

Board of Dentistry - Updates

December 2015

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Health and Safety in Dental Practice – State and Federal agencies have resources for the profession!

The Minnesota Board of Dentistry has an “Associate Membership” with The Organization for Safety, Asepsis and Prevention (OSAP). OSAP is an organization dedicated to promoting dental infection control and related health and safety policies and practices supported by science and research. OSAP supports this commitment to healthcare workers and the public through quality education and information dissemination.

Board members and staff have attended some of the OSAP annual education sessions and most recently Mary Liesch, Director of Complaints and Compliance, attended the OSAP Symposium in May 2015. One of the many practical and informative sessions included “compliance briefings” from representatives of various Federal regulatory agencies. Some of the highlights from that session are provided to you here. Additional information is available through OSAP: <http://www.osap.org/>

Federal Agencies Compliance Briefing

Centers for Disease Control and Prevention (CDC)

This presentation reinforced the effectiveness of the **Guidelines for Infection Control in Dental Health-Care Settings—2003**. As such, the CDC has determined there is no evidence to support changes to the 2003 publication.

The CDC reported that from 2002 through 2014, there has been no HIV transmission in dental settings. There have been 4 HBV transmissions and 1 HCV transmission over this time period.



The CDC published the **Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care** in September 2014. It includes an **INFECTION PREVENTION CHECKLIST**. The checklist, Appendix A, begins on pp.18 - 33. <http://www.cdc.gov/HAI/pdfs/guidelines/Outpatient-Care-Guide-withChecklist.pdf>

As a reminder, [Minnesota Rule 3100.6300](#) requires all dental health care providers to comply with the CDC infection control guidelines.

Environmental Protection Agency (EPA)

The presentation was an overview of EPA’s regulatory authority as it pertains to antimicrobial products (disinfectants) in dentistry. Dental care personnel need to pay attention to label claims, directions for use to include contact

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time and expiration dates. The EPA is currently involved in adding product claims for the treatment of surfaces contaminated with bacterial biofilm.

Food and Drug Administration (FDA)

The **Dental Devices Branch** of the FDA is located within the **Center for Devices and Radiological Health** of the agency. Issues addressed by the FDA representative included reuse of medical devices, and infection control issues relative to multi-use dispensers.

The representative reported that their division is currently reviewing the following areas of ongoing concern for dentistry:

- endo files and diamond burs;
- ultrasonic scalers with diamond tip (no company has provided reprocessing instructions);
- If it can't be cleaned, it is a single-use device;
- If there are no reprocessing instructions, it is a single-use device.

Health Resources and Services Administration (HRSA)

The HRSA is an Operating Division of the U.S. Department of Health and Human Services. It is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

The goals of the HRSA are: 1) Access – provide, 2) Workforce – strengthen, 3) Community – build, and 4) Equity – increase

Occupational Safety and Health Administration (OSHA)

The presenter provided an overview of OSHA standards with a focus on the Bloodborne Pathogen Standard (29 CFR 1910.1030). Information included injury/illness data by industry, along with the top 10 cited standards within healthcare settings. There was also discussion of the General Duty Clause. https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=3359&p_table=OSHA

President's Message

David S Gesko, DDS, FACD

"Not Everything that is faced can be changed, but nothing can be changed until it is faced."

—James Baldwin



I thought I would begin my final newsletter article as President with a favorite quote from James Baldwin. This article flows from my previous newsletter article and focuses on change - - change for the good. As this quote so aptly states, not all change is automatic, it must be systematically "faced" and engineered in order to arrive at the desired outcome. Said another way, and to borrow from yet another quote, one cannot do the same thing over and over and expect change. In fact, some say that is the definition of insanity!

Facing change has highlighted my year as President on the Board. We have seen personnel changes associated with the Board namely in the role of Executive Director. As this goes to press, we continue to search for who will fill that key role on the Board. Personally, I'm looking for an individual that can embody the quote above. An individual that can strive to achieve the Mission of the Board, *"To ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals,"* while still looking to lead

for positive change while doing so. An individual that is not afraid to face the issues necessary to achieve even greater success. One of those issues is, as I stated in the last article, to lead the Board from a culture of fear to one of partnership and trust. I strongly believe that with such a culture, we stand the best chance to realize our Mission.

Still another change facing the Board is the issue of infection control. All Board members know that this issue is centric to our mission as stated above. We all should be proud that complaints related to this issue have been on the decline (as reported by Board staff), however it is an issue where the bar can always be raised. Work continues by our Policy Committee to identify effective ways and methods to do just that, improve the already high levels of compliance to the standards before us. Those improvement methodologies should be before the full board early next year, however no one need wait for them to come out. Please be absolutely sure you and your office are fully compliant with the entire

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Center for Disease Control (CDC) guidelines for proper infection control in Dentistry. Those guidelines can be found at: <http://www.cdc.gov/OralHealth/infectioncontrol/guidelines/index.htm>. Being absolutely certain that these guidelines are in place in your practice setting is the duty of all licensees and a distinct way we can indeed “partner” together to achieve that Mission stated above.

A sincere “thank you” for all of the supportive comments and encouragement from so many of you during my years on the Board. As that time now draws to an end, I thank all of you for this opportunity to serve in this capacity. Indeed, I have

learned much and have strived earnestly to advance the Mission of our Board. It has been an honor to meet so many of our profession through this appointment in so many and various ways.

I’d like to conclude as I began - - with a quote - - this time from Lewis Carroll, “If you don’t know where you are going, any road will get you there.” It is my hope for all of you and for us collectively to “pick the correct road”. I believe, when we do, it will testify to the fact that we do know *where* we are going and that direction will all serve us well.

Thank you.

Prescription Monitoring Program (PMP)

Neal Benjamin, DDS, MAGD, FACD

We will tell the story of the PMP
Developed to help both you and me,
It gives you the chance and opportunity
To evaluate the patient who just might want to be
Seeking the drugs through disease and pain
The drugs to feed the habit and gain
Opiates and other drugs to feed
A habit of addiction that might lead
To the youth of our families and communities
Which leads to the overdoses we see
And wonder why the providers never showed concern
To register and to take the time to learn
What could prevent this senseless loss
Of those who experiment with what the laws
Know is a battle that can only be won
When we all sign on and vow as a community of one
to use the PMP.

The Prescription Monitoring Program is making a difference. I will be bringing a motion from the Complaint Committee to the full Board that renewal of licensure be tied to the establishment of an account and registration with the Prescription Monitoring Program.

If you do not know about it, then ask. We at the Board are here to serve.

***For additional information,
visit the Minnesota Prescription
Monitoring Program website:***

<http://pmp.pharmacy.state.mn.us/>

Welcome New Board Member—Douglas Wolff, DDS, JD

Dr. Wolff was appointed by Governor Dayton in June 2015.

Dr. Wolff has been practicing dentistry for 17 years. He obtained his doctorate of dental surgery from the University of Minnesota School of Dentistry and received a law degree in 2006 from William Mitchell College of Law.

He is a full-time practicing dentist at Park Dental. Dr. Wolff is a member of American Dental Association, American College of Legal Medicine and Academy of General Dentistry.

Dr. Wolff replaced Dr. Joan Sheppard on the Board.



Corrective Actions

Complaint matters are reviewed on a case-by-case basis. The Board is not always able to prove each allegation from complaints received. Agreements for Corrective Action (ACAs) are sometimes used to resolve complaints which allege violation(s) of the Dental Practice Act when the specific, individual circumstances of the case are determined not to warrant disciplinary action.

Profession	Violation(s)	Remedies
Dentist x2 5/6/2015	<p><u>Substandard Infection Control & Safety/Sanitary Conditions</u></p> <ul style="list-style-type: none"> • Licensee failed to designate an infection-control coordinator who is responsible for overall management of the written infection-control program for the dental office • Licensee failed to properly clean & disinfect contaminated surfaces on operatory patient chairs, countertops, mobile carts, and trays • Licensee failed to properly clean and sterilize contaminated handpieces between each patient • Licensee failed to follow proper sterilization procedures by not waiting for the sterilization bag to dry after autoclaving them, instead storing bags wet in drawers • Licensee failed to properly maintain inventory of emergency medications used during sedation/anesthesia procedures on patients by having more than one bottle of expired medications in the cart <p><u>Allied Staff Misuse</u></p> <ul style="list-style-type: none"> • Licensee authorized and permitted licensed practical nurses employed in the office to take dental radiographs without having completed a board-approved dental radiograph course and an application of limited-license permit from the board • Licensee authorized and permitted a licensed dental assistant to monitor a sedated patient without the assistant having completed a board-approved course in monitoring sedated patients • Licensee authorized and permitted unlicensed dental assistants to take dental radiographs and monitor patients under general anesthesia or moderate sedation • Licensee failed to properly display large licenses and renewal certificates for all licensed dental employees in a conspicuous location observable by the patients in each dental office 	<p><u>Report to Board</u></p> <ul style="list-style-type: none"> • Posting credentials/renewal certificates report • Managing Sedation/Anesthesia Medications report <p><u>Action</u></p> <ul style="list-style-type: none"> • Jurisprudence examination • Licensee must submit to the board a copy of the infection control manual for the dental office, including verification that all staff have read the manual and received appropriate training • Complete 50 hours of unpaid community service • Licensee must submit documentation regarding licensed employees who have either completed training/exams to take dental radiographs or completed the allied sedation monitoring course • Infection control inspection
Dentist 5/26/2015	<p><u>Unprofessional Conduct</u></p> <ul style="list-style-type: none"> • Licensee engaged in a sexual relationship with a patient who was also a staff member • Licensee allowed that patient to direct the course of treatment rather than following licensee's own treatment plan for prosthodontic procedures • Licensee failed to initial and provide adequate supervision over staff when documenting in patient records, allowing staff to document in patient records without later reviewing and approving the documentation 	<p><u>Coursework</u></p> <ul style="list-style-type: none"> • Professional boundaries course • Written report for coursework

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Corrective Actions

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<p>Dentist 6/3/2015</p>	<p><u>Substandard Care</u></p> <ul style="list-style-type: none"> • Licensee failed to adequately perform and document a comprehensive oral examination and complete diagnosis for a patient necessary to provide extensive prosthodontic treatment • A treatment plan was formulated for a patient without being dated. Licensee encountered many complications during treatment that caused the original treatment plan to not be followed, resulting in a suboptimal end result • Licensee failed to obtain adequate informed consent from a patient with regard to the proposed treatment and sedation 	<p><u>Report to Board</u></p> <ul style="list-style-type: none"> • Sedation report <p><u>Coursework</u></p> <ul style="list-style-type: none"> • Fixed prosthodontics course • Patient communication and management course • Recordkeeping course • Written report for coursework <p><u>Action</u></p> <ul style="list-style-type: none"> • Treatment and recordkeeping inspection
<p>Dentist 6/23/15</p>	<p><u>Substandard Oral Surgery</u></p> <ul style="list-style-type: none"> • Licensee erroneously extracted certain permanent teeth for a patient when certain permanent teeth should have been extracted • Licensee failed to take a sufficient number of radiographs to properly diagnose for treatment of a patient's mouth <p><u>Substandard Recordkeeping</u></p> <ul style="list-style-type: none"> • Licensee failed to make or maintain adequate patient records for licensee's patient 	<p><u>Report to Board</u></p> <ul style="list-style-type: none"> • Oral Surgery report <p><u>Coursework</u></p> <ul style="list-style-type: none"> • Treatment planning and recordkeeping course • Written report for coursework
<p>Dental Assistant 6/29/2015</p>	<p><u>Practicing Beyond Scope</u></p> <ul style="list-style-type: none"> • Licensee administered nitrous oxide inhalation analgesia to a patient before completing a board-approved course in administering nitrous oxide inhalation analgesia 	<p><u>Report to Board</u></p> <ul style="list-style-type: none"> • Licensed Dental Assistant report <p><u>Action</u></p> <ul style="list-style-type: none"> • Jurisprudence examination • Complete 40 hours of unpaid community service
<p>Dentist 6/30/2015</p>	<p><u>Substandard Recordkeeping</u></p> <ul style="list-style-type: none"> • Licensee failed to adequately document the drug given to a patient and the amount ingested prior to the appointment • Patient's monitor print-out times don't correspond with time reported by licensee • Licensee failed to adequately document the exact timing of drug administration and observed times <p><u>Inadequate Safety Conditions</u></p> <ul style="list-style-type: none"> • Licensee failed to properly administer moderate sedation to a patient when two different oral benzodiazepines were administered within 30 minute of each other • Licensee failed to appropriately recognize and manage a patient's medical emergency • Licensee failed to properly administer Flumazenil to a patient by injecting it sublingually in too small of a dosage 	<p><u>Coursework</u></p> <ul style="list-style-type: none"> • Moderate sedation course • Medical emergencies course • Treatment planning and recordkeeping course • Written report for coursework <p><u>Report to Board</u></p> <ul style="list-style-type: none"> • Sedation emergency scenarios report
<p>Dental Assistant Applicant 8/11/2015</p>	<p><u>Felony, Gross Misdemeanor or Misdemeanor</u></p> <ul style="list-style-type: none"> • Applicant disclosed in her application that she had been convicted of multiple felony, gross misdemeanor or misdemeanor charges of driving a motor vehicle under the influence of alcohol 	<p><u>Coursework</u></p> <ul style="list-style-type: none"> • Ethics and Law in Dental Hygiene course • Written report for coursework

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Corrective Actions

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Dentist 10/19/2015 5	<u>Substandard Prosthodontics & Substandard Recordkeeping</u> <ul style="list-style-type: none"> Licensee failed to perform a comprehensive oral exam and complete diagnosis necessary to provide extensive prosthodontic treatment Licensee failed to provide a written, comprehensive treatment plan Licensee failed to include appropriate information in patient progress notes Licensee failed to document testing used to diagnostically evaluate the status of a patient's tooth and failed to document diagnostic interpretations of an I-CAT scan in patient progress notes Licensee failed to document diagnosis and informed consent prior to performing treatment 	<u>Report to Board</u> <ul style="list-style-type: none"> Patient management/dental recommendations report Radiograph report Patient referral to dental specialist report <u>Coursework</u> <ul style="list-style-type: none"> Treatment planning and recordkeeping course Written report for coursework
Dentist 11/2/2015	<u>Substandard Recordkeeping</u> <ul style="list-style-type: none"> Licensee failed to adequately document in a patient's record the sedating medication taken prior to the dental appointment, including the exact time taken, amount ingested, description of the patient's level of consciousness at the onset of the appointment. Licensee also failed to adequately document the patient's vital signs 	<u>Report to Board</u> <ul style="list-style-type: none"> Sedation report
Dentist 11/2/2015	<u>Allied Staff Misuse</u> <ul style="list-style-type: none"> Licensee allowed a non-licensed dental assistant to perform expanded duties beyond those allowed under Minnesota Rule 3100.8400 	<u>Action</u> <ul style="list-style-type: none"> Jurisprudence examination Complete 25 hours of unpaid community service <u>Report to Board</u> <ul style="list-style-type: none"> Posting credentials/renewal certificates report

DISCIPLINARY ACTIONS:

April 15, 2015 – October 30, 2015

Click on licensee name to see the full text of the disciplinary action

<i>License</i>	<i>License #</i>	<i>City</i>	<i>Date of Action</i>	<i>Type of Order</i>
Fairbanks, Amanda, LDA	A14918	Hibbing	7/24/2015	Conditional License
Purev, Solongo, DMD	D11735	Hopkins	7/24/2015	Voluntary Surrender
Schroeder, Michelle, LDA	A3976	Princeton	7/24/2015	Unconditional License
Severson, Amey, DMD	D12014	Edina	7/24/2015	Conditional License
Stansvik, Hanae, DH	H7911	Minneapolis	7/24/2015	Unconditional License
Trygstad, Paul, DDS	D9087	Two Harbors	7/24/2015	Voluntary Surrender
Vold, William, DDS	D9953	Maplewood	7/24/2015	Unconditional License
Marushkin, Larissa, LDA	A12705	Ramsey	7/25/2015	Suspension (Per Anoka County)
Garvin, Thomas, DDS	D9881	Plymouth	7/31/2015	Findings of Fact, Conclusion and Order for Indefinite Suspension
Bassing, Joann, DDS	D8639	Virginia	9/2/2015	Findings of Fact, Conclusion and Order for Stayed Suspension
Bach, Wendy, DDS	D8817	Minneapolis	10/30/2015	Unconditional License
Copeland, Ann, LDA	A7774	Mounds View	10/30/2015	Conditional License
Gambill, Kristina, LDA	A13498	Grand Rapids	10/30/2015	Unconditional License
Johnson, Michael G., DDS	D10999	Bloomington	10/30/2015	Unconditional License
Pula, Ashley, LDA	A12472	Golden Valley	10/30/2015	Unconditional License

New Board Web Address

The Minnesota Board of Dentistry website was recently updated. The website has a new look, and a new address. The new web address is <http://mn.gov/boards/dentistry>.

Nitrous Oxide Inhalation Analgesia Certification

Reminder: pursuant to [Minnesota Rule 3100.3600](#), licensed dental professionals may administer nitrous oxide inhalation analgesia only after successfully completing a course on the administration of nitrous oxide inhalation analgesia from an institute accredited by the Commission on Accreditation, and submitting an application to the Board. Specific requirements may be found on the [Nitrous Oxide Inhalation Analgesia Application Form](#).

If any of the following apply to you, and you are providing nitrous oxide inhalation analgesia please check an [online verification](#) of yourself to make sure you are nitrous oxide certified:

- You are a dentist who graduated from the University of Minnesota dental program prior to May 2008
- You are a dentist, dental hygienist or dental assistant who graduated from a non-Minnesota school
- You are a dental hygienist or dental assistant who graduated from a Minnesota accredited program prior to September 2, 2004
- You are a dental therapist

If your license verification does NOT have the nitrous oxide box checked, you are not permitted to administer nitrous oxide inhalation analgesia until you have submitted the application and it has been processed by the Board.

Name/Address Changes



If you have a name or address change you must inform the Board in writing within 30 days of the change. All licensees are required to provide their primary practice address and daytime phone number. If you are not in clinical practice you may list only a mailing/home address. You can designate both your mailing address and practice address to be the same. Please note that this information is available to the public. The [name/address change form](#) can be found on the Board website.

Email Addresses Required

Did your colleague not receive this newsletter? Please remind them to inform the Board of their email address. [Minnesota Statute 150A.09, subd. 3](#) requires that all dental professionals provide their current email address to the Board.

Renewal forms sent in without an email address cannot be processed and will be returned.

Anyone who needs to update their email address may complete the online address change or send an email to dental.board@state.mn.us.

Upcoming Board Meetings

January 15, 2016
April 15, 2016
July 15, 2016
October 14, 2016
January 13, 2017

Allied Sedation Monitoring/IV Certification

Reminder: Licensed allied staff may monitor and/or maintain and remove intravenous lines **only after** successfully completing a Board approved course, **AND** completing the [Board certification application found on our website](#), **AND** having the Board process and issue the certification. This is pursuant to Minnesota Rule 3100.8500, subpart 1a (N) (O), for a *licensed dental assistant* and Minnesota Rule 3100.8700, subpart 2 (B) (C), for a *licensed dental hygienist*.

There is a listing of the [courses that are Board approved on our website](#). Please be aware that before registering for a course the allied staff must meet the following criteria:

Prerequisites:

- Must be supervised by a dentist with sedation/general anesthesia certification
- Licensed dental assistant (LDA) or Dental Hygienist (DH)
- Current CPR certification (Healthcare level)
- Must have nitrous oxide administration and monitoring certification

NOTE: Just completing the *DAANCE* course does not qualify an allied staff member to monitor sedated patients. The licensee must have the Allied Sedation Monitoring/IV certification with our Board before being delegated that duty.

We urge supervising dentists to verify the certification of allied staff before delegating this duty. You can do this easily by accessing the [online verification tool on the Board's website](#).



If their license verification does **NOT** have the “Allied Sedation” box checked, you are not permitted to delegate this duty until you can verify that the Board has issued this certification.

Ordering documents from the Board

If you need to order a copy of your large wall license or your renewal certificate, or you want a mini-license, you can print out the [duplicate request form](#) available on the Board website and mail it to the Board office with a check for the cost of the documents.

If you need an affidavit of licensure to send to another state licensing agency, you can print of the [affidavit request form](#) and mail it to the Board office with a check for the cost of each affidavit requested.

Board Member Openings



In January, two board member positions will become available, one dentist position and one public member position. Get more [info about serving on the board](#) on the Board of Dentistry on the Board website and [apply through the Secretary Of State's Office](#).

Corporation Annual Report Forms Due 1/1/2016

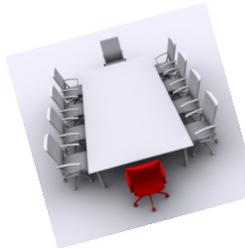
Annual reports for Professional Corporations, Professional Limited Liability Companies and Professional Limited Liability Partnerships (“Professional Firms”) to file annual reports with the Board on or before January 1 of each year.

Postcard reminders have been sent out to Professional Firms listed on file with the Board. If you have a Professional Firm,

make sure that the Annual Report Form is completed by January 1. The form may be completed [online](#) or a [paper form](#) may be completed and mailed to the Board office. If the annual report form is not completed by the due date, a late fee will apply.

Upcoming Committee Meetings and Office Closure Notices

Meeting	Date	Time	Status
Case Conference Meeting	12/2/2015	1:00 pm—4:00 pm	Closed
Allied Dental Education Committee Meeting	12/3/2015	5:30 pm—8:00 pm	Open
Sedation Committee Meeting	12/8/2015	5:00 pm—7:00 pm	Open
Complaint Committee A Meeting	12/10/2015	8:00 am—4:30 pm	Closed
Policy Committee Meeting	12/16/2015	5:00 pm—7:00 pm	Open
Complaint Committee B Meeting	12/17/2015	8:00 am—4:30 pm	Closed
Licensure & Credentials Committee Meeting	12/18/2015	8:30 am—4:30 pm	Closed
Holiday—Board Office Closed	12/25/2015		
Holiday—Board Office Closed	1/1/2016		
Licensure & Credentials Committee Meeting	1/7/2016	8:30 am—4:30 pm	Closed
Complaint Committee A Meeting	1/8/2016	8:00 am—4:30 pm	Closed
Advanced Dental Therapy Exam	1/11/2016	Time TBD	Closed
Policy Committee Meeting	1/13/2016	5:00 pm—7:00 pm	Open
Public Board Meeting	1/15/2016	8:00 am—12:00 pm	Open
Executive Board Meeting	1/15/2016	1:00 pm—4:30 pm	Closed
Holiday—Board Office Closed	1/18/2016		
Sedation Committee Meeting	1/19/2016	5:00 pm—7:00 pm	Open
Complaint Committee B Meeting	1/21/2016	8:00 am—4:30 pm	Closed



****If you would like to be added to the Board of Dentistry monthly meeting notice email list, please email michelle.schroeder@state.mn.us**

Notices of these meetings are given pursuant to M.S. 471.705. These meetings are OPEN or CLOSED to the public as indicated above.

ADDITIONAL NOTICE: Some Board members may attend these meetings by telephone or via video conferencing. Members of the public may attend at the Board's regular meeting location or monitor OPEN PUBLIC meetings by telephone or via video conferencing from a remote location. Public participants will be able to listen to Board member discussion and voting, and may offer testimony at the discretion of the chair. Anyone wishing to utilize telephone or video conferencing access to these meetings must confirm their desire no less than 48 hours prior to the posted start time of the meeting to ensure that the appropriate equipment will be available. Confirmation should be made with Board of Dentistry staff at 612-617-2250, or directly with the staff member assigned to the particular Committee.

It is the policy of the Minnesota Board of Dentistry to comply with the provisions of the Americans with Disabilities Act, 42 U.S.C.A. Section 12101, et. seq. ("ADA"). The ADA provides, in part, that qualified individuals with disabilities shall not be excluded from participating in or be denied the benefits of any program, service, or activity offered by the Minnesota Board of Dentistry. If you require special accommodations to participate in the meeting, please contact the Board office at (612) 617-2250 prior to the meeting.

Board Members

David Gesko, DDS, President (2016) Shorewood
 Allen Rasmussen, MA, BS, Vice President (2016) International Falls
 Neal Benjamin, DDS, Secretary (2017) Lino Lakes
 Teri Youngdahl, LDA, Past President (2018) Elk River
 Nancy Kearn, DH (2017) Wyoming
 John "Jake" Manahan, Public Member (2019) Bloomington
 Steven Sperling, DDS (2018) Rochester
 Paul Walker, DDS (2019) Shoreview
 Douglas Wolff, DDS (2019) St. Paul

Board Staff

Diane Anderson..... Complaint Analyst
 Deborah Endly..... Compliance Officer
 Sheryl Herrick..... Office Manager
 Amy Johnson..... Licensing & Professional Dvlpmnt Analyst
 Kathy Johnson..... Legal Analyst
 Mary Liesch..... Director of Complaints & Compliance
 Joyce Nelson..... Interim Executive Director
 Michelle Schroeder..... Administrative Assistant
 Vicki Vang Administrative Assistant