VIRGINIA BOARD OF DENTISTRY

AGENDA

December 3, 2010

Department of Health Professions

Perimeter Center - 9960 Mayland Drive, 2nd Floor Conference Center - Henrico, Virginia 23233

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December 3, 2010		
9:00 a.m.	**Board Meeting**	
	Call to Order – Ms. Pace, President	
	Evacuation Announcement – Ms. Reen	
	Public Comment	
	Approval of Minutes	
	• August 5, 2009 Telephone Conference	P1 – P2
	• July 20, 2010 Telephone Conference	P3
	• September 17, 2010 Board Meeting	P4 – P10
	• October 19, 2010 Telephone Conference	P11
	DHP Director's Report – Dr. Reynolds-Cane	
	Training on Sanction Reference Points – Ms. Langston	
	Enforcement Update – Ms. Lemon	
	Liaison/Committee Reports	
	• BHP – Dr. Zimmet	
	• AADB Report (meeting in Orlando) – Dr. Levin & Ms. Pace	P12 – P17
	• SRTA – Ms. Pace	
	• Regulatory/Legislative Committee – Dr. Hall	
	Legislation and Regulation – Ms. Yeatts	
	• Review of Regulatory Actions	
	Board Discussion/Action	
	• Public Comment Topics	
	• Letter from Dr. Zapatero, D.D.S.	P18 – P19
	• VSOM Letter	P20 – P22
	• Guidance Document on Delegating to Dental Assistants	P23 – P27
	• Volunteer Practice Application – Dr. Petticolas	
	• Dental Lab Form – Dr. Hall	P28 – P29
	Report on Case Activity – Mr. Heaberlin	P30 – P31
	Executive Director's Report/Business – Ms. Reen	
	• AADA & AADB report (meeting in Orlando)	
	• Budget	

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Board Counsel Report – Mr. Casway

- AADB Board Attorney's Roundtable report

Adjourn

VIRGINIA BOARD OF DENTISTRY

MINUTES
SPECIAL SESSION - TELEPHONE CONFERENCE CALL

CALL TO ORDER: The meeting of the Board of Dentistry was called to order at 8:06 A.M. on August 5, 2009 in Hearing Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Richmond, Virginia.

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

MEMBERS PRESENT:
Jeffrey Levin, D.D.S.
Herbert R. Boyd, III, D.D.S.
Martha C. Cutright, D.D.S.
Robert B. Hall, Jr., D.D.S.
Augustus A. Petticolas, Jr., D.D.S.
Paul N. Zimmet, D.D.S.

MEMBERS ABSENT:
Jacqueline G. Pace, R.D.H.
Myra Howard
Misty Mesimer, R.D.H.

QUORUM: With 7 members present, a quorum was established.

STAFF PRESENT:
Sandra K. Reen, Executive Director
Alan Heaberlin, Deputy Executive Director
Huong Q. Vu, Administrative Assistant

OTHERS PRESENT:
Howard M. Casway, Senior Assistant Attorney General
James Schliessmann, Assistant Attorney General
Leigh C. Kiczales, Adjudication Specialist

Peter M. Francisco, D.D.S.
Case No. 125616

The Board received information from Mr. Schliessmann in order to determine if Dr. Francisco's practice of dentistry constitutes a substantial danger to public health and safety. Mr. Schliessmann reviewed the case and responded to questions.

DECISION: Dr. Levin moved that the Board find that Dr. Francisco's practice of dentistry does constitute a substantial danger to the public health and safety and to summarily suspend his license and notice him for formal hearing. The motion was seconded and passed.

Brandi L. Gunter, R.D.H.
Case No. 125724

The Board received information from Mr. Schliessmann in order to determine if Ms. Gunter's practice of dental hygiene constitutes a substantial danger to public health and safety. Mr. Schliessmann reviewed the case and responded to questions.

DECISION:

Dr. Zimmet moved that the Board find that Ms. Gunter's practice of dental hygiene does constitute a substantial danger to the public health and safety and to summarily suspend her license and notice her for formal hearing. The motion was seconded and passed.

ADJOURNMENT:

With all business concluded, the Board adjourned at 8:45 a.m.

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

Sandra K. Reen, Executive Director

Date

Date

UNAPPROVED DRAFT

BOARD OF DENTISTRY
MINUTES
SPECIAL SESSION – TELEPHONE CONFERENCE CALL

CALL TO ORDER: The Virginia Board of Dentistry convened a telephone conference call on July 20, 2010, at 5:05 p.m., at the Department of Health Professions, 9960 Mayland Drive, Henrico, VA 23233.

PRESIDING: Jeffrey Levin, D.D.S.

MEMBERS PRESENT: Martha Cutright, D.D.S.
Myra Howard, Citizen
Jacqueline G. Pace, R.D.H.
Augustus Petticolas, D.D.S.
Paul N. Zimmet, D.D.S.

MEMBERS EXCUSED: Robert B. Hall, Jr., D.D.S.
Herbert R. Boyd, III, D.D.S.
Misty Mesimer, R.D.H.

MEMBER ABSENT: Meera A. Gokli, D.D.S.

OTHERS PRESENT: Sandra K. Reen, Executive Director
Alan Heaberlin, Deputy Executive Director
Howard Casway, Senior Assistant Attorney General

STEVEN P. AFSAHI, D.D.S.
Case No. 126263

A quorum of the Board met pursuant to §54.1-2400(13) to consider Dr. Afsahi's request for redaction of specific portions of the Order entered on June 17, 2010 in keeping with the provisions of §2.2-4023 and §54.1-2400.2 of the Code of Virginia.

DECISION: Mr. Casway advised that the Board has discretionary authority in this matter and could grant or deny the request in full or in part. He also reviewed the information the Board agreed to redact in the November 4, 2004 Order issued to Dr. Afsahi. The sections proposed for redaction in the June 17, 2010 Order were reviewed and discussed. Following the discussion, Dr. Zimmet moved to reject the request in its entirety. The motion was seconded. Dr. Petticolas spoke to granting the request in regards to the Findings of Fact and denying it regarding the terms for the Health Practitioner Monitoring Program. A roll call vote was taken. The motion passed with five members voting in favor of the motion and one voting against.

ADJOURNMENT: With all business concluded, the Board adjourned at 5:25 p.m.

_____
Jeffrey Levin, D.D.S., Chair

_____
Date

_____
Sandra K. Reen, Executive Director

_____
Date

VIRGINIA BOARD OF DENTISTRY
MINUTES
September 17, 2010

TIME AND PLACE: The meeting of the Board of Dentistry was called to order at 9:01 a.m. on September 17, 2010 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Jeffrey Levin, D.D.S., President

BOARD MEMBERS PRESENT:
Jacqueline G. Pace, R.D.H., Vice President
Robert B. Hall, Jr. D.D.S., Secretary-Treasurer
Herbert R. Boyd, III, D.D.S.
Martha C. Cutright, D.D.S.
Meera A. Gokli, D.D.S.
Misty Mesimer, R.D.H.
Augustus A. Petticolas, Jr. D.D.S.
Paul N. Zimmet, D.D.S.

BOARD MEMBER ABSENT: Myra Howard, Citizen Member

STAFF PRESENT:
Sandra K. Reen, Executive Director for the Board
Dianne L. Reynolds-Cane, M.D., DHP Director
Arnie Owens, DHP Deputy Director
Elaine Yeatts, DHP Senior Policy Analyst
Alan Heaberlin, Deputy Executive Director for the Board
Huong Vu, Administrative Assistant for the Board

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

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

INTRODUCTION OF BOARD STAFF: Ms. Reen stated that Dr. Zimmet requested introduction of staff. She introduced Alan Heaberlin, Deborah Southall, Rose Dematteo, Donna Lee, Huong Vu, Kathy Lackey, and Debbie Carter. Each staff gave a brief overview of their duties. She concluded by commending the staff and saying the Board is fully staffed.

PUBLIC COMMENT: **Ed Amrhen, D.D.S.,** President of the Virginia Society of Oral Maxillofacial Surgeons (VSOMS), expressed VSOMS position on the following issues:

- Proposed legislation requiring permits for administration of sedation and anesthesia in dental office – VSOMS wants the Board to make specific provisions for oral and maxillofacial surgeons when setting fees and addressing practice

inspections which recognize the extra fees its members are already paying to register with the Board as well as the inspections they undergo every five years through their national organization.
- Advertising – the Board is heading in a great direction.
- CRNA practice in dental offices – will be happy to help out if the Board wants to amend regulations to allow CRNA to practice in dental office if the dentist is not certified to administer anesthesia.

Gregory Koontz, D.M.D., a periodontist from Williamsburg spoke to the Board about the lack of dental radiologists to read CBT scans. He stated that Virginia law does not permit an out of state radiologist to read scans of Virginia patients unless they hold a Virginia license. He asked the Board to consider the Wyoming model for the use of out of state services.

Lisa Marie Samaha, D.D.S., explained her focus on oral systemic health in her work as a dentist, an educator and a researcher. She also addressed the importance of her advertising and her concern that she has been targeted for advertising complaints which are stressful and costly. She asked the Board to:
- Clarify what actually constitutes a complaint and needs to be investigated. She suggested that a question sent in about an ad should not be treated as a complaint and that the Board might respond with information on the types of allowable advertising.
- Consider adopting a policy that would prevent a licensee from being subjected to repeated frivolous complaints.

Ms. Reen stated that all public comment topics would be considered later under Board discussion/action.

APPROVAL OF MINUTES:

Dr. Levin asked if the Board members had reviewed the minutes in the agenda package. Ms. Pace moved to accept the minutes of the June 10, 2010 meeting. The motion was seconded and carried.

Dr. Petticolas asked that the June 11, 2010 minutes be amended on page 4 in "Establishment of a Quorum", delete the word "were"; in Public Comment, add "the" in front of Virginia Dental Association. On page 7 in Dental Laboratories, add "s" to "dental lab." Also on page 10. ,second bullet to read "administration of sedation and general anesthesia." Ms. Pace moved to accept the minutes of the June 11, 2010 meeting as amended. The motion was seconded and carried.

Dr. Zimmet moved to accept the minutes of the September 15, 2010 Telephone Conference Call. The motion was seconded and carried.

DHP DIRECTOR'S REPORT:

Dr. Cane reported that:

- The Department is providing Board Member Orientation on October 27, 2010.
- Only the Prescription Monitoring Program at DHP was affected by the recent problems with the state's computer system.
- The physician forecast data from the Workforce Data Center was released to 13 media outlets on September 16, 2010.
- National Take Back Day, an initiative of Drug Enforcement Administration, will be on September 25, 2010. There will be collection sites throughout the state for people to turn in unused medications for destruction. She added that DHP has the lead in coordinating state government activities.

REPORTS:

Board of Health Professions (BHP). Dr. Zimmet reported that there was no meeting since his last report in June 2010. The next meeting will be in about two weeks.

AADB. Dr. Levin reported that he, Ms. Reen and Mr. Casway will attend the AADB annual meeting in Orlando in October 2010.

SRTA. Dr.Gokli reported on the annual business meeting and the changes made to the Dental Examination, which include:

- For the Patient Based section of the exam, the candidate will choose two of the four procedures (Class II Amalgam, Class III Composite, Class II Slot Composite, Class II Conventional Composite) to complete.
- Any form of patient sedation administered by or authorized by the candidate is not allowed and will be grounds for failure of the entire exam and dismissal from the exam,
- For the Fixed Prosthodontic section, criteria error "Margin: depth, clarity, location" will be scored as "Margin" for both the All Ceramic and Full Gold Crown preparations, and
- For the Endodontic and Fixed Prosthodontic procedures only, any candidate receiving a failing score by one examiner will be flagged on the SAC's PDA. The SAC will review the failure in concert with the original three examiners in order to improve examiner calibration.

Dr. Gokli announced that Dr. Wayne Looney, a distinguished colleague, has passed away. She added that Dr. Looney was a very vital part of SRTA. She then asked Ms. Pace to report on the dental hygiene section.

Ms. Pace reported the following issues were address by the Dental Hygiene Examination Committee (DHEC):

- Educators' concerns including the elimination of back-up patients,

- Clarification of SRTA policy on cleaning teeth other than those assigned,
- Scheduling the examiner training workshop date, and
- Changes for the 2011 exam to improve procedures and make it more efficient.

Ad Hoc Advertising Work Group. Dr. Boyd stated that the Work Group met on August 20, 2010 and recommended that:

- The Board publish examples of acceptable and unacceptable advertising
- A Guidance document targeted to dentists be issued
- Board members should resume the review of advertising cases
- Guidance Document 60-10 should be amended

He added that the Regulatory/Legislative Committee discussed these recommendations and is advancing a recommendation to the Board.

Regulatory/Legislative Committee. Dr. Hall reported that the Committee met on September 10, 2010 and the following items were discussed:

- Amending the Dental Assistant education requirements to address pulp capping procedures which Ms. Yeatts will go over later on the agenda.
- The current authority of the Board to work with dental labs and to address work orders. He reported that the committee will be drafting a proposed work order template that can be modified or augmented for consideration by the Board. He also said registration of dental labs was discussed and staff was asked to get more information from other states that currently regulate dental labs.
- The recommendations from the Ad Hoc Advertising Work Group. The Committee agreed that a guidance document for licensees should be developed and agreed to recommend some changes to Guidance Document 60-10. It did not agree with changing the case review process.

LEGISLATION AND REGULATION:

Review of Regulatory Action. Ms. Yeatts reported the following:

- Periodic Review - The timeline for developing the draft proposal following the NOIRA for periodic review and reorganization of the regulations is such that the Board needs to either adopt the proposal at its December meeting or ask for an extension which is allowed by Executive Order 14. She noted that given the extensive nature of the changes being made that the Board would need to ask for an extension at its December meeting. Following discussion of when to act, Dr. Boyd moved to request an extension. The motion was seconded and carried.

- Recovery of Disciplinary Costs – Ms. Yeatts noted that this regulation is at the Governor's office waiting for approval to publish for public comment.
- Replacement of Registration of Mobile Clinics Emergency Regulations – Ms. Yeatts noted that the emergency regulations will expire in January 7, 2011 and that it is now impossible for the replacement regulations to be finished before that date. She added that the Board can ask for a six month extension of the emergency regulations. Dr. Boyd moved to request an extension. The motion was seconded and carried.
- Registration and Practice of Dental Assistants – Ms. Yeatts said these regulations need approval from the Governor to be published as final. She added that pulp capping procedures were not addressed in the adopted education requirements. She advised the Board to delegate the authority to adopt the proposed amendment for submission as a fast track action to the Executive Committee. Dr. Zimmet moved to delegate this action to the Executive Committee. The motion was seconded and carried.

BOARD DISCUSSION/ACTION:

Public Comment Topics. Ms. Reen asked if the Board wanted to consider any action on the topics addressed:

- She stated that VSOMS concerns about requiring permits for sedation and general anesthesia would best be addressed in the regulatory process rather than in the legislation. She added that she and Ms. Yeatts have had preliminary discussions about strategies for assuring that fees are addressed fairly.
- Ms. Reen then advised that legislation would be needed to permit out of state radiologists to routinely read CBT scans for Virginia patients.
- Ms. Reen noted that ads which are sent in with a question or question mark on it are investigated as complaints whether they are submitted anonymously or from a named source. She added that there is no screening mechanism or policy which considers the complaint history of a source or a respondent before an investigation is begun. Dr. Cane said she would like to look into this matter and would coordinate with Ms. Reen.

Revision of Guidance Document 60-10. Ms. Reen referred the Board to the green page C1 and C2 to review the changes recommended by the Regulatory-Legislative Committee. Dr. Boyd moved to accept the guidance document as amended by the Committee. The motion was seconded and carried.

Guidance Document on Delegating to Dental Assistants. Ms. Reen reported that she and Dr. Zimmet have worked on the guidance document and plan to submit it for review at the December meeting.

Volunteer Practice Application. Dr. Petticolas advised that he and Ms. Reen had begun work on this and would bring information to the December meeting for consideration.

REPORT ON CASE ACTIVITY:

Mr. Heaberlin reported on the Board's FY2010 fourth quarter disciplinary performance on patient care cases noting that the:

- Clearance rate was 98%,
- Case load over 250 business days was 7%, and
- Cases closed within 250 days were 96%.

He went on to report that 179 cases were closed in the fourth quarter as follows:

- No Violation/Undetermined – 161 cases(included advisory letters for practicing less than 30 days on an expired license)
- Violation / IFC, PHCO, Formal – 12 cases
- Violation / CCA – 6 cases

EXECUTIVE DIRECTOR'S REPORT/BUSINESS:

Ms. Reen reported the following:

- Staff Update – Ms. Lee is the new case manager who came to us from the Board of Nursing.
- Budget – the Board closed FY2010 well in the black.
- Correspondence with Mr. Pedrotty, SAAG – she had requested that he identify the regulations on sedation and anesthesia that he would like the Board to change and he responded that he only meant to convey his general concerns.

BOARD COUNSEL REPORT:

Mr. Casway said he will be attending the AADB Attorney's Roundtable meeting in October and will give a report at the December meeting.

Closed Session Case # 126263:

Ms. Pace moved that the Board enter into a closed meeting pursuant to §2.2-3711(A) (7) of the Code of Virginia for consultation with and the provision of legal advice by the Assistant Attorney General in the matter of case # 126263. Additionally, she moved that Board staff, Sandra Reen, 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:

Ms. Pace moved to certify that the Board heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

Decision: Dr. Zimmet moved that the Board finds that the terms numbered 1, 3.a and 3.b of the Order entered on June 17, 2010 have been satisfied and that the Order entered on June 17, 2010 shall be maintained without modification. The motion was seconded and passed.

NOMINATIONG COMMITTEE REPORT/ELECTION OF OFFICERS: Dr. Zimmet stated that the Committee met this morning and proposes the following slate of officers for election:

Jacqueline G. Pace, RDH – President
Robert B. Hall, Jr., DDS – Vice President, and
Augustus A. Petticolas, Jr., DDS – Secretary/Treasurer.

Dr. Zimmet moved to elect the nominees as reported. The motion was seconded and passed.

ADJOURNMENT: With all business concluded, the meeting was adjourned at 11:35 a.m.

Jacqueline G. Pace, R.D.H., President	Sandra K. Reen, Executive Director
Date	Date

UNAPPROVED DRAFT

BOARD OF DENTISTRY
MINUTES
SPECIAL SESSION – TELEPHONE CONFERENCE CALL

CALL TO ORDER: The Virginia Board of Dentistry convened by telephone conference call on October 19, 2010, at 5:05 p.m., at the Department of Health Professions, 9960 Mayland Drive, Henrico, VA 23233.

PRESIDING: Jacqueline G. Pace, RDH.

MEMBERS PRESENT:
Martha Cutright, D.D.S.
Myra Howard, Citizen
Augustus Petticolas, D.D.S.
Paul N. Zimmet, D.D.S.
Misty Mesimer, R.D.H.
Meera A. Gokli, D.D.S.

MEMBERS EXCUSED:
Robert B. Hall, Jr., D.D.S.
Herbert R. Boyd, III, D.D.S.
Jeffrey Levin, D.D.S.

OTHERS PRESENT:
Sandra K. Reen, Executive Director
Alan Heaberlin, Deputy Executive Director
Howard Casway, Senior Assistant Attorney General
Wayne Halbleib, Senior Assistant Attorney General
Donna Lee, Discipline Case Manager

MADELINE HAHN, D.D.S.
Case No. 128458

A quorum of the Board met pursuant to §54.1-2400(13) to consider a Confidential Consent Order proposed by Dr. Hahn to settle her case in lieu of holding a formal hearing.

DECISION: Mr. Halbleib reviewed Dr. Hahn's compliance with the Board Order entered April 7, 2008. Mr. Halbleib also reviewed the consent order signed and submitted by Dr. Hahn regarding the August 11, 2010 Notice of Formal Hearing and Statement of Particulars. Following his review, Mr. Halbleib recommended using the language proposed by Ms. Reen to amend the consent order. Dr. Zimmet moved to accept the Consent Order with the amended language and to advise Mr. Mellette that if Dr. Hahn is unwilling to enter into the revised Consent Order, her case will be heard at the formal hearing scheduled for December 2, 2010. Following a second and discussion, a roll call vote was taken. The motion passed with all members present voting in favor.

ADJOURNMENT: With all business concluded, the Board adjourned at 5:20 p.m.

_____
Jacqueline G. Pace RDH, President

_____
Sandra K. Reen, Executive Director

_____
Date

_____
Date

AADB Dental Hygiene Caucus

The AADB Dental Hygiene Caucus was held in Orlando, Florida on October 7, 2010 at 4:00 - 5:30 p.m. The following states were represented:

Kansas	Virginia	Florida	Mississippi
Alabama	Minnesota	Illinois	D.C
Texas	Oklahoma		

Discussions were focused on the growing interest of the Advanced Dental Hygiene Practitioner model. The model or the mid-level provider is compared to the nurse practitioner in medicine. More than 40 countries have established mid-level providers in oral health, New Zealand, Canada, Australia, the United Kingdom – where as in the United States mid-level providers in medicine such as physician's assistants, and nurse practitioners help streamline delivery of medical services.

The prevailing thought for this model as discussed was to build upon an existing and established profession without creating a new one.

Washington State Dental Association has considered a policy for the creation of a Dental Therapist (September 2010).

Connecticut State Dental Association passed a resolution in support of establishing a Dental Therapist Program at its House of Delegates meeting in 2009.

There are 29 states considering legislation to make changes in the Hygiene scope of practice to address access to care issues.

The majority of the discussion was centered on the Minnesota model. Several questions were directed to the Minnesota dental hygiene representative.

Included in this report is an attachment of the curriculum of the Minnesota Oral Health Care Practitioner (MSOHCP) model which is the first of its kind in the U.S.

The state of Minnesota is expected to graduate its first class next year (2011).

Respectfully submitted,

Jacki Pace, RDH, BS, MS
President
Virginia Board of Dentistry

2010/2011 Graduate Catalog

Master of Science Oral Health Care Practitioner (MSOHCP)

[Program Overview] [Program Outcomes] [About the Department] [Curriculum] [Admission Requirements] [Application Requirements] [Academic Standing] [Accreditation] [Faculty]

Program Overview

The MSOHCP program provides quality graduate educational opportunities that enable students to successfully fulfill a new and exciting role serving the oral health needs of clients.

The MSOHCP program promotes community-minded health care practices and prepares practitioners to provide assessment and evaluation, preventive, restorative, and therapeutic services to underserved members of our communities. This program is designed to give dental hygienists with a baccalaureate degree the theoretical and applied skills necessary for the advanced dental therapist as defined by Minnesota Statute Section 2 [150A.01]. Graduates of this program will be eligible for licensure as Dental Therapists and credentialed as an Advanced Dental Therapists in the state of Minnesota.

The Master of Science Oral Health Care Practitioner Program is a full-time, graduate program which combines classroom based and web-enhanced courses with laboratory, simulation and clinical learning environments to present the unique curriculum designed to prepare advanced dental therapists. This program engages students in inter-disciplinary experiences with members of the dental care team and the broader health care team.

The program has three primary developmental phases for a total of 44 graduate credits:

- **The science and foundation phase** focuses on working within diverse communities, communication across cultures, understanding health care needs and the incidence of disease across populations and advancing care through evidence based practice. This phase consists of 8 credits.
- **The clinical practice development phase** advances the assessment, collaboration and care provision skills unique to this role. This phase consists of 31 credits and includes the laboratory, simulation and clinical experiences.
- **The leadership phase** concentrates on extending health system and public policy knowledge and developing leadership skills. This phase is the synthesis phase of the program. The capstone project integrates evidence and quality improvement methods and the various learning experiences in the evaluation of a relevant clinical question. This phase consists of 5 credits.

Program Outcomes

Upon completion of the program, students will be able to:

- Evaluate theories and concepts from dentistry and other disciplines for application in advanced oral health practice;
- Demonstrate critical thinking in advanced oral health practice;
- Demonstrate competence in oral health practitioner practice;
- Apply the principles of ethical decision making and cultural competence in advanced oral health;
- Demonstrate leadership in improving the delivery of health care;
- Work in partnership with a collaborative management agreement dentist and other health care professionals;
- Use a process of scholarly inquiry in oral healthcare practitioner practice.

About the Department of Dental Hygiene

Mission

Metropolitan State University Department of Dental Hygiene's mission is to prepare licensed dental hygienists for advanced practice and enhance the oral health of underserved and diverse populations. Programs are built on academic excellence and support the value that advanced education is essential to the delivery of quality, safe, accessible, cost-effective oral healthcare. The Department of Dental Hygiene is committed to collaborative community involvement, emphasizing ethics and social responsibility.

Goals

The goals for the Dental Hygiene Programs are to:

- Prepare graduates who will be competent to provide quality comprehensive care that responds to the increasing oral health care needs of individuals, families and communities.
- Provide access to early interventions, quality preventive and primary oral health care, through collaborative referrals to dentists and other health care practitioners.
- Ensure admission of a qualified and diverse student population leading to an oral health care workforce that reflects the communities served.
- Participate in collaborative community health promotion with education and industry partners to foster expanded practice and research opportunities.
- Engage students in professional activities and lifelong learning to advance the profession and the discipline of dental hygiene.
- Provide outcomes that reflect relevant and current dental hygiene practice.

Curriculum

Program Courses

MSOHCP Interdisciplinary Didactic Courses

- NURS 608 Epidemiology

- NURS 605 Health Policy and Leadership
- NURS 6XX Designing for Excellence
- COMM 533 Theories and Explorations in Community-Based Intercultural Communication

MSOHCP Competency-Based Dental Courses

- DENH 610 Health Assessment and Oral Diagnostic Reasoning
- DENH 620 Pharmacology Principles of Clinical Application
- DENH 630 Management of Dental Emergencies and Urgent Care
- DENH 640 Community-Based Primary Oral Healthcare I
- DENH 650 Community-Based Primary Oral Healthcare II
- DENH 660 Community-Based Primary Oral Healthcare III
- DENH 670 Community-Based Primary Oral Healthcare IV
- DENH 680 Community-Based Primary Oral Healthcare V
- DENH 690 Advanced Specialty Practices
- DENH 700 Advanced Community Specialty Internship
- DENH 710 Comprehensive Competency-Based Clinical Capstone

Admission Requirements

The MSOHCP degree builds upon liberal arts and/or science-oriented baccalaureate degree or a post- baccalaureate certificate program in dental hygiene. The following are necessary for admission to the College of Nursing and Health Sciences:

- Cumulative GPA of 3.0 (calculated from all college coursework);
- Current dental hygiene licensure in good standing (must meet Minnesota requirements, including nitrous oxide and local anesthesia certifications);
- Prerequisite courses must be completed prior to the application deadline or documentation of completion of the competencies identified in the program prerequisite courses through previous coursework and/or work experience, the applicant may petition the requirement.

  Petitions may be obtained by contacting the academic advisor. Completion of pre-requisites does not guarantee entrance into the program. The program will have limited enrollment and Metropolitan State University reserves the right to determine admissions status.

Prerequisite Courses

- DENH 310 Collaborative and Advanced Dental Hygiene Practice
- DENH 320 Management of Oral Health Care Delivery
- DENH 420 Restorative Functions

Additional Program Requirements

Before MSOHCP students begin clinical dental courses the following must be met:

- Minimum number of hours of clinical dental hygiene practice;

- Evidence of professional liability insurance;
- Evidence of current vaccinations; and
- Successful background check.

The majority of dental courses will be taught at the clinical facilities of Normandale Community College (Bloomington). Advanced Specialty Practices and Advanced Community Specialty Internship will require that students travel to clinical sites throughout the greater Minneapolis/St. Paul metropolitan area for course completion.

Applications are reviewed for spring semester class start. Eligible applicants will be invited for an interview as a final step in the application process. A professional portfolio must be submitted at the time of the interview. See Applying to the Program for portfolio details.

Class size is limited to 15 students. Entrance is competitive. The selection process is based on cumulative GPA, prerequisite grades, evaluation of applicant essay, and an interview.

Orientation

Once you have been fully admitted to the program you will be required to attend a CNHS graduate student orientation session.

Application Requirements

- Application
- Non-refundable application fee
- Official transcripts
- Dental Hygiene application
- Current unencumbered Minnesota Dental Hygienist license
- Goal essay
- Two references
- Computer proficiency form

See Applying to the Program for application packets and details on the requirements and deadlines.

Academic Standing

You must maintain satisfactory academic progress to remain in a College of Nursing and Health Sciences graduate program.

Accreditation

Metropolitan State University is accredited by the Higher Learning Commission and a member of the North Central Association of Colleges and Schools.
Higher Learning Commission
30 North LaSalle Street, Suite 2400
Chicago, IL 60602-2504
312-263-0456

Faculty

Resident and community faculty members bring multiple specialties and areas of interest to their instruction. Many faculty members maintain an active dental practice. Community and resident faculty instructing core clinical courses hold DDS degrees.

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more information...

DAG ZAPATERO, D.D.S., M.A.G.D.

General | Cosmetic | Restorative | Implant | Geriatric Dental Care

Thursday, November 4, 2010

Virginia Board of Dentistry
Jacqueline Pace - President
Perimeter Center
9960 Maryland Drive, Suite 300
Henrico, VA 23233-1463

Dear Members of the Board,

I have happily practiced dentistry in Virginia Beach for the last twenty years, and have never had any reason to contact you until now. I am concerned about the lack of regulations governing the outsourcing of dental work to foreign countries. We should require that Certified Dental Technicians inspect and properly sterilize dental work prior to insertion into a patient's mouth. The foreign labs should also be required to register with the Virginia Board of Health Professionals and be required to take continuing education courses for licensing.

Currently, only three or four states have laws governing interstate dental lab commerce. Dental labs fabricate appliances which are directly involved in patient care and are often worn by patients 24/7, yet we do not require that the patients be told where these appliances are fabricated, nor by whom (educational level), or what potentially harmful materials (including lead, sulfur, indium, or bacteria) they may contain. We should require proper informed consent if a dentist or laboratory use foreign lab support.

I was first approached to send my work to the Philippines for fabrication about ten years ago. I remember being offended by the practice, but I did not speak out. Dental work is now coming into this country from Pakistan, Turkey, Thailand, China, India, and the Philippines. Current import estimates suggest that 20 to 25% of all dental work involved in patient care is coming from outside of the United States. Who is watching out for the citizens of our Commonwealth? The FDA? The only reason to send work to overseas labs which use inferior materials, workmanship and sterilization practices is to do it on the cheap. Our patients and our profession are paying the price by allowing these reckless practices to continue.

The average Certified Dental Technician makes about $45,000 per year. The current trend in dental labs is that the large ones are getting bigger, the small ones are surviving, but those in the middle are being squeezed out of the market place. Under current regulations anyone can open a lab with one employee and outsource everything to an overseas laboratory without any disclosure.

Statistics from the National Dental Laboratory Association show a downward trend line in the number of dental technicians in practice. The last dental training program in Virginia may soon close due to current market trends. Thus, another crucial part of my argument is that we are loosing this skilled work force from our economy. My generation will be fine, but the next will not be so fortunate. This will leave future dentists with either the option to seek technology to fill that void left by technicians, or to utilize foreign laboratories. We need laws requiring Certified Dental Technicians working in dental laboratories to act as gate-keepers to protect the patients from inferior, toxic, or infected dental work reaching their oral environment. Ideally, we should only allow dental work produced by Certified Dental Technicians within our Commonwealth to be used for patient care. Dental laboratories need to be licensed by the state and continuing education should be required for the licensing of those labs.

Please look into this practice and develop reasonable legislation to protect the citizens of our Commonwealth and support the process of dental laboratory certification.

Sincerely,

Dag Zapatero, DDS
Mastership in the Academy of General Dentistry
2009 L.D. Pankey Scholar
2009 Recipient of the AGD's Life Long Learning and Service Recognition Award

Virginia Society of Oral & Maxillofacial Surgeons

P.O. Box 3095 / Henrico, VA 23228 / 804-288-5750 fax 804-288-1880

November 2, 2010

By Email

Ms. Sandra Reen

Executive Director

Virginia Board of Dentistry

9960 Mayland Drive

Richmond, VA 23233-1463

Dear Ms. Reen,

We are writing on behalf of the Virginia Society of Oral and Maxillofacial Surgeons (VSOMS) to express our position on comments made on the NOIRA during the Regulatory/Legislative Committee Meeting of the Board on September 10, 2010. During that meeting, a letter was submitted on behalf of the Virginia Association of Nurse Anesthetists (VANA) and comments made by their representative, Mr. Paul Werbin. In short, the VANA is requesting the Board of Dentistry consider amending regulations currently in place to allow all dentists in the commonwealth to practice with certified registered nurse anesthetists (CRNAs) regardless if they fulfill the current requirements to administer anesthesia in their offices.

As you are well aware, dentists in the commonwealth are currently allowed to employ and utilize CRNAs in their practices only if they have fulfilled the anesthesia training requirements set forth by the Board in 18 VAC 60-20-10. In addition, the Board is currently in the process of introducing legislation in the 2011 session of the Virginia General Assembly that will further strengthen regulatory control over anesthesia administered in dental offices (Bill 54.1-2710.1.) This bill, if enacted, will require dentists to obtain permits issued by the Board of Dentistry if they wish to administer conscious/moderate sedation or deep sedation/general anesthesia in their office. As you may recall, the VSOMS submitted a letter in support of the Board introducing this legislation several months ago.

To paraphrase the current letter by VANA, it urges the Board to "... follow the lead of the ADA and amend Virginia's dentistry regulations to allow all dentists (regardless of anesthesia training) to practice with CRNA's so that Virginia will better ensure uniformity within dental practices ...". The VSOMS does not feel this was the intent of the ADA. Guidelines are just that; recommendations that individual state Boards and regulatory agencies can use as **minimum standards** to help establish their own sets of rules and regulations. We feel the guidelines adopted in 2007 by the ADA House of Delegates were adopted

with those intentions in mind, i.e. to further define and regulate anesthesia care delivered in dental offices. We do not believe it was their intent to "*allow greater flexibility*" and remove rules and regulations already in place. In fact, many state Boards of Dentistry are enacting more stringent regulations and rules on sedation and anesthesia in dental offices. Maryland recently enacted a permit process specifically requiring dentists utilizing a CRNA in the dental office to obtain a permit to do so. Florida has done the same adopting language in July 2010 that requires the dentist to have a permit when working with a CRNA and Georgia is introducing legislation this year requiring a dentist to hold permits when utilizing a CRNA. Mississippi goes even one step further, requiring the dentist to enter into a contract with the board of nursing in that state in addition to having a permit themselves from the Board of Dentistry.

During the past few months, an extensive review was completed in which the rules and regulations pertaining to the administration of sedation and general anesthesia in dental offices around the country was performed. In particular, attention was given to language and regulations pertaining to the utilization of CRNA's in the dental office. Although the information obtained is too voluminous to detail in this letter, the review showed that slightly greater than 25 states currently have rules and regulations that prohibit dentists from contracting any provider to deliver conscious/moderate sedation or deep sedation/general anesthesia in their offices unless the dentist holds a permit to do so him/herself or has a level of training commensurate with the level of anesthesia being provided in his office. In addition, in those states that do not require a dentist to hold a permit when employing a CRNA, the Board must be notified and the office or facility must either obtain a permit or undergo an inspection by the Board to utilize a CRNA in that setting. We noted at least 10 states that require this i.e. the office or facility to have a permit or undergo inspection prior to utilizing a CRNA.

We have seen the recent media reports across the country where CRNAs are attempting to expand their practices. In addition, the CRNA "opt-out" controversy with anesthesiologists and the American Society of Anesthesiologists (ASA) regarding supervision of CRNAs and their ability to practice independently is well documented. We feel this is irrelevant in the matter at hand. Dentistry has always been a profession that is proud of its ability to regulate the safe practice of their licensees and for insuring the safety and care of their patients. The charge of the Board of Dentistry and the role of the VSOMS we feel is one and the same. In other words, we have a duty to insure the safety of the patients of the commonwealth who undergo anesthesia in our dental offices. CRNAs do not train nor are they accustomed to providing anesthesia services in the dental office. They are accustomed to practicing in locations where backup from other qualified personnel are readily available and essential emergency equipment and drugs are taken for granted. The dentist who is not trained in sedation and anesthesia administration may not understand what is needed and the anesthesia provider/CRNA may incorrectly assume that the office is already set and equipped to provide emergency care. This is a problem just waiting to happen. In the event of an adverse outcome in the dental office where anesthesia services are being provided by a CRNA, it will not be the CRNAs and the Board of Nursing who are judged by both the public and other regulatory agencies. It will be the profession of Dentistry! This could ultimately lead to another regulatory agency removing the privilege dentistry has enjoyed to provide anesthesia

services to our patients altogether. This would only further impact and worsen the "access to care" concern so frequently voiced in by VANA and in scope of practice issues VANA.

In closing, the VSOMS recognizes and appreciates the skill and training of the CRNAs licensed in the commonwealth. We all have had the privilege to work with them in *accredited* healthcare facilities, however; the practice of anesthesia in the dental office is unique in many respects and poses its own set of challenges that we feel need deliberate consideration. Therefore, the VSOMS cannot support the model proposed by VANA. In fact, we applaud the Board of Dentistry's initiative to further strengthen the anesthesia rules and regulations in order to insure that these services are provided in the safest manner possible for the citizens of the commonwealth.

Sincerely,

Edward Amrhein, DDS

President, VSOMS

Brian McAndrew, DMD, MD

Executive Council Member, VSOMS

AAOMS Alternate Delegate

DUTIES THAT MAY BE DELEGATED TO DENTAL ASSISTANTS I AND II UNDER INDIRECT SUPERVISION OF A DENTIST
GENERAL SERVICES
Prepare patients for treatment/seating/positioning chair/placing napkin
Perform health assessment
Preventive education and oral hygiene instruction
Perform mouth mirror inspection of the oral cavity
Chart existing restorations and conditions as instructed by the dentist
Take, record and monitor vital signs
Transfer dental instruments
Prepare procedural trays/armamentaria set-ups
Maintain emergency kit
Sterilization and disinfection procedures
Compliance with OSHA Regulations and Centers for Disease Control Guidelines
Prep lab forms for signature by the dentist
Maintenance of dental equipment
RADIOLOGY
Mount and label images
Place x-ray film and expose radiographs **ONLY WITH REQUIRED TRAINING**
RESTORATIVE SERVICES
Provide pre- and post operative instructions
Place and remove dental dam
Maintain field of operation through use of retraction, suction, irrigation, drying
Acid Etch - Apply/wash/dry remove only when reversible
Amalgam: Place only
Amalgam: Polish only with slow-speed handpiece and prophy cup
Apply pit and fissure sealants
Apply and cure primer and bonding agents
Fabricate, cement, and remove temporary crowns/restorations
Make impressions and pour, trim and evaluate study/diagnostic casts
Make impressions for athletic mouthguards
Matrices - place and remove
Measure instrument length
Remove excess cement from coronal surfaces of teeth
Remove sutures
Dry canals with paper points
Mix dental materials
Place and remove post-extraction dressings/monitor bleeding
Rubber Dams: Place and remove
Sterilization and disinfection procedures
HYGIENE
Apply dentin desensitizing solutions
Apply fluoride varnish, gels, foams and agents
Apply pit and fissure sealant
Address risks of tobacco use
Give oral hygiene instruction
Polish coronal portion of teeth with rotary hand piece and rubber prophy cup or brush
Place and remove periodontal dressings
Clean and polish removable appliances and prostheses

DUTIES THAT MAY BE DELEGATED TO DENTAL ASSISTANTS I AND II UNDER INDIRECT SUPERVISION OF A DENTIST CONTINUED
ORTHODONTICS
Size and place bands and brackets
Place separators
Place and remove elastic separators
Tie in archwires
Check for loose bands and brackets
Remove arch wires and ligature ties
Place ligatures to tie in archwire
Select and fit bands for cementation by dentist
Instruct patients in placement and removal of retainers and appliances after dentist has fitted and made adjustments in the mouth
BLEACHING
Take impressions and fabricate bleaching trays
Bleaching
Bleaching with light but not laser
Instructions on bleaching procedures
SEDATION AND ANESTHESIA SERVICES
Apply topical Schedule VI anesthetic
Monitoring patient under nitrous oxide
Monitoring patient under minimal sedation/anxiolysis
Monitoring patient under moderate/conscious sedation ONLY WITH REQUIRED TRAINING
Monitoring patient under deep sedation/general anesthesia ONLY WITH REQUIRED TRAINING
Take blood pressure, pulse and temperature
DUTIES THAT MAY BE DELEGATED TO DENTAL ASSISTANTS I AND II UNDER INDIRECT SUPERVISION OF A DENTAL HYGIENIST
Prepare patients for treatment/seating/positioning chair/placing napkin
Perform health assessment
Preventive education and oral hygiene instruction
Transfer dental instruments
Prepare procedural trays/armamentaria set-ups
Maintain emergency kit
Sterilization and disinfection procedures
Compliance with OSHA Regulations and Centers for Disease Control Guidelines
Maintenance of dental equipment
Polish coronal portion of teeth with rotary hand piece and rubber prophy cup or brush
Place and remove periodontal dressings
Clean and polish removable appliances and prostheses
Mount and label images
Place x-ray film and expose radiographs ONLY WITH REQUIRED TRAINING
DUTIES THAT MAY ONLY BE DELEGATED TO DENTAL ASSISTANTS II UNDER DIRECT SUPERVISION OF A DENTIST
Condense/pack and carve amalgam
Place, cure and finish composite resin restorations only with slow-speed handpiece
Apply base and cavity liners/perform pulp capping procedures
Final cementation of crowns and bridges after adjustment and fitting by the dentist
Select and manipulate gypsums and waxes
Make final impressions and fabricate master casts
Place and remove non-epinephrine retraction cord

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, except a dental hygienist, who meets the requirements of 18VAC60-20-81, may parenterally administer Schedule VI local anesthesia to patients 18 years of age or older;

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. 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. Condensing, contouring or adjusting any final, fixed or removable prosthodontic appliance or restoration in the mouth;

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

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

11. Final cementation of crowns and bridges; and

12. Placement of retraction cord.

18VAC60-20-195. Radiation certification.

No person not otherwise licensed by this board shall place or expose dental x-ray film unless he has (i) satisfactorily completed a course or examination recognized by the Commission on Dental Accreditation of the American Dental Association, (ii) been certified by the American Registry of Radiologic Technologists, (iii) satisfactorily completed a course and passed an examination in compliance with guidelines provided by the board, or (iv) satisfactorily completed a radiation course and passed an examination given by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient.

18VAC60-20-200. Utilization of dental hygienists.

No dentist shall have more than two dental hygienists 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, 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 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 dentist will 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. 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:

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 the dentist being 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.

18VAC60-20-240. What does not constitute practice.

The following are not considered the practice of dental hygiene and dentistry:

1. Oral health education and preliminary dental screenings in any setting.

2. Recording a patient's pulse, blood pressure, temperature, and medical history.

Virginia Board of Dentistry
Dental Laboratory Subcontractor Work Order Form

Date: _____

Subcontractor
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

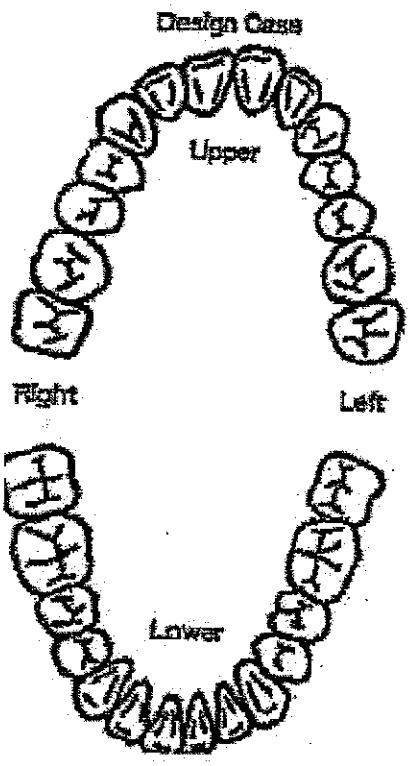
Patient Name or ID # : _____

(This information is required and MUST match the Patient Name or ID # on the Original Work Form)

Name & Address
Of Dentist originating work order: _____
Address _____
City _____
State _____ Zip _____

Description of the Work to be done.
Type and quality of materials to be used.
(Attach diagrams or additional pages)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____



Name of person or firm issuing Subcontractor
Work Order Form: _____
Address _____
City _____
State _____ Zip _____

Signature of Person Issuing
Subcontractor Work Order Form- _____

Subcontractor Laboratory must furnish contracting laboratory with written confirmation of:

1. Prior to beginning work, the contracting laboratory must be notified if subcontractor is a foreign lab involved fabrication or component/materials

2. Prior to beginning work, the contracting laboratory must be notified if subcontractor is a domestic lab involved in fabrication or comparient/materials supply.

3. Contracting laboratory must be notified of all materials in the delivered appliance/restoration.

4. Contracting laboratory must be notified in writing that materials in the delivered appliance/restoration DO NOT contain more than very small trace amounts (less than 200 ppm) of lead or any other metal not expressly prescribed,

5. Before returning finished case to contracting laboratory, the fabricated appliance/restoration must be cleaned, disinfected, and sealed in an appropriate container or plastic bag.

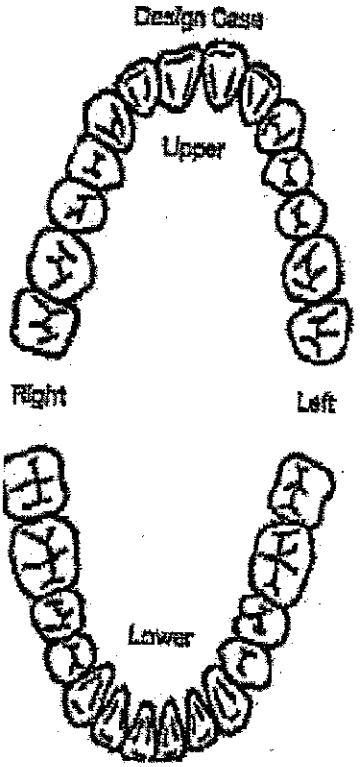
VIRGINIA BOARD OF DENTISTRY
DENTAL LABORATORY WORk ORDER FORM

Date: _____

Laboratory:
Name _____
Address _____
Phone 4 _____

Patient Name or ID #: _____

Description of work to be done. Type and
Quality of materials to be used. **(Include diagrams if necessary)**



Dentist Signature: _____ Dental Lie. # _____

Dentist Name **(Please Print):** _____

Dentist Address: _____

Telephone: _____

Laboratory mustfurnish *dentist with subcontractor work order form if the dental lab uses a subcontractor and must comply with all items below:*

1. Prior to beginning work, the prescribing dentist must be notified of any foreign subcontractor involved in fabrication or component/materials supply.

2. Prior to beginning work, the prescribing dentist must be notified of any domestic subcontractor involved in fabrication or component/materials supply.

3. Prescribing dentist must be notified of all materials in the delivered appliance/restoration.

4. Prescribing dentist must be notified in writing that materials in the delivered appliance/restoration DO NOT contain more than very small trace amounts (less than 200 ppm) of lead or any other metal not expressly prescribed.

5.Before returning finished case to prescribing dentist, the fabricated appliance/restoration must be cleaned, disinfected, and sealed in an appropriate container or plastic bag.

Disciplinary Board Report for December 3, 2010

This report addresses the Board's disciplinary case activities for the time period June 1, 2010 to November 19, 2010. This period covers the first quarter for fiscal year 2011 and the first half of the second quarter which ends December 31. 2010. The key performance measures for the first quarter of 2011 have not been released as of this writing, but we have enough information to form reasonable expectations.

The agency's three key performance measures outlined below are a review of the board's disciplinary case findings from its September 17, 2010 meeting.

1. We will achieve a 100% clearance rate of allegations of misconduct by the end of FY 2009 and maintain 100% through the end of FY 2010.
   (Dentistry's Clearance rate for the second quarter is 83 %.)
   (Dentistry's Clearance rate for the third quarter is 109 %.)
   (Dentistry's Clearance rate for the fourth quarter is 98 %.)

2. We will ensure that, by the end of FY 2010, no more than 25% of all open patient care cases are older than 250 business days.
   (Dentistry case load of over 250 business days was 8% for the second quarter.)
   (Dentistry case load of over 250 business days is 9% for the third quarter.)
   (Dentistry case load of over 250 business days is 7% for the fourth quarter.)

3. We will investigate and process 90% of patient care cases within 250 work days.
   (Dentistry closed 97% of its patient care cases within 250 work days during the second quarter.)
   (Dentistry closed 93% of its patient care cases within 250 work days during the third quarter.)
   (Dentistry closed 96% of its patient case cases within 250 work days during the fourth quarter.)

As you can see from the data presented above, the Board has been consistently successful in meeting the agency performance measures.

For the period of June 1, 2010 to August 31, 2010, (Q1 FY 2011) the Board closed (159) one hundred fifty-nine late renewal cases with either a CCA or an advisory letter and (94) ninety-four cases from all other categories. Of these (94) ninety-four closed cases, (85) eighty-five were closed within (365) three hundred sixty-five days. The board received (109) one hundred nine cases from enforcement in all categories during this period excluding late renewal cases. These (94) ninety four cases were closed as follows:

- 17 Advisory Letters
- 55 No violation
- 7 Undetermined
- 15 Violations

For the period of September 1, 2010 to November 11, 2010, (Q2 FY 2011) the Board closed (169) one hundred sixty-nine late renewal cases with either a CCA or an advisory letter and (114) one hundred fourteen cases from all other categories. Of these (114) one hundred fourteen cases, (103) one hundred three were closed within (365) three hundred sixty-five days. The board received (118) cases from enforcement in all categories during this period excluding late renewal cases. These (114) one hundred fourteen cases were closed as follows:

- 82 No Violation
- 11 Undetermined
- 12 Violations
- 2 CCA
- 7 Advisory letters

As of November 19, 2010, the Board has (197) one hundred ninety-seven open cases.

- 13 of these cases are over 365 calendar days;
- 102 cases are in investigation;
- 78 cases are in probable cause and of these probable cause cases, (34) thirty-four have been assigned to board members;
- 10 cases are in administrative proceedings;
- 2 cases are scheduled for a Formal Hearing and;
- 5 cases are scheduled for an Informal Conference.

As a final note, from September 1, 2010 to November 19, 2010, the Board has received fourty-four advertising cases.