filed without Notice 10/24/02—published 11/13/02, effective 12/18/02]
[Filed 1/16/04, Notice 11/12/03—published 2/4/04, effective 3/10/04]
[Filed 8/31/04, Notice 7/21/04—published 9/29/04, effective 11/3/04]
[Filed 9/9/05, Notice 7/20/05—published 9/28/05, effective 11/2/05]
[Filed 4/6/06, Notice 2/15/06—published 4/26/06, effective 5/31/06]
[Filed 2/5/07, Notice 11/22/06—published 2/28/07, effective 4/4/07]
[Filed ARC 7790B (Notice ARC 7567B, IAB 2/11/09), IAB 5/20/09, effective 6/24/09]
[Filed ARC 7789B (Notice ARC 7575B, IAB 2/11/09), IAB 5/20/09, effective 6/24/09]
[Filed ARC 9218B (Notice ARC 8846B, IAB 6/16/10), IAB 11/3/10, effective 12/8/10]
[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]

September 12, 2016

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

Dear Iowa Dental Board:

The College of Dentistry faculty and administration are in favor of the rules that have been noticed by the Iowa Dental Board allowing applicants for dental or hygiene licensure by examination to take the same nationally recognized regional examinations currently accepted for licensure by credentials.

Our support for the proposed rules change (ARC 2701C and ARC 2700C) is based on the following:

1. Currently Iowa Dental School graduates can only become licensed by examination by passing CRDTS. All surrounding states, and most states nationwide, allow licensure by multiple different examinations. The proposed rules changes will bring us into alignment with regional and national trends.
2. Allowing licensure by examination through any of the proposed exams (CRDTS, WREB, SRTA and ADEX) will eliminate any possible concerns related to conflict of interest on the part of the Iowa Dental Board.
3. The proposed rules changes address the high level of concern expressed by the American Dental Association and the American Dental Education Association to the Iowa Dental Board in a letter dated February 26, 2016. They state that “the decision of your board...to accept the test results of only a select number of clinical test administration agencies appears highly arbitrary. Moreover, those decisions have an arguably anticompetitive effect in restricting the mobility of dentists wishing to move from one state to another.”
4. We don't believe that licensure by passing any of the proposed additional regional exams will have any negative effect on safety to the public.

At a faculty meeting held Thursday, September 8, the proposed rules changes were discussed. Following discussion, a voice vote was taken to see how many were in favor of the proposed rules changes. The voice vote was unanimously in favor of the proposed rules changes, with no one abstaining. Those in attendance and voting included 95 faculty members, 6 emeritus faculty, 1 external faculty, and 10 staff members. Thank you for proposing these rules changes. We look forward to their successful implementation.

Sincerely,



David C. Johnsen, DDS, MS
Dean



Michael Kanellis, DDS, MS
Associate Dean for Patient Care

Stuecker, Jill [IDB]

From: Emily Boge <emily.boge@hawkeyecollege.edu>
Sent: Monday, August 29, 2016 4:30 PM
To: Stuecker, Jill [IDB]
Subject: On Behalf of the Iowa Dental Hygienists' Association

Hello Jill,

At the Saturday, August 27, 2016 meeting of the Iowa Dental Hygienists' Association the board voted the following statement be released to the Iowa Dental Board: "The Iowa Dental Hygienists' Association is in favor of the Iowa Dental Board accepting additional regional dental testing board results (other than CRDTS) as proof of clinical competency for licensure in the State of Iowa. We feel this increases opportunities for licensure for those who have taken other board exams. Our hope is that we are moving towards one national clinical board exam."

Thank you,
Emily

Ms. Emily Boge, CDA, RDH, MPA

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Stuecker, Jill [IDB]

From: Larry Carl <larry.carl@iowadental.org>
Sent: Monday, September 12, 2016 12:05 PM
To: McCollum, Phil [IDB]
Cc: Stuecker, Jill [IDB]
Subject: ARC 2700C & ARC 2701C - Iowa Dental Association comments

September 12, 2016

Mr. Phil McCollum:

The Iowa Dental Association leadership appreciates the opportunity to comment on the proposed rule revisions covered by ARC 2700C and ARC 2701C.

The IDA leadership has instructed staff to communicate its support of the proposed changes.

Thank you!

Larry

Lawrence F. Carl, CAE
Iowa Dental Association
PO Box 31088
8797 NW 54th Avenue Suite 100
Johnston IA 50131-9428
1-515-331-2298 Ext.106
1-515-334-8007 fax
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Mccollum, Phillip <phil.mccollum@iowa.gov>

Public Comment Received on ARC 2701C

1 message

no-reply@iowa.gov <no-reply@iowa.gov>

Thu, Sep 8, 2016 at 12:52 PM

To: phil.mccollum@iowa.gov

Cc: howard-cowen@uiowa.edu

A new public comment has been received on **ARC 2701C**. The comment and contact information are listed below.

The comment was made on paragraph **2**.

Document Content

DENTAL BOARD[650]

Comment

These changes make good sense and should enhance access to care in Iowa while maintaining quality care that is demanded by our profession.

Contact InformationName: **Howard Cowen**

Email: howard-cowen@uiowa.edu

Phone: **(319) 335-6961**

DENTAL BOARD [650]

Adopted and Filed

Pursuant to the authority of Iowa Code sections 147.34, and 153.21, the Dental Board amends Chapter 12, "Dental and Dental Hygiene Examinations," Iowa Administrative Code.

The amendment allows applicants applying for licensure by examination to take the same nationally recognized regional examinations currently accepted by applicants who apply for licensure by credentials; requires applicants to take all parts of the examination offered by each respective testing agency; requires applicants to follow the policies and procedures of each respective testing agency; requires applicants to attain a grade of not less than 75 percent on each clinical and written portion of the examinations; and strikes language that is outdated.

Notice of Intended Action was published in the Iowa Administrative Bulletin on August 31, 2016, as **ARC 2700C**. A public hearing was held on September 21, 2016, at 2pm at the office of the Iowa Dental Board. There were one attendee present, Emily Boge, Dental Administrative Chair from Hawkeye Community College. Ms. Boge stated that she was supportive of the amendment. Written comments were received from the University of Iowa College of Dentistry & Dental Clinics, the Iowa Dental Association, the Iowa Dental Hygiene Association and Dr. Howard Cohen. All entities expressed support for the amendment.

The Board reviewed and discussed the amendment during their October 13, 2016, open session board meeting and allowed additional comments from the public.

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 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 ~~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 2) 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. **The examinee must attain a grade of not less than 75 percent on each clinical portion of the exam and 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 3) 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, †~~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.

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

[Filed 3/20/86, Notice 9/11/85—published 4/9/86, effective 5/14/86]

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

[Filed 8/1/91, Notice 5/29/91—published 8/21/91, effective 9/25/91]

[Filed 4/21/95, Notice 3/1/95—published 5/10/95, effective 6/14/95]

[Filed 4/30/96, Notice 2/14/96—published 5/22/96, effective 6/26/96]

[Filed 5/1/97, Notice 2/26/97—published 5/21/97, effective 6/25/97]

[Filed 1/22/99, Notice 11/18/98—published 2/10/99, effective 3/17/99]

[Filed 7/27/01, Notice 4/18/01—published 8/22/01, effective 9/26/01]

[Filed 1/18/02, Notice 11/14/01—published 2/6/02, effective 3/13/02]

[Filed 7/1/04, Notice 5/12/04—published 7/21/04, effective 8/25/04]

[Filed 1/14/05, Notice 11/10/04—published 2/2/05, effective 3/9/05]

[Filed 4/6/06, Notice 2/15/06—published 4/26/06, effective 5/31/06]

[Filed 5/3/07, Notice 2/28/07—published 5/23/07, effective 6/27/07]

[Filed ARC 7790B (Notice ARC 7567B, IAB 2/11/09), IAB 5/20/09, effective 6/24/09]

[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]

DENTAL BOARD [650]

Notice of Intended Action

Pursuant to the authority of Iowa Code 153.33(8), 153.39 and 272C.2, the Dental Board hereby gives Notice of Intended Action to amend Chapter 25, "Continuing Education," Iowa Administrative Code.

The purpose of the proposed amendments is to clarify continuing education requirements for renewal of licenses and registrations and simplify requirements for continuing education course and sponsor review.

These amendments update some of the definitions in the chapter to clarify intent, and to allow the approval of programs and activities when content meets established requirements for approval.

These amendments would place all continuing education requirements for the purposes of renewal in a single chapter. Currently, continuing education requirements for dental assistants are found in Chapter 20.

The amendments would also clarify when proof of continuing education shall be submitted as part of an audit.

These amendments would also establish new requirements for continuing education in the areas of infection control and jurisprudence for all Iowa licensees and registrants.

These amendments would strike language pertaining to continuing education credit awarded during previous renewal cycles that is no longer applicable.

These amendments would add a provision to allow continuing education credit for those who complete the Dental Assisting National Board (DANB) examination during the current reporting period.

These amendments would put a limit on the length of time for which continuing education courses would be eligible for credit following approval by the Board. This would ensure that courses for which credit is awarded are current, and include relevant concepts and information.

These amendments would update and clarify the list of acceptable and unacceptable topics for continuing education credit.

These amendments would establish a new section, "Designation of continuing education hours" which sets forth the number of continuing education hours that will be awarded for specific activities.

These amendments would update the notification requirement following the board's decision regarding continuing education requests. Current requirements require notification by ordinary mail. The proposal would require written notification, to include notification by email.

These amendments would strike the rule relating to reinstatement of an inactive practitioner. This rule is being moved to Chapter 14, "Renewal and Reinstatement".

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, Iowa 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, 50309 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.

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, these 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 of activities.~~ Its members shall be appointed by the board and consist of at least one 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~~ recommend ~~approve~~ approval 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.~~

“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.

“Self-study activities” mean the study of something by oneself, without direct supervision or attendance in a class. This 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.

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 and submit a certificate or other 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 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

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—25.75(153).

~~25.2(1011)~~ 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) Beginning July 1, 2017, licensees and registrants shall complete continuing education in the areas of infection control and jurisprudence.

a. Licensees and registrants shall furnish evidence of continuing education within the previous biennium in the area of infection control standards, as required or recommended for dentistry by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services. This shall be credited toward the continuing education requirement in the renewal period during which it was completed.

b. Licensees and registrants shall furnish evidence of a minimum of one hour of continuing education within the previous biennium in the area of jurisprudence. This shall be credited toward the continuing education requirement in the renewal period during which it was completed.

650—25.3(153) Approval of programs and activities. A continuing education activity shall be qualified for approval if ~~the board determines that:~~ it meets the following criteria. Continuing education courses which clearly meet the terms and conditions specified do not require board approval.

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.~~

~~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.~~

~~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-on 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. Courses in the area of Iowa jurisprudence must be prior-approved by the Board. ~~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) Presenters or attendees of table clinics at a multiday convention-type meeting.

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.

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 continuing 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 continuing 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 continuing 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. 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. The 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

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.

[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]

[Filed emergency 2/24/84 after Notice 1/4/84—published 3/14/84, effective 2/24/84]

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

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

[Filed 3/16/90, Notice 12/27/89—published 4/4/90, effective 5/9/90]

[Filed 4/3/91, Notice 2/20/91—published 5/1/91, effective 6/5/91]

[Filed 1/29/93, Notice 11/25/92—published 2/17/93, effective 3/24/93]

[Filed 5/1/97, Notice 2/26/97—published 5/21/97, effective 6/25/97]

[Filed 10/17/97, Notice 8/13/97—published 11/5/97, effective 12/10/97]

[Filed 1/22/99, Notice 11/18/98—published 2/10/99, effective 3/17/99]

[Filed 4/29/99, Notice 3/24/99—published 5/19/99, effective 6/23/99]

[Filed 11/12/99, Notice 8/11/99—published 12/1/99, effective 1/5/00]

[Filed emergency 1/21/00—published 2/9/00, effective 1/21/00]

[Filed 10/23/00, Notice 8/9/00—published 11/15/00, effective 1/1/01]

[Filed 1/18/02, Notice 11/14/01—published 2/6/02, effective 3/13/02]

[Filed 1/18/02, Notice 11/14/01—published 2/6/02, effective 10/1/02]

[Filed emergency 6/21/02—published 7/10/02, effective 7/1/02]

[Filed without Notice 10/24/02—published 11/13/02, effective 12/18/02]

[Filed 7/1/04, Notice 5/12/04—published 7/21/04, effective 8/25/04]

[Filed 9/9/05, Notice 7/20/05—published 9/28/05, effective 11/2/05]

[Filed 4/6/06, Notice 2/15/06—published 4/26/06, effective 7/1/06]

[Filed 2/5/07, Notice 9/27/06—published 2/28/07, effective 4/4/07]

[Filed 2/5/07, Notice 11/22/06—published 2/28/07, effective 4/4/07]

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

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

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

DENTAL BOARD [650]

Notice of Intended Action

Pursuant to the authority of Iowa Code sections of 147.10, 147.11 and 153.15A the Dental Board hereby gives Notice of Intended Action to amend Chapter 14, "Renewal and Reinstatement," Iowa Administrative Code.

The purpose of the proposed amendments is to clarify the provisions for placing a license or registration on inactive status, and to update provisions regarding the reactivation or reinstatement of an inactive or lapsed license or registration.

These amendments add a reference to the reinstatement of a lapsed license or registration stipulating that full or part time practice in another state, which includes a statement verifying that continuing education requirements in that state have been met, are sufficient for licensure.

These amendments lower the cap on the number of continuing education hours a dental assistant is required to submit for reinstatement or reactivation, from 50 hours to 30 hours.

These amendments add a provision which would require a practitioner who has not actively practiced clinically for a period of five years or longer, complete an examination or assessment to prove competency prior to reinstatement or reactivation of a license or registration.

These amendments move provisions for reactivation of a license from Chapter 25, "Continuing Education" to Chapter 14, "Renewal and Reinstatement" so that it is easier for the practitioner to find.

These amendments align the provisions and requirements for reinstatement and reactivation of a license.

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, Iowa 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, 50309 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 a positive impact on jobs, as the reduction in the cap on the number of continuing education hours a dental assistant is required to provide for reinstatement or reactivation of a registration makes it easier for them to regain registration in the state of Iowa.

Pending Board
Approval

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. A licensee who is not engaged in practice in the state of Iowa may place the license on inactive status by submitting a renewal form and paying the required renewal fee. No continuing education hours are required to renew a license on inactive status until application for reactivation is made. A request to place a license 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.

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. A registrant who is not engaged in practice in the state of Iowa may place the registration on inactive status by submitting a renewal form and paying the required renewal

fee. No continuing education hours are required to renew a registration on inactive status until application for reactivation is made. A request to place a 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.

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 or registration to practice dentistry, ~~or~~ dental hygiene or dental assisting, on forms provided to the board, in addition to the required fee.

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. The full-time or part-time practice of the profession in another state of the United States or the District of Columbia, for a minimum of two out of the previous five year period, and a statement verifying that continuing education requirements in that state of practice have been met; or

g. 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) Chapter 25, up to a maximum of 30 hours.

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

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

j.k 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, who has not actively practiced clinically within the previous five years, 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. a regional clinical examination, or other board approved examination or assessment, for the purpose of ensuring that the applicant possesses sufficient knowledge and skill to practice safely.~~

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 all of the following requirements for reactivation:

14.8(1) Submit application for reactivation to the board upon forms provided by the board, in addition to the required fee.

14.8(2) Provide evidence of one of the following:

a. The full-time or part-time practice of the profession in another state of the United States or the District of Columbia for a minimum of two out of the previous five year period; 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 30 hours for a dental assistant.

14.8(3) Submit evidence that the applicant possesses a current certificate in a nationally recognized course in cardiopulmonary resuscitation. The course must include a clinical component.

14.8(4) The board may require a licensee or registrant applying for reactivation, who has not actively

practiced clinically in the previous five years, to successfully complete a regional clinical examination, or other board approved examination or assessment, to ensure the licensee or registrant is able to practice with reasonable skill and safety.

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.

[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]

[Filed emergency 2/24/84 after Notice 1/4/84—published 3/14/84, effective 2/24/84]

[Filed 12/14/84, Notice 10/10/84—published 1/2/85, effective 2/6/85]

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

[Filed 8/1/91, Notice 5/29/91—published 8/21/91, effective 9/25/91]

[Filed 1/29/93, Notice 11/25/92—published 2/17/93, effective 3/24/93]

[Filed 1/27/95, Notice 11/23/94—published 2/15/95, effective 3/22/95]

[Filed 1/22/99, Notice 11/18/98—published 2/10/99, effective 3/17/99]

[Filed 10/23/00, Notice 8/9/00—published 11/15/00, effective 1/1/01]

[Filed 1/18/02, Notice 11/14/01—published 2/6/02, effective 3/13/02]

[Filed 1/18/02, Notice 11/14/01—published 2/6/02, effective 10/1/02]

[Filed without Notice 10/24/02—published 11/13/02, effective 12/18/02]

[Filed 8/31/04, Notice 7/21/04—published 9/29/04, effective 11/3/04]

[Filed 9/9/05, Notice 7/20/05—published 9/28/05, effective 11/2/05]

[Filed 4/6/06, Notice 2/15/06—published 4/26/06, effective 7/1/06]

[Filed 2/5/07, Notice 11/22/06—published 2/28/07, effective 4/4/07]

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

DENTAL BOARD [650]

Notice of Intended Action

Pursuant to the authority of Iowa Code sections 153.32, 153.33(8), and 153.34 the Dental Board hereby gives Notice of Intended Action to amend Chapter 27, “Standards of Practice and Principles of Professional Ethics,” Iowa Administrative Code.

The purpose of the proposed amendments is to update references for codes of ethics for each licensed professional and, specify the criteria, circumstances and mode of communication for retirement or discontinuation of practice notices. These amendments update language to reflect that practitioners should refer to the most updated version of their respective codes of professional ethics.

These amendments specify that any dentist who retires or leaves a permanent practice location shall notify any patient who has been treated within the previous two year period.

These amendments clarify that the patient notification can be done in writing, to the patient’s last known address, or through a newspaper advertisement.

These amendments specify that the notification must inform the patient of the discontinuation of practice, the location of their patient record and options for future care.

These amendments specify that a permanent practice location is any location which a dentist has regularly practiced for a period of six consecutive months, on a full or part time basis.

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, 50309 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.

Pending Board
Approval

650—27.1(153) General.

27.1(1) Dental ethics. The following principles relating to dental ethics are compatible with the most recent version of 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 most recent version of 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 most recent version of the Principles of Professional dental and dental hygiene Ethics for guidance, and the laws and rules governing the practice of dental assisting as adopted by the American Dental Assistants Association, and the laws and rules governing the practice of dental assisting. These principles and standards are not intended to provide a limitation on the ability of the board to address problems in the area of ethics and professional standards for dental assistants but rather to provide a basis for board review of questions regarding the same. The dental assistant'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 being given to the needs and desires of the patient.

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 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. ~~or~~ Such notifications shall be in writing, mailed to the patient's last known mailing address, or by publication once a week for three consecutive weeks in a newspaper of general circulation in the community. The notification must inform the patient of the retirement or discontinuance of practice at that practice location, and shall inform patients of the location of their patient record and options for continued 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~~ parting dentist shall make reasonable arrangements ~~with active~~ for the care of such patients and 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 dentist regularly practices dentistry for a period of 6 consecutive 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 dentist from conveying or transferring the licensee's patient records to another licensed dentist who is assuming a practice or remaining at the 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).

[Filed 9/1/88, Notice 7/27/88—published 9/21/88, effective 10/26/88]

[Filed 2/1/91, Notice 12/12/90—published 2/20/91, effective 3/27/91]

[Filed 1/29/93, Notice 11/25/92—published 2/17/93, effective 3/24/93]

[Filed 7/30/93, Notice 6/9/93—published 8/18/93, effective 9/22/93]

[Filed 7/28/94, Notice 3/30/94—published 8/17/94, effective 9/21/94]

[Filed 1/27/95, Notice 12/7/94—published 2/15/95, effective 3/22/95]

[Filed 1/22/99, Notice 11/18/98—published 2/10/99, effective 3/17/99]

[Filed 7/21/00, Notice 5/17/00—published 8/9/00, effective 9/13/00]

[Filed 10/23/00, Notice 8/9/00—published 11/15/00, effective 1/1/01]

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

[Filed 1/18/02, Notice 11/14/01—published 2/6/02, effective 3/13/02]

[Filed 4/25/03, Notice 12/11/02—published 5/14/03, effective 6/18/03]

[Filed 7/1/04, Notice 5/12/04—published 7/21/04, effective 8/25/04]

[Filed 2/5/07, Notice 11/22/06—published 2/28/07, effective 4/4/07]

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

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

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

Pending Board
Approval

DENTAL BOARD [650]

Notice of Intended Action

Pursuant to the authority of Iowa Code sections 147.34, and 153.39 the Dental Board hereby gives Notice of Intended Action to amend Chapter 22, "Dental Assistant Radiography Qualification," Iowa Administrative Code.

The purpose of the proposed amendments is to increase the number of outside testing locations where applicants for dental assisting radiography qualification can take the board approved examinations and to increase the number of dental assisting radiography qualification examinations available to applicants. The amendments set a minimum number of questions for the examinations at fifty, specify that the examinations must be administered in a proctored setting, and set a minimum pass rate of 75 percent or better.

These amendments would allow outside training entities to develop and submit their own dental assisting radiography qualification examinations for Board-approval.

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 a positive impact on jobs, as they provide opportunities for outside training entities to both create and administer a radiography exam.

650—22.5 (136C,153) Examination requirements. An applicant for dental assistant radiography qualification shall successfully pass a board or board-approved examination in dental radiography.

22.5(1) ~~Examinations approved by the board are those administered by the board or board's approved testing centers or, if taken after January 1, 1986, the Dental Assisting National Board Dental Radiation Health and Safety Examination.~~ Examinations must be prior approved by the board and must be administered in a proctored setting. All board approved exams must have a minimum of 50 questions. The Dental Assisting National Board's Radiation Health and Safety Exam is an approved exam.

22.5(2) A score of 75 percent or better on the board or board approved examination shall be considered successful completion of the examination. The board accepts the passing standard established by the Dental Assisting National Board for applicants who take the Dental Assisting National Board's Radiation Health and Safety Examination.

22.5(3) Information on taking the board examination may be obtained by contacting the board office at 400 SW 8th Street, Suite D, Des Moines, Iowa 50309-4687.

22.5(4) A dental assistant must meet such other requirements as may be imposed by the board's approved dental assistant testing centers.

22.5(5) A dental assistant who fails to successfully complete any one of the approved examinations after two attempts will be required to submit, prior to each subsequent examination attempt, proof of additional formal education in dental radiography in a program approved by the board or sponsored by a school accredited by the Commission on Dental Accreditation of the American Dental Association.

Pending Board Approval

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

- ✓ **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.
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]

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

[Filed emergency 2/24/84 after Notice 1/4/84—published 3/14/84, effective 2/24/84]

[Filed 10/3/86, Notice 8/13/86—published 10/22/86, effective 11/26/86]

[Filed emergency 2/19/88—published 3/9/88, effective 2/19/88]

IAC 9/4/13

Dental Board[650]

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

[Filed 8/1/91, Notice 5/29/91—published 8/21/91, effective 9/25/91]

[Filed 1/29/92, Notice 11/13/91—published 2/19/92, effective 3/25/92]

[Filed 10/30/98, Notice 5/20/98—published 11/18/98, effective 12/23/98]

[Filed 1/22/99, Notice 11/18/98—published 2/10/99, effective 3/17/99]

[Filed 10/23/00, Notice 8/9/00—published 11/15/00, effective 1/1/01]

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

[Filed 6/21/02, Notice 2/20/02—published 7/10/02, effective 8/14/02]

[Filed 8/29/02, Notice 7/10/02—published 9/18/02, effective 10/23/02]

[Filed 8/29/03, Notice 5/14/03—published 9/17/03, effective 10/22/03]◊

[Filed 7/1/04, Notice 5/12/04—published 7/21/04, effective 8/25/04]

[Filed 8/31/04, Notice 7/21/04—published 9/29/04, effective 11/3/04]

[Filed 4/22/05, Notice 2/2/05—published 5/11/05, effective 6/15/05]

[Filed 9/9/05, Notice 7/20/05—published 9/28/05, effective 11/2/05]

[Filed 2/5/07, Notice 11/22/06—published 2/28/07, effective 4/4/07]

[Filed Emergency ARC 0164C, IAB 6/13/12, effective 5/21/12]

[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]

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

◊ Two or more ARCs

Proposed Changes – Dental Assistants (Round 1) – IAC 650—Chapter 20

- ✓ **20.2** – Update definitions to better clarify differences between a registered dental assistant and dental assistant trainee, and to clarify the definition of trainee status expiration date.
- ✓ **20.3 (new)** – Add section limiting time frames for active applications for DAs.
 - Trainee applications 90 days
 - All other applications 180 days
- ✓ **20.6 (new)** – Delete 20.6(1)a(2) since there is already a stated reference to a dental assistant needing to discontinue work in Iowa upon expiration of trainee status unless registration has been issued.
- ✓ **20.6 (new)** – Update wording to address requirements for trainees who have *not* met the requirements of registration during the trainee status, but who may not have applied until after the date of expiration.
- ✓ **20.6 (old numbering)** – Strike language regarding requirements prior to July 2, 2001.
- ✓ **20.7** – Clarify that registration or start-over trainee status be issued prior to continuing work as a dental assistant in Iowa.
- ✓ **20.12** – Strike 20.12(4), reference to continuing education requirements that are no longer applicable. (e.g. jurisprudence hours for renewal in 2003).

TITLE IV
AUXILIARY PERSONNEL

CHAPTER 20
DENTAL ASSISTANTS

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

650—20.1(153) Registration required. A person shall not practice on or after July 1, 2001, as a dental assistant unless the person has registered with the board and received a certificate of registration pursuant to this chapter.

650—20.2(153) Definitions. As used in this chapter:

“Registered dental assistant” means any person who has met the requirements for registration and has been issued a certificate of registration.

“Dental assistant trainee” means any person who is 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).

“Direct supervision” means that the dentist is present in the treatment facility, but it is not required that the dentist be physically present in the treatment room while the registered dental assistant is performing acts assigned by the dentist.

“General supervision” means that a dentist has examined the patient and has delegated the services to be provided by a registered dental assistant, which are limited to all extraoral duties, dental radiography, intraoral suctioning, and use of a curing light and intraoral camera. The dentist need not be present in the facility while these services are being provided.

“Personal supervision” for intraoral procedures means the dentist is physically present in the treatment room to oversee and direct all intraoral or chairside services of the dental assistant trainee. For extraoral procedures and a licensee or registrant is physically present in the treatment room to oversee and direct all extraoral services of the dental assistant trainee.

“Public health supervision” means all of the following:

1. The dentist authorizes and delegates the services provided by a registered dental assistant to a patient in a public health setting, with the exception that services may be rendered without the patient’s first being examined by a licensed dentist;
2. The dentist is not required to provide future dental treatment to patients served under public health supervision;
3. The dentist and the registered dental assistant have entered into a written supervision agreement that details the responsibilities of each licensee/registrant, as specified in subrule 20.16(2); and
4. The registered dental assistant has an active Iowa registration and a minimum of one year of clinical practice experience.

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

[ARC 8369B, IAB 12/16/09, effective 1/20/10; ARC 0465C, IAB 11/28/12, effective 1/2/13; ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—20.3(153) Applicant responsibilities. An applicant for dental assistant trainee status or dental assistant registration bears full responsibility for each of the following:

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

history.

2. Submitting complete application materials. An application for trainee status will be considered active for 90 days from the date the application is received. An application for dental assistant registration, reactivation, or reinstatement will be considered valid for 180 days from the date the application is received. If the applicant does not submit all materials within this time period, or if the applicant does not meet the requirements for trainee status, dental assistant registration, or reinstatement, the application shall be considered incomplete and the applicant must submit a new application and application fee.

650—~~20.3~~20.4(153) Scope of practice.

~~20.3~~20.4(1) In all instances, a dentist assumes responsibility for determining, on the basis of diagnosis, the specific treatment patients will receive and which aspects of treatment may be delegated to qualified personnel as authorized in these rules.

~~20.3~~20.4(2) A licensed dentist may delegate to a dental assistant those procedures for which the dental assistant has received training. This delegation shall be based on the best interests of the patient. The dentist shall exercise supervision and shall be fully responsible for all acts performed by a dental assistant. A dentist may not delegate to a dental assistant any of the following:

- a. Diagnosis, examination, treatment planning, or prescription, including prescription for drugs and medicaments or authorization for restorative, prosthodontic or orthodontic appliances.
- b. Surgical procedures on hard and soft tissues within the oral cavity and any other intraoral procedure that contributes to or results in an irreversible alteration to the oral anatomy.
- c. Administration of local anesthesia.
- d. Placement of sealants.
- e. Removal of any plaque, stain, or hard natural or synthetic material except by toothbrush, floss, or rubber cup coronal polish, or removal of any calculus.
- f. Dental radiography, unless the assistant is qualified pursuant to 650—Chapter 22.
- g. Those procedures that require the professional judgment and skill of a dentist.

~~20.3~~20.4(3) A dental assistant may perform duties consistent with these rules under the supervision of a licensed dentist. The specific duties dental assistants may perform are based upon:

- a. The education of the dental assistant.
- b. The experience of the dental assistant.

[ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—~~20.4~~20.5(153) Expanded function requirements.

~~20.4~~20.5(1) *Supervision requirements.* Registered dental assistants may only perform expanded procedures which are delegated by and performed under the direct supervision of a dentist licensed pursuant to Iowa Code chapter 153. Dental assistant trainees are not eligible to perform expanded function procedures.

~~20.4~~20.5(2) *Expanded function training required.* A registered dental assistant shall not perform any expanded function procedures listed in this chapter unless the assistant has successfully met the education and training requirements and is in compliance with the requirements of this chapter.

~~20.4~~20.5(3) *Education and training requirements.* All expanded function training must be prior-approved by the board. The supervising dentist and the registered dental assistant shall be responsible for maintaining in each office of practice documentation of successful completion of the board-approved training.

a. Expanded function training for Level 1 procedures shall be eligible for board approval if the training is offered through a program accredited by the Commission on Dental Accreditation of the American Dental Association (ADA) or another program, which may include on-the-job training offered by a dentist licensed in Iowa. Training must consist of the following:

(1) An initial assessment to determine the base entry level of all participants in the program. At a minimum, all participants must meet at least one of the following requirements before beginning

expanded function training:

1. Be a graduate of an ADA-accredited dental assistant program; or
2. Be currently certified by the Dental Assisting National Board (DANB); or
3. Have at least one year of clinical practice as a registered dental assistant; or
4. Have at least one year of clinical practice as a dental assistant in a state that does not require

registration;

- (2) A didactic component;
- (3) A laboratory component, if necessary;
- (4) A clinical component, which may be obtained under the personal supervision of the participant's supervising dentist while the participant is concurrently enrolled in the training program; and
- (5) A postcourse competency assessment at the conclusion of the training program.

b. Expanded function training for Level 2 procedures shall be eligible for board approval if the training is offered through the University of Iowa College of Dentistry or a program accredited by the Commission on Dental Accreditation of the American Dental Association.

20.420.5(4) Expanded function providers.

a. *Basic expanded function provider.* Registered dental assistants who do not wish to become certified as a Level 1 or Level 2 provider may perform select Level 1 expanded function procedures provided they have met the education and training requirements for those procedures. A dentist may delegate to a registered dental assistant only those Level 1 procedures for which the assistant has received the required expanded function training.

b. *Certified Level 1 provider.* Registered dental assistants must successfully complete training for all Level 1 expanded function procedures before becoming a certified Level 1 provider.

(1) A dentist may delegate any of the Level 1 expanded function procedures to dental assistants who are certified Level 1 providers.

(2) Level 1 procedures include:

1. Taking occlusal registrations;
2. Placement and removal of gingival retraction;
3. Fabrication and removal of provisional restorations;
4. Applying cavity liners and bases, desensitizing agents, and bonding systems;
5. Placement and removal of dry socket medication;
6. Placement of periodontal dressings;
7. Testing pulp vitality;
8. Monitoring of nitrous oxide inhalation analgesia;
9. Taking final impressions;
10. Removal of adhesives (hand instrumentation only); and
11. Preliminary charting of existing dental restorations and teeth.

c. *Certified Level 2 provider.* A registered dental assistant must become a certified Level 1 provider and successfully pass a board-approved entrance examination with a score of at least 75 percent before beginning training as a certified Level 2 provider. Registered dental assistants must successfully complete training for all Level 2 expanded function procedures before becoming certified Level 2 providers.

(1) A dentist may delegate any of the Level 1 or Level 2 expanded function procedures to a registered dental assistant who is a certified Level 2 provider.

(2) Level 2 procedures include:

1. Placement and shaping of amalgam following preparation of a tooth by a dentist;
2. Placement and shaping of composite following preparation of a tooth by a dentist;
3. Forming and placement of stainless steel crowns;
4. Taking records for the fabrication of dentures and partial dentures; and
5. Tissue conditioning (soft relines only).

These procedures refer to both primary and permanent teeth.

(3) Notwithstanding 650—paragraph 10.3(1)“e” and paragraph 20.3(2)“e,” for the purposes of this chapter, the removal of adhesives by hand instrumentation does not constitute the removal of “hard natural or synthetic material.”

[ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—20.520.6 (153) Categories of dental assistants: registered dental assistant trainee, registered dental assistant trainee. There are two categories of dental assistants. Both the supervising dentist and the registered dental assistant or dental assistant trainee 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.

20.520.6(1) Registered dental assistant. Registered dental assistants are individuals who have met the requirements for registration and have been issued a certificate of registration. 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.

[ARC 0465C, IAB 11/28/12, effective 1/2/13; ARC 2028C, IAB 6/10/15, effective 7/15/15]

20.520.6(2) 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 trainee. If the trainee has not yet met the requirements for registration, the trainee may reapply for trainee status, but may not work until a new dental assistant trainee status certificate has been issued by this office.

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.

20.520.6(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.

[ARC 0465C, IAB 11/28/12, effective 1/2/13; ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—20.6 (153) Registration requirements prior to July 2, 2001.

~~—20.6(1) A person employed as a dental assistant as of July 1, 2001, shall be registered with the board as a registered dental assistant without meeting the application requirements specified in 650—20.7(153), provided the application is postmarked by July 1, 2001.~~

~~—20.6(2) Applications for registration prior to July 2, 2001, must be filed on official board forms and include the following:~~

~~—a. The fee as specified in 650—Chapter 15.~~

~~—b. Evidence of current employment as a dental assistant as demonstrated by a signed statement from the applicant’s employer.~~

~~—c. Evidence of current certification in dental radiography pursuant to 650—Chapter 22 if engaging in dental radiography.~~

~~—20.6(3) Applications must be signed and verified by the applicant as to the truth of the documents and statements contained therein.~~

[ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—20.7 (153) Registration requirements after July 1, 2001. Effective July 2, 2001, dental assistants must meet the following requirements for registration:

20.7(1) Dental assistant trainee.

a. On or after May 1, 2013, a dentist supervising a person performing dental assistant duties must ensure that the person has been issued a trainee status certificate from the board office prior to the person’s first date of employment as a dental assistant. A dentist who has been granted a temporary permit to provide volunteer services for a qualifying event of limited duration pursuant to 650—subrule 13.3(3), or an Iowa-licensed dentist who is volunteering at such qualifying event, is exempt from this requirement for a dental assistant who is working under the dentist’s supervision at the qualifying event.

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

(1) The fee as specified in 650—Chapter 15.

(2) Evidence of high school graduation or equivalent.

(3) Evidence the applicant is 17 years of age or older.

(4) Any additional information required by the board relating to the character and experience of the applicant as may be necessary to evaluate the applicant’s qualifications.

(5) If the applicant does not meet the requirements of (2) and (3) above, evidence that the

applicant is enrolled in a cooperative education or work-study program through an Iowa high school.

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

d. Prior to the trainee status expiration date, the dental assistant trainee's supervising dentist must ensure that the trainee has received a certificate of registration **or has been issued start-over trainee status in accordance with 20.6** before performing any further dental assisting duties.

20.7(2) Registered dental assistant.

a. To meet this qualification, a person must:

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

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

- (1) The fee as specified in 650—Chapter 15.
- (2) Evidence of meeting the requirements specified in 20.7(2)“a.”
- (3) Evidence of successful completion of a course of study approved by the board and sponsored by a board-approved, accredited dental assisting program in the areas of infection control, hazardous materials, and jurisprudence. The course of study may be taken at a board-approved, accredited dental assisting program or on the job using curriculum approved by the board for such purpose.
- (4) Evidence of successful completion of a board-approved examination in the areas of infection control, hazardous materials, and jurisprudence.
- (5) Evidence of high school graduation or the equivalent.
- (6) Evidence the applicant is 17 years of age or older.
- (7) Evidence of meeting the qualifications of 650—Chapter 22 if engaging in dental radiography.
- (8) 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.
- (9) Any additional information required by the board relating to the character, education and experience of the applicant as may be necessary to evaluate the applicant's qualifications.

20.7(3) Rescinded IAB 9/17/03, effective 10/22/03.

20.7(4) All applications must be signed and verified by the applicant as to the truth of the documents and statements contained therein.

[ARC 8369B, IAB 12/16/09, effective 1/20/10; ARC 0265C, IAB 8/8/12, effective 9/12/12; ARC 0465C, IAB 11/28/12, effective 1/2/13; ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—20.8(153) Registration denial. The board may deny an application for registration as a dental assistant for any of the following reasons:

1. Failure to meet the requirements for registration as specified in these rules.
2. Pursuant to Iowa Code section 147.4, upon any of the grounds for which registration may be revoked or suspended as specified in 650—Chapter 30.

[ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—20.9(147,153) Denial of registration—appeal procedure. The board shall follow the procedures specified in 650—11.10(147) if the board proposes to deny registration to a dental assistant applicant.

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; ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—20.10(153) Examination requirements. Beginning July 2, 2001, applicants for registration must successfully pass an examination approved by the board on infection control, hazardous waste, and jurisprudence.

20.10(1) Examinations approved by the board are those administered by the board or board's approved testing centers or the Dental Assisting National Board Infection Control Examination, if taken after June 1, 1991, in conjunction with the board-approved jurisprudence examination. In lieu of the board's infection control examination, the board may approve an infection control examination given by another state licensing board if the board determines that the examination is substantially equivalent to the examination administered by the board.

20.10(2) Information on taking the examination may be obtained by contacting the board office at 400 S.W. 8th Street, Suite D, Des Moines, Iowa 50309-4687.

20.10(3) An examinee must meet such other requirements as may be imposed by the board's approved dental assistant testing centers.

20.10(4) A dental assistant trainee must successfully pass the examination within 12 months of the first date of employment. A dental assistant trainee who does not successfully pass the examination within 12 months shall be prohibited from working as a dental assistant until the dental assistant trainee passes the examination in accordance with these rules.

20.10(5) A score of 75 or better on the board infection control/hazardous material exam and a score of 75 or better on the board jurisprudence exam shall be considered successful completion of the examination. The board accepts the passing standard established by the Dental Assisting National Board for applicants who take the Dental Assisting National Board Infection Control Examination.

20.10(6) The written examination may be waived by the board, in accordance with the board's waiver rules at 650—Chapter 7, in practice situations where the written examination is deemed to be unnecessary or detrimental to the dentist's practice.

[ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—20.11(153) System of retaking dental assistant examinations.

20.11(1) *Second examination.*

a. On the second examination attempt, a dental assistant shall be required to obtain a score of 75 percent or better on each section of the examination.

b. A dental assistant who fails the second examination will be required to complete the remedial education requirements set forth in subrule 20.11(2).

20.11(2) *Third and subsequent examinations.*

a. Prior to the third examination attempt, a dental assistant must submit proof of additional formal education in the area of the examination failure in a program approved by the board or sponsored by a school accredited by the Commission on Dental Accreditation of the American Dental Association.

b. A dental assistant who fails the examination on the third attempt may not practice as a dental assistant in a dental office or clinic until additional remedial education approved by the board has been obtained.

c. For the purposes of additional study prior to retakes, the fourth or subsequent examination failure shall be considered the same as the third.

[ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—20.12(153) Continuing education. Beginning July 1, 2001, each person registered as a dental assistant shall complete 20 hours of continuing education approved by the board during the biennium

period as a condition of registration renewal.

20.12(1) At least two continuing education hours must be in the subject area of infection control.

20.12(2) A maximum of three hours may be in cardiopulmonary resuscitation.

20.12(3) For dental assistants who have radiography qualification, at least two hours of continuing education must be obtained in the subject area of radiography.

~~**20.12(4)** For the renewal period July 1, 2001, to June 30, 2003, at least one hour of continuing education must be obtained in the subject area of jurisprudence.~~

[ARC 0265C, IAB 8/8/12, effective 9/12/12; ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—20.13(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 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. Registration denial or denial of renewal of registration 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.

[ARC 0265C, IAB 8/8/12, effective 9/12/12; ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—20.14(153) Unlawful practice. A dental assistant who assists a dentist in practicing dentistry in any capacity other than as a person supervised by a dentist in a dental office, or who directly or indirectly procures a licensed dentist to act as nominal owner, proprietor or director of a dental office as a guise or subterfuge to enable such dental assistant to engage directly or indirectly in the practice of dentistry, or who performs dental service directly or indirectly on or for members of the public other than as a person working for a dentist shall be deemed to be practicing dentistry without a license.

[ARC 0265C, IAB 8/8/12, effective 9/12/12; ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—20.15(153) Advertising and soliciting of dental services prohibited. Dental assistants shall not advertise, solicit, represent or hold themselves out in any manner to the general public that they will furnish, construct, repair or alter prosthetic, orthodontic or other appliances, with or without consideration, to be used as substitutes for or as part of natural teeth or associated structures or for the correction of malocclusions or deformities, or that they will perform any other dental service.

[ARC 0265C, IAB 8/8/12, effective 9/12/12; ARC 2028C, IAB 6/10/15, effective 7/15/15]

650—20.16(153) Public health supervision allowed. A dentist may provide public health supervision to a registered dental assistant if the dentist has an active Iowa license and the services are provided in a public or private school, public health agencies, hospitals, or the armed forces.

20.16(1) Public health agencies defined. For the purposes of this rule, public health agencies include programs operated by federal, state, or local public health departments.

20.16(2) Responsibilities. When working together in a public health supervision relationship, a dentist and registered dental assistant shall enter into a written agreement that specifies the following responsibilities.

a. The dentist providing public health supervision must:

- (1) Be available to provide communication and consultation with the registered dental assistant;
- (2) Have age- and procedure-specific standing orders for the performance of services. Those standing orders must include consideration for medically compromised patients and medical conditions for which a dental evaluation must occur prior to the provision of services;
- (3) Specify a period of time in which an examination by a dentist must occur prior to providing further services;
- (4) Specify the location or locations where the services will be provided under public health supervision.

b. A registered dental assistant providing services under public health supervision may only

b. A registered dental assistant providing services under public health supervision may only

provide services which are limited to all extraoral duties, dental radiography, intraoral suctioning, and use of a curing light and intraoral camera and must:

- (1) Maintain contact and communication with the dentist providing public health supervision;
- (2) Practice according to age- and procedure-specific standing orders as directed by the supervising dentist, unless otherwise directed by the dentist for a specific patient;
- (3) Ensure that the patient, parent, or guardian receives a written plan for referral to a dentist;
- (4) Ensure that each patient, parent, or guardian signs a consent form that notifies the patient that the services that will be received do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services; and
- (5) Ensure that a procedure is in place for creating and maintaining dental records for the patients who are treated, including where these records are to be located.

c. The written agreement for public health supervision must be maintained by the dentist and the registered dental assistant and a copy filed with the board office within 30 days of the date on which the dentist and the registered dental assistant entered into the agreement. The dentist and registered dental assistant must review the agreement at least biennially.

d. The registered dental assistant shall file annually with the supervising dentist and the bureau of oral and health delivery systems a report detailing the number of patients seen, the services provided to patients and the infection control protocols followed at each practice location.

e. A copy of the written agreement for public health supervision shall be filed with the Bureau of Oral and Health Delivery Systems, Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319.

20.16(3) Reporting requirements. Each registered dental assistant who has rendered services under public health supervision must complete a summary report at the completion of a program or, in the case of an ongoing program, at least annually. The report shall be filed with the bureau of oral and health delivery systems of the Iowa department of public health on forms provided by the department and shall include information related to the number of patients seen and services provided so that the department may assess the impact of the program. The department will provide summary reports to the board on an annual basis.

[ARC 2028C, IAB 6/10/15, effective 7/15/15]

These rules are intended to implement Iowa Code chapter 153.

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

[Filed 8/3/79, Notice 6/27/79—published 8/22/79, effective 9/26/79]

[Filed 3/20/86, Notice 9/11/85—published 4/9/86, effective 5/14/86]

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

[Filed 11/19/93, Notices 6/9/93, 8/18/93—published 12/8/93, effective 1/12/94]

[Filed 11/2/95, Notice 8/16/95—published 11/22/95, effective 12/27/95]

[Filed 10/23/00, Notice 8/9/00—published 11/15/00, effective 1/1/01]

[Filed 7/27/01, Notice 5/30/01—published 8/22/01, effective 9/26/01]

[Filed emergency 6/21/02—published 7/10/02, effective 7/1/02]

[Filed 1/30/03, Notice 11/13/02—published 2/19/03, effective 3/26/03]

[Filed 8/29/03, Notice 5/14/03—published 9/17/03, effective 10/22/03]

[Filed 7/1/04, Notice 5/12/04—published 7/21/04, effective 8/25/04]

[Filed 4/22/05, Notice 2/2/05—published 5/11/05, effective 6/15/05]

[Filed emergency 6/30/05—published 7/20/05, effective 7/1/05]

[Filed 2/5/07, Notice 11/22/06—published 2/28/07, effective 4/4/07]

[Filed 1/10/08, Notice 11/7/07—published 1/30/08, effective 3/5/08]

[Filed ARC 7789B (Notice ARC 7575B, IAB 2/11/09), IAB 5/20/09, effective 6/24/09]

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

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

[Filed ARC 0465C (Notice ARC 0170C, IAB 6/13/12), IAB 11/28/12, effective 1/2/13]

[Filed ARC 0985C (Notice ARC 0723C, IAB 5/1/13), IAB 9/4/13, effective 10/9/13]

¹ The Administrative Rules Review Committee at their May 21, 1979, meeting delayed the effective date of Chapters 20 and 21 70 days.

DRAFT

BEFORE THE IOWA DENTAL BOARD

Petition by (Ramin Azadeh) for the	}	
waiver of 650 IAC subrule 11.4(1)	}	PETITION FOR
relating to waiver of at least one year of general	}	
practice residency	}	WAIVER
	}	

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.

Ramin Azadeh
1087 Mobil Ave. Camarillo, CA 93010

Cell Phone: 818-340-3403
Email: DrRaz1342@yahoo.com

2. I am requesting a waiver of 650 Iowa Administrative Code subrule 11.4(1), which requires one year of general practice education/education training, I would like the board to accept the following: 8+ years of experience working as a licensed Dentist in California.

3. I am requesting a waiver so I may obtain a permanent dental licensure in Iowa: I am requesting a waiver of 650 Iowa Administrative Code subrule 11.4(1), which requires one year of general practice education/education training, I would like the board to accept the following: 8+ years of experience working as a licensed Dentist in California. I would like the Board to consider and accept the following I am requesting a waiver of 650 Iowa Administrative Code subrule 11.4(1), which requires one year of general practice education/training, I would like the board to accept the following: experience practicing in California for 8+ years:

- DDS Degree, Tehran University, Iran 1990-1992
- DMD Degree and Advance course in Orthodontics, University of the Aegean, Izmir, Turkey 1985-1990

In addition, I Ramin Azadeh:

- Has been licensed in California since 7/26/07
- Currently employed with a large dental service organization (Western Dental)
- Passed the national board part 1 and part 2
- Passed the California foreigner dental test bench exam
- Passed the WREB
- California license number is in good standing without any discrepancies (CA#55986)

Add any additional detail regarding examinations completed, etc.

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. Compliance with the rule would impose an undue hardship caused by being the sole provider for the family with children in college.

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 I am leveraging my 8+ years of practical experience in the United State as a licensed Dentist in California. This ensures and protects public health, safety, and welfare.

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 rule 650—<insert>.

d. Substantially Equal Protection of the Public Health, Safety, and Welfare has been Afforded by <insert>. The subrule that I am requesting a waiver from helps to ensure that Ramin Azadeh can obtain licensure with provided foreign education, passing of national board and WREB exam.

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

- First attempt to qualify for Iowa licensure.

6. Information related to the board’s action in similar cases: N/A

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

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

9. Provide the name, address, and telephone number of any person with knowledge of the relevant facts relating to the proposed waiver: Jim Medina at Aspen Dental Management, Inc. located at 281 Sanders Creek Parkway, East Syracuse NY 13057

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.

DocuSigned by:

 B55DCD97C68F472...
 Petitioner's signature

8/16/2016

 Date

<u>Last Name</u>	<u>First Name</u>	<u>Rule/Subrule</u>	<u>Topic</u>	<u>Decision</u>	<u>Date of Ruling</u>	<u>Background Information</u>	<u>Column1</u>
Chowdhury	Jyoti	11.4(1)	Foreign Graduate	Approved	6/17/2004	MS in dental public health from University of Iowa College of Dentistry; Advanced clinical training in general practice residency program (1 year); pediatric residency program (2 years); also references education completed in India.	
Vargas	Kaaren	11.4(1)	Foreign Graduate	DENIED	6/17/2004	PhD Oral Science, University of Iowa College of Dentistry, 1994-1998; Certificate pediatric dentistry, Eastman Dental Center 1990-1992; D.D.S., Universidad Peruana Cayetano Heredia, Lima, Peru, 1983-1988; B.D.S. Universidad Peruana Cayetano Heredia, Lima, Peru.	
Karunakaran	Saravana	11.4(1)	Foreign Graduate	Approved	10/24/2006	Training in dental materials, MS in biomaterials - State University of New York at Buffalo, School of Dental Medicine Sept 2005; 2 years advanced clinical training in general dentistry, LSU Health Sciences Center School of Dentistry, Medical Center of Louisiana, New Orleans; Training in conscious sedation, LSU Health Sciences Center School of Dentistry, Medical Center of Louisiana, New Orleans; Compulsory Rotatory Internship 2001 - India; 2000 Bachelor of Dental Surgery, India.	
Vargas	Kaaren	11.4(1)	Foreign Graduate	Approved	10/24/2006	Board determined that a waiver could be granted following completion of a 1-year general practice residency (GPR), in addition to the previously-completed postgraduate training in pediatrics and PhD in oral sciences	
Mahajan	Shrirang	11.4(1)	Foreign Graduate	DENIED	1/18/2007	Graduated from dental school in India; 1 year general practice residency (GPR) in India, 1 year private practice in India; 2 year research-oriented masters program at the State University of New York, Buffalo, School of Dentistry - focus of studies was TMJ and materials science; completed national board examination in 2002, and WREB in 2004; ongoing CE.	
Vargas	Marco	11.4(1)	Foreign Graduate	Approved	9/4/2007	2 years of Advanced Education in General Dentistry (AEGD) at Eastman Dental Center, Rochester, NY; completed 2 year master's program in operative dentistry at University of Iowa College of Dentistry; full time faculty in operative dentistry 1994-2006; full time faculty in dept. of family dentistry "from 2006-present."	
Uribe	Juan M.	11.4(1)	Foreign Graduate	Approved	1/10/2008	2 years of Advanced Education in General Dentistry (AEGD) at the Univ. of Missouri - KC, served as chief resident;	
Rouman	Marco	11.4(1)	Foreign Graduate	DENIED	11/20/2008	1 year general practice residency (GPR) in Egypt; 30 months Oral/Maxillo surgery residency in Egypt; Diploma of the faculty of dental surgery of the Royal College of Surgeons of Edinburgh; 2 academic years geriatric dentistry residency training at Univ. of Minnesota School of Dentistry; Master of Science in dentistry degree in progress at the Univ. of MN School of Dentistry; 5 months oral pathology director for RDH students at MN State University - Mankato.	
Gomez	Manual	11.4(1)	Foreign Graduate	DENIED	7/24/2009	Certificate in endodontics from University of Iowa College of Dentistry (2003-2005); full time assistant professor, University of Iowa College of Dentistry ("2005-present"); visiting professor University of Iowa College of Dentistry (2000-2001); also referenced education and practice completed in Bogota, Columbia.	
Bansal	Ritu	11.4(1)	Foreign Graduate	Approved	10/15/2010	2005 - entered master's program in public health at the University of Texas Health Science Center at Houston; during program, completed internship with Baylor College of Dentistry in the dept. of Oral Diagnosis (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.	

<u>Last Name</u>	<u>First Name</u>	<u>Rule/Subrule</u>	<u>Topic</u>	<u>Decision</u>	<u>Date of Ruling</u>	<u>Background Information</u>	<u>Column1</u>
Fatah	Walid	11.4(1)	Foreign Graduate	Approved	3/2/2012	1 year externship at the Quality Surgery Center in Clinton, IA (2006-2007); 6 months preceptorship training program in Advanced Education in General Dentistry (AEGD) at UCLA (2007); 1 year AEGD at Nova Southeastern University (2008-2009); 2nd year AEGD at the University of Texas Dental Branch in Houston (2008-2009); 400 credit hours of CE in general dentistry within previous 5 years.	
Oestervemb	Niels	11.4(1)	Foreign Graduate	Approved	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.	
Khan	Shiza	11.4(1)	Foreign Graduate	Approved	10/25/2012	1 year general practice residency (GPR) at St. Mary's Hospital, Waterbury, CT; Second year of GPR from Caroline Medical Center, Charlotte, NC, chief resident; 3 years of advanced specialty training in periodontology from Univ. of CT; Masters degree in dental science from Univ. of CT, Storrs, CT.	
Habib	Amr	11.4(1)	Foreign Graduate	Approved	5/9/2014	2 years of Advanced Education in General Dentistry (AEGD) at Eastman Dental Center, Rochester, NY (December 2008-March 2011; Completed the national boards, and WREB; also references education and experience in Egypt.	
Zitouni	Sima	11.(4)1, 11.4(3)e	Foreign Graduate	Approved	7/21/2016	Dr. Zitouni completed dental school in Syria. States that Course-by-Course Evaluation Report from the Educational Credential Evaluators compare how the curriculum compares to ADA-accredited programs. 2009-2010: completed one year of study in general dentistry along with a restorative fellowship at Case Western University. 2010-2014 completed a 3-year program in periodontics at Case Western University. Also completed a post-doctoral training course in sedation while at Case Western University. Has completed the National Board, WREB, TOEFL and Iowa juris exams. Political climate in Syria makes it difficult for Dr. Zitouni to obtain documentation regarding her education and licensing there.	

*Last Updated 10/5/2016