



# MINNESOTA BOARD OF DENTISTRY

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## Public Board Meeting Agenda

University Park Plaza – Conference Room A  
January 15, 2016 8:00 a.m. – 12:00 p.m.

Call to Order of the Public Meeting – David Gesko, DDS, President

### Introductions

### Minutes

1. Review and Approve Minutes of the October 30, 2015 Public Board Meeting
2. Seating of New Officers  
President: Steven Sperling, DDS  
Vice President: Jake Manahan, JD  
Secretary: Teri Youngdahl, LDA  
Past President: David Gesko, DDS

### Professional Association & Dental Education Reports

3. Minnesota Dental Association (MDA) – Carmelo Cinqueonce; Pete Cannon, DDS
4. Minnesota Dental Hygienists' Association (MnDHA) – Candy Hazen, DH
5. Minnesota Dental Assistants Association (MnDAA) – Kelli Olson, LDA
6. Minnesota Educators of Dental Assistants (MEDA) – Beth Rynders, LDA
7. Minnesota Dental Hygiene Educators Association (MDHEA) – Jeanne Anderson, DH
8. Minnesota Department of Health (MDH) – Merry Jo Thoele, MPH, RDH
9. Dental and Dental Therapy Programs:
  1. University of Minnesota – Dean Leon Assael, DMD; Todd Thierer, DDS
  2. Metropolitan State University – Dean Ann Leja, DNP, RN; Jayne Cernohous, DDS
10. Minnesota Dental Therapists' Association (MnDTA) – Jodi Hager, DT
11. Midwest Dental Laboratory Association – Gary Iocco
12. Minnesota Society of Oral and Maxillofacial Surgeons (MSOMS) – Richard Marlow, DMD
13. CRDTS Examiners
14. Other Organizations/Associations
  1. MNOSHA Workplace Safety Consultation: Update on Training Alliance – Breca Tschida, MSPH, CPE Ergonomics Program Coordinator Industrial Hygienist
15. Interim Executive Director's Report – Joyce Nelson, LDA

### Committee Reports

16. Executive Committee/President's Report – David Gesko, DDS
  1. IOPP proposed changes
  2. Ratification vote of the new Executive Director position
17. Policy Committee – Neal Benjamin, DDS
18. Sedation Committee – Paul Walker, DDS
19. Allied Dental Education Committee – Nancy Kearn, DH
20. Dental Therapy Program Review Committee – Nancy Kearn, DH
21. Jurisprudence/Professional Development Committee – Jake Manahan, JD

22. **Licensure & Credentials Committee** – Steven Sperling, DDS
23. **CRDTS** – Joan Sheppard, DDS
24. **AADB Representatives** – Neal Benjamin, DDS; Nancy Kearn, DH
25. **Council of Health Boards** – Allen Rasmussen, MA, BS
26. **Complaint Committee Reports** – Mary Liesch, DH
  1. Complaint Committee ‘A’
  2. Complaint Committee ‘B’
  3. Complaint Statistics
  4. Plans for Joint Complaint Committee Meeting (of March 28, 2016)
  5. Complaint Committee A Motions – Neal Benjamin, DDS
27. **HPSP** – Allen Rasmussen, MA, BS
28. **Clinical Licensure Exam Committee** – Steven Sperling, DDS
29. **Advertising Task Force** – Allen Rasmussen, MA, BS
30. **Prescription Monitoring Program Representative** – Neal Benjamin, DDS
31. **Community Water Fluoridation Committee Representative** – Paul Walker, DDS
32. **Travel Authorizations**
  1. **March 12-15, 2016:** *ADEA Annual Session & Exhibits*, Denver, CO (approval for \_\_\_\_\_ to attend)
  2. **April 10-11, 2016:** *AADB Mid-Year Meeting*, Chicago, IL (approval for \_\_\_\_\_ to attend)
  3. **April 18-20, 2016:** *National Oral Health Conference*, Cincinnati, OH (approval for \_\_\_\_\_ to attend)

33. **Licenses for Ratification and Reinstatement**

34. **Variances/Waivers/Petitions/Appeals**

- A. **Kathryn Young, DH**- Variance request for CPR certification
- B. **Gina Hierlmeier** – Variance request for Board to waive dental assistant training educational requirement
- C. **Michael Mallinger, DDS** – Variance request for Nitrous Oxide certification
- D. **John Wittenstrom, DDS** – Variance request for Nitrous Oxide certification
- E. **Chad Wojtowick, DDS** – Variance request for Nitrous Oxide certification
- F. **Diane Aden, LDA** – Petition request for acceptance of sedation monitoring training without prerequisite N<sub>2</sub>O certification
- G. **Collin Brehmer, Dental Assistant Applicant** – Petition request for acceptance of sedation monitoring training prior to licensure
- H. **Hayley Richards, LDA** – Petition request for acceptance of sedation monitoring training prior to licensure
- I. **Dariella Rodriguez, Dental Assistant Applicant** – Petition request for acceptance of sedation monitoring training prior to licensure
- J. **Kristie Tanner, Dental Assistant Applicant** – Petition request for acceptance of sedation monitoring training prior to licensure

35. **New Business**

36. **Review of Action Items**

37. **Recess to Executive Board Closed Session and Adjourn**

**Upcoming Public Board Meeting Dates**

**April 15, 2016**  
**July 15, 2016**  
**October 14, 2016**

**Plan Ahead For...**

**January 13, 2017**  
**April 21, 2017**



# MINNESOTA BOARD OF DENTISTRY

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## Public Board Meeting Minutes October 30, 2015

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### Call to Order

Board President David Gesko called the meeting to order at 8:00 a.m.

### Board Members Present

David Gesko, DDS – President  
Allen Rasmussen, MA, BS – Vice President  
Neal Benjamin, DDS – Secretary  
Teri Youngdahl, LDA – Past President  
Douglas Wolff, DDS  
Jake Manahan, JD  
Nancy Kearn, DH  
Paul Walker, DDS  
Steven Sperling, DDS

### Board Staff Present

Amy Johnson, Licensing Analyst  
Deb Endly, Compliance Officer  
Diane Anderson, Complaint Analyst  
Joyce Nelson, Interim Executive Director  
Kathy Johnson, Legal Analyst  
Mary Liesch, Complaints/Compliance Director  
Michelle Schroeder, Administrative Assistant  
Sheryl Herrick, Office Manager  
Vicki Vang, Administrative Assistant

### Attorney General’s Office Counsel Present

Jennifer Middleton – Assistant Attorney General  
Jason Pleggenkuhle – Assistant Attorney General

### Others in Attendance (per sign-in sheet)

Candy Hazen, DH – MnDHA; Beth Rynders, LDA – MEDA; Dick Diercks – Park Dental; Kelli Olson, LDA – MnDAA; Jodi Hager, DT – MDTA; Karl Self, DDS – U of M; Sue Block, DDS – MDA; Liz Rydell, DDS – Midwest Dental; Leah Myhre; Anna Malay, LDA – MnDAA; Carmelo Cinqueonce, MBA – MDA; Jeanne Anderson, DH – MDHEA; Paul Becker, DDS – Midwest Dental; Todd Gerlach, DDS – MSOMS; Dave Resch, DDS – MDA; Nina Huntington, DH – CRDTS Examiner; Linda Boyum, LDA; Roy Hakala, DDS – MN Cranio; Randy Gullickson; Gary Pickard – Pacific Dental Services; Clare Larkin – MN Department of Health; Jayne Cernohous, DDS – Metropolitan State University; Genelle Lamont – MDH Oral Health Program

### Introductions

Board members, staff, and members of the public introduced themselves.

### Review and Approval of Minutes

Minutes from the July 24, 2015 Public Board meeting were reviewed and approved as submitted.

**Motion made to accept the July 24, 2015 minutes as submitted.**

**MOTION:** Paul Walker  
**SECOND:** Nancy Kearn  
**VOTE:** For: 9  
Opposed: 0  
**RESULT:** Motion Passed. Minutes approved as submitted.

1 **Professional Associations and Dental Educator Reports**

2 **MDA** – Carmelo Cinqueonce indicated that the MDA report was included in the Board packet and they had no  
3 additional information to report.

4  
5 **MnDHA** – Candy Hazen reported that the MnDHA participated in the Oral Cancer Walk.

6  
7 **MnDAA** – Kelli Olson indicated that a written report from MnDAA was included in the Board packet.

8  
9 **MEDA** – Beth Rynders reported that MEDA did not submit a written report because their meeting occurred  
10 after the deadline for reports. Beth reported that MEDA has some concerns for students who failed only the  
11 radiology portion of the Dental Assistant State Licensure Exam being required to take the entire exam once it  
12 changes on November 1. Beth indicated that MEDA has been made aware of some issues at PSI testing sites  
13 regarding security and having people registering in the same room that others are already testing in. MEDA  
14 discussed remedial education for students and, based on union requirements, schools will be providing remedial  
15 education through continuing education courses. MEDA has concerns regarding the proposed expanded duties  
16 relating to orthodontics and what the requirements will be for teaching those. Following discussion, it was  
17 determined that MEDA will discuss the orthodontic duties and concerns will be brought to the next Allied  
18 Dental Education meeting.

19  
20 **MDHEA** – Jeanne Anderson reported that MDHEA met October 24<sup>th</sup>. They discussed the revised CODA  
21 standards, and have had discussions with CODA regarding what the revised standards will mean for Minnesota  
22 schools. The new standard doesn't require teaching all duties to clinical competency because Minnesota law  
23 doesn't require all duties being taught to clinical competency. Jeanne indicated that based on the discussions  
24 MDHEA has had with CODA, the new standards should not be a problem for the Board or educational  
25 institutions.

26  
27 **MDH Oral Health Program** – Clare Larkin reported that MDH is planning for the first ever statewide survey  
28 of older adults in Minnesota. Clare reported that the school based sealant program just wrapped up. Sealants  
29 were placed on teeth of 4,178 children at 173 high risk schools. Following receipt of state general fund dollars,  
30 MDH will be working on an early dental prevention initiative targeting new immigrants and new mothers.

31  
32 **U of M** – Karl Self indicated that a written report was included in the Board packet. Karl reported that the U of  
33 M has received federal funds to try to increase the number of rural oral health care providers. The U of M Board  
34 of Regents recently approved a dual degree program for dental hygiene and dental therapy. Karl indicated that  
35 CODA has agreed to begin the process of accrediting dental therapy programs.

36  
37 **Metropolitan State University** – No report

38  
39 **Midwest Dental Laboratory Association** – No report

40  
41 **Minnesota Society of Oral and Maxillofacial Surgeons (MSOMS)** – Todd Gerlach reported that MSOMS  
42 held their fall meeting in September. MSOMS has 5 board approved sedation inspectors. MSOMS has  
43 encouraged all of their members to join the Prescription Monitoring Program.

44  
45 **CRDTS Examiners** – Nina Huntington reported that she has been an examiner for six exams this year and has  
46 one more scheduled for December. She also reported that CRDTS has revamped all of their bylaws this year and  
47 has written charters for all of the CRDTS committees.

48  
49 **Minnesota Dental Therapists' Association (MnDTA)** – Jodi Hager indicated that MnDTA is still working on  
50 their website and has nothing new to report.

51  
52 **Other Organizations/Associations** – No other reports

53  
54  
55  
56 **Elections**

1 **PRESIDENT** – Steven Sperling was nominated for the office of President by Neal Benjamin.

2  
3 No other nominations were offered.

4  
5 **Motion made to close nominations and cast a unanimous ballot electing Steven Sperling to the**  
6 **office of Board President.**

7  
8 **MOTION: Paul Walker**  
9 **SECOND: Nancy Kearn**  
10 **VOTE: For: 9**  
11 **Opposed: 0**  
12 **RESULT: Motion Passed. Steven Sperling is elected as the next Board President.**

13  
14  
15 **VICE PRESIDENT** – Jake Manahan was nominated for the office of Vice President by Teri Youngdahl. Neal  
16 Benjamin nominated himself for the office of Vice President.

17  
18 Following the rules as listed in the IOPP, voting was conducted via paper ballot. Board President – David  
19 Gesko, Interim Executive Director – Joyce Nelson, and Staff Member – Deb Endly, counted votes.

20  
21 **Jake Manahan received the most votes and was elected as the next Board Vice President.**

22  
23 **Secretary** – Teri Youngdahl was nominated for the office of Secretary by Nancy Kearn. Douglas Wolff was  
24 nominated for the office of Secretary by Neal Benjamin. Douglas Wolff declined the nomination.

25  
26 No other nominations were offered.

27  
28 **Motion made to close nominations and cast a unanimous ballot electing Teri Youngdahl to the**  
29 **office of Board Secretary.**

30  
31 **MOTION: Paul Walker**  
32 **SECOND: Jake Manahan**  
33 **VOTE: For: 9**  
34 **Opposed: 0**  
35 **RESULT: Motion Passed. Teri Youngdahl is elected as the next Board Secretary.**

36  
37  
38 **Interim Executive Director's Report**

39 Joyce Nelson indicated that a written report was included in the Board packet. Joyce reported on the following  
40 budget issues:

- 41
- 42 • The Board contract for the database system has been changed due to cost, with the contract now  
43 including no new enhancements. Discussions have occurred regarding what it would take to convert to  
44 the ALIMS database system that 11 other Health Licensing Boards currently use.
  - 45 • Joyce encouraged Board members to look at how many representatives are really necessary at  
46 conferences, as the Board of Dentistry spends more on travel than most boards.
  - 47 • AGO costs are always a big expense. Joyce has spoken with complaint staff and committee members  
48 about possibly only having legal counsel present when the licensee will have legal counsel present.
  - 49 • Costs that cannot be controlled have increased- MN-IT fees, salary increases, rent, and insurance. The  
50 Board will need to consider going to the legislature for a supplemental budget bill to cover the costs. It  
51 is possible that fee increases will need to be discussed again.

1 **Presentation**

2 **Supreme Court ruling regarding North Carolina Board of Dentistry** – Jason Pleggenkuhle, Assistant  
3 Attorney General, provided a summary of the case of North Carolina State Board of Dental Examiners versus  
4 the Federal Trade Commission that was heard by the Supreme Court.  
5

6 **Committee Reports**

7 **Policy Committee** – Neal Benjamin reported that he had begun working with the Minnesota Dental Association  
8 on a potential self-assessment tool for dentists to use regarding infection control in October 2014. Neal indicated  
9 that the Minnesota Dental Association will be working with five dental offices to go through the checklist to  
10 determine how long it will take them and if there are any issues with the checklist. At the January 2015 Board  
11 meeting, the infection control issue was sent back to the Policy Committee for further discussion. An infection  
12 control task force was convened to review and recommend changes to the infection control recommendations  
13 that had been discussed at the January Public Board Meeting. The task force has met, and is continuing to meet.  
14 Infection Control recommendations will be brought to Policy Committee for final review before being brought  
15 to the full Board.

16  
17 Policy Committee has discussed resolutions regarding obstructive sleep apnea. The language of the proposed  
18 resolutions was included in the Board Meeting packet. Following discussion, Neal asked that the words “FDA  
19 cleared” be removed from Resolution #3.  
20

21 **Motion made that the Board approve the proposed resolutions and place them on the Board website.**

22  
23 **MOTION: Neal Benjamin**  
24 **SECOND: Teri Youngdahl**  
25 **VOTE: For: 9**  
26 **Opposed: 0**  
27 **RESULT: Motion Passed. Resolutions approved.**  
28

29 Neal reported that the October Policy Committee meeting included a discussion on Dental Support  
30 Organizations. The discussion will continue in future Policy Committee meetings.  
31

32 Neal reported that although a proposed motion regarding Rule changes for Dental Assistants and orthodontic  
33 duties was included in the Board Meeting packet, following discussion at the October Policy Committee  
34 Meeting, the motion would not be presented to the Board for consideration at this time. Neal indicated that the  
35 orthodontic duties rule change topic would be sent to the Allied Dental Education Committee for further review  
36 and recommendations.  
37

38 **Presentation**

39 **Minnesota Department of Health (MDH) Oral Health Survey Report** – Mark Schoenbaum, Nitika Moibi  
40 and Laura McLain from the MDH presented information on the Oral Health Survey Report.  
41

42 Discussion occurred regarding the placement of the MDH survey for online license renewals. MDH would like  
43 to see the survey placed before the licensure renewal to get more responses to the survey. More responses would  
44 provide more accurate and useful data. Following discussion, it was determined that Board staff will work on  
45 making this change.  
46

47 **Committee Reports**

48 **Executive Committee/President’s Report** – David Gesko indicated that a written report was included in the  
49 Board Meeting packet. He provided an update on the Executive Director selection process. The Search  
50 Committee has decided to re-post the position and is working with HR staff to do so. David indicated that due to  
51 time, the review of the proposed IOPP changes listed on the meeting agenda will be postponed to the January  
52 Board Meeting.  
53  
54

1 **Sedation Committee** – Paul Walker indicated that the Sedation Committee met on October 20, with Teri  
2 Youngdahl serving as interim chair of the committee as he was unable to attend the meeting.  
3 Teri reported that the committee is going to start looking at developing a form for recordkeeping for sedation  
4 providers to use. Paul reported that the next Sedation Committee meeting will be held on December 8.  
5

6 **Allied Dental Education Committee** – Nancy Kearn reported that the Dental Assistant State Licensure Exam  
7 update has been completed after many hours of working with PSI staff. Nancy indicated that it was an excellent  
8 process. Many of the test questions came from educators at the Dental Assisting Schools. Nancy thanked the  
9 educators for their efforts. The new DASLE exam will begin on November 1<sup>st</sup>. Anyone testing beginning that  
10 date will take the new exam. Nancy reported that the Allied Dental Education Committee will continue to  
11 monitor CODA changes. Allied will be reviewing the orthodontic delegated duties one more time and make  
12 recommendations to the Policy Committee. The next Allied Dental Education Committee meeting will be held  
13 on December 3<sup>rd</sup>.  
14

15 **Dental Therapy Program Review Committee** – Nancy Kearn reported that the committee has not met, but  
16 will be meeting to look at the DT program changes at the University of Minnesota as well as to look at possible  
17 statute and scope of practice changes.  
18

19 **Jurisprudence/Professional Development Committee** – Jake Manahan reported that the committee has not  
20 met, but is collecting information from experts regarding suggestions for new Jurisprudence Exam questions and  
21 Self-Assessment questions.  
22

23 **Licensure & Credentials Committee** – Steven Sperling reported that the Licensure & Credentials Committee  
24 has continued to have monthly closed meetings. An open session will be held regarding the possibility of an  
25 emeritus status for licensure and allied faculty licensure.  
26

27 **CRDTS** – Neal Benjamin indicated that a written report was included in the Board Meeting packet.  
28

29 **AADB** – Neal Benjamin reported that AADB is meeting the following week. Neal, Nancy Kearn and David  
30 Gesko will be attending.  
31

32 **Council of Health Boards** – No report  
33

34 **Complaint Committee Reports** – Mary Liesch indicated that Complaint Unit reports were included in the  
35 Board packet. As of the end of September, there were 190 complaints. Renewal disclosures are increasing the  
36 number of complaints. Mary reported that Deb Endly and Diane Anderson attended the MDA Risk  
37 Management seminar that was held on September 28, and all Complaint Unit staff attended the most recent  
38 Infection Control Task Force meeting.  
39

40 **HPSP** – Allen Rasmussen indicated that a report was included in the Board Meeting packet.  
41

42 **Clinical Licensure Exam Committee** – Steven Sperling reported that the Clinical Licensure Exam Committee  
43 will be meeting on November 13 to continue developing the Advanced Dental Therapy exam for the January  
44 testing date. Nancy indicated that developing the exam is a huge project and asked if the Board might consider  
45 contracting with PSI or another testing agency to develop and implement the ADT exam.  
46

47 **Motion made that the Board look into having PSI develop and implement the ADT exam.**  
48

49 **MOTION:** Nancy Kearn  
50 **SECOND:** Steven Sperling  
51 **VOTE:** For: 9  
52 Opposed: 0  
53 **RESULT:** Motion Passed. Board will look into having PSI develop and implement the  
54 ADT exam.  
55  
56

57 **Advertising Task Force** – No report

1 **Prescription Monitoring Program** – Neal Benjamin indicated that a PMP report was included in the Board  
2 Meeting packet. Neal reported that the Board needs to continue to encourage all dental providers to become a  
3 part of the PMP. He reported that there also needs to be continued education regarding the proper use of opiates  
4 versus other pain medications in the industry.  
5

6 **Community Water Fluoridation Committee** – No report  
7  
8

### 9 **Travel Authorizations**

10 **November 13, 2015:** *Minnesota Oral Health Coalition 2015 Conference, Brooklyn Center, MN.* Request  
11 approval Board to cover the registration fee for 2 to attend.  
12

13 **January 28-31, 2016:** *Federation of Associations of Regulatory Boards (FARB) Forum, Clearwater Beach,*  
14 **FL.** Request approval for 1 to attend.  
15

16 **January 29-31, 2016:** *Southern Conference of Dental Deans & Examiners, Jackson, MS.* Request approval for  
17 2-3 to attend.  
18

19 *CRDTS Meetings:* Approval for 1 Steering Committee member, 2 ERC members and 1 Proctor member to  
20 attend.  
21

22 **MOTION:** Nancy Kearn  
23 **SECOND:** Allen Rasmussen  
24 **VOTE:** For: 9  
25 Opposed: 0  
26 **RESULT:** Motion Passed. Travel authorized as indicated.  
27  
28

### 29 **Licenses for Ratification and Reinstatement**

30 Ratifications: July 8, 2015 through October 8, 2015  
31

32 **Motion: to approve all licenses submitted for ratification and reinstatement.**  
33

34 **MOTION:** Steven Sperling  
35 **SECOND:** Jake Manahan  
36 **VOTE:** For: 9  
37 Opposed: 0  
38 **RESULT:** Motion Passed. Licenses ratified and reinstated as submitted.  
39  
40

### 41 **Waiver Requests**

42 **Leah Myhre, Dental Assistant:** Waiver request to allow her to apply for licensure by exam without  
43 retaking the DANB exam.

44 Leah was present and explained that she took the DANB exam just over 5 years ago (July 13, 2010) and would  
45 like a waiver of exam based on her hours of experience in a dental office, the need in the rural area she would be  
46 working in, and due to the exam being just over 5 years old.  
47

48 **Motion made to grant the waiver request for Leah Myhre to allow her to apply for licensure by**  
49 **exam without retaking the DANB exam.**  
50

51 **MOTION:** Licensure & Credentials Committee  
52

53 Following discussion by Board Members, it was determined that the waiver request could not be granted  
54 because it would be in violation of Statute.  
55

56 **The motion to grant the waiver was withdrawn.**

1 **Review of Action Items**

2 The following list of action items was reviewed by the Board members:

- 3 1. Discussion of DT Statutes/scope of Practice – Nancy  
4 2. Look into the cost of the complaint process - Joyce  
5 3. Schedule a Joint Complaint Committee meeting – Mary/Board staff  
6 4. Write a newsletter article on the PMP - Neal  
7 5. Add discussion of patients on other possibly sedating medications to a Sedation Committee agenda  
8 (from Neal’s PMP meeting) – Sedation Committee  
9 6. Look at language for dental assistant licensure in Statute – L&C Committee  
10 7. Look at where the MDH survey is placed with renewals – Joyce/Sheryl  
11 8. Link renewals for dentists to PMP website – Joyce/Sheryl  
12 9. Move IOPP discussion to January meeting – Michelle  
13

14  
15 **ADJOURN**

16 **The Minnesota Board of Dentistry public meeting adjourned at 11:39 am to reconvene in closed**  
17 **Executive session at 1:00 pm.**  
18

19 **Minutes Approved by the Minnesota Board of Dentistry**  
20 **this 15<sup>th</sup> day of January, 2016**  
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**David Gesko, DDS, President**

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PROFESSIONAL  
ASSOCIATION &  
DENTAL EDUCATION  
REPORTS

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## **UPDATE FOR MINNESOTA BOARD OF DENTISTRY FULL BOARD MEETING**

*January 15<sup>th</sup>, 2015*

### ***Inaugural OneSmile Gala***

The Minnesota Dental Foundation held its first ***OneSmile Gala*** at the Town and Country Club on October 16<sup>th</sup>, featuring guest speaker, former Gopher and Timberwolves basketball player Richard Coffey. The event was a success, with 222 supporters in attendance and raising over \$10,000 through the silent auction to support the work of the Minnesota Dental Foundation. The *vision* of the Minnesota Dental Foundation is to eliminate unmet oral health needs in Minnesota.

The *mission* of the Minnesota Dental Foundation is to initiate and support programs that provide dental services to underserved populations and communities; encourage and support volunteerism within the profession; and promote careers in dentistry, especially in underserved areas. The Gala will take place annually every Fall.

### ***Give Kids a Smile***

The two-day, statewide event is scheduled for Friday, Feb. 5, and Saturday, Feb. 6, 2016. There are 141 clinics signed up so far to host events to provide dental services to children in need. We are proud that over 2,500 dental professionals volunteer every year to help and provide care. There is also opportunity for interested providers to provide follow up care through Smile Factory arrangements. This is a great option for specialists, such as endodontists and oral surgeons, as well as general dentists, who want to help complete treatment of some of the most extensive cases identified at Give Kids a Smile locations. Professionals who register for this option will be listed on a referral sheet, which is made available to clinics hosting Give Kids a Smile events.

**UPDATE FOR MINNESOTA BOARD OF DENTISTRY FULL BOARD  
MEETING (Continued)**

*January 15<sup>th</sup>, 2015*

***90<sup>th</sup> Annual Minneapolis District Mid-Winter Meeting***

The Minneapolis District Dental Society will be hosting its 90<sup>th</sup> annual mid-winter meeting on Friday January 29<sup>th</sup>, featuring Dr. Jeffrey Boone, MD, who will be presenting “*The Eradication of Heart Disease and Stroke*”; a talk focused on heart disease, health & prevention, and the effects of mental stress on the heart.

***2016 Mission of Mercy***

The 2016 Mission of Mercy will be held on July 22<sup>nd</sup>-23<sup>rd</sup>, 2016 at Concordia College in Moorhead. Volunteer registration will be opening in April.

***Congratulations!***

The MDA would like to express well wishes to Board member Dr. Steven Sperling in his forthcoming service as Board President.

Report to the Board of Dentistry

December 24, 2015

MnDAA was represented by six members at the ADAA meeting in Washington, DC on November 7, 2015. ADAA did not have a House of Delegates at this time, but they are considering a virtual House of Delegates in March 2016.

MnDAA is preparing for our General Assembly which is scheduled for Saturday April 30, 2016. We will be holding this at the Doubletree Hotel in St. Paul.

Our local society, Tri-Metro will be holding continuing education meetings starting in January 2016. We have our 4<sup>th</sup> Annual Learning in the Round on Saturday January 23 at Herzing University. We also will have CE meetings in February and March. All are welcome to attend. Please visit our website for more information on dates, time and place. [www.mndaa.org](http://www.mndaa.org)

Information on the MnDAA Awards that are presented at our General Assembly is also on our website. If you work with or know someone that is deserving of one or both of these please complete the nomination forms(s) and submit to our Awards Chairperson. Recipients must be a current ADAA member.

Respectfully Submitted,



Kelli Olson, LDA, CDA  
MnDAA President

## Minnesota Educators of Dental Assistants (MEDA) – Report to the Full Board – January 15, 2016

1. MEDA appreciates the continued assistance in the areas of fingerprinting and background checks and the MEDA members are committed to assisting the students with the information that was recently sent by Joyce Nelson regarding a new process.
2. MEDA continues to discuss the orthodontic duties and a survey may be done before our April, 2016 MEDA meeting. We assume that a decision will be made regarding this issue, at the April, 2016 MEDA meeting, by the membership. We may be in support of additional orthodontic duties, but we also are very willing to discuss the “laundry list” of duties, proposed certificates in things like orthodontic duties, and the separation of dental assisting duties and dental hygiene duties.
3. Thank you to the Allied committee who has designated 2016 to examine the possible separation of dental assisting duties and dental hygiene duties.
4. MEDA understands that a resolution will be proposed by the Policy committee to move forward with a “certificate program” the proposed orthodontic duties, and that MEDA is preliminarily in support of this, but MEDA requires time for discussion at our April 2016 meeting.

Respectfully Submitted,

Beth Rynders, LDA, CDA, CPFDA, RF, M.Ed  
MEDA Liaison to the MNBOD  
Director of Dental Assisting, Century College

Report to the Minnesota Board of Dentistry  
January 15, 2016 public board meeting

- **Open Mouth Survey (Basic Screening Survey-BSS) of Minnesota’s Third Graders (Association of State and Territorial Dental Directors –ASTDD survey tool):**
  - Data is currently being analyzed, BSS fact sheet will be developed, final data will be released; results will be posted to MNOHSS
- **Minnesota’s First Older Adult Basic Screening Survey (BSS):**

Open mouth survey of residents in 30 Minnesota skilled nursing facilities (Association of State and Territorial Dental Directors –ASTDD survey tool)

  - Program coordinator interviews underway; data collection staff position being written
- **Minnesota Oral Health Statistics System (MNOHSS):** New features to look for on the MN Public Health Data Access portal are **Explore Data Oral Health Data Report**. Allows you to search by county for a custom data report. <https://apps.health.state.mn.us/mndata/oral-health-report>
- **Community Water Fluoridation:**
  - CWF Advisory Group meeting on January 6, 2016. Discussion will include the planned rule revision in regard to adjustment of the fluoride level from an average concentration of 1.2 mg/liter to 0.7 mg/liter
- **Delta Dental of Minnesota Foundation:** awarded the MDH Oral Health Program funding to continue capacity building collaboration for the smiles@school sealant program.
- **Olmstead Plan:** goals and activities that help guide state agency efforts to ensure that people with disabilities have opportunities to live, learn, work and enjoy life alongside their fellow citizens. The plan is being carried out by MDH and seven other state agencies per Governor Dayton’s Executive Order (January 28, 2013). MDH is collaborating with DHS on four key health care and healthy living strategies, one of which includes “Improving dental care for people with disabilities.”
- **DT Study:** MDH Oral Health Program summer research intern/U of M SOD D2 student, Nick Schulte, worked with the Office of Rural Health and Primary Care to complete the HRSA workforce funded project we began during our HRSA 2012-2015 funding period. His abstract has been accepted to AADR 2016
- **Health Resources and Services Administration (HRSA) Funding:** in the process of responding to the RFA; due on February 16, 2016.
- **Early Dental Prevention Initiative:** S.F. 1458, Sec. 23. [144.3875]; Directs MDH in collaboration with DHS to implement a statewide initiative to increase awareness among communities of color and recent immigrants on the importance of early preventive dental intervention for infants and toddlers before and after primary teeth appear. Collaboration lead by MDH Oral Health Program, Dr. Vacharee Peterson and a diverse group of oral health and non-oral health professionals.

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School of Dentistry website:  
[www.dentistry.umn.edu](http://www.dentistry.umn.edu)

## Update for: Minnesota Board of Dentistry January 15, 2016

### **School of Dentistry, MnSCU and Minnesota Board of Dentistry share honors.**

The ADEAGies Foundation has named the University of School of Dentistry, in collaboration with the Minnesota State Colleges and Universities System (MnSCU) and the Minnesota Board of Dentistry, as recipients of its prestigious 2016 Gies Award for *Outstanding Vision by a Public or Private Partner* for their efforts to advance dental therapy education in Minnesota.

The Foundation also named School of Dentistry Professor **Mark Herzberg, D.D.S., Ph.D.**, as the 2016 recipient of the Gies Award for *Outstanding Achievement by a Dental Educator*.

Presented annually by the American Dental Education Association (ADEA) Gies Foundation, the Gies Awards are the profession's preeminent recognition of exceptional contributions that exemplify the highest standards in oral health and dental education, research and leadership. The awards will be presented at a gala event on March 15, 2016 at the ADEA Annual Session in Denver, Colorado.

### **New award for U-M dental therapy students presented at Senior Banquet.**

The School of Dentistry celebrated with members of its fifth class of dental therapy graduates at a Senior Banquet held in their honor at the Campus Club on December 3, 2015. More than 80 students, guests, faculty and staff were on-hand to congratulate the program's six graduates. (To-date, the University of Minnesota has graduated 42 dental therapists; there are currently 15 students enrolled in the Master of Dental Therapy Program.)

A highlight of the Senior Banquet was the awarding of the first annual *Karl Self Dental Therapy Student Achievement Award* to Megan Guthmiller. Created by the School of Dentistry Alumni Society (SODAS), the award honors senior dental therapy students for leadership, scholarship and personal character. The award was presented by SODAS President Mary Pariseau, D.D.S.

### **U-M requests funding for dental school initiatives.**

On December 10, the U-M Board of Regents approved a supplemental budget request which was sent to Governor Dayton on December 14. The request includes funding for two initiatives that affect the School of Dentistry's education program, including 1) Restored funding for the Mobile Dental Clinic, which was lost when the state decided not to award UCare for Medicaid and other public programs. Since 2002, UCare has funded the dental school's MDC, providing most recently \$1 million in FY 2015; and 2) Support for *Healthy Minnesota*, which includes investments in both the Community University Health Care Clinic (CUHCC) and in the rural Dentist Associate Program, which supports training sites throughout Minnesota, with a focus on sites in Hibbing and Bemidji.

### **University of Minnesota Dental Clinics receive Angie's List Super Service Award.**

For the fourth time since 2011, University of Minnesota Dental Clinics earned the *Angie's List Super Service Award*, reflecting an exemplary year of service provided to members of the local services and consumer review site in 2015. Approximately 5% of all organizations rated on *Angie's List* receive the award. Among other requirements to receive the award, recipients must have an "A" rating in overall grade, recent grade and review period grades.

**Delta Dental Grant to fund integration of oral health and primary care.**

Delta Dental of Minnesota Foundation has awarded a three-year, \$275,000 grant to the University of Minnesota Foundation (on behalf of the School of Dentistry) to fund an innovative project to integrate oral health and primary care in the newly-established University of Minnesota Health Nurse Practitioners Clinic. An advanced dental therapist will join the clinic team (of nurse practitioners and a pharmacist) to conduct oral health patient education, perform oral health assessment, provide restorative care within the scope of practice, and refer patients to other community dental practices for comprehensive care. The project will focus on developing integrated services with the medical staff and will build on the clinic's interprofessional practice. The project will be led by Dr. Karl Self (School of Dentistry) and School of Nursing Co-Director Dr. Jane Anderson, in collaboration with the dental school's Interprofessional Education Advisor Dr. Grishondra Branch-Mays and Dr. Tom Clancy, faculty advisor from the School of Nursing.

**Clinical Grand Grounds.**

Courses are offered October-December and February-April on the first Thursday of each month (6:30-8:00 p.m.) and are available via live web-cast to Bemidji, Cook, Duluth, Hibbing, Moorhead, and Willmar, MN, and Madison, WI. *Schedule:* Orofacial Pain (Donald Nixdorf) on February 4; Cleft Lip and Palate (Gary Anderson, Jo Artz and Anna Thurmes) on March 3; and Dental Implants (Ranier Adarve) on April 7.

**People**

**Heather Conrad, DMD, MS** received the Educator of the Year Award from the American College of Prosthodontists.

**Richard Nadeau, DDS, MPH**, is appointed by the Dept. of Human Services Commissioner to serve as a member of the Opioid Prescribing Work Group (OPWG). The OPWG will set prescribing protocols to address the opioid crisis currently affecting Minnesota and help shape the opioid-prescribing improvement and monitoring program. The workgroup was created in 2015 at the direction of the governor and the legislature.

**Third-year dental student Audrey Weber** was a presenter at the International Association of Dental Research in March and at the International Association of Student Clinicians – American Dental Association (SCADA) program held in November 2015. Her presentation was titled "Career, Family, and the Future Dental Workforce."

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Minnesota Society of Oral and Maxillofacial Surgeons  
Board of Dentistry Report  
January 15, 2016

The members of the Minnesota Society of Oral and Maxillofacial Surgeons performed an office anesthesia inspection as part of the 5-year requirement of AAOMS. They were also able to concurrently complete the Minnesota Board of Dentistry office anesthesia inspection. All surgeons and their offices will now be on the same schedule for both inspections moving forward.

MSOMS members continue to work with the Board of Dentistry sedation committee to refine the inspection process and ensure patient safety.

Todd C. Gerlach

.....

INTERIM  
EXECUTIVE  
DIRECTOR'S  
REPORT

.....

**TO:** Board Members  
**SUBMITTED BY:** Joyce Nelson  
**DATE:** 1/15/2015  
**RE:** **Interim Executive Director's Report re: Board Operations**

**FINANCIAL:**

- Budget reports included (see attachments).

The Health Licensing Boards are going to collaboratively draft language regarding requests for supplemental budgets this legislative year. The Health Licensing Boards have budget issues (including dentistry), with regards to maintaining operational costs for FY2016/2017. The financial impact is coming from salary increases (we all were only budgeted for 1.8 increase with salaries, and the agreements ratified were for 2.5). Additionally, MNIT underwent an audit that discovered not all state agencies were paying 100% of IT support costs, and therefore, all agencies will absorb an increase of 20% in FY2016, and 40% in FY2017. Additional costs impacting a majority of the Boards are; increases in AGO costs, due to the volume of complaints and hearings, increase in rent, and other operational costs such as support of the CBC and HPSP programs.

Several of the HLB's Executive Directors will be soliciting authors for this bill. I have also arranged a meeting with Juli Vangness to discuss how Dentistry's change order might differ from the other HLB's. We were one of only two HLB's that received additional funding last session. However, we are also one of the few HLB's that were not allocated any of the e-surcharge funds to help support or enhance our existing database system. The Boards collected over **\$12,074,414.85** in total e-surcharge fees for MNIT. The HLB Boards were given access to only \$2,986,996.00, of that total amount collected. Unfortunately, since 2014 when the first of our HLB's started appropriating these surcharge funds, there is now \$0 dollars left for Dentistry to utilize. I am hoping this rationale will help our agency in requesting additional supplemental funds for FY2016/FY2017.

**CRIMINAL BACKGROUND CHECKS:**

I continue to attend and be an active member of the CBC Oversight Committee. A small workgroup consisting of Sean McCarty (program manager) and a few other HLB staff are meeting with the BCA, MDH and DHS to determine what our report will be to the legislature that is due in 1/2017. Part of the report is how, if at all, we can manage to implement CBC's for all existing licensees. This has been discussed and determined that without the technology of a rap-back, it would be hard to manage for existing licensees. However, the BCA does not wish to solicit the legislature for the funding for this technology, so it will fall to the HLB's and their partners (DHS/MDH) to determine the cost for such a process and then proceed in requesting it. The Federal Government already has this technology, but the BCA does not. Additionally, to impact the BCA with the volume of CBC's required to cover all HLB licensee's the financial cost would have to cover an increase in their staffing. Nursing has suggested the workgroup also inform professional associations when the discussions get to that point.

### **STAFFING:**

Diane Anderson has passed her probation and earned certification with our Board. I am holding off on posting a position for the DT Coordinator position, until we determine financially where our Board is in regards to budget issues.

### **FUTURE LEGISLATION:**

Currently we are not engaged in any active Rule Making, and several Committees are looking at possible Rule changes and/or statutory changes. It is realistic to assume that the Committee's continue their work in these areas, bring forth any final recommendation to the Board at a future meeting and that our Board is then prepared early on in the legislative session 2017 to seek authors to support any possible statutory changes. Additionally, there is cost related to the Rule making process, so that when we have Board approval to move forward with this administrative process, hopefully we will have the funding to complete that process. The cost to Rulemaking can increase if we have controversial Rules that require a hearing. Additionally, when we make changes to the Statute that might impact operational costs, we should be sure the Board requests a fiscal bill to cover any anticipated costs.

### **MEETINGS E.D. ATTENDED:**

Attended 12/3 = Allied Dental Education Committee

Attended 11/13 – 11/20 – 12/18 – 1/7 = Licensing and Credentials Committee

Attended 12/16= Policy Committee

Attended 12/8= Sedation Committee

Attended 11/3 – 12/1– 1/5= Executive Director's Forum

### **BUILDING ISSUES:**

The building management has hired a security guard to sit at the reception area and assist with escorting. They have also hired an off-duty Minneapolis police officer to attend to the ramp area. These individuals are working from 4:00 p.m. to 6:00 p.m. However, the police officer may be unavailable in the event there is other police business to attend to that has a higher priority.

### **IT CONSOLIDATION:**

MNIT is moving forward with a managed hosting site change. This took effect 12/5/2015. Some of the HLB's E.D.'s expressed concern relative to the responsibility of any possible security breach, now that MNIT manages all of our data, and would have to access this data in the event of a data request. It was determined that there are existing policies on this matter, but ultimately the individual agencies are responsible in the event of a breach, even though MNIT is managing the data and any requests.

**BOARD OF DENTISTRY  
ACTUAL RECEIPT REPORT**

**DECEMBER 2015**

	REVENUE SOURCE CODE #	CURRENT REVENUE BUDGET	ESTIMATED UNCOLLECTED RECEIPTS	1ST QUARTER RECEIPTS	2ND QUARTER RECEIPTS	3RD QUARTER RECEIPTS	4TH QUARTER RECEIPTS	TOTAL YR TO DATE RECEIPTS	% RECEIPTS OF TOTAL BUDGET	
Credit Card Clearing	553094	\$0.00	(\$3,021.12)	\$2,463.35	\$557.77	\$0.00	\$0.00	\$3,021.12	Not Budgeted	Credit Card Clearing
H7F Firm Initial/Renewal Repor	608253	\$25,000.00	\$2,850.00	\$1,100.00	\$21,050.00	\$0.00	\$0.00	\$22,150.00	88.60%	H7F Firm Initial/Renewal Repor
Resident Provider Renewal	620330	\$3,000.00	\$2,764.00	\$236.00	\$0.00	\$0.00	\$0.00	\$236.00	7.87%	Resident Provider Renewal
Faculty DDS Renewal	620331	\$6,590.03	\$4,475.03	\$2,115.00	\$0.00	\$0.00	\$0.00	\$2,115.00	32.09%	Faculty DDS Renewal
Resident Provider License	620332	\$2,750.00	\$2,142.00	\$385.00	\$223.00	\$0.00	\$0.00	\$608.00	22.11%	Resident Provider License
Faculty DDS License	620333	\$420.00	\$420.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	Faculty DDS License
Dentist License Renewal	620335	\$887,710.15	\$493,100.15	\$195,157.00	\$199,453.00	\$0.00	\$0.00	\$394,610.00	44.45%	Dentist License Renewal
Dentists License Rnwl Penalty	620336	\$7,560.00	\$3,715.50	\$1,786.25	\$2,058.25	\$0.00	\$0.00	\$3,844.50	50.85%	Dentists License Rnwl Penalty
Dentistry Licensure/Exam	620337	\$23,800.00	\$15,365.00	\$4,275.00	\$4,160.00	\$0.00	\$0.00	\$8,435.00	35.44%	Dentistry Licensure/Exam
Dentistry Licrs/Credentials	620338	\$7,250.00	\$4,350.00	\$725.00	\$2,175.00	\$0.00	\$0.00	\$2,900.00	40.00%	Dentistry Licrs/Credentials
Dentistry Reinsmnt of License	620339	\$700.00	\$280.00	\$140.00	\$280.00	\$0.00	\$0.00	\$420.00	60.00%	Dentistry Reinsmnt of License
Dentist Prior Year Renewal	620340	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	Dentist Prior Year Renewal
Dentist Prior Year Penalty	620341	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	Dentist Prior Year Penalty
Duplicate Certificate	620342	\$17,200.00	\$6,620.00	\$5,010.00	\$5,570.00	\$0.00	\$0.00	\$10,580.00	61.51%	Duplicate Certificate
Duplicate License	620343	\$42,000.00	\$18,295.00	\$11,495.00	\$12,210.00	\$0.00	\$0.00	\$23,705.00	56.44%	Duplicate License
Dentistry Misc Fees	620344	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	Dentistry Misc Fees
Dental Hygiene Lic Rnwl	620345	\$417,185.59	\$235,247.59	\$88,524.00	\$93,414.00	\$0.00	\$0.00	\$181,938.00	43.61%	Dental Hygiene Lic Rnwl
Dental Hygiene Lic Rnwl Pen	620346	\$3,864.50	\$2,050.00	\$826.00	\$988.50	\$0.00	\$0.00	\$1,814.50	46.95%	Dental Hygiene Lic Rnwl Pen
Dental Hygiene Licensure/Ex	620347	\$12,650.00	\$9,295.00	\$2,805.00	\$550.00	\$0.00	\$0.00	\$3,355.00	26.52%	Dental Hygiene Licensure/Ex
Dental Hygiene Lcnrs/Cred	620348	\$1,750.00	\$875.00	\$700.00	\$175.00	\$0.00	\$0.00	\$875.00	50.00%	Dental Hygiene Lcnrs/Cred
Dental Hygiene Reinstmt/Lic	620349	\$330.00	\$220.00	\$55.00	\$55.00	\$0.00	\$0.00	\$110.00	33.33%	Dental Hygiene Reinstmt/Lic
Dental Hygiene Prior Yr Rnwl	620350	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	Dental Hygiene Prior Yr Rnwl
Dental Hygiene Prior Yr Pen	620351	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	Dental Hygiene Prior Yr Pen
License Verification	620352	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	License Verification
Licensed Dental Assist Renewal	620353	\$408,662.75	\$235,562.75	\$80,830.00	\$92,270.00	\$0.00	\$0.00	\$173,100.00	42.36%	Licensed Dental Assist Renewal
Lic Dental Assist Rnwl Penalty	620354	\$6,000.00	\$2,780.00	\$1,775.00	\$1,445.00	\$0.00	\$0.00	\$3,220.00	53.67%	Lic Dental Assist Rnwl Penalty
Lic Dental Assist Init Reg	620355	\$15,400.00	\$5,225.00	\$6,600.00	\$3,575.00	\$0.00	\$0.00	\$10,175.00	66.07%	Lic Dental Assist Init Reg
Misc Lns Receipts:Dentistry	620356	\$25,000.00	\$12,109.00	\$6,392.50	\$6,498.50	\$0.00	\$0.00	\$12,891.00	51.56%	Misc Lns Receipts:Dentistry
Lic Dental Assist Reinst	620357	\$1,100.00	\$790.00	\$220.00	\$90.00	\$0.00	\$0.00	\$310.00	28.18%	Lic Dental Assist Reinst
Lic Dental Assist Pr Yr Rnwl	620358	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	Lic Dental Assist Pr Yr Rnwl
Lic Dental Assist Pr Yr Penalt	620359	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	Lic Dental Assist Pr Yr Penalt
CDE Sponsor Renewal	620360	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	CDE Sponsor Renewal
CDE Sponsor Initial Apprvl	620361	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	CDE Sponsor Initial Apprvl
Guest Licensure	620362	\$1,750.00	\$550.00	\$0.00	\$1,200.00	\$0.00	\$0.00	\$1,200.00	68.57%	Guest Licensure
Generl Anesthesia-Sedation App	620363	\$7,800.00	(\$5,500.00)	\$5,500.00	\$7,800.00	\$0.00	\$0.00	\$13,300.00	170.51%	Generl Anesthesia-Sedation App
Gen Anesthesia-Sedation Renew	620364	\$40,625.00	\$21,575.00	\$9,625.00	\$9,425.00	\$0.00	\$0.00	\$19,050.00	46.89%	Gen Anesthesia-Sedation Renew
Gen Anesthesia-Sedat Dup Cert	620365	\$2,110.00	\$790.00	\$800.00	\$520.00	\$0.00	\$0.00	\$1,320.00	62.56%	Gen Anesthesia-Sedat Dup Cert
Credential Review Fee	620366	\$200.00	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	Credential Review Fee
Ltd Gen Lic Initial App	620367	\$140.00	\$0.00	\$0.00	\$140.00	\$0.00	\$0.00	\$140.00	100.00%	Ltd Gen Lic Initial App
Limited Generl Lic Renew Fee	620368	\$155.00	\$0.00	\$0.00	\$155.00	\$0.00	\$0.00	\$155.00	100.00%	Limited Generl Lic Renew Fee
Limited General Lic Late Fee	620369	\$77.50	\$77.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	Limited General Lic Late Fee
Recertific-General Anesthesia	620370	\$500.00	\$500.00	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	100.00%	Recertific-General Anesthesia
Gen Anesthesia/Sed-Late	620371	\$1,250.00	\$1,125.00	\$125.00	\$0.00	\$0.00	\$0.00	\$125.00	10.00%	Gen Anesthesia/Sed-Late
Dental Therapist Initial	620372	\$1,298.00	\$1,198.00	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	7.70%	Dental Therapist Initial
Dental Therapist Renewal	620373	\$7,200.00	\$5,140.00	\$1,060.00	\$1,000.00	\$0.00	\$0.00	\$2,060.00	28.61%	Dental Therapist Renewal
Dental Therapist Late Fee	620374	\$45.00	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	Dental Therapist Late Fee
Dent Therap Reinstatement Fee	620375	\$85.00	\$85.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	Dent Therap Reinstatement Fee
Advanced Dental Therapist Appl	620376	\$1,500.00	\$1,100.00	\$400.00	\$0.00	\$0.00	\$0.00	\$400.00	26.67%	Advanced Dental Therapist Appl
Failed Audit Fee	620377	\$0.00	(\$250.00)	\$0.00	\$250.00	\$0.00	\$0.00	\$250.00	Not Budgeted	Failed Audit Fee
Dental Lab Initial App Fee	620378	\$250.00	(\$200.00)	\$250.00	\$200.00	\$0.00	\$0.00	\$450.00	180.00%	Dental Lab Initial App Fee
Dental Lab Renewal Fee	620379	\$600.00	\$500.00	\$50.00	\$50.00	\$0.00	\$0.00	\$100.00	16.67%	Dental Lab Renewal Fee
H7F Temporary Military Permit	644074	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	H7F Temporary Military Permit
Adv Dental Therapy Exam Fee	648748	\$5,000.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	Adv Dental Therapy Exam Fee
Corporation Renewal Late Fee	648749	\$2,000.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	Corporation Renewal Late Fee
<b>TOTAL REVENUE</b>		<b>\$1,988,558.52</b>	<b>\$1,088,995.40</b>	<b>\$432,025.10</b>	<b>\$467,538.02</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$899,563.12</b>	<b>45.24%</b>	<b>TOTAL REVENUE</b>
<b>FUND 2000</b>										
Criminal Background Fee	620380	\$10,000.00	(\$668.25)	\$7,193.25	\$3,475.00	\$0.00	\$0.00	\$10,668.25	106.68%	Criminal Background Fee
<b>TOTAL REVENUE</b>		<b>\$10,000.00</b>	<b>(\$668.25)</b>	<b>\$7,193.25</b>	<b>\$3,475.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$10,668.25</b>	<b>106.68%</b>	<b>TOTAL REVENUE</b>

DECEMBER 2015

	ORIGINAL BIENNIAL BUDGET	CURRENT ANNUAL BUDGET	AVAILABLE BALANCE	1ST QUARTER EXPENDED	2ND QUARTER EXPENDED	3RD QUARTER EXPENDED	4TH QUARTER EXPENDED	TOTAL YR TO DATE EXPENDED	% SPENT OF TOTAL BUDGET	SYSTEM PROJECTION- ENCUMBERED	
budget includes all filled positions plus vacant ED and \$70,000 for new position.											
<b>DIRECT COSTS</b>											
FULL - TIME SALARY	\$896,346.00	\$852,346.00	\$0.00	\$130,865.49	\$179,173.86	\$0.00	\$0.00	\$310,039.35	36.37%	\$542,306.65	FULL - TIME SALARY
PART-TIME, SEASONAL	\$32,288.00	\$32,288.00	\$0.00	\$14,696.59	\$10,920.24	\$0.00	\$0.00	\$25,616.83	79.34%	\$6,671.17	PART-TIME, SEASONAL
OVER-TIME PAY	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	\$0.00	OVER-TIME PAY
OTHER BENEFITS- PER DIEMS	\$56,000.00	\$56,000.00	\$0.00	\$12,907.00	\$3,989.00	\$0.00	\$0.00	\$16,896.00	30.17%	\$39,104.00	OTHER BENEFITS- PER DIEM
SPACE RENTAL, MAINT & UTIL	\$78,511.00	\$78,511.00	\$972.98	\$19,086.57	\$19,218.15	\$0.00	\$0.00	\$38,304.72	48.79%	\$39,233.30	SPACE RENTAL, MAINT & UTI
PRINTING & ADVERTISING	\$12,000.00	\$15,150.05	\$134.16	\$2,139.28	\$3,620.11	\$0.00	\$0.00	\$5,759.39	38.02%	\$9,256.50	PRINTING & ADVERTISING
PROF/TECH SERVICES	\$22,000.00	\$57,590.00	\$25,000.00	\$488.75	\$1,105.00	\$0.00	\$0.00	\$1,593.75	2.77%	\$30,996.25	PROF/TECH SERVICES
COMPUTER/SYSTEM SERVICE	\$3,000.00	\$4,000.00	\$0.00	\$290.85	\$295.05	\$0.00	\$0.00	\$585.90	14.65%	\$3,414.10	COMPUTER/SYSTEM SERVIC
COMMUNICATIONS	\$26,000.00	\$19,000.00	\$810.03	\$457.57	\$4,806.30	\$0.00	\$0.00	\$5,263.87	27.70%	\$12,926.10	COMMUNICATIONS
TRAVEL, IN STATE	\$26,000.00	\$29,343.18	\$671.48	\$3,114.59	\$8,064.02	\$0.00	\$0.00	\$11,178.61	38.10%	\$17,493.09	TRAVEL, IN STATE
TRAVEL, OUT STATE	\$27,000.00	\$27,000.00	\$9,245.71	\$24.00	\$5,202.36	\$0.00	\$0.00	\$5,226.36	19.36%	\$12,527.93	TRAVEL, OUT STATE
EMPLOYEE DEVELOPMENT	\$12,000.00	\$14,120.00	\$595.00	\$1,818.00	\$2,785.00	\$0.00	\$0.00	\$4,603.00	32.60%	\$8,922.00	EMPLOYEE DEVELOPMENT
ST AGY PROVIDED PROF/TECH	\$18,000.00	\$20,000.00	\$0.00	\$256.00	\$746.00	\$0.00	\$0.00	\$1,002.00	5.01%	\$18,998.00	ST AGY PROVIDED PROF/TEC
CENTRALIZED IT SERVICES	\$61,000.00	\$70,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$70,000.00	CENTRALIZED IT SERVICES
SUPPLIES	\$22,413.00	\$17,048.11	\$8,778.40	\$1,661.38	\$2,040.08	\$0.00	\$0.00	\$3,701.46	21.71%	\$4,568.25	SUPPLIES
EQUIPMENT	\$5,000.00	\$5,000.00	\$1,125.37	\$648.81	\$966.45	\$0.00	\$0.00	\$1,615.26	32.31%	\$2,259.37	EQUIPMENT
REPAIRS, MAINTENANCE	\$5,000.00	\$5,000.00	\$3,035.42	\$1,962.21	\$0.00	\$0.00	\$0.00	\$1,962.21	39.24%	\$2.37	REPAIRS, MAINTENANCE
OTHER OPERATING COSTS	\$25,442.00	\$25,442.00	\$7,819.34	\$4,274.57	\$2,371.30	\$0.00	\$0.00	\$6,645.87	26.12%	\$10,976.79	OTHER OPERATING COSTS
EQUIPMENT - NON CAPITAL	\$0.00	\$161.66	\$0.00	\$161.66	\$0.00	\$0.00	\$0.00	\$161.66	100.00%	\$0.00	EQUIPMENT - NON CAPITAL
<b>TOTAL OPERATION COSTS</b>	<b>\$1,328,000.00</b>	<b>\$1,328,000.00</b>	<b>\$58,187.89</b>	<b>\$194,853.32</b>	<b>\$245,302.92</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$440,156.24</b>	<b>33.14%</b>	<b>\$829,655.87</b>	<b>TOTAL OPERATION COSTS</b>
<b>DENTISTRY RETIREMENT</b>											
OTHER BENEFITS- PER DIEMS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Not Budgeted	\$0.00	OTHER BENEFITS- PER DIEM
<b>TOTAL DENTISTRY RETIREMENT</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>Not Budgeted</b>	<b>\$0.00</b>	<b>TOTAL DENTISTRY RETIREMI</b>
<b>DENTISTRY CRIMINAL BACKGROUND CHECK - FUND 2000 - H7F9210</b>											
ST AGENCY PROV PROF TECH SER	\$10,000.00	\$10,903.50	\$1,138.75	\$2,258.75	\$7,506.00	\$0.00	\$0.00	\$9,764.75	89.56%	\$0.00	ST AGENCY PROV PROF TEC
<b>TOTAL CRIMINAL BACKGROUND CHE</b>	<b>\$10,000.00</b>	<b>\$10,903.50</b>	<b>\$1,138.75</b>	<b>\$2,258.75</b>	<b>\$7,506.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$9,764.75</b>	<b>89.56%</b>	<b>\$0.00</b>	<b>TOTAL CRIMINAL BACKGROU</b>
<b>INDIRECT COSTS</b>											
ADMIN. SERV. UNIT	\$65,000.00	\$74,937.32	\$44,113.30	\$11,036.89	\$19,787.13	\$0.00	\$0.00	\$30,824.02	41.13%		ADMIN. SERV. UNIT
HEALTH PROFESS SERV PROG	\$20,000.00	\$20,000.00	(\$910.91)	\$9,010.98	\$11,899.93	\$0.00	\$0.00	\$20,910.91	104.55%		HEALTH PROFESS SERV PRC
ATTORNEY GENERAL	\$310,000.00	\$310,000.00	\$238,093.20	\$38,393.20	\$33,513.60	\$0.00	\$0.00	\$71,906.80	23.20%		ATTORNEY GENERAL
STATEWIDE INDIRECT	\$15,000.00	\$14,497.33	\$10,873.00	\$3,624.33	\$0.00	\$0.00	\$0.00	\$3,624.33	25.00%		STATEWIDE INDIRECT
VOLUNTEER HEALTH CARE PROV	\$20,000.00	\$20,000.00	\$20,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%		VOLUNTEER HEALTH CARE P
PRESCRIPTION ELECT REPORTING	\$53,000.00	\$50,179.69	\$38,375.06	\$5,888.02	\$5,916.61	\$0.00	\$0.00	\$11,804.63	23.52%		PRESCRIPTION ELECT REPO
CRIMINAL BACKGROUND CHECK	\$39,000.00	\$39,000.00	\$36,042.83	\$1,233.35	\$1,723.82	\$0.00	\$0.00	\$2,957.17	7.58%		CRIMINAL BACKGROUND CHI
HIV/HBV DEPT OF HEALTH	\$3,000.00	\$3,000.00	\$2,063.33	\$334.47	\$602.20	\$0.00	\$0.00	\$936.67	31.22%		HIV/HBV DEPT OF HEALTH
<b>TOTAL INDIRECT COSTS</b>	<b>\$525,000.00</b>	<b>\$531,614.34</b>	<b>\$388,649.81</b>	<b>\$69,521.24</b>	<b>\$73,443.29</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$142,964.53</b>	<b>26.89%</b>		<b>TOTAL INDIRECT COSTS</b>
ACTUAL TOTAL RECEIPTS - FUND 1201	\$1,981,558.52	\$1,981,558.52	\$1,081,995.40	\$432,025.10	\$467,538.02	\$0.00	\$0.00	\$899,563.12	45.40%		ACTUAL TOTAL RECEIPTS - F
ACTUAL TOTAL RECEIPTS - FUND 2000	\$10,000.00	\$10,000.00	(\$668.25)	\$7,193.25	\$3,475.00	\$0.00	\$0.00	\$10,668.25	106.68%		ACTUAL TOTAL RECEIPTS - F
BALANCE FORWARD CBC-FUND 2000	\$0.00	\$903.50	\$903.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%		BALANCE FORWARD CBC-FU
TOTAL DIRECT & INDIRECT COSTS-FUND 1201	\$1,853,000.00	\$1,859,614.34		\$264,374.56	\$318,746.21	\$0.00	\$0.00	\$583,120.77	31.36%	\$829,655.87	TOTAL DIRECT & INDIRECT C
TOTAL DIRECT & INDIRECT COSTS-FUND 2000	\$10,000.00	\$10,903.50		\$2,258.75	\$7,506.00	\$0.00	\$0.00	\$9,764.75	89.56%	\$0.00	TOTAL DIRECT & INDIRECT C
SURPLUS (SHORTFALL) - FUND 1201	\$128,558.52	\$121,944.18		\$167,650.54	\$148,791.81	\$0.00	\$0.00	\$316,442.35	259.50%		SURPLUS (SHORTFALL) - FUN
SURPLUS (SHORTFALL) - FUND 2000	\$0.00	\$0.00		\$4,934.50	(\$4,031.00)	\$0.00	\$0.00	\$903.50	Not Budgeted		SURPLUS (SHORTFALL) - FUN

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# COMMITTEE REPORTS

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# Memo

**To:** Board Members  
**From:** David S. Gesko, DDS, Board President  
**cc:**  
**Date:** January 3, 2016  
**Re:** President's report

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Happy New Year to all and best wishes as we begin 2016!

The year that has now past was anything but uneventful. We experienced several events that involved the Board of Dentistry and, thanks to the hard work of many, we weathered each challenge.

Interim Executive Director Joyce Nelson continues to do an outstanding job leading the entire board staff. Communication between Joyce and I has been excellent since June 1<sup>st</sup> and the board has continued to function very well to date. I doubt seriously if Joyce thought that "interim" would really mean 7 months! However she may have defined that word, I'd define her service as "outstanding" and "superlative"!

The search committee has been hard at work during much of this time as well working with Cindy Greenlaw-Benton (State of Minnesota Human Resources Department) to select an Executive Director for the Board. As you'll recall, we posted this position in August, however after reviewing all candidates, we elected to start over. We re-posted the position and interviewed 4 candidates in December. Originally, we chose to depart of IOPP policy and return two to three candidates to the full Board for selection rather than making the selection as an Executive Committee as the IOPP defines. As we worked through this process, we realized that public interviews of two or three candidates during a full Board meeting would be challenging at best and the entire committee was in consensus to revert back to the IOPP-defined methodology and select a best candidate and bring forth that name to the full Board for ratification. The committee has done just that and that will occur at our January 15<sup>th</sup> (2016) meeting. We reached full consensus as a committee of four: Dr. Benjamin, Teri Youngdahl, Nancy Kearn and I (Allen Rasmussen was unable to participate in the second round due to scheduling conflicts). As chair of the committee, I will bring forth the name to the entire Board during our January meeting.

I also attended the American Association of Dental Boards (AADB) meeting in November along with the Annual session of the American Dental Association. The AADB meeting was

highly informative and focused on several topics that we are dealing with here in Minnesota. Noteworthy topics included:

- Fallout from the North Carolina Board of Dentistry/Supreme Court decision
- Dental Service Organizations (DSO's) and how they function and connect with State's statutes and rules.

My thanks to all for the opportunity to serve in this role this past year and to represent this fine agency as your President.

# Minnesota Board of Dentistry



## Internal Operating Policies and Procedures (IOPP)

Minnesota Board of Dentistry  
University Park Plaza  
2829 University Avenue SE, Suite 450  
Minneapolis, MN 55414

Phone: 612.617.2250 Toll Free Non-Metro: 888.240.4762 Fax: 612.617.2260  
MN Relay Service for Hearing Impaired 800.627.3529

*Board Approved 6-25-2010, 3-23-2012, September 2013*

# Mission Statement

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*“To ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals”*

*The Purpose of the Board is to Protect the Public*

The Board strives to achieve its mission by:

- Carrying out activities authorized by Minnesota statutes and rules
- Formulating policy relevant to the needs of the public
- Developing and influencing effective public policy related to dentistry
- Pursuing collaborative alliances with the public, dentists, dental therapists, dental hygienists, licensed dental assistants, educators, state agencies, and legislators
- Disseminating information to the public and to dentists, dental therapists, dental hygienists and licensed dental assistants
- Operating an agency that utilizes human and fiscal resources efficiently and effectively

## General Overview of Policies and Procedures

Minnesota Statutes [§§ 214](#) and [150A.02](#) authorize the Minnesota Board of Dentistry (BoD). The statutes provide for the composition, governance, and powers of the Board. The scopes of practice, credentialing and licensure, requirements of examination, grounds for discipline, listing of duties, etc. are contained in [Chapter 3100](#) of the Minnesota Rules. Various state laws govern the Board, such as [Chapter 214](#), the [Administrative Procedures Act](#), and the [Minnesota Government Data Practices Act](#).

The Board is comprised of nine members: five dentists, one dental hygienist, one licensed dental assistant, and two public members, each appointed by the Governor. Board members bring the expertise from their professions and experience to the Board, but each represents the public – not their profession. The Board elects officers (President, Vice-President, and Secretary). The Executive Committee is comprised of the elected officers and the immediate Past President. The Board has established standing committees to conduct work of the Board as delegated. The Board also appoints members as liaisons to represent the Board to Health Professional Services Program (HPSP), the Council of Health Boards, American Association of Dental Boards (AADB), and Central Regional Dental Testing Service (CRDTS).

The major function of the Board is to protect the public. The purpose of the appointed Board is to provide oversight to the Executive Director and hired permanent staff. Part of this oversight is to insure that internal bias by the Executive Director or hired permanent staff does not alter a neutral and unbiased evaluation of the topics, concerns, issues and complaints that are presented before the Board. Board members articulate the mission and sustain the vision of the Board. To accomplish these functions, the Board creates policy to establish education and testing requirements for the dental professions, examines and licenses duly qualified applicants, ensures continued competence of the regulated dental professionals by establishing Professional Development requirements, and enforces the laws and rules of dental practice.

The Board employs an Executive Director to serve as the chief executive officer for the Board and to oversee the agency (with policy direction from the Board). The Executive Director interprets and implements the laws, regulations, and policies of the Board and represents the Board to the public, consumer groups, dental community, dental health care industry, legislature, institutions of higher education, media, and other public and private agencies and organizations. The Executive Director provides leadership and works collaboratively with the Board members to achieve agency goals and objectives. The Executive Director is responsible for Board operations, management of the budget, and the staff. The Executive Director refrains from acting independently and coordinates with the sitting President prior to making presentations.

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# **PART 1**

## **GENERAL PROVISIONS**

## Section A. Internal Operating Policies and Procedures

The Board is not required to adopt formal rules to govern its proceedings under the Administrative Procedures Act. The Development of these Internal Operating Policies and Procedures was voluntarily pursued to clarify function and process. This document has a yearly sunset and is intended to be amended on a yearly basis and to be ratified at the first full Board meeting of the new year prior to the transition of leadership.

## Section B. Creation of the Board

The Minnesota Legislature established the Board of Dentistry in 1885. The requirements for the composition and operation of the Board are contained in the Board's Practice Act, Minnesota Statutes, Chapter 150A. Additional authorities, processes, and requirements are delineated in Minnesota Statutes § 214, which contain requirements that apply to all health-related licensing Boards.

## Section C. Duties of the Board

Under [Minnesota Statute § 214](#) and the [Dental Practice Act](#), the Board has the responsibility to:

1. Adopt and enforce rules for licensure of dentists, dental therapists, dental hygienists, and licensed dental assistants and for regulation of their professional conduct. Public protection guides rulemaking.
2. Adopt rules establishing standards and methods of determining whether applicants and licensees are qualified. The rules provide for examinations, standards for professional conduct, and requirements for professional development.
3. Issue licenses to qualified individuals.
4. Establish and implement procedures, including a standard disciplinary process, to ensure that individuals licensed as dentists, dental therapists, hygienists and dental assistants will comply with the Board's laws and rules.
5. Enable consumers to file complaints against licensees.
6. Periodically review the [Practice Act](#) to ensure its relevance.
7. Establish fees so that the total fees collected by the Board will equal anticipated expenditures, as closely as possible.
8. Serve as an administering agency for HPSP - duties performed primarily by ED

## Section D. Data Practices

The collection, creation, receipt, maintenance, and dissemination of data maintained by the Board are governed by the Minnesota Government Data Practices Act, ([Minnesota Statutes, Chapter 13](#)). Data handled by the Board is classified under direction of the Act as either private or public. Staff and Board members need to be aware of the status of Board related data.

## Section E. Use of Board Resources

To be added Define purpose and time line for section E. or remove it from this document.

## Section F. Delegation of Authority

To be added Define purpose and time line for Section F. or remove it from this document.

# PART 2

## Board Members

## Section A. Expectations and Responsibilities

Board members assume responsibility of being prepared for and fully participating in Board functions.

### 1. Board Meetings

- a) Meetings are typically scheduled 4 times per year and typically all day on a Friday.
- b) Agendas and background materials are sent to Board members at least 1 week prior to the scheduled meeting.
- c) Professionalism and consideration dictate that all materials will be reviewed by each Board member in preparation for the meeting.
- d) Respectful communication is essential, especially at public meetings. Members may certainly disagree and are welcome to request clarification or more information from one another, staff, or guests, provided that the communication is professional.

### 2. Committee Involvement

- a) A great deal of the Board's work is conducted within committees. To ensure diversity of opinion and to share the burden, all Board members are expected to volunteer for and accept appointment to committees.

### 3. Commission on Dental Accreditation (CODA) Site Visits

- a) The Commission on Dental Accreditation (CODA) schedules mandatory site visits of all schools of Dentistry, Dental Hygiene, and Dental Assisting. Eligible Board members are expected to volunteer for site visits as part of their Board responsibilities.
- b) The Commission notifies the State Board of Dentistry when an accreditation visit is scheduled in its jurisdiction. The Board of Dentistry has a legitimate interest in the accreditation process. The Commission encourages the State Board to accept invitations to participate in the process.
- c) When invited, the Executive Committee submits at least two (2) names as its representatives to the Commission.
- d) The Commission provides the names of all site visit members, including the two State Board members, to the school. The school may choose one of the Board members.
- e) The selected Board member receives the self-study document from the school, and the background information prior to the site visit. The Board member participates in all site visit conferences and executive decisions. The Board reimburses its representatives for expenses incurred during the site visit. (See "Reimbursements" section).
- f) Typically, the representative from the Commission contacts the Board member prior to the visit and invites the Board member to a meeting the evening prior to the site visit. This meeting is an essential part of the team process for the accreditation site visit.
- g) The selected Board members must review all of the materials prior to the visit, and bring with them the Minnesota Board of Dentistry Rules and Statutes. During the visit, special attention should be given, to compliance with the rules for infection control, record keeping, display of licenses and annual renewal, etc.
- h) The basic purpose of the site visit is to permit peers to examine a program's compliance with its own stated goals and objectives. Information provided in the self-study is confirmed, documentation is reviewed, interviews are conducted, and the program observed by the visiting committee. Site visit information is confidential.
- i) At the site visit, members issue a final report to the school. The Board member is a part of that deliberation, writing, and attending the exit presentation to school administration.

### 4. Clinical Examiner

- a) Dentist and Dental Hygiene members of the Board, are expected to participate, as eligible, with the conduct of clinical examinations for Board-approved clinical examining bodies. phrasing

## Section B. Communications

Board members shall refrain from making presentations, speaking to the media, writing letters or engaging in other kinds of communication in the name of the Board, unless the President or the Executive Director of the Board has specifically authorized such communications. Define "in the name of" vs "about the action of."

## Section C. Code of Conduct

The Code of Conduct is a set of behavioral expectations intended to assure the Public that the Board and its individual members uphold the highest level of integrity and ethical standards. Please refer also to the Federation of Associations of Regulatory Boards (FARB), Model Code of Conduct. (Attached)

### 1. *Ethical Conduct*

The Board expects of itself and its members ethical and businesslike conduct. This commitment includes proper use of authority and appropriate decorum in-group and individual behavior when acting as Board members. The Board values:

- a) a supportive and respectful work environment for our members and employees
- b) a diverse and representative work force
- c) a workplace where employees and those we serve are treated fairly and equitably
- d) appreciation, acknowledgment and acceptance of individual differences
- e) employees and Board members who take responsibility for modeling appropriate behavior and assuring respectful behavior of others
- f) arrival on time and attendance at all Board and assigned Committee meetings and functions
- g) support of majority decisions of the Board **to peers and the public regardless of personal opinion**
- h) **acceptance of minority decisions of the Board**

### 2. *Public Service*

Regardless of whether a member of a regulatory Board for a licensed profession is a licensee in that or some other profession, a consumer, or any other type of member, it is essential for each Board member to represent the public. Board members do not represent the profession, or any other private group. Public service is a privilege, not an earned or inherited right.

### 3. *Committee Service Expectations*

- a) Serve on committees or task forces as appointed.
- b) Review agenda and supporting materials prior to Board and Committee meetings.
- c) Participate in Committee meetings as a member, not just an observer.
- d) Assist the Board in carrying out its fiduciary responsibilities, such as reviewing the financial statements and reviewing and approving biennial and special appropriations requests to the legislature. **President needs to assign budget liaison from Board-hopefully someone who understands budget.**

### 4. *Statutes and Rules*

Board members are to comply with all state laws and regulations that are applicable to public officials

- a) Be knowledgeable of and uphold the [Minnesota Dental Practice Act](#).
- b) Review and make decisions on all issues presented to the Board regarding the regulations of dental practice from the perspective of protection of the public.
- c) Demonstrate knowledge of the purpose, philosophy, strategic plan, and goals of the Board.
- d) Recognize the Board's role to make policy and staff's role to implement policy as adopted by the Board.
- e) Be familiar with [open meeting laws](#)

### 5. *Conflict of Interest*

Members of regulatory Boards must strive to avoid any actual or perceived conflict of interest that may compromise the integrity of the Board.

- a) Reveal actual or perceived conflicts of interest and recuse oneself from Board decision making when appropriate.
- b) Refrain from self-dealing or any conduct of private business or personal services between any member and the Board.
- c) Board members must not use their positions to obtain employment within the agency for themselves, family members or close associates.
- d) Should the Board consider Board members for employment, he/she must temporarily withdraw from Board deliberation, voting, and access to private Board information. **Amend-Board members are not eligible for consideration for employment by the Board. Resignation from**

the Board is required prior to the submission of application for employment by the Board.

- e) Those affiliated with the Executive Branch of state government are prohibited from accepting gifts, meals or any item of value according to Minnesota Statutes, [Chapter 43A.38, Subd 2](#).

DRAFT

## **6. *Scope of Authority***

Board members may not attempt to exercise individual authority over the Board or Board staff except as explicitly set forth in Board policies.

- a) Board members shall not be involved in the day-to-day management, operations, and personnel issues of the Board office.
- b) Board members' interactions with the Executive Director or with staff must recognize the lack of authority in any individual member.
- c) In their interactions with the public, press or other entities, Board members shall not speak for the Board unless specifically directed by the Board, or as authorized by the Board President and/or Executive Director. Define "speak for" vs "about."

## **7. *Advocacy***

Board members shall not appear before the Board while acting as an advocate. Board members shall not represent, directly or indirectly, any business entity in any action or proceeding against the interest of the Board, or in any litigation in which the Board is a party. The only exception to this would be responding to a formal complaint filed with the Board.

## **8. *Abuse of Power***

Board members shall not use their official position to secure a special privilege or exemption for the affected person or others, or to secure confidential information for any purpose other than official duties.

## **9. *Confidential Information***

- a) Board members shall not intentionally or knowingly disclose any confidential information gained by reason of the affected person's position concerning the property, operations, policies or affairs of the Board, or use such confidential information for personal or pecuniary gain.
- b) Board members shall not engage in a business or professional activity that the affected Board member might reasonably expect would require or induce the affected Board member to disclose confidential information acquired because of the official position.

## **10. *Recusal***

Board members will recuse themselves from participating in complaint reviews where a conflict of interest exists relative to the complainant or the licensee. Every effort should be made to determine whether the Committee member's relationship with the complainant or licensee creates a situation that would negatively affect objectivity.

## **11. *Violations of Code of Conduct***

Complaints related to violations of this Code of Conduct must be referred to the Executive Committee via the Executive Director and/or Board President. The Executive Committee, in consultation with the Attorney General's Office, will determine an appropriate course of action. If the complaint is against a member of the Executive Committee, the member must excuse himself or herself from the Committee's deliberations and decisions on the complaint.

## Section D. Board Member Development, Orientation & Mentoring

### 1. Board Member Orientation

- a) The Executive Director develops a formal educational program to educate the new Board member as to their duties and responsibilities and arranges a mutually acceptable date prior to the new Board member's

first Board meeting to provide a general overview of Board responsibilities and overall mission, and an introduction of staff members to the new Board member where each will discuss their areas of expertise.

- b) When possible, the Board member will also have an opportunity to meet with a representative from the Attorney General's office to review the "Board Member's Handbook of Legal Issues," and with a representative of the Health Professional Services Program (HPSP) to become familiar with the Board's relationship with this organization.

### 2. Mentoring

A Board member mentor encourages and assists a new Board member to develop a sense of comfort with the Board member role, and to foster effective working relationships with other Board members.

#### 1. Recruitment and Assignment

Mentors are experienced Board members who demonstrate awareness of the Board's governance and regulatory processes. Mentors may volunteer or be recruited will be assigned by the Board's President. The Board president will assign a mentor to a new Board member, in consultation with the Executive Director.

#### 2. Mentoring Commitment

The mentor is expected to initiate the relationship at the time of assignment. Either party may initiate subsequent contacts. A mentoring relationship usually lasts one year. The new Board member may change mentors as desired.

#### 3. Suggested Mentoring strategies to welcome the new Board member

- 1) Initiate contact within 2 weeks of acceptance of mentoring assignment.
- 2) Contact new Board member, using a variety of communication tools, a minimum of once prior to the first Board meeting the new Board member will attend and a minimum of once after the Board meeting.
- 3) Share contact information (email address, telephone numbers, etc.)
- 4) Establish boundaries and expectations for the relationship.
- 5) Facilitate introduction to other Board members.
- 6) Sit next to the new Board member at regular meetings of the Board for one year and assist the new Board member with the proceedings.

#### 4. Mentoring Timeframe

New Board members should plan on a transition period leading up to full involvement in any Committee. The amount of information can be overwhelming, and the processes somewhat foreign. The Board member mentor and Board staff can assist with this transition.

#### 5. Training

New Board members will generally be asked to attend the CLEAR (Council on Licensure, Enforcement and Regulations) conference the fall following appointment to the Board. When possible, the Board's Executive Director will accompany Board members. The CLEAR conference offers an opportunity to see how other professions are regulated across the United States and Canada, and provides a valuable Board member orientation series during the conference.

## Section E. Board Policy on Per Diems

### 1. *Per Diem Policy*

It is the policy of the MN Board of Dentistry to authorize payment of one per diem (at the rate set by the Legislature) and expenses, when applicable (at rates set by the Commissioner's Plan) to Board members for the following activities:

- a) Each day in attendance of a public-noticed open or closed Board meetings, as well as attendance at (or electronic participation) emergency meetings of the Board
- b) Each day in attendance at public-noticed open or closed meetings of Committees of the Board, *if* a member of the Committee
- c) Attendance at regional and national meetings of the American Association of Dental Boards (AADB), the Council on Legislation, Enforcement and Regulation (CLEAR), and attendance at meetings of similar organizations by resolution of the Board
- d) Travel to and from CRDTS examinations, Executive Committee meetings, Steering Committee Meetings, and workshops on days when CRDTS does not pay a per diem (honorarium), when travel must occur on the day before or after the activity
- e) Travel to and from National Board Examination sites to participate as proctors, and to participate in Joint Commission Accreditation Site Visits, when travel must occur on the day before or after the activity
- f) Attendance at legislative hearings, meetings with legislators, or meetings with other parties relating to legislative activities when acting as a Board appointed representative
- g) Attendance, participation, and/or presentation at a meeting or conference when invited to attend, participate, or present as a Board approved representative
- h) Attendance at meeting only when acting as the Board of Dentistry's official representative

### 2. *Double Dipping*

- a) A per diem shall not be paid to Board members who are being otherwise compensated by another organization for their Board work that day.

### 3. *Prep Time*

- a) Activities related to preparation for and participation in Board and Committee activities, such as reading materials, telephone calls, and travel are eligible for per diem payments.
- b) Per diems shall be calculated on the basis on one per diem granted for every four (54) hours of actual accumulated time. Time will not be calculated on days for which a per diem is already authorized, such as on a regularly scheduled Board meeting day or Committee meeting day.

## Section F. Board Policy on Expenses

The Minnesota Department of Management and Budget (MMB) establishes expense reimbursement policies that are periodically revised. Board members' expense guidelines are specified in the Commissioner's plan. In addition to those policies, the Board adopts the following supplemental policies: the hired permanent staff of the Board shall aggressively attempt to insure that registrations and other travel arrangements are made well in advance of the required activity unless unable to do so. In the event that this cannot be accomplished the Board member will receive written authorization and direction from the staff to direct such action.

### 1. Hotel

- a) Board members and staff traveling on Board-approved business will be reimbursed for hotel expenses for themselves only
- b) Board members and staff must get the lowest possible hotel rate by requesting a government, AAA, business, AARP, or other discounts
- c) The Board will reimburse for a standard room size, unless no standard rooms are available at the time
- d) Board members/staff must submit the original lodging receipts, which show the detail of charges with their expense report

### 2. Flights

- a) Board members/staff are to determine whether a Saturday stay, even if it extends the travel time, results in cost savings to the Board (e.g., airfare, meals, lodging, transportation, etc.) and to opt for the most reasonable alternative(s)
- b) Airline travel credit (frequent flyer miles) accrue to the State, not to the employee or Board member ([MN Statute 15.435](#))

### 3. Ground Transportation

- a) Mileage reimbursement rates are per the Commissioner's Plan
- b) Car rental is seldom the most cost effective means of transport, due to rental costs, parking, fuel, insurance, and gratuities. When it can be demonstrated otherwise, car rental will be reimbursed when detailed receipts are submitted

### 4. Meals

- a) Meal reimbursement rates are itemized in the Commissioner's Plan. Reimbursement rates are adjusted for "High Cost Metropolitan Areas."
- b) Board members are reimbursed for the actual cost of a meal, up to the maximum established in the Commissioner's Plan. Cost of meals includes tax and a reasonable gratuity and does not include alcoholic beverages.
- c) Board members may not claim reimbursement for breakfast unless required to leave home before 6:00am or to be away from home overnight.
- d) Board members may not claim reimbursement for lunch unless traveling more than thirty-five (35) miles from their temporary or permanent work location and travel extends over the normal noon meal period.
- e) Board members may not claim reimbursement for dinner unless state business caused him/her to return home from travel after 7:00pm or to be away from home overnight.
- f) Sometimes the cost of commercial transportation, conference registration fee, or hotel lodging includes a meal. In these cases, those provided meals are not eligible for additional reimbursement.

### 5. Other

- a) Original receipts are required for all expenses except meals, parking meters and baggage handling or other gratuities.

### 6. Submission of Expense Reports

- a) Board members, Executive Director and staff shall submit expense reports **monthly** to the Office Manager. All expense reports shall be promptly reviewed by the Executive Director and Office Manager and processed by the end of the month in which they are submitted. The Executive Director shall review expense reports for staff and Board members.

**The Office Manager reviews the Executive Director's expense reports.**

- b) Expense reports submitted 60 days or more after the activity are subject to State and Federal tax withholding.
- c) Expenses submitted for reimbursement after the fiscal year's book close require Board review to determine whether the expense reimbursement will be authorized.

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## **Section G. Policy on Conferences**

In order to perform their duties, Board members need to be fully informed on issues relating to the regulation of licensed professionals. Accordingly, Board members are expected to attend at least one conference or training session during each term they serve on the Board.

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# PART 3

## Board Officers

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## Section A. General

Minnesota Statutes, 150A.03, Subdivision 1, [as referenced in Chapter 3100.0400](#) states: “The Officers of the Board shall consist of a President, Vice-President, and Secretary.” The Past President of the Board is also considered an officer of the Board and a full voting member of the Board’s Executive Committee.

## Section B. Elections

Elections are to be held during last scheduled public Board meeting of the calendar year, with new officers assuming their roles at the following public Board meeting.

1. Nominations for each office will be separately taken from the floor.
  - a) Candidates may self-nominate
  - b) Nominations from the floor do not require a second
  - c) Nominators may make a brief endorsing statement
  - d) Nominees may make a brief position statement
2. Elections will proceed in the following order:
  - a) President
  - b) Vice President
  - c) Secretary
3. The position of Past President is a fully participating and voting member of the Executive Committee. This position is not elected, however, it is awarded to the outgoing President. If the outgoing President is elected or re-elected to an officer position, the Board member who most recently has been President will be determined to be the Past President. If the established sequence does not result in an eligible Past President, the Executive Committee will be comprised of the three elected officers only.
4. Voting will be conducted by secret (paper) ballot. **Ballots will be signed by the voting Board member.**
5. Tallying will be conducted and reported in public, with ballots reviewed/confirmed by the current President, the Executive Director, and a Board staff member **agreed to prior by the Board .**  
**Tallyed ballots shall be maintained for review until the next full Board meeting.**
6. A candidate must achieve a simple majority of the legal votes to become elected to the particular office (e.g., 5 of 9 votes, 5 of 8 votes, 4 of 7 votes, 4 of 6 votes, 3 of 5 votes, etc.).
  - a) In the event of a tie for most votes received or lack of a simple majority, the top two vote getters will remain eligible, and balloting will be repeated. In the second round of balloting, an individual receiving a plurality of the legal votes will prevail.
  - b) In the event of a second tie, balloting will be repeated. An individual receiving a plurality of the legal votes will prevail.
  - c) In the event of a third tie, the determination will be made by coin toss or other agreed-upon game of chance (with the senior-serving Board member making the call of the coin; the coin will be tossed by the staff member appointed to tally the votes).

## Section C. Duties of President

Duties of the President include but are not limited to:

1. Presiding at meetings of the Board and Executive Committee.
2. Establishing/approving agendas for Board and Executive Committee meetings.
3. Calling meetings of the Executive Committee and special meetings of the Board as necessary
4. Serving as principal spokesperson for the Board. The President is the only person authorized to represent the Board except for (1) Executive Director, (2) other Board members or staff who are specifically authorized to represent the Board on particular issues.
5. Ensuring that the Board has a strategic plan.
6. Construct training schedule for complaint committee members.
7. With the approval of at least one other member of the Executive Committee, taking emergency action on behalf of the Board. Any emergency action taken is to be reported immediately to the Board.
8. Informing the Governor of a Board member missing three consecutive meetings, or of any other concerns that may be considered justification for removal with cause.
9. Appointing mentor(s) to assist newly appointed Board members.
10. Serving on committees. Assigning committee positions, leadership and liaison assignments. The President is allowed to serve as Committee chair.
11. Despite Sturgis guidelines that may suggest otherwise, casting a vote on all Board motions.
12. Working closely and cooperatively with the Executive Director to advance the work of the Board.
13. Assuming the duties of the Executive Director during any vacancy in the position.
14. Maintaining confidentiality regarding Board personnel and other sensitive information.
15. Signing the official minutes of Board meetings as approved by the Board.
16. Review training requirements for Board members.
17. Calling for a vote of no confidence of the Executive Director is determined by the Board.
18. The President shall establish, maintain and transfer in a safe manner the personnel file of the Executive Director. The file shall be formally transferred with the transfer of leadership at the first Board meeting of the new year.

## Section D. Duties of Vice President

Duties of the Vice-President include but are not limited to:

1. Presiding at Board or Executive Committee meetings in the absence of the President.
2. Assisting the President as requested.
3. Serving on the Executive Committee.

4. Working with the President and Board staff on strategic planning and direction.
5. Maintaining confidentiality regarding Board personnel and other sensitive information.

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## Section E. Duties of Secretary

Duties of the secretary include but are not limited to:

1. Maintaining a record of Executive Committee and Board meeting attendance, motions, and votes.
2. Reviewing draft minutes of Board and Executive Committee meeting prior to their distribution. Draft minutes shall be presented within one working week following a Board meeting.
3. Serving on the Executive Committee.
4. Providing written notification of a member missing two consecutive Board meetings that the member may be removed for missing the next meeting.
5. Maintaining confidentiality regarding Board personnel and other sensitive information.

## Section F. Duties of Past President

Duties of the Past-President include but are not limited to:

1. Serving on the Executive Committee.
2. Following up on initiatives from Presidential term.
3. Maintaining confidentiality regarding Board personnel and other sensitive information.

## Section G. Removal for Cause

An Executive Committee member may be removed for written cause by a majority vote of Board members. The vacancy shall be filled in the manner provided in section B, Elections.

[Chapter 3100.0300](#), Subparts 1-4, of Minnesota Rules outline meeting requirements, quorum requirement, and parliamentary procedures.

# PART 4

## Meetings

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## Section A. Open Meeting Law

All meetings of the Board, its committees, and task forces are subject to the [Minnesota Open Meeting Law, Minnesota Statutes, Chapter 13D](#), and shall be open to the public, unless closure is required or authorized by law. Observers at all meetings are given an opportunity to provide input for Board consideration, at the discretion of the President or chair.

## Section B. General

Meetings involving the Board are generally required to be open (public) meetings. The meetings must be posted (announced) to the public a minimum of three days in advance of the meeting.

## Section C. Regular Board Meetings

The Board is required under rule to hold at least two regular meetings each year. A schedule of the regular meetings of the Board is posted at the Board's office and on the Board's web site and sent out to a list of interested parties by email. When the Board decides to hold a regular meeting at a time or place different from that which is stated in the regular meeting posting, it shall give, at a minimum, the same notice that is required for special meetings. The frequency of meetings may vary depending on the business facing the Board. The President, Chair, or Executive Director may cancel any meeting due to inclement weather, hazardous travel conditions, or other unforeseen circumstance.

## Section D. Special Board Meetings

The President or the Executive Committee may call special meetings in order to conduct essential business. For special meetings, the Board shall post written notice of the date, time, place, and purpose of the meeting at the Board's office and on the Board's web site. **Electronic attendance of a meeting is acceptable if authorized by the Board President.**

## Section E. Closed Board Meetings

1. The Board shall close the portion of a meeting in which the Board discusses allegations or charges against an individual subject to the authority of the Board. A meeting must be open however, if requested by the individual who is the subject of the meeting.
2. The Board shall close the portion of a meeting in which the Board exercises quasi-judicial functions involving disciplinary proceedings, pursuant to [Minnesota Statutes, section 13D.01, subdivision 2 \(2\)](#).
3. The Board shall close the portion of a meeting in which an appeal of a Committee or administrative determination is heard.
4. The Board may close the portion of a meeting in which the Board evaluates the performance of an individual subject to the authority of the Board, and shall identify the person prior to closing the meeting. At the next open meeting, the Board shall summarize its conclusions regarding the evaluation. The meeting must be open if requested by the individual who is the subject of the meeting.
5. Prior to closing any meeting, the Board shall state on the record the specific grounds permitting a closed meeting. The Board will describe the subject matter to be discussed.

## Section F. Quorum for Board Meetings

The presence of a majority of the voting Board members constitutes a quorum at Board meetings. A quorum is required to conduct official business. **Electronic attendance is acceptable with advanced notice and authorization by the Board President.**

When a quorum is present at any meeting, the Board may take action on items by a simple majority of the voting members present.

When a quorum of the Board is present at any event, the event may potentially be considered a meeting of the Board, and is subject to restrictions.

## Section G. Voting

Once a quorum is established, a simple majority vote (50%+1) of the members of the Board that are present is sufficient to take action. A show-of-hands or voice vote is sufficient for most votes. Voting results are listed in the official minutes, identifying the vote of individual Board members. The exception is the use of confidential paper ballot for election of officers or when requested by a Board member motion and approved by the Board prior to voting. Abstaining from voting should be avoided. A member must abstain, however, when the issue is one in which the Board member has a clear conflict of interest.

## Section H. Minutes of Board Meetings

Minutes of the Board meetings are recorded. **Minutes of the Board meeting are to be presented to the Board Secretary within one week of the meeting in Draft form. The staff member assigned to generate the minutes shall maintain and have available the recorded minutes for review.** Minutes will be submitted to the Board for approval at the Board's next meeting. The minutes are official when approved by the Board and signed by the President.

(What is the level of accuracy of the minutes. In the past editorial privilege was used in the construction of the minutes. This is to be discouraged and a neutral, unbiased attempt is to be used to construct the minutes.)

## Section I. Meetings via Phone and Interactive Television

1. [Minnesota Statutes Section 13D.015](#) allows the Board and/or Committee to conduct a meeting by telephone, which can include voting, if: all members can hear all discussion and testimony, members of the public present at the regular meeting location can hear all discussion and participate in testimony, at least one Board/Committee members participates from the regular meeting location, all votes are conducted by roll call, and proper 10-day notice is given.
2. In circumstances involving a closed meeting, the communication system must be a secure system that protects from eavesdropping.
3. Board members may participate in all proceedings of any meeting via interactive television pursuant to [Minnesota Statutes, Section 13D.02](#).
4. Board members may participate in web-based conferencing/other technology.

## Section J. Sturgis Standard Code of Parliamentary Procedure

Sturgis Standard Code of Parliamentary Procedure as outlined in [Minnesota Rule 3100.0300](#) governs the proceedings of the Board and all committees. Exceptions to this code are superseded in these Policies, Procedures, and applicable

law.

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## **Section K. Committee Meetings**

Committee meetings can be open or closed as needed and appropriate. Members should arrive prepared. Votes of the committees are considered recommendations to the Board, and are not final decisions (unless granted specific authority of the Board).

## **Section L. Properly Noticed Committee Meetings**

At properly noticed committee meetings, only committee members may vote. Other Board members may attend and participate as members of the public, but may not vote.

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# PART 5

## Committees

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## Section A. Executive Committee

### 1. *Function*

Elected Officers of the Board; empowered to act on behalf of the full Board and to establish Board direction as the main governing body of the Board.

### 2. *Committee Membership*

- a) President
- b) Vice President
- c) Secretary
- d) Immediate Past President

### 3. *Chair*

Board President serves as Chair of the Executive Committee.

### 4. *Primary Responsibilities*

- a) Keep public protection foremost in decision-making
- b) Establish strategic direction
- c) Supervise the auditing of any and all committees, functions and processes of the Board and make recommendations as to modification, elimination or alterations as required
- d) Review/establish Board meeting agendas
- e) Evaluate and prioritize concerns to be brought before the Board
- f) Provide financial oversight; review issues related to budget and finance
- g) Make recommendations to the Board, as appropriate
- h) Serve as the editorial board of the Board's newsletter
- i) Conduct annual performance review of Executive Director
- j) Prepare results of review to be presented to the full Board at the first meeting following the review
- k) Authorize salary adjustments, achievement awards, and other compensation for Executive Director following authorization by the full Board
- l) Supervise at a vote of no contest if such a vote is requested or required
- m) Act for the Board under delegated authority when the Board is not meeting
- n) Report to the Board at subsequent meetings regarding actions taken by the Committee
- o) Set goals
- p) Cooperatively establish goals with the Executive Director

### 5. *Meeting Schedule*

- a) Meet approximately 3 weeks prior to scheduled Board meetings
- b) Schedule special meetings as necessary
- c) Conduct meetings in OPEN (public) forum; authorized to close meetings to Executive session for specific, limited concerns (e.g., staffing, performance, etc.)
- d) Rely on Sturgis Code of Parliamentary Procedures for meeting conduct ([Minnesota Rule 3100.0300](#)).

### 6. *Expectations/Committee Practices*

- a) Issues/concerns/recommendations for consideration by the Committee should be submitted to the Executive Director prior to the scheduled meeting, the meeting agenda is approved by the President
- b) Committee packets are prepared and distributed one week prior to the meeting to ensure that members are prepared for the meeting
- c) Communication between Committee members is respectful
- d) Private and protected information is kept confidential
- e) Minutes of meetings are to be distributed to the appropriate individuals within one week as soon as possible following a meeting

**7. *Principal Staff Contacts***

- a) Executive Director
- b) Administrative Assistant

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## Section B. Complaint Committees A & B and Joint Complaint Committee

### 1. *Function*

Enforce the [Minnesota Dental Practice Act](#)

### 2. *Committee Membership (Two Committees, Three members each)*

Committee members are appointed by the President and **are** ideally are comprised as:

- a) Two members of each Complaint Committee shall be dentists
- b) One member of each Complaint Committee shall be a non-dentist Board member

(I would suggest that we consider the construction of the two complaint committees to be made up of two dentists and the two public members. This would allow the depth of expertise and limit the make up to three thus limiting the amount of time required by Board members. I might then suggest that Licensure and Credentials be comprised of the remaining dentist, the dental hygienist and the licensed dental assistant. As all committees meet regularly this would allow a more even distribution of time.)

### 3. *Chairs*

Chairs of the Complaint Committees are appointed by the President.

### 4. *Primary Responsibilities*

#### *Complaint Committees A & B*

- a) Keep public protection foremost in decision-making.
- b) Embrace the [Dental Practice Act](#).
- c) Determine resolution of each complaint received by the Board, as to whether violations of the Practice Act warrant corrective or disciplinary action.
- d) **Ensure an unbiased environment is established**

#### *Joint Complaint Committee*

- a) Discuss common concerns to calibrate the two committees.
- b) **Establish format for record review of multiple documents, manipulation of records and storage of documents**
- c) Review common policy issues relating to compliance with the Dental Practice Act.
- d) Make recommendations to Board, as necessary, regarding complaints and compliance issues.
- e) Joint Complaint Committee meetings are facilitated by Board staff.

### 5. *Meeting Schedule*

- a) Each Complaint Committee generally meets monthly in closed session.
- b) Joint meetings of the Complaint Committees are held in open (public) session, and are scheduled as necessary (at least annually) and to ensure attendance of all Complaint Committee members to attend Joint Complaint Committee meetings.

### 6. *Expectations/Committee Practices*

- a) Objectively and consistently review complaints (approximately 300/yr total), responses, and investigative materials.
- b) **Define the minimal review or evaluation of a case**
- c) **Complete files of ongoing cases shall be maintained by staff**
- d) Maintain confidentiality of case materials, and information. Board Members should refrain from discussions.
- e) Committee members will recuse themselves from participating in complaint reviews where a conflict of interest exists relative to the complainant or the licensee (every effort should be made to determine whether the Committee member's relationship with the complainant or licensee creates a situation that would negatively affect objectivity.) [Minnesota Statute 214.10, Subd.8\(b\)](#).
- f) Direct how each complaint will be handled, scope of investigation, when to dismiss/pursue complaints, and how to resolve complaints.
- g) Determine appropriate remedies from options ranging from closing a case to suspending or terminating a dental professional's license, based on the individual circumstances.
- h) Commit time necessary to prepare and offer educated opinions on complaints.
- i) Communicate responses to complaints memos from staff in a timely manner.
- j) Act as case lead as assigned.
- k) Understand the disciplinary process and options available to the Committee.
- l) Utilize designated Assistant Attorney General as Counsel.
- m) Disciplinary actions are initiated by the Complaint Committee, and must be ratified by the full Board.

- n) No independent investigation by Board Members.
- o) Minutes of meetings are to be distributed to the appropriate individuals as soon as possible following a meeting
- p) Chair to follow up on any topics referred to another committee

**7. *Principal Staff Contacts***

- a) Complaints & Compliance Supervisor
- b) Complaint Analyst
- c) Compliance Officer
- d) Legal Analyst

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## Section C. Licensure and Credentials Committee

### 1. *Function*

Evaluates the credentials and eligibility of all candidates for licensure in Minnesota, from both CODA accredited and non-accredited dental education programs.

### 2. *Committee Membership*

- a) Dentist member
- b) Dentist member (determined by availability)
- c) Dental Hygienist member
- d) Public or Licensed Dental Assistant (determined by availability)

### 3. *Chair*

Chair of the Licensure and Credentials Committee is appointed by the Board President.

### 4. *Primary Responsibilities*

- a) Keep public protection foremost in decision-making.
- b) Evaluate the credentials of all candidates for licensure and certification
- c) Conduct interviews with candidates as warranted.
- d) Review existing statutes and rules, and recommend changes as appropriate.
- e) Act on recommendations from the Board related to licensure and credentialing.
- f) Review applications for licensure from dentists from non-accredited programs.
- g) Manage Limited General License (LGL) process for non-accredited dentists through [Minnesota Statute 150A.06, Subdivision 9](#).
- h) Review requests for clinical examination waivers by resident dentists.
- i) Monitor the clinical examination process for licensure and certification candidates.
- j) Review relevant variance to rule requests under delegated authority from the Board.
- k) Manage the licensure and certification process for dental therapists and advanced dental therapists through [Minnesota Statute 150A.01 to 12](#).
- l) Manage the initial and annual Collaborative Management Agreements for dentists, dental therapists and advanced dental therapists.
- m) Monitor the Minnesota GPR programs.

### 5. *Meeting Schedule*

- a) Meets in closed and/or open (public) session as required by agenda.
- b) Meets once per month generally, but determined by the number of candidates for licensure, legislative activity, CMA reviews, LGL reviews, etc.

### 6. *Expectations/Committee Practices*

- a) Members will develop expert knowledge of the portions of the [Minnesota Dental Practice Act](#) pertaining to licensure and credentialing regulations.
- b) Meeting packets/flash drives containing copies of the application materials for the meeting are distributed the week prior to the meeting.
- c) Members must be prepared by having read the information in the packets and on the flash drives.
- d) Maintain confidentiality of application materials and information.
- e) Evaluation forms/responses related to application materials must be completed in preparation for meetings.
- f) Evaluation forms for applicant interviews and for case presentations are to be completed immediately after the interviews and presentations.
- g) Minutes of meetings are to be distributed to the appropriate individuals as soon as possible following a meeting
- h) Chair to follow up on any topics referred to another committee

**7. Principal Staff Contacts**

- a) Director of Licensing and Professional Development
- b) Licensing Analyst
- c) Executive Director
- d) AGO attorney managing specific cases and licensure concerns.

**8. Background Information on Applicants from Non-Accredited Programs**

[Minnesota Statute 150A.06, Subd. 9](#) became law following the 2001 Legislative session. The law allows non-accredited graduates to apply for Minnesota licensure if the Board determines that their education was equivalent to that from an accredited program. The Committee, with Board support, has developed considerations to enable qualified candidates to apply for licensure under this statute. The Committee evaluates each application on a case-by-case basis to determine qualification to be allowed to sit for a clinical exam and ultimately obtain licensure. 2009 statutes established a requirement that anyone obtaining license under this review process would initially be eligible only for a Limited General License (LGL), which the LGL dentist would be subject to for a three-year period.

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## Section D. Policy Committee

### 1. *Function*

Ensures that the [Dental Practice Act](#) and Board protocols retain relevance.

### 2. *Committee Membership*

Diverse groups of three Committee members, including the Chair, are appointed by the President.

### 3. *Chair*

Chair of the Policy Committee is appointed by the Board President.

### 4. *Primary Responsibilities*

- a) Keep public protection foremost in decision-making.
- b) Research and discuss changes in practice, technology, and science that impact dental regulations.
- c) Assist Board staff in determining and communicating reasonable interpretation of laws and rules affecting dental practice and public safety.
- d) Assist in the rulemaking process from idea generation through development of Statements of Need and Reasonableness (SONARs), publication, presentation to the full Board, public hearings, and implementation.

### 5. *Meeting Schedule*

Meets at the call of the Chair in open session, typically in the evening.

### 6. *Expectations/Committee Practices*

- a) Develop expert knowledge of the [Minnesota Dental Practice Act](#).
- b) Appreciate impact of established and proposed dental regulations on the public, on dental practices, and on educational systems.
- c) Involve representatives from the professional associations, educators, practitioners, and experts in policy discussion.
- d) Respond to changes, trends in health care, regulations, technology, and dentistry.
- e) Anticipate changes, trends in health care, regulations, and dentistry.
- f) Assist with research necessary to establish justification for Committee recommendations.
- g) Achieve consensus among Committee members regarding proposed changes to dental regulations.
- h) Make recommendations to the full Board.
- i) Minutes of meetings are to be distributed to the appropriate individuals as soon as possible following a meeting
- j) Chair to follow up on any topics referred to another committee

### 7. *Principal Staff Contacts*

- a) Executive Director
- b) Administrative Assistant
- c) Legal Analyst

## Section E. Professional Development Committee

### 1. *Function*

Establishes requirements for regulated dental professionals to maintain competence through lifelong learning and assurance of current knowledge base in areas critical to public safety.

### 2. *Committee Membership*

Three Committee members, including the Chair, are appointed by the President.

### 3. *Chair*

Chair of the Professional Development Committee is appointed by the Board President.

### 4. *Primary Responsibilities*

- a) Keep public protection foremost in decision-making.
- b) Establish standards for development specific to each regulated profession.
- c) Develop and revise self-assessment instruments for use by all regulated dental professionals.
- d) Advise Board staff regarding Professional Development portfolio audit process.
- e) Support and promote Professional Development and continuing competence.

### 5. *Meeting Schedule*

Meets at the call of the Chair for meetings in open session, typically in the evening.

### 6. *Expectations/Committee Practices*

- a) Maintain positive relationships with educators and representatives of professional associations.
- b) Develop promotional materials/presentations to enhance licensee awareness of Professional Development requirements and timelines.
- c) Act on complex requests for extensions based on audit findings and extenuating circumstances.
- d) Minutes of meetings are to be distributed to the appropriate individuals as soon as possible following a meeting
- e) Chair to follow up on any topics referred to another committee

### 7. *Principal Staff Contacts*

- a) Director of Licensing and Professional Development.

### 8. *Background Information on Professional Development*

In the 1970s, Minnesota became the first state to require continuing education for dental professionals. Changes to rule implemented in 2004 reestablished Minnesota as a leader in this area, rolling out a system based more broadly on the concept of Professional Development – the wide and varied forms of learning that encourage dental professionals to stay current with changes in dental practice, science, and technology. The changes also emphasize personal responsibility through maintenance of individual professional development portfolios that are subject to audit by the Board.

## Section F. Allied Dental Education Committee

### 1. *Function*

Establishes educational requirements for dental hygiene, and dental assisting functions.

### 2. *Committee Membership*

Committee members are appointed by the President, and are comprised of:

- a) Dental Hygienist member
- b) Dental Assistant member
- c) Public or Dentist Board member

### 3. *Chair*

Chair of the Allied Dental Education Committee is appointed by the Board President, and generally chairs for a two-year term that rotates between the Dental Assistant and the Dental Hygienist.

### 4. *Primary Responsibilities*

- a) Keep public protection foremost in decision-making.
- b) Research and organize educational criteria for dental assisting, dental therapy, and dental hygiene expanded functions.
- c) Determine educational standards for courses.
- d) Determine equivalency of out-of-state education and training in expanded functions prior to credentialing.

### 5. *Meeting Schedule*

- a) Meets as needed in open session.

### 6. *Expectations/Committee Practices*

- a) Educators representing the various dental, dental therapy, hygiene, and assisting schools and professional associations are relied upon by the Committee to collaborate on establishing educational requirements and providing input on the need for specific training needs for any proposed functions.
- b) Minutes of meetings are to be distributed to the appropriate individuals as soon as possible following a meeting.
- c) Chair to follow up on any topics referred to another committee

### 7. *Principal Staff Contacts*

- a) Assigned staff

## Section G. HPSP Representative

### 1. *Function*

Represents the Board of Dentistry in developing policies with and reviewing activities of the Health Professional Services Program.

### 2. *Representative*

The HPSP representative is appointed by the Board President.

### 3. *Primary Responsibilities*

- a) Act as liaison between the Board of Dentistry and the other members of the HPSP Advisory Council in advising HPSP on its services.
- b) Develop functional understanding of HPSP mission and activities to enhance HPSP ability to provide services for impaired practitioners and to further Board members' knowledge of issues facing impaired professionals.
- c) Submit a written report to the Executive Committee and/or the Board within one week of an HPSP meeting.

### 4. *Meeting Schedule*

Meets quarterly, or as necessary, in open session.

## Section H. Jurisprudence Committee

### 1. *Function*

Periodically updates questions for the Board of Dentistry exam on statutes and rules regulating dental practice in Minnesota. Will work in cooperation with Prometric to establish pool of test items.

### 2. *Representative*

The representative is appointed by the Board President to chair the group, and works with Board staff and Prometric.

### 3. *Primary Responsibilities*

- a) Recommend test subject experts for Prometric to develop examination.
- b) Develop new pools of multiple choice and true/false questions for the Jurisprudence exam to ensure reasonable turnover of questions and currency of questions/answers as dental regulations change.

### 4. *Meeting Schedule*

Meets at the call of the Chair for meetings in closed session.

### 5. *Principal Staff Contacts*

- a) Legal Analyst
- b) Executive Director
- c) Complaint and Compliance Supervisor

## Section I. CRDTS - Steering Committee Representative

### 1. *Function*

Represents the Board of Dentistry to the Central Regional Dental Testing Services (CRDTS) and its Steering Committee.

### 2. *Representative*

The CRDTS representative is appointed by the Board President from among the Board members who are CRDTS examiners. This dentist and/or hygienist may be the same individual as the AADB liaison.

### 3. *Primary Responsibilities*

- a) Voice Minnesota Board of Dentistry positions/concerns relative to the clinical testing of dentist, dental therapy, and dental hygiene candidates to advocate for fair and reliable competency assessment methodologies.
- b) Attend regional CRDTS meetings on behalf of the Board, as possible.
- c) Inform the Board of activities and issues affecting clinical testing practices.
- d) Submit a written report to the Executive Committee and/or the Board within one week following the meeting.

### 4. *Meeting Schedule*

Meets three times annually; requires (Board) approved travel.

## Section J. AADB Liaisons

### 1. *Function*

Represents the Board of Dentistry to the American Association of Dental Boards (AADB).

### 2. *Committee Membership*

The AADB representatives are appointed by the Board President from among the Board members who are CRDTS examiners. A dentist or **and** a hygienist shall be appointed.

### 3. *Primary Responsibilities*

- a) Voice Minnesota Board of Dentistry positions/concerns relative to the clinical testing of dental professionals.
- b) Attend national AADB meetings on behalf of the Board, as possible.
- c) Board members directly involved with AADB and the Board's Executive Director are provided membership in AADB, and have voting privileges when attending AADB meetings.
- d) Inform the Board of activities and issues affecting regional and national clinical testing practices.
- e) Disperse agency publications to the Full Board as part of a written report.
- f) Submit a written report to the Executive Committee and/or the Board within one week following the meeting.

### 4. *Meeting Schedule*

Meets twice annually; requires (Board) approved travel.

## Section K. Dental Assistant Education Committee

### 1. *Function*

Develops and revises the Licensure Examination for dental assisting.

### 2. *Membership*

The Chair recommends test subject experts for consideration by Prometric to assist the process.

### 3. *Chair*

Chair of the Dental Assistant Education Committee is the Board's Dental Assistant member, and is appointed by the Board President.

- a) Note: If the Board's Dental Assistant member is an educator, he/she will recuse themselves and the Board's Dental Hygienist member will substitute as Committee Chair for final meetings approving changes to the Licensure Examination.

### 4. *Primary Responsibilities*

- a. Keep public protection foremost in decision-making.
- b. Solicit, then evaluate and review questions submitted from dental assistant education programs for possible inclusion in the Licensure Examination.
- c. Maintain connection with the Dental Assisting National Board (DANB) relative to dental assisting exam.

### 5. *Meeting Schedule*

Meets as needed in closed session, at the call of the Chair or Prometric.

### 6. *Expectations/Committee Practices*

- a) The Dental Assistant Board member determines the equivalency of dental assisting programs/training in other states for dental assisting applications for Minnesota licensure by credentials.
- b) The Dental Assistant Board member determines whether any additional training for expanded functions must be completed prior to the applicants sitting for the Licensure exam.
- c) All applicants who are graduates of accredited programs or who are currently certified by the Dental Assisting National Board (DANB) shall be deemed qualified to take expanded functions training at any Minnesota dental assisting program.
- d) The Committee will generally revise the radiology and the expanded functions portions of the Licensure examination in alternate years.
- e) Examination revision requires that proposed questions, answers, distractors, and names of texts be presented for all members to review.
- f) Maintain confidentiality of test materials and questions.
- g) Chair to follow up on any topics referred to another committee

### 7. *Principal Staff Contacts*

- a) Assigned staff
- b) Executive Director

## Section L. Council of Health Boards

### 1. *Function*

Established by the Health Licensing Boards and codified in statutes, the Council coordinates issues common to all 16 health related Boards, and addresses overlapping scope of practice and emerging professions issues.

### 2. *Representative*

The Council of Health Boards representative is appointed by the Board President and represents the Board of Dentistry jointly with the Board's Executive Director.

### 3. *Primary Responsibilities*

- a) Address common concerns of the Health Licensing Boards
- b) Evaluate applications by emerging health professions requesting State regulation
- c) Discuss scope of practice concerns
- d) Develop legislative strategies
- e) Submit a written report to the Executive Committee and/or the Board within one week following the meeting.

### 4. *Meeting Schedule*

Meets as needed, at the call of the Council chair in cooperation with the Executive Director's Forum, in open session.

## Section M. Clinical Licensure Examination Committee

### 1. *Function*

Establishes and reviews requirements for clinical licensure and examinations. Develops and maintains the Advanced Dental Therapy Certification Examination

### 2. *Membership*

Committee members are appointed by the President, and are comprised of:

- a) 2 – Dentist
- b) 1 – Non-dentist

### 3. *Chair*

The Chair is appointed by the President.

### 4. *Primary Responsibilities*

- a) Keep public protection foremost is decision making.
- b) Review existing statutes and rules, and recommend changes as appropriate.
- c) Periodically review national and international initial licensure examinations, and recommend acceptance or changes as appropriate.
- d) Participate with the University of Minnesota School of Dentistry via a signed agreement concerning the Board's acceptance of the National Dental Examining Board of Canada's exam for initial licensure.
- e) Develop the requirements for the Advanced Dental Therapy Certification Exam including the protocols for each Part of the exam.
- f) Create and maintain a sufficient bank of questions to be used in Part II of the ADT Certification Exam.
- g) Review the questions used for Part III of the ADT Certification Exam
- h) Review the ADT Certification Exam regularly and recommend changes as required.
- i) Communicate with the Licensure and Credentials Committee regarding the ADT Exam administration.

### 5. *Meeting Schedule*

Meets as needed, at the call of the Chair.

### 6. *Expectations/Committee Practices*

- a) Members will develop expert knowledge of the portions of the [Minnesota Dental Practices Act](#) pertaining to licensure and examination regulations.
- b) Involve representatives from the professional associations, educators, practitioners, and experts in discussions.
- c) Anticipate and/or respond to changes, trends in health care, regulations, and dentistry.
- d) At least one member from the Board should be actively involved with the American Association of Dental Boards (AADB), the National Dental Examining Board of Canada (NDEB), including test construction committees and the Central Regional Dental Testing Service (CRDTS) by attendance at their appropriate conferences and reporting to the Committee.
- e) Make recommendations to the full board.
- f) Minutes of meetings are to be distributed to the appropriate individuals as soon as possible following a meeting.
- g) Chair to follow up on any topics referred to another committee

### 7. *Principal Staff contact*

- a) Executive Director
- b) Administrative Assistant

## Section N. Sedation Committee

### 1. *Function*

Established educational requirements, equipment, medications, and inspections for minimal, moderate and deep sedation, and general anesthesia.

### 2. *Committee Membership*

Committee members are appointed by the President, and are comprised of:

- a) 2 – Dentist-preferably a dentist knowledgeable in the area of sedation
- b) 1 – Non-dentist

### 3. *Chair*

The Chair is appointed by the President

### 4. *Primary Responsibilities*

- a) Keep public protection foremost in decision-making.
- b) Research and discuss changes in practice, technology, and science that impacts sedation regulations.
- c) Appoint and/or contract with consultant inspectors.
- d) Calibrate inspectors

### 5. *Meeting Schedule*

Meets as needed, at the call of the Chair

### 6. *Expectation/Committee Practices*

- a) Arrange in office inspections for sedation certificate holders.
- b) Determine educational standards for courses.
- c) Required and recommended equipment and medications.
- d) Make recommendations to the full Board.
- e) Minutes of meetings are to be distributed to the appropriate individuals as soon as possible following a meeting.
- f) Chair to follow up on any topics referred to another committee

### 7. *Principle Staff Contacts*

- a) Executive Director
- b) Administrative Assistant

## Section O. Dental Therapy Program Review Committee

### 1. **Function**

Review, evaluate and make recommendations to the Board regarding program approval for the dental therapy and advanced dental therapy education programs.

### 2. **Committee Membership**

Committee members are appointed by the President, and are comprised of:

- a) 2 – Dentist
- b) 1 – Dental Hygienist or Assistant
- c) 1 – Public or dental professional (availability)

### 3. **Chair**

The Chair is appointed by the President

### 4. **Primary Responsibilities**

- a) Keep public protection foremost in decision-making.
- b) Evaluate the six areas that comprise institutional readiness for program approval using Board approved documents such as Program requirements for DT and ADT Programs, Competencies for DT and ADT, and Initial Program Approval (IPA).
  1. institutional infrastructure: affiliation, accreditation, financial support and program control
  2. program planning and assessment
  3. educational program: degree, curriculum and assessment of students' competency
  4. administration, faculty, staff and other institutional resources
  5. educational support services
  6. patient care services
- c) Conduct Initial Site Visits for Developing Programs using the Initial Program Approval Application (IPA)
- d) Conduct annual site visits for "Provisional Board Approval" status school. Site visits are scheduled to assess progress in program implementation
- e) Conduct site visits for Program that have "Board Approval." Programs must renew their approval annually after gaining that status by means of an internal self-study and evaluation site visit
- f) Manage through Minnesota Statute [150A.105](#) and [150A.106](#)

### 5. **Meeting Schedule**

Meets as needed, at the call of the Chair. Site Visits will be conducted in closed sessions to review, evaluate, and discuss all aspects of the program, and its application for initial and subsequent reviews.

### 6. **Expectation/Committee Practices**

- a) Members will develop expert knowledge of the portions of the [Minnesota Dental Practice Act](#) pertaining to Dental Therapy and Advanced Dental Therapy
- b) Members should have intimate knowledge of the Boards documents utilized by the committee including Competencies-DT/ADT, Standards DT/ADT and the Initial Program Application (IPA)
- c) Meeting packets/flash drives/emails containing copies of the application materials for the meeting are distributed prior to the meeting. Members must be prepared by having read the information
- d) Members are expected to maintain professional relationship with educators and representatives of educational programs
- e) Members are expected to review all materials and to be familiar with academic and administrative aspects of the program as described in the application prior to the site visit
- f) Maintain confidentiality of application materials and information
- g) Site visit committee member must sign a confidential information agreement as dictated by the IPA

### 7. **Principle Staff Contacts**

- a) Executive Director
- b) Administrative Assistant
- c) AGO attorney managing specific cases and concerns

# PART 6

## Board Staff

DRAFT

## Section A. Executive Director

The Board of Dentistry's Executive Director shall be the chief executive officer and shall comply with statutory requirements (see [Minnesota Statute 214.04, subd.3](#)). In addition to statutory requirements, the Executive Director shall be responsible for fulfilling the other requisites of the position description, which include Board administration, office administration, human resource management, financial management, Board administrative support, Board committee administration, licensing examination administration, complaint and disciplinary administration, and acting as a primary representative of the Board.

1. [Minnesota Statutes, section 150A.03, subdivision 2](#), states: "The Board shall hireappoint an Executive Secretary who is not a member of the Board and who shall be in the unclassified civil service." The Board uses the term Executive Director to describe the position for the Board of Dentistry.
2. The Executive Director shall conduct the office and carry out responsibilities in accordance with the job description. The Executive Director in cooperation with the Executive Committee shall construct and maintain a formal job description and evaluation document. The Executive Director shall deal with verbal and written inquiries of the Board. Consultation with the President and/or Executive Committee is expected for responses that may be controversial or sensitive in nature, whenever possible.
3. The Executive Director shall not cause or allow any practice, activity, decision or organizational circumstance which is either imprudent or in violation of commonly accepted government or professional ethics, law or state policy.
4. It is the policy of the Board to provide a work environment that ensures equal opportunities and mutual respect for all employees, and to place the dignity of these employees, as well as the citizens we serve, in the highest regard. The Executive Director shall maintain a neutral work environment.
5. Information and advice to the Board will not have significant gaps in timeliness, completeness, or accuracy. The Executive Director shall create and maintain ongoing goals and completion dates.
6. There shall be no conflict of interest in awarding purchases or other contracts.
7. All Board authority delegated to staff is delegated through the Executive Director, so that all authority and accountability of staff can be considered the authority and accountability of the Executive Director.
8. The Executive Director is authorized to make all decisions, take all actions, and develop all activities that are true to the Board's policies and that have been established in the yearly plan and communicated to the Executive Committee. The Board may, by extending its policies, restrict areas of the Executive Director's authority, but will respect the Executive Director's choices so long as the delegation continues. This does not prevent the Board from obtaining information about activities in the delegated areas. No individual arbitrary or capricious activity by the Executive Director is authorized.
9. No individual Board member, officer, or Committee (except the Executive Committee) has authority over the Executive Director. Information may be requested, but if such request, in the Executive Director's judgment, requires a material amount of staff time, or is not appropriate, it may be refused. Independent goals and tasks may be assigned by the Board President as situations arise. If a conflict is perceived the conflict shall be resolved thru discussions of the Executive Committee.
10. The Board is the single official link to the operating organization and the Executive Director is accountable for all organizational performance and exercises all authority transmitted into the organization by the Board. Executive Director performance is synonymous with organizational performance.
11. Respond to action items with timeliness, completeness, and accuracy shall be communicated thru the establishment of verbalized completion dates.

12. Cooperatively establish goals with the Executive Committee
13. Cause to be **openly** **confidentially** maintained an action item master spreadsheet, which contains all action items for each committee. This will be available to all board members and staff to assist with their timely implementation of action items.
14. Ongoing action list shall be presented at each Board meeting with completion updates and progress notes.

DRAFT

### Vacancy

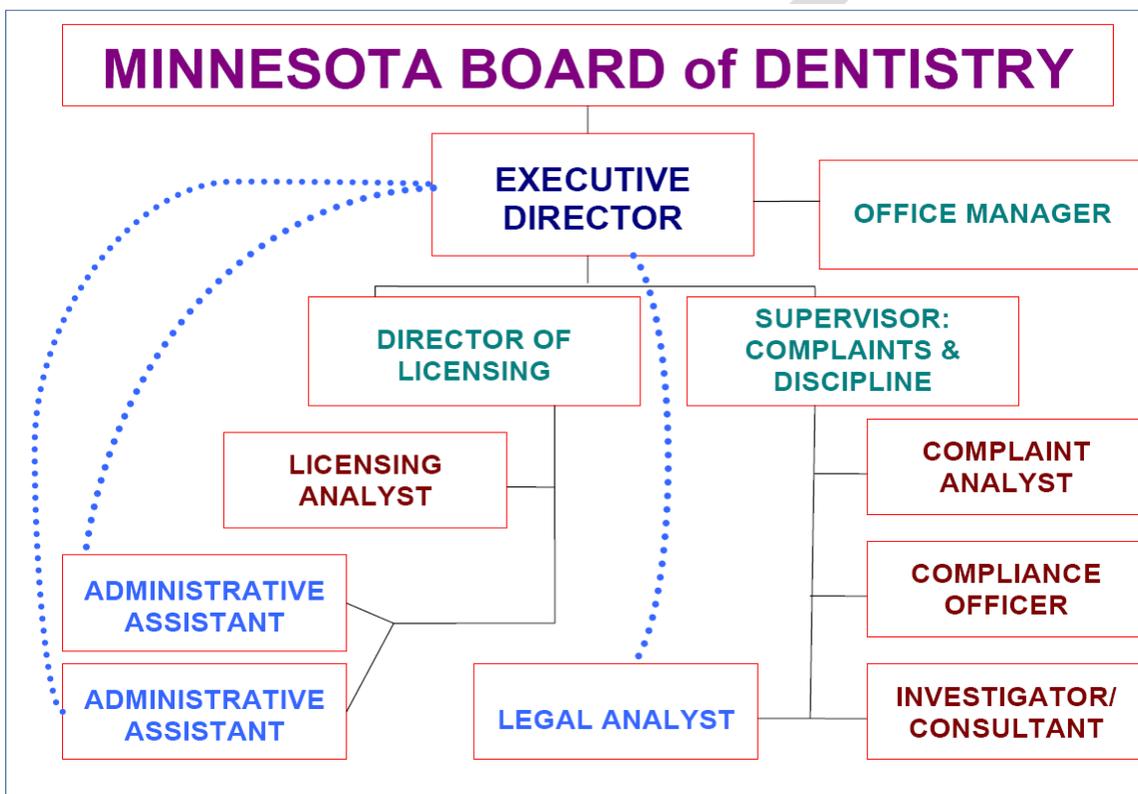
In the event of a vacancy in the position of Executive Director, the Board’s Executive Committee shall appoint a Search Committee to coordinate the hiring of an Executive Director. The Search Committee may include members of the Executive Committee. The Search Committee shall make a recommendation regarding the candidates to the Board Executive Committee, who will make the hiring decision. The Board’s President shall be responsible for negotiating salary and coordinating orientation of the new Executive Director.

## Section B. Other Staff

The Executive Director, as the Board’s hiring authority, shall have the responsibility to hire, discipline and promote staff consistent with a Board approved staffing plan.

## Section C. Staff Organization

The Executive Director shall be responsible for establishing, operating, and enhancing staff effectiveness.



## Section D. Complaints About Staff

A Board member who has a complaint about the performance of Board staff should present the matter to the President of the Board. If the complaint is about Board staff other than the Executive Director, the President should refer the matter to the Executive Director. If the complaint is about the Executive Director, the President may address the issue directly with the Executive Director, or refer the matter to the Executive Committee to be addressed in closed session.

## Section E. Data Practices Act

To be added

## Section F. Delegation of Authority

To be added

# PART 7

**IOPP**

DRAFT

The initial adoption of the Internal Operating Policies and Procedures is effective upon approval by two-thirds of the Board members at a regular or special Board meeting.

The IOPP has a yearly sunset and ratification is required following a review and discussion of recommended changes.

Revisions of these policies and procedures require a two-thirds vote of Board members at a regular or special Board meeting and become effective immediately.

The Executive Committee shall review the IOPP at least annually and report any recommended changes to the Board.

DRAFT

Authorized for Years \_\_\_\_\_

\_\_\_\_\_  
*President*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Executive Director*

\_\_\_\_\_  
*Date*

DRAFT

December 28, 2015

**MOTION FROM POLICY FOR BOARD MEETING JANUARY 15, 2016**

Motion from the Policy Committee to the full Board regarding the use of a licensee renewal certificate in lieu of a “mini-license” to represent and satisfy the obligation to conspicuously post a license when delivering care in a setting other than a licensee’s main office, and only when providing these dental services on a volunteer basis;

Whereas, it is to the benefit of the State of Minnesota to have licensed individuals volunteer and deliver care in unusual and possibly remote settings,

Whereas, it is a current requirement to have a license posted wherever a licensed individual is delivering dental services,

Whereas, the current Minnesota renewal certificate displays required name, license number, issue date and expiration date of the licensed individual, along with state seal authentication,

Therefore, we recommend acceptance of a standard licensee renewal certificate in lieu of a “mini-license,” when required for licensees who are volunteering their dental services, to demonstrate current and valid licensure in the state of Minnesota.

For guest volunteer dentists and allied dental professionals outside of Minnesota, the requirement for “mini-license” would continue to apply, as licensees practicing and licensed outside of Minnesota would not have the renewal certificate available.

END OF MOTION

Submitted Respectfully,

Neal Benjamin DDS MAGD FACD  
CHAIR POLICY COMMITTEE

**Motion from the Policy Committee to the full Board that the Board adopt the following Statement of Understanding:**

Statement of Understanding:

The Board of Dentistry clarifies that a licensed dental assistant delegated under general supervision the duty of gathering of information through intra-oral or extra-oral photos, X-ray images and impressions by either material or digital technology and a prescribed bite registration for the dentist to use in diagnosis, treatment and appliance fabrication, is congruent with current rule. The impressions cannot be used for final fixed and removable prosthesis as specifically stated in rule. This clarification further affirms that this does not require a change in current curricula to achieve this outcome.

Submitted Respectfully on behalf of the Policy Committee  
Neal Benjamin DDS MAGD FACD  
Chair Policy

## **DRAFT RESOLUTION**

Policy Committee of the Minnesota Board of Dentistry  
December 16, 2015

WHEREAS, the Policy Committee has been considering whether to take a more proactive approach to ensure that licensees and dental practices comply with infection control standards as adopted from time to time by the Board of Dentistry; and

WHEREAS, the Policy Committee created an Infection Control Inspection Task Force (the “Task Force”) to review and study the work already performed by the Policy Committee, as well as the information and recommendations provided by stakeholders and staff members of the Board of Dentistry; and

WHEREAS, the Task Force concluded that there are significant indications to justify the Board taking a more proactive approach to infection control compliance, including:

- The Board of Dentistry has previously adopted Rules that require dental health care personnel to comply with all recommendations, guidelines, procedures and practices specified by the Centers for Disease Control (Minnesota Rules 3100.6300, Subpart 11); and
- Minnesota statutes authorize the Board to conduct inspections of the clinical practice of a regulated person to determine whether accepted and prevailing infection control procedures are being followed; and
- Public policy, as reflected in Minnesota’s statutes and rules, clearly indicates an expectation by the public that patients will be safe from infectious diseases when receiving dental care, and that the Board is responsible for overseeing compliance by licensees with infection control requirements; and
- Numerous anecdotal observations by oral health care providers that some licensees do not always comply with infection control best practices for many reasons, including lack of knowledge, bad habits, inattention, etc; and
- Complaints received by the Board for alleged violations not related to infection control, when investigated, often result in additional allegations of infection control violations; and

WHEREAS, the Policy Committee has previously recommended that the Board conduct random infection control inspections subject to the availability of resources, which recommendation was not adopted because of a lack of data that showed there was sufficient need for random inspections to justify the expenditure of resources,

**BE IT RESOLVED**, the Policy Committee does hereby recommend to the Minnesota Board of Dentistry that the Board adopt the following policies and direct staff to develop plans to implement the policies over a reasonable period of time:

## **POLICY RECOMMENDATIONS**

### **1. CDC Requirements.**

- a. As recommended by the CDC (and amended from time to time), all locations where dentistry is practiced are required to:
  - i. Appoint an Infection Control Coordinator;
  - ii. Develop a written health program for dental health care personnel (DHCP) that includes policies, procedures, and guidelines for education and training; immunizations; exposure prevention and post-exposure management; medical conditions, work-related illness, and associated work restrictions; contact dermatitis and latex hypersensitivity; and maintenance of records, data management, and confidentiality.
- b. The Board may request Licensees to provide evidence of compliance with these requirements at any time, subject to reasonable notice.

### **2. Infection Control Checklist**

- a. To assist licensees in implementing and complying with Minnesota infection control requirements, the Board will identify one or more checklists for reference by licensees.
- b. Any such checklist, or reference to a checklist, will include a reminder that licensees are expected to comply with all Minnesota infection control requirements and that checklists are intended only as a tool to assist compliance, and not as a comprehensive list of all requirements.

### **3. Mandatory Reporting of Violations**

- a. The Board will take all reasonable action to inform licensees of the Board's intention to enforce the mandate in Minnesota statutes, Section 214.19, Subd. 4, that
  - i. requires a licensee, within ten days, to report to the Board of Dentistry personal knowledge of a serious failure or a pattern of failure by another licensee to comply with accepted and prevailing infection control procedures, and further that
  - ii. a licensee shall not be discharged or discriminated against for filing a complaint in good faith under this subdivision.
- b. The Board will develop a method to make reporting infection control violations more convenient and that ensures anonymity when requested.

### **4. Board Website and Other Board Communications – Emphasis on Infection Control Compliance**

- a. Board staff will develop a plan for modifications to the website that will include the following characteristics, subject to availability of resources:
  - i. Prominent presence of an “Infection Control” link on the home page;
  - ii. Links to various resources that will assist licensees in obtaining information about infection control compliance, including but not limited to:
    1. CDC Guidelines;
    2. Infection control checklists that may be adopted by the Board or by education institutions, governmental units, or professional associations;
    3. Educational materials;
    4. Tests that may be developed by organizations such as the Organization for Safety & Asepsis Procedures (“OSAP”);
    5. Videos that demonstrate various techniques for compliance with infection control best practices.
- b. The Board newsletter will include a section devoted to infection control.

- c. The Board will consider developing a social media presence that will include the promulgation of the Board's policies concerning infection control.

5. Continuing Education and Self-Assessment

- a. At least one of the core courses necessary to satisfy licensees' continuing education requirements must be in infection control (this would be subject to making a change in Rule);
- b. Develop a more comprehensive infection control test that licensees will be expected to take as a part of their self-assessment for license renewal.

6. Attestations at time of License Renewal. Subject to what is administratively and fiscally feasible and to what staff considers useful for enforcement purposes, as a part of the license renewal process each licensee will attest to the following:

- a. The name and location of their primary place of the licensee's practice, if any;
- b. The name of the infection control coordinator at the licensee's primary place of practice;
- c. If the licensee is an infection control coordinator, or the supervising dentist of an infection control coordinator, the licensee will attest that:
  - i. Weekly spore tests have been performed and that results for the previous six months will be made available to the Board upon request; and
  - ii. The written health program for dental health care personnel, as required by the CDC and Minnesota statutes and rules, has been created and instituted at their primary place of practice and will be made available for review by the Board upon request.

**BE IT FURTHER RESOLVED**, that in order to assist the Board in determining whether to initiate infection control inspections in the future, the following will occur:

7. Data Collection.

- a. Staff will gather and organize data that comes to the attention of the Board concerning allegations of infection control violations, even if such alleged violations are secondary or tertiary to other complaints; and
- b. Staff will make a reasonable effort, subject to availability of staff resource time, to review old complaint records to approximately identify the number of complaints where infection control violations were alleged, or subsequently found to exist, even though said violations were not the primary reason for the complaint, and report their findings to the Policy Committee within six months.
- c. Staff will make a reasonable effort to approximately determine the amount of resources necessary for the Board to conduct random infection control inspections of dental practices, assuming 5% of the practices were inspected each year. Staff will report their findings back to the Policy Committee within six months.

8. Infection Control Inspections

- a. The question of whether the Board should begin infection control inspections is referred back to the Policy Committee; and
- b. Within one year of the date on which the Board adopts the recommendations in these resolutions, the Policy Committee will report back to the Board with its recommendations concerning whether the Board should initiate infection control inspections.

# Sedation Committee

The Sedation Committee recommends the following Motion:

The Committee would require sedation provider(s) to be present at the on-site inspection, and have the ability to participate to an agreed upon level, as requested by the inspector.

Allied Dental Education and Dental Assistant Committee Report

**The Committee does not have any motions to be brought before the Board at this time, however, it would like to communicate with the Board about recent actions at our December 3, 2015 Allied Education meeting.**

**Allied Sedation Monitoring Course Sponsors:**

The Committee discussed concerns regarding the two Board approved sponsors for the Allied Sedation IV/Monitoring courses. The staff had brought to the attention of the Committee that both sponsors had recently allowed individuals to register and participate in their course, when they didn't meet the required pre-requisites.

The Committee made and approved the following motion:

**Motion within Committee:**

Committee agreed to allow both sponsors to maintain their Board approved status, so long as they required anyone registering for their course to produce evidence in the form of a Board online verification on themselves, which would show that they were both licensed and held current nitrous oxide certification. In addition, the sponsor would also require a copy of their current AHA or ARC Healthcare Provider CPR card.

\*\*\*\*\*

**Additional Approved Sponsor (limited access) for Allied Sedation Monitoring:**

Dr. James Hinrichs of the University of Minnesota, had made a proposal to the Committee, to consider his course for certification of allied staff with regards to Allied Sedation IV/Monitoring. This course offering would strictly be for faculty and staff employed within his Periodontic Residency program.

**Approved Motion:** The Committee accepts Dr. Hinrichs course for faculty and staff employed within the Periodontic Residency program to become certified in the Allied Sedation I/V Monitoring certification.

\*\*\*\*\*

Continued next page.

## Dental Assisting and Hygiene programs instruction of Gingival Displacement

- + All DA programs have either implemented the training of gingival displacement into their curriculum, or will be doing so before current classes graduate. Rules regarding application requirements for initial licensure, require that all specified scope of practice duties for LDA's be in training programs See rule below:

Rule 3100.1300 B. (page 119) The applicant shall furnish a certified copy or equivalent of a diploma or certificate of satisfactory completion of a training program approved by the Commission on Accreditation or other program which, in judgment of the board is equivalent. If the curriculum of the training program does not include training in the expanded duties specified in part 3100.8500 (page 152-155), the applicant must successfully complete a course in these functions which have been approved by the board.

- + Dental Hygiene rule refers only to being a graduate of a CODA program.  
Rule 3100.1200 (page 119) D. The applicant shall furnish satisfactory evidence of having been granted a diploma or certificate in dental hygiene from a school accredited by the Commission on Accreditation.

Therefore, the Committee deemed it would not require at this time DH applicants to provide proof of the training, but that it would expect that the programs would have it incorporated by 1/1/2016, when CODA's 2-18 proposal goes into effect. The CODA 2-18 standard addresses scope of practice for "Initial" hygiene licenses. Minnesota does not have "initial" licensing requirements based on scope of practice. The scope of practice for dental hygiene is defined in Rule 3100.8700 ( page 155-157) Scope of practice that requires certifications such as sedation monitoring and restorative functions is not included in the CODA 2-18 interpretation by the Board.



Allied Dental Education Committee will be addressing Scope of Practice training issues for Dental Assisting and Dental Hygiene Programs in the coming 2016 year. Robust and forward thinking professionals will be meeting in this year to bring Minnesota's Allied Dental Professionals the ability to practice at the top of their scope of practice. Join us for our meetings, we encourage Public participation. Thank you to the Dental Allied Educators for all of your input and attendance at our meetings this past year. You're the Best!!

Nancy Kearn, DH, LDA Chair Allied Dental Education  
Teri Youngdahl, LDA  
Doug Wolff, DDS

January 15, 2016

TO: Minnesota Board of Dentistry  
FROM: Licensing and Credentials Committee  
RE: **Motion for Emeritus Licensure Status**

The Licensure and Credentials Committee requests that the Board approve of the concept of adopting an Emeritus Status either by Statute or Administrative Rulemaking. This status could be offered to licensees who no longer wish to practice clinical dentistry.

The Committee recommends that the Board delegate to the Committee the responsibility to continue working on proposed language and bring back to the Board a final draft, for approval, modification or rejection, at a future date.

**Rationale:**

To allow licensed individuals, whom the Board determines should not be in clinical practice, to hold an Emeritus status in lieu of a Voluntary Surrender. This status may also be an option for retirement for those licensees who wish to keep their membership benefits and connection to the dental community.

**Example:**

Rule language from the Minnesota Board of Medical Practice's Emeritus Status:

**Chapter 5606.0200:**

*Any physician duly licensed to practice medicine in the state pursuant to Minnesota Statutes, chapter 147, who declares that he or she is retired in all jurisdictions from the active practice of medicine may apply to the board for physician emeritus registration. The physician may do so by indicating on his or her annual registration form or by petitioning the board if he or she is in fact completely retired and has not been the subject of disciplinary action resulting in the suspension, revocation, qualification, condition, or restriction of the physician's license to practice medicine.*

Minnesota Board of Dentistry  
Scope of Clinical Licensure Testing

Responsibilities of the Board and Board members:

Minnesota Statute describes a function of the Board as examining for licensure.

**150A.03 OFFICERS; SALARIES; EQUIPMENT AND SUPPLIES.**

Subdivision 1. **Officers.** The board shall elect from its members a president, a vice-president, and a secretary. The board shall have a common seal. It may hold meetings at such times as may be necessary and as it may determine. The board may affiliate and participate, both in and out-of-state, with regional and national testing agencies for the purpose of conducting examinations for licensure and registration. The fee charged by such an agency for conducting the examination may be in addition to the application fee established by the board pursuant to section 150A.06.

Minnesota Statute also describes requirements for licensure applicants to include examinations.

Dentists-

“may be examined by the board or by an agency pursuant to section 150A.03, subdivision 1, in a manner to test the applicant's fitness to practice dentistry.”

Dental Therapy-

“Prior to being licensed, the applicant must pass a comprehensive, competency-based clinical examination that is approved by the board and administered independently of an institution providing dental therapy education.”

Dental Hygienists-

“Prior to being licensed, the applicant must pass the National Board of Dental Hygiene examination and a board approved examination designed to determine the applicant's clinical competency.”

Minnesota Statute describes who may examine.

Subd. 2b. **Examination.** When the Board of Dentistry administers the examination for licensure, only those board members or board-appointed deputy examiners qualified for the particular examination may administer it.

Examinations currently accepted by the Board for initial licensure

Dentists-

The exam administered by CDCA (formerly NERB), (currently the ADEX exam)

The exam administered by CITA (currently the ADEX exam)

SRTA

WREB

CRDTS

NDEB of Canada (exclusively for the graduates of the University of Minnesota School of Dentistry Class of 2010 and beyond).

All licensee applicants must complete a Periodontal portion of any approved examination in order to qualify.

Dental Therapists-  
CRDTS Dental Therapy exam

Dental Hygienists-  
CRDTS  
WREB

Exclusions:

The Board does not accept the ADEX exam as administered by the State of Florida, the State of Nevada, the State of Mississippi.

How does the Board determine examinations accepted?

Periodically the Clinical Licensure Exam Committee will survey the current offerings for clinical exams available in the United States and review the content, administration protocol and other aspects of the exam. The current examinations were approved by the Board at past public meetings, by a majority vote, and as a matter of Policy.

The IOPP describes the Board obligation to establish clinical examination requirements for licensure.

Part I, Section C.

2. Adopt rules establishing standards and methods of determining whether applicants and licensees are qualified. The rules provide for examinations, standards for professional conduct, and requirements for professional development.

The IOPP describes responsibilities and obligations of Board members pertaining to licensure examinations.

Part II, Section A.

**4. Clinical Examiner** a) Dentist and Dental Hygiene members of the Board, are expected to participate, as eligible, with the conduct of clinical examinations for Board-approved clinical examining bodies.

Examiners are of two categories:

Current Board Members- Dentists and Hygienists

Deputy Examiners- Past Board members and others who have applied to the Board for such status and have been approved by the full Board.

## National Dental Examining Board of Canada

### History-

In June 2009, the Minnesota Board of Dentistry unanimously voted to accept the NDEB of Canada licensure exam for initial licensure- exclusive to graduates of the University of Minnesota School of Dentistry Class of 2010 and beyond. Minnesota is the only Board in the United States to accept this exam for initial licensure.

### Board member obligations relating to acceptance of this exam-

1. Board members agreed to a participation agreement signed by the 2010 President of the Board and the Dean at the time, Dr. Patrick Lloyd. A scanned copy of the agreement is on file at the Board. The agreement obligated Board members to attend various administrative committees within the school. In addition, members are to observe clinical competency exams at the school and calibration sessions for faculty evaluating these competencies. Subsequently, Dr. Leon Assael has verbally agreed to continue this participation agreement. School staff will notify Board staff when meetings are scheduled. Board members are subsequently notified and are encouraged to attend. Attendees are asked to file a written report to the full Board upon completion of attendance.
2. The President of the Board or his/her designee are invited to attend the Annual Meeting of the NDEB of Canada in October. This meeting is held at the NDEB headquarters in Ottawa. The Board's presence is very influential and important at these meetings.
3. Dentist members are invited to attend exam construction workshop sessions in Ottawa. The criteria for attendance is to be a currently practicing general dentist, or have been recently practicing within the last 2-3 years.
4. Board members who are not affiliated with the School of Dentistry are asked to invigilate (proctor) the exam administration at the U of Mn and provide a written report to the agency upon completion of this work.

## CRDTS Dental Therapy Exam

### History-

The Dental Therapy Statute requires the licensees to pass a third party independent exam approved by the Board. The Board published RFPs to solicit testing agencies for participation in this endeavor. CRDTS was the only examination agency to respond. This response was to accommodate a CRDTS Member Board request. Minnesota is a charter Member of the Central Regional Testing Service.

### Development-

CRDTS organized an ad hoc committee to develop criteria, content, scoring, protocol for the exam. It was based on the fact that Dental Therapists would be held to the same Standard of Care as the Dental candidates. It was also determined important that DT candidates be examined blindly with DDS candidates as the Standard of Care is the same. Task Force members included CRDTS exam development staff, MN BOD members, educators from the School of Dentistry and Metropolitan State.

### Administration-

According to Statute Dental Therapists are not able to diagnose. A portion of the CRDTS exam requires the candidate to present an acceptable patient lesion to perform the required treatment. The combined Task Force agreed to allow Minnesota Board of Dentistry CRDTS examiners or Deputy examiners to conduct lesion approval sessions at each educational institution in advance of the scheduled exam date for the purpose of approving the acceptable patient and lesion to be performed during the exam process. ALL Board examiners and Deputy examiners are needed to fulfill this task. Dates are forwarded from the respective schools to the Board and forwarded to examiners.

# AMERICAN ASSOCIATION OF DENTAL BOARDS (AADB) ANNUAL MEETING NOV. 3-4, 2015

Dr. Mina Paul-The meeting opened with a review of the purpose of the AADB. We were informed that the AADB had refurbished its web site. The AADB is financially sound and will continue to reside on the 7th floor of the ADA building in Chicago.

Mr. James Tanner-AADB EXEC. Director—Discussed the role of the Board as it relates to the practice act and that the task is vision versus implementation. He discussed the tools available from the AADB through its Assessment Services Program (ASP).

- Expert Review Assessment (ERA)

- Dentist-Professional Review and Evaluation Program (D-PREP)

- Remediation-Customized plan developed following review

There is also a link from the AADB to DANBE that evaluates the individual state practice acts.

Dr. Maxine Fineberg-ADA President—Update

- Student Debt-threat to the profession-Doubled since 2001-(350K-400K)

- Dental spending is flat

- 1000 more students per year being graduated

- 70% of students requesting business education as part of curriculum

- The ADA is supporting the Curriculum Integrated Format (CIF) of testing

- ADA has hired an individual to liaison our Boards and Practice Acts to the ADA data base-effort to keep licensure up to date

David Preble DDS-Dental Service Organizations (DSO) Principles

- The industry is in the process of changing paradigms

- Trends-increase children and seniors with decrease in working age adults

  - visits are down in offices, schools, with an increase in FQHC

  - earnings peaked in 2001 and now are going down

  - reasons for not seeking care-“cannot afford it” or “don’t need it”

  - break out of new normal

    - 19-64 of age 2/3 don’t see a dentist

    - millennials-live first and work second

- Changing models to group practice by millennial

  - less ability to influence or control

  - less likely to feel stressed

  - less likely to be satisfied with care being delivered

- DSO’s

  - cannot employ a DDS

  - can employ all non licensed personnel

  - records are custody of owner DDS

  - owner sets fees, collection, advertising, hires licensed personnel

  - can own physical assets

  - DSO is a business and not a license

  - up to State to determine level of oversight

Dr. Rodney Whitlock-Baucus-Grassly Report on Corporate Dentistry

- government responds to sensory input from the world-the media
- they legislate to the lowest common denominator
- “sensory input”—reaction—“we must stop that”
- policy makers know you cannot survive on medicaid payment for services
- take some costs to treat medicaid and make it up elsewhere
- payment system that steers toward volume (\*small smiles is out as provider)
- biggest impediment to telemedicine is state Boards and their fiefdom
- to keep the Feds out-“make sure whatever financial incentives are put in place to compete with the medicaid shift do not have negative outcomes”
- Feds have data and do not share it with State Boards

Brian Babin DDS, Congressman Texas 36

- “If you are not in the political arena, someone else will and they may not have the same values that you do”
- Affordable Care Act (ACA)- must enroll in medicare before writing prescriptions- this was an attempt to pull dentistry into medicare

Paul Gosar DDS, Congressman Arizona 04

- “If you are not involved you become a victim of the process”
- insurance companies are consolidating
- Dental Insurance Fairness Act-“Medicine cannot save itself without dentistry’s help”

Mr. Michael Graham, ADA Senior Vice President, Govt. Affairs

- 18 states proposed mid level provider, no legislation passed-Minnesota does not meet CODA Standards
- bottom line, more dentists need to get involved
- Just saying “no” doesn’t work, you need a plan of action for dental health
  - ER referred, Community Dental Health Coordinator (CDHC), 38% of dentists have capacity, long term care in nursing homes, GKAS,MOM, Contract FQHC, Fluoridation, Physician referral, fix medicaid
- student loan caps
- ADA has purchased a house 1601 steps from the Cannon Office Building
  - message the closer you are to who needs to hear the message .....

Ms. Marian Lao, FTC, Director of Office of Policy Planning

- FTC-restraint of competition decreases consumer benefit
- Fed. regulation can be excessive-when full skills are not required
- ability to limit competition -to promote other benefits or values
- because states do not pass specific laws they develop regulatory Boards
  
- Boards have immunity if “Actively Supervised” by the state
  
- clear state supervision

- clear articulation requirement that they foresaw anticompetition
- state supervision must have ability to change Board decision
- ? how does state demonstrate supervision
- controlled number of decision makers-not just a majority
  - one person can be a controlled number
- if there are no decisions restricting competition then do not need active supervision
- If Board acting only in supervisory capacity-do not need active supervision
- “the purpose of immunity is to allow disposal of a case quickly”

#### William MacLeod JD, FTC addressing a New Era of Oversight

- cease and desist letters vs AGO as stick
- It is no longer about “Dentistry”-FTC decision has everyone wondering how they will define: When commercial interest-that could take Board out-they will second guess all decisions allowing attack by private plaintiffs under the FTC ruling
- State action protection is no longer going to shelter the Board
  - What is our organizational structure and lines of authority-if not clear in statute to perform an act-assume not protection
  - Majority of board members practicing-assume no protection
  - AGO office does not know what will happen if litigation occurs
  - bifurcate activities

#### Northern Caucus issues-

- Universal licensure-state defines exam
- Schools pick and choose exam based upon failure rate
- Medicare competition
- Create clearing house for exam failures

#### Southern issues

- National/universal exam

#### West

- national exam
- licensees before Board multiple times moving from state to state

#### East

- review of bylaws
- license portability
- volunteer licensing

#### Dr. Joseph Gambacorta, “Buffalo Model” Curriculum Integrated Exam

Information will be presented in greater detail as the University of Minnesota is undergoing discussions about this examination. Discussion are in progress.

#### Open Forum Issues

- requirements for licensure
- care in non traditional settings
- sedation changes (multiple states)
- office inspections for infection control
- residency programs in FQHC's
- CE-infection control (multiple states)
- PMP (Pharmacy Monitoring Program)
- consolidation of Boards
- fee increase to hire investigator
- opiate antagonist

My take away:

1. The profession of dentistry is being assessed. Is it a profession or is it a commercial enterprise? Do the regulatory methods of the past meet the current needs of the public?
2. A Board is allowed to function in its capacity for the purpose of "expedition of cases in a timely manner."
3. Does the Board have bias or can an outside source provide sufficient "Active Supervision" to allow the Board to function and achieve its objective as stated in item #2. Is there a level playing field or is every decision to be challenged and subject to our legal system?
4. The current paradigm shift is being noticed. It is being influenced by the cost of education, the cost of services, the value of services or lack thereof, the introduction of the DSO in greater number, the influence of the FED.
5. A task of the Board is vision.
6. If you are not at the table, you are the lunch. Involvement is not an option.
7. All states are asking similar questions. Open communication is required.
8. Licensure, its requirements and testing methods are in question.
9. Who makes the decision what requires "full skills," and where the public will be helped or hindered by control of the license that delivers these skills?

Submitted Respectfully,  
Neal Benjamin DDS MAGD FACD

MINNESOTA BOARD OF DENTISTRY  
**COMPLAINT UNIT REPORTS**  
for Board Meeting of January 15, 2016

1. & 2. Complaint Committee Meetings

Summary reports of the monthly meetings of each of the two committees for November and December 2015 are attached.

3. Statistics – complaints & public actions

A total of **267** complaints were opened in 2015. Complaint and public actions trend data included among the Complaint Committees Reports.

4. Complaint Processes

The **Joint Complaint Committee Meeting** is scheduled for the morning of **Monday, March 28, 2016**. Members of each of the Committees have presented ideas for **topics** of discussion, and I will work with the Committee Chairs to finalize the agenda by mid-February 2016.

Mary Liesch  
Director of Complaints & Compliance



# MINNESOTA BOARD OF DENTISTRY

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## COMPLAINT COMMITTEE A MEETING REPORT

<b>Meeting date and time</b>	<b>October 8, 2015</b> 8:00 a.m. - 3:30 p.m.
<b>Members Present</b>	Nancy Kearn, D.H., Allen Rasmussen, M.S. Neal Benjamin, D.D.S. Steven Sperling, D.D.S. (Absent)
<b>Compliance Reviews</b>	Six compliance cases were reviewed.
<b>Complaint Reviews</b>	Eight complaint cases were reviewed. Several were closed and others identified as requiring a conference or investigation.
<b>Conferences</b>	Three disciplinary conferences were held.
<b>Case Reviews</b>	Nine case reviews were conducted. Several cases were identified as needing a conference or review at a future meeting. Several cases were closed. Others were identified as requiring follow-up by the AGO.

<b>Meeting date and time</b>	<b>November 12, 2015</b> 8:00 a.m. – 4:30 p.m.
<b>Members Present</b>	Neal Benjamin, D.D.S. , Nancy Kearn, D.H., Allen Rasmussen, M.S., Steven Sperling, D.D.S.
<b>Compliance Reviews</b>	Seven compliance cases were reviewed.
<b>Complaint Reviews</b>	Seventeen complaint cases were reviewed. Several were closed and others were identified as requiring a conference or follow-up by Board staff.
<b>Conferences</b>	Three informational conferences were held.
<b>Case Reviews</b>	Seven case reviews were conducted. Cases were identified as requiring review at a later date. Other cases were identified as needing expert review and others were identified as needing a conference in the future.

<b>Meeting date and time</b>	<b>December 10, 2015</b> 8:00 a.m. – 3:30 p.m.
<b>Members Present</b>	Nancy Kearns, D.H., Neal Benjamin, D.D.S. , Allen Rasmussen, M.S., Steven Sperling, D.D.S.
<b>Compliance Reviews</b>	Five compliance cases were reviewed.
<b>Complaint Reviews</b>	Seven complaint cases were reviewed at this meeting. Several cases were closed and others were identified as requiring a conference in the future. One matter was identified as requiring a Board staff follow-up.
<b>Conferences</b>	Two disciplinary conferences were held.
<b>Case Reviews</b>	Seven case reviews were conducted. Several cases were identified as requiring Board staff follow-up and then bring back to the Committee. Other cases were closed or identified as requiring a conference.



# MINNESOTA BOARD OF DENTISTRY

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## COMPLAINT COMMITTEE B MEETING REPORT

<b>Meeting date and time</b>	<b>October 22, 2015</b> 8:00 a.m. – 3:00 p.m.
<b>Members Present</b>	Teri Youngdahl, L.D.A., John Manahan, J.D., Douglas Wolff, D.D.S. David Gesko, D.D.S. (Absent)
<b>Compliance Reviews</b>	Six compliance cases were reviewed.
<b>Complaint Reviews</b>	Five complaint cases were reviewed. Several cases were identified as requiring additional follow-up by staff or expert review. Cases were identified as requiring letters to the Licensee.
<b>Conferences</b>	Two disciplinary conferences were held.
<b>Case Reviews</b>	Ten case reviews were conducted. Cases were identified as needing a conference and others were closed. One case was discussed regarding a counterproposal and others were updated on Hearing status.

<b>Meeting date and time</b>	<b>September 24, 2015</b> 8:00 a.m. – 2:30 p.m.
<b>Members Present</b>	Teri Youngdahl, L.D.A., John Manahan, J.D. David Gesko, D.D.S., Douglas Wolff, D.D.S.
<b>Compliance Reviews</b>	Six compliance cases were reviewed
<b>Complaint Reviews</b>	Two complaints were reviewed. One case was identified as requiring a Case Conference and the other was identified as needing additional information and is with Board staff for follow-up.
<b>Conferences</b>	One informational conference was held.
<b>Case Reviews</b>	Seven case reviews were conducted. Some cases were identified as requiring a conference. CC members were provided updates on other cases that are pending (Hearings or proposed Orders). Expert review is required in at least one case.

<b>Meeting date and time</b>	<b>December 17, 2015</b> 8:00 a.m. – 3:30 p.m.
Members Present	Teri Youngdahl, L.D.A., John Manahan, J.D. David Gesko, D.D.S., Douglas Wolff, D.D.S.
Compliance Reviews	Four compliance cases were reviewed
Complaint Reviews	Fifteen complaints were reviewed. Multiple cases were identified as requiring a Case Conference and others were closed. Several cases were identified as requiring a conference and additional cases are with Board staff for follow-up.
Conferences	Three disciplinary conferences were held.
Case Reviews	Four case reviews were conducted. Updates on several cases were provided by Board staff and AGO. One matter was closed.

**Minnesota Board of Dentistry  
COMPLAINT STATISTICS**

**( N = Number of complaints )**

(updated 12/31/2015)

	'93	'94	'95	'96	'97	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15
Jan	32	19	19	27	11	11	12	20	15	17	22	20	15	15	29	18	15	9	20	15	29	28	<b>30</b>
Feb	33	29	23	31	21	18	16	15	17	12	24	21	23	19	18	30	33	15	13	26	34	23	<b>19</b>
Mar	27	25	25	23	21	13	25	29	16	16	21	35	38	27	14	26	23	31	22	47	34	23	<b>29</b>
Apr	37	20	18	18	16	18	24	23	27	21	15	33	32	29	16	17	27	12	19	13	38	24	<b>28</b>
May	29	26	25	15	22	17	20	22	22	16	20	19	23	17	19	20	20	20	32	35	16	16	<b>13</b>
Jun	28	21	17	8	12	16	13	23	16	17	18	20	26	43	20	10	20	19	22	16	10	27	<b>10</b>
Total=	186	140	127	122	103	93	110	132	113	99	120	148	157	150	116	121	138	106	128	152	161	141	<b>129</b>
Jul	24	28	16	20	10	18	12	16	20	16	19	21	6	35	20	17	29	27	8	30	24	26	<b>25</b>
Aug	19	19	19	11	14	17	21	22	30	27	20	15	21	37	18	22	17	18	19	19	19	24	<b>17</b>
Sep	28	28	18	15	18	21	21	15	22	20	25	20	10	29	19	21	18	17	21	9	17	18	<b>19</b>
Oct	20	21	22	32	11	18	14	15	22	15	28	28	17	14	22	16	24	13	16	20	16	14	<b>24</b>
Nov	28	16	29	18	13	6	21	16	26	15	14	22	15	18	26	17	35	19	20	21	15	15	<b>22</b>
Dec	24	12	23	14	20	19	19	16	15	16	16	25	20	18	11	20	21	23	14	17	13	25	<b>31</b>
Total=	<u>329</u>	<u>264</u>	<u>254</u>	<u>232</u>	<u>189</u>	<u>192</u>	<u>218</u>	<u>232</u>	<u>248</u>	<u>208</u>	<u>242</u>	<u>279</u>	<u>246</u>	<u>301</u>	<u>232</u>	<u>234</u>	<u>282</u>	<u>223</u>	<u>226</u>	<u>268</u>	<u>265</u>	<u>263</u>	<b>267</b>

2011-2015 avg. = 258
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[CALENDAR

YEAR]

# to AGO	69	52	54	43	32	38	34	42	47	33	37	56	45	51	50	35	53	47	62	71	55	68	53
% to AGO	21%	20%	21%	19%	17%	20%	16%	18%	19%	16%	15%	20%	18%	17%	22%	15%	19%	21%	27%	26%	21%	26%	<b>20%</b>

[FISCAL

YEAR]

# complaints	FY93	FY94	FY95	FY96	FY97	FY98	FY99	FY00	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	<b>FY16</b>
	310	283	251	249	213	179	209	240	213	234	229	270	288	239	267	237	251	250	245	250	277	245	251	<b>138</b>
# to AGO	(na)	(na)	(na)	53	31	37	34	44	28	48	30	53	51	36	47	46	51	56	46	45	53	39	38	<b>25</b>

Minnesota Board of Dentistry

**PUBLIC ACTIONS**

(updated 12/31/2015)

	'00	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15
Disciplinary	17	15	12	13	17	16	16	16	23	22	21	15	33	33	38	30
Corrective	32	12	21	9	18	29	24	24	11	25	26	28	25	33	47	24
<b>Total=</b>	49	27	33	22	35	45	40	40	34	47	47	43	58	66	85	54

**Possible TOPICS  
for 2016  
Joint CC Meeting**

- **Understanding the Board's Complaint Resolution Process**
  - **Complaints to be considered on a case-by-case basis**
  - **Committee recommend action that ensures public protection**
  - **Staff summary memoranda – summarize alleged violations of statutes & rules**
  - **Website and letters – emphasize contacting the provider directly to resolve concerns.**
  - **Letters to licensees – “The patient alleges ... “ vs. “It is alleged...”**
  
- **Use of Technology for the Complaint Resolution Process**
  - **Ensuring complete and accurate review of patient record**
  
- **Use of administrative (versus complaint) processes for some matters:**
  - **advertising**
  - **corporation renewal**
  - **CPR lapses** (*look at # of days of lapse?, address for only sedation & N2O providers?*)
  
- **Exparte' communications - review**
  
- **License lapses – no longer pursuing fine\$ through statutory change?**

**Care reviews**

- **Review of complex care cases by CC dentist members (versus consultants reviewing).**
- **Consultants – currently Dr. Kukla** (*also, Case Consultants: Linda Boyum, LDA, and Joan Sheppard, DDS*)
- **Experts – see current list**

**CC meetings:**

**Prep** - Thorough reviews required. If need to move review to future meeting, indicate that before or at CC meeting.

**Meeting day**

**Schedule / structure**

**Conferences:** - greeting Licensee from reception area

- during / - deliberations / - presentation of CC resolution

January 15, 2016

TO: Members of the Minnesota Board of Dentistry

FROM: CC-A (Dr. Neal Benjamin, Nancy Kearn, Allen Rasmussen, Dr. Steve Sperling)

RE: Motions

**Motion #1:**

The Committee recommends that a batch e-mail system be developed, such that information related to public safety, can be quickly dispersed.

**Motion #2**

The Committee recommends that PMP (Prescription Monitoring Program) registration must be required as part of the license renewal process for dentists with DEA (Drug Enforcement Agency) numbers.

## How to register for a free MN PMP Account?

Visit the MN PMP public website at [www.pmp.pharmacy.state.mn.us](http://www.pmp.pharmacy.state.mn.us) and click on "Access Request Forms."

- Select the prescriber access request form.
- Complete the account registration form (the email address you provide will be used to notify you of your personal account log in information). Please refrain from providing an email address that can be accessed by others.
- When prompted, print a copy of the form for your records.

All information is electronically transmitted. Upon receipt, your credentials will be verified and email notification will be sent within 2 business days.

Questions about the MN PMP database may be directed to the MN PMP office at (651) 201-2836 or by email at [minnesota.pmp@state.mn.us](mailto:minnesota.pmp@state.mn.us).

*"Working in the Emergency Department I am often faced with a need to verify a patient's prescription history. This frequently happens at night or on weekends when a telephone call may not be helpful. The MN Prescription Monitoring Program is a valuable tool which I use often. As a result, I am better able to treat chronic pain issues and also, just as importantly, I can bring up the presence of inconsistencies and discuss a possible need for substance abuse or addiction treatment."*

James Zents, MD  
Emergency Department  
New Ulm Medical Center  
New Ulm, MN



MINNESOTA  
PRESCRIPTION  
MONITORING  
PROGRAM

*Reducing  
prescription  
drug abuse  
and improving  
patient care*



[www.pmp.pharmacy.state.mn.us](http://www.pmp.pharmacy.state.mn.us)

Minnesota Board of Pharmacy  
Prescription Monitoring Program  
2829 University Ave. SE #530  
Minneapolis, MN 55414-3251  
phone: (651) 201-2836  
fax: (612) 617-2261

**ONLINE ACCESS  
FOR PRESCRIBERS**

This project was supported by Grant No. 2011-PM-BX-0001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, the Community Capacity Development Office, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

## **MN PMP: What is it?**

Prescription drug abuse is an increasing problem that endangers public health and safety. In January 2010 the Minnesota Board of Pharmacy implemented the MN Prescription Monitoring Program (MN PMP) to monitor prescription drug use in an effort to promote public health and welfare by detecting diversion, abuse and misuse of certain controlled substances listed in Minnesota Statutes Chapter 152. Licensed prescribers, pharmacists and their delegates are invited to assist in that effort through the use of the MN PMP electronic database.

The MN PMP database is accessed through a secure, web-based application designed to help prescribers and pharmacists provide better patient care and reduce controlled substance misuse, diversion and abuse by assisting patients in getting the help that they need to deal with either chronic, under-treated pain or chemical dependency.

By law, an individual's controlled substance prescription history is available in the database for a 12 month period.

## **How does it work?**

Pharmacies licensed by the MN Board of Pharmacy as well as other dispensers of prescription drugs (such as physicians that dispense controlled substance that a patient takes home), are required to report the dispensing of controlled substances Schedules II-V and butalbital prescriptions. Data is submitted electronically to a private contractor that collects the data and manages all technical aspects of the program for Minnesota. Data is submitted daily.

## **How accurate is the information in an Individual's Prescription History Report?**

MN PMP does not warrant any report to be accurate or fully complete. The information contained in the database comes directly from the dispensing pharmacy and mistakes, while uncommon, are possible. As such, the Individual's Prescription History Report should only be used to supplement a patient evaluation, to confirm a patient's drug history or to document compliance with a therapeutic regimen.

## **What information is contained in a report?**

Individual's Prescription History Reports contain a summary of the state's Schedules II-V controlled substance and butalbital prescriptions which have been dispensed. The summary includes information such as: quantity and dosage of the controlled substance dispensed the pharmacy that dispensed the prescription and the practitioner who prescribed to the patient.

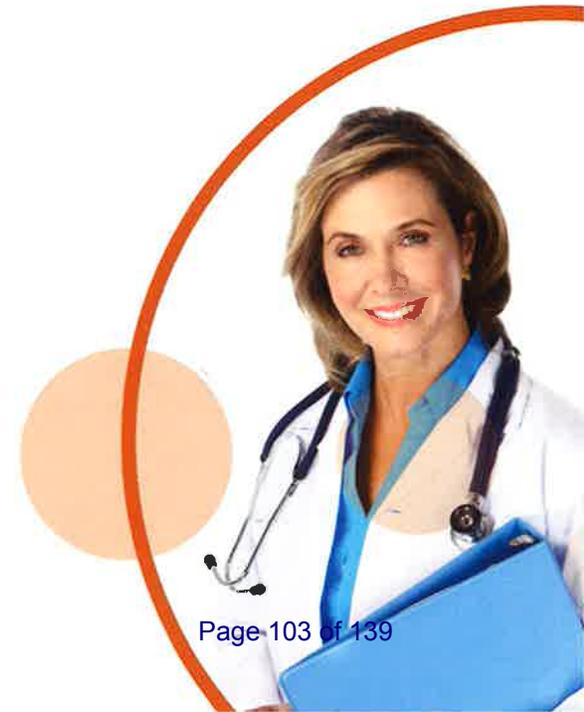
MN PMP database users may request Individual's Prescription History reports 24/7. Requests are automatically fulfilled and the actual report is typically available for viewing within seconds.

## **Protecting the privacy of patient's health information**

Access to MN PMP database occurs through a secure Internet Web site which requires users to login with a user ID and password.

The HIPAA Privacy Rule sets limits on how health plans and covered providers may use individually identifiable health information. Personal health information may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. However, the rule does not restrict prescribers from sharing information needed to treat their patients.

For more information about the HIPAA Privacy Rule, visit HHS, Office for Civil Rights: <http://www.dhhs.gov/ocr/hipaa>.



## Health Professional Services Program (HPSP)

The HPSP Program Committee met November 17, 2015. Ruth Martinez- Medical Board Executive Director, Shirley Brekken- Nursing Board Executive Director, and Allen Rasmussen- Program Committee Chair presented the HPSP Governance Planning Work Group proposal to the Program Committee (*text of proposal is included following this report*).

A lengthy discussion followed, with many questions and suggested changes. The Governance Work Group will meet January 6, 2016 to discuss the suggested changes and revisions to the proposed plan. The next meeting of the Program Committee will be held February 16, 2016.

Allen Rasmussen, Chair  
HPSP Program Committee

# Health Professionals Services Program

1380 Energy Lane, Suite 202, St. Paul, MN 55108 – Phone: 651/642-0487 – Fax: 651-643-2163

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## GOVERNANCE PLANNING TEAM RECOMMENDATION

### Background

During the Health Professional Services Program's (HPSP) strategic planning sessions, participants examined the Program's governance structure. One of the key reasons for reviewing the governance structure was to identify ways to increase participation and subject-matter expertise of those serving in a HPSP governance role. The current governance structure requires representatives of all health regulatory boards be appointed to a Program Committee and does not enable the highest users of HPSP (currently, Nursing, Medical, Dentistry and Pharmacy) to significantly engage in and oversee program operations.

Due in part to limited utilization of HPSP services, some boards devote less time, have less knowledge and less investment in HPSP operations, leading to Program Committee meetings without quorums and frustration in effectuating program goals. Questions were raised about Program Committee members' familiarity with their boards' budgets, complaint review processes, and interactions with HPSP. There was also an acknowledgement that board members are very busy and that participating on the Program Committee may not be the best use of time for certain boards.

### Governance Planning Team

Stakeholders representing large, medium and small boards were identified to participate on the governance planning team (executive directors Marshall Shragg, Shirley Brekken, Ruth Martinez, and Jennifer Mohlenhoff). Additionally, Program Committee Chair Allen Rasmussen and Advisory Committee Chair Stephen Gulbrandsen were asked to participate, along with HPSP Program Manager, Monica Feider. Four of the meetings were facilitated by Barb Deming of Management Analysis & Development. The team met five times between December 2014 and October 2015 to examine issues, explore potential governance structures, and develop recommendations.

### Recommendations

The Governance Planning Team recommends revision to Minn. Stat. 214.32 to (1) establish that the Program Committee consist of five executive directors and two public members of participating boards and (2) remove the requirement that two public members be appointed to the Advisory Committee. The proposal also recommends changes to the Advisory Committee composition to include representation from any health-related professional association whose membership is eligible for program services and who choose to participate. This would remove names of specific associations from statute, as some that are named do not choose to attend and other who are not named attend Advisory Committee meetings.

Even though the Program Committee would be comprised of five executive directors, other interested executive directors and board members could attend the meetings.

## PROPOSED CHANGES – RED LINE VERSION

### 214.32 PROGRAM OPERATIONS AND RESPONSIBILITIES.

#### Subdivision 1. Management.

(a) A Health Professionals Services Program Committee is established, consisting of ~~one person~~ five health-related licensing board executive directors and two public members, as defined by section 214.02, appointed annually by the health-related licensing board executive directors. appointed by each participating board, with each participating board having one vote. The committee shall:

- (1) ~~designate one board to provide administrative management of the program;~~
- (2) ~~set the program budget and the pro rata share of program expenses to be borne by each participating board;~~
- (3) ~~provide guidance on the general operation of the program; including hiring of program personnel; and~~
- (4) ~~ensure that the program's direction is in accord with its authority.~~

If the ~~participating boards change which board is~~ designated to provide administrative management of the program changes, any appropriation remaining for the program shall transfer to the newly designated board on the effective date of the change. The participating health-related licensing boards must inform the appropriate legislative committees and the commissioner of management and budget of any change in the administrative management of the program, and the amount of any appropriation transferred under this ~~provision~~ section.

(b) The designated administering board shall, upon recommendation of the ~~Health Professional Services~~ Program Committee, ~~shall~~ hire the program manager and employees and pay expenses of the program from funds appropriated for that purpose. The designated board may apply for grants to pay program expenses and may enter into contracts on behalf of the program to carry out the purposes of the program. The participating boards shall enter into written agreements with the designated board.

(c) An advisory committee is established to advise the program on professional practice issues, to serve as a liaison to their memberships and to support the mission of the program. The advisory committee consists of: ~~committee consisting of:~~

(1) one member appointed by each health-related professional association whose membership is eligible for program services and who chooses to participate. of the following: the Minnesota Academy of Physician Assistants, the Minnesota Dental Association, the Minnesota Chiropractic Association, the Minnesota Licensed Practical Nurse Association, the Minnesota Medical Association, the Minnesota Nurses Association, and the Minnesota Podiatric Medicine Association;

(2) ~~one member appointed by each of the professional associations of the other professions regulated by a participating board not specified in clause (1); and~~

(3) ~~two public members, as defined by section 214.02.~~

Members of the advisory committee shall be appointed ~~for~~ to a two years term and members may be reappointed.

## NEW VERSION

### **Subdivision 1. Management.**

(a) A Health Professionals Services Program Committee is established, consisting of five health-related licensing board executive directors and two public members, as defined by section 214.02, appointed annually by the health-related licensing board executive directors. The committee shall:

- (1) designate one board to provide administrative management of the program;
- (2) set the program budget and the pro rata share of program expenses to be borne by each participating board;
- (3) provide guidance on the general operation of the program, including hiring of program personnel; and
- (4) ensure that program direction is in accord with its authority.

If the board designated to provide administrative management of the program changes, any appropriation remaining for the program shall transfer to the newly designated board on the effective date of the change. The participating health-related licensing boards must inform the appropriate legislative committees and the commissioner of management and budget of any change in the administrative management of the program, and the amount of any appropriation transferred under this section.

(b) The designated administering board shall, upon recommendation of the Program Committee, hire the program manager and employees and pay expenses of the program from funds appropriated for that purpose. The designated board may apply for grants to pay program expenses and may enter into contracts on behalf of the program to carry out the purposes of the program. The participating boards shall enter into written agreements with the designated board.

(c) An advisory committee is established to advise the program on professional practice issues, to serve as a liaison to their memberships and to support the mission of the program. The advisory committee consists of one member appointed by each health-related professional association whose membership is eligible for program services and who chooses to participate. Members of the advisory committee shall be appointed to a two year term and members may be reappointed.

# New Licenses for Ratification

From 10/9/15 Through 12/27/15

Application Type	License No	Licensee Name	Issue Date
Dental Asst Application			
	A15014	Jamie Lee Machula	10/9/2015
	A15015	Alison Jane Christen	10/9/2015
	A15016	Melissa Lee Grosbier	10/9/2015
	A15017	Amanda Justine Knapp	10/9/2015
	A15018	Katie Rae Lelonek	10/9/2015
	A15019	Kailey Cameron Anderson	10/13/2015
	A15020	Jessica Marie Finnegan	10/13/2015
	A15021	Kelly Marie Glander	10/13/2015
	A15022	Sharon Brittany Miller	10/14/2015
	A15023	Kristine Ashley Mostrom	10/14/2015
	A15024	Pamela Ivonne Madrid	10/14/2015
	A15025	Mikaela Rochelle Herve	10/15/2015
	A15026	Kayla Marie Watne	10/20/2015
	A15027	Uriel Adan Vasquez Rios	10/20/2015
	A15028	Nadia Litvinov	10/20/2015
	A15029	Chee Lor	10/20/2015
	A15030	Emma Jean Waller	11/2/2015
	A15031	Danielle Marie Brua	10/22/2015
	A15032	Chelsea Marie Johnson	11/2/2015
	A15033	Jacinta Jane Flodeen	11/3/2015
	A15034	Lacey Michelle Jech	11/3/2015
	A15035	Micaela Lynne Grams	11/3/2015
	A15036	Kaitlynn Foster Coons	11/3/2015
	A15037	Shelby Lyn Adkins	11/3/2015
	A15038	Tracy Ann Lubovich	11/3/2015
	A15039	Kaylee Marie Hart	11/3/2015
	A15040	Joseph Michael Bauer	11/6/2015
	A15041	Tina Lynn Nichols	11/6/2015
	A15042	Randi Jo Berry	11/9/2015
	A15043	Cally Marie Anderson	11/9/2015
	A15044	Barbora Stechova	11/9/2015
	A15045	Katie Elizabeth Gilmer	11/9/2015
	A15046	Amanda Helen Lange	11/9/2015
	A15047	Jennifer Leigh Wamstad	11/9/2015
	A15048	Esther Joy Salmela	11/12/2015
	A15049	Holly Lee Sweezy	11/12/2015
	A15050	Maribeth Arlene VanEnk	11/12/2015
	A15051	Traci Irene Wenda	11/12/2015
	A15052	Tayler Ann Koep	11/13/2015
	A15053	Eden Michelle Cepela	11/16/2015
	A15054	Natosha Anne Meyer	11/17/2015

Application Type	License No	Licensee Name	Issue Date
	A15055	Shelby Elizabeth Rossow	11/19/2015
	A15056	Laura Lynn Wendorff	11/19/2015
	A15057	Jennifer Ann Wirth	11/20/2015
	A15058	Mila Levkovich	11/20/2015
	A15059	Janice Anneliese DeJolsvay	11/23/2015
	A15060	Samuel John Koehl	11/24/2015
	A15061	Kelsey M Borgerding	11/24/2015
	A15062	Lindsay Rae Doerfler	11/24/2015
	A15063	Madison Noel Haler	11/25/2015
	A15064	Brandi Lee Knippenberg	11/30/2015
	A15065	Ariel Lee Stone	12/1/2015
	A15066	Tara Anne Brue	12/1/2015
	A15067	Cassandra Lynn Broberg	12/1/2015
	A15068	Hailee Nicole Groshens	12/1/2015
	A15069	September Beth Parajuli	12/3/2015
	A15070	Valentina V Revutskaya	12/3/2015
	A15071	Emily Jean Saukko	12/7/2015
	A15072	Portia Jai Daniels	12/7/2015
	A15073	Ashley Christine Larson	12/7/2015
	A15074	Rheanna Marie Doerr	12/8/2015
	A15075	Katelin Ann Malakowsky	12/8/2015
	A15076	Tessa JoElle Holmseth	12/9/2015
	A15077	Shawna Marie Berg	12/16/2015
	A15078	Megan Whitney Moe	12/16/2015
	A15079	Shawna Marie Watters	12/17/2015
	A15080	Samantha Marie Forcier	12/18/2015
	A15081	Loretta Jean Korba	12/18/2015
<b>Dental Hyg By Credential Application</b>			
	H9940	Candice Mary Jilk	10/9/2015
	H9941	Pamela Dianne Moon	10/9/2015
	H9943	Michelle Dee Smith	10/28/2015
	H9947	Kathryn Brooke Varner	11/20/2015
<b>Dental Hyg By Exam Application</b>			
	H9942	Amanda Caryn Elliott	10/20/2015
	H9944	Tayla Marie Luczak	11/6/2015
	H9945	Jennie Kathleen Koivisto	11/9/2015
	H9946	Melanie Linn Grabill	11/9/2015
	H9948	Alanna Janelle Brault	11/24/2015
	H9949	Amanda Michelle Newcomb	12/7/2015
	H9950	Rachel Elizabeth Klang	12/16/2015
<b>Dentist By Credential Application</b>			
	D13621	Iyad Alyo	11/3/2015

Application Type	License No	Licensee Name	Issue Date
	D13625	Tamara Lynn April Brown	11/20/2015
	D13627	Helen Haewon Kim	12/8/2015
<b>Dentist By Exam Application</b>			
	D13618	Odin Alexander Waite	10/22/2015
	D13619	Rachel Elizabeth Petska	10/28/2015
	D13620	Joseph-Charles Mardini	10/28/2015
	D13622	Matthew Mark Brady Scribbins	11/3/2015
	D13623	Madeline Irene Scheidt	11/9/2015
	D13624	Tudor I. Stiharu	11/9/2015
	D13626	Uyen Phuong Pham	12/7/2015
	D13628	Marcus James Urza	12/22/2015
<b>Specialty Dentist Application</b>			
	S101	Deepa Thirukarthi Sathiah	10/9/2015
	S102	Lauren Marie Castro	10/9/2015
	S103	Mathew Kluge Woodward	11/20/2015

# License Reinstatements

From 10/9/15 Through 12/27/15

<u>Application Type</u>	<u>License No</u>	<u>Licensee Name</u>	<u>Issue Date</u>
<b>Dental Asst Reinstatement Application</b>			
	A13860	Colleen Jo Gulbranson	12/23/2015
	A7774	Ann Marie Copeland	11/2/2015
	A9104	Dawn Michelle Torrel	11/2/2015
<b>Dentist Reinstatement Application</b>			
	D12278	Nancy Jane Cashman	12/22/2015
	D8928	D Charles Ehlers	10/20/2015

.....

VARIANCES/

WAIVERS/

PETITIONS/

APPEALS

.....



# MINNESOTA BOARD OF DENTISTRY

University Park Plaza, 2829 University Avenue SE, Suite 450  
Minneapolis, MN 55414-3249 www.dentalboard.state.mn.us  
Phone 612.617.2250 • Toll Free 888.240.4762 • Fax 612.617.2260  
MN Relay Service for Hearing Impaired 800.627.3529

**DATE:** December 15, 2015

**TO:** Board Members

**FROM:** Joyce Nelson, LDA

**VARIANCE REQUEST:** from **Kathryn Young, D.H.**  
Regarding Minn. R. 3100.1700, subpart 2  
(CPR Certification Requirement for Licensure)

## SUMMARY:

1. Licensee is a dental hygienist with an active license renewed through June 30, 2017.
2. Licensee's CPR card has a recommended renewal date of December 31 2015.
3. Licensee is employed at Park Dental and was enrolled in a CPR recertification class for December 10, 2015.
4. On November 21, 2015, Licensee had an unplanned cesarean section when delivering her baby and received instructions from her doctor to postpone completing her CPR class for about eight weeks.
5. Currently, Licensee is enrolled in a CPR recertification class for January 19, 2016, but she would like an extension until January 31, 2016.
6. On December 9, 2015, Licensee sent a variance petition requesting an extension to complete the CPR certification requirement for her dental hygiene license.

\*\*\*\*\*

## BOARD NEEDS TO DECIDE WHETHER TO:

1. **Grant Variance** - Grant Licensee an extension until January 31, 2016.  
Other possible conditions in Order: 1) Must provide copy of CPR certificate and copy of card to Board within 30 days of completing the entire course; 2) Meanwhile, must practice with another Licensee who has CPR.

**OR**

2. **Deny Variance** - Deny Licensee's request for an extension.

When making their decision, the Board will consider Minn. Stat. § 14.055, subd. 4, which states:

Subd. 4. Discretionary variances. An agency may grant a variance if the agency finds that:

- (1) application of the rule to the petitioner would result in hardship or injustice;
- (2) variance from the rule would be consistent with the public interest; and
- (3) variance from the rule would not prejudice the substantial legal or economic rights of any person or entity.

RECEIVED  
DEC 18 2015  
MINN. BOARD OF DENTISTRY

Kathryn Young  
2226 Cottage Grove Alcove  
Woodbury, MN 55129  
763-639-4596  
kyoung@parkdental.com

December 4, 2015

Members of the Minnesota Board of Dentistry  
Attention: Joyce Nelson, LDA, CDA  
2829 University Ave. SE #450  
Minneapolis, MN 55414

SUBJECT: Variance Request for CPR Re-licensure – Kathryn Young License Number H9100

The purpose of this letter is to request a variance to the following Rules:

Minnesota Rule 3100.5100 subpart 3 (3)  
Minnesota Rule 3100.1700 subpart 2  
Minnesota Rule 3100.3600 Subpart 4 C

I have practiced dental hygiene at Park Dental for over 3 years with no disciplinary actions against my license.

On November 21, 2015 I gave birth via an unplanned cesarean section (birth due date was November 18, 2015.) My CPR license expires December 31, 2015. I was enrolled to take a CPR recertification class through Park Dental on December 10 during maternity leave rather than during my 3<sup>rd</sup> trimester of pregnancy. Due to the unplanned cesarean section I am unable to perform pulling and pushing actions such as compressions for CPR re-certification for 8 weeks post-surgery. Enclosed is a letter from my physician corroborating this situation. Currently I am enrolled in a CPR re-certification course on January 19, 2016, which is just after the 8-week time period required by my physician.

Please grant the extension to January 31, 2016. If physically cleared by my physician prior to the January 19 CPR re-certification date and if there is a CPR re-certification course available, I will complete re-certification before January 19, 2016.

Sincerely,

  
Kathryn Young DH

Enclosure

cc: Barb Lutterman, Park Dental Quality Assurance



Allina Health Fridley Clinic  
500 Osborne Rd Ne Ste 150  
Fridley MN 55432  
763-236-2500

Kathryn A Young  
2226 Cottage Grove Alcove  
Woodbury MN 55129

November 30, 2015

To whom it may concern:

Kathryn A Young is a patient of mine who underwent a cesarean section on 11/21/2015 and will be unable to perform compressions during her CPR class until at least 8 weeks postpartum provided her recovery is normal.

Feel free to call if you have any questions!

A handwritten signature in cursive script, appearing to read "Lucie Larson".

Lucie Larson, MD ..... 11/30/2015 12:59 PM  
OBGYN



# MINNESOTA BOARD OF DENTISTRY

University Park Plaza, 2829 University Avenue SE, Suite 450  
Minneapolis, MN 55414-3249 www.dentalboard.state.mn.us  
Phone 612.617.2250 • Toll Free 888.240.4762 • Fax 612.617.2260  
MN Relay Service for Hearing Impaired 800.627.3529

**DATE:** December 18, 2015  
**TO:** Board Members  
**FROM:** Joyce Nelson

**VARIANCE REQUEST:** from **Gina Hierlmeier**  
Regarding Minn. R. 3100.1300, item B  
(Application Requirements for Dental Assistant Licensure)

## SUMMARY:

- Currently, Ms. Hierlmeier is employed at an orthodontic office in Wisconsin as a non-licensed dental assistant.
- Ms. Hierlmeier has never enrolled in a dental assisting training program. Ms. Hierlmeier has provided a lengthy letter that details her previous education and on-the-job training.
- Ms. Hierlmeier would like to become a licensed dental assistant in Minnesota; however, she has NOT met the educational requirement of successfully completing a dental assisting training program.
- On December 14, 2015, Ms. Hierlmeier sent a variance petition requesting that the Board waive this educational requirement of successfully completing a dental assisting training program.

[NOTE: If waived, Ms. Hierlmeier would still have to take and pass the Minnesota Licensure Exam, the DANB Exam, and the Jurisprudence Exam; and apply for licensure.]

\*\*\*\*\*

## BOARD'S DECISION:

1. **Grant Variance** (Allow Ms. Hierlmeier to proceed with the licensure process.)
- OR**
2. **Deny Variance** (Deny Ms. Hierlmeier's request to waive this educational requirement.)

When making their decision, the Board will consider Minn. Stat. § 14.055, subd. 4, which states:  
Subd. 4. Discretionary variances. An agency may grant a variance if the agency finds that:  
(1) application of the rule to the petitioner would result in hardship or injustice;  
(2) variance from the rule would be consistent with the public interest; and  
(3) variance from the rule would not prejudice the substantial legal or economic rights of any person or entity.

12/14/15

Gina Hierlmeier  
886 Case Avenue  
Saint Paul, MN 55106  
715-560-1555  
gmhierlmeier@gmail.com

Minnesota Board of Dentistry:

I am requesting a variance to Minnesota Rule 3100.1300 subpart B.

My most recent work experiences have given me the tools to become a successful orthodontic assistant by providing quality dental care to all patients. Past opportunities have lead me to the health care field and I found that working in orthodontics is the best fit for me and for my patients; I truly enjoy providing top-quality care and wish to continue to do so in the future. I can do this by becoming a licensed dental assistant with your help in order to obtain a licensure by waiving the requirement of completing a Board approved dental assisting program which would allow me to take the Dental Assisting State Licensure Exam, Dental Assisting National Board Exam, and Minnesota State Jurisprudence Exam.

As I work as an orthodontic assistant for Dr. Becky Maher at Valley Orthodontics, Hudson, WI, I am developing an even greater knowledge of orthodontics from what I have gained from past orthodontic and general dental work. I assist chair-side and perform all the necessary duties for Dr. Maher which includes direct bonding and the set-up and assistance when placing TADs. I am independently responsible for various procedures throughout the course of a patient's treatment including, but not limited to, precisely cementing and adjusting appliances, thoroughly documenting treatment on Dolphin Management software, and performing all routine maintenance including for those patients who have recently seen their oral surgeon or general dentist for extractions and/or exposures and need further work in a timely manner. Additionally, I am responsible for capturing panoramic x-rays with initial readings, capturing cephalometric x-rays and tracing, as well as carrying out all sterilization of instruments and appliances in accordance with Minnesota OSHA standards. Educating patients on all aspects of treatment, especially oral hygiene, is an imperative skill I excel with when communicating effectively and professionally with patients. As patients conclude treatment and we celebrate this accomplishment, I am responsible for removing braces and appliances, glue removal, and assisting with the retainer making process. In addition to traditional braces, I am proficient with self-ligating braces, ceramic braces, Insignia, and Invisalign. Outside of the clinic, Dr. Maher delegates the clinical ordering and budget to me; throughout this process I have built relationships with our vendors and clinical representatives. I help when needed in other areas of the office as well including lab work, front desk duties and managing the office's social media. I am honored that Dr. Maher entrusts these responsibilities to me.

Similar and additional duties were performed when I worked as an orthodontic assistant at Prairie Grove Orthodontics (PGO), Madison, WI under Dr. Daniel Drye. At PGO I aided in making indirect bonding trays from the impressions to placement and all processes in between. Laser treatments were performed by Dr. Drye for extra tissue removal or exposures and I was responsible for set-up and chairside assistance during

these procedures. Additionally, I was responsible for training new assistants; this opportunity was enormously helpful for me by requiring and pushing me to fully understand treatment on a higher level in order to teach others. PGO went through a software change from Ortho2 to Dolphin systems and I was responsible for transferring data and setting up various portions of Dolphin, most predominately letter templates; I am proficient working with both programs.

Between working at Valley Orthodontics and PGO, I worked as a front desk receptionist at a general dental office, Cameo Dental, Rosemount, MN. During that time I gained extensive knowledge about general dentistry that has enhanced my work experience as an orthodontic assistant by giving me a well-rounded understanding of dentistry and specialties working in conjunction to perform unsurpassed care. At Cameo Dental I performed all general receptionist duties using SoftDent software, treatment planning, financials, and insurance processing and problem-solving. I am forever grateful for this experience for enhancing and growing my knowledge and personal virtues; however, this position lacked the variety, hands-on work, and personal achievement satisfaction I desired for my future working in orthodontics as an LDA.

Other work experiences thus far have given me the means to excel as an orthodontic assistant in an indirect manner. While working as a biological science aide performing organic chemistry research for the U.S. Geological Survey, a scientific agency through the U.S. government Department of the Interior, my attention to detail grew even stronger compared to the detail needed for general educational and work purposes. This happened by the meticulous use of computer and chemical laboratories during the synthesis of a selective compound for field testing. Chemical laboratories were handled with the utmost protection, cleanliness, comprehensive, organizational, and precautionary measures. Documentation of the synthesis in a laboratory notebook was crucial for repeating, scaling, problem-solving, and future expanded research. After completion of the research project I presented my research and findings via poster presentation and traditional presentation in an educated, professional, and thorough manner. In attendance for my presentation were President Richard Artman, Ph. D. of Viterbo University, my research mentor from the U.S. Geological Survey, coworkers, and colleagues. I have been able to translate my attention to detail strength and educational background to enhance my performance as an orthodontic assistant.

Growing up and through college I knew I wanted to be a health care professional. In high school, I was given the opportunity to partake in a mentorship program where I was able to shadow various departments throughout the local hospital. This first health care experience instilled in me knowledge and respect for the laws and regulations critical to working in the health care field. During my college years, I became a Certified Nursing Assistant in order to enhance my health care knowledge and gain as much experience as possible. The tools that I learned and the experiences I had while working as a Certified Nursing Assistant have forever shaped me into being a quality, compassionate, and respected health care provider. I was fortunate enough to be chosen for an additional internship while in college through Gundersen Lutheran Hospital, La Crosse, WI where I interned with Eric Garland PA-C, MPAS. As a respected provider, Eric expanded my knowledge of being a health care provider. Though the facilities may differ from my past experiences, the adversities and the rewards relate to those working in orthodontics; I am confident I give exceptional care to my patients and will continue to do so in the future as a LDA.

My educational background has given me a solid foundation for growing in the health care field. I have a Bachelor's of Science degree in Biology with an additional Biotechnology Certificate from Viterbo University,

La Crosse, WI. Coursework had a challenging scientific and healthcare focus including, but not limited to, anatomy, physiology, genetics, biochemistry, physics, organic chemistry, all including laboratories, psychology, bioinformatics, and medical terminology. These courses, as well as others, have given me the resources to understand orthodontics on a higher level which, in turn, allows me to provide the best care possible to all patients.

I pleasantly surprised myself when I started working in orthodontics; it is the perfect fit for me and for patients. I receive personal satisfaction from building professional relationships with patients, families, coworkers, and other dental providers. Understanding and enjoying my role as an orthodontic assistant is very gratifying.

My work experiences and educational background gave me the tools to succeed as a licensed dental assistant. I recently attended the AAO annual meeting and I found the meeting to be beneficial for my personal growth in orthodontics. I am committed to excellence with future learning and continual professional growth. I am confident in my work and will strive to always provide paramount care in the future as an LDA.

Dr. Maher with Valley Orthodontics will be expanding her business into Minnesota and therefore I need to become an LDA in order to continue my work. We discovered there is no availability at any of the local technical dental assisting schools in order for me to complete the expanded functions certificate; this course is strictly filled with full-time students. Only when there is someone dropping out of the program may an opening become available for a part-time expanded functions student. According to the Dental Assisting National Board Inc.'s website, I am eligible to take the COA or CDA exam and am prepared to do so. Therefore, the expanded functions certificate, in addition to the Minnesota State Jurisprudence and Dental Assistant State Licensure examinations which I am prepared to take, is the only barrier preventing me from becoming an LDA. Due to these facts and the length of time it would take to wait for an opening, we are seeking an alternative route to become an LDA in the state of Minnesota, obtaining a licensure that licenses someone strictly for orthodontic assisting, or a temporary licensure until a feasible option becomes available.

Working as an orthodontic assistant has countless rewards and I take pride in my work. My background in various areas has given me the skills and knowledge to succeed. As my work expands into Minnesota it is vital for me to become an LDA in order to continue providing exceptional care there as well. I am eligible to become a COA or CDA and just need a little more assistance to achieve the LDA licensure and am requesting your help for that aid by waiving the requirement needed to complete a Board approved dental assisting program and allow me to take the Dental Assisting State Board Exam and Minnesota State Jurisprudence Exam.

Thank you for taking the time to understand my situation and considering my options moving forward. Please contact me either via phone or email as listed. I look forward to hearing from you shortly so I can start the process of becoming a licensed dental assistant.

Sincerely,



Gina Hierlmeier



# MINNESOTA BOARD OF DENTISTRY

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Minneapolis, MN 55414-3249 www.dentalboard.state.mn.us  
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MN Relay Service for Hearing Impaired 800.627.3529

---

**DATE:** December 22, 2015  
**TO:** Board Members  
**FROM:** Joyce Nelson, L.D.A.

**VARIANCE REQUEST:** from **Michael D. Mallinger, D.D.S.**  
Regarding Minn. R. 3100.3600, subpart 4, item B  
(Nitrous oxide inhalation analgesia –  
Educational training requirements)

**SUMMARY:**

1. In 1983, Licensee graduated from U of M School of Dentistry receiving his D.D.S. degree and the appropriate training for administering nitrous oxide.
2. According to the Board's records, Licensee never provided proper notice to the Board by submitting a completed nitrous oxide form that included educational information.
3. With regard to this matter, it was found that the University of Minnesota is not willing to document the number of didactic/clinical hours for graduates of their dental program in reference to the nitrous oxide training prior to 1993.
4. Because of this, Licensee sent a variance petition requesting that the Board accept his previous educational training for nitrous oxide inhalation analgesia from the U of M School of Dentistry without having adequate documentation of this training.

\*\*\*\*\*

**BOARD NEEDS TO DECIDE WHETHER TO:**

1. **Grant Variance** (Accept Licensee's educational training for nitrous oxide and submits notice to the Board.)

**OR**

2. **Deny Variance** (Licensee cannot administer nitrous oxide until Licensee completes a nitrous oxide course and submits notice to the Board.)

When making their decision, the Board will consider Minn. Stat. § 14.055, subd. 4, which states:

Subd. 4. Discretionary variances. An agency may grant a variance if the agency finds that:

- (1) application of the rule to the petitioner would result in hardship or injustice;
- (2) variance from the rule would be consistent with the public interest; and
- (3) variance from the rule would not prejudice the substantial legal or economic rights of any person or entity.

December 21, 2015

Dear Members of Minnesota Board of Dentistry,

I am requesting a variance to Minnesota Rule 3100.3600 Subpart 4 (B). I am a 1983 graduate of the Minnesota School of Dentistry. The school of dentistry did not document nitrous oxide training prior to 1993. Since becoming aware of this, I have ceased providing nitrous oxide sedation for my patients. I have had no patient care issues pertaining to nitrous oxide sedation.

Kind Regards,

Michael D. Mallinger, DDS

Lic. No. D9530

1251 Eleanor Ave.

St. Paul, MN 55116

Ph. 651-226-1784

mdmallinger@gmail.com



# MINNESOTA BOARD OF DENTISTRY

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MN Relay Service for Hearing Impaired 800.627.3529

## NITROUS OXIDE INHALATION ANALGESIA APPLICATION FORM

Michael D. Mallinger  
Name (Please Print)

D9530  
MN License Number

Pursuant to Minnesota Rule 3100.3600, subpart 4, a licensed dental professional may administer nitrous oxide inhalation analgesia **only after** satisfactorily completing a course on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Accreditation. The course must include a minimum of **12 hours of didactic/clinical instruction, personally administering and managing at least three individual supervised cases of analgesia,** and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration. Additionally, you **must** complete this form and return it to the Board office with the supporting documentation listed in Section 1 and 2. You are **not** permitted to administer nitrous oxide **until** the application has been processed by the Board and can be confirmed on the Board's website.

### DDS/DH/LDA Exception -

A dentist, who is a graduate of the University of Minnesota dental program after May 2008 or a dental hygienist or licensed dental assistant who graduated from a Minnesota accredited program after September 2, 2004, **does not need to complete this form.** By completing the above-mentioned program, they are automatically certified.

**The licensed dental assistant is allowed to administer and monitor nitrous oxide inhalation analgesia only after a maximum dosage has been prescribed by a dentist for a specific patient.**

### SECTION 1

Please complete the information below and **attach a photocopy of your current CPR certification card.**

Course: AHA (American Heart Association) Healthcare Provider Level   
ARC (American Red Cross) Healthcare Provider Level

Date Course taken: 01/27/2015

Date Course Expires: Jan - 2017

### SECTION 2

Please complete the information requested below relating to the course you completed on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Accreditation and **attach original official documentation from your school specifying the # of didactic/clinical hours of instruction and # of patient experiences.**

U. of Mn Dental School  
Name of Institution

Moos Tower  
Address of Institution

June, 1983  
Date Course Completed

Mpls, MN 55455  
City, State, Zip code

(612) 625-7477  
Phone Number of Institution

Rev. 10/2015

**HEALTHCARE PROVIDER**

Training Center Name **LifeSavers** TC ID # **MN03791**

TC Info **Burnsville MN 55337** **612.987.5374**  
City, State ZIP Phone  
**lifesaverscptraining.com**

Course Location **Heart Start # 651.470.9952**

Instructor Name **Catherine Pickrell** Inst. ID # **01070249503**

Holder's Signature *M.D. Mallinger*

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**HEALTHCARE PROVIDER**

Healthcare Provider  **American Heart Association**

*Michael Mallinger*

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

**JAN 27 2015** **JAN -- 2017**  
Issue Date Recommended Renewal Date



# MINNESOTA BOARD OF DENTISTRY

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**DATE:** January 4, 2016  
**TO:** Board Members  
**FROM:** Joyce Nelson, L.D.A.

**VARIANCE REQUEST:** from **John C. Wittenstrom, D.D.S.**  
Regarding Minn. R. 3100.3600, subpart 4, item B  
(Nitrous oxide inhalation analgesia –  
Educational training requirements)

**SUMMARY:**

1. In 1986, Licensee graduated from U of M School of Dentistry receiving his D.D.S. degree and the appropriate training for administering nitrous oxide.
2. According to the Board’s records, Licensee never provided proper notice to the Board by submitting a completed nitrous oxide form that included educational information.
3. With regard to this matter, it was found that the University of Minnesota is not willing to document the number of didactic/clinical hours for graduates of their dental program in reference to the nitrous oxide training prior to 1993.
4. Because of this, Licensee sent a variance petition requesting that the Board accept his previous educational training for nitrous oxide inhalation analgesia from the U of M School of Dentistry without having adequate documentation of this training.

\*\*\*\*\*

**BOARD NEEDS TO DECIDE WHETHER TO:**

1. **Grant Variance** (Accept Licensee’s educational training for nitrous oxide and submits notice to the Board.)

**OR**

2. **Deny Variance** (Licensee cannot administer nitrous oxide until Licensee completes a nitrous oxide course and submits notice to the Board.)

When making their decision, the Board will consider Minn. Stat. § 14.055, subd. 4, which states:

Subd. 4. Discretionary variances. An agency may grant a variance if the agency finds that:

- (1) application of the rule to the petitioner would result in hardship or injustice;
- (2) variance from the rule would be consistent with the public interest; and
- (3) variance from the rule would not prejudice the substantial legal or economic rights of any person or entity.

December 31, 2015

John C. Wittenstrom, DDS  
Office:  
Metro Dentalcare, Woodlake Centre  
6601 Lyndale Ave. S. Suite 230  
Richfield, MN 55423  
Home:  
910 Howell St. S.  
Saint Paul, MN 55116  
Telephone: 612-309-1980  
Email: [drwitt@mac.com](mailto:drwitt@mac.com)

Minnesota Board of Dentistry

RE: Request for formal variance to Minnesota Rule 3100.3600 regarding nitrous oxide certification

Dear members of the Minnesota Board of Dentistry,

I am requesting a variance to Minnesota Rule 3100.3600 subpart 4(B), based on the fact that I graduated from the University of Minnesota School of Dentistry in 1986 and did not realize I needed to submit an application for the nitrous certification until I read your recent Board newsletter. I have never had any patient care issues with nitrous. As soon as I found out I did not have certification, I ceased providing nitrous and will not do so until I have been certified.

I cannot obtain the necessary documentation from University of Minnesota of my nitrous training. And waiting to take a nitrous course would be a hardship for my patients because the course is not available until late 2016.

Thank you for considering my request.

Sincerely,

  
John C. Wittenstrom, DDS

HEALTHCARE PROVIDER  
Healthcare  
Provider



**JOHN WITTENSTROM**

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

**10/20/14**

Issue Date

**10/2016**

Recommended Renewal Date

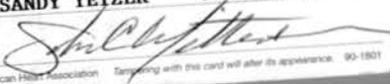
HEALTHCARE PROVIDER

Training Center Name **MNSCU MULTI-REGIONAL TRAINING** TC ID # **#03788**

TC Info **30 E. 7TH ST., STE350, ST. PAUL, MN. 55101**

Course Location **METRO DENTAL**

Instructor Name **SANDY YETZER** Inst. ID # **0706128157**

Holder's Signature 

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# NITROUS OXIDE INHALATION ANALGESIA APPLICATION FORM

John Wittenstrom  
Name (Please Print)

D10082  
MN License Number

Pursuant to Minnesota Rule 3100.3600, subpart 4, a licensed dental professional may administer nitrous oxide inhalation analgesia **only after** satisfactorily completing a course on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Accreditation. The course must include a minimum of **12 hours of didactic/clinical instruction, personally administering and managing at least three individual supervised cases of analgesia**, and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration. Additionally, you **must** complete this form and return it to the Board office with the supporting documentation listed in Section 1 and 2. You are **not** permitted to administer nitrous oxide **until** the application has been processed by the Board and can be confirmed on the Board's website.

## DDS/DH/LDA Exception -

A dentist, who is a graduate of the University of Minnesota dental program after May 2008 or a dental hygienist or licensed dental assistant who graduated from a Minnesota accredited program after September 2, 2004, **does not need to complete this form**. By completing the above-mentioned program, they are automatically certified.

**The licensed dental assistant is allowed to administer and monitor nitrous oxide inhalation analgesia only after a maximum dosage has been prescribed by a dentist for a specific patient.**

## SECTION 1

Please complete the information below and **attach a photocopy of your current CPR certification card**.

Course: AHA (American Heart Association ) Healthcare Provider Level   
ARC (American Red Cross) Healthcare Provider Level

Date Course taken: 10/20/2014

Date Course Expires: 10/20/2016 *8w*  
10/2016

## SECTION 2

Please complete the information requested below relating to the course you completed on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Accreditation and **attach original official documentation from your school specifying the # of didactic/clinical hours of instruction and # of patient experiences**.

U of MN School of Dentistry  
Name of Institution Address of Institution

Documentation unavailable  
Date Course Completed City, State, Zip code

Graduated 1986 ( )  
Phone Number of Institution

Rev. 10/2015



# MINNESOTA BOARD OF DENTISTRY

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MN Relay Service for Hearing Impaired 800.627.3529

**DATE:** January 4, 2016  
**TO:** Board Members  
**FROM:** Joyce Nelson, L.D.A.

**VARIANCE REQUEST:** from **Chad Wojtowick, D.D.S.**  
Regarding Minn. R. 3100.3600, subpart 4, item B  
(Nitrous oxide inhalation analgesia –  
Educational training requirements)

**SUMMARY:**

1. In 2002, Licensee graduated from U of M School of Dentistry receiving his D.D.S. degree and the appropriate training for administering nitrous oxide.
2. According to the Board's records, Licensee never provided proper notice to the Board by submitting a completed nitrous oxide form that included educational information.
3. With regard to this matter, Licensee has not obtained the necessary documentation from the U of M School of Dentistry and taking the nitrous oxide course would be a hardship for him.
4. Because of this, Licensee sent a variance petition requesting that the Board accept his previous educational training for nitrous oxide inhalation analgesia from the U of M School of Dentistry without having adequate documentation of this training.

\*\*\*\*\*

**BOARD NEEDS TO DECIDE WHETHER TO:**

1. **Grant Variance** (Accept Licensee's educational training for nitrous oxide and submits notice to the Board.)

**OR**

2. **Deny Variance** (Licensee cannot administer nitrous oxide until Licensee completes a nitrous oxide course and submits notice to the Board.)

When making their decision, the Board will consider Minn. Stat. § 14.055, subd. 4, which states:  
Subd. 4. Discretionary variances. An agency may grant a variance if the agency finds that:  
(1) application of the rule to the petitioner would result in hardship or injustice;  
(2) variance from the rule would be consistent with the public interest; and  
(3) variance from the rule would not prejudice the substantial legal or economic rights of any person or entity.

December 31, 2015

Chad Wojtowick, DDS  
1925 E River Parkway  
Minneapolis, MN 55414  
Phone: 651-283-1813  
email: wojt0013@yahoo.com

Minnesota Board of Dentistry  
2829 University Ave SE, #450  
Minneapolis, MN 55414

RE: Request for formal variance to Minnesota Rule 3100.3600 regarding nitrous oxide certification

Dear Members of the Minnesota Board of Dentistry,

I am requesting a variance to Minnesota Rule 3100.3600 subpart 4(B), based on the fact that I graduated from the University of Minnesota School of Dentistry in 2002 and did not realize I needed to submit an application for the nitrous certification until I read your recent Board newsletter after being informed by a colleague. I have never had any patient care issues with nitrous administration. As soon as I found out I did not have certification, I ceased providing nitrous and will not do so until I have been certified.

I cannot obtain the necessary documentation from University of Minnesota of my nitrous training right now, but wanted to request this variance immediately as waiting to take a nitrous course would be a hardship for my patients because the course is not available until late 2016. I practice at least 5 days/week in Blaine, Minnesota ( 10904 Baltimore Street, Blaine, MN 55449 ) and treat a large number of children and patients with anxiety. The nitrous inhalation is a very safe, effective, and easily reversible method of managing their anxiety so that they will seek the treatment they need. I am worried that if I am not able to provide this service the oral health of the patients I serve will suffer dramatically.

Please let me know if there is anything I can do to expedite this process so I can return to providing the best possible care for my patients.

Thank you so much for considering my request.

Sincerely,



Chad Wojtowick, DDS  
MN license # D11671 since 6/2002



# MINNESOTA BOARD OF DENTISTRY

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## NITROUS OXIDE INHALATION ANALGESIA APPLICATION FORM

CHAD WOILOWICK  
Name (Please Print)

D1671  
MN License Number

Pursuant to Minnesota Rule 3100.3600, subpart 4, a licensed dental professional may administer nitrous oxide inhalation analgesia **only after** satisfactorily completing a course on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Accreditation. The course must include a minimum of **12 hours of didactic/clinical instruction, personally administering and managing at least three individual supervised cases of analgesia**, and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration. Additionally, you **must** complete this form and return it to the Board office with the supporting documentation listed in Section 1 and 2. You are **not** permitted to administer nitrous oxide until the application has been processed by the Board and can be confirmed on the Board's website.

### DDS/DH/LDA Exception -

A dentist, who is a graduate of the University of Minnesota dental program after May 2008 or a dental hygienist or licensed dental assistant who graduated from a Minnesota accredited program after September 2, 2004, **does not need to complete this form**. By completing the above-mentioned program, they are automatically certified.

**The licensed dental assistant is allowed to administer and monitor nitrous oxide inhalation analgesia only after a maximum dosage has been prescribed by a dentist for a specific patient.**

### SECTION 1

Please complete the information below and **attach a photocopy of your current CPR certification card**.

Course: AHA (American Heart Association ) Healthcare Provider Level   
ARC (American Red Cross) Healthcare Provider Level

Date Course taken: 9/25/2014 Date Course Expires: 9/2016

### SECTION 2

Please complete the information requested below relating to the course you completed on the administration of nitrous oxide inhalation analgesia from an institution accredited by the Commission on Accreditation and **attach original official documentation from your school specifying the # of didactic/clinical hours of instruction and # of patient experiences**.

University of Minnesota School of Dentistry 515 Delaware St SE  
Name of Institution Address of Institution  
2002 Minneapolis, MN 55414  
Date Course Completed City, State, Zip code  
(612) 625 0980  
Phone Number of Institution

HEALTHCARE PROVIDER

HEALTHCARE PROVIDER

Healthcare  
Provider



Training Center Name **Northwestern Health Sciences** TC ID # **MN04708**

TC Info **2501 W. 84<sup>th</sup> St., Bloomington, MN 55431**

Course Location **Metro Dentalcare**

Instructor Name **Jennifer Lacey** Inst. ID # **10102051182**

Holder's Signature

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HERE  
→

**CHAD WUTTOWICK**

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

Issue Date **9/25/2014**

Recommended Renewal Date **9/2016**



This card contains unique security features to protect against forgery.



## MINNESOTA BOARD OF DENTISTRY

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---

December 22, 2015

TO: Members of the Minnesota Board of Dentistry

FROM: Board staff

RE: Allied staff petitions to recognize training from Allied Sedation IV/Monitoring course.

The attached individual petitions are from several allied staff members who attended one of our two Board approved sponsors (Sedation Consultant & South Central College) and participate in the Allied Sedation Monitoring course.

The Board staff has always received a class roster from the sponsors following a course being completed. The allied staff is required to print off a Board application and submit that to the Board with a certificate of completion.

Upon recent receipt of several of these applications, Board staff determined several of these licenses did not meet the Board requirement of having nitrous certification, which is a pre-requisite to being allowed to register and participate in the course. Several others were not even licensed, when they participated in this course.

The Board's Allied Dental Education Committee addressed this issue at their December 3, 2015 meeting, and determined that they would require the sponsors to ask for the participants to submit a Board online verification. That documentation would ensure the individual applying for the course was both licensed, and held the required certification.

The Committee also addressed the individuals who had participated without meeting the minimum requirements, and determined that they would not recognize the training, and require them to either retake the course (strongly urging the sponsors to not charge these participants again), or request a variance.

Diane L. Aden  
402 1<sup>st</sup> Ave NW, Apt. F  
Dilworth, MN 56529  
507-380-9890  
[dianeladen@hotmail.com](mailto:dianeladen@hotmail.com)

December 14<sup>th</sup>, 2015

Minnesota Board of Dentistry  
2829 University Ave SE, #450  
Minneapolis, MN 55414

Dear members of the full Board of the Minnesota Board of Dentistry,

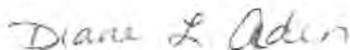
My name is Diane Aden, LDA, and I am a current employee of Apple Tree Dental in Hawley, MN. It was recently brought to my attention there is some concern about an Allied Sedation Certification course I attended on May 9<sup>th</sup>, 2015. I am writing today to request a petition of the full Board.

It is my understanding that the committee has decided to not recognize my training for the Allied Sedation Certification course. The reason is stated that I was not Board certified in Nitrous Oxide administration at the time of the course. On April 16<sup>th</sup>, 2015 I did complete a course at Minnesota State Community and Technical College on Nitrous Oxide/Oxygen Inhalation Analgesia Administration, which I hold a certificate for. With sincere apologies, I failed to report this course to the Minnesota Board of Dentistry to be recognized prior to the Allied Sedation Certification course on May 9<sup>th</sup>, 2015. I did bring my certificate to South Central College to prove I had taken the course, which was checked.

I am asking the full Board to grant me recognition for my training on May 9<sup>th</sup>, 2015 for the Allied Sedation IV/Monitoring. At Apple Tree Dental, we are working with a grant to get sedation equipment up and running, but we have not yet had any sedation cases. This means I have not been monitoring or managing IV lines since the class in May.

I have been a Licensed Dental Assistant in Minnesota for over 34 years, and would never purposely go against the rules or laws of the Minnesota Board of Dentistry. I am sincerely sorry that I was unaware that I needed to inform you after taking the Nitrous Oxide course. I am hopeful that this oversight will not cause you to reject my petition to recognize my training on May 9<sup>th</sup> for the Allied Sedation Certification course.

Thank you for your consideration,



Diane L. Aden

**Richard K. Marlow, D.M.D.**  
**David M. Curtis, D.D.S.**  
**Nathan G. Adams, D.M.D., M.D.**



**Phillip D. Vickers, D.D.S.**  
**Bruce A. Lund, D.D.S., M.S.D.**  
**Michael A. Gladwell, D.M.D., M.D.**

Associates in  
Oral and Maxillofacial Surgery, P.A.

Diplomates of the American Board of Oral and Maxillofacial Surgery  
Fellows of the American Association of Oral and Maxillofacial Surgeons

RECEIVED

DEC 18 2015

100 FRONT ST - DEPT 1100

December 15, 2015

Allied Dental Education Committee  
c/o Joyce Nelson  
Minnesota Board of Dentistry  
University Park Plaza  
2829 University Avenue SE, Suite 450  
Minneapolis, MN 55414-3249

Dear Allied Dental Education Committee:

I am writing to request a petition of the full board, to grant me certification for the intravenous therapy course that I took at South Central College on August 8 and 9, 2015. I had already taken the state board test, so I thought I was able to take the Allied Sedation IV/Monitoring course offered by South Central College. I had graduated from South Central College in May 2015, however, I was not aware that a Gingival Displacement class was required before I would be able to get licensed by the board. I was under the impression that once we graduated and completed our internship, we were able to become licensed. Our instructor informed us we were missing this class and offered it to our group on December 4, 2015. All of the requirements should now be completed and I am able to become a licensed dental assistant.

I apologize for the misunderstanding of thinking I was able to take the IV course with only taking the state board test. I ask that this letter be reviewed and certification granted. An expeditious response to this request would be greatly appreciated.

Sincerely,

Collin Brehmer



## THE ORAL SURGERY CENTER

December 16, 2015

Minnesota Board of Dentistry  
2829 University Avenue SE #450  
Minneapolis, MN 55414

Dear Members of the Board:

I was recently informed that my IV Certification course work that I completed in June of 2015 was not valid because I completed the course two weeks prior to receiving my Dental Assistant license. When I registered for the IV Certification Course, I had already successfully completed both the Minnesota Licensure and CDA exams. In addition, my application for licensure was submitted to the Board before the IV Certification class started. When registering for the class, Dr. Allen Schwartz informed me that I could take the course before actually receiving my license because I had already passed my exams. As Dr. Schwartz is a Board sponsored instructor, I did not question the timing and completed the 24CEU course and passed. I have since received information from the Board that I needed to have my licensure in hand to be eligible to take the course and therefore my Clinical IV Certification will not be granted. I contacted Dr. Schwartz regarding the above and he apologized for his misinformation. I understand he will be adjusting his enrollment criteria for future students in order to comply with the Board's requirements; however this does not solve my delayed certification or inability to perform all aspects of my job as a LDA for The Oral Surgery Center.

I appreciate the Board's position but I do not believe repeating the entire course, just a few months after successful completion, is an appropriate solution. I respectfully petition the Board to make a timing exception and validate my Clinical IV Certification.

Thank you for your consideration,

Hayley Richards  
Hrichards@theoralsurgerycenter.com  
Licensed Dental Assistant

**Richard K. Marlow, D.M.D.**  
**David M. Curtis, D.D.S.**  
**Nathan G. Adams, D.M.D., M.D.**



**Phillip D. Vickers, D.D.S.**  
**Bruce A. Lund, D.D.S., M.S.D.**  
**Michael A. Gladwell, D.M.D., M.D.**

**Associates in  
Oral and Maxillofacial Surgery, P.A.**

Diplomates of the American Board of Oral and Maxillofacial Surgery  
Fellows of the American Association of Oral and Maxillofacial Surgeons

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December 22, 2015

Allied Dental Education Committee  
c/o Joyce Nelson  
Minnesota Board of Dentistry  
University Park Plaza  
2829 University Avenue SE, Suite 450  
Minneapolis, MN 55414-3249

Dear Allied Dental Education Committee:

I am writing to request a petition of the full board, to grant me certification for the MN Monitoring Sedation/General Anesthesia Intravenous Certification course that I took given by Dr. Allan Schwarz of Sedation Consult on September 19, 20 and 26, 2015. I had already taken and passed the state board test, so I thought I was able to take the IV course. I had graduated from South Central College in May 2015, however, I was not aware that a Gingival Displacement class was required before I would be able to get licensed by the board. I was under the impression that once we graduated and completed our internship, we were able to become licensed. Our instructor informed us we were missing this class and offered it to our group on December 4, 2015. All of the requirements should now be completed and I am able to become a licensed dental assistant.

I apologize for the misunderstanding of thinking I was able to take the IV course with only taking the state board test. I ask that this letter be reviewed and certification granted. An expeditious response to this request would be greatly appreciated.

Sincerely,

Dariella Rodriguez

Kristie Tanner  
[ktanner1029@hotmail.com](mailto:ktanner1029@hotmail.com)

December 24, 2015  
Via Email and U.S. Mail

Joyce Nelson, LDA, CDA  
Interim Executive Director  
[joyce.nelson@state.mn.us](mailto:joyce.nelson@state.mn.us)  
Minnesota Board of Dentistry  
2829 University Avenue S.E., Suite 450  
Minneapolis, MN 55414

Re: Petition to Board of Dentistry  
Kristie Tanner

Dear Board of Dentistry Members:

I am petitioning the full Board of Dentistry to review my application for Allied Sedation certification. I request that the Board review the Allied Dental Education Committee's decision to deny my application. I request that the Board overrule the Committee's decision and allow me to supplement my training to include the additional prerequisites identified by the Committee as deficient.

As you know, I have passed my licensing exam and paid the fee for my license. My license has been "pending" since my application was submitted. I also have completed the Allied Sedation IV/Monitoring course approved by the Minnesota Board of Dentistry. Finally, I have arranged for training in January to complete an additional course required for licensure.

My employer registered me for the Allied Sedation IV/Monitoring training so I could monitor patients under sedation. I was accepted by the sponsor and I successfully completed the course. At the time I believed I had passed my licensure exam and paid for my license. I did not know my license was "pending" and I did not know that I had not had an additional expanded function course now required by the Board of Dentistry for licensure.

As stated above, I have arranged to take the additional prerequisite course in the third week of January, 2016. I am not currently monitoring sedated patients, managing IV lines, or using any of my expanded function duties. All of these duties are requirements of my continued employment.

I feel that I have tried my best to comply with my educational, training and licensure requirements. I was unaware of the missing prerequisite during my efforts. I have now made arrangements to complete the newly required course. I am dedicated to my career and enjoy my current employment. I wish to succeed at both. I have not attempted to avoid the Board's requirements. To the contrary, I have tried to do what was asked of me. I would truly appreciate your consideration of this Petition and welcome the opportunity to discuss this with you.

I would request that my petition be placed on the Board of Dentistry's agenda for January 15, 2016. I would like to appear personally at the meeting and will be prepared to answer questions and bring supporting documentation if necessary.

Thank you.

Respectfully submitted,

Kristie Tanner