

VIRGINIA BOARD OF DENTISTRY

AGENDAS

December 1 and 2, 2011

Department of Health Professions

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

PAGE

December 1, 2011

2:00 p.m. Formal Hearing

6:30 p.m. Board Member Service Recognition Dinner
Lehja Restaurant – 11800 West Broad St., Suite 910, Richmond, VA 23233
Phone: 804-364-1111
NO BUSINESS WILL BE CONDUCTED

December 2, 2011

Board Business

9:00 a.m. Call to Order – Dr. Hall, President

Evacuation Announcement – Ms. Reen

Public Comment

Approval of Minutes - September 9, 2011

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Governor McDonnell's Address to Members of Boards and Commissions

DHP Director's Report – Dr. Reynolds-Cane

Exploring Alternative Strategies for Examining Clinical Skills - Dr. Petticolas

Value of Human Subjects – What does the evidence show? – Dr. Gunsolley
Professor of Periodontics, VCU School of Dentistry

Healthcare Workforce Data Center Dentistry Surveys – Dr. Carter

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- Dental Hygienist Survey

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Liaison/Committee Reports

- Report on ADEX Annual meeting – Dr. Watkins
- BHP – Dr. Levin
- SRTA – Dr. Hall
Ms. Pace

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- Exam Committee – Dr. Petticolas
 - September 9, 2011 Draft minutes
- Regulatory/Legislative Committee – Dr. Boyd
 - November 4, 2011 Draft minutes

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Legislation and Regulation – Ms. Yeatts

- Status Report on Regulatory Actions **P49**
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- VDA 2012 Legislative Proposals **P55**
 - Registration of Dental Laboratories
 - Expanding Dept. of Health Remote Supervision of Dental Hygienists

Board Discussion/Action

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- Guidance Document for Recovery of Disciplinary Costs **P91-P92**
 - Proposed Regulations

Report on Case Activity – Mr. Heaberlin

Executive Director’s Report/Business – Ms. Reen

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- AADB Assessment Program

Board Counsel Report – Mr. Casway

- Litigation Review

Award of President’s Plaque to Ms. Pace – Dr. Hall

**VIRGINIA BOARD OF DENTISTRY
MINUTES
SEPTEMBER 9, 2011**

- TIME AND PLACE:** The meeting of the Board of Dentistry was called to order at 9:05 a.m., on September 9, 2011 in Board Room 4, 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.
Surya P. Dhakar, D.D.S.
Meera A. Gokli, D.D.S.
Jeffrey Levin, D.D.S.
Misty Mesimer, R.D.H.
- BOARD MEMBERS ABSENT:** Myra Howard, Citizen Member
- STAFF PRESENT:** Sandra K. Reen, Executive Director for the Board
Arne Owens, DHP Chief Deputy Director
Elaine J. Yeatts, DHP Senior Policy Analyst
Alan Heaberlin, Deputy Executive Director for the Board
Donna Lee, Discipline Case Manager
- ESTABLISHMENT OF A QUORUM:** With nine members of the Board present, a quorum was established.
- PUBLIC COMMENT:** No public comments were received.
- APPROVAL OF MINUTES:** Ms. Pace asked if the Board members had reviewed the June 3, 2011 and June 14, 2011 minutes. No changes or corrections were made. Dr. Petticolas moved to accept the June 3, 2011 and June 14, 2011 minutes. The motion was seconded and passed.
- DHP DIRECTOR'S REPORT:** Mr. Owens reported on the following activities of DHP:
- Dr. Reynolds-Cane was not able to be present because she was attending the Virginia Health Reform Initiative meeting.
 - New Board Member orientation will be held on September 23, 2011.
 - DHP received the Council on Licensure, Enforcement and

Regulation (CLEAR) regulatory award this year for the Sanction Reference Points Guidelines.

- The leadership team is working on case management efficiencies.
- The Board of Dentistry is financially sound.

**UPDATE ON
PRESCRIPTION
MONITORING
PROGRAM:**

Ralph Orr, Program Director, for the Prescription Monitoring Program (PMP) provided the following update:

- Prescriptions involving Schedule II, III, and IV controlled substances are required to be reported to the PMP.
- All pharmacies in Virginia, non-resident pharmacies, and dispensing physicians are required to report to the PMP.
- Over 1 million prescriptions are added every month to the PMP and approximately 600,000 requests will be filled this year.
- Individuals over 18 can request their own history.
- Interoperability is in the pilot phase. Currently requests can be made to Virginia, Indiana and Ohio. West Virginia will be added next. This is helpful because patients can move from state to state and now the data can be accessed from those states.
- October 1, 2011 new regulations go into effect that the data has to be reported within 7 days after dispensing, instead of the current requirement to report 2 times a month.
- Reviewed the easier to read new format of the PMP report.
- There are continuing education courses available on the PMP website.
- Real time reporting is coming in the future, but one major hurdle is the cost.
- The Substance Abuse Mental Health Services Administration reported that most young people have their first exposure to prescribed opiates because of a dental procedure.

**LIASON/COMMITTEE
REPORTS:**

Board of Health Professions (BHP). Dr. Levin stated he is the new appointee. There has not been a meeting since May 3, 2011. The next meeting is scheduled for October 24, 2011.

AADB. Dr. Levin stated that there has not been a meeting since his last report on June 3, 2011. The next meeting will be held in Las Vegas in October.

SRTA. Dr. Gokli reported that:

- The Board should consider no longer accepting CITA exams from North Carolina because North Carolina does not accept any other testing agencies' exams. NERB and SRTA

have tried to work with CITA without success and no other SRTA state accepts CITA. Following discussion, no action was taken.

- NERB and SRTA are working together toward a national examination and the Board should become a member of ADEX. ADEX does not administer an examination, it develops an examination. We are members of SRTA and SRTA is a district member. SRTA will designate representation for the ADEX Board of Directors. Ms. Reen said that the Board had received a presentation from ADEX several years ago and decided not to join. Virginia currently accepts all regional exams in the country and accepts ADEX results. The Board should have information about the current operations of ADEX and its membership policies before making a decision. Ms. Pace referred this matter to the Exam Committee to receive and review information about ADEX and present their findings to the Board at its next meeting.

Ms. Pace reported that:

- She did not attend the annual meeting, but received an update from Deborah Southall, R.D.H on the work of the Dental Hygiene Exam Committee. The execution and format of the dental hygiene exam will not change, but radiographs will no longer be graded. The Committee is reviewing whether to eliminate the EEM because it is addressed in the national boards. She added that a Conference Call of the Committee was held on September 1, 2011. Points of interest were that (1) there was a vote to eliminate the EEM; (2) the by-laws were amended for the Committee to accept proxy voting; and (3) the Dental Hygiene Annual Examiners training will be held in Charlotte, North Carolina on January 13-14, 2012.

Exam Committee. Dr. Cutright reported that:

- The Exam Committee met on August 18, 2011 in closed session to revise questions and answers to the existing Dental Law Exam for correlation with the current regulations. Additional meetings will be scheduled to develop exam questions and answers which take into consideration recent and upcoming law and regulatory changes.
- The Exam Committee held an advisory forum on August 19, 2011 to discuss alternatives to using human subjects in clinical competency examinations for practicing dentistry or dental hygiene. The forum included professionals from the dental community. The consensus was to further investigate other evaluation options and then recommend policy changes

to the Board. The Board will hear from experts about alternative strategies for determining competence. The next Exam Committee meeting will be held after the Board meeting today.

LEGISLATION AND REGULATIONS:

Regulatory-Legislative Committee. Ms. Reen reported that the Committee met on September 8, 2011, and some of the items addressed are before the Board today for action and others will continue to be worked on by the Committee.

Ms. Pace welcomed the Board's newest member, Dr. Dhakar.

Status Report on Regulatory Actions. Ms. Yeatts reported the following update:

- Periodic Review and reorganization of Chapter 18 VAC 60-20 - Proposed regulations adopted on June 3, 2011;
- Training in pulp capping for Dental Assistants II – Fast-Track- at the Governor's Office for signature;
- Board-approved courses for radiation certification – Fast-Track- at the Secretary's Office for approval;
- Recovery of Disciplinary Costs Regulations - are in final stage and are at the Governor's Office for signature; and
- Registration of Mobile Clinics – are in final stage and are at the Governor's Office for signature.

Ms. Yeatts informed the Board that there are currently no regulations in place for mobile dental clinics because the 6-month extension that was granted for the Emergency regulations expired on July 6, 2011. She has been in constant contact with the Governor's Office about the regulations. Concerns were expressed about the possibility of violations and how they would be handled since there are no regulations. Ms. Reen explained that the Board has no authority to act if there are complaints or if an application for registration is received. She added the statute requiring registration is still in place. Mr. Heablerlin added that a complaint against a dentist could be addressed.

Proposed Draft of Sedation/Anesthesia Regulations. Ms. Yeatts stated that the requirement for sedation and general anesthesia permits was mandated by Senate Bill 1146 and the emergency regulations need to be adopted today so that they will be in effect by December 27, 2011. These regs will stay in effect for 12 months and will need to be replaced with final regulations before they expire. She said the NOIRA for the final regs should also be adopted today. Ms. Yeatts then facilitated review and discussion of the proposed regulations as amended by the Regulatory/Legislative Committee which included:

18VAC60-20-10 – A separate entry was added for “moderate sedation” to read **“Moderate sedation”** (see **meaning of conscious/moderate sedation**) because the term “conscious/moderate sedation” is used to be consistent with the statute.

18VAC60-20-30(J) – after **“\$350”** the following phrase was added to be clear that this fee will not be charged for the routine inspections of permit holders: **“with the exception of a routine inspection of an office in which the dentist has a conscious/moderate sedation permit or a deep sedation/general anesthesia permit.”**

18VAC60-20-110(A) – To assure posting of an acceptable credential the following sentence was added at the end of the paragraph: **“Such an oral and maxillofacial surgeon shall be required to post a certificate issued by AAOMS.”**

18VAC60-20-110(D) – After the word **“permit”** add the words **“or AAOMS certificate.”**

18VAC60-20-110(H)(2) – After the word **“number”** add the words **“for the dental practice.”**

18VAC60-20-107(D) – Dr. Petticolas suggested that the word **“the”** before the words “unintended reduction” should be changed to the word **“an.”** The Board agreed and Ms. Yeatts noted the change.

18VAC60-20-120(A) – Add the following sentence to the end of the paragraph: **“Such an oral and maxillofacial surgeon shall be required to post a certificate issued by AAOMS.”**

18VAC60-20-120(C)(1)(c) – Ms. Yeatts stated that if a dentist were self-certified in anesthesia and conscious sedation prior to January 1989, a temporary permit will be issued for up to two years so the dentist can complete the required training for one of the standard permits so section (c) reads **“Temporary conscious/moderate sedation permit (may be renewed one time).”**

18VAC60-20-120(F) Dr. Levin moved to add after the word **“providers”** the words **“including basic electrocardiographic interpretation.”** The motion was seconded and passed. This same wording is also added to 18VAC60-20-110(C)(2).

18VAC60-20-107(G) Dr. Levin stated that an emergency written action plan should be added under equipment. After a discussion by the Board, the consensus was to add the following sentence: **“A dentist in whose office sedation or anesthesia is administered shall have written basic emergency procedures established and staff trained to carry out such procedures.”**

18VAC-60-20-120(G) – After the word **“section,”** the following wording was added **“or the AAOMS certificate issued to an oral and maxillofacial surgeon.”**

18VAC60-20-120(K)(2) – The following phrase was added after the word “**number**” to clarify that the intent is a number “**for the dental practice.**”

Dr. Levin moved to adopt the emergency regulations as recommended by the Regulatory Committee as further amended; and to publish a Notice of Intended Regulatory Action to replace the emergency regulations. The motion was seconded and passed.

Response to Petitions for Rulemaking on Radiation Courses.

Ms. Yeatts reported that on June 3, 2011, the Board adopted revised regulations on radiation certification and revised Guidance Document 60-20 to address the concerns of the three petitioners. She added that the Board needed to adopt a formal response to the petitions today since the comment period on the petitions did not close until June 22, 2011. She advised that the Regulatory Committee is recommending that Guidance Document 60-20 be revised further to add the following sentence “**Any person who was qualified to place or expose dental x-ray film by satisfactorily completing a course and passing an examination in compliance with guidelines provided by the Board prior to May 11, 2011 continues to be so qualified.**”

Dr. Petticolas moved to accept the revision to Guidance Document 60-20 as read by Ms. Yeatts. The motion was seconded and passed.

Dr. Petticolas moved to respond to the petitioners that the Board has acted in response to the petitions by adoption of a guidance document on interpretation of Section 195 on radiation certification and by adoption of amendments to that section by a fast-track action. The motion was seconded and passed.

**BOARD
DISCUSSION/ACTION:**

Public Comment Topics. No public comment was received.

Dental Laboratory Work Order Forms. Ms. Reen informed the Board that the initial draft of the two forms to be prescribed by the Board were reviewed at its December 3, 2010 meeting. During that meeting, the Board requested that the Regulatory/Legislative Committee develop the forms to make clear the intent is to prescribe the minimum content required by the Board and to consider whether the forms should be issued as a guidance document. The Committee recommends adoption of the revised forms with these changes to:

- the Dental Laboratory Work Order Form in the first paragraph at the top, line 2, to bold this sentence: “**A licensee may use a different form only if all the required information on this**

form is collected and conveyed.” and at the bottom of the form add the heading **“Instructions to Lab”** in bold print above the word **“Laboratory.”**

- the Dental Laboratory Subcontractor Work Order Form in the first paragraph at the top, line 3, to bold this sentence: **“A different form may be used only if all the required information on this form is collected and conveyed.”** and at the bottom of the form add the heading **“Instructions to Lab”** in bold print above the word **“Subcontractor.”**

The Regulatory Committee recommended that the forms be issued as additional Board forms and mentioned in the Board BRIEFS.

Dr. Hall moved to accept the Dental Laboratory Work Order Form and Dental Laboratory Subcontractor Work Order Form as amended. The motion was seconded and passed.

Amendment of Guidance Document 60-13. Dr. Boyd moved to amend Guidance Document 60-13, by adding **“or a qualified dentist”** in item number 6(a) after the word **“anesthesiologist.”** The motion was seconded and passed.

NERB Information on Score Reports. Ms. Reen stated that the Board at its June 3, 2011 meeting requested an update from NERB on its action to address the reporting errors made regarding the candidates who took the Florida Dental Examination. The letters from the chairman of NERB addressing those issues are provided as information.

AADB Proposed Advertising Guidelines. This topic was deferred to the next Board meeting since Mr. Casway was not present to lead the discussion.

REPORT ON CASE ACTIVITY:

Mr. Heaberlin reported that in the fourth quarter of FY 11 the Board received a total of 61 patient care cases, and closed a total of 99 for a 162% clearance rate. The pending caseload older than 250 business days was 9% and 92% of all cases were closed within 250 business days. These numbers exceed the agency's Quarterly Performance Measurement goals. The Board is currently working on the audits for OMS who perform cosmetic procedures. There were 24 cases opened for audit; 13 of the cases included practitioners who perform cosmetic procedures that meet the audit criteria; 17 cases were closed no violation. Many of the licensees received an advisory letter reminding them to update their OMS profiles.

The Board currently has 210 open cases; 159 are patient care; 53 are in probable cause with 25 at Board member review. Mr. Heaberlin reminded Board members who have cases for probable cause review to please complete and return them as soon as possible.

Mr. Heaberlin guided the Board members through a probable cause review exercise to promote consistency across reviewers. Discussion followed about the case and about when requesting x-rays should be considered to make a determination in a case. Concerns about reviewing the case without x-rays were raised and staff agreed to look at a more efficient process so that reviewers have the x-rays concurrent with the case.

**NOMINATING
COMMITTEE/ELECTION
OF OFFICER:**

On behalf of the Committee, Dr. Levin moved the election of the following slate of officers for 2011-2012 year:

Robert B. Hall, Jr., D.D.S. – President

Augustus A. Petticolas, Jr., D.D.S. – Vice President

Herbert R. Boyd, III, D.D.S. – Secretary/Treasurer

The motion was seconded and passed.

**RECOMMENDATIONS
OF CREDENTIALS
COMMITTEE:**

Case #135193 and Case #139166.

Closed Meeting:

Dr. Hall moved that the Board convene a closed meeting pursuant to § 2.2-3711(A)(27) and §2.2-3712(F) of the Code of Virginia for the purpose of consideration and discussion of two recommended decisions from the Credentials Committee. Additionally, Dr. Hall moved that Ms. Reen, Mr. Heaberlin and Ms. Lee attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and passed.

Reconvene:

Dr. Hall moved that the Committee certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

Ms. Mesimer moved to accept the recommended Order of the Credentials Committee for Case #135193. The motion was seconded and passed.

Dr. Petticolas moved to accept the recommended Order of the

Credentials Committee for Case #139166. The motion was seconded and passed.

**BOARD COUNSEL
REPORT:**

Mr. Casway was not present.

**EXECUTIVE
DIRECTOR'S
REPORT/BUSINESS:**

AADB participation and membership. Ms. Reen asked the Board to consider the value of its membership in the AADB noting that it was expensive and that travel was very hard to get approved. Members discussed the advantages and disadvantages of participating in the organization. The consensus was that the organization and its meetings are more focused on the examining community rather than on Board business. Ms. Reen commented that this focus makes it difficult to defend travel requests. She added that a representative could still attend meetings at non-member costs if the agenda supports travel approval.

Dr. Levin moved that the Board not renew its membership in AADB for the year 2012. The motion was seconded and passed.

Dr. Hall moved to withdraw his attendance at the upcoming AADB meeting in October. The motion was seconded and passed.



ADJOURNMENT:

With all business concluded, the meeting was adjourned at 12:48 p.m.

Robert B. Hall, Jr., D.D.S., President

Sandra K. Reen, Executive Director

Date

Date

**HEALTHCARE WORKFORCE
DATA CENTER**

DENTISTRY SURVEYS

presented by

**Dr. Elizabeth Carter
Executive Director
Board of Health Professions
Healthcare Workforce Data Center**

Dentistry Survey

Instructions:	<p>The following survey will assist policymakers at the state, federal and local levels assess the adequacy of the current dentistry workforce and project future workforce trends in relation to Virginia's changing population and health needs. It will help us to improve the health of all Virginians and develop policies that support the practice of dentistry. By law, information collected as part of this survey is anonymous. The Healthcare Workforce Data Center only releases this information in the aggregate and has taken legal and practical measures to ensure any information released is not personally identifiable. Participation in this survey is voluntary.</p> <p>The survey questions are designed to allow comparisons across professions, and among state and federal data collection efforts. Some of the questions, particularly the questions pertaining to race and ethnicity, match Federal data collection standards.</p>
Education and Background	
1 Year of Birth	Fill-in (4 Digit Year)
2 Sex	Dropdown: Male/Female
3a Please select the items that best describe your race/ethnicity. Please answer both question 3a about Hispanic origin and 3b about race/ethnicity.	
3a Select one:	<p>Check one</p> <p>Hispanic, Latino or Spanish Origin</p> <p>Not Hispanic, Latino or Spanish Origin</p> <p>Prefer not to respond</p>
3b Select all that apply:	<p>Check all that apply</p> <p>White</p> <p>Black or African American</p> <p>American Indian or Alaska Native</p> <p>Asian</p> <p>Native Hawaiian or Pacific Islander</p> <p>Some other race</p> <p>Prefer not to respond</p>
3c If some other race, please specify:	Fill in the blank
4 Where did you graduate high school (Secondary School)?	<p>Dropdown</p> <p>Outside of the US or Canada</p> <p>Canada</p>

		57 US States and Territories
		<i>Dropdown: urban, rural, suburban</i>
5	Was your childhood spent mostly in rural, urban or suburban areas?	
6	Where did you complete your undergraduate degree?	<i>Dropdown</i>
		Did not obtain an undergraduate degree
		Outside of the US or Canada
		Canada
		57 US States and Territories
7	Where did you graduate from Dental School?	<i>Dropdown</i>
		Outside of the US or Canada
		Canada
		57 US States and Territories
8	Do you hold a license to practice dentistry in any other jurisdiction?	<i>Check all that apply</i>
		Maryland
		West Virginia
		Kentucky
		Tennessee
		North Carolina
		District of Columbia
		One or more other US states
9a	Please any education you have completed as of today (excluding residencies or advanced training programs)?	<i>Check all that apply:</i>
		Bachelor of Science Degree
		Bachelor of Arts Degree
		Other Bachelor's Degree
		Graduate Certificate
		Masters Degree
		PhD
		DDS/DMD
		Other
9b	If you selected other, please provide a one or two word description:	<i>Fill in the blank</i>

13	Within the past 12 months, have you worked, practiced, taught or volunteered in a Dentistry related position or a position that drew on your Dentistry background? (if only occasional practice—less than 100 hrs—please select "No")	Check One: Yes/No (if yes, go to question 14, if no, go to question 32)
Primary Practice Location		
if you answered "No" to Question 13, please go to Question 32. If you answered "Yes", please continue.		
Primary Work Location		
Question 14 through Question 19 refer to your primary place of employment, work or practice. This is the place where you spend the most work hours during an average workweek, or where you spent the most weeks working in the past 12 months. These questions describe a particular work location, not an employer. Temporary or traveling workers who spend or spent a significant amount of time at a particular location should use that location as his or her primary work location. Persons who consistently work in multiple locations (i.e. temporary workers, locum tenens) should indicate this in Question 14.		
14	Please select the location of your primary place of employment, work or practice:	Dropdown: Outside of US Virginia Border State/DC Other US State List of Virginia's Cities and Counties Several localities (temporary, mobile clinic etc)
15	Approximate number of weeks at which at least some time was spent at this work location within the past twelve months (exclude vacation, medical leave, etc)	Fill in Blank (2-digit numeric, not more than 52 or less than 1)
16a	How many hours do you work in an average workweek at this location?	Fill in Blank (2-digit numeric)
16b	On average, what proportion of your workweek is spent on administrative or business-related matters?	Dropdown None to 100%, 10 percent increments
16c	On average, what proportion of your workweek is spent performing research?	Dropdown None to 100%, 10 percent increments

If you only have one practice location, please skip to question 27. If you have additional practice locations, please continue.	
Secondary Work Location	
<i>Question 20 through Question 25 refer to your secondary place of employment, work or practice. This is the place where you spend the second most work hours during an average workweek, or where you spend the second most weeks working in the past 12 months. These questions describe a particular work location, not an employer. Temporary or traveling workers who spend or spent a significant amount of time at a second location should use that location as his or her secondary work location. Persons with a primary work location who also consistently work in multiple locations (i.e. temporary workers, locum tenens) should indicate this in Question 20.</i>	
20	Primary practice or work location: Dropdown: Outside of US Virginia Border State/DC Other US State List of Virginia's Cities and Counties Several localities (temporary, mobile clinic etc)
21	Approximate number of weeks at which at least some time was spent at this work location within the past twelve months (exclude vacation, medical leave, etc) Fill in Blank (2-digit numeric, not more than 52 or less than 1)
22a	How many hours do you work in an average workweek at this location? Fill in Blank (2-digit numeric)
22b	On average, what proportion of your workweek is spent on administrative or business-related matters? Dropdown None to 100%, 10 percent increments
22c	On average, what proportion of your workweek is spent performing research? Dropdown None to 100%, 10 percent increments
22d	On average, what proportion of your workweek is spent teaching dental or dental hygiene students? Dropdown None to 100%, 10 percent increments
22e	On average, what proportion of your workweek is spent on patient care (including patient education)? Dropdown None to 100%, 10 percent increments

23	Average number of patient care visits you conduct at this location per week, including hygiene checks?	Fill in Blank (numeric)
23a	How many of these are hygiene checks performed by support personnel?	Fill in Blank (numeric)
24	Practice setting?	Dropdown: Private Solo Practice Private Group Practice Hospital/Health System Nursing home/long term care facility Non-profit/safety net clinic Federal Government Service (Military/Peace Corps) Local/State Government Agency or non-dental School (including K-12 and colleges) Dental/Dental Hygiene School Insurance Company Supplier Company Other
25	Reimbursement method: Please indicate how you are reimbursed for patient care activities at this location: Please check all that apply.	Check all that apply: Private Insurer: Capitation/Subscripton or group-model HMO Self-pay (full) Sliding Scale Medicaid/FAMIS Unreimbursed Salary/wage Other
26	Total hours of patient care services at any other Virginia locations in the past 12 months:	Fill in Blank
Employment Information		
<p>The Healthcare Workforce Data Center collects compensation information to assess the balance of supply and demand in the state and in localities, and to assist students in planning health careers and choosing specialties. Information from the questions will only be presented in the aggregate. The confidentiality of information for these and all questions is protected by law. All questions are voluntary.</p>		

27	What is your estimated annual net income from Dentistry or Dentistry-related activities?	Dropdown:
		Volunteer work only
		≤\$25,000
		\$25,001-\$50,000
		\$50,001-\$75,000
		\$75,001-\$100,000
		\$100,001-\$125,000
		\$125,001-\$150,000
		\$150,001-\$175,000
		\$175,001-\$200,000
		\$200,001-\$225,000
		\$225,001-\$250,000
		\$250,001-\$275,000
		\$275,001-\$300,000
		>\$300,000
		Prefer not to respond
28	Do you receive the following benefits from any employer?	Check all that apply:
		Paid Vacation
		Paid Sick Leave
		Paid Disability Leave
		Health Insurance
		Dental Insurance
29	What is your estimated current educational debt?	Fill in blank, numeric \$ _____
30	At what age do you predict you will retire (if you do not expect to ever retire, please put NA):	Fill in blank, 2-digit numeric: _____
31	Within the next five years do you plan to do any of the following:	Check all that apply
		Retire
		Cease working in the dentistry field
		Continue working in the dentistry field, but cease practicing in Virginia
		Increase patient care hours
		Decrease patient care hours

		Increase time spent teaching dentistry or dental hygiene
		Decrease time spent teaching dentistry or dental hygiene
		Pursue additional dentistry-related education
End of Questionnaire for active Dentists-Thank you! If you answered "No" to Question 13, please continue.		
32	If you did not practice, teach or otherwise work in dentistry within the past twelve months, did/are you . . . ?	Check all that apply: I am retired. Work occasionally for charity/consultation/special patients? Pursue specialty/dentistry education? Pursue non-dentistry education? Work in another profession or non-dentistry field? Experience temporary voluntary unemployment (including for medical reasons)? Experience temporary involuntary unemployment?
33	Do you provide any volunteer, mentoring or other services in Virginia? If so, approximately how many hours in the past year?	<i>Dropdown:</i> None 1-25 hours 26-50 hours 51-75 hours 76-100 hours
34	Do you expect to begin working in the dentistry profession in Virginia? If so, when?	<i>Dropdown:</i> Not currently planning to practice/work in Virginia Plan to practice/work in a volunteer capacity Yes, within the next year Yes, within 1-2 years Yes, within 3-5 years Yes, in more than 5 years Yes, do not know when
End of Questionnaire-Thank you!		

Dental Hygienist Survey

Instructions:

The following survey will assist policymakers at the state, federal and local levels assess the adequacy of the current dental hygienist workforce and project future workforce trends in relation to Virginia's changing population and health needs. It will help us to improve the health of all Virginians and develop policies that support the practice of Dental Hygiene. By law, information collected as part of this survey is anonymous. The Healthcare Workforce Data Center only releases this information in the aggregate and has taken legal and practical measures to ensure any information released is not personally identifiable. Participation in this survey is voluntary.

The survey questions are designed to allow comparisons across professions, and among state and federal data collection efforts. Some of the questions, particularly the questions pertaining to race and ethnicity, match Federal data collection standards.

Education and Background

1 Year of Birth

Fill-in (4 Digit Year)

2 Sex

Dropdown: Male/Female

Please select the items that best describe your race/ethnicity. Please answer both question 3a about Hispanic origin and 3b about race/ethnicity.

3a Select one:

Check one

- Hispanic, Latino or Spanish Origin
- Not Hispanic, Latino or Spanish Origin
- Prefer not to respond

3b Select all that apply:

Check all that apply

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Some other race
- Prefer not to respond

3c If some other race, please specify:

Fill in the blank

4 Where did you graduate high school (Secondary School)?

Dropdown

Outside of the US or Canada

		Canada
		57 US States and Territories
5	Was your childhood spent mostly in rural, urban or suburban areas?	<i>Dropdown: urban, rural, suburban</i>
6	Where did you complete your undergraduate degree?	<i>Dropdown</i>
		Did not obtain an undergraduate degree
		Outside of the US or Canada
		Canada
		57 US States and Territories
7	Where did you obtain your initial certificate/degree in dental hygiene?	<i>Dropdown</i>
		Outside of the US or Canada
		Canada
		57 US States and Territories
8	Do you hold a license to practice dental hygiene in any other jurisdiction?	<i>Check all that apply</i>
		Maryland
		West Virginia
		Kentucky
		Tennessee
		North Carolina
		District of Columbia
		One or more other US states
9	Please indicate the highest level of education you have completed as of today:	<i>Dropdown</i>
		Certificate
		Associate
		Bachelors
		Post Graduate Certificate
		Masters Degree
		Doctorate
10	Which choice best describes your primary role in dental hygiene?	<i>Dropdown:</i>
		Private Practice
		Public oral health/government practice

14a	How many hours do you work in an average workweek at this location?	Fill in Blank (2-digit numeric)
14b	On average, what proportion of your workweek is spent on administrative or business-related matters?	Dropdown None to 100%, 10 percent increments
14c	On average, what proportion of your workweek is spent performing research?	Dropdown None to 100%, 10 percent increments
14d	On average, what proportion of your workweek is spent teaching dental or dental hygiene students?	Dropdown None to 100%, 10 percent increments
14e	On average, what proportion of your workweek is spent on patient care (including patient education)?	Dropdown None to 100%, 10 percent increments
15	Average number of patient care visits you conduct at this location per week:	Fill in Blank (numeric)
16a	Please select the type of practice setting:	Dropdown: Private Solo Practice Private Group Practice Hospital/Health System Nursing home/long term care facility Non-profit/safety net clinic Federal Government Service (Military/Peace Corps) Local/State Government Agency or non-dental School (including K-12 and colleges) Dental/Dental Hygiene School Insurance Company Supplier Company Other
16b	If you selected "other" please provide a one or two word description:	Open-ended

16d	On average, what proportion of your workweek is spent teaching dental or dental hygiene students?	Dropdown None to 100%, 10 percent increments
16e	On average, what proportion of your workweek is spent on patient care (including patient education)?	Dropdown None to 100%, 10 percent increments
17	Average number of patient care visits you conduct at this location per week, including hygiene checks?	Fill in Blank (numeric)
17a	How many of these are hygiene checks performed by support personnel?	Fill in Blank (numeric)
18	Practice setting?	Dropdown: Private Solo Practice Private Group Practice Hospital/Health System Nursing home/long term care facility Non-profit/safety net clinic Federal Government Service (Military/Peace Corps) Local/State Government Agency or non-dental School (including K-12 and colleges) Dental/Dental Hygiene School Insurance Company Supplier Company Other
19	Reimbursement method: Please indicate how you are reimbursed for patient care activities at this location: Please check all that apply.	Check all that apply: Private Insurer: Capitation/Subscription or group-model HMO Self-pay (full) Sliding Scale Medicaid/FAMIS Unreimbursed Salary/wage Other

17	Reimbursement method: Please indicate how you are reimbursed for patient care activities at this location: Please check all that apply.	Check all that apply:
		Private Insurer
		Capitation/Subscription or group-model HMO
		Self-pay (full)
		Sliding Scale
		Medicaid/FAMIS
		Unreimbursed
		Salary/wage
		Other
	If you only have one practice location, please skip to question 25. If you have additional practice locations, please continue.	
	Secondary Work Location	
	<i>Question 20 through Question 25 refer to your secondary place of employment, work or practice. This is the place where you spend the second most work hours during an average workweek, or where you spent the second most weeks working in the past 12 months. These questions describe a particular work location, not an employer. Temporary or traveling workers who spend or spent a significant amount of time at a second location should use that location as his or her secondary work location. Persons with a primary work location who also consistently work in multiple locations (i.e. temporary workers, locum tenens) should indicate this in Question 20.</i>	
18	Please select the location of your primary place of employment, work or practice:	Dropdown:
		Outside of US
		Virginia Border State/DC
		Other US State
		List of Virginia's Cities and Counties
		Several localities (temporary, mobile clinic etc)
19	Approximate number of weeks at which at least some time was spent at this work location within the past twelve months (exclude vacation, medical leave, etc):	Fill in Blank (2-digit numeric, not more than 52 or less than 1)
20a	How many hours do you work in an average workweek at this location?	Fill in Blank (2-digit numeric)
20b	On average, what proportion of your workweek is spent on administrative or business-related matters?	Dropdown
		None to 100%, 10 percent increments

20c	On average, what proportion of your workweek is spent performing research?	Dropdown None to 100%, 10 percent increments
20d	On average, what proportion of your workweek is spent teaching dental or dental hygiene students?	Dropdown None to 100%, 10 percent increments
20e	On average, what proportion of your workweek is spent on patient care (including patient education)?	None to 100%, 10 percent increments
21	Average number of patient care visits you conduct at this location per week:	Fill in Blank (numeric)
22a	Please select the type of practice setting:	Dropdown: Private Solo Practice Private Group Practice Hospital/Health System Nursing home/long term care facility Non-profit/safety net clinic Federal Government Service (Military/Peace Corps) Local/State Government Agency or non-dental School (including K-12 and colleges) Dental/Dental Hygiene School Insurance Company Supplier Company Other
22b	If you selected "other" please provide a one or two word description:	Open-ended
23	Reimbursement method: Please indicate how you are reimbursed for patient care activities at this location: Please check all that apply.	Check all that apply: Private Insurer Capitation/Subscription or group-model HMO Self-pay (full) Sliding Scale

	Medicaid/FAMIS
	Unreimbursed
	Salary/wage
	Other
	Fill in Blank
24	Total hours of patient care services at all other Virginia locations in the past 12 months (if none, please put "0"):
Employment Information	
<i>The Healthcare Workforce Data Center collects compensation information to assess the balance of supply and demand in the state and in localities, and to assist students in planning health careers and choosing specialties. Information from the questions will only be presented in the aggregate. The confidentiality of information for these and all questions is protected by law. All questions are voluntary.</i>	
25	What is your estimated annual net income from dental hygiene or dental hygiene-related activities?
	Dropdown:
	Volunteer work only
	≤\$20,000
	\$20,001-\$30,000
	\$30,001-\$40,000
	\$40,001-\$50,000
	\$50,001-\$60,000
	\$60,001-\$70,000
	\$70,001-\$80,000
	\$80,001-\$90,000
	\$90,001-\$100,000
	\$100,001-\$110,000
	\$110,001-\$120,000
	\$120,001-\$130,000
	\$130,001-\$140,000
	\$140,000-\$150,000
	>\$150,000
	Prefer not to respond
26	Do you receive the following benefits from any employer?
	Check all that apply:
	Paid Vacation
	Paid Sick Leave
	Paid Disability Leave

	Health Insurance
	Dental Insurance
	Fill in blank, numeric: \$ _____
27	What is your estimated current educational debt?
28	At what age do you predict you will retire (if you do not expect to ever retire, please put NA):
	Fill in blank, 2-digit numeric: _____
39	Within the next five years do you plan to do any of the following:
	Check all that apply
	Retire
	Cease working in the dental hygiene field
	Continue working in the dental hygiene field, but cease practicing in Virginia
	Increase patient care hours
	Decrease patient care hours
	Increase time spent teaching dentistry or dental hygiene
	Decrease time spent teaching dentistry or dental hygiene
	Pursue additional dental hygiene education
	Pursue a Dental Degree
	End of Questionnaire for active Dental Hygienists-Thank you! If you answered "No" to question 11, please continue.
30	If you did not practice, teach or otherwise work as a dental hygienist within the past twelve months, did/are you...?
	Check all that apply:
	I am retired.
	Work occasionally for charity/consultation/special patients?
	Pursue specialty/dentistry education?
	Pursue non-dentistry education?
	Work in another profession or non-dentistry field?
	Experience temporary voluntary unemployment (including for medical reasons)?

	Experience temporary involuntary unemployment?
31	Do you provide any volunteer, mentoring or other services in Virginia? If so, approximately how many hours in the past year? <i>Dropdown:</i> None 1-25 hours 26-50 hours 51-75 hours 76-100 hours
32	Do you expect to begin working in the dental hygiene profession in Virginia? If so, when? <i>Dropdown:</i> Not currently planning to practice/work in Virginia Plan to practice/work in a volunteer capacity Yes, within the next year Yes, within 1-2 years Yes, within 3-5 years Yes, in more than 5 years Yes, do not know when
End of Questionnaire-Thank you!	

November 14, 2011

Report of ADEX meeting held November 4-6, 2011 in Chicago.

By James D. Watkins, DDS

The Agenda for the entire meeting weekend was followed and all Guests were allowed to attend every part of the session. We were also provided with previous minutes and financial reports of the agency.

There are 26 states and the District of Columbia that are ADEX members. Arkansas; Colorado; Connecticut; Florida; Hawaii; Illinois; Indiana; Iowa; Kentucky; Maine; Maryland; Massachusetts; Michigan; Nevada; New Hampshire; New Jersey; Ohio; Oregon; Pennsylvania; Rhode Island; South Carolina; Tennessee; Wyoming; Vermont; West Virginia; Wisconsin.

My first impression of this meeting was that it is in many ways similar to a SRTA convention with MORE states around the table. Mr. Patrick Braatz, who is the ADEX executive director, does an exceptional job; and his presence was noted in all aspects of this meeting from the placards at each table for members and guests; to our name tags provided to us; to the meals served at each session; to controlling the noise factor when a religious group was holding a rather LOUD service in the adjacent ballroom on Sunday. He was obviously a very detail oriented individual who showed professionalism and patience; and I applaud the organization for having him.

I will begin by saying that the vote from the Board of Directors of ADEX was to make the perio patient on its examination OPTIONAL. As you know; the biggest roadblock to any consideration by SRTA to have an association with ADEX would have been if the perio patient remained part of its core examination. Also, just a reminder; Virginia accepts the ADEX exam already by default because the ADEX exam is the NERB examination.

The highlight of the meeting was the presentation of the SURVEY on OCCUPATIONAL ANALYSIS by their psychometrician, Chad Buckendahl of Alpine Testing (whom you will recognize as also the psychometrician for SRTA). As per his results of the SURVEY, the ADEX Board voted to make the perio portion of its exam OPTIONAL beginning with the 2013 examination year. The reason it was made optional was because some states REQUIRED a perio exam in their regulations (Florida & Wyoming). Please note that this "OPTION" issue came up again when ADEX voted to allow candidates to have the option to choose two of the three choices suggested for the operative portion of the examination (as SRTA does already). This could mean that a candidate would NOT have to do an amalgam, if the candidate chose the Class II resin and the Class III resin as their operative choices. There are states in the ADEX membership now that have in their statutes or regulations that an amalgam MUST be done on its licensure exam (Wyoming, New Hampshire).

The next part of the session had to do with the technology being used by ADEX to administer its exam. This part of the Agenda was presented by another familiar name to SRTA, E.W. Looney of BrightLink; who made SRTA the first regional examination to go with computer grading. He is now providing the computer grading services to ADEX.

THE BEST WAY TO DESCRIBE WHAT IS HAPPENING WITH THE ADEX/SRTA ASSOCIATION IS THAT THE TWO AGENCIES WILL ADMINISTER A VERSION OF WHAT IS TO BE A "BLENDED" ADEX/SRTA

EXAMINATION (WITH OPTIONS PROVIDED AS NECESSARY FOR CERTAIN STATES) THAT CAN BE USED TO LICENSE A CANDIDATE IN 42 JURISDICTIONS. IF YOU WERE TO COMPARE THE ADEX AND SRTA EXAMS AS THEY WILL APPEAR IN 2013; THE ADEX IS JUST THE SRTA EXAM WITH THE ADDITION OF A MANNEQUIN PREPARATION FOR A THREE UNIT BRIDGE.

Under this association; SRTA maintains its identity and will administer exams in the same way it has in the same states. The SRTA exam will be administered under the ADEX banner and will switch to using the ADEX computerized exam (DSCE) and eliminate using SRTA's present computerized examination (CSW) because Chad Buckendahl also presented evidence that the DSCE examination is more easily justifiable as it has more variety to its question base. This transition is expected to take place with the 2013 examination cycle. All fees for the examination are still to be determined by SRTA. SRTA will continue with its Board of Directors and committees and will still have its own Annual Meetings.

One aspect of the ADEX that I particularly appreciated was its Quality Assurance Committee. This committee takes in to consideration all types of information about its examinations (dental and dental hygiene) from all sources and makes suggestions to the Board of Directors on how to IMPROVE all aspects of its examination process.

All states in SRTA have become members of ADEX, except Virginia. Membership in ADEX only requires a participation agreement being signed by the Board and sending representatives to serve on various committees and serving in its House of Representatives. These representatives can be Associate members and they are NOT required to do examinations (although, examination experience would be helpful). Virginia would be in District 6; along with Kentucky, South Carolina, West Virginia, Tennessee, Arkansas (all SRTA states), and Georgia. Participation would put Virginia at the table for maintaining and improving the licensure examinations given to its constituents; as well as providing a broader base of licensure for its candidates. I believe that Mr. Braatz has sent a copy of the application addressed to Dr. Hall to the Board office.

On Sunday, a presentation was made by Dr. Brian Kennedy, Chair of the ADA Council on Dental Education and Licensure. His topic was entitled "Moving Toward Portfolio: Need for Collaboration." Also, present in the room were other ADA representatives, including the former chair of the committee that presented Resolution 26S-1 in 2009 (elimination of human subjects in dental licensure Board exams); which evolved into Resolution 42H in 2010 (suggesting that a portfolio-style exam be used for initial clinical licensure.) The interesting comment by these individuals was that a KEY FACTOR underlying these types of resolutions, aside from the obvious misuse of human patients; is that an *agency independent of the dental school faculty is meant to provide the evaluation of the candidates for initial licensure!* This point was emphasized by the ADA representatives because they said that there seemed to be a feeling in the dentist community that the ADA was suggesting that dentists be licensed directly from dental school without such an evaluation.

If there are other questions; please contact me. If possible, I will plan to attend the December Board meeting on Friday to answer any other questions.

Thank you for allowing me to attend on your behalf.

Visit the ADEX website, www.ADEX.org , to review information on the exam and its structure.

ADEX

ADEX NOVEMBER 2011 MEETINGS

**Doubletree Chicago O'Hare-Rosemont
5460 North River Road
Rosemont, Illinois 60018
847-292-9100**

Friday, November 4, 2011

7:00 AM - 8:00 AM Breakfast Buffet – Medallion

8:00 AM - Noon ADEX Quality Assurance Committee Meeting – Signature 2

Noon - 1:30 PM Lunch Buffet – Signature 1ABC

1:30 PM - 5:00 PM ADEX Dental Examination Committee Meeting - Signature 2

1:30 PM - 5:00 PM ADEX Dental Hygiene Examination Committee Meeting – Chicago Peace

Saturday, November 5, 2011

7:00 AM - 8:30 AM Breakfast Buffet – Signature 1ABC

8:30 AM - Noon ADEX Dental Examination Committee Meeting (if necessary) – Signature 2

8:30 AM - Noon ADEX Dental Hygiene Examination Committee Meeting (if necessary) – Chicago Peace

Noon - 1:30 PM Lunch Buffet – Signature 1ABC

1:30 PM - 4:00 PM ADEX Board of Directors Meeting – Signature 2

5:30 PM - 7:30 PM ADEX Reception – Mezzanine Foyer

Sunday, November 6, 2011

7:00 AM - 8:00 AM Breakfast Buffet – Signature 1ABC

8:00 AM - Noon ADEX House of Representatives Meeting (HOR) – Signature 2

Conclusion of HOR Board of Directors Meeting – Signature 2

Box lunches - Foyer

ADEX

**ADEX
Quality Assurance Committee
Doubletree Hotel
Rosemont, IL
Friday, November 4, 2011
8:00 a.m. – Noon
Signature 2**

Agenda

- I. Call to order
- II. Roll Call
- III. Adopt minutes of November 4, 2010 QA Meeting
- IV. Adoption of Agenda
- V. QA discussion Issues
 - 1. Just allowing a lesion on one surface of a tooth when there is decay on another surface. Examples: #3 allowing a MO when there is decay on the distal and a strong transverse ridge. #8 giving permission to do a mesial restoration when there is decay both on mesial and distal.
 - 2. In the endo-prosth exam, allowing someone who finishes the endo portion early to be able to begin the prosth test immediately following completion of the endo exam. They still would only be allowed 4 hours for the prosth. Exam.
 - 3. Double jeopardy on the perio exam. Someone who doesn't qualify a surface or surfaces never has an opportunity to show that they can clean the surfaces. Consider alternate ways of eliminating this inconsistency.
 - 4. Emphasis on beginning the perio portion on the times written in the manual. Incidents have been reported of early starts.
 - 5. Update on Calibration Committee
 - 6. Review of non-corroborated critical deficiencies by the captain with resultant collaboration and discussion with previous graders if a subjective error is made.
 - 7. DSE and CSW discussion
 - 8. Scoring rubrics in perio and restorative (Steve and Chad). EG in perio a difficult examiner can fail a candidate when the first two graders overall assessment was a pass.
 - 9. Timelines for retakes, can they be different than the first attempt?
 - 10. Should there be a penalty if a patient does not show? *No penalty*
 - 11. OA Issues if any *Occupational Analysis*
 - 12. DSE and CSCE Issues-Chad
 - 13. *D.H. SURFACES*
- VI. Report of the Committee on Examination Protocols
- VII. E.W. Looney – Brightlink
- VIII. Adjournment

Mr. PATRICK BRAATZ, OR

ADEX

**ADEX
Dental Examination Committee
Doubletree Hotel
Rosemont, IL
Friday, November 4, 2011
1:30 p.m – 5:00 p.m.
Saturday, November 5, 2011
8:30 a.m. - Noon**

Signature 2

Agenda

- I. Call to order
- II. Roll Call
- III. Adopt minutes of November 5, 2011 Meeting
- IV. Adoption of Agenda
- V. Business Items

1-Prewedging and leaving wedge in place for preparation check. Many schools teach this technique for posterior composite to insure a good proximal contact for the restoration.

2-After all the changes we made to the perio procedure in our last few rounds of mobile link development we want to verify that we are scoring everything correctly. The radiograph question stands out as a particular concern since it has led a double life as a PCA and pre-treatment criteria. How should the radio graph question impact the score for the perio exam?

3-Criteria for margin on gold crown appears in different areas of the criteria.

4-Change the 3 unit bridge prep from 19 - 21 to 3 - 5. The three-unit bridge prep on teeth 3 - 5 has multiple benefits: fewer modules (Acadental) to retain, lower price, and overall simplicity throughout the examination process

5-Discuss recommendations of Ad Hoc Committee on Examination protocols

- a. Modification Requests, make a onetime request and complete modifications without the need for 0.5 mm etc.
- b. Should the examination be untimed for Perio/Restorative?
- c. Eliminate Criteria for "Prep Entirely in Enamel" as a critical deficiency
- d. Class III interproximal contact evaluation
- e. Can second lesion be assigned anytime during the exam?
- f. Allow for the pre-approval of lesions at examination sites
- g. Eliminate the penalty for second lesion denial

6-Discussion points from Dr. Ellis Hall

- a. Consider having training on the use of the tablets (especially for CFEs) during the training and calibration session onsite the day before exams
- b. Consider having the first onsite meeting of the Chief, Captains and Desk personnel moved from 1:00 PM to 3:30 PM as with the earlier time people often need to wait around until the Candidate Orientation at 5:00 PM or later.
- c. Consider expanding the information printed out for the Follow Up Forms as CFEs say that the current information is inadequate. When informing the candidate to temporize, the question from the candidate is naturally "why?" and the CFE is at a loss to explain what "pulpal floor" or "axial wall" or "outline shape/continuity extension" means as that is all the CFE receives.
- d. Consider that when a liner/base is granted or not granted there should be a printout generated at the desk to that effect to send to the candidate. Otherwise the CFE may miss this even though it is marked on the Progress form. (COMPLETED)
- e. Consider that when a lesion is rejected for assignment, that a printout or some special notification be sent to the CFE and Candidate. In at least one case the candidate thought the green dot on the Progress Form indicated that the lesion was accepted for treatment and proceeded to prep the tooth.
- f. Consider expanding the section in the Examiner Manual on how to manage unjustified exposures especially those that occur on the clinic floor. Specifically that the patient needs to be sent to the Evaluation Station and the exposure be confirmed by at least two examiners before stopping the exam.

7-How can CFE's sign off on intra-oral findings if they don't look in the mouth? If during the course of the examination any findings are noted shouldn't the patient be notified.

8-Recommendations from the Quality Assurance Committee

VI. Other Business

VII. Adjournment

ADEX

**ADEX
Board of Directors Meeting
Doubletree Hotel
Rosemont, IL
Saturday, November 6, 2011
1:30 p.m. – 4:00 p.m.
Signature 2**

Meeting attire: Business Casual

Agenda

- I. Call to Order
- II. Roll Call
- III. Adoption of Agenda
- IV. Minutes of January 27, 2011 ADEX Board Teleconference Meeting
- V. President's Report – Dr. Bruce Barrette
- VI. Treasurer's Report – Dr. William Pappas
- VII. Budget Committee Report and Adoption of 2011 – 2012 Budget – Dr. William Pappas
- VIII. By-laws Committee Report – Dr. Robert Ray
- IX. Communication Committee Report – Mary Johnston, RDH
- X. Quality Assurance Committee Report – Dr. Hal Haering, Chair
- XI. Calibration Committee Report – Dr. William Pappas, Chair
- XII. Technical Report – Dr. Stephen Klein
- XIII. Dental Examination Committee Report – Dr. Peter Yaman, Chair
- XIV. Dental Hygiene Examination Committee Report – Nancy St. Pierre, R.D.H., Chair
- XV. Election of Dental Examination Chair
- XVI. Other Board Business
- XVII. Next Meeting Date
- XVIII. Adjournment

ADEX
House of Representatives
Doubletree Hotel Signature 2
Rosemont, IL
Sunday, November 6, 2011
8:00 a.m. to Noon

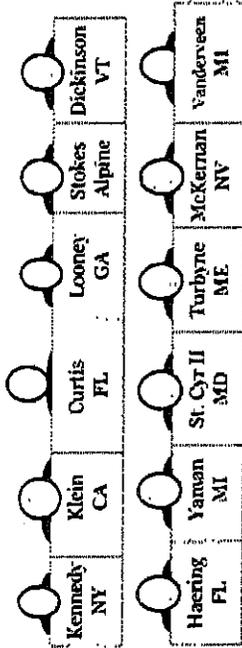
Agenda

- I. Call to Order – Dr. Bruce Barrette, President
- II. Roll Call
- III. Introduction of Guests
- IV. Adoption of Agenda
- V. Adoption of the Proceedings' of the 6th House of Representatives November 7, 2010
- VI. Update
 - a. President's Address – Dr. Bruce Barrette
 - b. Dr. Brian Kennedy, Chairman - ADA's Council on Dental Education and Licensure
"Moving Toward Portfolio; Need for Collaboration"
 - c. Myisha Stokes, Program Manager – Alpine Testing
"Using Job Analysis to inform Test Development"
 - d. E. W. Looney – CEO, Brightlink
"Calmer, Fairer & Smarter – ADEX technology Platform Updates"
 - e. Dental/Dental Hygiene Examination Technical Report – Dr. Stephen Klein
 - f. Dental Examination Overview – Dr. Peter Yaman, Chair ADEX Dental Examination Committee
 - g. Hygiene Examination Overview – Ms. Nancy St. Pierre, Chair ADEX Dental Hygiene Examination Committee
 - h. Treasurer's Report – Dr. William Pappas
 - i. Communications Committee Update – Mary Johnston, RDH and Clance LaTurner
- VII. Proposed Bylaws Changes (if any)
- VIII. Nominations and Election of Officers of ADEX
- IX. Business Meeting
 - a. District Caucuses
 - Election of ADEX Directors District 6, 10 and 12
 - Election of ADEX Consumer and Dental Hygiene Representatives to the 2012 ADEX House of Representatives
 - Selection of District Dental Educator Representatives to the ADEX Dental Examination Committee
 - Selection of District Dental Hygiene Representatives to the ADEX Dental Hygiene Examination Committee
 - b. Report from Caucuses
- X. Action on Proposed Bylaws Changes (if any)

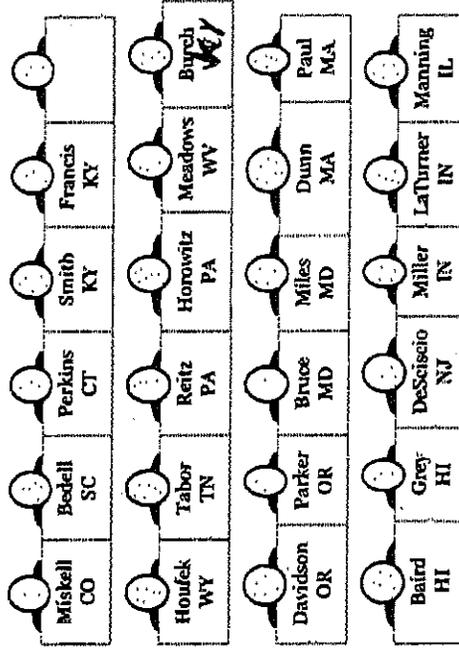
DOOR

ADEX Annual Meeting
Signature 2
Doubletree Hotel
Rosemont, IL
November 6, 2011

Chairs



Board and Guests



State Members

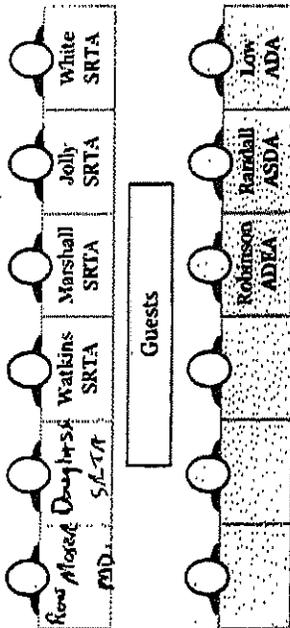


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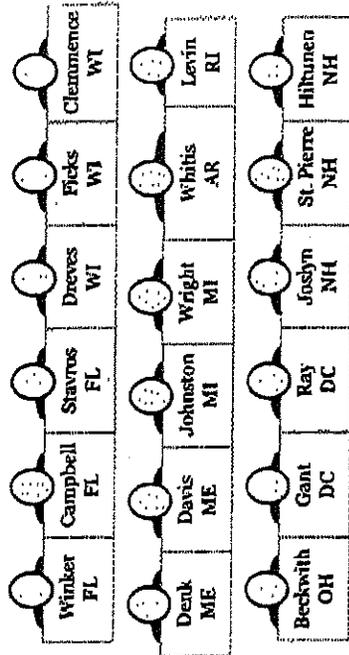


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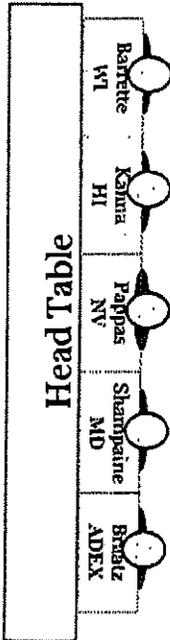
Chairs



Associate Members



State Members



ADEX Representatives – November 2011 HOR

District	Current Board Members/ State Representatives	District Hygiene Representative	District Consumer Representative
<u>District 2</u> CO HI NV OR WY	Dr. Stan Kanna, HI - Dir. Mr. Maulid Miskell Dr. Mark Baird Dr. William Pappas Dr. Patricia Parker Dr. Scott Moufek	Mary Davidson, RDH, OR	Ms. Marian Grey, HI
<u>District 4</u> IA WI	Dr. Bruce Barrette, WI - Dir. No Representative Dr. Keith Clemmence	Nan Dreves, RDH, WI	Ms. Judith Ficks, WI
<u>District 5</u> IL IN MI OH	Dr. M. H. VanderVeen, MI- Dir. Dr. Dennis Manning Dr. Matthew Miller Dr. William Wright Dr. Philip Beckwith	Mary Johnston, RDH, MI	Ms. Ciance LaTurner, IN
<u>District 6</u> AR KY TN SC WV	Dr. David Narramore, KY - Dir. Dr. H. Warren Whitis Dr. Harold "Bo" Smith Dr. Michael Tabor Dr. Michelle Bedell Dr. Craig Meadows	Mary Ann Burch, RDH, KY	Mr. Allan D. Francis, KY
<u>District 7</u> MD PA	Dr. Guy Shampaine, MD - Dir. Dr. Maurice Miles Dr. John Reitz	Charyl Bruce, RDH, MD	Mr. Allan Horwitz, Esq., PA
<u>District 8</u> CT DC	Dr. Robert Ray, DC - Dir. Dr. David Perkins Dr. Robert Ray	Sibyl Gant, RDH, DC	No Representative
<u>District 9</u> NH NJ RI	Dr. Peter DeSciscio, NJ - Dir. Dr. Neil Hiltunen Dr. Peter DeSciscio Dr. Henry Levin	Nancy St. Pierre, RDH, NH	Ms. Lynn Joslyn, NH
<u>District 10</u> ME MA VT	Dr. Richard Dickinson, VT - Dir. Dr. Rockwell Davis Dr. Mina Paul Dr. David Avenill	Karen Dunn, RDH, MA	Ms. Diane Denk, ME
<u>District 12</u> FL	Dr. Hal Haering, FL - Dir. Dr. Wade Winker	Irene Stavros, RDH	Ms. Vicki Campbell, FL

SRTA Report

1. Financial: YTD revenues are above budget. Expenses are also over budget but there is a net profit for this year.
2. ADEX: SRTA appears to be in favor of becoming part of ADEX. The ADEX exam essentially mirrors the SRTA exam. Virginia has been encouraged to be a part of ADEX in order to have input in the exam process.
3. Associate Applications: All applicants who applied for associate status were approved.
4. **OFFICERS AND APPOINTMENTS**
 - a. **Parliamentarian:** currently, Barry Dorans
 - b. **By-laws Committee:** currently Dave Edwards – WV, Jan Jolly – AR, Sue Feeley – KY
 - c. **Finance Committee:** currently, Bo Smith – Treasurer is chair, Randy Prince-TN, Susan King-KY, Jim Vargo-WV
 - d. **Strategic Planning Committee:** Dick Marshall (WV), Warren Whitis (AR), Mike Tabor (TN), Mary Ann Burch (TN) Diane Paletta (WV), Meera Golki, Tom Dixon (Consultant).
The Bylaws committee was asked to have bylaws changed to allow one more member on this committee to allow better state representation
 - e. **Examiner Review Committee:** Dr. Watkins was appointed
 - f. **Nominating Committee:** Tim Assey-SC Chair, Warren Whitis-AR, Jim Allen-KY, Ruth Bailey-TN, Meera Gokli-VA, Duff Smith- WV
 - g. **President Elect:** Dick Marshall
 - h. **President:** Bo Jolley
5. CSW: There is some concern about the management . Bo Jolley will travel to AZ to review and evaluate the program and make a recommendation to the BOD.
 - a. Members are encouraged to take the test at no charge. Scores will be kept confidential.
6. **Dental Examination Committee Report** –Dr. Douglass reported that the SRTA Dental Examination Committee met in Charlotte in September. The 2012 online calibration is ready. Dr. Marshall is working on the 2012 onsite calibration and is scheduled to go to the SRTA office next week to work with the staff on the onsite calibration and to review everything, including the candidate's format
7. Mississippi is considering joining SRTA and will attend an Exam in December
8. The examination schedule for 2012 has been set and there is a good distribution across the states. Special thanks to Dr. Watson for coordinating the VA examiners.

UNAPPROVED DRAFT
BOARD OF DENTISTRY
MINUTES OF EXAMINATION COMMITTEE
SEPTEMBER 9, 2011

TIME AND PLACE: The Examination Committee convened on September 9, 2011 at 1:40 p.m., at the Department of Health Professions, Perimeter Center, 2nd Floor Conference Center, 9960 Mayland Drive, Henrico, VA 23233.

PRESIDING: Martha C. Cutright, D.D.S.

MEMBERS PRESENT: Jeffrey Levin, D.D.S.
Augustus A. Petticolas, Jr., D.D.S.

MEMBERS ABSENT: None

OTHER BOARD MEMBERS PRESENT: Meera A. Gokli, D.D.S.
Robert H. Hall, Jr., D.D.S.
Jacqueline G. Pace, R.D.H.

STAFF PRESENT: Sandra K. Reen, Executive Director, Board of Dentistry
Donna Lee, Discipline Case Manager

ESTABLISHMENT OF QUORUM: With all members of the Committee present, a quorum was established.

PUBLIC COMMENT: No public comments were received.

APPROVAL OF MINUTES: Dr. Cutright asked if the Committee members had reviewed the August 18, 2011 and August 19, 2011 minutes. No changes or corrections were made. Dr. Petticolas moved to accept the August 18, 2011 and August 19, 2011 minutes. The motion was seconded and passed.

REVIEW OF ADVISORY FORUM DISCUSSIONS: Dr. Cutright stated that the conclusion of the Advisory Forum discussion meeting on August 19, 2011, was to pursue moving away from live patient clinical examinations. It was also agreed that representatives from Canada and California should be invited to address the Board about their programs.

Dr. Petticolas said that based on Dr. Dishman's statements at the advisory forum regarding dental schools having the most knowledge about students' dental skills, one option to evaluate is relying on graduation from dental school to vouch for the skills of students and

avoid external testing for students that will work in Virginia.

Dr. Levin mentioned that up until 1969, dental examiners interviewed students and decided whether or not to grant licenses, but that system was found to be unfair.

Ms. Reen stated that the granting of a license without an examination might be based on the completion of a program that meets the Council of Dental Accreditation (CODA) requirements. She also mentioned that there are different types of accreditations such as fully accredited or provisionally accredited schools. This would provide common benchmarks regardless of where a person attended school. The Committee agreed to Ms. Reen's suggestion to get more information about CODA accreditations.

Ms. Pace suggested that the Board use some portions of the Portfolio system, OSCE, and other programs to create a hybrid system for Virginia.

Dr. Levin stated that we should always have the option of taking a regional examination.

Dr. Hall suggested that the Board remain with SRTA and push for manikin based exams.

**PLAN NEXT STEPS FOR
EXPLORING EXAM
ALTERNATIVES:**

Ms. Reen suggested focusing on how to gather the information needed to compare the different models to present to the Board and recommended developing questions to be answered about the various models.

Dr. Levin suggested that each Committee member compile 10 to 15 questions they may have about each program so that Ms. Reen can review and present to the program representatives.

It was agreed to recommend to the Board at its December meeting to work with SRTA on using manikin based examinations as opposed to live patients.

Ms. Reen stated that there are four types of plans:

- Curriculum Integrated Format
- OSCE
- Portfolio – Traditional and Hybrid Models
- New York's Fifth Year Model

The consensus was to take the following steps:

- Committee members will e-mail to Ms. Reen proposed questions to be asked of program representatives;
- Dr. Cutright and Ms. Reen will review questions by October 1, 2011 for final submission;
- Knowledgeable individuals in Richmond will be invited to present the OSCE and Portfolio programs to the Board at its December meeting;
- Invitations will be made for presentations on the Curriculum Integrated Format and New York's Fifth Year programs at the March Board Meeting;
- Participants in the Advisory Forum will be invited to attend the December and March Board meetings for the program presentations.

**COUNCIL OF
INTERSTATE TESTING
AGENCIES EXAM:**

Dr. Cutright stated that the Board President referred this matter to the Exam Committee to make a recommendation to the Board as to whether or not it should continue to accept the CITA exam. The matter was brought to the Board's attention because at the recent SRTA meeting it was determined that CITA states such as North Carolina do not accept any other exams.

Dr. Levin suggested recommending that the Board send a letter to CITA advising them the Board will no longer accept their exam. Dr. Hall recommended that the exam should still be accepted since it is a good exam. Discussion followed about the interests of dental students and the benefits of accepting all exams. The consensus reached was to recommend to the Board that it continue to accept CITA and also recommend that a letter be sent to the North Carolina Board of Dentistry encouraging acceptance of other exams in addition to its exam.

**AMERICAN BOARD OF
DENTAL EXAMINERS:**

Dr. Cutright stated that the Board President referred this matter to the Exam Committee to make a recommendation to the Board as to whether or not it should join ADEX.

Dr. Cutright suggested that a Board member or Dr. James Watkins should represent the Board at the ADEX meeting in November. Ms. Reen suggested that more information was needed about ADEX and offered to contact ADEX about their membership policies and costs. Ms. Reen said once she receives the information, she will confer with Dr. Hall as Board President regarding attendance. It was agreed that ADEX membership and costs will be added to the December Board meeting agenda. Dr. Hall stated that he would like Dr. Watkins to attend the ADEX meeting once all the information is received.

**Virginia Board of Dentistry
Examination Committee
September 9, 2011**

**PLAN NEXT STEPS FOR
LAW EXAM
DEVELOPMENT:**

Dr. Cutright mentioned that the Committee met on August 18, 2011 to revise some questions and answers to the Dental Law Exam. She explained that the Committee will need to update questions and answers to address changes in the statutes and regulations and to decide how to address the new regulations. Ms. Reen stated that the current exam does not have any questions pertaining to Dental Assistants II, Radiation Certification, Recovery of Disciplinary Costs, or Mobile Facilities. She said that the contract with PSI will expire at the end of 2012, and the Board will need to issue a new RFP and may be able to choose from multiple vendors for a new contract.

The consensus from the Committee was for Ms. Reen to send a request by e-mail to Committee members to review new regulatory provisions and to identify questions or topics they would like to add to the law exam.

The next Committee meeting will be scheduled after the December 2, 2011 Board meeting.

ADJOURNMENT:

With all business concluded, the Committee adjourned at 3:20 p.m.

Martha C. Cutright, D.D.S, Chair

Sandra K. Reen, Executive Director

Date

Date

**VIRGINIA BOARD OF DENTISTRY
MINUTES OF REGULATORY/LEGISLATIVE COMMITTEE
NOVEMBER 4, 2011**

- TIME AND PLACE:** The meeting of the Regulatory-Legislative Committee of the Board of Dentistry was called to order at 9:05 a.m., on November 4, 2011 in Training Room 1, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- PRESIDING:** Herbert R. Boyd, D.D.S., Chair
- MEMBERS PRESENT:** Jacqueline G. Pace, R.D.H.
Robert B. Hall, Jr., D.D.S.
- MEMBERS ABSENT:** Meera A. Gokli, D.D.S.
Surya P. Dhakar, D.D.S.
- STAFF PRESENT:** Sandra K. Reen, Executive Director
Huong Q. Vu, Operations Manager
- OTHERS PRESENT:** Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
Howard Casway, Senior Assistant Attorney General
- ESTABLISHMENT OF A QUORUM:** With three members present, a quorum was established.
- PUBLIC COMMENT:** **Dag Zapatero, D.D.S.**, from Virginia Beach noted that he addressed the Board in December 2010 about offshore dental laboratory issues. He added that he is a co-author of the VDA's Virginia Dental Laboratory Safety Act that the Committee will discuss and he is here to answer any questions the Committee has.
- APPROVAL OF MINUTES:** Dr. Boyd asked if the Committee members had reviewed the September 8, 2011 minutes. No changes or corrections were made. Dr. Hall moved to accept the September 8, 2011 minutes. The motion was seconded and passed.
- STATUS REPORT ON REGULATORY ACTIONS:** **Registration of Mobile Clinics** – Ms. Yeatts stated that regulations for mobile dental clinics are currently not in force because the 6-month extension that was granted for the Emergency regulations expired on July 6, 2011. She said she has been in constant contact with the Governor's Office about issuing the final regulations. Ms. Reen explained that the Board has no authority to act if there are complaints or if an application for registration is received. She said that she has consulted with board counsel on the registrations that will expire on December 31, 2011. Mr. Casway

advised her to notify these registrants in writing that their registrations will lapse and they will not be authorized to practice until the needed regulations are in force and new registrations are issued. Ms. Reen reported that she had yet to send the letters because Dr. Cane, DHP Director, asked her to wait while Dr. Cane worked for Governor's approval. Ms. Reen added that it is no longer possible for the regulations to be effective by December 31 even if the Governor approves the regulations now.

Ms. Yeatts added that another option is to extend the expiration date of the registration if the Board knows the regulations are approved for publication. She added that this has been done before.

Sedation/Anesthesia Regulation – Ms. Yeatts stated that the Board adopted the emergency regulations at its September meeting which are required to be in effect by December 27, 2011. Once approved by the Governor, these regs will stay in effect for 12 months and must be replaced by final regulations. She added that the Board also adopted the Notice of Intended Regulatory Action (NOIRA) to replace the emergency regulations at its September meeting.

Radiation certification – Ms. Yeatts stated that the amendment to the radiation regulations has been approved and will be effective on December 22, 2011.

**DISCUSSION OF THE
GUIDANCE DOCUMENT
FOR RECOVERY OF
DISCIPLINARY COSTS:**

Ms. Reen noted that at the last meeting, the Committee discussed the guidance document needed to implement the recovery of disciplinary costs when the regulations go into effect. At that meeting, she was asked to develop the draft as discussed and to provide information on other states' practices. She was also asked to revise the worksheet to separate investigation costs and monitoring costs. Ms. Reen reported that the information from other states is on P9 and P10 of the agenda package. She added that other states are relying on statutory authority and do not have guidance documents, policy statements or forms addressing the method used to calculate costs. Ms. Reen then referred the Committee to the discussion draft starting on P11. She stated that this guidance document could be recommended for adoption to be released concurrent with the regulations.

Policy - Ms. Reen asked the Committee to focus on the policy language on apportioning costs to reflect the adopted findings of fact and conclusions of law in a case. She added that this raised concerns about consistency and fairness and the possibility of expanding the guidance document once we had some data for setting amounts for types of findings. Extensive discussion followed about apportioning costs, the range of time it takes to investigate a case, setting a cost per finding, deferring action to a later

meeting, concern about being objective and fair from one respondent to the next and the purpose of defraying actual costs. By consensus, the Committee amended the language as follow:

Add “**following the administrative proceeding**” after the first sentence.

Delete the third sentence that starts with “**The Board may exercise discretion to apportion...**”

Delete the last sentence that starts with “**A special conference**” and replace it with a statement that staff will prepare the worksheets.

Assessment of Costs - Ms. Reen said this section was developed to state the per hour costs for investigators or inspectors and to establish a base monitoring cost and a cost per sanction for sanctions imposed. She added that the regulations state the Board will assess the average hourly costs for investigations. She noted that since the costs to be assessed will be specified in the order, the amount charged could be appealed to Circuit Court and any litigation of an assessment would cost more than the amount which might be recovered. Following discussion of the proposed amounts, the Committee decided, by consensus, to advance this section as proposed.

Disciplinary Cost Recovery Worksheet – Ms. Reen noted that the proposed worksheet was divided in two parts as requested by the Committee at the last meeting. The Committee decided to delete the line “**Recovery limited to \$ _____ because _____**” since costs will not be apportioned.

Ms. Pace moved to recommend this guidance document as amended to the Board for adoption at its December meeting. The motion was seconded passed.

DISCUSSION OF LEGISLATIVE PROPOSALS:

VCU School of Dentistry 2012 Proposing Legislation Bill (relating to the licensure of dental school faculty) – Ms. Reen noted that the Board discussed a similar bill last year and endorsed the intent. She said that the School’s 2012 proposed legislation was approved by the Virginia Dental Association House of Delegates on September 23, 2011. She asked the Committee to review the bill and to consider making a recommendation to the Board. The Committee reviewed the language and made the following recommendations for revisions:

- §54.1-2711.1.B – replace “**in other offices or clinics**” with “**in non-affiliated clinics or private practices.**”
- §54.1-2713.A (1) and (2) – replace “**and has never been licensed to practice**” with “**and has never held an unrestricted license to practice.**”
- §54.1-2713.C - replace “**in other offices or clinics**” with “**in non-affiliated clinics or private practices.**”

- §54.1-2714.A – editorial correction needed because there are two #8 items.
- §54.1-2714.C – replace “**twelve months**” with “**twenty four months,**” keep “**may not be renewed or reissued,**” and delete “**may be renewed for one 12 month period.**”
- §54.1-2725.C - replace “**in other offices or clinics**” with “**in non-affiliated clinic or private practices.**”

Ms. Pace moved to recommend that the Board recommend support of this legislation to Dr. Cane. The motion was seconded and passed.

Virginia Dental Association (VDA) – Ms. Reen stated that the VDA adopted a resolution to amend §54.1-2722(E) to replace the pilot project for dental hygienists employed by the Virginia Department of Health to work under remote supervision to permit such practice in all Virginia Health Districts. She added that the Board recommended support of legislation addressing the pilot project in the last two sessions of the General Assembly.

Ms. Reen added that the VDA is also proposing legislation, the Virginia Dental Laboratory Safety Act, to require dental laboratories conducting business in Virginia to register with the Board in order to engage in the manufacture and repair of dental prosthetic appliances, to disclose material content, and the point of origin and location(s) of manufacture of the prescribed restoration.

Ms. Reen indicated that she provided copies of the information received from Eric Thorn of the National Association of Dental Laboratories and said he is interested in seeing the legislation advance. She also noted that she had asked Dr. Dickinson, the executive director of the VDA, if the VDA might agree to submit a study resolution instead of this legislation.

Ms. Reen added that the Board received a presentation By Dr. Zapatero in which he requested the regulation of dental laboratories. In consideration of this request, the Board received a presentation by Dr. Carter, the executive director of the Board of Health Professions (BHP), on the study parameters used to evaluate the need to regulate a profession or facility at its December 2010 meeting. Following that presentation, the Board decided not to pursue registration of dental labs because the Board’s view was it is a business transaction between the dentist and the lab.

Ms. Yeatts then facilitated review and discussion of the proposed legislation. Ms. Yeatts commented that the proposed effective date on July 1, 2012 is not possible because no regulations would be in place. Ms. Reen added that proposed definitions may conflict with existing definitions in the Code. Dr. Boyd stated that the prescribed work order forms that were adopted by the Board cover what is asked of in the proposed legislation.

Discussion followed regarding the purpose of registration, the work order forms adopted by the Board, the responsibility of dentists to address the quality of the products, the potential for a large increase in complaints and administrative proceedings, the stated expectation that complaints will result in loss of registration, and due process requirements. By consensus, the Committee agreed that it is premature to enact this requirement into law and that a study should be recommended. Ms. Pace moved to recommend that the Board send a formal request that the VDA pursue a study resolution to have the BHP study the need to regulate labs instead of advancing legislation. The motion was seconded and passed.

NEXT MEETING: The proposed date of the next meeting will be determined at a later date.

ADJOURNMENT: With all business concluded, Dr. Boyd adjourned the meeting at 12:05 p.m.

Herbert R. Boyd, III, D.D.S., Chair

Sandra K. Reen, Acting Executive Director

Date

Date

Agenda Item: Regulatory Actions - Chart of Regulatory Actions

Staff Note: Status of regulations for the Board as of November 18, 2011

Action: None – provided for information only

Board of Dentistry	
Chapter	Action / Stage Information
Regulations Governing Dental Practice [18 VAC 60 - 20]	<u>Action:</u> Sedation and anesthesia permits for dentists <u>Stage:</u> Emergency/NOIRA - At Secretary's Office for 46 days <i>Regulations must be effective by 12/30/11</i>
Regulations Governing Dental Practice [18 VAC 60 - 20]	<u>Action:</u> Periodic review; reorganization of chapter <u>Stage:</u> NOIRA - Register Date: 8/2/10 <i>Proposed regulations filed for review</i>
Regulations Governing Dental Practice [18 VAC 60 - 20]	<u>Action:</u> Training in pulp capping for dental assistants II <u>Stage:</u> Fast-Track - At Governor's Office for 94 days
Regulations Governing Dental Practice [18 VAC 60 - 20]	<u>Action:</u> Radiation certification <u>Stage:</u> Fast-Track - At Governor's Office for 31 days
Regulations Governing Dental Practice [18 VAC 60 - 20]	<u>Action:</u> Recovery of disciplinary costs <u>Stage:</u> Final - At Governor's Office for 92 days
Regulations Governing Dental Practice [18 VAC 60 - 20]	<u>Action:</u> Registration of mobile clinics <u>Stage:</u> Final - Register Date: 12/5/11 <i>Regulation effective 1/4/12</i>

VCU School of Dentistry Proposed Legislation for the 2012 General Assembly Session

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2709, 54.1-2711.1, 54.1-2712, 54.1-2713, 54.1-2714, and 54.1-2725 of the Code of Virginia are amended and reenacted as follows:

§ 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~~ *all parts* 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.

C. The Board may grant a license to practice dentistry to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B; (ii) holds 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; (iii) has not committed any act that would constitute grounds for denial as set forth in § 54.1-2706; and (iv) has been in continuous clinical practice 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.

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 promulgate regulations requiring continuing education for any dental license renewal or reinstatement. The Board may grant extensions or exemptions from these continuing education requirements.

§ 54.1-2711.1. Temporary licenses to persons enrolled in advanced dental education programs ~~and accredited continuing dental education programs~~; Board regulations.

A. Upon recommendation by the dean of the school of dentistry *or the program director*, the Board may issue a temporary annual license to practice dentistry to persons enrolled in advanced dental education programs, serving as dental interns, residents or post-doctoral certificate or degree candidates in hospitals or schools of dentistry that maintain dental intern, residency or post-doctoral programs accredited by the Commission on Dental Accreditation of the American Dental Association. ~~No such license shall be issued to a dental intern or resident or post-doctoral certificate or degree candidate who~~

~~has not completed successfully the academic education required for admission to examination given by the Board.~~ Such license shall expire upon the holder's graduation, withdrawal or termination from the relevant program.

B. Such temporary license shall be for patient care activities associated only with the educational program and that take place only within educational facilities owned or operated by, or affiliated with, the dental school or program. The license holder shall not be permitted to practice dentistry in ~~other offices or clinics non - affiliated clinics or private practices.~~

C. The Board may prescribe such regulations not in conflict with existing law and require such reports from any hospital or the school of dentistry operating an accredited advanced dental education program in the Commonwealth as may be necessary to carry out the provisions of this section.

§ 54.1-2712. Permissible practices.

The following activities shall be permissible:

1. Dental assistants or dental hygienists aiding or assisting licensed dentists, or dental assistants aiding or assisting dental hygienists under the general supervision of a dentist in accordance with regulations promulgated pursuant to § 54.1-2729.01;
2. The performance of mechanical work on inanimate objects only, for licensed dentists, by any person employed in or operating a dental laboratory;
3. Dental students who are enrolled in accredited D.D.S. or D.M.D. degree programs performing dental operations, under the direction of competent instructors (i) within a dental school or college, dental department of a university or college, or other dental facility within a university or college that is accredited by an accrediting agency recognized by the United States Department of Education; (ii) in a dental clinic operated by a nonprofit organization providing indigent care; (iii) in governmental or indigent care clinics in which the student is assigned to practice during his final academic year rotations; (iv) in a private dental office for a limited time during the student's final academic year when under the direct tutorial supervision of a licensed dentist holding appointment on the dental faculty of the school in which the student is enrolled; or (v) practicing dental hygiene in a private dental office under the direct supervision of a licensed dentist holding appointment on the dental faculty of the school in which the student is enrolled;
4. A licensed dentist from another state or country appearing as a clinician for demonstrating technical procedures before a dental society or organization, convention, or dental college, or performing his duties in connection with a specific case on which he may have been called to the Commonwealth; ~~and~~
5. Dental hygiene students enrolled in an accredited dental hygiene program performing dental hygiene practices as a requisite of the program, under the direction of competent instructors, as defined by regulations of the Board of Dentistry, (i) within a dental hygiene program in a dental school or college, or department thereof, or other dental facility within a university or college that is accredited by an accrediting agency recognized by the United States Department of Education; (ii) in a dental clinic operated by a nonprofit

organization providing indigent care; (iii) in a governmental or indigent care clinic in which the student is assigned to practice during his final academic year rotations; or (iv) in a private dental office for a limited time during the student's final academic year when under the direct supervision of a licensed dentist or licensed dental hygienist holding appointment on the dental faculty of the school in which the student is enrolled; and

6. *A graduate of an accredited dental program or a graduate of an accredited dental hygiene program, engaging in clinical practice under the supervision of a licensed faculty member, only while participating in a continuing education course offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association.*

§ 54.1-2713. Faculty licenses to teach dentistry; renewals.

A. Upon payment of the prescribed fee *and provided no grounds exist to deny licensure pursuant to § 54.1-2706*, the Board ~~shall~~ *may* grant, without examination, a faculty license to teach dentistry *in a dental program accredited by the Commission on Dental Accreditation of the American Dental Association* to any applicant who ~~(i) is a graduate of a dental school or college or the dental department of a college or university approved by the Board of Dentistry; (ii) has a D.D.S. or D.M.D. degree and is otherwise qualified (iii) is not licensed to practice dentistry in the Commonwealth; (iv) has not failed an examination for a license to practice dentistry in Virginia; and (v) has a license to practice dentistry in at least one other state~~ *meets one of the following qualifications:*

1. ~~Is a graduate of a dental school or college or the dental department of a college or university approved by the Board of Dentistry; (ii) has a D.D.S. or D.M.D. degree and is otherwise qualified; (iii) is not~~ *has a current, unrestricted license to practice dentistry in at least one other United States jurisdiction, and has never been licensed to practice dentistry in the Commonwealth; (iv) has not failed an examination for a license to practice dentistry in Virginia; and (v) has a license to practice dentistry in at least one other state* or

2. *Is a graduate of a dental school or college or the dental department of a college or university, has completed an advanced dental education program accredited by the Commission on Dental Accreditation of the American Dental Association, and has never been licensed to practice dentistry in the Commonwealth.*

~~The applicant shall also be certified to be on the faculty of an accredited program that teaches dentistry.~~

B. ~~The applicant shall also be certified by the dean to be on the faculty of a dental school with an accredited program that teaches dentistry. The dean or program director of the accredited dental program shall provide to the Board verification that the applicant is being hired by the program, to include an assessment of the applicant's clinical competency and clinical experience that qualifies the applicant for a faculty license.~~

C. The holder of such a license shall be entitled to perform all operations ~~which that a person licensed to practice dentistry would be entitled to perform but only for the express purpose of teaching and that are part of their faculty duties. This includes all patient care activities associated with teaching, research, and the delivery of patient care and that take place only within educational facilities owned or operated by, or affiliated with, the dental school or program. A license holder who is educationally qualified for a specialty~~

board certification shall only practice in the specialty in which he is qualified. This license does not entitle permit the holder to practice dentistry intramurally or privately or to receive fees for service in other offices or clinics or non – affiliated clinics or private practices.

D. Any license issued under this section shall expire on the June 30 of the second year after its issuance or shall terminate when the licensee leaves employment at the accredited dental program. Such license may be renewed annually thereafter as long as the accredited program certifies to the licensee's continuing employment.

§ 54.1-2714. Restricted licenses for a temporary appointment to teach dentistry for foreign dentists.

A. The Board may grant, without examination, a restricted license *for a temporary appointment* to teach dentistry at a dental school in this Commonwealth to any person who:

1. Is a resident of a foreign country;
2. Is licensed to practice dentistry in a foreign country;
3. Holds a faculty appointment in a dental school in a foreign country;
4. Is a graduate of a foreign dental school or college or the dental department of a foreign college or university;
5. Is not licensed to practice dentistry in Virginia;
6. Has not failed an examination for a license to practice dentistry in this Commonwealth;
7. Has received a temporary appointment to the faculty of a dental school in this Commonwealth to teach dentistry;
8. Is, in the opinion of the Board qualified to teach dentistry; and
9. Submits a completed application, the supporting documents the Board deems necessary to determine his qualifications, and the prescribed fee.

B. A restricted license shall entitle the licensee to perform all operations which a person licensed to practice dentistry may perform but only for the purpose of teaching. No person granted a restricted license shall practice dentistry intramurally or privately or receive fees for his services.

C. A restricted license granted pursuant to this section shall expire *twelve twenty-four* months from the date of issuance and ~~may not be renewed or reissued~~ *may not be renewed for one 12 month period or reissued.*

§ 54.1-2725. Faculty licenses to teach dental hygiene; renewals.

A. Upon payment of the prescribed fee, the Board shall grant, without examination, a license to teach dental hygiene to any applicant who (i) is a graduate of a dental hygiene school or college or the dental hygiene department of a college or university approved by the Board of Dentistry accredited by the Commission of Dental Accreditation of the American Dental Association; (ii) has a B.S., B.A., A.B., or M.S. degree and is otherwise qualified; (iii) is not licensed to practice dental hygiene; (iv) ~~has not failed an examination for a license to practice dental hygiene in this Commonwealth;~~ and (v) has a license to practice dental hygiene in at least one other state United States jurisdiction. The applicant shall be certified to be on the faculty of an approved institution that teaches dentistry or dental hygiene.

B. *The dean or program director of the accredited dental hygiene program shall provide to the Board verification that the applicant is being hired by the program, and shall include an assessment of the applicant's clinical competency and clinical experience that qualifies the applicant for a faculty license.*

C. *The holder of such a license shall be entitled to perform all operations which that a person licensed to practice dental hygiene would be entitled to perform but only for the express purpose of teaching and that are a part of his faculty duties. This includes all patient care activities associated with teaching, research, and the delivery of patient care and that take place only within educational facilities owned or operated by, or affiliated with, the dental school or program. This license does not entitle the holder to practice dental hygiene intramurally or privately or to receive fees for services in other offices or non – affiliated clinics or private practices.*

D. *Any license issued under this section shall expire on the second June 30 of the second year after its issuance but may be renewed or shall terminate when the licensee ceases employment at the accredited dental program. Such license may be renewed annually thereafter as long as the accredited program certifies to the licensee's continuing employment.*

2. That § 54.1-2714.1 of the Code of Virginia is repealed.

~~§ 54.1-2714.1. Faculty licenses to practice dentistry for full-time faculty members.~~

~~Pursuant to regulations promulgated by the Board, the Board may grant a faculty license to practice dentistry to full-time faculty members of schools of dentistry in the Commonwealth.~~

VDA Legislation

5.1 It shall be prohibited for any dentist licensed in this Commonwealth to *knowingly* have a dental prosthetic appliance manufactured in or by a dental laboratory, in the Commonwealth or otherwise that does not meet the regulatory requirements of this Commonwealth.

12. **Resolution:** The current remote supervision of hygienists employed by the Virginia Department of Health be expanded to all Virginia Health Districts and the VDA continue to look for innovative solutions that will directly impact the access to care issue.

**REFERENCE COMMITTEE RECOMMENDATION: VOTE YES AS AMENDED-
ADDITION OF THE FOLLOWING:**

As part of the solution to improve access to care the House of Delegates recommends that the Board of Directors create a legislative initiative to increase funding for the Division of Dental Health for more public health dentists. This initiative should encourage placement of dentists in the public health districts of Southside, Cumberland Plateau and Shenandoah, as well as other areas of need. The initiative should be included in the 2012 VDA legislative agenda and the Board should report back to the House of Delegates in 2012 on the progress of the initiative.

James H. ...
[Signature]
[Signature]
DAG ZAPATERO
[Signature]
[Signature]

UHP NOV 15 2011



AMERICAN BOARD OF DENTAL EXAMINERS, INC.

Bruce Barrette, D.D.S., President
Stanwood Kamma, D.D.S., Vice-President
William Pappas, DDS, Secretary
Harold "Bo" Smith, D.D.S., Treasurer
Guy Champagne, D.D.S., Past President

November 8, 2011

RECEIVED

NOV 15 2011

Dr. Robert B. Hall, Jr. DDS
Virginia Board of Dentistry
9960 Maryland Drive, Suite 300
Henrico, VA 23233-1463

Board of Dentistry

Dear Dr. Hall:

This letter will serve as confirmation that ADEX has been informed that the Virginia Board of Dentistry has expressed interest in joining ADEX as a member state. As you know ADEX has sent information to all of the State Boards of Dentistry encouraging participation in the examination development process of ADEX, through state membership in ADEX and representation in the ADEX House of Representatives. ADEX has accepted letters of understanding from state dental boards requesting membership. We have attached a sample letter for your review if your state dental board chooses to request membership.

A few states have questioned whether membership in ADEX limits them to exclusively accepting the ADEX examination for initial clinical licensure. This simply is not the case. A state which requests membership in ADEX indicates that they will accept the ADEX examination for initial clinical licensure in dentistry and dental hygiene. A member state will also accept the ADEX examination given by any participating testing agency uniformly administering the examination. A member state may also accept other regional or independent initial clinical licensing examinations.

ADEX welcomes all member states which accept the ADEX examination or the examinations given by the ADEX participating testing agencies. In this way member states can be assured that the ADEX examinations adequately protect the citizens of their states through their participation in the examination development process through membership in the ADEX House of Representatives. Any state desiring membership regardless of the testing agency in which that state is a member, will be welcomed as a member state in ADEX through the recognition of the ADEX examination and a request for membership. We look forward to your state dental board's participation.

If you have any questions regarding ADEX, please contact me.

Sincerely,

Bruce Barrette, DDS
President ADEX

cc: Ms. Sandra Reen, Executive Director, Executive Director, Virginia Board of Dentistry
Enclosure

P.O. Box 8733 • Portland, Oregon 97207-8733
Telephone (503) 724-1104
www.adex.org

SAMPLE LETTER

Dr. Bruce Barrette, President
ADEX, Inc.
P.O. Box 8733
Portland, OR 97207-8733

Re: Membership and Examination Acceptance

Dear Dr. Barrette:

This letter will serve to confirm that the [State] Board of Dental Examiners (the Board) agrees to become a member of American Board of Dental Examiners, (ADEX), within the meaning of the ADEX Bylaws, subject to the following:

1. The Board understands that ADEX has developed clinical examinations of candidates for licensure as dentists and dental hygienists. The Board has determined that the examinations are sufficient to meet the requirements of the [State] for the testing of candidates for licensure as dentists and dental hygienists and agrees to accept the results of such examinations as sufficient to meet the clinical examination requirements for licensure in the [State]. The Board will recognize the results of the Examinations conducted by Regional testing organizations or States using the ADEX Examinations for a minimum of five years following the date of examination.

2. The members of the Board and all persons engaged by the Board as examiners or otherwise participating in the administration of the examination recognize the materials provided by ADEX are subject to copyright protection and acknowledge that all information concerning the scores, reporting and analysis of the results of the examinations are confidential information and will be treated as such.

3. The Board acknowledges that either the Board or ADEX may terminate this Agreement by delivering written notice not less than 120 days before June 30 of each calendar year.

Please confirm acceptance of the membership on the terms stated herein below.

Very truly yours,

Chair, [State] Board of Dental Examiners

ACCEPTED:
AMERICAN BOARD OF DENTAL EXAMINERS, INC.

By: _____
Dr. Bruce Barrette, President

Date: _____



AMERICAN BOARD OF DENTAL EXAMINERS, INC.

DHP NOV 15 2011
Bruce Barrette, D.D.S., President
Stanwood Kanna, D.D.S., Vice-President
William Pappas, DDS, Secretary
Harold "Bo" Smith, D.D.S., Treasurer
Guy Shampaine, D.D.S., Past President

November 8, 2011

RECEIVED

NOV 15 2011

COPY

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Sincerely,

Bruce Barrette, DDS
President ADEX

cc: Ms. Sandra Reen, Executive Director, Executive Director, Virginia Board of Dentistry
Enclosure

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Please confirm acceptance of the membership on the terms stated herein below.

Very truly yours,

Chair, [State] Board of Dental Examiners

ACCEPTED:
AMERICAN BOARD OF DENTAL EXAMINERS, INC.

By: _____ Date: _____
Dr. Bruce Barrette, President

ADEX

AMERICAN BOARD OF DENTAL EXAMINERS, INC.

Southern Regional Testing Agency

August, 2011

ADEX

- WHAT IS IT?
- An organization of state dental boards
- A National Examination Committee
- ADEX does not administer any examinations

ADEX

- In 2004, efforts to establish 1 uniform national licensure exam were implemented
- ADEX is a test development organization that develops licensure exams in dentistry and dental hygiene from the input from member state dental boards
- Exams administered by the participating testing agencies — State or Regional Boards

ADEX HOR

- Appointed yearly by every member state dental board
- Must be a past or present dentist board member or the ED
- One Dental Hygienist from each district
- Meets annually in November
- Approves examination for the examination series for the following academic year and elects the officers

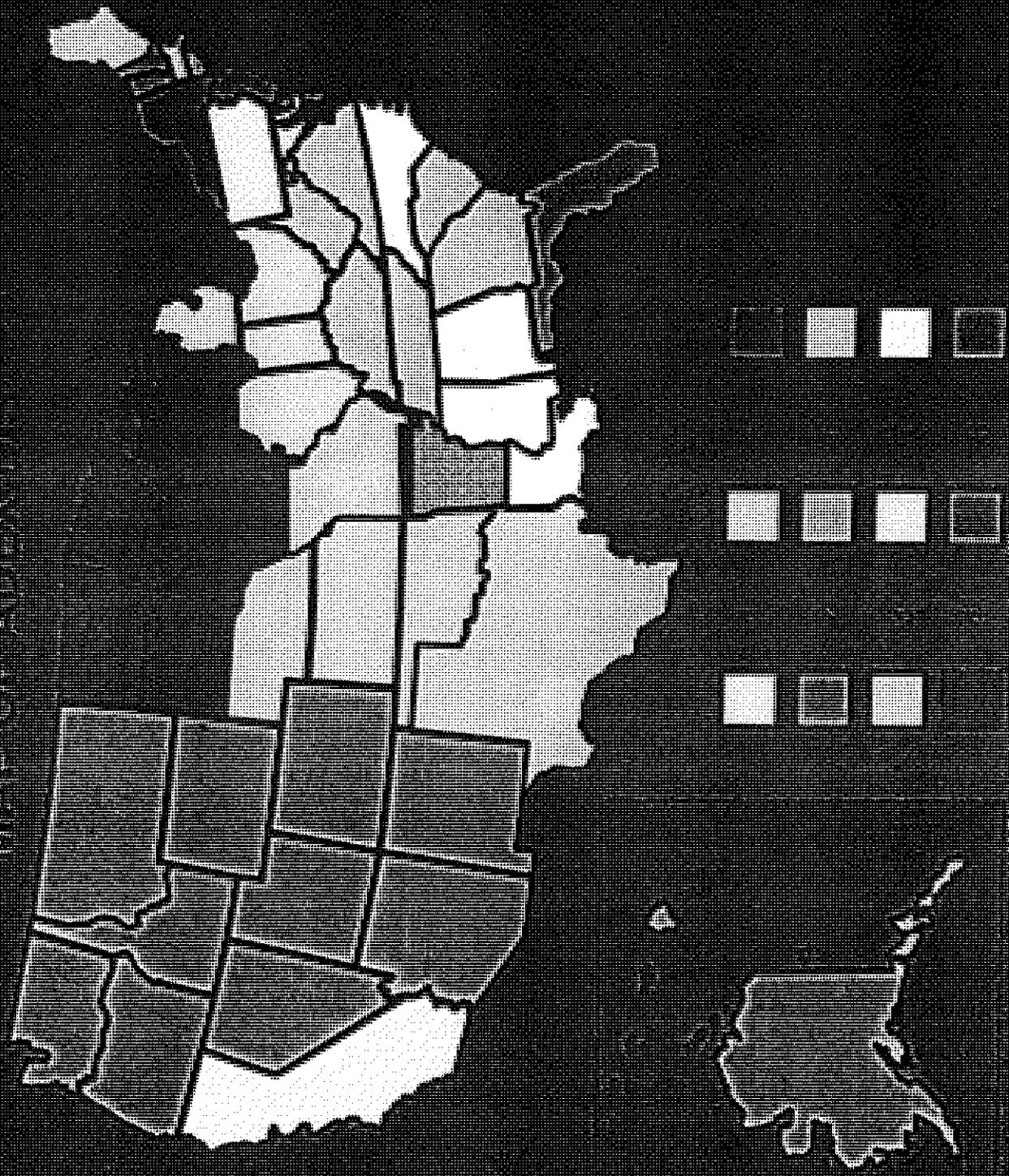
ADEX Districts

- o ADEX initial districts were drawn to try to equalize the number of dental students, / candidates tested and dentists licensed each year.
- (Equates somewhat to ASDA districts)

ADEX Districts

- District 1: California
- District 2: Alaska, Arizona, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming
- District 3: Kansas, Nebraska, Missouri, Oklahoma, Texas
- District 4: Iowa, Minnesota, N. Dakota, S. Dakota, Wisconsin
- District 5: Illinois, Indiana, Michigan, Ohio
- District 6: Arkansas, Georgia, Kentucky, S. Carolina, Tennessee, Virginia, West Virginia
- District 7: Maryland, Pennsylvania
- District 8: Connecticut, Delaware, Washington, DC, USVI
- District 9: New Jersey, New York, New Hampshire, Rhode Island, Vermont
- District 10: Maine, Massachusetts
- District 11: Alabama, Louisiana, Mississippi, N. Carolina, Puerto Rico
- District 12: Florida

MAP OF ADELYN



ADEX District 6

- District 6 (SRTA) is up for election this November 2011

[Login](#)[Home](#) [ADEX Membership](#) [Districts](#) [Governance](#) [Dental Exam](#) [Dental Hygiene Exam](#) [Contact Us](#)

Bylaws

BYLAWS OF AMERICAN BOARD OF DENTAL EXAMINERS, INC.

ARTICLE ONE. MEMBERS

SECTION 1. General. The membership of this Corporation shall include Member Boards and Associate Members as provided below.

A. The membership of this Corporation shall include the State Boards of Dental Examiners of each State which has signed a written agreement with this Corporation agreeing to accept the results of the dental and/or the dental hygiene examination(s) conducted on forms and by methods developed by this Corporation.

The term "State Board of Dental Examiners" shall be construed to mean the statutory body granted the authority to examine candidates for, or advise with respect to, licensure of dentists or dental hygienists under the state's law in effect at the time the determination is made. (State Boards of Dental Examiners which are members of this Corporation are hereinafter referred to as "Member Boards.") Additional State Boards of Dental Examiners may be admitted as Member Boards by a majority vote of the Board of Directors of this Corporation, subject to compliance with these Bylaws.

Each Member Board shall have one vote to cast on all matters submitted for a vote of the Members. The vote shall be cast by a dentist representative or the Executive Director designated by each Member Board provided that the dentist representative designated by a Member Board shall be or has been an active member of that Member Board. Member Boards will be entitled to vote on matters related to the examination(s) that they accept.

B. Dental Hygiene/Consumer Representation. As provided in Section 2, below, the membership of this Corporation is divided into twelve (12) districts. Each district shall elect one (1) dental hygiene representative and one (1) consumer board member representative who are or have been members of a Member Board to attend and participate in annual meetings of Members of this Corporation with vote.

The term "Voting Member" shall refer to those Members described in subsections A and B, above.

C. Associate Members. The following organizations shall be admitted as associate, non-voting Members upon payment of an admission fee and annual dues, as provided below:

- American Dental Association
- American Student Dental Association
- American Dental Education Association
- American Dental Hygienists' Association
- National Examining Board of Canada
- Canadian Dental Association
- National Board of Medical Examiners
- Federation of State Medical Boards

Each Associate Member may designate one (1) representative to attend and participate in the annual meeting of Members with voice but without vote. As used herein the term "Member" shall be deemed to refer to both "Member Boards" and "Associate Members".

SECTION 2. Districts. The States whose Boards of Dental Examiners are Members of this Corporation shall be divided into twelve (12) districts (ADEX Districts). The initial districts shall be adopted by the Board of Directors, and set out in Exhibit A, attached. Thereafter changes in the districts may be proposed by the Board of Directors or the voting members subject to the approval of the Voting Member Representatives at the annual meeting of the Members to be known as the House of Representatives; however, the House of Representatives by a 2/3 vote of the Members present and voting may at its discretion direct the Board of Directors to redistribute the states within the twelve (12) districts and this redistribution shall be effective at the opening of the next annual meeting.

SECTION 3. Annual Meeting. The annual meeting of the Member Representatives shall be held, on a date designated by the Board of Directors that does not conflict with any participating testing agency's annual meeting, for the election of Directors and the transaction of such other business as may come before the body. At the annual meeting the Members shall receive an annual report, in accordance with Article Two, Section 16, of these Bylaws.

SECTION 4. Special Provisions Relating to Annual Meeting of Members. The assembly of the Member Representatives at the annual meeting of the Members of this Corporation shall be known as the "House of Representatives." The Member Representatives of this Corporation, by majority vote, may adopt such rules and procedures as may be deemed necessary, from time to time, for the orderly conduct of the House of Representatives, including limitation of debate, provided, however, that all matters submitted to a vote of the House of Representatives shall be voted upon by the Members as provided in Section 10, below.

SECTION 5. Special Meetings. Special meetings of the Member Representatives, for any purpose or purposes, unless otherwise prescribed by statute, may be called by majority vote of the Board of Directors and shall be called by the President at the request of twenty-five percent (25%) of the Voting Members of this Corporation.

SECTION 6. Place of Meeting. The Board of Directors may designate any place, unless otherwise prescribed by law, as the place of meeting for any annual or special meeting of the Member Representatives.

SECTION 7. Notice of Meeting. Written notice stating the place, day and hour of the annual meeting shall be given to each Member at least Fifty (50) days before the meeting date. Notice of any special meeting of Members shall state the purpose or purposes for which the meeting is called, and shall, unless otherwise prescribed by statute, be delivered not less than ten (10) days, nor more than thirty (30) days before the date of the meeting, either by mail or commercial delivery system, or at the direction of the President, or the Secretary, or the persons calling the meeting, to each Member. If mailed, such notice shall be deemed to be delivered when deposited into the United States mail, or with a comparable commercial delivery system, addressed to the Member at the Member's address as it appears in the records of the Corporation, with postage or other delivery charges thereon prepaid.

SECTION 8. Presiding Officer; Order of Business. Meetings of the Member Representatives shall be presided over by the President, or if that person is not present, by the Vice President. If neither the President nor Vice President is present, a chairman of the meeting to be chosen by a majority of the Member Representatives entitled to vote at the meeting who are present. The Secretary of the Corporation shall act as secretary of every meeting; but, if the secretary is not present, the Member Representatives entitled to vote at the meeting who are present, shall choose any person present to act as secretary of the meeting. The order of business shall be determined by the Executive Committee and/or the Board of Directors at the meeting preceding the annual meeting of the Member Representatives.

SECTION 9. Quorum. A majority of the Voting Members, represented by their duly designated Member Representatives, shall constitute a quorum at any meeting of the Members. If less than a majority of the Members are represented at a meeting, a majority of the Members so represented may adjourn the meeting from time to time provided that at least ten (10) days written notice of the date, time and place of the adjourned meeting shall be given to all Members. At the adjourned meeting, at which a quorum shall be present, any business may be transacted which might have been transacted at the meeting as originally noticed. The Members present at a duly organized meeting may continue to transact business until adjournment while a quorum is present.

SECTION 10. Voting Rights. Each Member Representative of a Voting Member shall have one (1) vote on each matter coming before any annual or special meeting of the House of Representatives.

SECTION 11. Termination of Membership. Notwithstanding any other provision of these Bylaws, the membership of any Member of this Corporation may be terminated as follows:

A. Termination of a Member may be effected by a vote of the Board of Directors if approved by the vote of the Voting Members of this Corporation upon a determination that the best interests of this Corporation will be served by the termination of that Member's membership in this Corporation. The termination of any Member shall require the affirmative vote of two-thirds of the members of the Board of Directors and the affirmative vote of two-thirds of the Member Representatives at an annual or special meeting of the House of Representatives. Written notice of the proposed termination of any Member shall be given to each Member and each member of the Board of Directors, in the manner set out in Section 7, above, for Members and in Article Three, Section 10 for members of the Board of Directors not less than ninety (90) days before the meeting at which the question will be submitted to a vote of the Board of Directors. The termination shall be effective upon the completion of the vote.

B. The membership of any Member shall be automatically terminated if that Member ceases to meet the qualifications for membership set forth in Section 1, above, or upon the termination of an agreement between this Corporation and any Member under the terms of which the Member agrees to recognize the results of the examinations developed by this Corporation. The termination of the Member shall be effective from and after the first date upon which the Member has ceased to so qualify as a Member or upon the termination date of the agreement between the Member and this Corporation.

SECTION 12. Voting of a Member Membership. The membership held by a Member may be voted by the Representative designated by that Member. If the designated Representative is unable to attend, an alternate may be appointed by that Member. The designation of a Representative or an alternate shall be in writing, signed and dated by the President or Chair of the Member.

ARTICLE TWO. BOARD OF DIRECTORS

SECTION 1. General. The property and affairs of this Corporation shall be managed by its governing body which shall be known as the Board of Directors. The Board of Directors shall have and is invested with all and unlimited powers and authorities, except as may be expressly limited by law, the Articles of Incorporation, or by these Bylaws, to supervise, control, direct and manage the property, affairs and activities of this Corporation, determine the policies of this Corporation, to do or cause to be done any and all lawful things for and on behalf of this Corporation, to exercise or cause to be exercised any or all of its powers, privileges or franchises, and to seek the effectuation of its objects and purposes; provided, however, that (1) the Board of Directors shall not authorize or commit the Corporation to engage in any activity not permitted to be transacted by the Articles of Incorporation or by a not-for-profit corporation; (2) none of the powers of the Corporation shall be exercised to carry on activities, otherwise than as an insubstantial part of its activities, which are not in themselves in furtherance of the purposes of the Corporation; (3) all income and property of the Corporation shall be applied exclusively for such charitable, educational, and scientific purposes as the Board of Directors may deem to be in the public interest in any manner or by any method which the Board of Directors may from time to time deem advisable. No substantial part of the activities of the Corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation. The Corporation shall not participate in or intervene (including the publication or distribution of statements) in any political campaign on behalf of any candidate for public office. No part of the net earnings or other assets of the Corporation shall inure to the benefit of any Director, Officer, or other private person having, directly or indirectly, a personal or private interest in the activities of the Corporation.

In addition, the duties of the Board of Directors shall include, but shall not be limited to, the responsibility of creating, maintaining and improving examinations of candidates for licensure as dentists and dental hygienists which meet the requirements of the laws and regulations which govern licensing by each of the Member Boards. The following guidelines are to be observed, together with such additional guidelines and directions as may from time to time be determined by the Board of Directors:

A. The Board of Directors shall direct the activities of the Dental and Dental Hygiene Examination Committees and implement those Committee recommendations approved by the Board of Directors. The Board shall direct that the National Uniform Examination content must be within the scope of practice common among the states of the Member Boards.

B. All functions of the Board of Directors and corporate operations shall be reported in writing at least annually to each Member. In addition corrected and approved minutes of each Board of Directors meeting shall be sent to each member and the representative of each Voting Members.

SECTION 2. Number, Tenure, Qualifications and Election Procedure. The number of Directors of this Corporation shall be seventeen (17). Each Director shall be elected by the Member Representatives at the annual meeting of Members (House of Representatives) and shall serve a term of three (3) years, or until their successors have been duly elected and shall have qualified. The initial Directors [named in the Articles of Incorporation] shall be assigned to three classes and shall serve terms of one, two or three years according to the class to which they are assigned. On the expiration of each term, Directors shall be elected to serve a full three-year term. No Director shall serve more than two full three-year terms; however, an initial short term shall not be included in this limitation.

The persons to be elected to the Board and their manner of election shall be as follows:

A. One dentist licensed to practice in one of the Member Board states, who is or has been a member of a Member Board within that ADEX District shall be elected to the Board of Directors from each of the twelve (12) ADEX's Districts established as provided in Article 1, Section 2, above. The election of these Directors shall take place at the annual meeting of Members during which District Caucuses shall be scheduled and one (1) Director shall be elected from each of the twelve (12) Districts by the Member Representatives from each of the Member Board at their separate District Caucus. The results of the election shall be reported to the House of Representatives.

B. Two (2) dental hygienists, each of whom shall be licensed to practice in one of the Member States who is or has been a member of a Member Board shall be elected to the Board of Directors by majority vote of the Member Representatives at a meeting of the full House of Representatives during the annual meeting of Members. If there are more than two candidates, the two candidates receiving the highest number of votes shall be deemed elected.

C. Two (2) persons who are neither a dentist nor a dental hygienist but who are or have been a consumer representative on a Member Board shall be elected to the Board of Directors by vote of the House of Representatives.

D. The following persons shall serve on the Board of Directors ex officio the Chair of the Dental Examination Committee, with voice but without vote; the Chair of the Dental Hygiene Examination Committee, with voice but without vote; the Chief Executive Officer, of this corporation with voice but without vote. The Chief Operating Officer of this Corporation, with voice but without vote.

SECTION 3. Regular Meetings. A regular meeting of the Board of Directors shall be held without other notice than this Bylaw immediately after, and at the same place as, the annual meeting of Members (House of Representatives). The Board of Directors may provide, by resolution, the time and place for the holding of additional regular meetings without other notice than such resolution. All meetings of the Board of Directors shall be open unless an Executive Session is called for by a member of the Board and approved by majority vote of the Board. Meetings of the Board of Directors (except the meeting immediately following the annual meeting of the House of Representatives) may be held by telephone conference call, provided all Directors have been given notice of the meeting, a quorum is present and those participating can hear and be heard by all other participants.

SECTION 4. Resignation. Any Member of the Board of Directors may resign at any time by submitting a written resignation to the Secretary of the Corporation. The resignation shall take effect at the time specified therein; and, unless otherwise specified therein, acceptance of the resignation by the Board of Directors shall not be necessary to make it effective.

SECTION 5. Removal. Any person serving on the Board of Directors may be removed by two-thirds vote of the other members of the Board of Directors at any regular, annual or special meeting of the Board of Directors.

SECTION 6. Vacancies. A vacancy on the Board of Directors shall be filled by majority vote of the Board of Directors with a person drawn from the same constituency as the person whose death, resignation or removal has created the vacancy. The person so elected shall serve only until the next annual meeting of the House of Representatives.

SECTION 7. Location of Meetings. All meetings of the Board of Directors shall be held at times and places or by other means as determined by the Board of Directors.

SECTION 8. Annual Meeting. The Board of Directors shall hold an annual meeting on the day of the annual meeting of the Members, immediately following the annual meeting of Members or at such other time and place as may be designated by the Board of Directors.

SECTION 9. Regular Meetings - Notice. Regular meetings of the Board of Directors shall be held with or without notice at such time or times and place or places, as shall be determined, from time to time, by resolution of the Board of Directors. Any business may be transacted at any regular meeting.

SECTION 10. Special Meetings - Notice. Special meetings of the Board of Directors may be called at any time by the Secretary upon the request of the President or Vice President, or upon the written request of not less than six (6) members of the Board of Directors. The place of a special meeting shall be designated in the notice. Written notice of a special meeting of the Board of Directors, stating the place, day and hour of the meeting and the purpose thereof, shall be sent to each member of the Board of Directors at least twenty-one (21) days before the day on which the meeting is to be held, delivered by registered or certified mail, return receipt requested, or by a comparable commercial delivery system, to the address on the records of the Corporation. Notice shall be deemed to be given on the date deposited in the United States mail, or with a comparable commercial delivery system, with postage or other delivery charges thereon prepaid.

SECTION 11. Waiver of Notice. Whenever any notice is required to be given to any Member of the Board of Directors under the provisions of these Bylaws, the Articles of Incorporation, or applicable law, a waiver of notice in writing, signed by a member of the Board of Directors shall be deemed equivalent to the giving of such notice. Attendance of a Director at any meeting shall constitute a waiver of notice of that meeting, except where the Board of Directors Member attends for the express purpose, stated at the opening of the meeting, of objecting to the transaction of any business because the meeting is not lawfully called or convened.

SECTION 12. Quorum. A quorum at any meeting of the Board of Directors shall consist of a majority of the members of the Board of Directors. In the absence of a quorum, those present may adjourn the meeting to a future date, with at least seven (7) days written notice to the members of the Board of Directors, at the adjourned meeting, if a quorum is present, any action may be taken which might have been taken at the meeting as originally called.

SECTION 13. Voting. Each Member of the Board of Directors shall be entitled to one vote on all questions coming before the meeting. The act of the majority of the Board of Directors members present at a meeting, at which a quorum is present, shall be the act of the Board of Directors. Proxy voting is not permitted.

SECTION 14. Actions Without a Meeting. Any action that may be taken by the Board of Directors at a meeting may be taken without a meeting if a consent in writing, setting forth the action to be taken, shall be signed by all of the members of the Board of Directors.

SECTION 15. Compensation. The members of the Board of Directors shall not receive a salary for their services on the Board of Directors, but a per diem and travel expenses may be allowed for attendance at regular or special meetings of the Board of Directors in accordance with policies adopted by the Board of Directors. Nothing herein shall be construed to preclude any Member of the Board of Directors serving the Corporation in any other capacity and receiving compensation therefore.

SECTION 16. Reports to Members. The Board of Directors shall cause an annual report of the activities and operations of the Corporation, including a detailed financial statement prepared by certified public accountants retained by the Corporation showing in summary form the financial affairs and transactions of the Corporation, as well as its financial position as of the close of its immediately preceding fiscal year. The annual report, as approved by the Board of Directors, shall be presented by the officers, in both oral and written form, to the House of Representatives at the annual meeting of Members.

SECTION 17. Committees. The President shall have the authority to appoint, with the advice and consent of the Board of Directors, such committees in addition to the standing committees authorized by Article Five of these Bylaws, as the President and the Board of Directors shall deem necessary for the operation of this Corporation.

ARTICLE THREE. OFFICERS

SECTION 1. Qualifications, Nomination and Election. The Officers of this Corporation shall be a President, a Vice President, a Secretary and a Treasurer. The Officers shall be elected by majority vote of the Voting Members at the Annual Meeting of the House of Representatives. Each person nominated and elected as an officer must be:

- a) licensed as a dentist of any of the states whose Board of Dental Examiners is a Member Board, who is or has been a member of the House of Representatives; and
- b) be or have been a voting member of a Member Board.

SECTION 2. Term of Office and Limitation of Terms. Each Officer shall serve for a term of one year or until a successor is elected, or until their death, resignation, or removal, whichever first occurs. The term of office shall commence on the first day of the month following the Annual meeting of the House of Representatives. An officer may be re-elected for up to three (3) additional one year terms.

SECTION 3. Duties of Officers:

A. The President. The President shall preside at all meetings of the Members and the Board of Directors. The President may vote only in the event the members of the Board of Directors who are present and voting cast equal numbers of votes for and against a question which has been put to a vote in that event the President may but is not required to vote. The President shall serve as an ex-officio member of all committees and shall have the power to call meetings of the Members or the Board of Directors, subject to the provisions of these Bylaws, and appoint the standing committees of the Corporation subject to the approval of the Board of Directors as provided in these Bylaws. In addition, the President shall have other powers, duties, and responsibilities as delegated to him by the Board of Directors.

B. The Vice President. The Vice President shall preside at all meetings of the Members or Board of Directors in the absence of the President. The Vice President shall vote only if he or she has been elected to the Board but the Vice President may vote to break a tie, as provided in subsection A, above, if presiding in the absence of the President. In the event of the death or incapacity of the President, the Vice President shall exercise all the powers and duties granted to the President hereinabove. The Vice President shall have such other powers, duties and responsibilities as may be delegated to him by the Board of Directors.

C. Secretary. The Secretary shall: (a) keep the minutes of the proceedings of the Members and of the Board of Directors in one or more books provided for that purpose; (b) see that all notices are duly given in accordance with the provisions of these Bylaws or as required by law; (c) be custodian of the corporate records of the Corporation; (d) keep a register of the post office address of each Member and Member Representative which shall be furnished to the Secretary by the Member; (e) have general charge of the books and records of the Corporation; and (f) in general perform all duties incident to the office of Secretary and other duties from time to time assigned by the President or by the Board of Directors. The Secretary shall only vote if he or she has been elected to the Board of Directors.

D. Treasurer. The Treasurer shall: (a) have charge and custody of and be responsible for all funds of the Corporation; (b) receive and give or cause to be given receipts of monies due and payable to the Corporation from any source whatsoever, and deposit or cause to be deposited all monies in the name of the Corporation in banks, trust companies or other depositories selected in accordance with the provisions of Article V of these Bylaws; and (c) in general perform or cause to be performed all of the duties incident to the office of the Treasurer and other duties assigned by the President or by the Board of Directors. If required by the Board of Directors, the Treasurer shall give a bond for the faithful discharge of these duties in a sum and with a surety or sureties determined by as the Board of Directors. The Treasurer shall only vote if he or she has been elected to the Board of Directors.

SECTION 4. Resignation. Any officer may resign by delivering a written resignation to the President or Secretary of the Corporation. The resignation shall take effect from the time of its receipt by the President or Secretary, unless some other time

is fixed in the resignation, and then from that time. Acceptance of the resignation by the Board of Directors shall not be required to make it effective.

SECTION 5. Removal. Any Officer elected or appointed by the Board of Directors and any employee of the Corporation may be removed or discharged by a majority vote of the members of the Board of Directors present at any regular meeting or any special meeting called for that purpose, whenever, in their judgment, the best interest of the Corporation would be served thereby, but such removal shall be without prejudice to the contract rights, if any, of the person so removed.

SECTION 6. Vacancies. In the event an office becomes vacant due to the death, incapacity, resignation, or removal of the individual holding the office, the Board of Directors shall elect an individual with the same qualifications to hold that office.

ARTICLE FOUR. GENERAL PROVISIONS

SECTION 1. Fiscal Year. The fiscal year of the Corporation shall begin on July 1 and end on the 30th day of June of each year.

SECTION 2. Banking Authority. The Board of Directors shall, from time to time, determine the rules and regulations governing the banking authority, safe deposit boxes and escrow custody safekeeping, and agency deposits or accounts of the Corporation.

SECTION 3. Vote by Ballot. At any meeting of the Board of Directors, upon motion duly made and carried by a majority of those entitled to vote, the voting upon any matter or question shall be by written ballot.

SECTION 4. Loans. The Corporation shall not loan money to any officer or any member of the Board of Directors.

ARTICLE FIVE STANDING COMMITTEES

SECTION 1. Executive Committee. There shall be a standing Executive Committee consisting of the President, Vice-President, Secretary, Treasurer, and Immediate Past-President of this Corporation as well as such other members of the Board of Directors as may be from time to time designated by the Board of Directors. The Executive Committee shall meet at such times and in such places as it shall deem necessary for the conduct of the affairs of the Corporation between meetings of the entire Board of Directors. The Executive Committee shall exercise the authority of the Board of Directors between meetings of the Board of Directors subject to such restrictions and guidelines as may be adopted, from time to time, by the Board of Directors. The Executive Committee shall keep regular minutes of its proceedings and the same shall be recorded in the minute book of the Corporation. The Secretary of this Corporation shall act as the Secretary of the Executive Committee.

SECTION 2. Articles of Incorporation and Bylaws Committee. The Board of Directors may appoint a standing committee to consider and make recommendations on all proposed changes or amendments to the Articles of Incorporation and Bylaws for action by the Board of Directors and by the Voting Members.

SECTION 3. Budget Committee. The Board of Directors may appoint a standing committee to review the reports of financial operations of this Corporation and to develop an annual budget to be presented to the Board of Directors for review and approval on a schedule established by the Board of Directors.

SECTION 4. Calibration Committee. The Board of Directors may appoint a standing committee to establish standards and procedures for the calibration of all those persons conducting, administering, and grading examinations developed by this Corporation.

SECTION 5. Quality Assurance Committee. The Board of Directors may appoint a standing committee to establish procedures for and conduct of a post examination analysis to be completed annually after the close of the examining season. The information developed from the examination analysis shall be provided to the Dental Examination Committee and the Dental Hygiene Examination Committee, as well as the Board of Directors and the Membership at the annual meeting of the House of Representatives.

SECTION 6. Examination Review Committee. The Board of Directors may appoint a standing committee to develop standards for the review of complaints received with respect to the examinations developed by this Corporation and the resolution or disposition of those complaints.

SECTION 7. General Provisions - Standing Committees. For all those standing committees, the Board of Directors shall establish the size of a committee, the Members of which shall be appointed upon the recommendation of the President and the approval of the Board of Directors.

SECTION 8. Ad Hoc Committees. The Board of Directors may at any time establish such other committee or committees for such purposes with such composition and for such periods of time as it may determine to be necessary or in the best interest of the Corporation.

SECTION 9. Dental Examination Committee.

A. Chair. The Chair of the Dental Examination Committee shall be appointed by the Board of Directors. Any person nominated to serve as Chair of the Dental Examination Committee must be a dentist who is, at the time of appointment licensed to practice in one of the states the Board of Dental Examiner(s) of which is a Member Board of this Corporation. The Chair shall serve a term of three (3) years or until a successor has been duly elected and qualified.

B. Size and Composition. Each member of this committee shall have one (1) vote except the Chairman who shall only vote in the event of a tie. The committee membership shall include:

- i) One (1) dentist from each Member Board.
- ii) One (1) Member Board consumer representative.
- iii) One (1) dentist educator selected from each ADEX District.
- iv) The Chair of the Dental Examination Committee

v) The ADEX psychometrician (non-voting)

C. Subcommittees. The Dental Examination Committee shall appoint subcommittees in restorative dentistry, prosthetics, periodontics, endodontics and computer simulated case based exams, as well as such subcommittees as it deems necessary to the conduct of its work. The members of each subcommittee shall be appointed from among the members of this Committee.

D. General Provisions.

1. Committee Member appointments shall be effective as of the first day of the month following the annual meeting of Members. Each Member of the Committee shall serve a three-year term.

2. Qualifications. Each person appointed to the Committee, other than faculty members, must be a dentist actively practicing in one of the states whose Dental Board is a Member. Each faculty member must be a licensed dentist serving on the faculty of a dental school located in a state whose Dental Board is a Member.

E. Consultants. The Dental Examination Committee is empowered to secure the assistance of such consultants as the committee or its Chair may deem necessary from time to time. The consultants may be members of faculties of dental schools in any of the States whose Dental Boards are Members of this Corporation. Consultants are not members of this Committee and shall not vote.

F. Duties. The Dental Examination Committee shall have the following duties with respect to the dental examination developed by this Corporation, and such other duties as may from time to time be delegated to it by the Board of Directors:

1. Prepare the initial dental exams, content, procedures for administration and scoring to be distributed by this Corporation;
2. Review and prepare a critical analysis of content, breadth, depth and scope of all dental examinations developed by this Corporation;
3. Aid in preparing the content and format of the dental examinations conducted by this Corporation;
4. Make recommendations to the Board of Directors for improving the dental examinations;
5. Serve in any other capacity as determined by the Board of Directors; and
6. Prepare and present regular reports to the Board of Directors containing its recommendations, suggestions and actions with respect to the dental examinations.

SECTION 10. Dental Hygiene Examination Committee

A. Chair. The Chair of the Dental Hygiene Examination Committee shall be appointed by the Board of Directors. Any person nominated to serve as the Chair of the Dental Hygiene Examination Committee must be a licensed dental hygienist who has served as an Examiner for this Corporation and who is, at the time of appointment, licensed to practice in one of the states where the Board or Committee responsible for qualifications and licensure of dental hygienists (sometimes referred to in this Section as "Dental Hygiene Boards" is a Member of the Corporation. The Chair shall serve a term of three (3) years or until a successor has been duly elected and qualified.

B. Size and Composition. This committee shall be composed of fifteen (15) members, one of whom shall be the Chair. Each member of this committee shall have one (1) vote except the Chair who shall only vote in the event of a tie. The committee membership shall include:

- i) (1) Dental Hygienist appoint from each ADEX District.
- ii) (1) Dentist.
- iii) (1) Board Member Consumer Representative.
- iv) (1) Dental Hygiene Educator.
- v) The ADEX psychometrician (non-voting)

C. Subcommittees. The Dental Hygiene Examination Committee may from time to time appoint such subcommittees, as it deems necessary to conduct its work. The members of each subcommittee shall be appointed from among the voting members of this Committee.

D. General Provisions.

1. Appointments and Term. Committee member appointments shall be effective as of the first day of the month following meeting of member. Each person appointed to the Committee shall serve a three-year term.

2. Qualifications. Each person appointed to the Committee, other than the faculty member, must be a dentist or dental hygienist actively practicing in one of the states whose Dental or Dental Hygiene Board is a Member Board. The faculty member must be a licensed dental hygienist serving on the faculty of a dental or dental hygiene school located in a state whose Dental Hygiene Board is a Member.

E. Consultants. The Dental Hygiene Examination Committee may secure the assistance of such consultants in dental hygiene as the committee or its Chairman may deem necessary from time to time. The consultants may be members of faculties of schools of dental hygiene or dental schools in any of the States whose Dental Hygiene Boards are Members of this Corporation. Consultants are not members of this Committee and shall not vote.

F. Duties. The Dental Hygiene Examination Review Committee shall have the following duties and such other duties as may from time to time be delegated to it by the Board of Directors:

1. Develop the initial Dental Hygiene Examination of this Corporation;
2. Review and prepare a critical analysis of results of the dental hygiene examinations conducted by this corporation and particularly as they determine the performance of candidates;
3. Aid in revising the content and format of subsequent dental hygiene examinations of this Corporation;
4. Make recommendations to the Board of Directors for improving the dental hygiene examinations;
5. Serve in any other capacity as determined by the Board of Directors; and
6. Prepare and present regular reports to the Board of Directors containing its recommendations, suggestions and actions.

ARTICLE SIX. RULES OF ORDER

The Standard Code of Parliamentary Procedure (current edition of Sturgis) shall govern any meeting of the Members, the Board of Directors and all other committees; in the event of conflict with these Bylaws, the Bylaws control. The President or presiding Officer may appoint a parliamentarian.

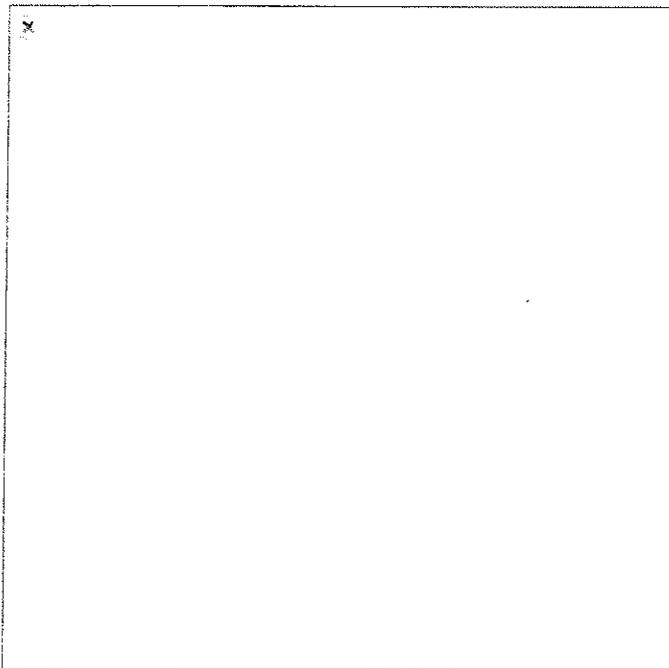
ARTICLE SEVEN. INDEMNIFICATION OF DIRECTORS AND OFFICERS

The Corporation shall have the power to indemnify any person who is serving or has served the Corporation as a member of the Board of Directors, officer, employee, committee chairman or member, or examiner, pursuant to and to the extent authorized by K.S.A. 17-6305, as amended.

ARTICLE EIGHT. AMENDMENTS

Amendments to the Bylaws may only be proposed by a Voting Member or by the Board of Directors. The Bylaws may be amended by a 2/3 vote of the Members present, at any meeting of the Members which has been duly called and held in accordance with these bylaws, provided that the proposed amendment is sent to the Members of the Corporation at least ninety (90) days prior to the meeting. These Bylaws may be amended, without notice, by the vote of seventy-five (75) percent of all the Voting Members at a duly called annual meeting.

Adopted 05.10.05
Revised 05.11.06
Revised 06.17.07
Revised 06.15.08
Revised 06.13.09
Revised 06.27.10
Revised 11.07.10



Updated 11.07.10
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American Association of Dental Boards

August 10, 2011

TO: Presidents/Chairmen, State Dental Boards
Presidents/Chairmen, Specialty Boards
Presidents/Chairmen, Specialty Associations
President, American Dental Association
President, American Dental Education Association
President, American Student Dental Association
President, American Dental Hygienists' Association

FROM: American Association of Dental Board Attorneys Roundtable Co-Chairs
(Angela Dougherty and Darlene Ratliff-Thomas)

SUBJECT: Proposed Advertising Guidelines and Request for Comments

The attached proposed guidelines are a compilation of the efforts of multiple attorneys within the AADB Attorneys Roundtable and contain substantial revisions in order to help protect the public from misleading and deceptive advertising, while keeping in mind that recent court decisions have resulted in adverse decisions to licensing boards. Specifically, courts in both Florida and California have held that regulatory provisions which restrict specialty advertising are unconstitutional. All communities of interest will recognize that the attached final draft emanates, in large part, from the ADA Principle of Ethics and Code of Professional Conduct, Section 5. However, substantial revisions are proposed to strike a balance between the objective of protecting patients from misleading ads while at the same time giving deference to the courts' rationale when evaluating the constitutionality of regulatory provisions which govern advertising.

The attached guidelines serve as a model which may be adopted by governing entities, in whole, or in part. Constitutional challenge of these provisions, or any advertising regulations, is likely inevitable, and while these guidelines do not ensure regulatory entities will prevail in defense thereof, they more closely comport with recent court decisions than many current restrictions on specialty advertising. To assist the communities in understanding the courts' rationale, additional background is set forth below.

Significant Legal Developments and Modifications to "Specialty" Advertising: The outcome of recent litigation in both Florida and California, which was initiated by the American Academy of Implant Dentistry (AAID), suggests that restrictions on advertising may fail judicial scrutiny when First Amendment Constitutional challenges to those restrictions occur. Cases in both of those states remain persuasive precedent for other organizations outside of Florida and California, as both decisions are "local" decisions and appeals in the cases were never fully exhausted. However, the rationale set forth in both decisions, may be compelling to other judges reviewing similar challenges, and accordingly serve as background for proposed modifications with respect to non-specialty advertising contained in the proposed guidelines.

Florida: A Florida circuit court held that the State Board of Dental Examiner's regulatory provision, which required a disclaimer, was unconstitutional and awarded the Plaintiff dentist challenging the provision a \$725,000 judgment in legal expenses he accrued to fight the regulatory provision. *DuCoin v. Dr. Ana M. Viamonte Ros* (Florida Board of Dentistry), In the Circuit Court of the Second Judicial Circuit, In and for Leon

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County, Florida Case No. 2003 CA 696 (2009). In the *DuCoin* case, the provision at issue, which parallels a similar provision currently contained in the ADA Principle of Ethics and Code of Professional Conduct, required any dentist using the AAID credential to affirmatively disclose that 1) The name of the area of practice was not recognized as a specialty area by the ADA or the Florida Board of Dentistry or 2) That the name of the referenced organization was not recognized as a bona fide specialty area by the American Dental Association or the Florida Board of Dentistry.

California: In California, the United States District Court for the Eastern District of California recently held unconstitutional similar provisions which prohibited advertising of credentials and specialties in non-ADA accredited areas and referenced the Florida *DuCoin* case as particularly relevant and compelling. *Potts v. Stiger*, 2010 [which is the successor case on remand of *Potts v. Hamilton*, 334 F. Supp. 2d 1206, 1208 (E.D. Cal. 2004)]. The recent 2010 decision in the *Potts* case is a progeny of its predecessor involving the same plaintiff who prevailed, again with the assistance of the American Academy of Implant Dentistry, at the District Court level in a 2004 challenge to restrictions prohibiting advertising of non-recognized specialties. The case was appealed to the 9th Circuit and remanded back to the District Court on narrow issues.

In 2004, the Court initially held:

This case is a further chapter in the long-running dispute between plaintiffs and the State of California over the State's prohibitions upon the advertising of dental specialty credentials. Plaintiffs challenge a recently enacted California statute restricting the advertising of dental specialty credentials to those credentials recognized by the American Dental Association ("ADA") or the Dental Board of California ("Dental Board"). The court previously found that an earlier version of this statute violated the protection afforded to commercial speech by the First Amendment. *See Bingham v. Hamilton*, 100 F.Supp.2d 1233 (E.D.Cal.2000). This renewed effort to limit the advertising of bona fide credentials fares no better. The advertising of credentials in dental specialties awarded by boards not recognized by the ADA or the Dental Board is not inherently or actually misleading. In addition, even if such advertising were potentially misleading, the statute is more restrictive than necessary to advance the State's interest in preventing false or misleading advertising of dental specialty credentials. Therefore, the statute violates the First Amendment, and plaintiffs are entitled to summary judgment.

Id. The subsequent *Potts* decision, issued and transcribed by the U.S. District Court on October 15, 2010, affirmed its earlier decision and specifically incorporated the rationale of its predecessor judge in the 2004 case as well as the holdings of the *DuCoin* decision in Florida. However, unlike the Florida court, the California court gave modest recognition to survey evidence regarding the public's understanding of ADA accreditation, and further suggested that disclaimers, with respect to the non-specialty areas, may more appropriately meet the requirement that advertising regulations be narrowly tailored to serve the State's interest in preventing false or misleading advertising of credentials.

Specifically, in order to withstand First Amendment constitutional scrutiny, advertising restrictions must meet each prong of the test promulgated by the United States Supreme Court in *Central Hudson Gas & Electric Corp. v. Public Service Commission of New York*, 447 U.S. 557 at 566, 100 S.Ct 2343, 65 L.Ed.2d. 341 (1980):

1. The State has a substantial government interest (in preventing misleading advertising).
2. The regulation must directly and materially advance the substantial interest.
3. The regulation cannot be more extensive than is necessary to serve the government's (substantial) interest.

Conclusion: The recent California decision, as well as other decisions which address advertising regulatory provisions within other professions, suggest that courts favor Boards requiring disclaimers in advertising as an alternative to restricting content. (See *Borgner* at 1213-1214 and *Zauderer v. Office of Disciplinary Counsel*, 471 U.S. 626, 648-649, 105 S.Ct. 2265, 85 L.Ed.2d 652 (1985)). That said, flawed survey methodologies may do more harm than good. Accordingly, the proposed guidelines, with respect to non-specialty advertising, are an attempt to satisfy judicial preference for disclaimers over restrictions and reconcile both the Florida and

California opinions. They afford the regulatory entity discretion in evaluating whether an ad, for a non-recognized specialty is, in fact, deceptive, after discerning whether the ad fully discloses the training of the dentist using a credential or asserting specialization.

Instead of compelling specific disclaimer language which the Florida court found unconstitutional, the proposed disclaimer language, with respect to non-recognized specialties, while discretionary on the dentist's part, provides factors for regulatory bodies to consider when determining whether the advertising fully apprizes a patient of the dentist's skills which are asserted in the ad. Therefore, such factors serve as a framework for analysis, not necessarily requirements in advertising; as such, they afford the regulatory body a better defense to constitutional challenges that the objective assessment factors are more narrowly tailored than the "required disclaimers" (which were stricken by the Florida court). That is, the modified provisions identify specific information any regulatory entity may deem relevant for the public to possess before a patient is capable of making an informed decision regarding the actual training and quality of the program that precedes a credential or asserted specialty from the dentist the patient is selecting. Such information may include requiring a dentist using a non-recognized specialty credential to disclose whether or not the program/credential is recognized by ADA versus requiring the dentist to use specific language noting non-recognition (by ADA). Such a distinction is a narrow one, and like the Florida disclaimer, may be successfully challenged; however, to the degree the California court gave modest credence to the survey evidence obtained from the public regarding its understanding of ADA accreditation, such a discretionary disclaimer allows each regulatory entity considering it, the ability to determine which accrediting and training information is relevant in each state.

Comments on the draft document should be submitted to Angela Dougherty, Esq. lawacd@gmail.com no later than September 1, 2011. It is anticipated that the BAR will forward the final document to the 2011 AADB General Assembly at the 128th AADB Annual Meeting, October 9-10, 2011, Mandalay Bay Resort and Casino, Las Vegas, NV, for consideration.

Encs.

cc: Executive Directors, State Dental Boards
Executive Directors, Specialty Boards
Executive Directors, Specialty Associations
Executive Director, American Dental Association
Craig Busey, Esq., Chief Legal Counsel, American Dental Association
Executive Director, American Dental Education Association
Executive Director, American Student Dental Association
Executive Director, American Dental Hygienists' Association
Members, AADB Executive Council
Ms. Molly Nadler, Executive Director, AADB
Attorneys, State Dental Boards

AADB PROPOSED ADVERTISING GUIDELINES

By AADB Attorney Roundtable

October 9, 2011

SECTION 1. INTRODUCTION, PURPOSE AND DISCLAIMER.

- A. INTRODUCTION AND PURPOSE: These provisions are intended to provide guidance to regulatory bodies in order to protect the health and general welfare of patient consumers from advertising that is false, deceptive or misleading.
- B. DISCLAIMER: The following guidelines are deliberately generalized and intended for educational purposes only. The statutory and regulatory authority of each state dental board of examiners to regulate advertising infractions differs significantly as does each state's burden of proof in substantiating an infraction (i.e.,... "preponderance of evidence" versus "clear and convincing evidence" of an infraction.) Therefore, each state board should confer with assigned counsel to determine how to appropriately incorporate or modify these provisions in order to effectively protect patients from deceptive advertising. In addition, the substance contained herein, except where otherwise specifically cited, consists of a compilation of individual state statutory and regulatory provisions as well as Section 5 of the American Dental Association Principle of Ethics and Code of Professional Conduct.

SECTION 2. DEFINITIONS.

- A. False or misleading.¹ Statements which a) contain a material misrepresentation of fact; b) omit a fact necessary to make the statement considered as a whole not materially misleading, c) intend or create an unjustified expectation about results the dentist can achieve, d) contain a material, objective representation, whether express or implied, that the advertised services are superior in quality to those of other dentists, if that representation is not subject to reasonable substantiation.
- B. Commercial Speech. Communication (such as advertising and marketing) that involves only the commercial interests of the speaker and the audience, and is therefore afforded lesser First Amendment protection than social, political, or religious speech.²

¹ See American Dental Association Principle of Ethics and Code of Professional Conduct, Section 5, Advisory Opinion 5.f.2. (2011)

² Black's Law Dictionary – 9th Edition

SECTION 3. SAMPLE REGULATORY PROVISIONS.

A. *ADVERTISING IN SPECIALITIES:*

1. Recognized Specialties. A dentist may advertise as a specialist or use the terms "specialty" or "specialist" to describe professional services in recognized specialty areas only if the dentist limits the dentist's practice exclusively to one or more specialty areas that are:

- a. Recognized by a board that certifies specialists for the area of specialty; and
- b. Accredited by the Commission on Dental Accreditation of the American Dental Association.

2. Non-Recognized Specialties. Any dentist who advertises as a specialist or uses the terms "specialty" or "specialist" to describe professional services provided within his practice, which do not meet each of the criteria of Section 3(A)(1)(a) and (b) above, and therefore are not recognized specialty areas, shall ensure the advertisement fully discloses to the public the type of training the dentist completed and the dentist's experience in the non-recognized specialty area. To determine if a dentist's advertising disclosure for a non-recognized specialty comports with this provision and is not misleading, the Board may consider the following factors:

- a. Whether the disclosure indicates that the dentist's practice is limited to the asserted specialty area;
- b. Whether the disclosure fully informs the public of the educational curriculum the dentist obtained in the asserted "specialty" area including the duration of the program. Full disclosure of education content may further include a statement by the dentist which indicates whether the curriculum is:
 - (i) Formal or Informal
 - (ii) Full-time or Part-time
 - (iii) Graduate or Post-Graduate Level;
 - (iv) Recognized by a any board which certifies specialists for an asserted are of specialty
 - (v) Recognized by the Commission on Dental Accreditation of American Dental Association;
- c. Whether the disclosure identifies the institution which conferred the "specialty"; and
- d. Whether the disclosure sets forth the number of clinical and didactic classroom hours the dentist has successfully completed in the asserted specialty area.

3. The following are recognized specialty areas and meet the requirements of Section 3A(1)(a) and (b) above:

- a. Endodontics,
- b. Oral and maxillofacial surgery,
- c. Orthodontics and dentofacial orthopedics,
- d. Pediatric dentistry,
- e. Periodontics,
- f. Prosthodontics,
- g. Dental Public Health,
- h. Oral and Maxillofacial Pathology, and
- i. Oral and Maxillofacial Radiology.

4. A dentist who wishes to advertise as a specialist or a multiple-specialist in a recognized specialty area under Section 3(A)(1)(a) and (b) and Section 3(A)(3)(a)-(i) above shall meet the criteria in one or more of the following categories:

a. Educationally qualified: A dentist who has successfully completed an educational program of two or more years in a specialty area accredited by the Commission on Dental Accreditation of the American Dental Association, as specified by the Council on Dental Education of the American Dental Association;

b. Board certified: A dentist who has met the requirements of a specialty board referenced in Section 3(A)(1)(a) and (b) of this Section, and who has received a certificate from the specialty board, indicating the dentist has achieved diplomate status.

5. A dentist whose license is not limited to the practice of a recognized specialty identified under Section 3(A)(3)(a)-(i) above may advertise that the dentist performs or limits practice to the aforementioned recognized specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."

a. In addition to this provision, if a dentist advertises he is a specialist in a non-recognized specialty area [an area not specifically recognized and set forth in Section 3(A)(3)(a)-(i) above], the dentist must fully disclose the type of training he has obtained, and its duration, in the asserted non-recognized specialty area. Factors in determining whether the dentist has fully disclosed this information include an assessment of each of the aforementioned criteria set forth in Section 3(A)(2)(a)-(d) above.

- b. For example, the following disclosures would be in compliance with this rule for dentists: "John Doe, DDS, General Dentist, is a Dental Anesthetist whose practice is not limited to this area. Doe received certification as a Dental Anesthetist from the Dental Anesthetist Institute, after successfully completing an oral examination, not based on psychometric principles and following his successful completion of an informal, part-time, graduate level program lasting 2 days and consisting of 2 clinical hours of training and 2 didactic classroom hours of instruction. Dental Anesthesia is not recognized by a board which certifies specialists and is not accredited by the Commission on Dental Accreditation of the American Dental Association."
6. Dentists who choose to announce specialization in a recognized specialty area as set forth in Section 3(A)3(a)-(i) above should use "specialist in" or "practice limited to" and shall limit their practice exclusively to the announced special area(s) of dental practice, provided at the time of the announcement such dentists have met in each approved specialty for which they announce the existing educational requirements and standards set forth by the American Dental Association. Dentists who use their eligibility to announce as specialists to make the public believe that specialty services rendered in the dental office are being rendered by qualified specialists when such is not the case are engaged in unethical conduct. The burden of responsibility is on specialists, within recognized specialty areas, to avoid any inference that general practitioners who are associated with specialists are qualified to announce themselves as specialists in said recognized specialty areas.
7. Standards For Multiple-Specialty Announcements in Recognized Specialty Areas. The educational criterion for announcement of limitation of practice in additional specialty areas is the successful completion of an advanced educational program accredited by the Commission on Dental Accreditation (or its equivalent if completed prior to 1967) in each area for which the dentist wishes to announce. Dentists who are presently ethically announcing limitation of practice in a specialty area and who wish to announce in an additional recognized specialty area must submit to the appropriate constituent society documentation of successful completion of the requisite education in specialty programs listed by the Council on Dental Education and Licensure or certification as a diplomate in each area for which they wish to announce.
8. Specialist Announcement of Credentials in Non-Specialty Interest Areas. A dentist who is qualified to announce specialization under this section may not announce to the public that he or she is certified or a diplomate or otherwise similarly credentialed in an area of dentistry not recognized as a specialty area by the American Dental Association unless the advertisement contains a disclosure which fully informs the public of the dentist's training and experience in the non-recognized area. To determine whether the dentist's disclosure comports with this

provision, the Board may consider the factors identified in Section 3(A)(2)(a)-(d) above.

B. *ADVERTISING CREDENTIALS AND CERTIFICATIONS:*

except those that require licensure to practice

1. Unearned, Nonhealth Degrees. A dentist may use the title Doctor or Dentist, DDS, DMD or any additional earned, advanced academic degrees in health service areas in an announcement to the public. The announcement of an unearned academic degree may be misleading because of the likelihood that it will indicate to the public the attainment of specialty or diplomate status. An unearned academic degree is one which is awarded by an educational institution not accredited by a generally recognized accrediting body or is an honorary degree.
 - a. The use of a nonhealth degree in an announcement to the public may be a representation which is misleading because the public is likely to assume that any degree announced is related to the qualifications of the dentist as a practitioner.
 - b. Some organizations grant dentists fellowship status as a token of membership in the organization or some other form of voluntary association. The use of such fellowships in advertising to the general public may be misleading because of the likelihood that it will indicate to the public attainment of education or skill in the field of dentistry.
 - c. Generally, unearned or nonhealth degrees and fellowships that designate association, rather than attainment, should be limited to scientific papers and curriculum vitae. In all instances, state law should be consulted.
 - d. Recognizing the potential of the public being misled or deceived by advertisement in these circumstances where a degree or status has not actually been conferred, the practitioner must include a disclosure in the advertisement which sets forth each of the following criteria:
 - (a) The institution the practitioner enrolled in educational program as well as the date of initial enrollment;
 - (b) The fact the degree or status has not yet been earned or conferred;
2. Credentials in General Dentistry. General dentists may announce fellowships or other credentials earned in the area of general dentistry so long as they avoid any

communications that express or imply specialization in a recognized specialty and the announcement includes the disclaimer that the dentist is a general dentist. In order to prevent a reasonable person from concluding that abbreviations indicate a designation of an academic degree, any use of abbreviations to designate credentials in non-recognized specialty areas in an advertisement shall be accompanied by full disclosure of the dentist's training and experience in the non-recognized specialty area. To determine whether the disclaimer fully discloses this information to the public, the Board may use the factors set forth in Section 3(A)(2)(a)-(d) above.

C. *NAMES AND RESPONSIBILITIES:*

1. Practice under name of licensee; full disclosure required.

(a) No person shall:

(i) Practice dentistry under the name of a corporation, company, association, limited liability company, or trade name without full and outward disclosure of his full name, which shall be the name used in his license or renewal certificate as issued by the board, or his commonly used name.

(ii) Conduct, maintain, operate, own, or provide a dental office in the state of licensure, either directly or indirectly, under the name of a corporation, company, association, limited liability company, or trade name without full and outward disclosure of his full name as it appears on the license or renewal certificate as issued by the board or his commonly used name.

(iii) Hold himself out to the public, directly or indirectly, as soliciting patronage or as being qualified to practice dentistry in the state of licensure under the name of a corporation, company, association, limited liability company, or trade name without full and outward disclosure of his full name as it appears on the license or renewal certificate as issued by the board or his commonly used name.

(iv) Operate, manage, or be employed in any room or office where dental service is rendered or conducted under the name of a corporation, company, association, limited liability company, or trade name without full and outward disclosure of his full name as it appears on the license or renewal certificate as issued by the board or his commonly used name.

(v) Practice dentistry without displaying his full name or his commonly used name as it appears on the license or renewal certificate as issued by the board in front of each dental office location if the office is in a single-story and/or single-occupancy building, or without displaying his full name or his commonly used name as it appears on the license or

renewal certificate as issued by the board on the outside of the entrance door of each dental office if the office is in a multi-occupancy and/or multi-story building.

(b) Name of Practice. Since the name under which a dentist conducts his or her practice may be a factor in the selection process of the patient, the use of a trade name or an assumed name that is false or misleading in any material respect is unethical. Use of the name of a dentist no longer actively associated with the practice may be continued for a period not to exceed one year.

(c) Dentist Leaving Practice. Dentists leaving a practice who authorize continued use of their names should receive competent advice on the legal implications of this action. With permission of a departing dentist, his or her name may be used for more than one year, if, after the one year grace period has expired, prominent notice is provided to the public through such mediums as a sign at the office and a short statement on stationery and business cards that the departing dentist has retired from the practice.

2. Responsibility. The responsibility for the form and content of an advertisement offering services or goods by a dentist shall be jointly and severally that of each licensed professional who is a principal, partner, officer, or associate of the firm or entity identified in the advertisement regardless whether the advertising has been generated by them personally, by their employees, or a third-party contractor.

D. *FEES.*

1. General: Dentists shall not represent the fees they charge in a false or misleading manner when advertising. Dentists shall state availability and price of goods, appliances or services in a clear and non-deceptive manner and include all material information to fully inform members of the general public about the nature of the goods, appliances or services offered at the announced price.

2. Disclosures: An advertisement which includes the price of dental services shall disclose:

- a. The professional service being offered in the advertisement.
- b. Any related services which are usually required in conjunction with the advertised services and for which additional fees may be charged.
- c. A disclaimer statement that the fee is a minimum fee and that the charges may increase depending on the treatment required.

- d. The dates upon which the advertised service will be available at the advertised price.
- e. When a service is advertised at a discount, the standard fee of the service and whether the discount is limited to a cash payment.
- f. When a service is advertised at less than market value, how the market value was determined.
- g. If the advertisement quotes a range of fees for a service, the advertisement shall contain all the basic factors upon which the actual fee shall be determined.

E. *RECORD KEEPING OF ADVERTISEMENTS.*

1. Retention of broadcast, print and electronic advertising. A prerecorded copy of all broadcast advertisements, a copy of print advertisements and a copy of electronic advertisements shall be retained for **a reasonable period of time** following the final appearance or communication of the advertisement. In addition, the dentist shall document the date the dentist discovered a false or misleading advertisement, as well as the date and substance of all corrective measures the dentist took to rectify false or misleading advertisements. The dentist shall maintain documentation of all corrective measures for a reasonable period of time following the most recent appearance or communication of the advertisement which the dentist discovered was inaccurate.

2. The advertising dentist shall be responsible for making copies of the advertisement available to the board if requested.

F. *FALSE AND MISLEADING ADVERTISING:*

1. The dentist has a duty to communicate truthfully. Professionals have a duty to be honest and trustworthy in their dealings with people. The dentist's primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity. In order to properly serve the public, dentists should represent themselves in a manner that contributes to the esteem of the profession. Dentists should not misrepresent their training and competence in any way that would be false or misleading in any material respect. No dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.

2. Published Communications. If a dental health article, message or newsletter is published in print or electronic media under a dentist's byline, to the public without making truthful disclosure of the source and authorship or is designed to give rise to questionable expectations for the purpose of inducing the public to utilize the services of the sponsoring dentist, the dentist is engaged in making a false or misleading representation to the public in a material respect.

3. Examples. In addition to the plain and ordinary meaning of the provisions set forth throughout these guidelines, additional examples of false or misleading advertising, include, but are not limited to:

- a. Claims to provide or perform painless dentistry.
- b. A statement which implies or suggests a procedure is guaranteed to be successful or creates false or unjustified expectation of favorable results.
- c. A statement which implies or suggests superiority of services or materials that cannot be sustained. In this regard, the Board may request the licensee submit his or her evidence to sustain his claim to the licensing board before using the advertisement that includes the claim of superiority.
- d. A statement which implies or suggests any guarantee of satisfaction except the guarantee to return a fee if the patient is not satisfied with the treatment rendered.
- e. A statement which implies or suggests that a service is free or discounted when the fee is built into a companion procedure provide to the patient and charged to the patient.
- f. A statement which contains a testimonial from a person who was not a patient of record.
- g. A statement which misrepresents or misnames any dental method or system.

Boards
approving?
ads

SECTION 4. LEGAL REQUIREMENTS FOR ADVERTISING REGULATIONS:

A. *FOUR PART TEST*: In commercial speech cases, the court will use a four-part analysis to determine whether a regulatory provision violates the First Amendment of the U.S. Constitution (see *Central Hudson Gas & Electric Corp. v. Public Service Commission of New York*, 447 U.S. 557 at 566, 100 S.Ct 2343, 65 L.Ed.2d. 341 (1980)). The provision must meet **each** of the following criteria:

1. An expression which is protected by the First Amendment is one which concerns a lawful activity and is not misleading.
2. If the expression concerns a lawful activity and is not misleading, the governmental interest in regulating the expression must be substantial.
3. The regulation directly advances the (substantial) governmental interest asserted in that the regulation addresses actual harm (not a hypothetical harm); "[M]ere speculation or conjecture" (that the regulation will advance the substantial government interest) will not suffice; rather the State "must demonstrate that the harms it recites are real and that its restriction will in fact alleviate them to a material degree." *Id* at 143 citing *Edenfield v. Fane*, 507 U.S. 761, 767 (1993).

a Public surveys are an acceptable means for a State Board to demonstrate the actual harm and to demonstrate that the proposed regulation will remedy the harm (See *Borgner v Brooks*, 284 F.3d 1204 at 1213 (11th Cir. 2002)).

4. The regulation cannot be more extensive than is necessary to serve the government's (substantial) interest.

a. Courts favor Boards requiring disclaimers in advertising as an alternative to restricting content. (See *Borgner* at 1213-1214 and *Zauderer v. Office of Disciplinary Counsel*, 471 U.S. 626, 648-649, 105 S.Ct. 2265, 85 L.Ed.2d 652 (1985)).

SECTION 5. GROUNDS AND PROCEDURES FOR DISCIPLINARY ACTION FOR ADVERTISING VIOLATIONS.

A. In accordance with the Board's statutory and regulatory authority authorizing disciplinary action and denial of licensure for advertising violations as set forth below, the Board may refuse to issue or renew a license, may suspend or revoke a license, may reprimand, restrict or impose conditions on the practice of a licensee or applicant for licensure.

1. "Advertising violations" consist of expressions explicitly or implicitly authorized by a licensee, or applicant for licensure, which are false or misleading as otherwise referenced in these guidelines;

A. A licensee or applicant for licensure explicitly or implicitly authorizes advertising when the individual permits or fails to correct statements that are false or misleading. Failure to attempt to retract or otherwise correct advertising violations as directed by the Board may constitute a willful violation of these provisions and may be a separate and distinct independent violation of the Board's statutory or regulatory authority. A willful violation of the Board's directive, may subject the licensee or applicant to disciplinary action, non-renewal or denial of licensure.

B. When determining whether an "advertising violation" has occurred, the Board shall proceed in accordance with due process and its statutory and regulatory provisions which govern investigations and contested case proceedings.

Virginia Board of Dentistry

Policy on Recovery of Disciplinary Costs

Applicable Law and Regulations

- §54.1-2708.2 of the Code of Virginia.
The Board of Dentistry (the Board) may recover from any licensee against whom disciplinary action has been imposed reasonable administrative costs associated with investigating and monitoring such licensee and confirming compliance with any terms and conditions imposed upon the licensee as set forth in the order imposing disciplinary action. Such recovery shall not exceed a total of \$5,000. All administrative costs recovered pursuant to this section shall be paid by the licensee to the Board. Such administrative costs shall be deposited into the account of the Board and shall not constitute a fine or penalty.
- 18VAC60-20-18 of the Regulations Governing Dental Practice. The Board may assess:
 - the hourly costs to investigate the case,
 - the costs for hiring an expert witness, and
 - the costs of monitoring a licensee's compliance with the specific terms and conditions imposed up to \$5000, consistent with the Board's published guidance document on costs. The costs being imposed on a licensee shall be included in the order agreed to by the parties or issued by the Board.

Policy

In addition to the sanctions to be imposed which might include a monetary penalty, the Board will specify the costs to be recovered from a licensee in each pre-hearing consent order offered and in each order entered following an administrative proceeding. The amount to be recovered will be calculated using the assessment of costs specified below and will be recorded on a Disciplinary Cost Recovery Worksheet (the worksheet). All applicable costs will be assessed as set forth in this guidance document. Board staff shall complete the worksheet and assure that the cost to be assessed is included in Board orders. The completed worksheets shall be maintained in the case file.

Assessment of Costs

Based on the expenditures incurred in the state's fiscal year which ended on June 30, 2011, the following costs will be used to calculate the amount of funds to be specified in a board order for recovery from a licensee being disciplined by the Board:

- \$94 per hour for an investigation multiplied by the number of hours the DHP Enforcement Division reports being expended to investigate and report the case to the Board.
- \$97 per hour for an inspection conducted during the course of an investigation, multiplied by the number of hours the DHP Enforcement Division reports being expended to inspect the dental practice.
- The applicable administrative costs for monitoring compliance with an order as follows:
 - \$106.00 Base cost to open, review and close a compliance case
 - 48.75 For each continuing education course ordered
 - 15.75 For passing the Virginia Dental Law Exam
 - 15.75 For each monetary penalty and cost assessment payment
 - 15.75 For each practice inspection ordered
 - 31.50 For each records audit ordered
 - 31.50 For passing a clinical examination
 - 89.00 For each practice restriction ordered, and
 - 73.25 For each report required.
- \$350 for each practice inspection or record audit ordered to be conducted by the DHP Enforcement Division.

Draft
Virginia Board of Dentistry

Disciplinary Cost Recovery Worksheet

Case # _____ Order Entered: _____

Licensee: _____

Investigation Cost/hr	Enforcement Hour (# of hour x 94)	Sr. Inspectors Hour (# of hour x 97)
# of Hours	\$0.00	\$0.00
# of Hours	\$0.00	\$0.00
Record Duplication	\$0.00	\$0.00
Expert Witness	\$0.00	\$0.00
Other	\$0.00	\$0.00
Total	\$0.00	\$0.00
Grand Total	\$0.00	

Monitoring Cost/hr	Enter Each Cost That Applies (# of unit x cost per unit)	
Base Administrative Cost - \$106.00/case		\$106.00
Continuing Education - \$48.75/course		\$0.00
Monetary Penalty - \$15.75/payment		\$0.00
Practice Inspection - \$15.75/inspection		\$0.00
Record Audits - \$31.50/audit		\$0.00
Practice Restriction - \$89.00/restriction		\$0.00
Reporting Requirement - \$73.25/report		\$0.00
Total	\$106.00	

Total for costs : _____

Maximum recovery is \$5,000

Project 2178 - Proposed

BOARD OF DENTISTRY

Recovery of disciplinary costs

18VAC60-20-18. 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 § 54.1-2708.2 of 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 18VAC60-20-30 or collection costs incurred for delinquent fines and fees.

**VIRGINIA BOARD OF DENTISTRY
DELEGATION TO DENTAL ASSISTANTS**

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

**VIRGINIA BOARD OF DENTISTRY
DELEGATION TO DENTAL ASSISTANTS**

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

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

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

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

1. At least 50 hours of didactic course work in dental anatomy and operative dentistry 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;

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

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

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

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

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

C. The following duties may 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 18VAC60-20-61:

1. Performing pulp capping procedures;
2. Packing and carving of amalgam restorations;
3. Placing and shaping composite resin restorations;
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.

Reen, Sandra (DHP)

From: Bayley Milton [BMilton@dentalboards.org]
Sent: Friday, August 19, 2011 12:32 PM
Cc: Molly Nadler; Cathryn Albrecht; Guy Champaine; Mark Christensen; Pamela Zarkowski; Patrick Braatz; Peter Larson; Rita Sommers
Subject: Ethics Suvey Results
Attachments: Let. to Bds. with results.doc; EthicsSurveySummary.pdf; Respondents to the AADB Survey on Ethical Behavior.doc; image001.jpg

The attached is being sent on behalf of Dr. Mark Christensen, AADB Second Vice-President and Chair, Committee on Ethical Behavior for Boards and Licensees to all state board executive directors.

Bayley Milton
Administrator
American Association of Dental Boards
312.440.2894
800.621.8099, ext. 2894

AADB



AADB Pin now available at
www.dentalboards.org

Ethical Behavior for State Dental Boards and Licensees



1. Please indicate the name of your state dental board:

	Response Count
	30
answered question	30
skipped question	12

2. In addition to the practice act and administrative statutory rules and regulations, does your dental board have an official policy and procedures manual that guides operation of the board?

	Response Percent	Response Count
Yes	42.5%	17
No	57.5%	23
answered question		40
skipped question		2

3. If your board has a policy and procedures manual,

	Yes	No	Response Count
Are all board members aware of its existence?	93.8% (15)	6.3% (1)	16
Is the manual regularly reviewed and updated?	86.7% (13)	13.3% (2)	15
answered question			16
skipped question			26

4. Does your state have a formalized system for evaluating the performance of the dental board and its individual members?

	Response Percent	Response Count
Yes 	18.2%	6
No 	81.8%	27
answered question		33
skipped question		9

5. Does your state have a structured orientation program for new dental board members?

	Response Percent	Response Count
Yes 	69.7%	23
No 	30.3%	10
answered question		33
skipped question		9

6. Does your state routinely query the entities below before licensing a dentist ?

	Yes	No	Response Count
National Practitioner Data Bank?	90.9% (30)	9.1% (3)	33
AADB Clearinghouse?	50.0% (16)	50.0% (16)	32
answered question			33
skipped question			9

7. Does your state routinely query the entities below before renewing the license of a dental licensee?

	Yes	No	Response Count
National Practitioner Data Bank?	6.3% (2)	93.8% (30)	32
AADB Clearinghouse?	9.1% (3)	90.9% (30)	33
		answered question	33
		skipped question	9

8. Does your state have reciprocal discipline for its licensees who have been disciplined in another state?

		Response Percent	Response Count
Yes		54.5%	18
No		45.5%	15
		answered question	33
		skipped question	9

9. Does your state require that a licensee report compromised fitness or impairment (physical, mental, emotional or chemical) on:

	Yes	No	Response Count
Himself?	75.8% (25)	24.2% (8)	33
On another licensee for whom he has reason to suspect compromised fitness or impairment?	57.6% (19)	42.4% (14)	33
		answered question	33
		skipped question	9

10. Does your state require a licensee to report violations of the Dental Practice Act, Rules or Regulations on:

	Yea	No	Response Count
Himself?	75.0% (24)	25.0% (8)	32
On others if he has reason to suspect violations?	48.5% (16)	51.5% (17)	33
		answered question	33
		skipped question	9

11. Does your state require licensees to place a disclaimer on advertisements when they possess credentials that are not representative of a recognized specialty?

		Response Percent	Response Count
Yes		48.5%	16
No		51.5%	17
		answered question	33
		skipped question	9

12. Does your state require that patients be informed on a licensee's education and experience before beginning treatment?

		Response Percent	Response Count
Yes		0.0%	0
No		100.0%	30
		answered question	30
		skipped question	12

13. By definition, at what point does a person become a patient of a licensee in your state?

**Response
Count**

22

answered question 22

skipped question 20

14. Under what circumstances does your dental board consider it ethical to delay, postpone or re-order patient treatment?

**Response
Count**

22

answered question 22

skipped question 20

15. Do the requirements for dental license renewal in your state include a specific quantity, subject or type of professional continuing education?

**Response
Percent Response
Count**

Yes  **100.0% 30**

No  **0.0% 0**

answered question 30

skipped question 12

16. If yes, briefly explain what is required:

**Response
Count**

27

answered question 27

skipped question 15

Page 1, Q1. Please indicate the name of your state dental board:

1	NSBDE	Jul 25, 2011 12:36 PM
2	Dental Board of California	Jul 25, 2011 10:43 AM
3	Wisconsin Dentistry Examining Board	Jul 21, 2011 1:21 PM
4	Arkansas	Jul 20, 2011 7:55 AM
5	Mississippi State Board of Dental Examiners	Jul 19, 2011 1:47 PM
6	Wyoming Board of Dental Examiners	Jul 19, 2011 1:22 PM
7	Indiana State Board of Dentistry	Jul 19, 2011 4:05 AM
8	Arizona	Jul 18, 2011 2:46 PM
9	Delaware State Board of Dentistry & Dental Hygiene	Jul 18, 2011 5:41 AM
10	SC Board of Dentistry	Jul 15, 2011 3:03 PM
11	Idaho	Jul 15, 2011 1:54 PM
12	Massachusetts	Jul 15, 2011 1:53 PM
13	Hawaii	Jul 12, 2011 12:29 PM
14	South Dakota State Board of Dentistry	Jul 11, 2011 7:37 AM
15	Maryland State Board of Dental Examiners	Jul 8, 2011 6:43 AM
16	alaska	Jul 7, 2011 4:56 PM
17	Louisiana	Jul 7, 2011 1:43 PM
18	Oregon	Jul 7, 2011 12:50 PM
19	New Hampshire Board of Dental Examiners	Jul 5, 2011 10:26 AM

Page 1, Q1. Please indicate the name of your state dental board:

20	Kentucky Board of Dentistry	Jun 30, 2011 10:56 AM
21	NC State Board of Dental Examiners	Jun 30, 2011 5:01 AM
22	Alabama	Jun 29, 2011 12:28 PM
23	Virginia	Jun 29, 2011 9:20 AM
24	Montana Board of Dentistry	Jun 29, 2011 7:16 AM
25	District of Columbia Board of Dentistry	Jun 29, 2011 5:53 AM
26	Connecticut	Jun 29, 2011 4:29 AM
27	CT	Jun 29, 2011 4:13 AM
28	Missouri	Jun 28, 2011 12:58 PM
29	RHODE ISLAND	Jun 28, 2011 10:11 AM
30	Ohio	Jun 28, 2011 9:13 AM

Page 5, Q13. By definition, at what point does a person become a patient of a licensee in your state?

1	Patient is not specifically defined in statute chapter. Historically has meant person receiving treatment of dentistry as dentistry is defined in statute chapter.	Jul 25, 2011 12:45 PM
2	No specific definition. If the dentist begins treatment, the Board construes the person to be a patient of the dentist.	Jul 19, 2011 1:56 PM
3	Not stated within the law.	Jul 19, 2011 4:14 AM
4	upon treating	Jul 15, 2011 3:06 PM
5	Not defined in Board rules	Jul 15, 2011 1:59 PM
6	When the general consent is signed.	Jul 15, 2011 1:59 PM
7	No definition	Jul 12, 2011 12:30 PM
8	NA	Jul 8, 2011 6:47 AM
9	Not addressed in the Practice Act	Jul 7, 2011 5:00 PM
10	When treatment commences	Jul 7, 2011 1:46 PM
11	No definition in statute or regulation	Jun 30, 2011 10:59 AM
12	A patient becomes a patient of record when the patient is seated in the dental chair and examination and diagnosis of the oral cavity is initiated.	Jun 29, 2011 9:40 AM

Page 5, Q13. By definition, at what point does a person become a patient of a licensee in your state?

13	(2) Except for the provisions of 37-4-104, a person is practicing dentistry under this chapter if the person: (a) performs, attempts, advertises to perform, causes to be performed by the patient or any other person, or instructs in the performance of dental operations, oral surgery, or dental service of any kind gratuitously or for a salary, fee, money, or other remuneration paid or to be paid, directly or indirectly, to the person, any other person, or any agency;	Jun 29, 2011 7:31 AM
14	Not defined	Jun 29, 2011 4:35 AM
15	N/A	Jun 28, 2011 10:18 AM
16	Not defined but - on the point of first visit for assessment and treatment.	Jun 28, 2011 7:38 AM
17	no such definition	Jun 27, 2011 6:22 AM
18	evaluation and treatment	Jun 25, 2011 5:54 AM
19	n/a - no definition	Jun 24, 2011 2:13 PM
20	A patient of records is a patient who has been examined and diagnosed by a licensed dentist and whose treatment has been planned by a licensed dentist.	Jun 24, 2011 2:09 PM
21	This is not defined in statute or rule.	Jun 24, 2011 1:39 PM
22	Signing of general informed consent	Jun 24, 2011 1:38 PM

Page 5, Q14. Under what circumstances does your dental board consider it ethical to delay, postpone or re-order patient treatment?

1	Not specifically delineated in statute chapter. Discretion of board given circumstances presented and any mitigating factors to consider within standard of care.	Jul 25, 2011 12:45 PM
2	It would be unethical if the delay, postponement, or re-order of patient treatment resulted in harm to the patient or poor quality of care.	Jul 19, 2011 1:56 PM
3	No specified within the law.	Jul 19, 2011 4:14 AM
4	medical reasons	Jul 15, 2011 3:06 PM
5	No position	Jul 15, 2011 1:59 PM
6	Up to the dentist.	Jul 15, 2011 1:59 PM
7	Case by case	Jul 12, 2011 12:30 PM
8	This would largely depend on the circumstances of a particular case. When delaying treatment would cause harm, the Board investigators have had the complainant into their offices and made record of the treatment provided so that we have a record to use in a hearing or to obtain an agreed disposition.	Jul 11, 2011 7:48 AM
9	Not specified.	Jul 8, 2011 6:47 AM

Page 5, Q14. Under what circumstances does your dental board consider it ethical to delay, postpone or re-order patient treatment?

10	Not addressed in the Practice Act	Jul 7, 2011 5:00 PM
11	case-by-case basis	Jul 7, 2011 1:46 PM
12	No definition in statute or regulation	Jun 30, 2011 10:59 AM
13	This subject is not addressed in statute, regulation or Board guidance document.	Jun 29, 2011 9:40 AM
14	TO PROTECT THE HEALTH SAFETY OR WELFARE OF THE PATIENT	Jun 29, 2011 7:31 AM
15	Board has no position	Jun 29, 2011 4:35 AM
16	N/A	Jun 28, 2011 10:18 AM
17	Also, not defined but delay for reasons of practitioner sickness, if another provider cant service and or waiting for a treatment modality/product to be delivered.	Jun 28, 2011 7:38 AM
18	follow ADA Code of Ethics	Jun 27, 2011 6:22 AM
19	n/a - determined on a case by case basis	Jun 24, 2011 2:13 PM
20	No statement issued on this	Jun 24, 2011 2:09 PM
21	There are many circumstance that would warrant delaying, postponing, or reordering patient treatment. This issue is not addressed proactively, but is dependent upon the standard of care as applied to the specific case circumstances.	Jun 24, 2011 1:39 PM
22	When the licensee deems it necessary and appropriate	Jun 24, 2011 1:38 PM

Page 5, Q16. If yes, briefly explain what is required:

1	40 hours within defined 2 year period and limit to online/distance learning; requirement for particular subject headings to be covered; and other limits to CE category types for courses.	Jul 25, 2011 12:45 PM
2	Dentists: 40 hours over a 2-year reporting period; 20 of those hours must be in clinical continuing education; only 4 hours over a 2-year period may be home study, on-line, or correspondence. Clinical CE is defined as personal attendance at clinical courses pertaining to the actual delivery of dental services to patients. Hygienists must obtain 20 hours of CE over a 2-year period; 10 hours must be in clinical CE; the same requirements apply re: home study, etc. CPR counts for 4 hours each year toward clinical CE.	Jul 19, 2011 1:56 PM
3	20 hours every two years. Required to complete 2 hours of CE in ethics, professional responsibility and Indiana statute and rules every renewal period.	Jul 19, 2011 4:14 AM
4	50 Hours of CPE every 2 years and CPR certification every 2 years	Jul 18, 2011 5:45 AM
5	30 hours of CE	Jul 15, 2011 1:59 PM

Page 5, Q16. If yes, briefly explain what is required:

6	40 credits/renewal cycle (2 Years) 50% online allowed Infection control course Opioid prescribing course BLS/ACLS/PALS	Jul 15, 2011 1:59 PM
7	32 hours dentists and 20 hours dental hygienists; CE courses relevant to the care and treatment of patients consisting of clinical subjects and nonclinical subjects related to practice of dentistry; at least 1/2 of CE courses must be via direct attendance, subject to audit, list of approved sponsors; CPR required; record keeping required for 4 years; waiver or modification allowed.	Jul 12, 2011 12:30 PM
8	100 hours in specific categories.	Jul 11, 2011 7:48 AM
9	CPR, OSHA, Abuse and Neglect	Jul 8, 2011 6:47 AM
10	dentists must obtain 28 hours of continuing education directly related to dental patient clinical care during the two-year licensing cycle.	Jul 7, 2011 5:00 PM
11	40 hours every 2 years - 1/2 of which must be clinical	Jul 7, 2011 1:46 PM
12	40 hours every renewal cycle and specifies how many can be in certain areas.	Jul 7, 2011 12:52 PM
13	Section 9. Minimum Continuing Education Requirements. (1) Each individual desiring renewal of an active dental license shall complete thirty (30) hours of continuing education that relates to or advances the practice of dentistry and would be useful to the licensee's practice. (2) Acceptable continuing education hours shall include course content designed to increase: (a) Competency in treating patients who are medically compromised or who experience medical emergencies during the course of dental treatment; (b) Knowledge of pharmaceutical products and the protocol of the proper use of medications; (c) Competence to diagnose oral pathology; (d) Awareness of currently accepted methods of infection control; (e) Knowledge of basic medical and scientific subjects including, biology, physiology, pathology, biochemistry, pharmacology, epidemiology, and public health; (f) Knowledge of clinical and technological subjects; (g) Knowledge of subjects pertinent to patient management, safety, and oral healthcare; (h) Competency in assisting in mass casualty or mass immunization situations; (i) Clinical skills through the volunteer of clinical charitable dentistry that meets the requirements of KRS 313.254; (j) Knowledge of office business operations and best practices; or (k) Participation in dental association or society business meetings. (3) A minimum of ten (10) hours shall be taken in a live interactive presentation format. (4) A maximum of ten (10) hours total may be taken that meet the requirements of subsection (2)(i) - (k) of this section. (5) All continuing education hours shall be verified by the receipt of a certificate of completion or certificate of attendance bearing: (a) The signature of or verification by the provider; (b) The name of the licensee in attendance; (c) The title of the course or meeting attended or completed; (d) The date of attendance or completion; (e) The number of hours earned; and (f) Evidence of the method of delivery if the course was taken in a live interactive presentation format. (6) It shall be the sole responsibility of the individual licensee to obtain documentation from the provider or sponsoring organization verifying participation as established in subsection (5) of this section and to retain the documentation for a minimum of five (5) years. (7) At license renewal, each licensee shall attest to the fact that he or she has complied with the requirements of this section. (8) Each licensee shall be subject to audit of proof of continuing education compliance by the board.	Jun 30, 2011 10:59 AM
14	15 hours of clinical or clinically related courses from an accepted sponsor. Dentists who administer and dental hygienists who monitor conscious sedation,	Jun 29, 2011 9:40 AM

Page 5, Q16. If yes, briefly explain what is required:

	deep sedation or general anesthesia are required to complete four hours directly related to administration of controlled substances every two years as part of the required hours.	
15	DENTISTS: 60 HOURS EVERY THREE YEAR WITH GENERAL ANESTHESIA ADD 20 HOURS ANESTHESIA SPECIFIC HOURS WITH CONSCIOUS SEDATION AN ADDITIONAL 12 HOURS DENTURITS: 36 HOURS 3 YEAR CYCLE HYGIENISTS: 36 HOURS THREE DYEAR CYCLE HYGIENIST WITH A LIMITED ACCESS PERMIT ADD 12 HOURS	Jun 29, 2011 7:31 AM
16	Licensed dentists shall earn a minimum of twenty-five contact hours of qualifying continuing education every two years, commencing on the first date of license renewal after October 1, 2007. One contact hour is a minimum of fifty minutes of continuing education activity. The continuing education shall be in areas related to the licensee's practice, reflect the professional needs of the licensee in order to meet the health care needs of the licensee's practice, and include at least one contact hour of training or education in each of the following areas: infectious diseases, including but not limited to acquired immune deficiency syndrome and human immunodeficiency virus, access to care, risk management, care of special needs patients, and domestic violence, including sexual abuse.	Jun 29, 2011 4:35 AM
17	DENTIST MUST OBTAIN 40 CEU HOURS BIENNIALLY WITH A MINIMUM OF 10 BEING EDUCATIONAL AND OR SCIENTIFIC COURSES SPONSORED BY APPROVED SOURCES. EIGHT HOURS PER BIENNIAL ACCRUAL PERIOD MAY BY OBTAINED IN SELF INSTRUCTIONAL COURSES (IE) HOME STUDY COURSES,, INTERNET, VIDEO CASSETTES, ETC.	Jun 28, 2011 10:18 AM
18	30 hours of CE related to dentistry _____ On the first page of questions on do we query the NPDB - we don't necessarily query but require the applicant/licensee to provide the report. Utah Board of Dentistry	Jun 28, 2011 7:38 AM
19	30 hours of clinical dental continuing education every two years	Jun 27, 2011 6:22 AM
20	40 Continuing education credits (must include CPR certification). 30 credits must be category I (clinically related).	Jun 27, 2011 6:14 AM
21	50 CE Hours every 2 years and current CPR	Jun 27, 2011 5:56 AM
22	CPR every three years and 28 CEU every two years and 14 CEU's for DH's	Jun 25, 2011 5:54 AM
23	21 hours of CE. Several categories available to obtain CE. There is not a specific category required.	Jun 24, 2011 2:13 PM
24	60 hours in a 3 year period - 20 of the 60 hours directly related to clinical issues such as delivery of care, materials used in delivery of care and pharmacology and 1 hour in pain and symptom management	Jun 24, 2011 2:09 PM
25	50 hours of professional development every two year cycle, to include training in at least 2 of the 6 identified core subject areas, certification in CPR for the Healthcare Professional, and completion of a Board-developed self-assessment. Professional Development portfolios are self-managed, and are subject to audit.	Jun 24, 2011 1:39 PM
26	Dentists - 40 CEUs/2 years Dental Hygienists - 20 CEUs/2 years All licensees must take a refresher course in infection control and be certified in BLS, PALS, or ACLS	Jun 24, 2011 1:38 PM

Page 5, Q16. If yes, briefly explain what is required:

- 27 Licensees must complete a minimum of 30 credits of continuing education during each biennial licensing period. Jun 24, 2011 1:31 PM

Respondents to the AADB Survey on Ethical Behavior

Alabama
Alaska
Arizona
Arkansas
California
Connecticut
Delaware
Washington, D.C.
Hawaii
Idaho
Indiana
Iowa
Kentucky
Louisiana
Maryland
Massachusetts
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
North Carolina
North Dakota
Ohio
Oregon
Rhode Island
South Carolina
South Dakota
Virginia
Washington
Wisconsin
Wyoming

Eight respondents remain unidentified.



Oregon

John A. Kitzhaber, MD, Governor

Patrick D. Braatz
Executive Director

DHP SEP 19 2011

Board of Dentistry

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Portland, OR 97201-5519

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Fax: (971) 673-3202

www.oregon.gov/dentistry

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SEP 13 2011

September 13, 2011

Board of Dentistry

Sandra K. Reen
Virginia Board of Dentistry
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Sandra:

For the past five years, the American Association of Dental Boards has had a committee that was formed to develop an in-depth assessment program, the intent of which was to detect and evaluate deficiencies in dental practitioners referred to the program by their boards. I have had the privilege to be a member of that Committee working on this project. In the ongoing effort to protect the public, the resulting program has been designed to identify practitioners who either need remediation or who should not continue in the practice of dentistry. Dental practitioners referred to this program by their boards will be assessed and may have the opportunity to participate in an enhancement program that will address their deficiencies and enable them to return to dental practice.

The Assessment Services Program (ASP) is now in the pilot stage and includes two specific services: D-PREP, Dentist – Professional Review and Evaluation Program, which reviews cognitive issues, physical health issues, deficiency in the knowledge of appropriate clinical techniques and milestones, applied hand skills, general clinical knowledge, appropriate application of knowledge and judgment in diagnosis and treatment planning and evaluation of therapeutic progress as well as ethical issues in patient management.

Currently, state dental boards often prescribe remediation without a background analysis or rationale. Most assessment services offer a hand skills performance examination, usually on a simulated platform such as a mannequin. This process provides little information not already determined by the hearing process when examining the actual clinical treatment on patients. A comprehensive assessment of clinical knowledge and judgment and its application to treatment has not been available until now. D-PREP evaluators will respond in a standardized, in-person four to five day process and will provide dental boards with assessment and remediation recommendations designed to address comprehensively deficiencies contributing to poor clinical care. D-PREP is collaboration between AADB and the participating University assessment centers: University of Maryland Baltimore School of Dentistry, Marquette University College of Dentistry, and Louisiana State University School of Dentistry. The programs have been developed and closely patterned after the leading professional assessment center and process in medicine.

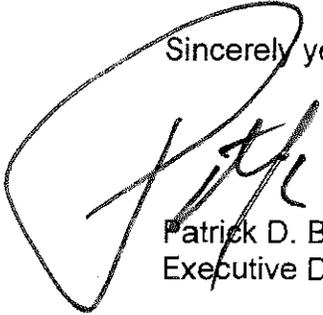


Sandra K. Reen
September 13, 2011
Page 2

A separate service being offered as part of the Assessment Services Program is the Expert Review Assessment (ERA). Boards will have an opportunity to forward cases to the review committee for its assessment of the board's findings; for example, whether or not a dentist has offered a service beyond the scope of his practice, has prescribed drugs that are beyond his license limitations, etc. This program will assist boards in confirming their proposed sanctions.

ASP is an exciting program that should be of great benefit to all state boards during the disciplinary process. A more in-depth discussion of what is involved will be presented at the American Association of Dental Boards 128th Annual Meeting being held October 9-10, 2011 at the Mandalay Bay Resort and Casino, Las Vegas, NV. I hope to see you all there and at the Administrators' Meeting Monday and Tuesday, October 10 - 11. If you have any questions regarding ASP, please contact the AADB's central office: 1-800-621-8099, ext. 2894.

Sincerely yours,



Patrick D. Braatz
Executive Director

AADA - Immediate Past-President
AADB - Executive Council Administrator Member

Reen, Sandra (DHP)

From: Bayley Milton [BMilton@dentalboards.org]
Sent: Wednesday, October 26, 2011 4:14 PM
Subject: AADB Expert Review Assessment Program
Attachments: image001.jpg

Please note that this email is being sent to all members of the American Association of Dental Boards as well as to all Executive Directors of state dental boards for their information.

The American Association of Dental Boards has launched the AADB Assessment Services Program (ASP), a comprehensive program of review services designed to assist dental boards throughout the discipline process. One of the major components of the program is the Expert Review Assessment program (ERA).

The AADB is looking for AADB members with past experience as expert witnesses or reviewers to become part of the Expert Review Assessment program as we prepare to meet the needs of the boards. AADB members who are interested in participating in the program and would like to be included in an advanced training session should forward their CVs and related expert witness or review experience documentation to the AADB Central Office no later than January 9, 2012 either by email: bmilton@dentalboards.org, or by FAX: 312-440-3525. These documents will be reviewed by the ASP committee and members will be selected to participate in a one-and-a-half day training session all day Saturday and Sunday morning, April 21-22, 2012, right before the AADB Mid-Year Meeting in Chicago, April 22-23, 2012.

Training sessions will only be able to accommodate a relatively small number of participants because of the material being covered. Please note that this training will be provided at no charge to participants by the AADB, although participants will be required to underwrite their own costs for attending both the AADB Mid-Year Meeting and the training session. Once involved in the program, those members choosing to participate in the ERA will be compensated on a "per case" basis for their review services and an hourly basis for expert witness services. Although the AADB will only be able to involve a limited number of participants in the first training session, it is anticipated that Expert Assessors will be added as the program grows.

Please contact the Central Office with any questions: 1-800-621-8099, ext. 2894.

Bayley Milton
Administrator
American Association of Dental Boards
312.440.2894
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AADB



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www.dentalboards.org