VIRGINIA BOARD OF DENTISTRY
AGENDA
June 3, 2011
Department of Health Professions
Perimeter Center - 9960 Mayland Drive, 2nd Floor Conference Center - Henrico, Virginia 23233

PAGE

June 3, 2011

9:00 a.m. **Board Meeting**

Call to Order – Ms. Pace, President

Evacuation Announcement – Ms. Reen

Public Comment

Approval of Minutes
- March 11, 2011 Board Meeting — P.1–P.9

DHP Director's Report – Dr. Reynolds-Cane

VCU School of Dentistry – Dr. Sarrett

Liaison/Committee Reports
- BHP – Dr. Zimmet
- AADB Report – Dr. Levin
- SRTA – Dr. Gokli and Ms. Pace
- Regulatory/Legislative Committee – Dr. Boyd

Legislation and Regulation – Ms. Yeatts
- Review of Regulatory Action
- Registration of Sedation/Anesthesia Permits — P.10
- Adoption of Proposed Draft of Discipline Chapter
- Adoption of Proposed Draft of Dental Assistance II Chapter
- Adoption of Proposed Draft of Dental Hygiene Chapter
- Adoption of Proposed Draft of Dental Practice Chapter
- Minimum Sedation Reference — P.11-P12

Board Discussion/Action
- Public Comment Topics
- Letter From Raymond F. Gist, ADA President — P.13-P.14
- Paperless Licensing — P.15-P.19
- 2012 Legislative Proposals
- Revision of Restricted Volunteer Dentist Application and Requirements — P.20-P.30
- Definition for the Practice of Dental Hygiene — P.31-P.33
- Virginia Dental Law Exam
- Petition for Rulemaking to Amend 18VAC60-20-195 — P.34-P.36

Report on Case Activity – Mr. Heaberlin — P.37

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Executive Director's Report/Business – Ms. Reen

- Proposed 2012 Calendar
- Budget Update

Board Counsel Report – Mr. Casway

Adjourn

VIRGINIA BOARD OF DENTISTRY
MINUTES
MARCH 11, 2011

TIME AND PLACE: The meeting of the Board of Dentistry was called to order at 9:04 a.m. on March 11, 2011 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Jacqueline G. Pace, R.D.H., President

BOARD MEMBERS PRESENT:
Robert B. Hall, Jr. D.D.S., Vice President
Augustus A. Petticolas, 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.
Myra Howard, Citizen Member
Jeffrey Levin, D.D.S.
Misty Mesimer, R.D.H.
Paul N. Zimmet, D.D.S.

BOARD MEMBERS ABSENT: None

STAFF PRESENT:
Sandra K. Reen, Executive Director for the Board
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 all members of the Board present, a quorum was established.

PUBLIC COMMENT: **Graham Garner, D.D.S.,** Chairman of the Virginia Dental Association (VDA) Ethics Committee asked the Board for clear and concise regulations regarding advertising for the dental profession. He stated that VDA Ethics Committee has had a surprising amount of complaints about advertising by dentists in the Commonwealth over the past several years. Dr. Garner stated that the Ethics Committee has few options when resolving complaints regarding advertising. He added that there is evidence of dentists claiming they are superior to other dentists or to be specialists when they are not. He asked that the Board, in working on the periodic review of the regulations, help to protect the public and to

hold members of the dental profession to high ethical principals in advertising.

William J Bennett, D.D.S., from Williamsburg, Virginia, noted that he was here about a year ago commenting before the board and that he was also a member of the Ad Hoc Advertising Workgroup. He expressed that there are still improper claims of superiority from dentists especially in area phone books. He added that the Board is in the position to do something about improper advertising since it is working on the periodic review of the regulations. He asked the Board not to lower the advertising standards.

Ron Tankersley, D.D.S., Oral and Maxillofacial Surgeon from Newport News, anesthesia teacher at VCU School of Dentistry, past American Dental Association President. Dr. Tankersley opoined that the periodic review of regulations should consider the uniqe environment in which dentists practice and to retain the autonomy of dentistry in anesthesia. He added that he is pleased with the proposed regulations regarding anesthesia.

Ed Amrhen, D.D.S., President of the Virginia Society of Oral Maxillofacial Surgeons (VSOMS) expressed the view that VSOMS supports the proposed regulations.

APPROVAL OF MINUTES:

Ms. Pace asked if the Board members had reviewed the minutes in the agenda package. Dr. Zimmet moved to accept the minutes of the December 2, 2010 Formal hearing, December 3, 2010 Business meeting, January 5, 2011 Telephone Conference Calls and January 28, 2011 Formal hearing. The motion was seconded and carried.

DHP DIRECTOR'S REPORT:

Ms. Reen noted that Dr. Cane and Mr. Owen are unable to be at the meeting today.

EVAUATING THE NEED TO REGULATE A HEALTH PROFESSION AND THE HEALTHCARE WORKFORCE DATA CENTER'S DENTISTRY ADVISORY COMMITTEE:

Elizabeth Carter, Ph.D., Executive Director, Board of Health Professions (BHP) and Director, Healthcare Workforce Data Center, presented a PowerPoint overview of BHP:

- What BHP is;

- Its authority;
- Its members and their role;
- Major policy reviews and other activities; and
- How its work is accomplished.

Dr. Carter stated that dental lab technicians are regulated by Department of Health (VDH) and the FDA is supposed to be spot checking dental labs. She added that what enters the country, including dental lab materials, is under federal law.

REPORTS:

Board of Health Professions (BHP). Dr. Zimmet stated that Dr. Carter's presentation served in lieu of his own.

AADB. Dr. Levin said that he will attend the AADB Mid-Year meeting in Chicago in April 2011. He then reported the following topics about AADB:

- AADB is composed of all state boards dealing primarily with licensure issues;
- Main issue is the clinical dental exam (live patient vs. simulation). The consensus from the candidates is that simulation is more difficult than the live patient for the Board exam;
- VCU Dental School is recognized as a leader in dental simulation; and
- States that have independent funding are able to send a contingent of representatives to the meetings with each person getting to vote on AADB issues.

Dr. Petticolas moved to allow Dr. Levin on behalf of the Board to request the AADB to consider one vote – one state. The motion was seconded and carried.

SRTA. Dr. Gokli reported the following:

- New President of SRTA is Bob Jolly from Arkansas;
- The Exam Committee has two new members from TN and WV;
- SRTA's financials are in the black ;
- SRTA is still concerned with unusual number of tooth fractures in the PIE I exam;
- There were 11 failures at the VCU exam on March 5, 2011, which is similar to the recent exam at the University of South Carolina;
- SRTA will conduct an on-line teleconference with Board of Directors meeting in April 2011; and
- Kathleen White, Executive Director of SRTA, is resigning due to health problems.

Ms. Pace reported that she attended SRTA Dental Hygiene SAC/CFC training in Charlotte, NC on February 19, 2011 to discuss 2011 changes. She added that the first dental hygiene exam was given last week and the only problem was with PDAs. She also stated that SRTA is trying to cut check-in time.

SCDDE. Dr. Boyd reported that he attended the SCDDE meeting in Charleston, SC on January 29-30, 2011 and the following topics were included in his report:

- Dr. Patrick Lloyd, Dean of the School of Dentistry at University of Minnesota discussed "*Dental Therapy: The Minnesota Story: Non-patient Based Licensure Examination: The Minnesota-Canadian Nexus:*"
- Dr. Charles H. Norman, the ADA 16th District Trustee presented a discussion on "*ADA Activities Regarding Clinical Licensure Examinations and Workforce Issues;*"
- Dr. James Rivers from the Department of Oral Rehabilitation of the Medical University of SC (MUSC) discussed "*Progressive Competency*" which is how MUSC grades and evaluates their students;
- Dr. Walter G. Renne from the Department of Oral Rehabilitation of the MUSC discussed "*Cad/Cam Technology*"; and
- Dr. Greg Vance of SRTA, Dr. Guy Shampaine of NERB, Dr. Stan Hardesty and Dr. Delma Kinlow of CITA and Dr. John Cosby of CRDTS discussed what each of their regional testing agencies are doing and how they are developing their examinations to ensure competency and fairness in their respective examination processes.

Regulatory/Legislative Committee. Dr. Boyd reported that the Committee met on February 10 and March 10, 2011. He added that most Board members attended the latter meeting. He went on to say that changes were made to the draft Regulations and will be reviewed again at the next committee meeting. He hoped to have the final proposed draft at the June 3, 2011 business meeting for Board members to vote on. He noted the following changes were made in the discussion draft of the dental chapter:

- Education requirement includes clinical component (no longer live patient required and delete "regional");
- How to define a Bona fide patient-dentist relationship;
- Pediatric patients 12 years old and younger cannot take a sedating medication until he/she arrives at the dental office, no exceptions;

- Registerd nurse can administer drugs under minimum and moderate sedation but not deep sedation; and
- Equipment such as precordial stethoscope were added to be used in sedation.

Dr. Boyd stated that the next Regulatory-Legislative Committee meeting will be on either April 22 or April 29, 2011.

LEGISLATION AND REGULATION:

Report on Legislation Related to Dentistry. Ms. Reen reported the following:
HB1642 (Dental school faculty; licensure) – the bill passed the House but was withdrawn in the Senate at the patron's request;
HB2255 (Disclosure of health records; health care providers who dispense controlled substances) – dental professions need to be aware of this bill so they will know how to use the information;
SB1014 (Dental hygienists; extension of educational and preventive care protocol) – this program is under VDH and has been extended for another year; and
SB1146 (Dentists; sedation and anesthesia permits) – the bill was passed with amendment stated on P.36. The regulations shall be effective within 280 days after the Governor signs the Bill. Ms. Reen added that staff has begun drafting the regs.

Review of Regulatory Action. Ms. Reen reported that the:

- Periodic Review and Reorganization of the chapter-proposed regulations continue as a work progress;
- Recovery of Disciplinary Costs regs – comment period ended on March 4, 2010 and only two comments were received. The Board will adopt the final regulations at its June meeting;
- Registration of Mobile Clinics – comment period ended on March 4, 2011 and no comment was received. The Board will adopt the final regulations at its June meeting; and
- Registration and Practice of Dental Assistants – these regs are in full force since March 2, 2011.

Amend Radiation Certification Regulations. Ms. Reen requested the Board action to resolve a long term problem with the regulation on radiation certification which the Board has no statutory authority to oversee or enforce. Dr. Zimmet moved to adopt a proposed exempt regulatory action to strike 18VAC60-20-195(A) (iii). The motion was seconded and passed.

Dr. Zimmet moved to authorized Ms. Reen to work with the Department of Health in drafting a notification letter to the institutions that received approval from the Board to offer a radiation course. The motion was seconded and passed.

By consensus, the Board agreed to allow dental assistants who hold a certificate of having completed a Board approved radiation course to continue taking x-rays. The institutions can no longer say they offer a Board approved program.

BOARD DISCUSSION/ACTION:

Public Comment Topics. Dr. Boyd stated that he was a member of the Ad Hoc Advertising Committee and that no changes in the regulations regarding advertising were recommended by the committee.

FAQ from the Committee for an Integrated Examination. Ms. Reen stated that this is provided as information only.

Amendment of Educational Requirements for DAs II. Ms. Reen stated that since the Regulations for DAs II did not go into effect until March 2, 2011, it was possible to bring this matter back to the Board for action rather than convene the Executive Committee. Dr. Levin moved to amend the DA II regulations' educational requirements to include pulp capping procedures. The motion was seconded and passed.

Adoption of Guidance for Educational Programs for Dental Assistants II. Dr. Levin moved to adopt the guidance document. The motion was seconded and passed.

University of Florida Request for Teleradiology Consults. Ms. Reen stated that this was a request to read teleradiology from VA dentists. By consensus, the Board stated that radiologists must have a Virginia license in order to read x-rays taken of patients in Virginia. Ms. Reen added that Dr. Levin is the chairman of the Technology Committee. He will be working with Mr. Heaberlin to conduct research on this issue and to develop a guidance document for the Board's consideration.

Drawing Blood for PRP Preparation. The Board discussed the issue of dentists who draw blood to incorporate Platelet Rich Plasma in grafting protocols and whether this procedure is within the scope of practice in Virginia. Dr. Levin moved to request that the Ad Hoc Technology Committee draft a guidance document.

REPORT ON CASE ACTIVITY:

Mr. Heaberlin reported that the Board continues to meet or exceed the key performance measures for discipline cases. In Q1FY2011, the Board's case clearance rate was 122%. The pending caseload older than 250 days was 10% and the cased closed within 250 business days was 96%.

He also reported that from November 1, 2010 to February 28, 2011 (the second two months of Q2 FY2011 and the first two months for the Q3 FY2011) the Board received 154 cases which were closed as follows:

- 121 No Violation
- 33 Violations

He added that the Board currently has 217 open cases of which 15 cases are over 250 business days. He closed by asking Board members to complete and to return probable cause cases as soon as possible if they still have them.

EXECUTIVE DIRECTOR'S REPORT/BUSINESS:

Ms. Reen reported the following:

- DANB has sent a request for feedback from the Board on the pilot study DANB's Board of Directors is considering performing. She asked the Board to respond in favor of the study. Dr. Zimmet moved to accept Ms. Reen's recommendation. The motion was seconded and passed.
- WREB has announced the finalization of the Dental Hygiene Process of Care examination (POC). This is provided as information. Ms. Reen asked if the Board wants to have a WREB representative to be here at the next meeting or just a written report about this. All agreed that a written report is sufficient.
- Four Florida cases of NERB who were incorrectly given VA license are still opened. To Ms. Reen's knowledge, NERB has not contacted those licensees.
- The Board's financial position is still healthy, but monthlyh cashflow is negative at certain times. Dr. Cane has issued the following moratorium in regard to cash flow:
  - No new hires;
  - No pay increase;
  - No temporary workers – does not apply to expert contract:

- Consider paperless licenses with no expiration date – most current information is already on DHP website; and
- Less Overnight travel – to schedule meetings in the afternoon versus in the morning.

After much discussion, the Board agreed to ask the Regulatory-Legislative Committee to review taking the posting of licenses requirement out the regulations due to current technology. The Board further considered no longer issuing yearly paper licenses and instead a one-time wall certificate that would include license information. X-ray certificates still need to be posted because x-ray machines are regulated by VDH. The Board agreed to keep the current meeting times due to long distance travel time for many Board members

Ms. Reen noted that she will be out on leave for about two to three months due to knee surgery. Mr. Heaberlin will be the Acting Executive Director in her absence.

Credentials Committee Recommendation:

Case # 135116

Closed Meeting:

Dr, Hall moved that the Board convene a closed meeting pursuant to § 2.2-3711.A (28) of the Code of Virginia for the purpose of consideration and discussion of a recommended decision from the Credentials Committee. Additionally, Dr. Hall moved that Board staff, Sandra Reen, Alan Heaberlin, 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. Hall 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. Zimmet moved to accept the recommended Order of the Credentials Committee. The motion was seconded and carried unanimously.

BOARD COUNSEL REPORT:

Mr. Casway reviewed the Procurement Act and Conflict of Interest Act with Board members to explain why Board

members can not receive per diem serving as SRTA examiner.

He also reviewed Board member liability. He stated that as long as Board members follow the advice of Board counsel then Board members have absolute immunity in a case.

ADJOURNMENT: With all business concluded, the meeting was adjourned at 1:10 p.m.

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

11104775D

SENATE BILL NO. 1146

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Senate Committee on Education and Health on February 3, 2011)

(Patron Prior to Substitute—Senator Quayle)

A BILL to amend the Code of Virginia by adding a section numbered 54.1-2709.5, relating to sedation and anesthesia in dental offices.

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 54.1-2709.5 as follows:

§ 54.1-2709.5. Permits for sedation and anesthesia required.

A. Except as provided in subsection C, the Board shall require any dentist who provides or administers sedation or anesthesia in a dental office to obtain either a conscious/moderate sedation permit or a deep sedation/general anesthesia permit issued by the Board. The Board shall establish by regulation reasonable education, training, and equipment standards for safe administration and monitoring of sedation and anesthesia to patients in a dental office.

B. A permit for conscious/moderate sedation shall not be required if a permit has been issued for the administration of deep sedation/general anesthesia.

C. This section shall not apply to:

1. An oral and maxillofacial surgeon who maintains membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS) and who provides the Board with reports which result from the periodic office examinations required by AAOMS; or

2. Any dentist who administers or prescribes medication or administers nitrous oxide/oxygen or a combination of a medication and nitrous oxide/oxygen for the purpose of inducing anxiolysis or minimal sedation consistent with the Board's regulations.

2. That the Board of Dentistry shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.

SENATE SUBSTITUTE

SB1146S1

2/10/11 14:45

BOARD OF DENTISTRY

CHAPTER 35

REGULATIONS GOVERNING THE DISCIPLINARY PROCESS IN DENTISTRY

18VAC60-35-10. Recovery of disciplinary costs.

A. Assessment of cost for investigation of a disciplinary case.

1. In any disciplinary case in which there is a finding of a violation against a licensee or registrant, the board may assess the hourly costs relating to investigation of the case by the Enforcement Division of the Department of Health Professions and, if applicable, the costs for hiring an expert witness and reports generated by such witness.

2. The imposition of recovery costs relating to an investigation shall be included in the order from an informal or formal proceeding or part of a consent order agreed to by the parties. The schedule for payment of investigative costs imposed shall be set forth in the order.

3. At the end of each fiscal year, the board shall calculate the average hourly cost for enforcement that is chargeable to investigation of complaints filed against its regulants and shall state those costs in a guidance document to be used in imposition of recovery costs. The average hourly cost multiplied times the number of hours spent in investigating the specific case of a respondent shall be used in the imposition of recovery costs.

B. Assessment of cost for monitoring a licensee or registrant.

1. In any disciplinary case in which there is a finding of a violation against a licensee or registrant and in which terms and conditions have been imposed, the costs for monitoring of a licensee or registrant may be charged and shall be calculated based on the specific terms and conditions and the length of time the licensee or registrant is to be monitored.

2. The imposition of recovery costs relating to monitoring for compliance shall be included in the board order from an informal or formal proceeding or part of a consent order agreed to by the parties. The schedule for payment of monitoring costs imposed shall be set forth in the order.

3. At the end of each fiscal year, the board shall calculate the average costs for monitoring of certain terms and conditions, such as acquisition of continuing education, and shall set forth those costs in a guidance document to be used in the imposition of recovery costs.

C. Total of assessment.

In accordance with § 54.1-2708.2of the Code of Virginia, the total of recovery costs for investigating and monitoring a licensee or registrant shall not exceed $5,000, but shall not include the fee for inspection of dental offices and returned checks as set forth in 18VAC60-20-30or collection costs incurred for delinquent fines and fees.

18VAC60-35-20. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate.

In accordance with §54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate at the time a determination is made that probable cause exists that a practitioner may be subject to a disciplinary action. If delegation to a subordinate is not recommended at the time of the probable cause determination, delegation may be approved by the president of the board or his designee.

B. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

BOARD OF DENTISTRY
Dental Assistant II Regulations

All sections referenced in the Chapter are highlighted in yellow - for confirmation/correction before adoption of proposed regulations in June.

CHAPTER 30
REGULATIONS GOVERNING THE PRACTICE OF DENTAL ASSISTANTS II

Part I. General Provisions.

18VAC60-30-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in §54.1-2700 of the Code of Virginia:

"Board"

"Dental hygiene"

"Dental hygienist"

"Dentist"

"Dentistry"

"License"

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

"CODA" means the Commission on Dental Accreditation of American Dental Association.

"Code" means the Code of Virginia.

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

"Dental assistant II" means a person under the direction and direct supervision of a dentist who is registered by the board to perform reversible, intraoral procedures as specified in 18VAC60-30-60 and 18VAC60-30-70.

"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 assistant II

for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains immediately available in the office to the 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 level of supervision, direct, indirect or general, that a dentist is required to exercise with a dental hygienist, a dental assistant I or a dental assistant II or that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services.

"General supervision" means that a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment that 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. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

“Immediate supervision” means the dentist is in the operatory to supervise the administration of sedation or provision of treatment.

“Monitoring” means to observe, interpret, assess and record appropriate physiologic functions of the body during sedative procedures and general anesthesia appropriate to the level of sedation.

"Radiographs" means intraoral and extraoral radiographic images of hard and soft tissues used for purposes of diagnosis.

18VAC60-30-20. Address of record; posting of registration.

A. Address of record. Each registered dental assistant II shall provide the board with a current address of record. All required notices and correspondence mailed by the board to any such registrant shall be validly given when mailed to the address of record on file with the board. Each registrant may also provide a different address to be used as the public address, but if a second address is not provided, the address of record shall be the public address. All changes of address shall be furnished to the board in writing within 30 days of such changes.

B. Posting of 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.

18VAC60-30-30. Fees.

A. Initial registration fee. $100

B. Renewal fees.
   1. Dental assistant II registration - active $50

2. Dental assistant II registration – inactive $25

C. Late fees.
1. Dental assistant II registration - active $20
2. Dental assistant II registration – inactive $10

D. Reinstatement fees.
1. Expired registration $125
2. Suspended registration $250
3. Revoked registration $300

E. Administrative fees.
1. Duplicate wall certificate $60
2. Duplicate registration $20
3. Registration verification $35
4. Returned check fee $35

F. No fee will be refunded or applied for any purpose other than the purpose for which the fee is submitted.

Part II. Practice of Dental Assistants II.

18VAC60-30-40. Practice of dental hygienists and dental assistants II under direction.

A. A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction at one and the same time. In addition, a dentist may permit through issuance of written orders for services, additional dental hygienists to practice under general supervision in a free clinic, a public health program, or in a voluntary practice.

B. In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining with the patient or his representative the specific treatment the patient will receive, 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.

18VAC60-30-50. 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 except a dental hygienist performing gingival curettage as provided in 18VAC60-21-140;

3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist, who meets the requirements of 18VAC60-25-100, 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 that is to be inserted into a patient's mouth;

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

6. Administering and monitoring moderate sedation, deep sedation or general anesthetics except as provided for in § 54.1-2701 of the Code and Part IV of this chapter;

7. Condensing, contouring or adjusting any final, fixed or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental assistants II with advanced training as specified in 18VAC60-30-120;

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

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

18VAC60-30-60. Delegation to dental assistants II.

The following duties may only 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 18VAC60-30-120:

1. Performing pulp capping procedures;
2. Packing and carving of amalgam restorations;
3. Placing and shaping composite resin restorations with a slow speed handpiece;
4. Taking final impressions;
5. Use of a non-epinephrine retraction cord; and
6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

18VAC60-30-70. Delegation to dental assistants I and II.

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 I or II under the indirect or under general supervision required in 18VAC60-30-120, with the exception of those listed as non-delegable in 18VAC60-30-50, those which may only be delegated to dental hygienists as listed in 18VAC60-21-140 and those which may only be delegated to a dental assistant II as listed in 18VAC60-30-60.

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.

18VAC60-30-80. Radiation certification.

No dentist or dental hygienist shall permit a person not otherwise licensed by this board to 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 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.

18VAC60-30-90. What does not constitute practice.

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

1. General oral health education.

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

Part III. Standards of Conduct.

18VAC60-30-100. Patient records; confidentiality.

A. A dental assistant II shall be responsible for accurate and complete information in patient records for those services provided by the assistant under direction to include the following:

1. Patient's name on each page in the patient record;

2. Radiographs, digital images and photographs clearly labeled with the patient name and date taken; and

3. Notation of each date of treatment and the identity of the dentist, the dental hygienist or the dental assistant providing service.

B. A dental assistant shall comply with the provisions of § 32.1-127.1:03 of the Code related to the confidentiality and disclosure of patient records. A dental assistant shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the assistant shall not be considered negligent or willful.

18VAC60-30-110. Acts constituting unprofessional conduct.

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

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 used or intended to be used;

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

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

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

7. Violating or cooperating with others in violating provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.) or the Drug Control Act (§ 54.1-3400 et seq.).

Part IV. Entry Requirements for Dental Assistants II.

18VAC60-30-120. 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. To be registered as a dental assistant II, a person shall complete the following requirements from an educational program accredited by CODA:

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

2. Laboratory training that 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 and pulp capping procedures;

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

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

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 that 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; and

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.

18VAC60-30-130. Registration certification.

A. 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.

B. All applicants who successfully complete the board-approved examinations five or more years prior to the date of receipt of their applications for 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 registration.

C. All applicants for 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.

18VAC60-30-140. Registration by endorsement as a dental assistant II.

A. An applicant for registration by endorsement as a dental assistant II 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 18VAC60-30-120 or if the qualifications were not substantially equivalent the dental assistant can document experience in the restorative and prosthetic expanded duties set forth in 18VAC60-30-60 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. Not have committed any act that would constitute a violation of § 54.1-2706 of the Code; and

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

18VAC60-30-150. Inactive registration.

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.

Part V. Requirements for Renewal or Reinstatement.

18VAC60-30-160. Registration renewal requirements.

A. Every person holding an active or inactive registration shall annually, on or before March 31, renew his registration. Any person who does not return the completed form and fee by the deadline shall be required to pay an additional late fee.

B. The registration of any person who does not return the completed renewal form and fees by the deadline shall automatically expire and become invalid and his practice as a dental assistant II shall be illegal. Practicing in Virginia with an expired registration may subject the registrant to disciplinary action by the board.

C. In order to renew registration, a dental assistant II shall be required to maintain and attest to current certification from the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association.

D. A dental assistant II shall also be required to maintain evidence of successful completion of training in basic cardiopulmonary resuscitation.

E. Following the renewal period, the board may conduct an audit of registrants to verify compliance. Registrants selected for audit must provide original documents certifying current certification.

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

18VAC60-30-170. Registration reinstatement requirements.

A. The board shall reinstate an expired registration if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of 18VAC60-30-160, provided that no grounds exist to deny said reinstatement pursuant to § 54.1-2706 of the Code and Part III of this chapter, 18 VAC 60-30-100 et seq.

B. 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 to reinstate his registration.

C. The executive director may reinstate such expired registration provided that the applicant can demonstrate continuing competence, has paid the reinstatement fee and any fines or assessments and that no grounds exist to deny said reinstatement pursuant to § 54.1-2706 of the Code and 18 VAC 60-30-110.

BOARD OF DENTISTRY
Dental Hygiene regulations

All sections referenced in the Chapter are highlighted in yellow - for confirmation/correction before adoption of proposed regulations in June.
Sections in blue require some discussion.

CHAPTER 25
REGULATIONS GOVERNING THE PRACTICE OF DENTAL HYGIENE

Part I. General Provisions.

18VAC60-25-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in §54.1-2700 of the Code of Virginia:

"Board"

"Dental hygiene"

"Dental hygienist"

"Dentist"

"Dentistry"

"License"

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

"Active practice" means clinical practice as a dental hygienist for at least 600 hours per year.

"ADA" means the American Dental Association.

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

"CODA" means the Commission on Dental Accreditation of the American Dental Association.

"Code" means the Code of Virginia.

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

"Dental assistant II" means a person under the direction and direct supervision of a dentist who is registered to perform reversible, intraoral procedures as specified in 18VAC60-21-150 and 18VAC60-21-160.

"Direction" means the level of supervision, direct, indirect or general, that a dentist is required to exercise with a dental hygienist or that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services.

"General supervision" means that a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment that 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. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

"Indirect supervision" means the dentist examines the patient at some point during the appointment, and is continuously present in the office to advise and assist a dental hygienist or a dental assistant who is (i) delivering hygiene treatment, (ii) preparing the patient for examination or treatment by the dentist, or (iii) 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 an injected agent without depressing the level of consciousness.

“Monitoring” means to observe, evaluate and record appropriate physiologic functions of the body during sedative procedures and general anesthesia appropriate to the level of sedation as provided in Part VI of 18VAC60-21-10 et seq.

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

“Topical oral anesthestic” means any drug, available in creams, ointments, aerosols, sprays, lotions or jellies that can be used orally for the purpose of rendering the oral cavity insensitive to pain without affecting consciousness.

18VAC60-25-20. Address of record; posting of license.

A. Address of record. Each licensed dental hygienist shall provide the board with a current address of record. All required notices and correspondence mailed by the board to any such licensee shall be validly given when mailed to the address of record on file with the board. Each licensee may also provide a different address to be used as the public address, but if a second address is not provided, the address of record shall be the public address. All changes of address shall be furnished to the board in writing within 30 days of such changes.

B. Posting of license. In accordance with § 54.1-2727 of the Code, a dental hygienist shall display a current, active license where it is conspicuous and readable by patients. If a licensee is employed in more than one office, a duplicate license obtained from the board may be displayed.

18VAC60-25-30. Required fees.

A. Application fees.

1. License by examination $175

2. License by credentials	$275
3. License to teach dental hygiene pursuant to § 54.1-2725	$175
4. Temporary permit pursuant to § 54.1-2726	$175
3. Restricted volunteer license	$25
4. Volunteer practice registration	$10
B. Renewal fees.	
1. Active license	$75
2. Inactive license	$40
3. License to teach dental hygiene pursuant to § 54.1-2725	$75
4. Temporary permit pursuant to § 54.1-2726	$75
5. Restricted volunteer license	$15
C. Late fees.	
1. Active license	$25
2. Inactive license	$15
3. License to teach dental hygiene pursuant to § 54.1-2725	$25
4. Temporary permit pursuant to § 54.1-2726	$25
D. Reinstatement fees.	
1. Expired license	$200
2. Suspended license	$400
3. Revoked license	$500
E. Administrative fees.	
1. Duplicate wall certificate	$60
2. Duplicate license	$20
3. Certification of licensure	$35
4. Returned check	$35

F. No fee shall be refunded or applied for any purpose other than the purpose for which the fee was submitted.

Part II. Practice of Dental Hygiene.

18VAC60-25-40. Scope of practice.

A. Pursuant to § 54.1-2722 of the Code, a licensed dental hygienist may perform services that are educational, diagnostic, therapeutic, or preventive under the direction and indirect or general supervision of a licensed dentist.

B. The following duties of a dentist shall not be delegated:

1. Final diagnosis and treatment planning;

2. Performing surgical or cutting procedures on hard or soft tissue, except as may be permitted by C 1 and D 1 of this section;

3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist, who meets the requirements of 18VAC60-25-100 C, 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 that is to be inserted into a patient's mouth;

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

6. Administration of deep sedation or general anesthesia and conscious/moderate sedation;

7. Condensing, contouring or adjusting any final, fixed or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental assistants II with advanced training as specified in Part IV of this chapter;

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

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

C. The following duties shall only be delegated to dental hygienists under direction and may only be performed under indirect supervision:

1. Scaling, root planing and/or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices and athermal lasers with any sedation or 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 18VAC60-25-100.

D. The following duties shall only be delegated to dental hygienists and may be performed under indirect supervision or may be delegated by written order in accordance with § 54.1-2722 D of the Code to be performed under general supervision:

1. Scaling, root planning and/or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices and athermal lasers with or without topical oral anesthestics.

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 and gingival application of topical Schedule VI medicinal agents pursuant to § 54.1-3408 J of the Code.

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 as nondelegable in subsection B of this section and those restricted to indirect supervision in subsection C of this section.

E. The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II:

1. Performing pulp capping procedures;

2. Packing and carving of amalgam restorations;

3. Placing and shaping composite resin restorations with a slow speed handpiece;

4. Taking final impressions;

5. Use of a non-epinephrine retraction cord; and

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

18VAC60-25-50. Utilization of dental hygienists and dental assistants II.

A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction at one and the same time. In addition, a dentist may permit through issuance of written orders for services, additional dental hygienists to practice under general supervision in a free clinic, a public health program, or in a voluntary practice.

18VAC60-25-60. Delegation of services to a dental hygienist.

A. In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining with the patient or his representative the specific treatment the patient will receive, 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.

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 18VAC60-25-50.

C. 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 specified time period, not to exceed 10 months from the date the dentist last performed a periodic examination of the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment under general supervision.

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 a dentist may not be present, that only topical oral anesthetics can be administered to manage pain, 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.

D. An order for treatment under general supervision shall not preclude the use of another level of supervision when, in the professional judgment of the dentist, such level of supervision is necessary to meet the individual needs of the patient.

18VAC60-25-70. Delegation of services to a dental assistant.

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 of a dentist or a dental hygienist practicing under general supervision as permitted in subsection B of this section, with the exception of those listed as nondelegable and those which may only be delegated to dental hygienists as listed in 18VAC60-25-40.

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.

18VAC60-25-80. Radiation certification.

No dentist or dental hygienist shall permit a person not otherwise licensed by this board to place or expose dental x-ray film unless he has (i) satisfactorily completed a course ~~or~~ and examination given by a program 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 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.

18VAC60-25-90. What does not constitute practice.

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

1. General oral health education.
2. Recording a patient's pulse, blood pressure, temperature, presenting complaint and medical history.
3. Conducting preliminary dental screenings in free clinics, public health programs or in a voluntary practice.

18VAC60-25-100. Administration of controlled substances.

A. A licensed dental hygienist may:

1. Administer topical oral fluoride varnish to children aged six months to three years of age under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine pursuant to subsection V of § 54.1-3408 of the Code of Virginia;

2. Administer topical Schedule VI drugs, including topical oral fluorides, topical oral anesthetics and topical and directly applied antimicrobial agents for treatment of

periodontal pocket lesions pursuant to subsection J of § 54.1-3408 of the Code of Virginia; and

3. If qualified in accordance with subsections B or C of this section, administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI (should it include the word "parenterally") local anesthesia under the indirect supervision of a dentist.

B. To administer only nitrous oxide/inhalation analgesia, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of nitrous oxide offered by a CODA accredited dental or dental hygiene program, which includes a minimum of eight hours in didactic and clinical instruction in the following topics:

a. Patient physical and psychological assessment;

b. Medical history evaluation;

c. Equipment and techniques used for administration of nitrous oxide;

d. Neurophysiology of nitrous oxide administration;

e. Pharmacology of nitrous oxide;

f. Recordkeeping, medical and legal aspects of nitrous oxide;

g. Adjunctive uses of nitrous oxide for dental patients; and

h. Clinical experiences in administering nitrous oxide, including training with live patients.

2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia given by the accredited program.

C. To administer both nitrous oxide/inhalation analgesia and, to patients 18 years of age or older, (should it include the word "parenterally") local anesthesia, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of local anesthesia and nitrous oxide/inhalation analgesia that is offered by a CODA accredited dental or dental hygiene program, which includes a minimum of 36 didactic and clinical hours in the following topics:

a. Patient physical and psychological assessment;

b. Medical history evaluation and recordkeeping;

c. Neurophysiology of local anesthesia;

d. Pharmacology of local anesthetics and vasoconstrictors;

e. Anatomical considerations for local anesthesia;

f. Techniques for maxillary infiltration and block anesthesia;

g. Techniques for mandibular infiltration and block anesthesia;

h. Local and systemic anesthetic complications;

i. Management of medical emergencies;

j. Clinical experiences in maxillary and mandibular infiltration and block injections;

k. Pharmacology of nitrous oxide;

l. Adjunctive uses of nitrous oxide for dental patients; and

m. Clinical experiences in administering nitrous oxide and local anesthesia injections on patients.

2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia and local anesthesia given by the accredited program.

D. A dental hygienist who holds a certificate or credential issued by the licensing board of another U.S. jurisdiction that authorizes the administration of nitrous oxide/inhalation analgesia or local anesthesia may be authorized for such administration in Virginia if:

1. The qualifications on which the credential or certificate was issued were substantially equivalent in hours of instruction and course content to those set forth in subsections B and C of this section; or

2. If the certificate or credential issued by another jurisdiction was not substantially equivalent, the hygienist can document experience in such administration for at least 24 of the past 48 months preceding application for licensure in Virginia.

E. A dentist who provides direction for the administration of nitrous oxide/inhalation analgesia or local anesthesia shall ensure that the dental hygienist has met the qualifications for such administration as set forth in this section.

Part III. Standards of conduct.

18VAC60-25-110. Patient records; confidentiality.

A. A dental hygienist shall be responsible for accurate and complete information in patient records for those services provided by a hygienist or a dental assistant under direction to include the following:

1. Patient's name on each page in the patient record;

2. A health history taken at the initial appointment, which is reviewed at least annually or more often if medically indicated, and or when administering local anesthesia, nitrous oxide/inhalation analgesia;

3. Options discussed and oral or written consent for any treatment rendered with the exception of prophylaxis;

4. List of drugs administered and the route of administration, quantity, dose and strength;

5. Radiographs, digital images and photographs clearly labeled with the patient name and date taken;

6. A notation or documentation of an order required for treatment of a patient by a dental hygienist practicing under general supervision as required in 18VAC60-25-60 C; and

7. Notation of each date of treatment and the identity of the dentist and the dental hygienist providing service.

B. A dental hygienist shall comply with the provisions of § 32.1-127.1:03 of the Code related to the confidentiality and disclosure of patient records. A dental hygienist shall not willfully or negligently breach the confidentiality between a practitioner and a

patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the hygienist shall not be considered negligent or willful.

18VAC60-25-120. Acts constituting unprofessional conduct.

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

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 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 to any person who is not a licensee or registrant as authorized by this chapter;

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

7. Violating or cooperating with others in violating provisions of Chapters 1 (§ 54.1-100 et seq.), 24 (§ 54.1-2400 et seq.) or the Drug Control Act (§ 54.1-3400 et seq.).

Part IV. Requirements for Licensure.

18VAC60-25-130. General application requirements.

A. All applications for licensure by examination or credentials, temporary permits or teacher's licenses shall include:

1. Verification of completion of a dental hygiene degree or certificate from a CODA accredited program;

2. An original grade card issued by the Joint Commission on National Dental Examinations;

3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB) and a current report from the National Practitioner Data Bank (NPDB); and

4. Attestation of having read and understood the laws and the regulations governing the practice of dentistry and dental hygiene in Virginia and of the applicant's intent to remain current with such laws and regulations.

B. If documentation required for licensure cannot be produced by the entity from which it is required, the board, in its discretion, may accept other evidence of qualification for licensure.

18VAC60-25-140. Licensure by examination.

A. An applicant for licensure by examination shall have:

1. Graduated from or have been issued a certificate by a CODA accredited program of dental hygiene;

2. Successfully completed the dental hygiene examination of the Joint Commission on National Dental Examinations; and

3. Successfully completed a board-approved clinical competency examination in dental hygiene.

B. 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. Applicants who successfully completed a board-approved examination five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake a board-approved examination or take board-approved continuing education that meets the requirements of 18VAC60-25-190, unless they demonstrate that they have maintained clinical, unrestricted, and active practice in U. S. jurisdiction for 48 of the past 60 months immediately prior to submission of an application for licensure.

18VAC60-25-150. Licensure by credentials.

An applicant for dental hygiene licensure by credentials shall:

1. Have graduated from or have been issued a certificate by a CODA accredited program of dental hygiene;

2. Be currently licensed to practice dental hygiene in another U. S. jurisdiction and have clinical, ethical, and active practice for 24 of the past 48 months immediately preceding application for licensure;

3. Be certified to be in good standing from each state in which he is currently licensed or has ever held a license;

4. Have successfully completed a clinical competency examination substantially equivalent to that required for licensure by examination;

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

6. Have successfully completed the dental hygiene examination of the Joint Commission on National Dental Examinations prior to making application to this board.

18VAC60-25-160. Temporary permit; teacher's license.

A. Issuance of a temporary permit.

1. A temporary permit shall be issued only for the purpose of allowing dental hygiene practice as limited by § 54.1-2726 of the Code of Virginia. An applicant for a temporary permit shall submit a completed application and verification of graduation from the program from which the applicant received the dental hygiene degree or certificate.

2. A temporary permit will not be renewed unless the permittee shows that extraordinary circumstances prevented the permittee from taking a board-approved clinical competency examination during the term of the temporary permit.

B. The board may issue a teacher's license pursuant to provisions of § 54.1-2725 of the Code.

C. A dental hygienist holding a temporary permit or a teacher's license issued pursuant to this section is subject to the provisions of this chapter and the disciplinary regulations which apply to all licensees practicing in Virginia.

18VAC60-25-170. Voluntary practice.

A. Restricted volunteer license.

1. In accordance with § 54.1-2726.1 of the Code, the board may issue a restricted volunteer license to a dental hygienist who:

a. Held an unrestricted license in Virginia or another U. S. jurisdiction as a licensee in good standing at the time the license expired or became inactive;

b. Is volunteering for a public health or community free clinic that provides dental services to populations of underserved people;

c. Has fulfilled the board's requirement related to knowledge of the laws and regulations governing the practice of dentistry and dental hygiene in Virginia;

d. Has not failed a clinical examination within the past five years;

e. Has had at least five years of active practice in Virginia, another U. S. jurisdiction or in federal, civil or military service; and

f. Is sponsored by a dentist who holds an unrestricted license in Virginia.

2. A person holding a restricted volunteer license under this section shall:

a. Practice only under the direction of a dentist who holds an unrestricted license in Virginia;

b. Only practice in public health or community free clinics that provide dental services to underserved populations;

c. Only treat patients who have been screened by the approved clinic and are eligible for treatment;

d. Attest on a form provided by the board that he will not receive remuneration directly or indirectly for providing dental services; and

e. Not be required to complete continuing education in order to renew such a license.

3. A restricted volunteer license granted pursuant to this section shall expire on the June 30 of the second year after its issuance, or shall terminate when the supervising dentist withdraws his sponsorship.

4. A dental hygienist holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and the disciplinary regulations which apply to all licensees practicing in Virginia.

B. Registration for voluntary practice by out-of-state licensees.

Any dental hygienist who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

a. File a complete application for registration on a form provided by the board at least 15 days prior to engaging in such practice;

b. Provide a copy of a current license or certificate to practice dental hygiene;

c. Provide a complete record of professional licensure in each state in which he has held a license or certificate;

d. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;

e. Pay a registration fee as required in 18VAC60-25-30; and

f. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 5 of §54.1-2701 of the Code.

Part V. Licensure Renewal and Reinstatement

18VAC60-25-180. Requirements for licensure renewal.

A. An active dental hygiene license shall be renewed on or before March 31 each year. A teacher's license, a restricted volunteer license or a temporary permit shall be renewed, on or before June 30 each year.

B. The license 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 dental hygiene shall be illegal. With the exception of practice with a current, restricted volunteer license as provided in § 54.1-2726.1 of the Code, practicing in Virginia with an expired license may subject the licensee to disciplinary action by the board.

C. 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. The board may renew a license if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of this section.

18VAC60-25-190. Requirements for continuing education.

A. In order to renew an active license, a dental hygienist shall complete a minimum of 15 hours of approved continuing education. 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.

1. A dental hygienist shall be required to maintain evidence of successful completion of a current hands-on course in basic cardiopulmonary resuscitation for healthcare providers.

2. A dental hygienist who monitors patients under general anesthesia, deep sedation or conscious sedation or who administers nitrous oxide or non-topical local anesthesia 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.

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

1. Clinical courses in dental or dental hygiene practice; or

2. Nonclinical subjects that relate to the skills necessary to provide dental hygiene services and are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, risk management, recordkeeping). 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. Verification of compliance.

1. All licenses are required to verify compliance with continuing education requirements at the time of annual license renewal.

2. Following the renewal period, the board may conduct an audit of licensees to verify compliance.

3. Licensees 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.

4. Licensees are required to maintain original documents verifying the date, the subject of the program or activity, the sponsor and the amount of time earned. Documentation must be maintained for a period of four years following renewal.

5. Failure to comply with continuing education requirements may subject the licensee to disciplinary action by the board.

E. Exemptions.

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

2. 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. A written request with supporting documents must be sumitted at least 30 days prior to the deadline for renewal.

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

18VAC60-25-200. Inactive license.

A. Any 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.

B. With the exception of practice with a restricted volunteer license as provided in § 54.1-2726.1 of the Code, the holder of an inactive license shall not be entitled to perform any act requiring a license to practice dental hygiene in Virginia.

C. An inactive dental hygiene license may be renewed on or before March 31 each year.

18VAC60-25-210. Reinstatement or reactivation of a license.

A. Reinstatement of an expired license.

1. Any person whose license has expired for more than one year and who wishes to reinstate such license shall submit to the board a reinstatement application and the reinstatement fee.

2. An applicant for reinstatement shall submit evidence of completion of continuing education which meets the requirements of 18VAC60-25-190 and which is equal to the requirement for the number of years in which his license has not been active in Virginia, 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.

3. An applicant for reinstatement shall also provide evidence of continuing competence which may also include: a) documentation of active practice in another state or in federal service; b) recent passage of a clinical competency examination accepted by the board; or c) completion of a refresher program offered by a CODA accredited program.

4. The executive director may reinstate a license provided that the applicant can demonstrate continuing competence, that no grounds exist pursuant to § 54.1-2706 of the Code and 18VAC60-25-120 to deny said reinstatement, and that the applicant has paid the reinstatement fee and any fines or assessments.

B. Reactivation of an inactive license.

1. 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 which meets the requirements of 18VAC60-25-190 and which is 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.

2. An applicant for reactivation shall also provide evidence of continuing competence which may also include: a) documentation of active practice in another state or in federal service; b) recent passage of a clinical competency examination accepted by the board; or c) completion of a refresher program offered by a CODA accredited program.

3. The executive director may reactivate a license provided that the applicant can demonstrate continuing competence and that no grounds exist pursuant to § 54.1-2706 of the Code and Part III of this chapter to deny said reactivation.

BOARD OF DENTISTRY
Dentistry regulations

All sections referenced in the Chapter are highlighted in yellow - for confirmation/correction before adoption of proposed regulations in June.
Regulations highlighted in blue are for discussion.

CHAPTER 21
REGULATIONS GOVERNING THE PRACTICE OF DENTISTRY

Part I. General Provisions.

18VAC60-21-10. Definitions. **See current 18VAC60-20-10**
1) Anxiolysis renamed see minimal sedation 2) Conscious sedation renamed see moderate sedation 3) Deep sedation and General anesthesia defined separately 4) Code added 5) Inhalation analgesia dropped using nitrous oxide/oxygen instead 6) Added Monitoring and Topical oral anesthetics 7) Updated definitions for consistency with ADA Guidelines for Teaching Pain Control and Sedation

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in §54.1-2700 of the Code of Virginia:

“Board”

“Dental hygiene”

“Dental hygienist”

“Dentist”

“Dentistry”

“License”

“Maxillofacial”

“Oral and maxillofacial surgeon”

B. 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.

“CODA” means the Commission on Dental Accreditation of American Dental Association.

“Code” means the Code of Virginia.

"Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

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

“Dental assistant II” means a person under the direction and direct supervision of a dentist who is registered by the board to perform reversible, intraoral procedures as specified in 18VAC60-21-150 and 18VAC60-21-160.

"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 assistant II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains immediately available in the office to the 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 level of supervision, direct, indirect or general, that a dentist is required to exercise with a dental hygienist, a dental assistant I or a dental assistant II 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 anesthesia” means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

"General supervision" means that a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment that 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.

Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

“Immediate supervision” means the dentist is in the operatory to supervise the administration of sedation or provision of treatment.

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

"Local anesthesia" means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

"Minimal sedation" means a minimally depressed level of consciousness, produced by a pharmacological method, which retains the patient’s ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

"Moderate sedation" means a drug-induced depression of consciousness, during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

“Monitoring” means to observe, interpret, assess and record appropriate physiologic functions of the body during sedative procedures and general anesthesia appropriate to the level of sedation as provided in Part VI.

"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 radiographic images of hard and soft tissues used for purposes of diagnosis.

“Topical oral anesthestic” means any drug, available in creams, ointments, aerosols, sprays, lotions or jellies that can be used orally for the purpose of rendering the oral cavity insensitive to pain without affecting consciousness.

18VAC60-21-20. Address of record. ***See current 18VAC60-20-16***

Each licensed dentist shall provide the board with a current address of record. All required notices and correspondence mailed by the board to any such licensee shall be validly given when mailed to the

address of record on file with the board. Each licensee may also provide a different address to be used as the public address, but if a second address is not provided, the address of record shall be the public address. All changes of address shall be furnished to the board in writing within 30 days of such changes.

18VAC60-21-30. Posting requirements. ***NEW***
1) In B. replaces use of notarized copies from 18VAC60-20-30.D with requiring a duplicate issued by the Board.

A. A dentist who is practicing under a firm name or who is practicing as an employee of another dentist is required by §54.1-2720 of the Code to conspicuously display his name at the entrance of the office. The employing dentist, firm or company must enable compliance by designating a space at the entrance of the office for the name to be displayed.
B. In accordance with §54.1-2721 of the Code, a dentist shall display a current, active license where it is conspicuous and readable by patients in each dental practice setting. If a licensee practices in more than one office, a duplicate license obtained from the board may be displayed.
C. A dentist who administers, prescribes or dispenses Schedule II through V controlled substances shall display his current registration with the federal Drug Enforcement Administration with his current active license.
D. A dentist who administers moderate sedation, deep sedation or general anesthesia shall display with his current active license:
   1. A diploma from a CODA accredited dental program or a certificate of education from a continuing education sponsor which meets the requirements of 18VAC60-21-250, and
   2. Current certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for healthcare providers.

18VAC60-21-40. Fees. **NEW** ***consolidates provisions from 18VAC60-20-20, 30, 40, 106, 250, 310, and 320***

A. Application/registration fees

1. Dental license by examination	$400
2. Dental license by credentials	$500
3. Dental restricted teaching license	$285
4. Dental teacher's license	$285
5. Dental full-time faculty license	$285
6. Dental temporary resident's license	$60
7. Restricted volunteer license	$25
8. Volunteer exemption registration	$10
9. Oral maxillofacial surgeon registration	$175
10. Cosmetic procedures certification	$225
11. Mobile clinic/portable operation	$250

B. Renewal fees

1. Dental license - active	$285
2. Dental license – inactive	$145
3. Dental temporary resident's license	$35
4. Restricted volunteer license	$15
5. Oral maxillofacial surgeon registration	$175
6. Cosmetic procedures certification	$100
7. Mobile clinic/portable operation	$150

C. Late fees

1. Dental license - active	$100
2. Dental license – inactive	$50
3. Dental temporary resident's license	$15
4. Oral maxillofacial surgeon registration	$55
5. Cosmetic procedures certification	$35

D. Reinstatement fees

1. Dental license - expired	$500
2. Dental license – suspended	$750
3. Dental license - revoked	$1000
4. Oral maxillofacial surgeon registration	$350
5. Cosmetic procedures certification	$225

E. Document fees

1. Duplicate wall certificate	$60
2. Duplicate license	$20
3. License certification	$35

F. Other fees

1. Returned check fee	$35
2. Practice inspection fee	$350

G. No fee will be refunded or applied for any purpose other than the purpose for which the fee is submitted.

Part II. Standards of Professional Conduct

18VAC60-21-50. Scope of practice. ***NEW §54.1-3303 on Prescriptions in the Drug Control Act***

A. Dentists shall only treat based on a bona fide dentist and patient relationship for medicinal or therapeutic purposes within the course of his professional practice consistent with the definition of dentistry in §54.1-2710 of the Code, the provisions for controlled substances in Chapter 34 of the Drug Control Act in the Code, and the general provisions for health practitioners in the Code. A bona fide dentist and patient relationship is established when examination and diagnosis of a patient is initiated.

B. For the purpose of prescribing controlled substances, the bona fide dentist/patient relationship shall be established in accordance with § 54.1-3303 of the Code.

18VAC60-21-60. General responsibilities to patients. **NEW See Guidance Document 15**

A. A dentist is responsible for conducting his practice in a manner which safeguards the safety, health and welfare of his patients and the public by:

1. Maintaining a safe and sanitary practice, including containing or isolating pets away from the treatment areas of the dental practice. An exception shall be made for a service dog trained to

accompany its owner or handler for the purpose of carrying items, retrieving objects, pulling a wheelchair, alerting the owner or handler to medical conditions, or other such activities of service or support necessary to mitigate a disability. .

2. Consulting with or referring patients to other practitioners with specialized knowledge, skills and experience when needed to safeguard and advance the health of the patient.

3. Treating according to the patient's desires only to the extent that such treatment is within the bounds of accepted treatment and only after the patient has been given a treatment recommendation and an explanation of the acceptable alternatives.

4. Only delegating patient care and exposure of dental x-rays to qualified, properly trained and supervised personnel as authorized in Part III, Direction and Delegation of Duties, of this chapter.

5. Giving patients at least 30 days written notice of a decision to terminate the dentist-patient relationship.

6. Knowing the signs of abuse and neglect and reporting suspected cases to the proper authorities consistent with state law.

7. Accurately representing to a patient and the public the materials or methods and techniques to be used in treatment.

B. A dentist is responsible for conducting his financial responsibilities to patients and third party payers in an ethical and honest manner by:

1. Maintaining a listing of customary fees and representing all fees being charged clearly and accurately.

2. Making a full and fair disclosure to his patient of all terms and considerations before entering into a payment agreement for services.

3. Not obtaining, attempting to obtain or cooperating with others in obtaining payment for services by misrepresenting procedures performed, dates of service or status of treatment.

4. Making a full and fair disclosure to his patient of any financial incentives he received for promoting or selling products.

5. Not exploiting the dentist and patient relationship for personal gain related in non-dental transactions.

18VAC60-21-70. Unprofessional practices.

A. A dentist shall not commit any act which violates provisions of the Code which reasonably relate to the practice of dentistry and dental hygiene, including but not limited to:

1. Delegating any service or operation that requires the professional competence or judgment of a dentist or dental hygienist to any person who is not a licensed dentist or dental hygienist.

2. 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.

3. Unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program.

4. Failing to maintain and dispense of scheduled drugs as authorized by the Virginia Drug Control Act and the regulations of the Board of Pharmacy.

5. Failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation or inspection.

B. Sexual conduct with a patient, employee or student shall constitute unprofessional conduct if:

1. The sexual conduct is unwanted or non-consensual; or

2. The sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC60-21-80. Advertising. **See current 18VAC60-20-180**

A. Practice limitation. A general dentist who limits his practice to a dental specialty or describes his practice by types of treatment shall state in conjunction with his name that he is a general dentist providing certain services, e.g., orthodontic services.

B. Fee disclosures. Any statement specifying a fee for a dental service which does not include the cost of all related procedures, services, and products which, to a substantial likelihood, will be necessary for the completion of the advertised services as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of fees for specifically described dental services shall not be deemed to be deceptive or misleading.

C. Discounts and free offers. Discount and free offers for a dental service are permissible for advertising only when the non-discounted or full fee and the final discounted fee are also disclosed in the advertisement. In addition, the time period for obtaining the discount or free offer must be stated in the advertisement. The dentist shall maintain documented evidence to substantiate the discounted fee or free offer.

D. Retention of broadcast advertising. A prerecorded copy of all advertisements on radio or television shall be retained for a twelve-month period following the final appearance of the advertisement. The advertising dentist is responsible for making prerecorded copies of the advertisement available to the board within five days following a request by the board.

E. Routine dental services. Advertising of fees pursuant to subdivision G 3 of this section is limited to procedures which are determined by the board to be routine dental services as set forth in the American Dental Association's "Code on Dental Procedures and Nomenclature," as published in Current Dental Terminology (CDT-2011/2012) or such version as subsequently amended and as incorporated by reference.

F. Signage. Advertisements, including but not limited to signage, containing descriptions of the type of dentistry practiced or a specific geographic locator are permissible so long as the requirements of §§ 54.1-2718 and 54.1-2720 of the Code are met.

G. False, deceptive or misleading advertisement. The following practices shall constitute false, deceptive, or misleading advertising within the meaning of § 54.1-2706 (7) of the Code:

1. Publishing an advertisement which contains a material misrepresentation or omission of facts that causes an ordinarily prudent person to misunderstand or be deceived, or that fails to contain reasonable warnings or disclaimers necessary to make a representation not deceptive;

2. Publishing an advertisement which fails to include the information and disclaimers required by this section; or

3. Publishing an advertisement which contains a false claim of professional superiority, claims to be a specialist, or uses any of the terms to designate a dental specialty unless he is entitled to such specialty designation under the guidelines or requirements for specialties approved by the American Dental

Association (Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, October 2009), or such guidelines or requirements as subsequently amended.

4. Representation by a dentist who does not currently hold specialty certification that his practice is limited to providing services in such specialty area without clearly disclosing that he is a general dentist.

18VAC60-21-90 Patient information and records See current 18VAC60-20-15 and Medicine's 18VAC85-20-26

A. A dentist shall maintain complete, legible and accurate patient records for not less than six years from the last date of service for purposes of review by the board with the following exceptions:

1. Records of a minor child shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child; or

2. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

3. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

B. Every patient record shall include the following:

1. Patient's name on each page in the patient record;

2. A health history taken at the initial appointment which is updated when analgesia, sedation or anesthesia is to be administered and when medically indicated and at least annually;

3. Diagnosis and options discussed, including the risks and benefits of treatment or non-treatment and the estimated cost of treatment options;

4. Consent for treatment obtained and treatment rendered;

5. List of drugs prescribed, administered, dispensed and the route of administration, quantity, dose and strength;

6. Radiographs, digital images and photographs clearly labeled with patient name and date taken;

7. Notation of each date of treatment and of the dentist, dental hygienist and dental assistant II providing service;

8. Duplicate laboratory work orders which meet the requirements of §54.1-2719 of the Code including the address and signature of the dentist;

9. Itemized patient financial records as required by §54.1-2404 of the Code;

10. A notation or documentation of an order required for treatment of a patient by a dental hygienist practicing under general supervision as required in 18VAC60-21-140 B; and

11. The information required for the administration of moderate sedation, deep sedation and general anesthesia required in 18VAC60-21-260 D.

C. A licensee shall comply with the patient record confidentiality, release and disclosure provisions of §32.1-127.1:03 of the Code and shall only release patient information as authorized by law.

D. Records shall not be withheld because the patient has an outstanding financial obligation.

E. A reasonable cost-based fee may be charged for copying patient records to include the cost of supplies and labor for copying documents, duplication of radiographs and images and postage if mailing

is requested as authorized by §32.1-127.1:03 of the Code. The charges specified in §8.01-413 of the Code are permitted when records are subpoenaed as evidence for purposes of civil litigation.

F. When closing, selling or relocating a practice, the licensee shall meet the requirements of § 54.1-2405 of the Code for giving notice and providing records.

G. Records shall not be abandoned or otherwise left in the care of someone who is not licensed by the board except that, upon the death of a licensee, a trustee or executor of the estate may safeguard the records until they are transferred to a licensee, are sent to the patients of record or are destroyed.

H. Patient confidentiality must be preserved when records are destroyed.

18VAC60-21-100. Reportable events during or following treatment or the administration of sedation or anesthesia. See current 18VAC60-20-140 – no longer limited to incidents resulting from administration of sedation or anesthesia

The treating dentist shall submit a written report to the board within 15 calendar days following an unexpected patient event which occurred intra-operatively or during the first 24 hours immediately following the patient's departure from his facility, resulting in either a physical injury or a respiratory, cardiovascular or neurological complication that necessitated admission of the patient to a hospital or in a patient death.

Part III. Direction and Delegation Of Duties.

18VAC60-21-110. Utilization of dental hygienists and dental assistants II. See current 18VAC60-20-200

A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction at one and the same time. In addition, a dentist may permit through issuance of written orders for services, additional dental hygienists to practice under general supervision in a free clinic, a public health program, or on a voluntary basis.

18VAC60-21-120. Requirements for direction and general supervision. See current 18VAC60-20-210

A. In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining with the patient or his representative the specific treatment the patient will receive, 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.

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 18VAC60-21-110.

C. Dental hygienists acting within the scope of a license issued to them by the board under §54.1-2722 or §54.1-2725 of the Code who teach dental hygiene in a CODA accredited program are exempt from this section.

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

E. 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 performed a periodic examination of the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment under general supervision.

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 a dentist may not be present, that only topical oral anesthetics can be administered to manage pain, 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.

F. An order for treatment under general supervision shall not preclude the use of another level of supervision when, in the professional judgment of the dentist, such level of supervision is necessary to meet the individual needs of the patient.

18VAC60-21-130. Nondelegable duties; dentists. **See current 18VAC60-20-190**

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 except a dental hygienist performing gingival curettage as provided in 18VAC60-21-140;

3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist, who meets the requirements of 18VAC60-25-100, 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 that is to be inserted into a patient's mouth;

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

6. Administering and monitoring moderate sedation, deep sedation or general anesthetics except as provided for in § 54.1-2701 of the Code and Part IV of this chapter.

7. Condensing, contouring or adjusting any final, fixed or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental assistants II with advanced training as specified in 18VAC60-30-120;

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

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

18VAC60-21-140. Dental hygienists. **See current 18VAC60-20-220**

A. The following duties shall only be delegated to dental hygienists under direction and may only be performed under indirect supervision:

1. Scaling, root planing and/or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices and athermal lasers with any sedation or 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 18VAC60-25-100.

B. The following duties shall only be delegated to dental hygienists and may be performed under indirect supervision or may be delegated by written order in accordance with §§ 54.1-2722 D and 54.1-3408 J of the Code to be performed under general supervision:

1. Scaling, root planing and/or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices and athermal lasers with or without topical oral anesthetics.
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 pursuant to § 54.1-3408 J of the Code.
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 as non-delegable in 18VAC60-21-130, those restricted to indirect supervision in subsection A of this section, and those restricted to delegation to dental assistants II in 18VAC60-21-150.

18VAC60-21-150. Delegation to dental assistants II. **See DAII 18VAC60-20-230.C**

The following duties may only 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 18VAC60-30-120.

1. Performing pulp capping procedures;
2. Packing and carving of amalgam restorations;
3. Placing and shaping composite resin restorations with a slow speed handpiece;
4. Taking final impressions;
5. Use of a non-epinephrine retraction cord; and
6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

18VAC60-21-160. Delegation to dental assistants I and II. **See DAII 18VAC60-20-230**

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 I or II under the indirect or under general supervision required in 18VAC60-21-120, with the exception of those listed as non-delegable in 18VAC60-21-130, those which may only be delegated to dental hygienists as listed in 18VAC60-21-140 and those which may only be delegated to a dental assistant II as listed in 18VAC60-21-150.

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.

18VAC60-21-170. Radiation certification. See current 18VAC60-20-195

No dentist or dental hygienist shall permit a person not otherwise licensed by this board to place or expose dental x-ray film unless he has (i) satisfactorily completed a course ~~or~~ and examination given by a program 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 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.

18VAC60-21-180. What does not constitute practice. **See current 18VAC60-20-240**

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

1. General oral health education.
2. Recording a patient's pulse, blood pressure, temperature, presenting complaint and medical history.
3. Conducting preliminary dental screenings in free clinics, public health programs or in a voluntary practice.

Part IV. Entry, Licensure and Registration Requirements.

18VAC60-21-190. General application provisions. **See current 18VAC60-20-70.C & D and 100**

A. Applications for any dental license, registration or permit issued by the board, other than for a volunteer exemption or for a restricted volunteer license, shall include:

1. A final certified transcript of the grades from the college from which the applicant received the dental degree, dental hygiene degree or certificate, or post-doctoral degree or certificate;
2. An original grade card documenting passage of all parts of the Joint Commission on National Dental Examinations showing passage of all parts of ; and
3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB) and a current report from the National Practitioner Data Bank (NPDB).

B. All applicants for licensure, other than for a volunteer exemption or for a restricted volunteer license, shall be required to attest that they have read and understand and will remain current with the laws and regulations governing the practice of dentistry, dental hygiene and dental assisting in Virginia.

C. If a transcript or other documentation required for licensure cannot be produced by the entity from which it is required, the board, in its discretion, may accept other evidence of qualification for licensure.

E. Any application for a dental license, registration or permit may be denied for any cause specified in §§ 54.1-111 or 54.1-2706 of the Code.

F. An application must include payment of the appropriate fee as specified in 18VAC60-21-40.

18VAC60-21-200. Education. **See current 18VAC60-20-60**

An applicant for any type of 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 program of at least 24 months in any other specialty which includes a clinical component.

18VAC60-21-210. Qualifications for an unrestricted license.

A. Dental licensure by examination. **See current 18VAC60-20-70.A**

1. All applicants shall have successfully completed all parts of the National Examination of the Joint Commission on National Dental Examinations.

2. All applicants shall have passed a dental clinical competency examination which is accepted by the board.

3. If a candidate has failed any section of a clinical competency 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.

4. Applicants who successfully completed a clinical competency examination five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake an examination or take continuing education which meets the requirements of 18VAC60-21-250 unless they demonstrate that they have maintained clinical, ethical and legal practice in another jurisdiction of the United States or in federal civil or military service for 48 of the past 60 months immediately prior to submission of an application for licensure.

B. Dental licensure by credentials. **See current 18VAC60-20-71**

1. Have passed all parts of the national examination given by the Joint Commission on National Dental Examinations;

2. Have successfully completed a clinical competency examination acceptable to the board;

3. Hold a current, unrestricted license to practice dentistry in another jurisdiction in the United States and is certified to be in good standing by each jurisdiction in which he currently holds or has held a license; and

4. Have been in continuous clinical practice in another jurisdiction of the United States or in United States federal civil or military service for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in the dental corps of the United States Armed Forces, volunteer practice in a public health clinic, or practice in an intern or residency program may be accepted by the board to satisfy this requirement. One year of clinical practice shall consist of a minimum of 600 hours of practice in a calendar year as attested by the applicant.

18VAC60-21-220. Inactive license. See current 18VAC60-20-105

A. Any dentist 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 current restricted volunteer license as provided in § 54.1-2712.1 of the Code, the holder of an inactive license shall not be entitled to perform any act requiring a license to practice dentistry in Virginia.

B. An inactive license may be reactivated upon submission of the required application which includes evidence of continuing competence, and payment of the current renewal fee. To evaluate continuing competence the board shall consider (i) hours of continuing education which meets the requirements of 18 VAC 60-21-250; (ii) evidence of active practice in another state or in federal service; (iii) current specialty board certification; (iv) recent passage of a clinical competency examination which is accepted

by the board; or (v) a refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association.

1. 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 must be included with the application. 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.

2. 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 or who is unable to demonstrate continuing competence.

18VAC60-21-230. Qualifications for a restricted license

A. Temporary permit for public health settings. **See current 18VAC60-20-90**

A temporary permit shall be issued only for the purpose of allowing dental practice in a state agency or a Virginia charitable organization as limited by § 54.1-2715 of the Code.

1. Passage of a clinical competency examination is not required but the applicant cannot have failed a clinical competency examination accepted by the Board.
2. A temporary permit will not be renewed unless the holder shows that extraordinary circumstances prevented the holder from taking the licensure examination during the term of the temporary permit.

B. Teacher's license. **See current 18VAC60-20-90**

A teacher's license shall be issued to any dentist certified to be on the faculty of an accredited dental program who meets the entry requirements of § 54.1-2713 of the Code of Virginia.

1. Passage of a clinical competency examination is not required but the applicant cannot have failed a clinical competency examination accepted by the Board.
2. The holder of a teacher's license shall not practice intramurally or privately and shall not receive fees for service.
3. A teacher's license shall remain valid only while the holder is serving on the faculty of an accredited dental program in the Commonwealth. When any such license holder ceases to continue serving on the faculty of the dental school for which the license was issued, the licensee shall surrender the license, which shall be null and void upon termination of full-time employment.
4. The dean of the dental school shall notify the board within five working days of such termination of employment.

C. Full-time faculty license. **See current 18VAC60-20-90**

A faculty license shall be issued for the purpose of allowing dental practice as a full-time faculty member of an accredited dental program when the applicant meets the entry requirements of § 54.1-2713 of the Code of Virginia.

1. Passage of a clinical competency examination is not required but the applicant cannot have failed a clinical competency examination accepted by the board.

2. The holder of a faculty license may practice intramurally and may receive fees for service but cannot practice privately.

3. A faculty license shall remain valid only while the holder is serving full time on the faculty of an accredited dental program in the Commonwealth. When any such license holder ceases to continue serving full time on the faculty of the dental school for which the license was issued, the licensee shall surrender the license, which shall be null and void upon termination of full-time employment.

4. The dean of the dental school shall notify the board within five working days of such termination of full-time employment.

D. Temporary licenses to persons enrolled in advanced dental education programs. **See current 18VAC60-20-91**

A dental intern, resident or post-doctoral certificate or degree candidate shall obtain a temporary license to practice in Virginia. The applicant shall:

1. Have successfully completed a D.D.S. or D.M.D. degree program required for admission to a clinical competency examination accepted by the board. Submission of a letter of confirmation from the registrar of the school or college conferring the professional degree, or official transcripts confirming the professional degree and date the degree was received is required.

2. Submit a recommendation from the dean of the dental school or the director of the accredited advanced dental education program specifying the applicant's acceptance as an intern, resident or post-doctoral certificate or degree candidate. The beginning and ending dates of the internship, residency or post-doctoral program shall be specified.

3. The temporary license permits the holder to practice only in the hospital or outpatient clinics which are recognized parts of an advanced dental education program.

4. The temporary license may be renewed annually by June 30, for up to five times, upon the recommendation of the dean of the dental school or director of the accredited advanced dental education program.

5. The temporary license holder shall be responsible and accountable at all times to a licensed dentist, who is a member of the staff where the internship, residency or post-doctoral program is taken. The holder is prohibited from practicing outside of the advanced dental education program.

6. The temporary license holder shall abide by the accrediting requirements for an advanced dental education program as approved by the Commission on Dental Accreditation of the American Dental Association.

E. Restricted volunteer license. **See current 18VAC60-20-106.A**

1. In accordance with § 54.1-2712.1, the board may issue a restricted volunteer license to a dentist who:

a. Held an unrestricted license in Virginia or another state as a licensee in good standing at the time the license expired or became inactive;

b. Is volunteering for a public health or community free clinic that provides dental services to populations of underserved people;

c. Has fulfilled the board's requirement related to knowledge of the laws and regulations governing the practice of dentistry in Virginia;

d. Has not failed a clinical examination within the past five years; and

e. Has had at least five years of clinical practice.

2. A person holding a restricted volunteer license under this section shall:

a. Only practice in public health or community free clinics that provide dental services to underserved populations;

b. Only treat patients who have been screened by the approved clinic and are eligible for treatment;

c. Attest on a form provided by the board that he will not receive remuneration directly or indirectly for providing dental services; and

d. Not be required to complete continuing education in order to renew such a license.

3. The restricted volunteer license shall specify whether supervision is required, and if not, the date by which it will be required. If a dentist with a restricted volunteer license issued under this section has not held an active, unrestricted license and been engaged in active practice within the past five years, he shall only practice dentistry and perform dental procedures if a dentist with an unrestricted Virginia license, volunteering at the clinic, reviews the quality of care rendered by the dentist with the restricted volunteer license at least every 30 days. If supervision is required, the supervising dentist shall directly observe patient care being provided by the restricted volunteer dentist and review all patient charts at least quarterly. Such supervision shall be noted in patient charts and maintained in accordance with 18VAC60-21-90.

4. A restricted volunteer license granted pursuant to this section shall expire on the June 30 of the second year after its issuance, or shall terminate when the supervising dentist withdraws his sponsorship.

5. A dentist holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and the disciplinary regulations which apply to all licensees practicing in Virginia.

F. Registration for voluntary practice by out-of-state licensees. **See current 18VAC60-20-106.B**

Any dentist who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:
a. File a complete application for registration on a form provided by the board at least 15 days prior to engaging in such practice;
b. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;
c. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services; and
d. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 5 of §54.1-2701 of the Code.

Part V. Licensure Renewal

18VAC60-21-240. License renewal and reinstatement. See current 18VAC60-20-20

A. The license of any person who does not return the completed renewal form and fees by the deadline shall automatically expire and become invalid and his practice of dentistry shall be illegal. With the

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

B. Every person holding an active or inactive license or a full-time faculty license shall annually, on or before March 31, renew his license. Every person holding a teacher's license, temporary resident's license, a restricted volunteer license or a temporary permit shall, on or before June 30, request renewal of his license.

C. 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.

D. The board shall renew a license if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of this section provided that no grounds exist to deny said renewal pursuant to § 54.1-2706 of the Code and Part II of this chapter, 18 VAC 60-21-50 et seq.

E. Reinstatement procedures.

1. Any person whose license has expired for more than one year or whose license has been revoked or suspended and who wishes to reinstate such license shall submit a reinstatement application and the reinstatement fee. The application must include evidence of continuing competence.

2. To evaluate continuing competence the board shall consider (i) hours of continuing education which meets the requirements of subsection G of 18VAC60-21-250; (ii) evidence of active practice in another state or in federal service; (iii) current specialty board certification; (iv) recent passage of a clinical competency examination accepted by the board; or (v) a refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association.

3. The executive director may reinstate such expired license provided that the applicant can demonstrate continuing competence, has paid the reinstatement fee and any fines or assessments and that no grounds exist to deny said reinstatement pursuant to § 54.1-2706 of the Code and Part II of this chapter, 18 VAC 60-21-50 et seq.

18VAC60-21-250. Requirements for continuing education. See current 18VAC60-20-50

A. A dentist shall complete a minimum of 15 hours of continuing education, which meets the requirements for content, sponsorship and documentation set out in this section, for each annual renewal of licensure except for the first renewal following initial licensure and for any renewal of a restricted volunteer license.

1. All renewal applicants shall attest that they have read and understand and will remain current with the laws and regulations governing the practice of dentistry and dental hygiene in Virginia. Continuing education credit may be earned for passage of the online Virginia Dental Law Exam.

2. A dentist shall maintain current training certification in basic cardiopulmonary resuscitation or basic life support unless he is required by 18VAC60-21-290 or 18VAC60-21-300 to hold current certification in advanced life support with hands-on simulated airway and megacode training for healthcare providers.

3. A dentist who administers or monitors patients under general anesthesia, deep sedation or moderate sedation shall complete four hours every two years of approved continuing education directly related to administration and monitoring of such anesthesia or sedation as part of the hours required for licensure renewal.

4. 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. To be accepted for license renewal, continuing education programs shall be directly relevant to the treatment and care of patients and shall be:

1. Clinical courses in dentistry and dental hygiene; or

2. Nonclinical subjects that relate to the skills necessary to provide dental or dental hygiene services and which 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, business management, marketing 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 subsection B 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, and approved providers;

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 and approved providers;

7. 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;

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

9. A medical school which is accredited by the American Medical Association's Liaison Committee for Medical Education;

10. A dental, dental hygiene or dental assisting program or advanced dental education 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. 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. A written request with supporting documents must be submitted prior to renewal of the license.

E. A licensee is required to verify compliance with the continuing education requirements in his annual license renewal. Following the renewal period, the board may conduct an audit of licensees to verify compliance. Licensees 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.

F. All licensees are required to maintain original documents verifying the date, subject of the program or activity, the sponsor and the amount of time earned. Documentation must be maintained for a period of four years following renewal.

G. 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.

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

I. Failure to comply with continuing education requirements may subject the licensee to disciplinary action by the board.

Part VI. Controlled Substances, Sedation and Anesthesia

18 VAC 60-21-260. General provisions. **See current 18VAC60-20-107 & Guidance Document 60-13**

A. Application of Part VI. See current 18VAC60-20-107

This part (18 VAC 60-21-260 et seq.) applies to prescribing, dispensing and administering controlled substances in dental offices, mobile dental facilities and portable dental operations and shall not apply to administration by a dentist practicing in (i) a licensed hospital as defined in § 32.1-123 of the Code of Virginia or (ii) a state-operated hospital or (iii) a facility directly maintained or operated by the federal government.

B. Registration required. NEW See current 18VAC60-20-110.C & 120.C

Any dentist who prescribes, administers or dispenses Schedule II through V controlled drugs must hold a current registration with the federal Drug Enforcement Administration.

C. Patient evaluation required. See current 18VAC60-20-107 & Guidance Document 60-13

1. The decision to administer controlled drugs for dental treatment must be based on a documented evaluation of the health history and current medical condition of the patient in accordance with the class I through V risk category classifications of the American Society of Anesthesiologists (ASA). The findings of the evaluation, the ASA risk assessment class assigned and any special considerations must be recorded in the patient's record.

2. Any level of sedation and general anesthesia may be provided for patients who are ASA Class I and Class II.

3. Patients in ASA Class III shall only be provided minimal sedation, moderate sedation, deep sedation or general anesthesia by:

a. A dentist after he has documented a consultation with their primary care physician or other medical specialist regarding potential risks and special monitoring requirements that may be necessary; or

b. An oral and maxillofacial surgeon who has performed a physical evaluation and documented the findings and the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary or

c. A person licensed under Chapter 29 of Title 54.1 of the Code who has a specialty in anesthesia.

4. Minimal sedation may only be provided for patients who are in ASA Class IV by:

a. A dentist after he has documented a consultation with the primary care physician or other medical specialist regarding potential risks and special monitoring requirements that may be necessary; or

b. An oral and maxillofacial surgeon who has performed a physical evaluation and documented the findings and the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary.

5. Moderate sedation, deep sedation or general anesthesia shall not be provided in a dental office for patients in ASA Classes IV and V.

D. Additional requirements for patient information and records.

In addition to the record requirements in 18VAC60-21-90, when moderate sedation, deep sedation or general anesthesia is administered, the patient record shall also include:

1. Notation of the patient's American Society of Anesthesiologists classification;

2. Review of medical history and current conditions;

3. Written informed consent for administration of sedation and anesthesia and for the dental procedure to be performed;

4. Pre-operative vital signs;

5. A record of the name, dose, strength of drugs and route of administration including the administration of local anesthetics with notations of the time sedation and anesthesia were administered;

6. Monitoring records of all required vital signs and physiological measures recorded every five minutes; and

7. A list of staff participating in the administration, treatment and monitoring including name, position and assigned duties.

E. Pediatric patients.

No sedating medication shall be prescribed for or administered to a child aged 12 and under prior to his arrival at the dentist office or treatment facility.

F. Informed written consent. See current 18VAC60-20-107.C

Prior to administration of any level of sedation or general anesthesia, the dentist shall discuss the nature and objectives of the planned level of sedation or general anesthesia along with the risks, benefits and alternatives and shall obtain informed, written consent from the patient or other responsible party for the administration and for the treatment to be provided. The written consent must be maintained in the patient record.

G. Level of sedation. See current 18VAC60-20-107.D

The determinant for the application of the rules for any level of sedation or for general anesthesia shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type, strength and dosage of medication, the method of administration and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of safety wide enough to render the unintended reduction of or loss of consciousness unlikely factoring in titration, and the patient's age, weight and ability to metabolize drugs.

H. Emergency management. NEW

If a patient enters a deeper level of sedation than the dentist is qualified and prepared to provide, the dentist shall stop the dental procedure until the patient returns to and is stable at the intended level of sedation.

I. Ancillary personnel. See current 18VAC60-20-135

Dentists who employ unlicensed, ancillary personnel to assist in the administration and monitoring of any form of minimal sedation, moderate sedation, deep sedation, or general anesthesia shall maintain documentation that such personnel have:

1. Training and hold current certification in basic resuscitation techniques with hands-on airway training for healthcare providers, such as Basic Cardiac Life Support for Health Professionals or an approved, clinically oriented course devoted primarily to responding to clinical emergencies offered by an approved provider of continuing education as set forth in 18 VAC 60-21-250(C); or

2. Current certification as a certified anesthesia assistant (CAA) by the American Association of Oral and Maxillofacial Surgeons or the American Dental Society of Anesthesiology (ADSA).

J. Assisting in administration. See current 18VAC60-20-110.B Guidance Document 13

A dentist, consistent with the planned level of administration (local anesthesia, minimal sedation, moderate sedation, deep sedation or general anesthesia) and appropriate to his education, training and experience, may utilize the services of a dentist, anesthesiologist, certified registered nurse anesthetist, dental hygienist, dental assistant and/or nurse to perform functions appropriate to such practitioner's education, training and experience and consistent with that practitioner's respective scope of practice.

K. Patient monitoring. See current 18VAC60-20-108.C, 110.E, 120.F Guidance Document 13

1. A dentist may delegate monitoring of a patient to a dental hygienist, dental assistant or nurse who is under his direction or to another dentist, anesthesiologist or certified registered nurse anesthetist. The person assigned to monitor the patient shall be continuously in the presence of the patient in the office, operatory and recovery area (a) before administration is initiated or immediately upon arrival if the patient self-administered a sedative agent; (b) throughout the administration of drugs; (c) throughout the treatment of the patient; and (d) throughout recovery until the patient is discharged by the dentist.

2. The person monitoring the patient shall:

a. Have the patient's entire body in sight,

b. Be in close proximity so as to speak with the patient,

c. Converse with the patient to assess the patient's ability to respond in order to determine the patient's level of sedation,

d. Closely observe the patient for coloring, breathing, level of physical activity, facial expressions, eye movement and bodily gestures in order to immediately recognize and bring any changes in the patient's condition to the attention of the treating dentist, and

e. Read, report and record the patient's vital signs and physiological measures.

18VAC60-21-270. Administration of local anesthesia. NEW Guidance Document 60-13

A dentist may administer or use the services of the following personnel to administer local anesthesia:

1. A dentist;

2. An anesthesiologist;

3. A certified registered nurse anesthetist under his medical direction and indirect supervision;

4. A dental hygienist with the training required by 18VAC60-25-100(C) to parenterally administer Schedule VI local anesthesia to persons age 18 or older under his indirect supervision;

5. A dental hygienist to administer Schedule VI topical oral anesthetics under indirect supervision or under his order for such treatment under general supervision;

6. A dental assistant or a registered or licensed practical nurse to administer Schedule VI topical oral anesthetics under indirect supervision.

18 VAC60-21-280. Administration of minimal sedation. See current 18VAC60-20-108

A. Education and training requirements. A dentist who utilizes minimal sedation shall have training in and knowledge of:

1. Medications used, the appropriate dosages, the potential complications of administration, the indicators for complications and the interventions to address the complications.

2. Physiological effects of nitrous oxide, potential complications of administration, the indicators for complications and the interventions to address the complications.

3. The use and maintenance of the equipment required in subsection C of this section.

B. Delegation of administration. NEW Guidance Document 60-13

1. A qualified dentist may administer or use the services of the following personnel to administer minimal sedation:

a. A dentist;

b. An anesthesiologist;

c. A certified registered nurse anesthetist under his medical direction and indirect supervision;

d. A dental hygienist with the training required by 18VAC60-25-90 (B) or (C) only for administration of nitrous oxide/oxygen and under indirect supervision; or

e. A registered nurse upon his direct instruction and under immediate supervision.

2. Preceding the administration of minimal sedation, a dentist may use the services of the following personnel working under indirect supervision to administer local anesthesia to numb an injection or treatment site:

a. A dental hygienist with the training required by 18VAC60-25-90(C) to administer Schedule VI local anesthesia to persons age 18 or older; or

b. A dental hygienist, dental assistant, registered nurse or licensed practical nurse to administer Schedule VI topical oral anesthetics;

3. If minimal sedation is self-administered by or to a patient age 13 or above before arrival at the dental office/facility, the dentist may only use the personnel listed in subdivision 1 of this subsection to administer local anesthesia. No sedating medication shall be prescribed for or administered to a child aged 12 and under prior to his arrival at the dentist office or treatment facility.

C. Equipment requirements. See current 18VAC60-20-108.B

A dentist who utilizes minimal sedation or who directs the administration by another licensed health professional as permitted in 18VAC60-21-260(B)(1) shall maintain the following equipment in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Blood pressure monitoring equipment.

2. Source of delivery of oxygen under controlled positive pressure.

3. Mechanical (hand) respiratory bag.

4. Suction apparatus.

5. ~~Electrocardiographic monitor.~~

6. ~~Defibrillator.~~

7. ~~Pulse oximeter~~.

D. Required staffing. See current 18VAC60-20-108.C

1. The treatment team for minimal sedation other than just inhalation of nitrous oxide/oxygen shall consist of the dentist and a second person in the operatory with the patient to assist the dentist and monitor the patient. The second person shall be a licensed health care professional or a person qualified in accordance with 18VAC60-21-240(H); or

2. When only nitrous oxide/oxygen is administered for minimal sedation a second person is not required. Either the dentist or qualified dental hygienist under the indirect supervision of a dentist may administer the nitrous oxide/oxygen and treat and monitor the patient.

E. Monitoring requirements. See current 18VAC60-20-108.C

1. Baseline vital signs to include blood pressure, respiratory rate and heart rate shall be taken and recorded prior to administration of sedation and prior to discharge.

2. Blood pressure, oxygen saturation, respiratory rate, pulse and heart rate shall be monitored ~~continually during the administration and recorded every five minutes~~ intraoperatively.

3. Once the administration of minimal sedation has begun by any route of administration, the dentist shall ensure that a licensed health care professional or a person qualified in accordance with 18VAC60-21-240(H) monitors the patient at all times until discharged as required in subsection F of this section.

4. If nitrous oxide/oxygen is used, monitoring shall include making the proper adjustments of nitrous oxide/oxygen machines at the request of or by the dentist or by another qualified licensed health professional identified in 18VAC60-21-260.B.1. Only the dentist or another qualified licensed health professional identified in 18VAC60-21-260.B.1 may turn the nitrous oxide/oxygen machines on or off.

F. Discharge requirements. See current 18VAC60-20-108.D

1. The dentist shall not discharge a patient until he exhibits ~~normal~~ baseline responses in a post-operative evaluation of the level of consciousness~~, oxygenation, ventilation and circulation~~. Vital signs to include blood pressure, respiratory rate and heart rate shall be taken and recorded prior to discharge.

2. Postoperative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number.

3. Pediatric patients shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

18VAC60-21-290. Requirements to administer moderate sedation. See current 18VAC60-20-

A. Automatic qualification. See current 18VAC60-20-120.A

Dentists qualified to administer deep sedation and general anesthesia may administer moderate sedation.

B. Education and training requirements. See current 18VAC60-20-120.B

1. A dentist may use any method of administration by meeting one of the following criteria:

a. Completion of training for this treatment modality according to the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry in effect at the time the training occurred, while enrolled in an accredited dental program or while enrolled in a post-doctoral university or teaching hospital program; or

b. Completion of a continuing education course which meets the requirements of 18VAC60-21-250 and consists of 60 hours of didactic instruction plus the management of at least 20 patients per participant,

demonstration of competency and clinical experience in moderate sedation; and management of a compromised airway. The course content shall be consistent with the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry in effect at the time the training occurred; or

c. A dentist who self-certified his qualifications in anesthesia and moderate sedation prior to January 1989 may continue to administer only moderate sedation.

2. Enteral administration only. A dentist may administer moderate sedation by only an enteral method if he has completed a continuing education program which meets the requirements of 18VAC60-21-250 and consists of not less than 18 hours of didactic instruction plus 20 clinically-oriented experiences in enteral and/or a combination of enteral and nitrous oxide/oxygen moderate sedation techniques. The course content shall be consistent with the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry in effect at the time the training occurred.

C. Additional training required. See current 18VAC60-20-120.D

Dentists who administer moderate sedation shall:

1. Hold current certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for healthcare providers, such as Advanced Cardiac Life Support for Health Professionals or Pediatric Advanced Life Support for Health Professionals as evidenced by a certificate of completion posted with the dental license; and

2. Have current training in the use and maintenance of the equipment required in subsection E of this section.

D. Delegation of administration. NEW Guidance Document 60-13

1. A dentist not qualified to administer moderate sedation shall only use the services of a qualified dentist or an anesthesiologist to administer such sedation in a dental office. In a licensed outpatient surgery center, a dentist not qualified to administer moderate sedation shall use either a qualified dentist, an anesthesiologist or a certified registered nurse anesthetist to administer such sedation.

2. A qualified dentist may administer or use the services of the following personnel to administer moderate sedation:

a. A dentist with the training required by 18VAC60-21-290 B 2 to administer by an enteral method;

b. A dentist with the training required by 18VAC60-21-290 B 1 to administer by any method;

c. An anesthesiologist;

d. A certified registered nurse anesthetist under the medical direction and indirect supervision of a dentist who meets the training requirements of 18VAC60-21-290 B 1; or

e. A registered nurse upon his direct instruction and under the immediate supervision of a dentist who meets the training requirements of 18VAC60-21-290 B 1.

3. If minimal sedation is self-administered by or to a patient age 13 or above before arrival at the dental office, the dentist may only use the personnel listed in subdivision 2 of this subsection to administer local anesthesia. No sedating medication shall be prescribed for or administered to a child aged 12 and under prior to his arrival at the dentist office or treatment facility.

4. Preceding the administration of moderate sedation, a qualified dentist may use the services of the following personnel under indirect supervision to administer local anesthesia to numb the injection or treatment site:

a. A dental hygienist with the training required by 18VAC60-25-100(C) to parenterally administer Schedule VI local anesthesia to persons age 18 or older; or

b. A dental hygienist, dental assistant, registered nurse or licensed practical nurse to administer Schedule VI topical oral anesthetics.

E. Equipment requirements. See current 18VAC60-20-120.F

A dentist who administers moderate sedation shall maintain the following equipment in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Full face mask for children or adults, as appropriate for the patient being treated;
2. Oral and nasopharyngeal airway management adjuncts;
3. Endotracheal tubes for children or adults, or both, with appropriate connectors or other appropriate airway management adjunct such as a laryngeal mask airway;
4. A laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades;
5. Pulse oximetry;
6. Blood pressure monitoring equipment;
7. Pharmacologic antagonist agents;
8. Source of delivery of oxygen under controlled positive pressure;
9. Mechanical (hand) respiratory bag;
10. Appropriate emergency drugs for patient resuscitation;
11. Electrocardiographic monitor;
12. Defibrillator;
13. Suction apparatus;
14. Temperature measuring device;
15. Throat pack; and
16. Precordial or pretracheal stethoscope.

F. Required staffing. See current 18VAC60-20-120.F Guidance Document 60-13

At a minimum, there shall be a two person treatment team for moderate sedation. The team shall include the operating dentist and a second person to monitor the patient as provided in 18VAC60-21-260 K and assist the operating dentist as provided in 18VAC60-21-260 J, both of whom shall be in the operatory with the patient throughout the dental procedure. If the second person is a dentist, an anesthesiologist or a certified registered nurse anesthetist who administers the drugs as permitted in 18VAC60-21-290(D), such person may monitor the patient.

G. Monitoring requirements. See current 18VAC60-20-120.F

1. Baseline vital signs shall be taken and recorded prior to administration of any controlled drug at the facility and prior to discharge.

2. Blood pressure, oxygen saturation, pulse and heart rate shall be monitored continually during the administration and recorded every five minutes.

3. Monitoring of the patient under moderate sedation is to begin prior to administration of sedation, or, if pre-medication is self-administered by the patient, immediately upon the patient's arrival at the dental office and shall take place continuously during the dental procedure and recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer the same level of sedation must remain on the premises of the dental facility until the patient is evaluated and is discharged.

H. Discharge Requirements. See current 18VAC60-20-120.F Guidance Document 60-13

1. The patient shall not be discharged until the responsible licensed practitioner determines that the patient's level of consciousness, oxygenation, ventilation and circulation are satisfactory for discharge and vital signs have been taken and recorded.

2. Postoperative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number.

3. Patients shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

I. Emergency management. NEW

The dentist shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway and cardiopulmonary resuscitation.

18VAC60-21-300. Requirements to administer deep sedation or general anesthesia.

A. Educational requirements. See current 18VAC60-20-110

A dentist may employ or use deep sedation or general anesthesia by meeting the following educational criteria:

1. Completion of a minimum of one calendar year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program in conformity with the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry in effect at the time the training occurred; or

2. Completion of an ADA CODA accredited residency in any dental specialty which incorporates into its curriculum a minimum of one calendar year of full-time training in clinical anesthesia and related clinical medical subjects (i.e. medical evaluation and management of patients), comparable to those set forth in the ADA's Guidelines for Graduate and Postgraduate Training in Anesthesia in effect at the time the training occurred; and

3. Current certification in advanced resuscitative techniques with hands-on simulated airway and megacode training for healthcare providers, such as courses in Advanced Cardiac Life Support or Pediatric Advanced Life Support.

4. Current training in the use and maintenance of the equipment required in subsection D of this section.

B. Preoperative requirements. NEW

Prior to the appointment for treatment under deep sedation or general anesthesia the patient shall:

1. Be informed about the personnel and procedures used to deliver the sedative or anesthetic drugs to assure informed consent as required by 18VAC60-21-260 F).

2. Have a physical evaluation as required by 18VAC60-21-260 C and 18VAC60-21-300 F.

3. Be given preoperative verbal and written instructions including any dietary or medication restrictions.

C. Delegation of administration. See current 18VAC60-20-110.B Guidance document 60-13

1. A dentist not qualified to administer deep sedation and general anesthesia shall only use the services of a qualified dentist or an anesthesiologist to administer deep sedation or general anesthesia in a dental office. In a licensed outpatient surgery center, a dentist not qualified to administer deep sedation or general anesthesia shall use either a qualified dentist, an anesthesiologist or a certified registered nurse anesthetist to administer deep sedation or general anesthesia.

2. A qualified dentist may administer or use the services of the following personnel to administer deep sedation or general anesthesia:

a. A dentist with the training required by 18VAC60-21-300 A;

b. An anesthesiologist; or

c. A certified registered nurse anesthetist under the medical direction and indirect supervision of a dentist who meets the training requirements of 18VAC60-21-300 A.

3. Preceding the administration of deep sedation or general anesthesia, a qualified dentist may use the services of the following personnel under indirect supervision to administer local anesthesia to numb the injection or treatment site:

a. A dental hygienist with the training required by 18VAC60-25-100 C to parenterally administer Schedule VI local anesthesia to persons age 18 or older; or

b. A dental hygienist, dental assistant, registered nurse or licensed practical nurse to administer Schedule VI topical oral anesthetics.

D. Equipment requirements. See current 18VAC60-20-110.D

A dentist who administers deep sedation or general anesthesia shall maintain the following equipment in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Full face mask for children or adults, as appropriate for the patient being treated;

2. Oral and nasopharyngeal airway management adjuncts;

3. Endotracheal tubes for children or adults, or both, with appropriate connectors or other appropriate airway management adjunct such as a laryngeal mask airway;

4. A laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades;

5. Source of delivery of oxygen under controlled positive pressure;

6. Mechanical (hand) respiratory bag;

7. Pulse oximetry and blood pressure monitoring equipment available and used in the treatment room;

8. Appropriate emergency drugs for patient resuscitation;

9. EKG monitoring equipment

10. Temperature measuring devices;

11. Pharmacologic antagonist agents;
12. External defibrillator (manual or automatic);
13. For intubated patients, an End-Tidal CO^2 monitor;
14. Suction apparatus;
15. Throat pack; and
16. Precordial or pretracheal stethoscope.

E. Required staffing. See current 18VAC60-20-110.E

At a minimum, there shall be a three-person treatment team for deep sedation or general anesthesia. The team shall include the operating dentist, a second person to monitor the patient as provided in 18VAC60-21-260 K and a third person to assist the operating dentist as provided in 18VAC60-21-260 J, all of whom shall be in the operatory with the patient during the dental procedure. If a second dentist, an anesthesiologist or a certified registered nurse anesthetist administers the drugs as permitted in 18VAC60-21-260 J, such person may serve as the second person to monitor the patient.

F. Monitoring requirements. See current 18VAC60-20-110.E

1. Baseline vital signs shall be taken and recorded prior to administration of any controlled drug at the facility to include: temperature, blood pressure, pulse, pulse Ox, O2 saturation, respiration and heart rate.

2. The patient's vital signs shall be monitored, recorded every five minutes and reported to the treating dentist throughout the administration of controlled drugs and recovery. When depolarizing medications are administered temperature shall be monitored constantly.

3. Monitoring of the patient under deep sedation or general anesthesia is to begin prior to the administration of any drugs and shall take place continuously during administration, the dental procedure and recovery from anesthesia. The person who administers the anesthesia or another licensed practitioner qualified to administer the same level of anesthesia must remain on the premises of the dental facility until the patient has regained consciousness and is discharged.

G. Emergency Management. See current 18VAC60-20-110.D

1. A secured intravenous line must be established and maintained throughout the procedure.

2. The dentist shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway and cardiopulmonary resuscitation.

H. Discharge requirements. NEW

1. The patient shall not be discharged until the responsible licensed practitioner determines that the patient's level of consciousness, oxygenation, ventilation and circulation are satisfactory for discharge and vital signs have been taken and recorded.

2. Postoperative instructions shall be given verbally and in writing. The written instructions shall include a 24 hour emergency telephone number.

3. Patients shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

Part VII. Oral and Maxillofacial Surgeons.

18VAC60-21-310. Registration of oral and maxillofacial surgeons. **See current 18VAC60-20-250**

Every licensed dentist who practices as an oral and maxillofacial surgeon, as defined in §54.1-2700 of the Code, shall register his practice with the board.

1. After initial registration, an oral and maxillofacial surgeon shall renew his registration annually on or before December 31.

2. An oral and maxillofacial surgeon who fails to register or to renew his registration and continues to practice oral and maxillofacial surgery may be subject to disciplinary action by the board.

3. Within one year of the expiration of a registration, an oral and maxillofacial surgeon may renew by payment of the renewal fee and a late fee.

4. After one year from the expiration date, an oral and maxillofacial surgeon who wishes to reinstate his registration shall update his profile and pay the reinstatement fee.

18VAC60-21-320. Profile of information for oral and maxillofacial surgeons. **See current 18VAC60-20-260**

A. In compliance with requirements of §54.1-2709.2 of the Code, an oral and maxillofacial surgeon registered with the board shall provide, upon initial request, the following information within 30 days:

1. The address of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;

2. Names of dental or medical schools with dates of graduation;

3. Names of graduate medical or dental education programs attended at an institution approved by the Accreditation Council for Graduate Medical Education, the Commission on Dental Accreditation, and the American Dental Association with dates of completion of training;

4. Names and dates of specialty board certification or board eligibility, if any, as recognized by the Council on Dental Education and Licensure of the American Dental Association;

5. Number of years in active, clinical practice in the United States or Canada, following completion of medical or dental training and the number of years, if any, in active, clinical practice outside the United States or Canada;

6. Names of insurance plans accepted or managed care plans in which the oral and maxillofacial surgeon participates and whether he is accepting new patients under such plans;

7. Names of hospitals with which the oral and maxillofacial surgeon is affiliated;

8. Appointments within the past 10 years to dental school faculties with the years of service and academic rank;

9. Publications, not to exceed 10 in number, in peer-reviewed literature within the most recent five-year period;

10. Whether there is access to translating services for non-English speaking patients at the primary practice setting and which, if any, foreign languages are spoken in the practice; and

11. Whether the oral and maxillofacial surgeon participates in the Virginia Medicaid Program and whether he is accepting new Medicaid patients;

B. The oral and maxillofacial surgeon may provide additional information on hours of continuing education earned, subspecialities obtained, honors or awards received.

C. Whenever there is a change in the information on record with the profile system, the oral and maxillofacial surgeon shall provide current information in any of the categories in subsection A of this section within 30 days.

18VAC60-21-330. Reporting of malpractice paid claims and disciplinary notices and orders. See current 18VAC60-20-270

A. In compliance with requirements of §54.1-2709.4 of the Code, a dentist registered with the board as an oral and maxillofacial surgeon shall report in writing to the executive director of the board all malpractice paid claims in the most recent 10-year period. Each report of a settlement or judgment shall indicate:

1. The year the claim was paid;

2. The total amount of the paid claim in United States dollars; and

3. The city, state, and country in which the paid claim occurred.

B. The board shall use the information provided to determine the relative frequency of paid claims described in terms of the percentage who have made malpractice payments within the most recent 10-year period. The statistical methodology used will be calculated on more than 10 paid claims for all dentists reporting, with the top 16% of the paid claims to be displayed as above-average payments, the next 68% of the paid claims to be displayed as average payments, and the last 16% of the paid claims to be displayed as below-average payments.

C. Adjudicated notices and final orders or decision documents, subject to §54.1-2400.2 G of the Code, shall be made available on the profile. Information shall also be posted indicating the availability of un-adjudicated notices and of orders that have been vacated.

18VAC60-21-340. Noncompliance or falsification of profile. See current 18VAC60-20-280

A. The failure to provide the information required in subsection A of 18VAC60-20-260 may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.

B. Intentionally providing false information to the board for the profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.

18VAC60-21-350. Certification to perform cosmetic procedures; applicability. **See current 18VAC60-20-290**

A. In order for an oral and maxillofacial surgeon to perform aesthetic or cosmetic procedures, he shall be certified by the board pursuant to §54.1-2709.1 of the Code. Such certification shall only entitle the licensee to perform procedures above the clavicle or within the head and neck region of the body.

B. Based on the applicant's education, training and experience, certification may be granted to perform the following procedures for cosmetic treatment:

1. Rhinoplasty and other treatment of the nose;

2. Blepharoplasty and other treatment of the eyelid;

3. Rhytidectomy and other treatment of facial skin wrinkles and sagging;

4. Submental liposuction and other procedures to remove fat;

5. Laser resurfacing or dermabrasion and other procedures to remove facial skin irregularities;

6. Browlift (either open or endoscopic technique) and other procedures to remove furrows and sagging skin on the upper eyelid or forehead;

7. Platysmal muscle plication and other procedures to correct the angle between the chin and neck;

8. Otoplasty and other procedures to change the appearance of the ear; and

9. Application of injectable medication or material for the purpose of treating extra-oral cosmetic conditions.

18VAC60-21-360. Certification not required. **See current 18VAC60-20-300**

Certification shall not be required for performance of the following:

1. Treatment of facial diseases and injuries, including maxillofacial structures;

2. Facial fractures, deformity and wound treatment;

3. Repair of cleft lip and palate deformity;

4. Facial augmentation procedures; and

5. Genioplasty.

18VAC60-21-370. Credentials required for certification. **See current 18VAC60-20-310**

A. An applicant for certification shall:

1. Hold an active, unrestricted license from the board;

2. Submit a completed application and fee;

3. Complete an oral and maxillofacial residency program accredited by the Commission on Dental Accreditation;

4. Hold board certification by the American Board of Oral and Maxillofacial Surgery (ABOMS) or board eligibility as defined by ABOMS;

5. Have current privileges on a hospital staff to perform oral and maxillofacial surgery; and

6. If his oral and maxillofacial residency or cosmetic clinical fellowship was completed after July 1, 1996, and training in cosmetic surgery was a part of such residency or fellowship, the applicant shall submit:

a. A letter from the director of the residency or fellowship program documenting the training received in the residency or in the clinical fellowship to substantiate adequate training in the specific procedures for which the applicant is seeking certification; and

b. Documentation of having performed as primary or assistant surgeon at least 10 proctored cases in each of the procedures for which he seeks to be certified.

7. If his oral and maxillofacial residency was completed prior to July 1, 1996, or if his oral and maxillofacial residency was completed after July 1, 1996, and training in cosmetic surgery was not a part of the applicant's residency, the applicant shall submit:

a. Documentation of having completed didactic and clinically approved courses to include the dates attended, the location of the course, and a copy of the certificate of attendance. Courses shall provide sufficient training in the specific procedures requested for certification and shall be offered by:

(1) An advanced specialty education program in oral and maxillofacial surgery accredited by the Commission on Dental Accreditation;

(2) A medical school accredited by the Liaison Committee on Medical Education or other official accrediting body recognized by the American Medical Association;

(3) The American Dental Association (ADA) or one of its constituent and component societies or other ADA Continuing Education Recognized Programs (CERP) approved for continuing dental education; or

(4) The American Medical Association approved for category 1, continuing medical education.

b. Documentation of either:

(1) Holding current privileges to perform cosmetic surgical procedures within a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations; or

(2) Having completed at least 10 cases as primary or secondary surgeon in the specific procedures for which the applicant is seeking certification, of which at least five shall be proctored cases as defined in this chapter.

18VAC60-21-380. Renewal of certification. **See current 18VAC60-20-320**

In order to renew his certification to perform cosmetic procedures, an oral and maxillofacial surgeon shall possess a current, active, unrestricted license to practice dentistry from the Virginia Board of Dentistry and shall submit along with the renewal application and fee on or before December 31 of each year. If an oral and maxillofacial surgeon fails to renew his certificate, the certificate is lapsed and performance of cosmetic procedures is not permitted. To renew a lapsed certificate within one year of expiration, the oral and maxillofacial surgeon shall pay the renewal fees and a late fee. To reinstate a certification that has been lapsed for more than one year shall require completion of a reinstatement form documenting continued competency in the procedures for which the surgeon is certified and payment of a reinstatement fee.

18VAC60-21-390. Quality assurance review for procedures performed by certificate holders. **See current 18VAC60-20-330**

A. On a schedule of no less than once every three years, the board shall conduct a random audit of charts for patients receiving cosmetic procedures which are performed by a certificate holder in a facility not accredited by Joint Commission on Accreditation of Healthcare Organizations or other nationally recognized certifying organizations as determined by the board.

B. Oral and maxillofacial surgeons certified to perform cosmetic procedures shall maintain separate files, an index, coding or other system by which such charts can be identified by cosmetic procedure.

C. Cases selected in a random audit shall be reviewed for quality assurance by a person qualified to perform cosmetic procedures according to a methodology determined by the board.

18VAC60-21-400. Complaints against certificate holders for cosmetic procedures. **See current 18VAC60-20-331**

Complaints arising out of performance of cosmetic procedures by a certified oral and maxillofacial surgeon shall be adjudicated solely by the Board of Dentistry. Upon receipt of the investigation report on such complaints, the Board of Dentistry shall promptly notify the Board of Medicine, and the investigation report shall be reviewed and an opinion rendered by both a physician licensed by the Board of Medicine who actively practices in a related specialty and by an oral and maxillofacial surgeon licensed by the Board of Dentistry. The Board of Medicine shall maintain the confidentiality of the complaint consistent with §54.1-2400.2 of the Code.

DOCUMENTS INCORPORATED BY REFERENCE

Current Dental Terminology 2007-2008, Code on Dental Procedures and Nomenclature, American Dental Association.

Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, October 2001, American Dental Association.

Minimal Sedation

Contained herein are the guidelines for minimal sedation from the American Dental Association, the American Academy of Pediatrics and the American Academy of Pediatric Dentistry.

The ADA defines minimal sedation as, "a minimally depressed level of consciousness, produced by a pharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilator and cardiovascular functions are unaffected.

When the intent is minimal sedation for adults, the appropriate initial dosing of a singe enteral drug is no more than the maximum recommended dose of a drug that can be prescribed for unmonitored home use. Nitrous Oxide/Oxygen may be used in combination with a single enteral drug in minimal sedation.

Monitoring

Oxygenation:

Color of mucosa, skin or blood must be evaluated continually.

Oxygen saturation by pulse oximetry may be clinically useful and should be considered.

Ventilation:

The dentist and/or appropriately trained individual must observe chest excursions continually.

The dentist and/or appropriately trained individual must verify respirations continually.

Circulation:

Blood pressure and heart rate should be evaluated preoperatively, postoperatively and intraoperatively as necessary (unless the patient is unable to tolerate such monitoring.)

Recovery and Discharge

Oxygen and suction equipment must be immediately available if a separate recovery area is utilized.

The qualified dentist or appropriately trained clinical staff must monitor the patient during recovery until the patient is ready for discharge by the dentist.

The qualified dentist must determine and document that the level of consciousness, oxygenation, ventilation and circulation are satisfactory prior to discharge.

Postoperative verbal and written instructions must be given to the patient, parent, escort, guardian or care giver.

American Academy of Pediatrics

According to the American Academy of Pediatrics, a complete pre-sedation health evaluation should include the following vital signs: Heart rate, blood pressure, respiratory rate, and temperature. This recommendation does not differentiate among the several levels of sedations.

A temperature measuring device is not included in the equipment requirements for minimal sedation in the Board's current draft regulations.

The patient's chart shall contain documentation at the time of treatment that the patient's level of consciousness and responsiveness, heart rate, blood pressure, respiratory rate, and oxygen saturation were monitored until the patient attained predetermined discharge criteria.

Children who have received minimal sedation generally will not require more than observation and intermittent assessment of their level of sedation.

The pediatric patient shall be accompanied to and from the treatment facility by a parent, legal guardian, or other responsible person.

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Raymond F. Gist, D.D.S.
President

Date: March 30, 2011

To: Presidents and Executive Directors
State Boards of Dentistry

From: Dr. Raymond F. Gist
President

Subject: Acceptance of Continuing Medical Education Courses for Continuing Dental Education Requirements

The American Dental Association supports dentists' access to quality continuing dental education. The ADA's Continuing Education Recognition Program (ADA CERP) was established to evaluate and recognize institutions and organizations that provide continuing dental education (CE). The program assesses continuing dental education providers in 14 aspects of CE program quality. Only providers that can meet ADA CERP standards and procedures are granted approval and are authorized to use the ADA CERP logo and recognition statement. Once approved, providers are held accountable for maintaining those same high standards through periodic reevaluation. Most state dental boards accept credits from ADA CERP approved providers towards their CE requirements for relicensure.

In an effort to further enhance access to high quality continuing education, the ADA encourages the state boards of dentistry to also accept credits from continuing education providers accredited by the Accreditation Council for Continuing Medical Education (ACCME) towards fulfilling requirements for dental license renewal.

The ADA Council on Dental Education and Licensure (CDEL) has reviewed the ACCME Accreditation Standards, Standards for Commercial Support and application processes, noting that the ACCME, like the ADA CERP, approves *providers* of continuing education, but does not approve individual continuing education *courses*. The ACCME defines the content of continuing medical education (CME) as "that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public." Both the ACCME and ADA CERP processes are designed to approve providers that offer CE courses with a sound scientific basis, independent of commercial bias. The Council believes that the ACCME accreditation standards and processes are comparable to the ADA CERP Recognition Standards and Procedures, and that providers of CME accredited by the ACCME meet or exceed comparable standards established by ADA CERP. Based on this assessment, the ADA believes that credits earned from courses offered by ACCME accredited providers should be considered by state dental boards as comparable to credits earned from courses offered by ADA CERP recognized providers.

The 2010 ADA House of Delegates therefore adopted the following policy statement:

> **Acceptance of Formal Continuing Medical Education Courses Offered by ACCME Accredited CE Providers:**
>
> **Resolved,** that the American Dental Association urges state boards of dentistry to accept for licensure renewal purposes dentists' participation in formal continuing medical education courses offered by continuing education providers accredited by the Accreditation Council for Continuing Medical Education (ACCME).

For more information on this policy, please contact Karen Hart, director of the Council on Dental Education and Licensure at 312-440-2825 hartk@ada.org. For information about ADA CERP contact Mary Borysewicz at 312-440-2704 or borysewiczm@ada.org.

On behalf of the ADA Board of Trustees, I wish to thank you for your consideration of our new policy and your support of the profession by endorsing educational standards.

RFG/mb:eg
cc: Presidents and Executive Directors, Constituent Societies
Officers and Members of the Board of Trustees
Dr. Kathleen T. O'Loughlin, executive director, American Dental Association
Dr. Brian Kennedy, chair, CDEL
Ms. Molly Nadler, executive director, American Association of Dental Boards
Dr. Laura M. Neumann, senior vice president, Education/Professional Affairs
Ms. Karen Hart, director, CDEL
Ms. Mary Borysewicz, manager, ADA CERP, CDEL

Paperless Licensing or Cardless System…what do we mean?

- Issuance of a hard copy original / first license without expiration date
- Subsequent renewal notices sent to licensees via the method currently employed by the respective Board …hard copy or e mail
- Hard copy license not issued when renewal fee paid.
- L2K and Licenses Look Up updated

Rationale for consideration

DHP Cost saving efficiency strategy identified by Dr Cane
Identity security
Public safety
Decrease in # lost in mail or sent to old address
Decrease falsification/alteration of license
Decrease Board costs
Decrease staff resource time
Hard copy only as good as the day it was printed.
Employer assurance that license is valid
Encourage primary source verification
Logical next step of development and transition to online services
Current trend in other states for some professions

Benefits of paperless system

Increase security
Public Safety
Assurance of authorization to practice by employers.
Licensure status can be verified anytime
No loss of hard copy through theft, destruction or misplacement
Encourages use of DHP website and all online services

6/3/11 – Virginia Board of Dentistry Business Meeting

Paperless Licensing

At the March 11, 2011 Board Business Meeting, the Board considered no longer issuing yearly paper licenses and instead a one-time wall certificate that would include license information would be issued.

With the encouragement of Dr. Cane and approval from Board President Jacqueline G. Pace, RDH, Board staff has begun working with the Board of Nursing to develop a plan for paperless licensing that will serve as a pilot project for the rest of the agency.

So far, the Boards have discussed issuing a one-time Wall Certificate that would include the licensing language. This is something the Board discussed at its March 11 business meeting. After some discussion, it was decided that it may be better to keep the paper license and the wall certificate separate since many RDHs and some DDSs practice in multiple locations and carry their license from place to place and also the wallet certificate that comes with the license would likely have to be eliminated. Virginia code §54.1-2721 mandates that "Every person practicing dentistry in this Commonwealth shall display his license in his office in plain view of patients." Nevertheless the license issued would still be one without a listed expiration date and would be issued only one time.

There are minor issues with computer systems administration and with the data department that need to be worked out.

Several states already are using paperless licenses, and some procedures are briefly outlined below.

MISSISSIPPI

The Mississippi Board of Nursing's website provides primary source verification of licenses.

Employers and other interested parties required to verify nursing licenses should use the online license verification to check if nurses have renewed or to check the status of a license.

Wallet cards have been eliminated.

Post card renewal notices are not mailed. The Board's quarterly magazine serves as a renewal reminder. The online renewal system will continue to be used.

WASHINGTON

All nursing employers must verify current licensure of nurses in Washington.

Provider Credential Search is the main source of verifying nursing licenses in Washington.

Courtesy renewal cards are mailed 8-10 weeks before renewal.

NORTH CAROLINA

Certificates suitable for framing are provided at initial licensure.

Wallet cards have been eliminated.

Hospitals via the Board of Nursing website are expected to verify license.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Dental Hygienist, 0402[redacted]
Expires 03/31/2012
Current Active
[redacted]

Signature

For Name*/Address Changes, Mail to:
Department of Health Professions
c/o Board of Dentistry
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

My New Name* is:

My New Address is:

City, State **Zip Code**

Signature (0402[redacted]

FOLD, CREASE AND TEAR ALONG PERFORATION

Written Notification of Change of Address Required Within 30 Days of Change

*Name Change Request Must be Accompanied by a Photocopy of Marriage License or Court Order

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Dianne L. Reynolds-Cane, M.D., Director

Sandra Reen
Executive Director
(804) 367-4538

BOARD OF DENTISTRY

9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463
www.dhp.virginia.gov/dentistry

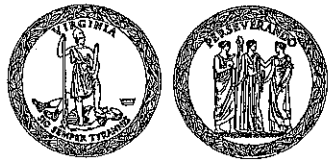
License to Practice As A
Dental Hygienist
[redacted]

Expires
03/31/2012

Number
04020[redacted]

To Provide Information or File a Complaint About a Licensee, Call: 1-800-533-1560

Commonwealth of Virginia



Board of Dentistry

Department of Health Professions

This is to certify that

[redacted] RDH

has fulfilled the requirements of the Code of Virginia and the Regulations of this Board and is hereby authorized to practice

Dental Hygiene

in the Commonwealth of Virginia

Number [redacted]

Issued 01/26/2011

Diane L. Reynolds-Cane M.D.
Director of the Department

Angela M. Baer, RDH
President

Peter B. Hall, DDS
Vice President

Augustine A. Petticolas Jr., D.D.S.
Secretary-Treasurer

H. Reed Boyd, Jr.

Martha C. Cutright, D.D.S.

M A Gokli, DDS

Nina Howard

Jeffrey Levin

Molly R. Mesmer, RDH, MSCH

Paul M. Zimmet DDS

Dr. Petticolas: A holder of an Unrestricted License (dentist or hygienist) will be able to transition to a restricted Volunteer License without having to make further application.

§ 54.1-2709. License; application; qualifications; examinations.

A. No person shall practice dentistry unless he possesses a current valid license from the Board of Dentistry.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character; (ii) is a graduate of an accredited dental school or college, or dental department of a university or college; (iii) has passed Part I and Part II of the examination given by the Joint Commission on National Dental Examinations; (iv) has successfully completed a clinical examination acceptable to the Board; and (v) has met other qualifications as determined in regulations promulgated by the Board.

D. The Board shall provide for an inactive license for those dentists who hold a current, unrestricted dental license in the Commonwealth at the time of application for an inactive license and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

E. The Board shall provide for a restricted volunteer license for those dentists who hold a current, unrestricted dental license in the Commonwealth at the time of application for a restricted volunteer license and who do not wish to renew the unrestricted dental license. The Board shall promulgate such regulation as may be necessary to carry out the provisions of this section

-ONLINE LICENSE RENEWAL WITH CREDIT CARD NOW AVAILABLE-

«First_Name» «Last_Name»	Renewal Fee--Amount **«renewal_fee»**
«License_status» «License_Type» - «License_No»	
Renewal Period «period_from» to «period_to»	Current Expiration Date: «L_Expiration_Date»

Please take this opportunity to renew this license online and pay with a Visa, MasterCard or Discover. In doing so you will have the opportunity to sign up for future e-mail notifications to assist you in maintaining your professional license in good standing, obtain duplicate licenses and keep informed about your profession. By renewing your license this way you will be able to save money and keep abreast of important changes that will affect your practice. Please visit: www.license.dhp.virginia.gov and enter your Virginia License Number («License_No»), and the temporary Pin Number («Registration_Code»).

Detach Here *RECEIPT—KEEP THIS PORTION FOR YOUR RECORDS—DO NOT RETURN*

Please fold and tear on perforated line

If you are unable to renew online, detach and mail this form with payment.

Renewal Form for «License_status» «License_Type»		**Amount Due:**
«License_No»	Renewal Period: «period_from» to «period_to»	**«renewal_fee»**
«First_Name» «Last_Name»		*Printed: 1/19/11*
«L_Address_Line_1» «L_Address_Line_2» «L_Address_Line_3» «L_Address_Line_4»		

Detach Here

You may earn 3 hours of CE credit towards renewal of your license by passing the Virginia Dental Law Exam available online at www.psiexam.com.

☐ I wish to renew in **Active** status and certify that I have completed 15 hours of approved continuing education and am familiar with all the laws and regulations governing the practice of my profession. (enclose $285.00 fee)

☐ I wish to renew in **Active** status and certify that I am familiar with all the laws and regulations governing the practice of my profession and that this is my **first renewal** so continuing education hours are not required. (enclose $285.00 fee)

☐ I wish to renew in **Inactive** status and understand that I am **not authorized to practice.** (enclose $145.00 fee)

Any misrepresentation on this renewal application may lead to disciplinary action by the Virginia Board of Dentistry.

If Payment for Active licensure Is Received by Board After «L_Expiration_Date», Amount Due $385

If Payment for Inactive licensure Is Received by Board After «L_Expiration_Date», Amount Due $195

Do not staple check to renewal form or fold renewal form.

«VA_Scanline»

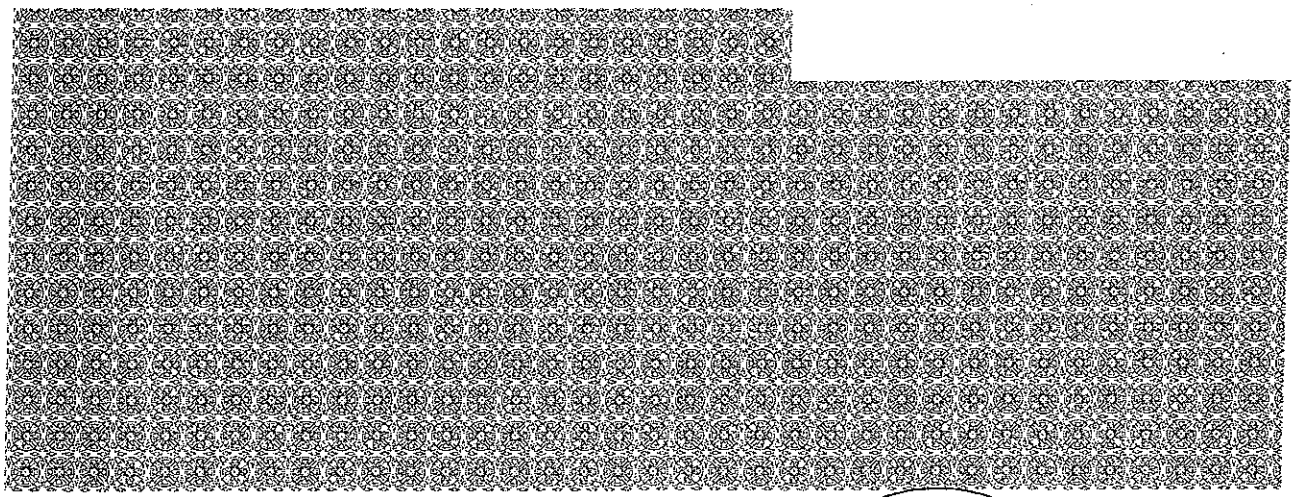
FOLD

1. If you are unable to renew online, detach "renewal form" portion and return completed form with your check in attached return envelope.
2. Make checks payable to "Treasurer of Virginia."
3. For name changes, cross out any incorrect information on the front of the renewal form, write the correct name and check the box on return envelope. Enclose a copy of your marriage license or court order for name changes.
4. Address changes, cross out any incorrect information on the front of the renewal form, write the correct address and check the box on return envelope.

Detach Here Detach Here

Detach Along Perforation
MOISTEN AND FOLD TO SEAL

Fold Here Fold Here



Dentist

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF DENTISTRY
9960 MAYLAND DRIVE, SUITE 300
Henrico, VA 23233-1463
(804) 367-4538 www.dhp.virginia.gov/dentistry

APPLICATION REQUIREMENTS FOR THE FOLLOWING

Restricted Dental Volunteer License (§ 54.1-2712.1)
Restricted Dental Hygiene Volunteer License (§ 54.1-2726.1)

All required documentation is to be sent to the Board office in a single packet with the application. An incomplete application or submission of single parts or document delay the licensing process. A completed application must include the following:

____ 1. Application.

____ 2. Certified check, cashier's check or money order, made payable to the Treasurer of Virginia in the amount of $25.

____ 3. Form AA: If you have not been engaged in active practice within the preceding five years, certification must be provided by a supervising dentist indicating he/she will review the quality of care rendered by the dentist/dental hygienist with the restricted volunteer license at least every thirty days.

____ 4. Form B: Chronology listing all activities since receiving degree, which must document at least five years of clinical practice.

____ 5. Form C: Only required if you have never held a Virginia license. Certification of licensure not older than 6 months from each jurisdiction in which you have or ever held a license to practice dentistry. Copies of licenses or permits are not accepted. \ Please list all states under Section "b" under Applicant History on page 2 of the application.

____ 6. Certify that you have not failed a clinical licensure examination within the last five years. Item "d" on page 3 of application.

____ 7. Application Affidavit which must be notarized and which authorizes the release of confidential information, affirms that your application is complete and correct, and attests that you have read, understand and will remain current with the applicable Virginia dental and dental hygiene laws and regulations of the Virginia Board of Dentistry. In addition, no remuneration will be received directly or indirectly for dental/dental hygiene services.

_____ 8. Original, current reports, not older than 6 months, form the (1) Healthcare Integrity and Protection Data Bank (HIPDB) AND (2) National Practitioner Data Bank (NPDB) (Regulation 18 VAC 60-20-100 and should be submitted with the application. These two reports can be obtained from www.npdb-hipdb.hrsa.gov.,1-800-767-6732, P. O. Box 10832, Chantilly, VA 20153-0832. Copies are not acceptable.

NOTES:

- Consistent with Virginia law (§54.1-2400.02) and the mission of the Department of Health Professions, addresses of licensees are made available to the public. Normally, the Address of Record is the publically disclosable address. If you do not want your address of Record to be made public, state law allows you to provide a second, publically disclosable address. Typically, this other address is the work or practice address. If you would like for your Address of Record to be made available to the public, complete both sections with the same address.

- You may obtain the Virginia dental and dental hygiene laws and regulations of the Virginia Board of Dentistry on-line at www.dhp.virginia.gov/dentistry.

- To receive notice that your application has been delivered to the board, it is suggested that the complete packet be mailed by "Certified Mail-Return Receipt Requested" or with "Delivery Confirmation".

- After 10 business days of applying, you might check on-line to see if your license has been issued by going to www.dhp.virgina.gov and selecting License Lookup.

- Applicants who submit an incomplete application will be notified within 10 business days of receipt that required information is missing.

- If your Virginia license is not issued within six months of the board's receipt of parts of the application, certain portions of the application may need to be updated/resubmitted before a license can be issued.

- Documents submitted with an application are the property of the board and cannot be returned.

Commonwealth of Virginia
Board of Dentistry
Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
804-367-4538
www.dhp.virginia.gov/dentistry

APPLICATION FOR RESTRICTED VOLUNTEER LICENSE TO PRACTICE DENTISTRY OR DENTAL HYGIENE

( ) DENTAL RESTRICTED VOLUNTEER LICENSE
( ) DENTAL HYGIENIST RESTRICTED VOLUNTEER LICENSE

INSTRUCTIONS: Type or print clearly. Complete all sections. If the space provided for any answer is insufficient, complete your answer on a separate page, specify the number of the question to which it relates, sign the page and enclosed it with the application.

I. GENERAL INFORMATION

Name: Last	First	Middle/Maiden	Suffix

Address of Record (Mailing Address)	City	State	Zip	Telephone Number

Public Disclosable Address	City	State	Zip	Telephone Number

Email Address	Fax #

Date of Birth	Social Security Number or Virginia DMV Control Number
____ ____/____ ____/____ ____ ____ ____	____ ____ ____--____ ____--____ ____ ____ ____

Dental Specialty Graduate Date	Specialty Degree Or Certificate	ADA-Coda Approved Dental School	City/State
_____ _____ _____ Month Date Year			

FOR OFFICE USE ONLY

Date Received	Form AA	Form B	Form C –Certification of Licensure

_____National Practitioner Data Bank _____Healthcare Integrity and Protection Data Bank	

Fee	APPLICANT #	LICENSE #	DATE ISSUED

**In accordance with §54.1-116 of the Code of Virginia, you are required to submit your Social Number or control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law required that this number be shared with other agencies for child support enforcement activities.

APPLICANT HISTORY

List in chronological order, including months and years, the dental/dental hygiene school(s) attended.

Months & Years	Name of Dental/Dental Hygiene School	Passed or Failed or Graduated
_____ to _____	_____	_____
_____ to _____	_____	_____

b. List all jurisdictions where you have been issued a license to practice dentistry/dental hygiene, active or inactive. Indicate license number and date issued.

Jurisdiction	License Number	Date Issued	State Active or Inactive
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. Have you ever been dropped, suspended, expelled, or disciplined by any school or college for any cause whatever? If yes, give details, schools(s), address(es) and date(s) on a separate page. [ ] Yes [ ] No

d. Have you ever been denied a license, or the privilege of taking a dental licensure/competency examination by a licensing authority? If yes, give detail(s), jurisdiction(s) and date(s). [ ] Yes [ ] No

_____

_____

e. Have you ever failed a dental licensing examination(s)? If yes, give details, jurisdiction(s) and date(s)._____ [ ] Yes [ ] No

_____

f. Have you ever been convicted of a violation or plead Nolo Contedere, to any federal, state or local statute, regulations or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (excluding traffic violations, except convictions for driving under the influence). If yes, give details, jurisdiction(s) and date(s) on a separate page, and include a copy of the disposition/record certified by the Clerk of the Court. [ ] Yes [ ] No

g. Have you ever voluntarily surrendered your clinical privileges while under investigation, been censured or warned or been requested to withdraw from the staff of any hospital, nursing home other health care facility, or any health care provider? If yes, give details, jurisdictions(s) and date(s) on a separate page. [ ] Yes [ ] No

h. Have you ever had any of the following disciplinary actions taken against your license to practice dentistry, your DEA permit, Medicare, Medicaid, or are any such actions pending: suspension/revocations, or probations, or reprimand/cease and desist, or monitoring of practice, or limitation placed on scheduled drugs? If yes, give details, jurisdiction(s) and date(s) on a separate page. [ ] Yes [ ] No

i. Have you ever had any membership in a professional society revoked, suspended or sanctioned in any manner? If yes, give details, jurisdiction(s) and date(s) on a separate page. [ ] Yes [ ] No

j. Have you ever been a defendant in a military court martial or received medical or other than honorable discharge? If yes, give details, jurisdiction(s) and date(s) on a separate page. [ ] Yes [ ] No

k. Have you ever had any malpractice suits brought against you? If yes, give details, jurisdiction(s) and date(s) for each suit on a separate page, and provide a letter from your attorney explaining each case. [ ] Yes [ ] No

l. Have you, within the last two (2) years, been physically or emotionally dependent upon the use of alcohol/drugs or been treated by, consulted with, or under the care of a professional for any substance abuse? If yes, give details, jurisdiction(s) and date(s) on a separate page and provide a letter of explanation from the treating professional(s), including a summary of diagnosis, treatment and prognosis. [ ] Yes [ ] No

m. Have you, within the last two (2) years, received treatment for, or been hospitalized for a nervous, emotional or mental disorder? If yes, give details, jurisdiction(s) and date(s) on a separate page, and provide a letter of explanation from the treating professional(s), including a summary of diagnosis, treatment and prognosis. [ ] Yes [ ] No

n. Do you have a physical disability, disease, or diagnosis which could affect your performance or professional duties? If yes, provide a letter of explanation from the treating professional(s), including a summary of diagnosis, treatment, and prognosis. [ ] Yes [ ] No

o. Have you been adjudged mentally incompetent, or been voluntarily or involuntarily committed to a mental institution within the last five (5) years? If yes, give details, jurisdiction(s) and date(s) on a separate page, and provide certified copies of all applicable court documents. [ ] Yes [ ] No

VIRGINIA BOARD OF DENTISTRY
APPLICATION AFFIDAVIT
(MUST BE COMPLETED BEFORE A NOTARY PUBLIC)

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present) business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Dentistry any information, files or records requested by the Board which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me in the application and supporting documents are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of dentistry and dental hygiene. I hereby agree to abide by and remain current with the applicable laws and regulations which are available on www.dhp.virginia.gov, and

I will not receive remuneration directly or indirectly for providing dental services.

I have attached a certified check, cashier's check or money order in the amount of $_____ made payable to the **Treasurer of Virginia**. I fully understand that funds submitted as part of the application shall not be refunded.

_____
Signature of Applicant

State of _____

County/City of _____

Sworn and subscribed to, before me, this _____day of _____, _____.
Day Month Year

My commission expires on _____.

_____
Signature of Notary Public

_____
Registration Number

NOTARY SEAL

Commonwealth of Virginia
BOARD OF DENTISTRY
Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
(804) 367-4538 www.dhp.virginia.gov/dentistry

FORM AA

FOR DENTAL APPLICANTS: You may be required now or will be required in the future to have a sponsoring dentist in order to hold a restricted volunteer license. When you are required to have a sponsor is determined by your practice history as reported on FORM B: CHRONOLOGY and your answers below. You must have a sponsor if you have not been in active practice within the past five years of making application.

NAME OF APPLICANT: _____ Dental Restricted Volunteer License

1. Name of address of clinic you will be volunteering at:
   _____
   _____

2. Are you still in active practice: Yes _____ No _____

3. If you answered no above, please give the month and year when you were last in active practice. Month _____ Year _____

4. How many years have passed since your last date of service: Calculate by subtracting the month and year reported above from the current month and year:
   Number of Months _____/Number of years _____

5. a. If your answer above is less than five years then you do not presently need a sponsor and you may stop here. The date when you must have a sponsor will be specified on your restricted volunteer license. It is your responsibility to obtain and report your sponsor by the date specified on your license. You may voluntarily obtain and report a sponsor with your application.

OR

b. If your answer above is five years or greater then your sponsor must provide the information requested below.

TO BE COMPLETED BY SPONSOR

6. By affixing my signature below, I will review the quality of care rendered by the above named applicant at least every 30 days who will only treat patients who have been screened by the approved clinic and are eligible for treatment. I will directly observe patient care being provided and review all patient charts at least quarterly. Such supervision shall be noted in patient charts and maintained in accordance with 18 VAC 60-20-15.

_____
Signature of Sponsor

_____
Virginia License Number

COMMONWEALTH OF VIRGINIA
BOARD OF DENTISTRY

FORM B: CHRONOLOGY

NAME OF APPLICANT: _____

Every applicant must provide a **complete** chronological, personal, and professional history of all activities you have engaged in since receiving your degree or certification, include teaching positions, internship, hospital affiliations, all periods of non-professional activity or employment, volunteer work, and all periods of unemployment.

Only applicants for dental **licensure by credentials** are required to provide the Number of Hours of Clinical Practice. You must report the number of hours you were engaged in clinical practice for each dental position you held within the six year period prior to submitting this application. Report multiple year positions as hours per calendar year, i.e. 600 hours in 2004 or 1000 hours each year for 200-2004.

Form B may be photocopied if additional space is needed.

FROM Month/Year	**TO** Month/Year	**POSITION/ACTIVITY**	**Employer/Contact Person for practice verification and the person's Complete Address, and Telephone #**	**Number of Hours of Clinical Practice**

COMMONWEALTH OF VIRGINIA
BOARD OF DENTISTRY
Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
(804) 367-4538 www.dhp.virginia.gov/dentistry

FORM C
CERTIFICATION OF DENTAL/DENTAL HYGIENE BOARDS

Please forward one form to each state dental/dental hygiene board where you hold or have ever held a dental/dental hygiene license. Some states require a fee, paid in advance, for providing this information. To expedite, you may wish to contact the applicable state board(s). Form C may be photocopied if copies are needed.

I am making application for licensure in Virginia by:

[ ] Examination for Dental License
[ ] Examination for Dental Hygiene License
[ ] Reinstatement
[ ] Full Time Faculty
[ ] Credentials for Dental License
[ ] Endorsement for Dental Hygiene License
[ ] Teachers License
[ ] Registration for Volunteer Practice

I, _____, was granted License Number _____

on _____ by the State of _____. The Virginia Board of Dentistry
Month Date Year

requests that I submit evidence that my license in the State of _____

is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise directly to the Virginia Board of Dentistry. Your early attention is appreciated.

_____ _____ _____
Applicant's Signature Applicant's Typed/Printed Name Applicant's Address

_____

Executive officer of State Board: If no disciplinary action has been taken, please complete and return this form to the applicant. If disciplinary action has been taken, please send the form directly to the Virginia Board of Dentistry.

State of _____ Name of Licensee _____

Graduate of _____ License # _____ Issued _____

By [ ] Reciprocity [ ] Examination [ ] If licensed by state clinical exam, provide year and check her if exam included treatment of live patient _____ [ ] Endorsement with the State of _____

License is: [ ] Current-Expires _____ [ ] Active [ ] Inactive [ ] Lapsed-Expired _____

Has applicant's license ever been disciplined, suspended or revoked [ ] NO [ ] YES

If yes, give details and attach supporting documentation (Finding of Fact, Conclusions of Law, Orders): _____

_____

Derogatory information, if any: _____

Comments, if any: _____

SEAL _____ _____ _____
Signature Title Date

Practice of Dental Hygiene. Dental hygiene is the science and practice of the recognition, treatment and prevention of oral diseases. (ADHA Definition)

Dental hygiene means the delivery of preventive, educational, and clinical services supporting total health for the control of oral disease and the promotion of oral health provided by a dental hygienist within the scope of his or her education, training and experience and in accordance with applicable law. (COLORADO Definition)

Any individual who performs any one or more of the following procedures is deemed to be practicing dental hygiene:

1. provides care that is educational, preventive, and therapeutic through observation, assessment, evaluation, counseling and therapeutic services to establish and maintain oral health; (Colorado)

2. evaluates patient health status through review of medical and dental histories, assesses and plans dental hygiene care and needs, performs a prophylaxis including complete removal of calciferous deposits, accretions and stains by scaling, polishing, and performs root planing, debridement and gingival curettage; (Colorado)

3. administers local anesthesia and nitrous oxide inhalation analgesia (Colorado)

4. provides other related services as permitted by the rules of the Board (Colorado)

5. teaches dental hygiene (my addition)

6. Performs oral healthcare and risk assessments that include the review of the patients' health history, taking and recording blood pressure, dental and periodontal charting, oral cancer screening and evaluation of oral disease/health (ADHA)

7. Evaluates a patient's current health status including all medications (ADHA)

8. Performs an extraoral and intraoral examination and oral cancer screening (ADHA)

9. Completes a comprehensive dental and periodontal charting that includes a detailed description and evaluation of the gingival and peridontium (ADHA)

10. Develops a dental hygiene diagnosis (as a component of the dental diagnosis) based on the oral health findings (ADHA)

11. Exposes, processes and interprets dental radiographs (ADHA)

12. Removes biofilm plaque and calculus (soft and hard deposits) from teeth both coronal and apical to the gingival margin using dental instruments (ADHA)

13. Applies caries-preventive agents such as fluorides and sealants to the teeth (AHDA)

14. Discusses the progress being made toward isolating evidence that notes the potential association between systemic and oral health and disease (ADHA)

15. Administers local controlled an sustained release antimicrobial agents (ADHA)

16. Administers pain control agents such as local anesthestic and or nitrous oxide analgesia (ADHA)

17. Provides patient education on biofilm plaque control and home care protocol by incorporating techniques and products that will become part of an individualized self-care oral hygiene program (ADHA)

18. Counsels and coordinates tobacco cessation programs (ADHA)

19. Educates patients on the importance of good nutrition for maintaining optimal oral health (ADHA)

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,) Ann M. Bruhn		
Street Address 4608 Hampton Blvd, Health Science Bldg	**Area Code and Telephone Number** 757-683-3851	
City Norfolk	**State** Virginia	**Zip Code** 23529
Email Address (optional) abruhn@odu.edu	**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 VAC60-20-195 clause (iii) which states: *No person not otherwise licensed by this board shall place or expose dental x-ray film unless he has (iii) satisfactorily completed a course and passed an examination in compliance with guidelines provided by the board*

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

   I would like the Board to reconsider removing clause (iii) of 18 VAC 6-20-195. Unlicensed individuals in the State of Virginia will now only be able to obtain a Dental Radiation Safety Certificate if they take a CODA approved radiation course, are certified by the American Registry of Radiologic Technologists or take a course and pass an exam given by the Dental Assisting National Board. This will greatly limit the availability of radiation safety certified individuals who would be able to expose dental radiographs in the State of Virginia. To resolve this, accredited dental hygiene schools could be permitted to offer the radiation safety portion of the oral radiology course, meeting the need for unlicensed individuals to be certified in radiation safety.

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: Ann Bruhn

Date: 4/18/11

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: Ann Bruhn

Nature of petitioner's request: To amend regulations to permit accredited dental hygiene schools to offer radiation safety course for unlicensed persons to be certified in radiation safety.

INITIAL AGENCY NOTICE

Agency's plan for disposition of the request: The Board is requesting public comment on the petition to amend regulations relating to radiation safety certification. The Board will consider the need for amendment at its meeting on June 3, 2011 and will respond to the petition following the close of the comment period.

Comments may be submitted until June 22, 2011

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: 5/3/2011

Disciplinary Board Report for June 3, 2011

Today's report addresses the Board's disciplinary case activities for the third quarter of fiscal year 2011 which includes the months of January 1 to March 31. Also included are the up-to-date figures for the fourth quarter.

The table below includes all cases that have received Board action since January 1, 2011 through May 6, 2011.

2011	Cases Received	Cases Closed No/Violation	Cases Closed W/Violation	Total Cases Closed
Jan '11	43	21	8	29
Feb '11	31	16	12	28
Mar '11	42	43	12	55
April '11	*33*	*40*	*8*	*48*
May ' 11	*5*	*5*	*2*	*7*
Totals	175	125	42	167

For the third quarter the Board received a total of 116 cases and closed a total of 112 for a 96.5% clearance rate. However, of the 116 cases received 96 were patient care cases and of the 112 closed only 62 were patient care cases for a 65% clearance rate, well below the key performance measure of 100%. The Board still is within the key performance measures with only 9% of cases over 250 business days and 90% of cases closed within 250 business days.

The Board currently has 204 open cases. Fifty-two of these cases are in probable cause with 21 at Board member review.

For comparison, at the last Board meeting, we had 217 open cases with 73 in probable cause and 30 were at Board member review.

Thirteen cases are over 250 business days which is 3.8%. Fifty-two of the 55 cases closed were within 250 business days which is 95%.

If you have cases for probable cause review, please complete them and return them back to us as soon as possible.

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*The Agency's Key Performance Measures.

- 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.
- 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.
- We will investigate and process 90% of patient care cases within 250 work days.

BOARD OF DENTISTRY
PROPOSED 2012 CALENDAR

JANUARY

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

FEBRUARY

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	SCC-C
19	20	21	22	23	24	25	RESERVE
26	27	28	29				

MARCH

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

APRIL

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

MAY

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

JUNE

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

AUGUST

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

SEPTEMBER

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

OCTOBER

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

NOVEMBER

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

DECEMBER

S	M	T	W	T	F	S	
						1	
2	3	4	5	6	7	8	Formals/Board
9	10	11	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 8	March 9	Feb 24	January 20	January 27	January 6
June 7	June 8	May 18	March 2	March 16	February 17
September 6	September 7	Oct 19	April 13	April 27	March 30
December 6	December 7		May 25	June 15	May 11
			July 13	July 20	June 22
			August 24	August 31	August 3
			October 5	October 12	September 14
			November 16	November 30	October 26

Adopted: