VIRGINIA BOARD OF DENTISTRY

AGENDA

June 11 and 12, 2009
Department of Health Professions
Perimeter Center - 9960 Mayland Drive, 2nd Floor Conference Center -Richmond, Virginia 23233

June 11, 2009

9:00 a.m. **Formal Hearings**

June 12, 2009

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8:15 a.m.	**Executive Committee – Dr. Gokli, Chair**	
	• Approval of Minutes	
	o March 13, 2009	EC1-EC2
	• Standards for Professional Code of Conduct – Dr. Levin	EC3-EC8
9:00 a.m.	**Board Meeting**	
	Call to Order – Dr. Gokli, President	
	Evacuation Announcement – Ms. Reen	
	Public Comment	
	Approval of Minutes	
	• March 12, 2009 Formal Hearing	1-5
	• March 13, 2009 Board Meeting	6-12
	DHP Director's Report – Ms. Whitley-Ryals	
	• DHP Performs	
	Dental Assistant Apprenticeship Program – Ms. Donati – Department of Labor and Industry & Ms. Westerman –Virginia Community College System	13
	Liaison/Committee Reports	
	• BHP – Dr. Gokli	
	• AADE Report – Dr. Gokli	
	o CE on Sexual Boundary Issues	14
	• Executive Committee – Dr. Gokli	
	• Regulatory/Legislative Committee – Dr. Watkins	
	o April 22, 2009 Regulatory-Legislative Minutes	15-20
	• SRTA – Dr. Watkins	
	Legislation and Regulation	
	• Petition for Rule Making from Mr. Haddad – Ms. Reen	21-25
	• Petition for Rule Making from Dr. Futerman – Ms. Reen	26-30
	• Regulatory Action – Ms. Reen	
	o Registration of Dental Assistants II	31-46
	o Mobile Dental Clinics	47-53
	o NOIRA for Disciplinary Action Cost Recovery	

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Board Discussion/Action

- Code of Conduct for Board Members – Dr. Levin 54-56
- Disciplinary Case Consultant's Evaluation – Dr. Levin 57-56
- CODA Letter about VCU Endodontics Program 67-68
- Letter from Discus Dental 69-70
- Letter from White Smile 71-72

Dentistry's Administrative Proceedings – James Banning, Director Administrative Proceedings Division of DHP

Report on Case Activity – Mr. Heaberlin

Executive Director's Report/Business – Ms. Reen

- Proposed 2010 Calendar 73

Board Counsel Report – Mr. Casway

Adjourn

Board

Business

Meeting

VIRGINIA BOARD OF DENTISTRY
FORMAL HEARINGS
MARCH 12, 2009

TIME AND PLACE: The meeting of the Virginia Board of Dentistry was called to order at 9:10 a.m. on March 12, 2009 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Meera A. Gokli, D.D.S.

MEMBERS PRESENT:
Jeffrey Levin, D.D.S.
Darryl J. Pirok, D.D.S.
James D. Watkins, D.D.S.
Jacqueline G. Pace, R.D.H.
Robert B. Hall, Jr. D.D.S.
Augustus A. Petticolas, Jr. D.D.S.
Myra Howard
Paul N. Zimmet, D.D.S.

MEMBER ABSENT: Misty Mesimer, R.D.H

STAFF PRESENT:
Sandra K. Reen., Executive Director
Huong Vu, Administrative Assistant

COUNSEL PRESENT: Howard M. Casway, Senior Assistant Attorney General

OTHERS PRESENT:
Leigh Kiczales, Adjudication Specialist
Sandra Spinner, Court Reporter, Capitol Reporting, Inc.

ESTABLISHMENT OF A QUORUM: With nine members present, a quorum was established.

Peter Ciampa, D.D.S.
Case No. 119518

Dr. Ciampa appeared without counsel in accordance with a Notice of the Board dated July 31, 2008.

Dr. Gokli admitted into evidence Commonwealth's exhibits 1 through 5.

The respondent advised that he had no additional exhibits.

Dr. Gokli swore in the witnesses.

Testifying on behalf of the Commonwealth was Patricia Sheehan, R.N., B.C., C.P.C., Senior Investigator.

Testifying on behalf of the Respondent was Brent Caldwell, the attorney who represented him in Kentucky.

Dr. Ciampa testified on his own behalf.

Closed Meeting: Dr. Levin moved that the Board enter into a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia to deliberate for the purpose of reaching a decision in the matter of Dr. Ciampa. Additionally, it was moved that Board staff, Sandra Reen, and Huong Vu, and Board counsel, Howard Casway attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

Reconvene: Dr. Levin moved to certify that only public matters lawfully exempted from open meeting requirements under Virginia law were discussed in the closed meeting and only public business matters as were identified in the motion convening the closed meeting were heard, discussed or considered by the Board. The motion was seconded and passed.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

Decision: Dr. Gokli asked Mr. Casway to report the Findings of Fact, Conclusions of Law and Sanctions adopted by the Board.

Dr. Levin moved to adopt the Findings of Fact and Conclusions of Law as reported by Mr. Casway and to issue an order reinstating Dr. Ciampa's license and placing the license on Indefinite Probation until he provides evidence of the reinstatement of his Kentucky license without restriction. At such time, his license shall be reinstated without restriction. Further, Dr. Ciampa shall be issued a reprimand. The motion was seconded and passed.

SECOND FORMAL HEARING: Convened at 11:22 am.

PRESIDING: Meera A. Gokli, D.D.S.

MEMBERS PRESENT:
Darryl J. Pirok, D.D.S.
James D. Watkins, D.D.S.
Jacqueline G. Pace, R.D.H.
Augustus A. Petticolas, Jr. D.D.S.
Myra Howard

MEMBERS EXCUSED:
Jeffrey Levin, D.D.S.
Paul N. Zimmet, D.D.S.
Robert B. Hall, Jr. D.D.S.

MEMBER ABSENT: Misty Mesimer, R.D.H

STAFF PRESENT:
Sandra K. Reen., Executive Director
Huong Vu, Administrative Assistant

COUNSEL PRESENT: Howard M. Casway, Senior Assistant Attorney General

OTHERS PRESENT: Gail Ross, Adjudication Specialist
Sandra Spinner, Court Reporter, Capitol Reporting, Inc.

ESTABLISHMENT OF A QUORUM: With six members present, a quorum was established.

Laura Ungerman, R.D.H.
Case No. 112887

Ms. Ungerman appeared without counsel in accordance with a Notice of the Board dated February 11, 2009.

Dr. Gokli admitted into evidence Commonwealth's exhibits 1 and 2.

Dr. Gokli admitted into evidence Respondent's exhibit A.

Dr. Gokli swore in the witnesses.

Dr. Gokli ruled that it was not necessary for Patricia Hart-Byers, Senior Investigator, to testify on behalf of the Commonwealth.

Testifying on behalf of the Respondent was Bill Ungerman.

Ms. Ungerman testified on her own behalf.

Closed Meeting: Dr. Watkins moved that the Board enter into a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia to deliberate for the purpose of reaching a decision in the matter of Ms. Ungerman. Additionally, it was moved that Board staff, Sandra Reen, and Huong Vu, and Board counsel, Howard Casway attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

Reconvene: Dr. Watkins moved to certify that only public matters lawfully exempted from open meeting requirements under Virginia law were discussed in the closed meeting and only public business matters as were identified in the motion convening the closed meeting were heard, discussed or considered by the Board. The motion was seconded and passed.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

Decision: Dr. Gokli asked Mr. Casway to report the Findings of Fact, Conclusions of Law and Sanctions adopted by the Board.

Dr. Watkins moved to adopt the Findings of Fact and Conclusions of Law as reported by Mr. Casway and to issue an order reprimanding Ms. Ungerman and imposing a monetary penalty of $1000.00 to be paid within 30 days from the date of the Order. The motion was seconded and passed.

THIRD FORMAL HEARING: Convened at 1:05 pm.

PRESIDING: Meera A. Gokli, D.D.S.

MEMBERS PRESENT: Jeffrey Levin, D.D.S.
Darryl J. Pirok, D.D.S.
James D. Watkins, D.D.S.
Jacqueline G. Pace, R.D.H.
Robert B. Hall, Jr. D.D.S.
Augustus A. Petticolas, Jr. D.D.S.
Myra Howard
Paul N. Zimmet, D.D.S.

MEMBER ABSENT: Misty Mesimer, R.D.H

STAFF PRESENT: Sandra K. Reen., Executive Director
Huong Vu, Administrative Assistant

COUNSEL PRESENT: Howard M. Casway, Senior Assistant Attorney General

OTHERS PRESENT: Clay Garret, Assistant Attorney General
Gail Ross, Adjudication Specialist
Sandra Spinner, Court Reporter, Capitol Reporting, Inc.

ESTABLISHMENT OF A QUORUM: With nine members present, a quorum was established.

Wray Chaffin, II, D.D.S.
Case No. 123154

Dr. Chaffin appeared with his counsel, Terry G. Kilgore, in accordance with a Notice of the Board dated February 12, 2009.

Dr. Gokli admitted into evidence Commonwealth's exhibits 1 through 4.

The respondent advised that he had no additional exhibits.

Dr. Gokli swore in the witnesses.

Testifying on behalf of the Commonwealth was Cecile H. Custer, R.N., LNCC, Senior Investigator.

Testifying on behalf of the Respondent were Dr. Chaffin's wife, Mrs. Chaffin and Rhonda Bright, Dr. Chaffin's Office Manager.

Dr. Chaffin testified on his own behalf.

Closed Meeting: Dr. Levin moved that the Board enter into a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia to deliberate for the purpose of reaching a decision in the matter of Dr. Chaffin. Additionally, it was moved that Board staff, Sandra Reen, and Huong Vu, and Board counsel, Howard Casway attend the closed meeting because their

presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

Reconvene: Dr. Levin moved to certify that only public matters lawfully exempted from open meeting requirements under Virginia law were discussed in the closed meeting and only public business matters as were identified in the motion convening the closed meeting were heard, discussed or considered by the Board. The motion was seconded and passed.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

Decision: Dr. Gokli asked Mr. Casway to report the Findings of Fact, Conclusions of Law and Sanctions adopted by the Board.

Dr. Levin moved to adopt the Findings of Fact and Conclusions of Law as reported by Mr. Casway and to issue an order reinstating Dr. Chaffin's license. The motion was seconded and passed.

ADJOURNMENT: The Board adjourned at 3:55 p.m.

Meera A. Gokli, D.D.S., Chair	Sandra K. Reen, Executive Director
Date	Date

VIRGINIA BOARD OF DENTISTRY
MINUTES
MARCH 13, 2009

TIME AND PLACE: The meeting of the Board of Dentistry was called to order at 9:07 A.M. on March 13, 2009 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Meera A. Gokli, D.D.S., President

BOARD MEMBERS PRESENT:
Jeffrey Levin, D.D.S., Vice-President
Jacqueline G. Pace, R.D.H., Secretary-Treasurer
Robert B. Hall, Jr. D.D.S.
Myra Howard
Misty Mesimer, R.D.H.
Augustus A. Petticolas, Jr. D.D.S.
Darryl J. Pirok, D.D.S.
James D. Watkins, D.D.S.
Paul N. Zimmet, D.D.S.

STAFF PRESENT:
Sandra K. Reen, Executive Director for the Board
Sandra Whitley-Ryals, Director for the Agency
Elaine Yeatts, Senior Policy Analyst
Alan Heaberlin, Deputy Executive Director for the Board
Huong Vu, Administrative Assistant

OTHERS PRESENT: Howard M. Casway, Senior Assistant Attorney General

ESTABLISHMENT OF A QUORUM: All members of the Board were present.

PUBLIC COMMENT: **Marge Green, R.D.H.,** of the Virginia Dental Hygienists' Association (VDHA) advised that the VDHA supports the elimination of restrictions on the number of dental hygienists allowed per dentist to address access to care. She stated that there is no proof that such restrictions serve the public. She provided a copy of the VDHA policy.

Ralph L. Howell, D.D.S., president of the Virginia Dental Association (VDA), asked on behalf of the VDA that the Board:

- determine if bleaching clinics are practicing dentistry noting that recently Alabama and other states have ruled that bleaching clinics are the practice of dentistry.
- collect information annually with renewals about where licensees practice and how many days they work as a practical way to collect information needed to address access to care.
- maintain the limit of 2 dental hygienists per dentist to preserve quality of care.

- allow dental assistants to get education for expanded functions on a part time basis as proposed by the VCU School of Dentistry so they are able to work at the same time.
- be aware that mobile dental clinics "cherry pick" the procedures they offer and do not address the need for complete or continuing care.
- provide an easy to understand source of information on practice requirements such as an "idiot's guide to dentistry" noting that new licensees are reporting they are having a hard time getting answers from the Board.
- screen out complaints that are being made because a lawyer recommended the complaint as a strategy to have the Board do the investigation, the results of which are then used in civil court.

Dr. Howell thanked the board members for the hard work they are doing.

APPROVAL OF MINUTES:

Dr. Gokli asked if the Board members had reviewed the minutes in the agenda package. Ms. Pace moved to accept the minutes of the December 11, 2008 meeting. The motion was seconded and carried.

Ms. Pace moved to accept the minutes of the December 12, 2008 meeting. The motion was seconded and carried. Dr. Watkins asked that the minutes be amended on page 6 in Enforcement Discussion to read "reproduction of x-rays" instead of "production of x-rays." Dr. Gokli agreed to the change.

DHP DIRECTOR'S REPORT:

DHP Performs. Ms. Ryals reviewed the last quarter's results for the agency and the boards of Nursing, Medicine and Dentistry to show the progress being made on the 250 day goal for case resolution. She applauded the Board for its work on:

- reducing the backlog and achieving a 169% clearance rate which is well above the goal of 100%, and
- reducing the percentage of old cases to 33% which is still above the goal of 25%.

She commented that the Board's outcomes on these measures are going in the right direction. She then expressed concern about the percentage of cases being closed within 250 closing being only 67% with the Board moving away from the goal of 90% and the importance of clearing all old cases. She also noted that the Board exceeded the goals for processing applications and in customer satisfaction.

Dr. Zimmet asked about the concerns received from the customer satisfaction surveys. Ms. Ryals stated that information has not been developed and that work is underway to improve the survey and to have it completed online.

Legislation. Ms. Ryals reported that four agency bills passed this year:

- House Bill 2405 on the Healthcare Workforce was in the Governor's package and it allows the release of information for determining where shortages exist.
- House Bill 2405 on the Confidentiality of Investigations permits the sharing of information about complaints.
- House Bill 2211 on the Prescription Monitoring Program allows prescribers to post notice rather than obtain consent and permits agreements for sharing information with other states.
- House Bill 2407 on the Health Practitioners' Intervention Program changes the name of the program and clarifies that the purpose of the program is monitoring.

Ms. Ryals expressed her appreciation for the work of the VDA and VDHA during the General Assembly. She advised that the VDA had House Bill 2058 introduced which allows the Board of Dentistry to recover costs for monitoring licensees' compliance with disciplinary orders. Ms. Ryals stated that the Board will be the forerunner for recovering such costs and that the agency has begun work on implementing this bill. Ms. Yeatts commented that the Board will need to act on implementation and suggested that it should be assigned to a committee other than the Regulatory-Legislative Committee. Dr. Zimmet moved that it be referred to the Executive Committee. Dr. Gokli agreed to the suggestion.

Ms. Yeatts completed the report on the 2009 General Assembly by reporting that:

- House Bill 2180 allows dental hygienists employed by the Virginia Department of Health to provide educational and preventative dental care in Virginia Dental Health Profession Shortage Areas.
- House Bill 2453 directs the Department of Medical Assistance Services to develop programs and incentives to encourage the adoption of electronic prescribing by Medicaid providers.
- Senate Bill 1282 permits licensees to have an address of record and an address for release to the public.

REPORTS:

Board of Health Professions (BHP), Dr. Gokli said she had no report because the BHP has not met since the last board meeting.

Executive Committee Meeting. Dr. Gokli reported that the Executive Committee met this morning and addressed:

- Adding a Code of Conduct to the Board's bylaws which will be presented to the Board in June.
- Adopting a Professional Code of Conduct for licensees which is still in the drafting stage.
- Issuing periodic reports prepared by the secretary-treasurer and executive director which lists recent Board actions for licensees and refers them to the web page for information.
- Requiring through the regulatory review process that licensees to take the Dental Law Examination once every five years and receive 3 hours of credit for continuing education.

Regulatory/Legislative Committee. Dr. Watkins asked if there were any questions about the information in the February 25, 2009 Draft Minutes of the Committee meeting. He reported that work on the regulations for dental assistants II and regulatory review is still in progress and the next Committee meeting will be April 22, 2009.

SRTA. Dr. Watkins deferred to Dr. Pirok for this report. Dr. Pirok thanked the Board for sending him to the SRTA Strategic Planning Meeting in Charleston, West Virginia and urged all Board members to become examiners. He reported that 26 states accept the SRTA exam and that SRTA is working to expand the number of examination sites and the number of students taking the exam. He noted that the meeting focused on a SWOT (Strength, Weakness, Opportunity, Threat) analysis and that the concerns addressed included access, safety and manpower. He handed out copies of examiner assignments and a reading list.

Southern Conference of Deans and Dental Examiners. Dr. Pirok reported that attendance was scattered with eight schools participating. He indicated that usage of drugs in dental practices was addressed and gave out copies of the agenda.

CODA UVA Site Visit. Dr. Pirok praised the program and staff at UVA for doing a wonderful job. He reviewed the mission of the Commission, urged Board members to participate in a site visit then distributed materials for review.

LEGISLATIVE AND REGULATION:

Administration by Dental Hygienists. Ms. Yeatts advised that item #3 of the Regulations on Nondelegable Duties needs to be amended to conform with the statutory change that permits dental hygienists to administer Schedule VI local anesthesia to patients 18 years of age and older. She noted this action is exempt from the standard regulatory process. Dr. Levin made the motion to amend item # 3 as proposed. The motion was seconded and passed.

Address of Record. Ms. Yeatts asked the Board to adopt another exempt action, this one to amend 18VAC60-20-16 to conform to the provisions of SB 1282 which allows an address of record to be confidential if the licensee provides an address for public information. Dr. Levin move to accept the proposed amendment. The motion was seconded and passed.

Petition for Rule-making – Alden S. Anderson III. Ms. Yeatts asked the Board to either accept or reject the petitioner's request to include the Roanoke Valley Dental Society in the list of approved sponsors for continuing education programs in 15VAC60-20-50. Discussion followed about the sponsors accepted by the Board and about the number of unaffiliated dental societies and study groups in existence. Dr. Zimmet moved to deny the petition due to the availability or other avenues for qualifying. The motion was seconded and passed.

Petition for Rule-making by Len Futerman, DDS. Ms. Yeatts stated that the request is to amend regulations for anesthesia in dental offices for consistency with guidelines of the American Dental Association, as amended in October of 2007. Ms. Yeatts noted that this was provided as information, the comment period is open until April 15, 2009 and the Board will need to act on the petition at its June meeting.

Mobile Dental Clinics Budget Amendment. Ms. Yeatts commented that the budget bill supersedes all other law and has yet to be signed by the Governor. This item in the bill allows the Board to implement regulations governing the operations of mobile dental clinics and the registration of such clinics. Ms. Yeatts advised that the regulations must be in effect within 280 days of enactment and that staff will draft proposed language for the April 22, 2009 Regulatory/Legislative Committee meeting. She also noted that the regulations would only be in force for the life of the Budget unless further legislative action is taken.

BOARD DISCUSSION/ACTION:

CODA Notice to VCU. Dr. Gokli advised that the letter was provided as information only.

Priority for AADE. Dr. Gokli asked if the Board needs to send a letter to AADE supporting action toward a uniform national clinical licensure examination. Ms. Reen said that a letter may not be necessary but that it would assist Dr. Gokli at the upcoming AADE meeting to have a clear statement of the Board's position on having a national exam and how to get there. Dr. Watkins suggested that other boards should be encouraged to accept all the regional examinations and that the AADE should focus on development of a national examination. This suggestion was agreed to by consensus.

Letter from Mr. Braatz. Ms. Reen advised this information was related to achieving a national exam.

ADEX Correspondence. Dr. Gokli advised that this material was provided as information only.

CRDTS Correspondence. Dr. Gokli advised that this material was provided as information only.

Digital Impression Technology – Dr. Gokli asked if action was needed. Ms. Reen replied that we receive questions about technology so it would help to have an answer. There was discussion with differing opinions about whether taking images for an impression is taking an impression or taking a photograph. Dr. Levin suggested that an Ad Hoc Technology Committee be formed to address this and the use of lasers, digital imaging and other technologies. Dr. Gokli asked who would like to be on the Committee. Dr. Levin, Dr. Pirok and Ms. Mesimer volunteered. Dr. Gokli asked Dr. Levin to serve as chair.

Thank you email. Dr. Gokli and several members indicated that it was nice to receive positive feedback.

Acupuncture. Ms. Reen indicated that her initial response will be that practice in the military is exempt from the laws and regulations governing practice in Virginia but that it would be helpful to have guidance from the Board on the subject. Dr. Gokli indicated that this is accepted treatment throughout the world which is coming to the US. Ms. Yeatts stated that it is unlawful to practice acupuncture without a license from the Board of Medicine. Mr. Casway advised that the Board decides if and when acupuncture can be used in dentistry. Ms. Mesimer asked if this was really a question of allowing the use of a new modality of treatment. Dr. Pirok recommended that this issue be referred to the Ad Hoc Committee for further study. Dr. Gokli agreed.

REPORT ON CASE ACTIVITY:

Mr. Heaberlin reviewed the report he distributed addressing the status of the 173 open cases as of March 12, 2009. He indicated that 14 of the 44 cases older than 365 days are on one respondent and these cases will be heard in May. Ms. Ryals commented on the importance of moving both old and new cases to achieve the performance goal. Ms. Reen suggested that using agency subordinates is an area that may need to be revisited. Mr. Heaberlin reminded members that the probable cause decisions should provide a detailed description of the problems to be addressed in a notice. Dr. Zimmet asked if staff would resume sending the monthly committee reports that stopped when Cheri left. Ms. Reen agreed to have the reports sent monthly. Ms. Mesimer and Dr. Hall indicated that they would like to try reviewing cases online. Ms. Reen cautioned members not to email reports with identifying information such as the respondent's name. Questions were raised about whether this restriction was necessary and she agreed to check on this further.

EXECUTIVE DIRECTOR'S REPORT/BUSINESS:

OMS Quality Assurance Review. Ms. Reen reported that the Board did engage an oral maxillofacial surgeon from Florida to assist with the Quality Assurance Reviews of cosmetic procedures. She stated that Dr. Fattahi has already submitted two reports and that she is working with Enforcement to gather diagnostic quality images of patients to facilitate the reviews.

BOARD COUNSEL REPORT:

Mr. Casway asked for a closed session to address litigation brought by Dr. Leidy in Virginia Beach Circuit Court.

Closed Meeting: Dr, Levin moved that the Board convene a closed meeting pursuant to § 2.2-3711.A(7) of the Code of Virginia for consultation with legal counsel. Additionally, Dr. Levin moved that Board staff, Sandra Reen and Huong Vu, and board counsel, Howard Casway, attend the closed meeting because their presence in the

closed meeting was deemed necessary and would aid the Board in its deliberations.

Reconvene: Dr. Levin moved to certify that only public matters lawfully exempted from open meeting requirements under Virginia law were discussed in the closed meeting and only public business matters as were identified in the motion convening the closed meeting were heard, discussed or considered by the Board. The motion was seconded and passed.

Dr. Gokli announced that no action was taken during the closed session.

ADJOURNMENT: With all business concluded, the meeting was adjourned at 1:25 p.m.

Meera A. Gokli, D.D.S., President	Sandra K. Reen, Executive Director
Date	Date

Apprenticeship

Virginia's Voluntary Registered Program

Registered Apprenticeship is a proven, cost-effective system for training employees in over 300 occupations that require a wide range of skills and knowledge. There are more than 2,100 Virginia employers in all sectors of our economy - manufacturing, construction, services, technology - that currently use the registered apprenticeship program to meet their skill training needs. Each year roughly 1,600 registered apprentices complete training and receive Certificates of Completion, which are recognized throughout the country. There are currently more than 13,000 active apprentices throughout the Commonwealth.

Apprenticeship on-the-job work experiences are provided by the registered organization and are organized and systematic. Related instruction is designed to provide apprentices with knowledge of the theoretical and technical subjects related to their trade or craft and is provided by local vocational technical schools, the sponsoring organization, or the local community college.

HOW IT WORKS

Registered apprenticeships are based on a written training agreement between the apprentice and the employer. The program registration specifies the on-the-job training and the related instruction necessary to meet the required standards for a specific occupation. Apprentices are completed once they meet the terms of the agreement and demonstrate mastery of the trade or craft.

Employers participate in the apprenticeship program by:

Meeting with an apprenticeship field representative to develop a registered training program *customized* for their organization;

Reviewing with an apprenticeship related instruction coordinator the classroom instruction program required to meet trade standards and the needs of the organization;

Identifying the employee(s) who will provide the on-the-job training and supervision; and

Identifying the employee(s) who will be apprentice(s).

A registered apprentice completes a minimum of 2,000 hours of supervised on-the-job work experience in a specific trade or craft, and a *recommended* minimum of 144 hours of related instruction for each year of apprenticeship. Depending on the occupation, the length of apprenticeship varies between one and six years, with four years being the average length.

Apprentices receive a Certificate of Completion at the end of the required training and the designation of journeyperson. When appropriate, the journeyperson applies to the Department of Professional and Occupational Regulation, Tradesman Certification Program for examination, the journeyperson is a *licensed* journeyperson.

or more information about Virginia's Registered Apprenticeship Program, visit our Web site at : http://www.doli.virginia.gov

American Association of Dental Examiners

211 E. Chicago Ave., Suite 760
Chicago, IL 60611
(312) 440-7464
Fax (312) 440-3525

May 19, 2009

TO: Presidents/Chairmen, State Boards of Dentistry:

FROM: White Graves, II, DDS, AADE Second Vice-President

SUBJECT: AADE Continuing Education

In the ongoing effort of the American Association of Dental Examiners to ensure the safety of the public while educating practitioners on potentially compromising behaviors, the AADE has designed a continuing education course titled, "Sexual Boundary Issues in Dentistry" which is based on the AADE *Guidelines for State Dental Boards on Unprofessional Conduct Involving Sexual Boundary Violations* adopted by the General Assembly at the 124th AADE Annual Meeting, September 2007. The course objectives are to certify that the participant is able to understand the importance of sexual boundaries in the practice of dentistry, knows and understands the absolutely prohibited, unprofessional conduct involving sexual boundaries and understands the boundary issues on social contact with patients.

The AADE encourages state boards of dentistry to recommend the course for license renewal once every five years as well as for new licensees. Because of the ambiguity of the definition of sexual boundaries, it is critical to the profession that clear interpretations are defined.

The AADE has received PACE approval for its continuing education courses so any Academy of General Dentistry members of your state will have certificates of completion sent directly to the AGD.

The course and exam are available on the AADE website: www.aadexam.org. If successfully completed, the candidate can print a certificate for submission to their state boards of dentistry.

If you have any questions or comments, please contact the Central Office at: 1-800-621-8099 ext. 7464.

cc: Executive Directors, State Boards of Dentistry
Members, AADE Executive Council
Molly Nadler, Executive Director, AADE

MN/bbm

VIRGINIA BOARD OF DENTISTRY
MINUTES OF REGULATORY/LEGISLATIVE COMMITTEE
April 22, 2009

TIME AND PLACE: The meeting of the Regulatory/Legislative Committee of the Board of Dentistry was called to order at 1:00 P.M. on April 22, 2009 in Training Room 1, Department of Health Professions, 9960 Mayland Drive, Suite 201, Richmond, Virginia.

PRESIDING: James D. Watkins, D.D.S., Chair

MEMBERS PRESENT: Jeffrey Levin, D.D.S.
Jacqueline G. Pace, R.D.H.
Myra Howard
Meera A. Gokli, D.D.S.

OTHER BOARD MEMBERS PRESENT: Darryl Pirok, D.D.S.

STAFF PRESENT: Sandra K. Reen, Executive Director
Huong Vu, Administrative Assistant

OTHERS PRESENT: Howard M. Casway, Senior Assistant Attorney General
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

ESTABLISHMENT OF A QUORUM: All members of the Committee were present.

PUBLIC COMMENT: **Nancy Daniel** of J. Sargeant Reynolds Community College asked the Committee to require work experience in restorative dentistry in addition to Certified Dental Assistant (CDA) examination to qualify for a dental assistant II education program. She noted that such experience would provide training in terminology, materials, procedures and instruments which she believes is critical to success in the program. Dr. Watkins thanked Ms. Daniel for her suggestion and stated that the Committee will take it into consideration.

MINUTES: Dr. Watkins asked if the Committee had reviewed the minutes of the February 25, 2009 meeting. Dr. Levin moved to accept the February 25, 2009 minutes. The motion was seconded and passed.

DENTAL ASSISTANT REGULATIONS: **Review Draft of Proposed Regulations** – Dr. Watkins asked Ms. Yeatts to take the lead in this discussion. Ms. Yeatts advised that at Dr. Watkin's request she had prepared alternative

education requirements for DAs II for consideration by the Committee as follows:

- Allow all 50 hours of the preclinical coursework in dental anatomy and operative dentistry to be taken online
- Divide the 150 laboratory hours into four modules:
  a. amalgam restorations,
  b. composite resin restorations,
  c. final impressions and
  d. final cementation of crowns and bridges
- allow registration by module, and
- require dental hygienists to hold the DA II credential to qualify to perform restorative and prosthetic duties

Dr. Watkins asked the Committee to go through each alternative and to make a decision.

Dr. Gokli commented that allowing the coursework to be done online is a good idea to get more people into the DA II program. Ms. Pace moved to allow all 50 hours of didactic coursework to be done online. The motion was seconded and passed.

Dr. Watkins stated the modules would allow a person to qualify for only the skills needed in a practice. Ms. Yeatts advised that the Board of Medicine certifies x-ray technicians by body parts. It was agreed that the DA II registration would need to specify each module the person is qualified to perform. Ms. Pace moved to adopt the four clinical training modules. The motion was seconded and passed.

Ms. Yeatts asked for discussion of the number of laboratory training hours to be required for each module. Ms. Pace spoke in favor of dividing 150 hours between the four modules. Dr. Gokli asked if it is feasible for a person to complete the entire program and was assured it is. Dr. Levin moved to require at least 150 hours of laboratory training for the four modules. The motion was seconded and passed.

Division of the 150 hours between the modules was discussed. Consensus was that the composite resin restoration module would require significantly more hours than the other three modules. The following numbers for laboratory training hours was agreed to:

- amalgam restorations – 40 hours
- composite resin restorations – 60 hours
- final impressions – 20 hours
- final cementation of crowns and bridges – 30 hours

Dr. Levin moved to adopt these hours for the laboratory training modules. The motion was seconded and passed.

Ms. Yeatts asked if the Committee would like to double the hours as the minimum requirement for clinical experience. Ms. Pace moved to double the hours of laboratory training. The motion was seconded and passed.

Ms. Yeatts noted that some states are silent about dental hygienists performing expanded duties while others require dental hygienists to obtain expanded duties certification. Dr. Watkins pointed out that the statute does not address dental hygienists and does require national certification to qualify as a DAII. Mr. Casway advised that anyone wishing to qualify to perform the expanded duties should hold certification from a national credentialing organization as required by the statute.

It was noted from the audience that the examination requirements should be considered in light of dividing the program into modules. Requiring a written examination at the conclusion of the didactic training, a practical examination at the conclusion of the laboratory training and a comprehensive written examination at the conclusion of the clinical experience was discussed. Dr. Levin moved to require an exam at the end of each stage of the training as discussed. The motion was seconded and passed.

Ms. Reen advised that the underlined language in the remaining sections of the draft reflect the Committee's prior decisions and that no one has raised any issue about this draft so far. Ms. Howard moved to accept the proposed d draft. The motion was seconded and passed.

Dr. Levin asked that the term "non-epinephrine" be added before "retraction cord" throughout the regulations. The schedule level of epinephrine and whether the use of retraction cord would be considered topical was discussed. It was agreed that it would not be topical for the planned duties. Dr. Levin moved to add "non-epinephrine" before "retraction cord" throughout the regulations. The motion was seconded and passed.

Information from Other States – Ms. Yeatts said this information was included as a resource to assist in the discussion of the dental assistant regulations just completed.

Chart on Permissible Delegation of Duties – Dr. Watkins questioned the need for the chart. Ms. Reen explained that the Committee had on several occasions indicated that it wanted to issue a chart on delegation as a guidance document along with the DA II regulations. Mr. Casway commented that the chart needs to be modified to address the education modules adopted for certification of DAs II. Ms. Reen asked the Committee for guidance in regard to developing the chart. There was

consensus to proceed with developing a chart then Dr. Watkins indicated that it would be simpler to work with the list of 22 duties that had been in the Board's regulations previously. He tabled discussion of the chart until the next meeting so that it might be reworked.

DRAFT GUIDANCE DOCUMENT ON ADMINISTERING AND MONITORING:

Ms. Reen noted that this draft of the guidance document reflects the discussions held with the executive director of the Board of Nursing about the scope of practice for nurses and that it addresses what is presently allowed by law and regulation. She requested that the following changes be made to the draft:

- On page 2, the 6th bullet, 2nd line, after "prior to administration," then it should read "or if self-administered" instead of "of if self-administered"
- On page 3, first paragraph, the last phrase should read "but only as authorized by Code 54.1-3408(J)" instead of "as provided for in Va."

Dr. Pirok asked if this meant oral and maxillofacial surgeons needed to stop using nurses to assist in administering even when the surgeon is within arm's reach. Dr. Levin asked for clarification of which rules apply to treatment in hospitals and those for treatment in a dental office and was advised that the Board regulations on administration do not apply to treatment in hospitals. Mr. Casway advised that there needs to be further discussion of the legal parameters. In response to discussion of the oversight to be exercised, Ms. Yeatts noted that the proposed definition for direct supervision does not require the dentist to be in the room. Dr. Watkins tabled discussion of the guidance document until the next meeting to allow Mr. Casway to discuss with the Board of Nursing the duties a nurse might perform for a dentist during administration of sedation and general anesthesia.

PERIODIC REVIEW OF REGULATIONS:

Part I General Provision – Ms. Reen reported that she only received one request for basic editing from the Committee for the licensure provisions Part II and Part III so the internal review process on those sections is now complete. She noted that she has begun work on the sedation and anesthesia provisions in Part IV which led to work on the general provisions in Part I. She asked the Committee to review Part I and to give her feed back on the proposed language. Dr. Watkins said that he will start the process and then the rest of the Committee members will follow alphabetically.

REGULATIONS OF MOBILE DENTAL CLINICS:

Dr. Watkins asked Ms. Yeatts to walk the Committee through the outline on the content of the regulations for mobile dental clinics. Ms. Yeatts said that the requirement for these regulations is in the Budget Bill which was signed by the Governor in April of 2009 .

Ms. Yeatts commented that in drafting the language for this regulation, she has used other states' language as guidance for defining the terms "mobile dental facility" and "portable dental operation." Discussion of the limitations of the phrase "a self-contained unit" followed. It was agreed that each term should be defined and Dr. Levin moved to accept the language used by Texas. The motion was seconded and passed.

Ms. Howard moved to accept the proposed exemptions from registration. The motion was seconded and passed.

Ms. Yeatts said that her thought for the registration requirements are to assure that the Board is informed of who will be working, where, and what services will be provided. Dr. Levin moved to adopt the proposed requirements for registration. The motion was seconded and passed.

Dr. Watkins asked that DAs II be included. Ms. Yeatts replied that once DAs II are registered this part could be amended. Ms. Pace moved to approve the requirements as proposed by Ms. Yeatts. The motion was seconded and passed.

Ms. Reen noted that she had identified 3 practices coming into Virginia. Ms. Reen went on to comment that the annual renewal fee of $50 is low since the reporting of staff changes, locations and dates will require multiple data entries. The estimated costs were discussed then Ms. Howard moved to propose $250 for the application fee for registration and $150 for annual renewal. The motion was seconded and passed.

Ms. Howard asked how we are going to monitor that the renewal cost is sufficient. Ms. Reen replied that we will not know until we are actually doing it then the Board can evaluate to see if the cost is sufficient and amend the regulation as needed.

Discussion about the information to be provided to patients followed with Ms. Pace suggesting that each patient should be given a copy of any x-ray or images taken when subsequent treatment is recommended. It was agreed that this should be handled in keeping with the legal requirements already in place for release of records.

Ms. Reen asked that item E be amended to expressly state that practice shall be in accordance with all the laws and regulations governing the practice of dentistry and dental hygiene instead of just referencing the Board's regulations.

Ms. Reen asked if there might be any circumstance where the board would deny the renewal, if so then that need to be put in here also. Mr. Casway agreed and said that registration or renewal could be denied for any violation addressed in §54.1-2706 of the Code.

NEXT MEETING: Dr. Watkins asked about dates for scheduling the next meeting. It was agreed to meet at 1:00 pm on Wednesday, June 24, 2009.

ADJOURNMENT: Dr. Watkins adjourned the meeting at 3:42 p.m.

James D. Watkins, D.D.S., Chair	Sandra K. Reen, Executive Director
Date	Date

Date/Time Filed with Registrar of Regulations	VA.R. Document Number: R____ - _____
	Date of Publication in Virginia Register:

Commonwealth of Virginia

RESPONSE TO PETITION FOR RULEMAKING

Check one: ☒ **Initial Agency Notice** ☐ **Agency Decision**

Regulatory Coordinator: Elaine J. Yeatts
Telephone: (804) 367-4688 **E-mail:** elaine.yeatts@dhp.virginia.gov

Agency Name: Board of Dentistry, Department of Health Professions

Chapters affected:

VAC No. *(e.g., 4 VAC 20-490):*	**Chapter Name** *(e.g., Regulations Pertaining to Sharks):*
18 VAC 60-20	Regulations Governing the Practice of Dentistry and Dental Hygiene

Statutory Authority: 54.1-2400 of the Code of Virginia

Name of petitioner: Robert J. Haddad

Nature of petitioner's request: To amend regulations to: 1) eliminate the distinction between conscious sedation and deep sedation since deep sedation is a likely result; 2) institute a permitting process with inspection of dental offices to ensure they are appropriately equipped to handle an emergency situation; and 3) create an Anesthesia Review Committee to assist the profession and the public with issues relating to anxiety/pain control/sedation in dentistry.

INITIAL AGENCY NOTICE

Agency's plan for disposition of the request: The Board is requesting public comment on the petition to amend rules to amend regulations relating to sedation and anesthesia. Following a public comment period, the Board will consider its action on the petition at its meeting on September 11, 2009.

Comments may be submitted until July 22, 2009

AGENCY DECISION

☐ **Request Granted**

☐ **Request Denied**

Statement of reasons for decision:

Agency Contact for Further Information:
Name: Elaine J. Yeatts
Title: Agency Regulatory Coordinator
Address: 9960 Mayland Drive, Suite 300, Richmond, VA 23233
Telephone: (804) 367-4688 **Fax:** (804) 527-4434 **Toll Free:** 1- -
E-mail: elaine.yeatts@dhp.virginia.gov

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DHP

May 19, 2009

Ms. Sandra Reen
Executive Director
Virginia Board of Dentistry
9960 Maryland Drive, Suite 300
Richmond, VA 23233-1463

Dear Ms. Reen:

Enclosed please find a Petition for Rule-making which I would like to submit.

Thank you for your assistance.

Respectfully,

Robert J. Haddad

RJH/cte
Enclosure

RECEIVED
MAY 21 2009
VA Bd. of Dentistry

MAY 2 1 2009
DHP

Board of Dentistry

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4538 (Tel)
(804) 527-4428 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,) Haddad, Robert J.		
Street Address 4525 South Blvd., Suite 300	**Area Code and Telephone Number** 757-671-6000	
City Virginia Beach	**State** VA	**Zip Code** 23452
Email Address (optional) rhaddad@srgslaw.com	**Fax (optional)**	

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

   We are seeking to amend Sections 18VAC60-20-110 and 18VAC60-20-120.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

   See attached.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

   I believe the Board has the legal authority to make the above changes pursuant to Section 54.1-2400 of the Code of Virginia.

Signature: [signature] **Date:** 5/19/09

ATTACHMENT

2. I'm requesting that changes be made. Number one, because it is so easy for a patient to slip from conscious sedation to deep sedation, I'm requesting that the Board do away with the distinction in the regulations between the two types of sedation. The regulations should assume that even if conscious sedation is the goal that deep sedation is a likely result and the regulations should be consistent. There should be one regulation dealing with "sedation" and that regulation should be tailored after Section 1 8VAC6O-20-1 10 with the heightened requirements for deep sedation.

Secondly, I'm requesting that the Board institute some sort of permitting process that would require an inspection of a dentist's office to ensure that the office is outfitted with the appropriate equipment to handle any sort of emergency that may arise with the use of sedation and that the dentist and the dentist's staff are proficient with handling an emergency situation that may arise. I'm requesting that the permit expire after a certain period of time and that the permitting process needs to be repeated periodically.

Third, that there be created a standing "Anesthesia Review Committee" to assist the profession and public in all areas pertaining to anxiety/pain control/sedation in dentistry. I'm requesting that this committee have the authority to evaluate cases with respect to how accidents/incidents occur and what could be done to ensure that they do not occur in the future.

Agenda Item: Response to Petition for rulemaking

Staff Note: A petition for rulemaking was received from Dr. Len Futerman. It was published on March 16, 2009 with comment requested until April 15, 2009. No comment has been received.

Enclosed is:

A copy of the petition and the notice in the Register of Regulations

Copies of public comment – written and on Townhall

Action: To accept the petitioner's request and initiate rulemaking or to reject the request. Reasons for the decision must be stated.

COMMONWEALTH OF VIRGINIA
Board of Dentistry

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4538 (Tel)
(804) 527-4428 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,) Futerman Len
Street Address 616 Va Beach Blvd Suite 102
City Virginia Beach **State** VA **Zip Code** 23451

Area Code and Telephone Number 757-769-7155
Email Address (optional) **Fax (optional)**

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

18 VAC60-20-108. Administration of anxiolysis or inhalation analgesia.
18VAC60-20-120. Requirements to administer conscious sedation.
18VAC60-20-110. Requirements to administer deep sedation/general anesthesia.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

In Oct of 2007 the ADA adopted a new set of guidelines for the use of sedation and anesthesia in the dental office. These guidelines propose terminology that is quite different from the VA Boards current accepted terminology. Examples include using mild, moderate and deep sedation to describe anesthesia levels versus anxiolysis and conscious sedation. Additionally some of the training and monitoring requirements for administering different levels of anesthesia differ significantly from the boards current regulations. I propose adopting regulations more in line with the ADA's guidelines to maintain consistantcy and clarity when describing and discussing anesthesia in the dental office.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

Signature: Len Futerman
Date: 2/9/09

Date/Time Filed with Registrar of Regulations	VA.R. Document Number: R____ - _____
	Date of Publication in Virginia Register:

Commonwealth of Virginia

RESPONSE TO PETITION FOR RULEMAKING

Check one: ☒ **Initial Agency Notice** ☐ **Agency Decision**

Regulatory Coordinator: Elaine J. Yeatts
Telephone: (804) 367-4688 **E-mail:** elaine.yeatts@dhp.virginia.gov

Agency Name: Board of Dentistry, Department of Health Professions

Chapters affected:

VAC No. *(e.g., 4 VAC 20-490):*	**Chapter Name** *(e.g., Regulations Pertaining to Sharks):*
18 VAC 60-20	Regulations Governing the Practice of Dentistry and Dental Hygiene

Statutory Authority: 54.1-2400 of the Code of Virginia

Name of petitioner: Len Futerman

Nature of petitioner's request: To amend regulations for anesthesia in dental offices for consistency with guidelines of the American Dental Association, as amended in October of 2007.

INITIAL AGENCY NOTICE

Agency's plan for disposition of the request: The Board is requesting public comment on the petition and will consider the petitioner's request and any comment on the petition at its meeting on June 12, 2009.

Comments may be submitted until April 15, 2009

AGENCY DECISION

☐ **Request Granted**

☐ **Request Denied**

Statement of reasons for decision:

Agency Contact for Further Information:
Name: Elaine J. Yeatts
Title: Agency Regulatory Coordinator
Address: 9960 Mayland Drive, Suite 300, Richmond, VA 23233
Telephone: (804) 367-4688 **Fax:** (804) 527-4434 **Toll Free:** 1- -
E-mail: elaine.yeatts@dhp.virginia.gov

Date Submitted: 2/13/09

March 23, 2009

BY EMAIL
The Honorable Sandra Reen
Executive Director
Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive
Richmond, VA 23233

RE: Len Futerman Petition for Rulemaking / Amend Regulations for Anesthesia and Sedation in Dental Offices

Dear Ms. Reen,

On behalf of the Virginia Association of Nurse Anesthetists (VANA), I am forwarding comment regarding the petition for rulemaking to amend the regulations for anesthesia and sedation in dental offices for consistency with guidelines of the American Dental Association as amended October, 2007. The petition was submitted by Mr. Len Futerman on February 9, 2009.

VANA was founded in 1934 and represents 90% of Virginia's certified registered nurse anesthetists (CRNA).

VANA would urge the Board of Dentistry to postpone action on the petition while the current periodic review of the regulations governing the practice of dentists and dental hygienists is underway. The petition would add considerable confusion to the current periodic review process, and VANA suggests waiting to review the petition until such time as those sections of the anesthesia regulations come under review.

However, if the Board of Dentistry chooses to move forward in addressing the petition for rulemaking, VANA would urge the Board to consider how proposed regulatory changes to 18VAC60-20-108, 18VAC60-20-120 and 18VAC60-20-110 impact the health and safety of dental patients. Patient safety is, and always has been, the number one priority of nurse anesthetists and we believe all patients have a right to the best in anesthesia treatment.

2231 Oak Bay Lane, Richmond, Virginia, 23233
Ph 804-754-4122 Email: office@vana.org

Further, we urge the Board to consider the importance of uniformity among anesthesia safety regulations. Anesthesia patients should be able to expect the same safety standards in all practice settings, regardless of whether a procedure is performed by an oral surgeon, dentist, or other health care provider.

VANA is concerned that by adopting regulations based on current ADA guidelines, the Board of Dentistry will further create an uneven regulatory environment that causes greater confusion amongst patients and anesthesia providers alike. For instance, the current ADA guidelines state:

> "*When the same individual administering the deep sedation or general anesthesia is performing the dental procedure, one of the additional appropriately trained team members must be designated for patient monitoring.*" (See page 11 of the 2007 American Dental Association Guidelines for the Use of Sedation and General Anesthesia by Dentists)

While the ADA guidelines accept a Basic Life Support trained individual as qualified to monitor a patient under deep sedation or general anesthesia, the Virginia Board of Medicine regulations governing the Practice of Medicine, Osteopathy, Podiatry and Chiropractic (18VAC85-20-310 through 390) require an MD who administers conscious sedation to be assisted by a licensed nurse, physician assistant or licensed intern or resident.

According to Virginia's regulations governing the practice of medicine, deep sedation or general anesthesia cannot be provided by the operating physician with monitoring by a minimally trained assistant, and deep sedation or general anesthesia can only be administered by a qualified CRNA or anesthesiologist, solely dedicated to the sedation/anesthesia administration and monitoring of the patient.

This is only one example of where the ADA guidelines are less stringent than Virginia's medical regulations, and VANA would urge the board against accepting any standards that weaken patient safety measures, and lead the Commonwealth farther from a more uniform regulatory environment.

VANA appreciates your consideration of our request.

Sincerely,

/s/ Mike Black

Mike Black
President

2231 Oak Bay Lane, Richmond, Virginia, 23233
Ph 804-754-4122 Email: office@vana.org

Agenda Item: **Regulatory Action – Adoption of Proposed Regulations**

Registration of Dental Assistants II

Staff Note: Included in your package are copies of:

A copy of the 2008 legislation

Summary of public comment on Notice of Intended Regulatory Action

A copy of draft proposed regulations for registration of dental assistants II as recommended by the Legislative/Regulatory Committee.

Meetings for drafting of proposed regulations:

Advisory Forum on DA Regulation – September 10, 2008
Regulatory/Legislative Committee – October 29, 2008
Regulatory/Legislative Committee – December 3, 2008
Regulatory/Legislative Committee – February 25, 2009
Regulatory/Legislative Committee – April 22, 2009

Action:

Motion for adoption of proposed regulations.

CHAPTER 264

An Act to amend and reenact § 54.1-2712 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 27 of Title 54.1 an article numbered 4, consisting of a section numbered 54.1-2729.01, relating to the practice of dental assistants.

[S 151]

Approved March 4, 2008

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2712 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding in Chapter 27 of Title 54.1 an article numbered 4, consisting of a section numbered 54.1-2729.01, as follows:

§ 54.1-2712. Permissible practices.

The following activities shall be permissible:

1. Dental assistants or dental hygienists aiding or assisting licensed dentists, or dental assistants aiding or assisting dental hygienists under the general supervision of a dentist *in accordance with regulations promulgated pursuant to § 54.1-2729.01*;

2. The performance of mechanical work on inanimate objects only, for licensed dentists, by any person employed in or operating a dental laboratory;

3. Dental students who are enrolled in accredited D.D.S. or D.M.D. degree programs performing dental operations, under the direction of competent instructors (i) within a dental school or college, dental department of a university or college, or other dental facility within a university or college that is accredited by an accrediting agency recognized by the United States Department of Education; (ii) in a dental clinic operated by a nonprofit organization providing indigent care; (iii) in governmental or indigent care clinics in which the student is assigned to practice during his final academic year rotations; (iv) in a private dental office for a limited time during the student's final academic year when under the direct tutorial supervision of a licensed dentist holding appointment on the dental faculty of the school in which the student is enrolled; or (v) practicing dental hygiene in a private dental office under the direct supervision of a licensed dentist holding appointment on the dental faculty of the school in which the student is enrolled;

4. A licensed dentist from another state or country appearing as a clinician for demonstrating technical procedures before a dental society or organization, convention, or dental college, or performing his duties in connection with a specific case on which he may have been called to the Commonwealth; and

5. Dental hygiene students enrolled in an accredited dental hygiene program performing dental hygiene practices as a requisite of the program, under the direction of competent instructors, as defined by regulations of the Board of Dentistry, (i) within a dental hygiene program in a dental school or college, or department thereof, or other dental facility within a university or college that is accredited by an accrediting agency recognized by the United States Department of Education; (ii) in a dental clinic operated by a nonprofit organization providing indigent care; (iii) in a governmental or indigent care clinic in which the student is assigned to practice during his final academic year rotations; or (iv) in a private dental office for a limited time during the student's final academic year when under the direct supervision of a licensed dentist or licensed dental hygienist holding appointment on the dental faculty of the school in which the student is enrolled.

Article 4.

Practice of Dental Assistants.

§ 54.1-2729.01. Practice of dental assistants.

A. A person who is employed to assist a licensed dentist or dental hygienist by performing duties not otherwise restricted to the practice of a dentist, dental hygienist, or dental assistant II, as prescribed in regulations promulgated by the Board may practice as a dental assistant I.

B. A person who (i) has met the educational and training requirements prescribed by the Board; (ii) holds a certification from a credentialing organization recognized by the American Dental Association; and (iii) has met any other qualifications for registration as prescribed in regulations promulgated by the Board may practice as a dental assistant II. A dental assistant II may perform duties not otherwise restricted to the practice of a dentist or dental hygienist under the direction of a licensed dentist that are reversible, intraoral procedures specified in regulations promulgated by the Board.

Comment on the Notice of Intended Regulatory Action
Registration of Dental Assistants II

The Notice of Intended Regulatory Action for registration of dental assistants II was published on October 13, 2008 with comment closing on November 12, 2008. There were 1174 comments emailed on posted on the Virginia Regulatory Townhall. Less than 100 of those comments were from dentists advocating to the Board for the adoption of regulations that would allow them to train their dental assistants to perform scaling. They believe it would expand access to dental care and fill a void created by a shortage of dental hygienists.

Over a 1,000 commenters (dental hygienists, dentists and patients) objected strenuously to allowing dental assistants to perform scaling. They cited a lowering of the standard of care and compromising patient safety and placing patients at risk for periodontal disease. Some argued that there was no shortage of dental hygienists and that this was an economic issue, not one of access.

Other commenters recommended regulatory language for registration of dental assistants II including the following requirements:

1) That direct supervision should mean that the dentist intraorally examines the patient before and after treatment by a dental assistant II;
2) That there be a continuing education requirement for renewal of registration (12 hours is required to maintain certification by the Dental Assisting National Board (DANB);
3) That there be a requirement for current certification by DANB;
4) That the duties for a dental assistant II include: placing and carving amalgam or composites; packing and removing a retraction cord for final impression; making adjusting, cementing and removing temporary crowns; and coronal polishing.

Some questions whether the ratio of dental hygienists to dentists (2:1) would be expanded to 4:1 for dental assistants. Others noted the need for better utilization of and more independence for dental hygienists.

Draft Board response:

The Code § 54.1-2729.01 authorizes a dental assistant II to perform duties under the direction of a licensed dentist that are "reversible, intraoral procedures." In consideration of the duties of a dental assistant II, the Board concluded that dental scaling is not a "reversible" procedure and could not be included. Therefore, that duty was not included in the draft regulations proposed by the Regulatory/Legislative Committee or in the proposed package adopted by the Board.

The Board did adopt other recommendations from commenters. The ratio of dentists to dental hygienists and dental assistants II was set at 4:1 in any combination of hygienists or assistants. In addition, the dentist may employ any number of traditional dental assistants to assist him or her chairside and, if qualified, to take xrays.

Project 1526 – DRAFT Proposed

BOARD OF DENTISTRY

Registration and practice of dental assistants

CHAPTER 20

REGULATIONS GOVERNING ~~THE~~ DENTAL PRACTICE ~~OF DENTISTRY AND DENTAL HYGIENE~~

Part I

General Provisions

18VAC60-20-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"ADA" means the American Dental Association.

"Advertising" means a representation or other notice given to the public or members thereof, directly or indirectly, by a dentist on behalf of himself, his facility, his partner or associate, or any dentist affiliated with the dentist or his facility by any means or method for the purpose of inducing purchase, sale or use of dental methods, services, treatments, operations, procedures or products, or to promote continued or increased use of such dental methods, treatments, operations, procedures or products.

"Analgesia" means the diminution or elimination of pain in the conscious patient.

"Anxiolysis" means the diminution or elimination of anxiety through the use of pharmacological agents in a dosage that does not cause depression of consciousness.

"Conscious sedation" means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands, produced by pharmacological or nonpharmacological methods, including inhalation, parenteral, transdermal or enteral, or a combination thereof.

"Deep sedation/general anesthesia" means an induced state of depressed consciousness or unconsciousness accompanied by a complete or partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or respond purposefully to physical stimulation or verbal command and is produced by a pharmacological or nonpharmacological method or a combination thereof.

"Dental assistant" means any unlicensed person under the supervision of a dentist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely a secretarial or clerical capacity.

"Dental assistant II" means a person under the direction of a dentist who is registered to perform reversible, intraoral procedures as specified in this chapter.

"Direct supervision" means that the dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to a dental hygienist or a dental assistant II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains in the operatory or an area immediately adjacent to the operatory in order to be immediately available to the dental hygienist or dental assistant II for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.

"Direction" means ~~the dentist examines the patient and is present for observation, advice, and control over the performance of dental services~~ the level of supervision that a dentist is required to exercise with a dental hygienist and with a dental assistant or that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services.

"Enteral" is any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (i.e., oral, rectal, sublingual).

"General supervision" means that ~~the dentist has examined the patient and issued a written order for the specific, authorized services to be provided by a dental hygienist when the dentist is not present in the facility while the services are being provided~~ a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment which states the specific services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. The order may authorize the dental hygienist to supervise a dental assistant who prepares the patient for treatment and prepares the patient for dismissal following treatment.

"Indirect supervision" means the dentist examines the patient at some point during the appointment, is continuously present in the office to advise and assist a dental hygienist or a dental assistant who is delivering hygiene treatment or who is preparing the patient for examination or treatment by the dentist or dental hygienist or who is preparing the patient for dismissal following treatment.

"Inhalation" is a technique of administration in which a gaseous or volatile agent, including nitrous oxide, is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

"Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness.

"Local anesthesia" means the loss of sensation or pain in the oral cavity or the maxillofacial or adjacent and associated structures generally produced by a topically applied or injected agent without depressing the level of consciousness.

"Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

"Radiographs" means intraoral and extraoral x-rays of hard and soft tissues to be used for purposes of diagnosis.

18VAC60-20-15. Recordkeeping.

A dentist shall maintain patient records for not less than three years from the most recent date of service for purposes of review by the board to include the following:

1. Patient's name and date of treatment;
2. Updated health history;
3. Diagnosis and treatment rendered;
4. List of drugs prescribed, administered, dispensed and the quantity;
5. Radiographs;
6. Patient financial records;
7. Name of the dentist and the dental hygienist or the dental assistant II providing service; and

8. Laboratory work orders which meet the requirements of § 54.1-2719 of the Code of Virginia.

18VAC60-20-16. Address of record; posting of licenses or registrations.

A. At all times, each licensed dentist shall provide the board with a current, primary business address, and each dental hygienist and dental assistant II shall provide a current mailing address. All required notices mailed by the board to any ~~such~~ licensee or registrant shall be validly given when mailed to the latest address given by the licensee. All changes of address shall be furnished to the board in writing within 30 days of such changes.

B. Posting of license or registration.

A copy of the registration of a dental assistant II shall either be posted in an operatory in which the person is providing services to the public or in the patient reception area where it is clearly visible to patients and accessible for reading.

Part II

~~Licensure~~ Renewal and Fees

18VAC60-20-20. ~~License renewal~~ Renewal and reinstatement.

A. Renewal fees. Every person holding an active or inactive license or a dental assistant II registration or a full-time faculty license shall, on or before March 31, renew his license or registration. Every person holding a teacher's license, temporary resident's license, a restricted volunteer license to practice dentistry or dental hygiene, or a temporary permit to practice dentistry or dental hygiene shall, on or before June 30, request renewal of his license.

1. The fee for renewal of an active license or permit to practice or teach dentistry shall be $285, and the fee for renewal of an active license or permit to practice or teach dental hygiene shall be $75. The fee for renewal of registration as a dental assistant II shall be $50.

2. The fee for renewal of an inactive license shall be $145 for dentists and $40 for dental hygienists. The fee for an inactive registration as a dental assistant II shall be $25.

3. The fee for renewal of a restricted volunteer license shall be $15.

4. The application fee for temporary resident's license shall be $60. The annual renewal fee shall be $35 a year. An additional fee for late renewal of licensure shall be $15.

B. Late fees. Any person who does not return the completed form and fee by the deadline required in subsection A of this section shall be required to pay an additional late fee of $100 for dentists with an active license, ~~and~~ $25 for dental hygienists with an active license, and $20 for a dental assistant II with active registration. The late fee shall be $50 for dentists with an inactive license ~~and~~; $15 for dental hygienists with an inactive license; and $10 for a dental assistant II with an inactive registration. The board shall renew a license or dental assistant II registration if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of this section.

C. Reinstatement fees and procedures. The license or registration of any person who does not return the completed renewal form and fees by the deadline required in subsection A of this section shall automatically expire and become invalid and his practice ~~of dentistry/dental hygiene~~ as a dentist, dental hygienist, or dental assistant II shall be illegal.

1. Any person whose license or dental assistant II registration has expired for more than one year and who wishes to reinstate such license or registration shall submit to the board a reinstatement application and the reinstatement fee of $500 for dentists, ~~and~~ $200 for dental hygienists or $125 for dental assistants II.

2. With the exception of practice with a restricted volunteer license as provided in §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia, practicing in Virginia with an expired license or registration may subject the licensee to disciplinary action by the board.

3. The executive director may reinstate such expired license or registration provided that the applicant can demonstrate continuing competence, that no grounds exist pursuant to § 54.1-2706 of the Code of Virginia and 18VAC60-20-170 to deny said reinstatement, and that the applicant has paid the unpaid reinstatement fee and any fines or assessments. Evidence of continuing competence shall include hours of continuing education as required by subsection H of 18VAC60-20-50 and may also include evidence of active practice in another state or in federal service or current specialty board certification.

D. Reinstatement of a license or dental assistant II registration previously revoked or indefinitely suspended. Any person whose license or registration has been revoked shall submit to the board for its approval a reinstatement application and fee of $1,000 for dentists, ~~and~~ $500 for dental hygienists and $300 for dental assistants II. Any person whose license or registration has been indefinitely suspended shall submit to the board for its approval a reinstatement application and fee of $750 for dentists, ~~and~~ $400 for dental hygienists, and $250 for dental assistants II.

18VAC60-20-30. Other fees.

A. Dental licensure application fees. The application fee for a dental license by examination, a license to teach dentistry, a full-time faculty license, or a temporary permit as a dentist shall be $400. The application fee for dental license by credentials shall be $500.

B. Dental hygiene licensure application fees. The application fee for a dental hygiene license by examination, a license to teach dental hygiene, or a temporary permit as a dental hygienist shall be $175. The application fee for dental hygienist license by endorsement shall be $275.

C. Dental assistant II registration application fee. The application fee for registration as a dental assistant II shall be $100.

~~C~~D. ~~Duplicate wall~~ Wall certificate. Licensees desiring a duplicate wall certificate or a dental assistant II desiring a wall certificate shall submit a request in writing stating the necessity for ~~such duplicate~~ a wall certificate, accompanied by a fee of $60.

~~D~~E. Duplicate license or registration. Licensees or registrants desiring a duplicate license or registration shall submit a request in writing stating the necessity for such duplicate ~~license~~, accompanied by a fee of $20. If a licensee or registrant maintains more than one office, a notarized photocopy of a license or registration may be used.

~~E~~F. Licensure or registration certification. Licensees or registrants requesting endorsement or certification by this board shall pay a fee of $35 for each endorsement or certification.

~~F~~G. Restricted license. Restricted license issued in accordance with § 54.1-2714 of the Code of Virginia shall be at a fee of $285.

~~G~~H. Restricted volunteer license. The application fee for licensure as a restricted volunteer dentist or dental hygienist issued in accordance with § 54.1-2712.1 or § 54.1-2726.1 of the Code of Virginia shall be $25.

~~H~~I. Returned check. The fee for a returned check shall be $35.

~~I~~J. Inspection fee. The fee for an inspection of a dental office shall be $350.

18VAC60-20-50. Requirements for continuing education.

A. ~~After April 1, 1995, a~~ A dentist or a dental hygienist shall be required to have completed a minimum of 15 hours of approved continuing education for each annual renewal of licensure. A dental assistant II shall be required to maintain current certification from the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association.

1. ~~Effective June 29, 2006, a~~ A dentist, ~~or~~ a dental hygienist or a dental assistant II shall be required to maintain evidence of successful completion of training in basic cardiopulmonary resuscitation.

2. ~~Effective June 29, 2006, a~~ A dentist who administers or a dental hygienist who monitors patients under general anesthesia, deep sedation or conscious sedation shall complete four hours every two years of approved continuing education directly related to administration or monitoring of such anesthesia or sedation as part of the hours required for licensure renewal.

3. Continuing education hours in excess of the number required for renewal may be transferred or credited to the next renewal year for a total of not more than 15 hours.

B. An approved continuing dental education program shall be relevant to the treatment and care of patients and shall be:

1. Clinical courses in ~~dentistry and dental hygiene~~ dental practice; or

2. Nonclinical subjects that relate to the skills necessary to provide dental or dental hygiene services and are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, stress management). Courses not acceptable for the purpose of this subsection include, but are not limited to, estate planning, financial planning, investments, and personal health.

C. Continuing education credit may be earned for verifiable attendance at or participation in any courses, to include audio and video presentations, which meet the requirements in subdivision B 1 of this section and which are given by one of the following sponsors:

1. American Dental Association and National Dental Association, their constituent and component/branch associations;

2. American Dental Hygienists' Association and National Dental Hygienists Association, their constituent and component/branch associations;

3. American Dental Assisting Association, its constituent and component/branch associations;

4. American Dental Association specialty organizations, their constituent and component/branch associations;

5. American Medical Association and National Medical Association, their specialty organizations, constituent, and component/branch associations;

6. Academy of General Dentistry, its constituent and component/branch associations;

7. Community colleges with an accredited dental hygiene program if offered under the auspices of the dental hygienist program;

8. A college or university that is accredited by an accrediting agency approved by the U.S. Department of Education or a hospital or health care institution accredited by the Joint Commission on Accreditation of Health Care Organizations;

9. The American Heart Association, the American Red Cross, the American Safety and Health Institute and the American Cancer Society;

10. A medical school which is accredited by the American Medical Association's Liaison Committee for Medical Education or a dental school or dental specialty residency program accredited by the Commission on Dental Accreditation of the American Dental Association;

11. State or federal government agencies (i.e., military dental division, Veteran's Administration, etc.);

12. The Commonwealth Dental Hygienists' Society;

13. The MCV Orthodontic and Research Foundation;

14. The Dental Assisting National Board; or

15. A regional testing agency (i.e., Central Regional Dental Testing Service, Northeast Regional Board of Dental Examiners, Southern Regional Testing Agency, or Western Regional Examining Board) when serving as an examiner.

D. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following the licensee's initial licensure.

E. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

F. A licensee is required to provide information on compliance with continuing education requirements in his annual license renewal. A dental assistant II is required to attest to current certification by the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association. Following the renewal period, the board may conduct an audit of licensees or registrants to verify compliance. Licensees or registrants selected for audit must provide original documents certifying that they have fulfilled their continuing education requirements by the deadline date as specified by the board.

G. All licensees or registrants are required to maintain original documents verifying the date and subject of the program or activity. Documentation must be maintained for a period of four years following renewal.

H. A licensee who has allowed his license to lapse, or who has had his license suspended or revoked, must submit evidence of completion of continuing education equal to the requirements for the number of years in which his license has not been active, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months preceding an application for reinstatement. A dental assistant II who has allowed his registration to lapse, or who has had his registration suspended or revoked, must submit evidence of current certification from a credentialing organization recognized by the American Dental Association in order to reinstate his registration.

I. Continuing education hours required by board order shall not be used to satisfy the continuing education requirement for license or registration renewal or reinstatement.

J. Failure to comply with continuing education requirements or current certification requirements may subject the licensee or registrant to disciplinary action by the board.

Part III

Entry ~~and Licensure~~ Requirements

18VAC60-20-60. ~~Education~~ Educational requirements for dentists and dental hygienists.

A. Dental licensure. An applicant for dental licensure shall be a graduate and a holder of a diploma or a certificate from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association, which consists of either a pre-doctoral dental education program or at least a 12-month post-doctoral advanced general dentistry program or a post-doctoral dental education program in any other specialty.

B. Dental hygiene licensure. An applicant for dental hygiene licensure shall have graduated from or have been issued a certificate by a program of dental hygiene accredited by the Commission on Dental Accreditation of the American Dental Association.

18VAC60-20-61. Educational requirements for dental assistants II.

A. A prerequisite for entry into an educational program preparing a person for registration as a dental assistant II shall be current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board.

B. In order to be registered as a dental assistant II, a person shall complete the following requirements from an educational program accredited by the Commission on Dental Accreditation of the American Dental Association:

1. At least 50 hours of didactic course work in dental anatomy and operative dentistry, which may be completed on-line;

2. Laboratory training, which may be completed in the following modules with no more than 20% of the specified instruction to be completed as homework in a dental office:

a. At least 40 hours of placing, packing, carving and polishing of amalgam restorations;

b. At least 60 hours of placing and shaping composite resin restorations;

c. At least 20 hours of taking final impressions and use of a non-epinephrine retraction cord;

d. At least 30 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.

3. Clinical experience applying the techniques learned in the preclinical coursework and laboratory training, which may be completed in a dental office in the following modules:

a. At least 80 hours of placing, packing, carving and polishing of amalgam restorations;

b. At least 120 hours of placing and shaping composite resin restorations;

c. At least 40 hours of taking final impressions and use of a non-epinephrine retraction cord;

d. At least 60 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.

4. Successful completion of the following competency examinations given by the accredited educational programs:

a. A written examination at the conclusion of the 50 hours of didactic coursework;

b. A practical examination at the conclusion of each module of laboratory training; and

c. A comprehensive written examination at the conclusion of all required coursework, training and experience for each of the corresponding modules.

C. All treatment of patients shall be under the direct and immediate supervision of a licensed dentist, who is responsible for the performance of duties by the student. The dentist shall attest to successful completion of the clinical competencies and restorative experiences.

18VAC60-20-70. Licensure examinations; registration certification.

A. Dental examinations.

1. All applicants shall have successfully completed Part I and Part II of the examinations of the Joint Commission on National Dental Examinations prior to making application to this board.

2. All applicants to practice dentistry shall satisfactorily pass the complete board-approved examinations in dentistry. Applicants who successfully completed the board-approved examinations five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake the examinations or take board-approved continuing education unless they demonstrate that they have maintained clinical, ethical and legal practice for 48 of the past 60 months immediately prior to submission of an application for licensure.

3. If the candidate has failed any section of a board-approved examination three times, the candidate shall complete a minimum of 14 hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

B. Dental hygiene examinations.

1. All applicants are required to successfully complete the dental hygiene examination of the Joint Commission on National Dental Examinations prior to making application to this board for licensure.

2. All applicants to practice dental hygiene shall successfully complete the board-approved examinations in dental hygiene, except those persons eligible for licensure pursuant to 18VAC60-20-80.

3. If the candidate has failed any section of a board-approved examination three times, the candidate shall complete a minimum of seven hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

C. Dental assistant II certification. All applicants for registration as a dental assistant II shall provide evidence of a current credential as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another certification from a credentialing organization recognized by the American Dental Association and acceptable to the board, which was granted following passage of an examination on general chairside assisting, radiation health and safety, and infection control.

~~C~~ D. All applicants who successfully complete the board-approved examinations five or more years prior to the date of receipt of their applications for licensure or registration by this board may be required to retake the board-approved examinations or take board-approved continuing education unless they demonstrate that they have maintained clinical, ethical, and legal practice for 48 of the past 60 months immediately prior to submission of an application for licensure or registration.

~~D~~ E. All applicants for licensure by examination or registration as a dental assistant II shall be required to attest that they have read and understand and will remain current with the applicable Virginia dental and dental hygiene laws and the regulations of this board.

18VAC60-20-72. Registration by endorsement as a dental assistant II.

A. An applicant for registration as a dental assistant II by endorsement shall provide evidence of the following:

1. Hold current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association;

2. Be currently authorized to perform expanded duties as a dental assistant in another state, territory, District of Columbia, or possession of the United States;

3. Hold a credential, registration or certificate with qualifications substantially equivalent in hours of instruction and course content to those set forth in 18VAC60-20-61 or; If the qualifications were not substantially equivalent, the dental assistant can document experience in the restorative and prosthetic expanded duties set forth in 18VAC60-20-230 for at least 24 of the past 48 months preceding application for registration in Virginia.

B. An applicant shall also:

1. Be certified to be in good standing from each state in which he is currently registered, certified or credentialed or in which he has ever held a registration, certificate or credential;

2. Be of good moral character;

3. Not have committed any act which would constitute a violation of § 54.1-2706 of the Code of Virginia; and

4. Attest to having read and understand and to remain current with the laws and the regulations governing dental practice in Virginia.

18VAC60-20-105. Inactive license or registration.

A. Any dentist or dental hygienist who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. With the exception of practice with a restricted volunteer license as provided in §§ 54.1-2712.1 and 54.1-2726.1 of the Code of Virginia, the holder of an inactive license shall not be entitled to perform any act requiring a license to practice dentistry or dental hygiene in Virginia.

B. An inactive license may be reactivated upon submission of the required application, payment of the current renewal fee, and documentation of having completed continuing education hours equal to the requirement for the number of years in which the license has been inactive, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months immediately preceding the application for activation. The board reserves the

right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-2706 of the Code of Virginia.

C. Any dental assistant II who holds a current, unrestricted registration in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive registration. The holder of an inactive registration shall not be entitled to perform any act requiring registration to practice as a dental assistant II in Virginia. An inactive registration may be reactivated upon submission of evidence of current certification from the national credentialing organization recognized by the American Dental Association. The board reserves the right to deny a request for reactivation to any registrant who has been determined to have committed an act in violation of § 54.1-2706 of the Code of Virginia.

Part V
Unprofessional Conduct

18VAC60-20-170. Acts constituting unprofessional conduct.

The following practices shall constitute unprofessional conduct within the meaning of § 54.1-2706 of the Code of Virginia:

1. Fraudulently obtaining, attempting to obtain or cooperating with others in obtaining payment for services;

2. Performing services for a patient under terms or conditions which are unconscionable. The board shall not consider terms unconscionable where there has been a full and fair disclosure of all terms and where the patient entered the agreement without fraud or duress;

3. Misrepresenting to a patient and the public the materials or methods and techniques the licensee uses or intends to use;

4. Committing any act in violation of the Code of Virginia reasonably related to the practice of dentistry and dental hygiene;

5. Delegating any service or operation which requires the professional competence of a dentist ~~or~~, dental hygienist, or dental assistant II to any person who is not a dentist ~~or~~, dental hygienist or dental assistant II as authorized by this chapter;

6. Certifying completion of a dental procedure that has not actually been completed;

7. Knowingly or negligently violating any applicable statute or regulation governing ionizing radiation in the Commonwealth of Virginia, including, but not limited to, current regulations promulgated by the Virginia Department of Health; and

8. Permitting or condoning the placement or exposure of dental x-ray film by an unlicensed person, except where the unlicensed person has complied with 18VAC60-20-195.

Part VI
Direction and Delegation of Duties

18VAC60-20-190. Nondelegable duties; dentists.

Only licensed dentists shall perform the following duties:

1. Final diagnosis and treatment planning;

2. Performing surgical or cutting procedures on hard or soft tissue;

3. Prescribing or parenterally administering drugs or medicaments;

4. Authorization of work orders for any appliance or prosthetic device or restoration to be inserted into a patient's mouth;

5. Operation of high speed rotary instruments in the mouth;

~~6. Performing pulp capping procedures;~~

~~7~~6. Administering and monitoring general anesthetics and conscious sedation except as provided for in § 54.1-2701 of the Code of Virginia and 18VAC60-20-108 C, 18VAC60-20-110 F, and 18VAC60-20-120 F;

~~8~~7. Condensing, contouring or adjusting any final, fixed or removable prosthodontic appliance or restoration in the mouth, with the exception of placing, packing and carving amalgam and composite resins by dental assistants II with advanced training as specified in 18VAC65-20-61 B;

~~9~~8. Final positioning and attachment of orthodontic bonds and bands; and

~~10. Taking impressions for master casts to be used for prosthetic restoration of teeth or oral structures;~~

~~11~~9. Final ~~cementation~~ adjustment and fitting of crowns and bridges in preparation for final cementation~~; and~~

~~12. Placement of retraction cord~~.

18VAC60-20-200. Utilization of dental hygienists and dental assistants II.

~~No dentist shall have more than two~~ A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction or general supervision at one and the same time, with the exception that a dentist may issue written orders for services to be provided by dental hygienists under general supervision in a free clinic, a public health program, or on a voluntary basis.

18VAC60-20-210. Requirements for direction and general supervision.

A. In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining~~, on the basis of his diagnosis,~~ the specific treatment the patient will receive, ~~and~~ which aspects of treatment will be delegated to qualified personnel and the direction required for such treatment, in accordance with this chapter and the Code of Virginia.

B. Dental hygienists shall engage in their respective duties only while in the employment of a licensed dentist or governmental agency or when volunteering services as provided in 18VAC60-20-200. Persons acting within the scope of a license issued to them by the board under § 54.1-2725 of the Code of Virginia to teach dental hygiene and those persons licensed pursuant to § 54.1-2722 of the Code of Virginia providing oral health education and preliminary dental screenings in any setting are exempt from this section.

C. ~~Duties delegated to a dental hygienist under direction shall only be performed when the dentist is present in the facility and examines the patient during the time services are being provided.~~

~~D.~~ Duties that are delegated to a dental hygienist under general supervision shall only be performed if the following requirements are met:

1. The treatment to be provided shall be ordered by a dentist licensed in Virginia and shall be entered in writing in the record. The services noted on the original order shall be rendered within a specific time period, not to exceed 10 months from the date the dentist last examined the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment.

2. The dental hygienist shall consent in writing to providing services under general supervision.

3. The patient or a responsible adult shall be informed prior to the appointment that ~~no~~ a dentist ~~will~~ may not be present, that no anesthesia can be administered, and that only those services prescribed by the dentist will be provided.

4. Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

~~E~~ D. General supervision shall not preclude the use of direction when, in the professional judgment of the dentist, such direction is necessary to meet the individual needs of the patient.

18VAC60-20-220. Dental hygienists.

A. The following duties shall only be delegated to dental hygienists under direction ~~with the dentist being present~~ and may be performed under indirect supervision:

1. Scaling and/or root planing of natural and restored teeth using hand instruments, rotary instruments and ultrasonic devices under anesthesia ~~administered by the dentist~~.

2. Performing an initial examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for assisting the dentist in the diagnosis.

3. Administering nitrous oxide or local anesthesia by dental hygienists qualified in accordance with the requirements of 18VAC60-20-81.

B. The following duties shall only be delegated to dental hygienists and may be delegated by written order in accordance with § 54.1-3408 of the Code of Virginia to be performed under general supervision ~~without~~ when the dentist ~~being~~ may not be present:

1. Scaling and/or root planing of natural and restored teeth using hand instruments, rotary instruments and ultrasonic devices.

2. Polishing of natural and restored teeth using air polishers.

3. Performing a clinical examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets or other abnormal conditions for further evaluation and diagnosis by the dentist.

4. Subgingival irrigation or subgingival application of topical Schedule VI medicinal agents.

5. Duties appropriate to the education and experience of the dental hygienist and the practice of the supervising dentist, with the exception of those listed in subsection A of this section and those listed as nondelegable in 18VAC60-20-190.

C. Nothing in this section shall be interpreted so as to prevent a licensed dental hygienist from providing educational services, assessment, screening or data collection for the preparation of preliminary written records for evaluation by a licensed dentist.

18VAC60-20-230. Delegation to dental assistants.

A. Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to a dental assistant under the direction or under general supervision required in 18VAC60-20-210, with the exception of those listed as nondelegable in 18VAC60-20-190 and those which may only be delegated to dental hygienists as listed in 18VAC60-20-220.

B. Duties delegated to a dental assistant under general supervision shall be under the direction of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant and being available for consultation on patient care.

C. The following duties may be delegated under the direction and direct supervision of a dentist to a dental assistant II who has completed the coursework, corresponding module of laboratory training, corresponding module of clinical experience and examinations specified in 18VAC60-20-61:

1. Placing, packing, carving and polishing of amalgam restorations;

2. Placing and shaping composite resin restorations;

3. Taking final impressions and use of a non-epinephrine retraction cord;

4. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

Agenda Item: Regulatory Action – Adoption of Emergency Regulations and Notice of Intended Regulatory Action

Mobile Dental Clinics

Staff Note: Included in your package are copies of:

The provision in the Budget Bill

A copy of draft emergency regulations for mobile dental clinics and portable dental operations as recommended by the Legislative/Regulatory Committee. Emergency regulations must be effective by January 12, 2010.

Action:

Motion for adoption of emergency regulations and for a Notice of Intended Regulatory Action to replace the emergency regulations.

Department of Health Professions (223)

303.	Regulation of Professions and Occupations (56000)	27,200,701	27,315,877
	Technical Assistance to Regulatory Boards (56044)	27,200,701	27,315,877
Fund Sources:	Trust and Agency	788,798	788,798
	Dedicated Special Revenue	26,107,673	26,222,849
	Federal Trust	304,230	304,230

Authority: Title 54.1, Chapter 25, Code of Virginia.

A. That, notwithstanding the provisions of the fourth enactment clause of Chapters 924 and 610 of the 2005 Acts of Assembly, the provisions of § 54.1-3041, Code of Virginia, that require medication aides to be registered by the Board of Nursing shall not be enforced until December 31, 2008.

B. The Board of Pharmacy shall work with the Secretary of Health and Human Resources and the Department of State Police to continue planning for the development of an unused pharmaceuticals disposal program to ensure the safe, effective, and proper disposal of unused pharmaceuticals. As part of its work, the Board shall work to identify any sources of state, federal, local or private funding which can be used to implement the program. The Board shall report on its progress on planning for the program and identify potential funding sources to the House Appropriations and Senate Finance Committees by November 15, 2009.

C. Notwithstanding the provisions of Chapter 27 of Title 54.1 of the Code of Virginia, the Board of Dentistry shall revise its regulations pertaining to the licensure of dentists and dental hygienists to require that mobile dental clinics and other portable dental operations meet certain requirements to ensure that patient safety is protected, appropriate dental services are rendered, and needed follow-up care is provided. The revised regulations shall include, but not be limited to, requirements for registration by the mobile clinics, locations where services are provided, reporting requirements by providers and other regulations to insure accountability of care rendered. These regulations shall apply to all mobile dental facilities or portable dental programs with the exception of those operated by federal, state or local governmental agencies, or by other entities deemed appropriate for exemption by the Board of Dentistry. The Board shall promulgate regulations to become effective within 280 days or less from the enactment of this act to implement these changes.

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Project 1945 – DRAFT emergency regulations

BOARD OF DENTISTRY

Mobile dental clinics

Part I

General Provisions

18VAC60-20-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"ADA" means the American Dental Association.

"Advertising" means a representation or other notice given to the public or members thereof, directly or indirectly, by a dentist on behalf of himself, his facility, his partner or associate, or any dentist affiliated with the dentist or his facility by any means or method for the purpose of inducing purchase, sale or use of dental methods, services, treatments, operations, procedures or products, or to promote continued or increased use of such dental methods, treatments, operations, procedures or products.

"Analgesia" means the diminution or elimination of pain in the conscious patient.

"Anxiolysis" means the diminution or elimination of anxiety through the use of pharmacological agents in a dosage that does not cause depression of consciousness.

"Conscious sedation" means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands, produced by pharmacological or nonpharmacological methods, including inhalation, parenteral, transdermal or enteral, or a combination thereof.

"Deep sedation/general anesthesia" means an induced state of depressed consciousness or unconsciousness accompanied by a complete or partial loss of protective reflexes, including the inability to continually maintain an airway independently and/or respond purposefully to physical stimulation or verbal command and is produced by a pharmacological or nonpharmacological method or a combination thereof.

"Dental assistant" means any unlicensed person under the supervision of a dentist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely a secretarial or clerical capacity.

"Direction" means the dentist examines the patient and is present for observation, advice, and control over the performance of dental services.

"Enteral" is any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (i.e., oral, rectal, sublingual).

"General supervision" means that the dentist has examined the patient and issued a written order for the specific, authorized services to be provided by a dental hygienist when the dentist is not present in the facility while the services are being provided.

"Inhalation" is a technique of administration in which a gaseous or volatile agent, including nitrous oxide, is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

"Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness.

"Local anesthesia" means the loss of sensation or pain in the oral cavity or the maxillofacial or adjacent and associated structures generally produced by a topically applied or injected agent without depressing the level of consciousness.

"Mobile dental facility" means a self-contained unit in which dentistry is practiced that is not confined to a single building and can be transported from one location to another.

"Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

"Portable dental operation" means a non-facility in which dental equipment used in the practice of dentistry is transported to and utilized on a temporary basis at an out-of-office location, including patient's homes, schools, nursing homes or other institutions.

"Radiographs" means intraoral and extraoral x-rays of hard and soft tissues to be used for purposes of diagnosis.

18VAC60-20-30. Other fees.

A. Dental licensure application fees. The application fee for a dental license by examination, a license to teach dentistry, a full-time faculty license, or a temporary permit as a dentist shall be $400. The application fee for dental license by credentials shall be $500.

B. Dental hygiene licensure application fees. The application fee for a dental hygiene license by examination, a license to teach dental hygiene, or a temporary permit as a dental hygienist shall be $175. The application fee for dental hygienist license by endorsement shall be $275.

C. Duplicate wall certificate. Licensees desiring a duplicate wall certificate shall submit a request in writing stating the necessity for such duplicate wall certificate, accompanied by a fee of $60.

D. Duplicate license. Licensees desiring a duplicate license shall submit a request in writing stating the necessity for such duplicate license, accompanied by a fee of $20. If a licensee maintains more than one office, a notarized photocopy of a license may be used.

E. Licensure certification. Licensees requesting endorsement or certification by this board shall pay a fee of $35 for each endorsement or certification.

F. Restricted license. Restricted license issued in accordance with § 54.1-2714 of the Code of Virginia shall be at a fee of $285.

G. Restricted volunteer license. The application fee for licensure as a restricted volunteer dentist or dental hygienist issued in accordance with § 54.1-2712.1 or § 54.1-2726.1 of the Code of Virginia shall be $25.

H. Returned check. The fee for a returned check shall be $35.

I. Inspection fee. The fee for an inspection of a dental office shall be $350.

J. Mobile dental clinic or portable dental operation. The application fee for registration of a mobile dental clinic or portable dental operation shall be $250. The annual renewal fee shall be $150.

Part VIII. Mobile dental clinics and portable dental operations.

18VAC60-20-332. Registration of a mobile dental clinic or portable dental operation.

A. An applicant for registration of a mobile dental facility or portable dental operation shall provide:

1. The name and address of the owner of the facility or operation and an official address of record for the facility or operation, which shall not be a post office address. Notice shall be given to the board within 30 days if there is a change in the ownership or the address of record for a mobile dental facility or portable dental operation;

2. The name, address and license number of each dentist and dental hygienist or the name, address and registration number of each dental assistant II who will provide dental services in the facility or operation. The identity and license or registration number of any additional dentists, dental hygienists or dental assistants II providing dental services in a mobile dental facility or portable dental operation shall be provided to the board at least 10 days prior to the provision of such services;

3. The address or location of each place where the mobile dental facility or portable dental operation will provide dental services and the dates on which such services will be provided. Any additional locations or dates for the provision of dental services in a mobile dental facility or portable dental operation shall be provided to the board at least 10 days prior to the provision of such services.

B. An application for registration of a mobile dental facility or portable dental operation shall include:

1. Certification that there is a written agreement for emergency follow-up care for patients to include identification of and arrangements for treatment in a dental office which is permanently established within a reasonable geographic area;

2. Certification that the facility or operation has access to communication facilities that enable the dental personnel to contact assistance in the event of a medical or dental emergency;

3. Certification that the facility has a water supply and all equipment necessary to provide the dental services to be rendered therein;

4. Certification that the facility or operation conforms to all applicable federal, state and local laws, regulations and ordinances dealing with radiographic equipment, sanitation, zoning, flammability and construction standards; and

5. Certification that the applicant possesses all applicable city or county licenses or permits to operate the facility or operation.

C. Registration may be denied or revoked for a violation of provisions of § 54.1-2706 of the Code of Virginia.

18VAC60-20-342. Requirements for a mobile dental clinic or portable dental operation.

A. The registration of the facility or operation and copies of the licenses of the dentists and dental hygienists or registrations of the dental assistants II shall be displayed in plain view of patients.

B. Prior to treatment, the facility or operation shall obtain written consent from the patient or if the patient is a minor or incapable of consent, his parent, guardian or authorized representative.

C. Each patient shall be provided with an information sheet or if the patient, his parent, guardian or authorized agent has given written consent to an institution or school to have access to the patient's dental health record, the institution may be provided a copy of the information. At a minimum, the information sheet shall include:

1. Patient name, date of service and location where treatment was provided;

2. Name of dentist and dental hygienist who provided services;

3. Description of the treatment rendered and tooth numbers, when appropriate;

4. Billed service codes and fees associated with treatment;

5. Description of any additional dental needs observed or diagnosed;

6. Referral or recommendation to another dentist if the facility or operation is unable to provide follow-up treatment; and

7. Emergency contact information.

D. Patient records shall be maintained, as required by 18VAC60-20-15, in a secure manner within the facility or at the address of record listed on the registration application. Records shall be made available upon request by the patient, his parent guardian or authorized representative and shall be available to the board for inspection and copying.

E. The practice of dentistry and dental hygiene in a mobile dental clinic or portable dental operation shall be in accordance with the laws and regulations governing such practice.

18VAC60-20-352. Exemptions from requirement for registration.

The following shall be exempt from requirements for registration as a mobile dental clinic or portable dental operation:

1. All federal, state or local governmental agencies; and

2. Dental treatment which is provided without charge to patients or to any third party payer and which is not provided on a regular basis (recurring at fixed or uniform intervals).

Reen, Sandra

From: Terry Dickinson [dickinson@vadental.org]
Sent: Wednesday, May 20, 2009 3:48 PM
To: Reen, Sandra
Subject: comment

Sandy: on the regulations for mobile dental clinics, we would recommend removing the word 'emergency' from Section B.1.- Certification that there is a written agreement for emergency follow-up care....
We feel that they should be responsible for making sure that the patients are referred to a dental home.
Thanks!
terry

Terry D. Dickinson, D.D.S.
Executive Director, Virginia Dental Association
2008 NRHA Practitioner of the Year
7525 Staples Mill Road
Richmond, VA 23228
804-261-1610
804-261-1660-fax

VIRGINIA BOARD OF DENTISTRY
CODE OF CONDUCT FOR MEMBERS

The Code of Conduct represents the proper ethic and conduct for board members when interacting with colleagues, patients, and the public. It includes the observance of and compliance with the Board of Dentistry's policies, and procedures as well as the rules and regulations of the Commonwealth of Virginia.

A Board of Dentistry Member

- **Refrains from harm to the public, profession, or staff**
- **Makes the public health and safety the first and most important consideration in all actions and discussions as a member of the Board of Dentistry**
- **Strives to do that which is right and good by**
  - Not interfering with reporting, investigations, or adjudication of alleged violations of the statutes or regulations governing practice
  - Refraining from any contact with respondents, witnesses and their legal counsel before or after a notice or order has been issued
  - Respecting the public right to self determination and confidentiality
  - Respecting the legal, personal rights, dignity and privacy of all members of the Profession, Board, and individuals who are subject to investigation
  - Maintaining confidentiality and safeguarding all Board of Dentistry materials that are confidential in nature
  - Obtaining and maintaining knowledge of governmental laws, rules and regulations that govern the practice of Dentistry in the Commonwealth of Virginia
  - Complying with the Dental Practice Act and related rules and regulations of the Commonwealth that promote public health and safety of all citizens
  - Reporting violations of the Commonwealth of Virginia's Dental Practice Act, Environmental Protection Act, pharmacology and radiological safety health rules and regulations
  - Reporting illegal or unethical acts of others whether inside or outside the dental professions that would endanger the public

- **Maintains proper attire, decorum, and behavior during any meeting concerning matters of the Board of Dentistry by**
  - Treating all people fairly regardless of race, color, gender and ethnic origin
  - Making statements that are true and founded on fact
  - Rescuing oneself if there is a conflict or perceived conflict
  - Always behaving ethically, without a conflict of interest. Refraining from becoming involved in investigations and cases where there is a cause for ethical dilemmas
  - Preparing for each meeting by reading all required materials and informing the President if not able to prepare
  - Being on time for each meeting
  - Turning off electronic equipment
  - Informing the Executive Director if going to be tardy or miss a meeting
  - Ensuring that demeanor and body language remains appropriate
  - Being fair, equitable, impartial and consistent
  - Refraining from chewing gum, eating or drinking during informal conferences, formal hearings and public meetings
  - Allowing for an orderly conduct of all meetings, hearings, and conferences
  - Protecting the rights to due process and protecting the integrity of the individuals who appear before the Board
  - Accepting the decisions made by the Board regardless of personal opinion

- **Conducts oneself in a manner which will maintain or elevate the integrity of the Board and the esteem of the dental professions by**
  - Keeping knowledge and skills current in relation to the professions of Dentistry

- Avoiding communication and relationships that could impair your professional judgment or the risk of exploiting confidences
- Consulting the Executive Director of the Board of Dentistry if any ethical or controversial dilemmas should arise affecting your duties as a member of the Board of Dentistry
- Seeking consultation when necessary from the Executive Director, staff, Board Counsel, or experts when appropriate through correct channels
- Seeking appropriate advice and guidance when faced with unresolved ethical dilemmas
- Not claiming to represent, speak, or write opinions of the Board of Dentistry without prior permission from the Executive Director in concert with the President of the Board of Dentistry
- Not discussing matters of confidentiality or conducting business outside the Board of Dentistry regular meetings which include matters pertaining to the Board of Dentistry with other members of the Board of Dentistry without a proper quorum or authority to conduct such matters
- Only undertaking assignments that one is qualified to perform completely and without a conflict of interest
- Representing the Board of Dentistry without impairment from substance abuse, cognitive deficiency or mental illness
- Increasing professional competency through continuous learning always incorporating knowledge into your actions and decision-making; being accurate and consistent
- Reporting violations of the Code of Conduct to Executive Director of the Board of Dentistry who reports the violations to the President of the Board and the Director of the Department of Heath Professions
- Refraining from actions that expose the Board of Dentistry to legal, ethical, or financial risks
- Maintaining professional boundaries in relationships with other members of the Board of Dentistry
- Always acting in the best interests of the Board of Dentistry by conducting oneself with honesty and integrity at all times

GEORGIA BOARD OF DENTISTRY
GUIDELINES FOR CONSULTANT'S EVALUATION

The Investigative Committee of the Georgia Board of Dentistry greatly appreciates your willingness to act as an expert evaluator. The Board receives complaints from patients or other licensees concerning the quality of care provided by a dentist. The Board is required by law to thoroughly investigate all complaints received. The only way the Board can determine the validity of a complaint is for the patient and/or records to be evaluated by an independent and objective dentist. The expert consultant then must produce a written report to the Board providing an opinion as to whether the treatment and records of the subject dentist meet, or fail to meet, the minimal standards of acceptable and prevailing dental care. The Board cannot overemphasize the vital role that expert consultants play in resolving complaint cases. Without your assistance, a detailed and impartial investigation would not be possible. Many cases that require disciplinary action are settled informally between the Board and the subject dentist. Occasionally, however, a settlement cannot be reached. ***In those cases where a settlement cannot be reached, please be aware that you will be required to testify at a formal administrative hearing as the Board's expert witness. Your testimony is required in order to prove that the treatment and/or records do not meet the minimum standards of acceptable and prevailing dental care.***

The following are some guidelines that the Board would like for you to employ while conducting your evaluation:

- Please feel free to utilize any x-ray or diagnostic procedures that would aid in your evaluation. If you do take x-rays, make models, or use other diagnostic procedures to reach your conclusion, please provide them to the Board along with your written report. These items may be used as evidence at a future formal hearing and shall not be made available to the patient or their representative for any reason.

- Whenever possible you will be provided with the patient's dental records and/or x-rays to assist you.

- If you take a photograph to demonstrate an open or inadequate margin, please use a thin perio probe showing extent of open margin or depth of penetration.

- In the report, please include the patient's chief complaint(s) and a history of the patient's previous dental treatment.

(over)

- Please verify whether the treatment noted in the complaint has or has not been altered or modified by a subsequent treating dentist.

- Include a detailed description of the patient's present dental condition. Please critique existing restorations as to fit, contour and function.

- Recommend a treatment plan to be followed to correct existing problems, if any.

- Always include an evaluation of the quality of the record keeping of the dentist in question

- Please refrain from **making suggestions or recommendations on how the allegations contained within the complaint should be resolved or mediated.**

- Please conclude your report with the following statement. ***The treatment rendered by the doctor in question (did) or (did not) conform to the minimal standards of acceptable and prevailing dental practice.***

- ***Please refrain from marking or highlighting on the original records.***

  NOTE: Please make sure that if the dentist has failed to meet minimal standards that you detail in your report the ways in which the treatment and/or records failed to meet those minimum standards.

Although only a small percentage of cases proceed to a hearing you may be asked to testify on the Board's behalf. If this should occur, the Board would make every effort to accommodate you.

The question is often raised as to the consultant's liability in Board proceedings. The Dental Practice Act [O.C.G.A 43-11-17 (1)] provides that any person testifies or makes a recommendation to the Board in the nature of peer review shall be immune from civil or criminal liability.

You may not release a copy of your evaluation to anyone except the Board. Should you be requested to by a patient, another dentist, or an attorney, please refer them to the Board office.

The Investigative Committee of the Board would like to personally thank you again for your essential assistance in the Board's investigation of this matter.

Anita O. Martin, Executive Director
Georgia Board of Dentistry

The Office of Secretary of State

Karen C. Handel
SECRETARY OF STATE

Randall D Vaughn
DIRECTOR
PROFESSIONAL LICENSING BOARDS

April 28, 2009

_____
_____
_____

Re: Subject Dentist: _____ Case # _____
Patient: _____

Dear Dr:_____

This letter serves to confirm your agreement to act on behalf of the Georgia Board of Dentistry by evaluating the records of the above referenced dentist. Specifically, please evaluate the quality of the treatment provided by the subject/dentist as well as record keeping and render an opinion as to whether they meet the minimum standard of acceptable and prevailing dental treatment.

If this documentation is insufficient for you to render an opinion of the subject's record keeping, please provide a written statement to that effect. If possible, we would appreciate receiving your report within thirty (30) days. Please send your written report, along with the case materials, **via FED-EX, UPS OR US CERTIFIED MAIL** to the above address.

Please itemize any postage or telephone expense you might incur. The usual and customary fee paid by the Professional Licensing Boards Division is fifty ($50) per hour, with a cap of three hundred ($300). Your charges for this service should be submitted on your letterhead stationary, stating your name, address, fee and your social security number or tax I.D. number.

So that all examinations are consistent and concise, refer to the enclosure entitled Guidelines for Consultants Evaluation and the Sample Report for submitting your opinion.

Thank you for your assistance in these matters. Please feel free to contact the Board office at 478-207-2440 should you have questions regarding this evaluation.

Sincerely,
THE GEORGIA BOARD OF DENTISTRY

Anita O. Martin/jm

Anita O. Martin
Executive Director

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440 (866) 888-1308
www.sos.state.ga.us

1. Complaint received & reviewed by Administrative Clerk (AC).

Determined to be **outside of Board's jurisdiction (financial, billing, insurance matters)** – "No jurisdiction" letter mailed & filed. (AC)

No additional action taken.

2. Complaint received & reviewed by AC.

Determined to **contain insufficient** evidence to open a complaint – additional information & complaint form mailed to complainant. (AC)

Information received – proceed to #4.
No information received – No additional action taken.

3. Complaint received & reviewed by AC.

Allegations of unlicensed practice, potential threat or harm to the public.

Complaint information entered into computer system (L2K) & file established. (AC)

Complainant acknowledgement letter mailed. (AC)

Refers matter to Investigative Assistant (IA) to determine objectives of investigation and submit Enforcement Referral. IA confers with Executive Director (ED) as needed concerning referral.

4. Complaint received & reviewed by AC.

Determined to **be within Board's iurisdiction.** (AC)

Complaint information entered into computer system (L2K) & file established. (AC)

Complainant acknowledgement letter mailed. (AC)

Request for patient records sent to subject & subsequent treating dentist. (AC)

Records received – provided to IA to provide to the appropriate Investigative Committee (IC) member.

Records not received within established timeframe – 2nd request mailed. (AC)

Records not received after 2nd request – refer to IA to submit Enforcement Referral to subpoena records

Records received as a result of subpoena - provided to the IA to provide to the appropriate IC member.

5. Records provided to appropriate IC member & assignment logged in L2K. (IA)

Upon receipt of recommendation from IC member – take appropriate action. (IA)

Recommendation to close no violation – type synopsis & add to Board meeting IC report. (IA)

Recommendation to close with letter of concern – type synopsis & add to Board meeting IC report (IA).

Recommendation to close – outside of Board's jurisdiction – type synopsis & add to Board meeting IC report (IA)

IC member **requests additional information** – IA will process request/utilizing Enforcement resources, if needed.

Recommendation to discuss with IC – file copied & provided to all IC members. (IA)

Recommendation to schedule Investigative Interview (II) – letter mailed scheduling subject for II at next available IC meeting and file copied for all IC members. (IA)

6. Investigative Committee Meeting scheduled. IA develops agenda, mails packets, posts meeting and attends meeting to record minutes.

Investigative Committee members conduct II, review & discuss pending cases. Make recommendations for disposition of cases.

Synopsis of case and recommendation of committee are compiled in the Investigative Committee Report that is provided to the full Board for a vote. (IA)

7. Investigative Committee Report presented at Board meeting.

Board votes on recommendations of committee.

At conclusion of Board meeting –letters are sent as necessary:

- Closed – No violation found (AC)
- Closed – Not within Board's jurisdiction (AC)
- Closed with Letter of Concern (IA)

At conclusion of Board meeting – referral is made as necessary

- Refer to Legal Services for disciplinary action (IA)

At conclusion of Board meeting – for cases previously submitted to Enforcement – send appropriate Enforcement disposition. (IA)

8. Legal Services drafts & negotiates Consent Order.

Counter offers are brought to the Board for consideration. Board either negotiates or refers matter to AG's office for a hearing.

Signed consent order is presented for acceptance at next scheduled board meeting. Once accepted by Board – referred to Division Director & Legal Services for appropriate signatures & docketing. (Board Secretary – BS)

Upon receipt of docketed consent order – information is entered into L2K concerning disciplinary matter – reported to the databanks. File moved to closed file. (BS)

9. Legal Services Division is unable to negotiate Consent Order.

Case referred back to Board Staff (IA) to locate a Consultant to review the case.

IA provides consultant with copies of all investigative findings, patient records, etc.

Consultant performs review & provides written report.

Consultant report is provided to IC for review & recommendation. (IA)

Recommendation to close – consultant review insufficient – type synopsis & add to Board meeting IC report. (IA)

Recommendation for sanction – consultant review sufficient – type synopsis & add to Board meeting IC report. (IA)

After Board vote – IA copies investigative file & refers to AG's office with recommended sanctions.

[SAMPLE REPORT]

[Date]

Investigative Committee of the
Georgia Board of Dentistry
237 Coliseum Drive
Macon, Georgia 31217

Re: Case #_____

Subject/Dentist: Dr. _____

Dear Investigative Committee Members:

Treatment records for patient, ***[name]***, were examined on ***[Date]*** with respect to a complaint filed against a licensed dentist. The patient's specific complaint regards_____.

Dental x-rays ***[were] [were not]*** provided by the Board for review.

Patient Statement

[Please listen and record significant comments. Close with the following:]

The treatment provided by the dentist in question ***[has] [has not]*** been altered or Modified by a subsequent treating dentist.

Clinical Examination

[Please indicate the level of home care as well as a dental charting of existing treatment and discrepancies.]

Radiographic Report

Conclusion

[A synopsis of your findings.]

Opinion

The treatment rendered by the doctor in question (specify which) ***[did] [did not]*** conform to the minimal standards of acceptable and prevailing dental practice.

Sincerely,

[Reviewing Dentist]

[SAMPLE REPORT]

[Date]

Investigative Committee of the
Georgia Board of Dentistry
237 Coliseum Drive
Macon, Georgia 31217

Re: Case #_____

Subject/Dentist: Dr. _____

Dear Investigative Committee Members:

Patient, ____***[name]***_____, was examined on ____***[Date]***_____ with respect to a complaint filed against a licensed dentist. The patient's specific complaint regards _____.

Dental records/x-rays ***[were] [were not]*** provided by the Board for review.

Patient Statement

[Please listen and record significant comments. Close with the following:]

The treatment provided by the dentist in question ***[has] [has not]*** been altered or Modified by a subsequent treating dentist.

Clinical Examination

[Please indicate the level of home care as well as a dental charting of existing treatment and discrepancies.]

Radiographic Report

Conclusion

[A synopsis of your findings.]

Opinion

The treatment rendered by the doctor in question (specify which) ***[did] [did not]*** conform to the minimal standards of acceptable and prevailing dental practice.

Sincerely,

[Reviewing Dentist]

CODA
Commission on Dental Accreditation

211 E. CHICAGO AVENUE SUITE 1900 CHICAGO, IL 60611-2678
MAIN 312 440 4653 FAX 312 440 2915

RECEIVED MAR 23 2009
MAR 23 2009 SRL
VA Bd. of Dentistry
DHP

VIA Federal Express
March 19, 2009

Dr. Eugene P. Trani, president
Office of the President
Virginia Commonwealth University
910 W. Franklin Street
Richmond, VA 23284-2512

Re: Advanced Specialty Education Program in Endodontics, School of Dentistry

Dear President Trani:

It has come to the attention of the Commission on Dental Accreditation that the announcement of accreditation of the Virginia Commonwealth University (VCU) Endodontic Program, appearing on the VCU School of Dentistry website, departs from the Commission's policy on Advertising. It has been noted that the VCU School of Dentistry website includes the following statement:

> The program conforms to the ADA Standards for Advanced Specialty Education in Endodontics and carries a full approval status from the Commission on Dental Accreditation of the American Dental Association.

The Commission interprets this statement to be an inducement that may mislead the public, in particular the students/residents seeking to apply to the postgraduate program in endodontics in the department of endodontics of the VCU School of Dentistry, to conclude that ongoing accreditation of this program is a certainty.

Enclosed are copies of the Commission's Policy on Advertising and the Policy Statement on Principles of Ethics in Programmatic Advertising and Student Recruitment. As stated in the Commission's formal letter of transmittal of February 13, 2009 to VCU, the Commission has authorized use of the following statement by institutions or programs that wish to announce their programmatic accreditation by the Commission. Programs that wish to advertise the specific programmatic accreditation status granted by the Commission may include that information as indicated in italics below (see text inside square brackets); the portion of the statement is optional but, if used, must be complete and current.

> The program in endodontics is accredited by the Commission on Dental Accreditation *[and has been granted the accreditation status of "approval with reporting requirements with intent to withdraw accreditation, July 2009"]*. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611.

Please consider this letter a formal request to review your current advertising and student recruitment procedures to ensure compliance with these policies and to revise your current announcement, found on the VCU School of Dentistry website and elsewhere, precisely as indicated above. Further, you are requested to provide public correction of this information to all possible audiences that received the incorrect information and to provide the Commission with documentation of the steps taken to provide the public correction, no later than **April 15, 2009**, to be carefully considered by the Endodontic Education Review Committee's July 13, 2009 meeting and the Commission's July 31, 2009 meeting. This matter will be reviewed concurrently with the Commission's January 29, 2009 request for progress on compliance of the program with Standard 2 of the Accreditation Standards for Advanced Specialty Education Programs in Endodontics.

Thank you for your immediate attention to this matter.

Sincerely,

Anthony J. Ziebert, director
Commission on Dental Accreditation

AJZ/CAH/vdc
Enclosures

cc: Dr. Ronald J. Hunt, dean, School of Dentistry
Dr. Karan J. Replogle, *interim* program director, Endodontics
Ms. Carol Griffiths, program director, Accreditation and State Liaison United States Department of Education
Dr. Belle S. Wheelan, president, Southern Association of Colleges and Schools, Commission on Colleges
Ms. Sandra I. Reen, executive director, Virginia Board of Dentistry
Dr. James J. Koelbl, chair, Commission on Dental Accreditation (CODA)
Dr. Laura M. Neumann, senior vice-president, Education/Professional Affairs
Dr. Catherine A. Horan, manager, Advanced Specialty Education, CODA

APR 0 2 2009
DHP

DISCUS DENTAL®

March 26, 2009

Via U.S. Mail

Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

RECEIVED
APR 0 2 2009
VA Bd. of Dentistry

Attn: General Legal Counsel

Re: "Mall Teeth Whitening" / Unlicensed Practice of Dentistry

Dear General Legal Counsel:

There has been an alarming increase throughout the United States in light-assisted tooth-whitening procedures conducted in the absence of supervision by licensed dental professionals ("Unlicensed Procedures"). These Unlicensed Procedures typically are available at shopping mall kiosks, exercise facilities, hair salons, and the like. These procedures—usually performed by inexperienced and ill-trained operators—are potentially dangerous (or a scam) for consumers and threaten to blur the important line between health-care procedures that must be conducted under the supervision of licensed dental professionals, and those that do not.

If not used properly, bleaching compositions (with or without use of light to enhance whitening) can cause serious damage to the oral cavity. Because these Unlicensed Procedures are not subject to any oversight or regulation, there can be no assurance that consumers have any level of protection against infections, burns or other soft tissue damage, and fraudulent whitening claims. Many of these Unlicensed Procedures are offered by individuals wearing lab coats or other ostensible indicia of being a dental professional. We believe this is intended to, and in fact does, mislead consumers into thinking that the whitening is conducted by dental professionals. This not only may constitute fraud, but also poses a serious threat to tarnish the reputation of bona fide licensed dental professionals.

Recognizing the actual and potential harm from Unlicensed Procedures, the American Dental Association ("ADA") recently adopted Resolution 73H-2008 urging its constituent societies "through legislative or regulatory efforts," to support the proposition that the whitening/bleaching of teeth should be deemed to be the practice of dentistry.

In response to the ADA Resolution, and in recognition of the harm from Unlicensed Procedures, several state dental boards and state governments have sprung into action to eliminate Unlicensed Procedures in their various states. Some recent activity includes:

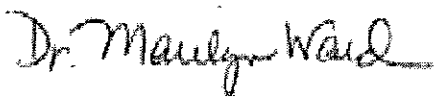
8550 Higuera Street, Culver City, CA 90232 · www.discusdental.com · T: 310.845.8200 · F: 310.845.1513

- A court in Alabama ruled in favor of the Alabama Board of Dental Examiners that tooth whitening is considered the practice of dentistry, and must be done by a dental professional.
- Hawaii, Illinois, Missouri, South Carolina have introduced regulatory legislation aimed at Unlicensed Procedures, and according to the ADA, several other states have done likewise.
- Oklahoma, Louisiana, North Carolina and Georgia all have policies related to tooth whitening pending.
- The District of Columbia's District Government has promulgated rules limiting tooth whitening to dental professionals.
- Under the Nevada Dental Practice Act, dispensing tooth whitening agents or performing whitening procedures constitutes the practice of dentistry.
- The Tennessee Board of Dentistry policy is to reserve tooth whitening to dental professions.
- Under the Massachusetts Board of Registration in Dentistry, tooth whitening services are considered the practice of dentistry.

In addition, several mass media outlets (e.g., MSNBC, local television stations in Georgia and Tennessee) recently have presented stories about unsafe and/or fraudulent Unlicensed Procedures.

As a practicing dental professional for more than 25 years, and a consultant to Discus Dental, LLC, I urge that you follow the guidance of the ADA and join the growing list of states that have adopted reasonable measures to protect the safety of teeth-whitening consumers—and the integrity of the dental profession—by requiring that teeth-whitening procedures be conducted only under the direct supervision of licensed and regulated dental professionals.

Sincerely,



Marilyn Ward, D.D.S.

APR 2 0 2009
DHP

WHITESMILEUSA®

RECEIVED
APR 2 0 2009
VA Bd. of Dentistry

April 14, 2009

Meera A. Gokli, D.D.S.
Virginia Board of Dentistry
Richmond, V.A. 23233-1463

RE: Proposed Teeth Whitening Legislation and Dental Board Action against WhiteSmileUSA, Less Consumer Choice for Virginia Citizens, and the FTC Investigation of State Dental Boards for Anti-Competition Violations

Dear Dr. Gokli:

I am one of three founders of WhiteSmileUSA, a Georgia-based company that offers teeth whitening products to consumers. We have recently been threatened by the Georgia State Dental Board with accusations that we are practicing dentistry without a license. This is a serious charge in the State of Virginia and is considered a felony.

The reasoning behind their claims is very thin, as there are a number of clear Federal guidelines that govern the sale of a non-regulated cosmetic substance. In our case it is hydrogen peroxide, or H2O2. H2O2 is a natural substance that has been used safely for hundreds of years.

In the late 1980's the dental lobby started a campaign to have H2O2 labeled as a drug so they could monopolize the use of it for teeth whitening. In 1991, the FDA ruled that hydrogen peroxide should not be classified as a drug. The FDA took a "wait and see" position to study the health effects of H2O2 on consumers. Eighteen years later, the FDA has still not changed their position. Teeth whitening has grown into a multi-billion dollar industry with products available in every supermarket and drugstore. Teeth whitening products carry no age restrictions and can be purchased by anyone.

The Dental Board carries significant stature and is operating from a "bully pulpit" in the State of Virginia. Since our company's inception, we have had to address constant harassment from a vocal minority of dentists and the Dental Board, who happen to be our competitors. We have had to deal with ridiculous accusations, attacks, and misrepresentations across a multitude of channels including; in-person inside our retail stores, in the media (TV, Radio, and print), and internet blogs.

They claim that we are offering "dental services" and there is a potential for harm to our customers. In reality we never touch the consumer (our product is self-administered), we never give dental advice or pose as dental professionals, and our product's active ingredient is the same found in all over the counter and dental products. We carry all necessary forms of insurance and have been given clean reports from health departments all over the country. Yet, the Dental Board is claiming this is the practice of dentistry without a license.

Like many cosmetic products, teeth whitening carries the risk of minor side effects. These side effects include gum irritation and tooth sensitivity. While these effects can be painful, they are not permanent. Our product has been used by over 75,000 people across the US with no claims greater than what is clearly listed on our consent form. We sell a safe and effective product in a unique way, and we have grown to become serious competitors to the dental whitening systems.

2839 Paces Ferry Road, Suite 1110 | Atlanta, GA 30339 | Phone: 678-213-2444 | Fax: 404-393-8893
www.whitesmileusa.com

MAKING THE WORLD A BRIGHTER PLACE ONE SMILE AT A TIME

Ultimately, this is a consumer choice and protection issue for all Virginia citizens. Dentists have been charging outrageous sums for whitening procedures that can cost as much as $1000. The average cost for a dental whitening product in Virginia is $3-400. Our products are just as effective, and our price average is $100.

The Federal Trade Commission's Bureau of Competition has opened an investigation of this matter and is encouraging all lawmakers and government officials reviewing this issue to contact them for guidance. You can contact Melissa Westman-Cherry, Attorney at (202)-326-2338 or MWESTMAN@ftc.gov to find out the details of their ongoing investigation.

Your review of this matter is most appreciated.

Best regards,

Jim Valentine
Co-Founder
WhitesmileUSA, Inc.

CC: Honorable Bill Mims, Attorney General

PROPOSED 2010 CALENDAR

JANUARY

S	M	T	W	T	F	S	
					1	2	
3	4	5	6	7	8	9	SCC-C
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	SCC-A
24	25	26	27	28	29	30	

FEBRUARY

S	M	T	W	T	F	S	
31	1	2	3	4	5	6	SCC-B
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	SCC-C
21	22	23	24	25	26	27	RESERVE

MARCH

S	M	T	W	T	F	S	
28	1	2	3	4	5	6	SCC-A
7	8	9	10	11	12	13	Formals/Board
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	SCC-B
28	29	30	31				

APRIL

S	M	T	W	T	F	S	
				1	2	3	SCC-C
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	SCC-A
25	26	27	28	29	30		

MAY

S	M	T	W	T	F	S	
						1	
2	3	4	5	6	7	8	SCC-B
9	10	11	12	13	14	15	RESERVE
16	17	18	19	20	21	22	SCC-C
23	24	25	26	27	28	29	
30	31						

JUNE

S	M	T	W	T	F	S	
		1	2	3	4	5	SCC-A
6	7	8	9	10	11	12	Formals/Board
13	14	15	16	17	18	19	SCC-B
20	21	22	23	24	25	26	
27	28	29	30				

JULY

S	M	T	W	T	F	S	
				1	2	3	
4	5	6	7	8	9	10	SCC-C
11	12	13	14	15	16	17	SCC-A
18	19	22	21	22	23	24	
25	26	27	28	29	30	31	SCC-B

AUGUST

S	M	T	W	T	F	S	
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	SCC-C
22	23	24	25	26	27	28	SCC-A
29	30	31					

SEPTEMBER

S	M	T	W	T	F	S	
			1	2	3	4	
5	6	7	8	9	10	11	SCC-B
12	13	14	15	16	17	18	Formals/Board
19	22	21	22	23	24	25	
26	27	28	29	30			

OCTOBER

S	M	T	W	T	F	S	
					1	2	SCC-C
3	4	5	6	7	8	9	RESERVE
10	11	12	13	14	15	16	SCC-A
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	SCC-B
31							

NOVEMBER

S	M	T	W	T	F	S	
	1	2	3	4	5	6	
7	8	9	10	11	12	13	SCC-C
14	15	16	17	18	19	20	SCC-A
21	22	23	24	25	26	27	
28	29	30					

DECEMBER

S	M	T	W	T	F	S	
			1	2	3	4	Formals/Board
5	6	7	8	9	10	11	SCC-B
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

FORMAL HEARINGS	BOARD MEETINGS	RESERVE DAYS	SCC – A	SCC – B and Credentials	SCC – C
March 11	March 12	Feb 26	January 22	February 5	January 8
June 10	June 11	May 14	March 5	March 26	February 19
September 9	September 10	Oct 8	April 23	May 7	April 2
December 2	December 3		June 4	June 18	May 21
			July 16	July 30	July 9
			August 27	September 17	August 20
			October 15	October 29	October 1
			November 19	December 10	November 12

Adopted: 06/12/09