

M I N N E S O T A

Board of Dentistry • Updates

"To ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals"

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National Dental Hygiene Month:

"A Healthy Smile Lasts a Lifetime!"

This year's theme for Dental Hygiene Month in October was a continuation of the last four year's theme: "A Healthy Smile Lasts a Lifetime!" The ADHA's focus was on **Adolescent and Teenage Oral Health**. Topics included: smoking, piercing, breath mints, nutrition, mouth guards/sports, eating disorders, and deleterious effects of carbonated and sugared drinks. You may call (312) 440-8900, or visit www.adha.org for more information.

The Fall issue of the Newsletter highlights some **Dental Hygiene** topics impacting the MN Board of Dentistry.



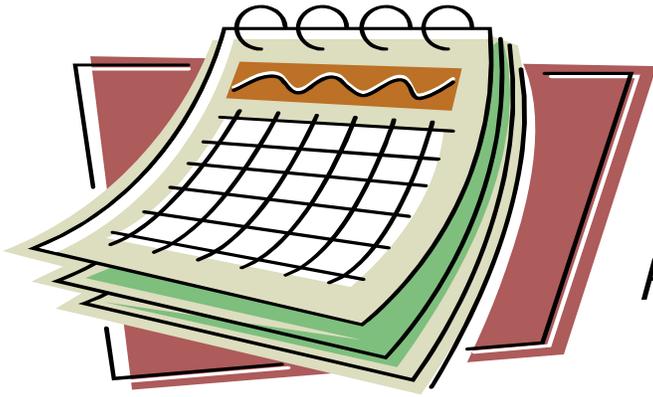
Oyez! Oyez!

Effective January 2008, there will be two
OPEN Board Appointments:

- * Dentist Appointment
- * Public Member Appointment

Contact the MN Board of Dentistry or the Secretary of State
for more information.

MN Board of Dentistry (612) 617-2250 -OR- Secretary of State (651) 296-2803



Mark Your Calendar. . . For Your Renewal Deadline!

Are you due to renew your License or Registration? There are 3 options available to you. . .

1. **Renew Online:** Visit our secure website www.dentalboard.state.mn.us and click on *Online Services*, **THE FASTEST & MOST EFFICIENT RENEWAL METHOD!** -OR-
2. Print a renewal application from our website and mail it to the Board with a check or money order. Once at our website, click on *Renewal Forms* and download the application. -OR-
3. Request a paper application. (Allow one week for processing and delivery.) Send your requests to:

MN Board of Dentistry
2829 University Ave. SE
Suite 450
Minneapolis, MN 55414

***Remember:** You **MUST** have met your Professional Development requirements **and** be current in Health Care Provider **CPR** in order to renew your License or Registration.

****To Voluntarily Terminate** your License or Registration, you must either submit a letter in writing, complete with your signature and date, or return the completed bottom portion of the Renewal Application.

What's in a NAME ?!



Changing your name? It's EASY. . .**JUST LET US KNOW!** All we need is a completed Name/Address Change form, accompanied by a copy of a marriage certificate or divorce decree, and we are happy to make the necessary changes. The official Name/Address Change Form may be obtained by visiting us on the web at: www.dentalboard.state.mn.us Click on the link **Other Forms** to locate one. While on the web, feel free to update your contact information as well!

FYI: If you like, you have the opportunity to request an updated license and certificate, reflecting your recent name change. Duplicate licenses cost \$20 each, while a duplicate certificate is \$10. **NOW IT'S OFFICIAL!**

HIGHLIGHTING



our Board Staff...

In commemoration of Dental Hygiene Month this October, the Board would like to reacquaint you with two of our staff. Both Mary Liesch and Deb Endly are hygienists by trade, however, in their role with the Board, they lend their services and expertise to our Complaint Unit. Join us in thanking them for all of their hard work!



MARY LIESCH

Mary has been with the Minnesota Board of Dentistry's Complaints and Compliance Unit since June 1992. Prior to coming to the Board she practiced clinical dental hygiene for 12 years. Mary attended the University of Minnesota's Program in Dental Hygiene and then continued her education through the InterCollege Program at the University to achieve a bachelor's degree in 1990 with an emphasis in Business, Dental Hygiene and Public Health.

The Minnesota Board of Dentistry's first Compliance Officer position was created in the early 1990s and it was a natural fit for Mary's area of professional interest. Mary found that her experience working with others to enhance quality within the practices she was employed, especially with regard to infection control measures, was very rewarding. Her work with the Board allows her to continue in the ever-evolving world of improving delivery of dental care from a very unique standpoint/perspective.

In her clinical dental hygienist role, she was always mindful of the great trust that patients placed in their dental care providers. In her role with the Board, which exists to ensure safe care for Minnesota citizens, she is continually reminded of the public's reliance on their health care providers. Having also been a care provider, Mary is cognizant of the challenges that can present for those who work in dentistry.

According to Mary, "I am pleased to be a part of the Dental profession. It is especially gratifying to help ensure that our families, friends and neighbors are receiving the quality care that they would expect of their dental professionals."



DEB ENDLY

Deb has been working as a Minnesota Board of Dentistry Compliance Officer since April 1995. She works with licensees and registrants who have been subject to a disciplinary order or corrective action. Her duties with the Board include conducting infection control and recordkeeping inspections, and advising both Complaint Committees. Deb's work as a Compliance Officer is to educate both the public and dental practitioners, and to answer questions related to the Board Rules and Statutes. Deb is a frequent speaker on behalf of the Board.

In addition to her AS degree in Dental Hygiene and her BA degree in Business Administration/Human Resources, Deb has a variety of work experiences. Before joining the Board, Deb worked as an office manager for various dental offices, and also worked as a clinical dental hygienist. Adding to her credits, she has held an adjunct faculty member position at Argosy College in their Dental Hygiene program. Outside of the dental field, Deb has worked as an investigator for a Twin Cities hospital. She was responsible for both internal and external theft investigations, as well as pharmacy investigations and conducting safety seminars. All of this knowledge and experience has given Deb the tools to be successful in her work with the MN Board of Dentistry.

In her free time, Deb enjoys biking, gardening, running, and boating around the greater metro area. During the winter, she keeps active as a member of the National Ski Patrol, providing her services as an instructor and an instructor trainer in the Outdoor Emergency Care and Instructor Development programs. You will surely find her on the ski slopes providing first aid to injured skiers and snowboarders. Deb is also a registered First Responder with the State of Minnesota and a BLS Instructor for the American Heart Association.

DELEGATION OF DUTIES TO ASSISTANTS: INITIATING IVs AND ADMINISTERING MEDICATIONS

Background

The Board of Dentistry's Policy Committee and Complaint Committees have discussed the appropriateness of registered dental assistants starting IVs and/or pushing medications (in an IV line or otherwise). Many seem to be under the false impression that these procedures are permissible under "personal supervision." These procedures are *not* approved to be delegated at this time.

Although oral surgeons and others have offered reasonable rationale for why RDAs should be allowed to push meds with appropriate training and oversight, until such time as they or another group bring forward a recommended rule change, and the rulemaking process is completed, RDAs are *not* allowed under Minnesota Rules to perform duties that are not specifically permitted: initiating IVs and administration of medications are *not* on the list.

Regulations

Registered Dental Assistants, under MR 3100.8500, may do certain functions as well as others, but *the only reference to medications is to allow placement of topicals* under indirect supervision.

The duties that dentists may delegate to assistants are regulated by Minnesota Rules 3100.8400 (non-registered assistants), 3100.8500 (registered and limited registration dental assistants), and Minnesota Statutes 150A.10. The exact language can be found at the Board of Dentistry web site by clicking on the link "statutes and rules." An easy [reference chart](#) of allowable duties and levels of supervision can be accessed by clicking on the link "licensing/registration"; then "delegated procedures."

The IV or IM delivery of medications by an RDA is **not** permitted *even* under personal supervision. Looking at MR 3100.8400, personal supervision of an (**unregistered assistant**) is limited to certain things, especially when it comes to medications. The rule states that the assistant may: [provide any assistance, including the placement of articles and topical medication in a patient's oral cavity](#), in response to a specific direction to do so by a licensed dentist who is then and there actually engaged in performing a dental operation as defined in the act and who is then actually in a position to give personal supervision to the rendition of this assistance.

Delegation

When the BOD addresses a complaint or question about hygienist and assistant misuse, considerations such as (but not limited to) these may be used:

- * The fundamental intent of the rule is to protect the public by allowing only people with proper and recognized training to treat patients.
- * The Board currently utilizes *permissive* rules for delegation of duties to allied dental personnel. This means that *any allowable duty must be stated in rule or statute*, otherwise it is not allowable. Therefore, it is imperative to read and know the rules and statutes. The focus is on legally delegable duties, relying upon qualifications and designated levels of supervision related to regulatory status of the position... *not* on outcomes or personal expertise.

DISCLAIMER: Be advised that because this is provided as an educational document of the Minnesota Board of Dentistry, the information contained in this document is not official policy or law and, therefore, is not legally binding for either the Minnesota Board of Dentistry or the licensee/registrant. Each complaint the Board of Dentistry receives is evaluated under the Board's Practice Act and rules, other applicable laws and the record in the proceeding.

This interpretation has, however, been vetted by the Attorney General's Office of the State of Minnesota.

ADVANCED DENTAL HYGIENE PRACTITIONER

The Minnesota Association for Community Dentistry (MACD) sponsored an informational conference on September 21, 2007 in Bloomington to spotlight research and progress relating to a new dental hygiene workforce model- the Advanced Dental Hygiene Practitioner (ADHP). This new category of hygienist is being studied and proposed by the American Dental Hygienist's Association (ADHA) in conjunction with other associated health care organizations through advisory committees and combined meetings. The keynote speakers included Ann Battrell, Executive Director of the ADHA and Colleen Schmidt, Director of Education, ADHA. A reactor panel was assembled to give statements and field questions regarding this new workforce model.

The ADHP is being proposed in a response to the unmet oral health needs of our communities. It recognizes various underserved populations where a lack of access to oral health care exists. This gap has been attributed to a variety of reasons; for example, a shortage of dentists in some areas, or possibly a maldistribution of dentists. Rural areas are particularly affected. Medicaid recipients and those with an inability to afford dental care are also finding it difficult to access basic dental care. Another issue is the projected increase of dental hygiene graduates by the year 2014 of 68,000 nationally over 2004 numbers.

These hygienists will achieve a Master's Degree level of education. They will be expected to organize, manage, and provide culturally appropriate care in community based clinics. This primary care would include oral health education, diagnostic, preventative, and expanded functions including basic restorative procedures and simple extractions and surgical procedures. A referral would be made to a dentist for more extensive procedures. A list of 58 competencies proposed for these hygienists can be reviewed on the ADHA website www.adha.org. This workforce model is considered to be comparable to the medical profession's Nurse Practitioner.

Presently, educational programs are organizing to offer training necessary to qualify for the ADHP. Government funding is being sought for a pilot program/clinic to establish a proving ground for these training programs and their graduates. Eventually, legislative initiatives will be required to alter state regulations and practice acts in order to accommodate the expanded functions and other aspects of this workforce model. It is expected that most eventual worksites and clinics will be located in low access, underserved population areas. The costs of establishing these clinics and providing care will likely require federal, state, and local government funding.

It is the mission of this group and others to find a way to make oral health care affordable and accessible to all. The emergence of the ADHP as it progresses through academic and government pathways will be followed by many groups in the next few years, including the Minnesota Board of Dentistry.

Submitted by Dr. Joan Sheppard, MN Board of Dentistry Board Member



Prescription Writing: Changes on the Horizon

Beginning in 2008, any prescriptions for a Medicaid patient that are not phoned, faxed, or electronically transmitted to a pharmacy **MUST BE WRITTEN ON TAMPER-RESISTANT PAPER.**

The Center for Medicaid Services (CMS) recently issued guidelines regarding a phased-in approach to the tamper-resistant features. The original implementation date of October 1, 2007 has been delayed until **April 1, 2008.**

Please be prepared for this change so that patients needing medications do not have their prescriptions unnecessarily denied or delayed.

Clinical Resource



The US Food and Drug Administration, (FDA), has an interest in assisting busy clinicians in keeping current with new safety information on drug, biological products and medical devices used every day in patient care. The FDA now offers free, science-based and clinically useful alerts that can be delivered directly to clinicians or accessed quickly and easily through electronic means — whether a concise email notice, an RSS feed, podcast, a bookmarked link for the FDA website, or a search tool on a PDA drug reference resource. To subscribe to any of these product safety resources, visit: www.fda.gov. The following is a list of some of the FDA medical product safety virtual resources.

1. FDA MedWatch Safety Alerts Listserv -

This alert is a concise email message, with the product name and issue noted in the subject line, used to inform members and subscribers of new safety information on health care products you may be prescribing, dispensing or administering to patients. Some products covered by these alerts are prescription and over-the-counter drugs, biologics, including vaccines and blood products, medical devices, and dietary supplements. You will receive an alert only at the time new safety information is known by the FDA. In 2006, on average twice a week, a safety alert for a drug or medical device was sent to subscribers.

Many private healthcare related organizations – professional societies, consumer groups and healthcare media organizations – have chosen to ‘partner’ with the FDA MedWatch program, to further distribute safety information to members and subscribers. These organizations will receive the individual safety alerts by the same process described above, and then chose to distribute them accordingly. In addition, this FDA MedWatch safety alert information is incorporated into electronic reference resources that are either PDA or desktop computer based, providing clinicians with access to FDA alerts and updated drug prescribing information at their fingertips.

2. FDA RSS Feeds -

Rather than receiving an email message from the FDA, you may receive these safety alerts via delivery to your internet browser, viewed through a ‘feed reader.’ These types of alerts are similar to those described above.

3. FDA/National Library of Medicine *DailyMed* website -

This website provides high quality information for over 3000 marketed drugs, including FDA approved labels. This website provides busy clinicians, health information providers, and the public with a standard, comprehensive, up-to-date, downloadable resource regarding medication content and labeling, as found in medication packaging inserts.

4. FDA *Patient Safety News* -

Patient Safety News is a monthly video news show for healthcare professionals, covering topics such as safety alerts, recalls, product approvals, and important tips on protecting patients. It is transmitted via satellite broadcast networks, specifically designed to reach hospitals and other medical facilities across the country. *Patient Safety News* is also available for viewing on the FDA website: www.fda.gov.

5. FDA *Drug Safety Audio Podcasts* -

Podcasting is a new method in receiving audio broadcasts through the internet. You can listen to a podcast from your computer or portable media player. The FDA *Drug Safety Podcasts* are produced by the FDA’s Center for Drug Evaluation and Research (CDER). They provide emerging safety information about drugs in conjunction with the release of Public Health Advisories.



Radiation Rule Update

MN Department of Health, Radiation Control

The legislature made a statutory change regarding registration of x-ray equipment in the most recent session. This change became effective on August 1, 2007 and has been included in the Minnesota Department of Health Rules, Chapter 4732. A summary of that change is as follows:

- *Brand new facilities must register x-ray equipment before it is used on patients.
 - A calibration must be done at the time of installation.
 - The date of the installation and name of company that conducted the calibration must be included on the registration of that facility.
 - A copy of the installation calibration need not be sent to the MDH, but kept on site for review during the MDH inspection.

- *The annual registration fee will be one-half of the current biennial fees.

- *The registration fee, which includes the base fee and the fee for each tube in the facility, should accompany the required registration form.

- *Renewal of registration will occur on an annual basis rather than a biennial basis.
 - Facilities will continue to receive the renewal notice approximately 30 days prior to the due date.

- *There is a penalty for a late registration.

- *The schedule of when counties are due for their registration is included in Chapter 4732.

Notification of the service provider must be made within 15 days of the installation or re-installation of equipment due to a move, and that information sent to the MDH on Federal Form No. 2579. This service provider notification does not satisfy the written notification and registration requirement of the registrant.

MDH is hosting educational meetings on new MDH Rules, Chapter 4732 in various locations around the state. You are encouraged to attend. For more information, you may either call Radiation Control, or visit the MDH web site: www.health.state.mn.us/divs/eh/radiation.

Those educational meeting dates and locations are as follows:

- | | |
|--------------------------|------------------------|
| November 20 - Shakopee | December 6 - Plymouth |
| December 5 - Coon Rapids | December 18 - St. Paul |

QUESTIONS:

- General Information at the Minnesota Department of Health.....(651)215-5000
- MN Department of Health Email Address.....x-ray@health.state.mn.us
- Radiation Receptionist.....(651)201-4545
- Kimberly Pappas, X-Ray Supervisor.....(651)201-5826

Radiation Q&A:

Q: You have just finished placing dental x-ray film in your patient's mouth, and proceed to ask your newly hired, yet unlicensed/registered employee to "push the button". . .Is that request *legal*?

A: According to Radiation Control at the MN Department of Health and the MN Board of Dentistry, the answer is **NO!** By "pushing the button", that employee is exposing the patient to radiation, a duty that must be performed by the licensed dentists, hygienists, or registered dental assistants in your practice.

COLLABORATIVE AGREEMENT & COLLABORATIVE PRACTICE

A **Collaborative Agreement** is a written document, drafted between a licensed dentist and dental hygienist. The agreement outlines the parameters of care and services that may be provided by the collaborative dental hygienist without the presence of a licensed dentist *at a location other than the usual place of practice of the dentist or dental hygienist* and without a dentist's diagnosis and treatment plan.¹

Collaborative Practice is defined as the prevention and treatment of oral disease through the provision of education, assessment, preventive, clinical and other therapeutic services in a cooperative working relationship with a consulting dentist, but without general supervision.² DDS-DH Collaborative Practice is different from, and greater than a DDS-DH Collaboration. Collaboration is a single, temporal event that can occur intermittently in the day to day practice of health care. DDS-DH Collaborative Practice is a dynamic process, a commitment to interact on a professional level, that empowers the participants to blend their talents, to achieve a goal that neither can do alone.³

Due to the interest and barrage of questions from dental hygienists and dentists regarding Collaborative Practice, Metropolitan State University in partnership with Normandale Community College are both offering a baccalaureate degree completion program and a post-baccalaureate certificate in collaborative dental hygiene practice.

One of the first steps in establishing a Collaborative Practice Agreement is to create the official document to which both parties are held. There is not an official, or endorsed template available from the Board of Dentistry for those entering into a Collaborative Practice Agreement. You can access more information regarding templates by visiting Normandale Community College's website, www.normandale.edu/dental/. This site suggests a possible template, listing basic information for such an agreement. The agreement should be designed in such a way that is agreeable to both the collaborative dentist and dental hygienist. Please note: For a Collaborative Agreement to be legal, the Statute stipulations **MUST** be met, and the written document **MUST** address the items as listed in Minnesota Statute §150A.10, Subd. 1a.

Collaborative Agreement/Practice needs can come in all different shapes and sizes. Some require funding, facility location, and/or equipment. Meeting these needs may sound challenging, but they can be accomplished. Collaborative Agreement/Practice has established itself as a viable option for improving access to care for the community. Dental Hygiene training in community service helps to provide hygienists with the knowledge and tools necessary in finding the resources for establishing and executing a successful Collaborative Agreement/Practice.

The Allied Education Committee of the MN Board of Dentistry has been closely following Collaborative Agreement/Practice. The following are some examples of questions being considered by the Allied Education Committee: How many collaborative agreement dental hygienists are there? Are the collaborative dental hygienists working in areas where dental hygiene care had previously not been readily available? Has the triaging of oral health care by Collaborative Practice dental hygienists been effective in increasing total care delivery? Are referrals from collaborative agreement hygienists to dentists difficult to accomplish? Have any of the collaborative agreements been dissolved? Why? The Committee has evidence that the numbers of Collaborative Agreements in MN are increasing. As these numbers have increased, it has become apparent that a registry would be helpful for tracking who is in such a collaboration and where they are located. With upcoming monitoring of Collaborative Agreements by the Board and others, we anticipate being able to answer these and other questions with the confidence that data can provide.

Stay tuned for future developments.

(Notes)

¹ <http://www.normandale.edu/dental/>

² <http://www.normandale.edu/dental/>;

http://wps.prenhall.com/chet_nathe_dental_2/0,9128,1352887-content,00.html

³ <http://www.normandale.edu/dental/>; Thomson, D.J. 1995. Physician's perceptions of nurse-physician collaborative practice. Florida Atlantic University. Retrieved on June 1, 2007 from <http://digitalcommons.fau.edu/dissertations/AAI1361619/>

Submitted by Nadene Bunge, DH , MN Board of Dentistry Board Member

CORRECTIVE ACTIONS - FALL 2007

<i>Profession</i>	<i>Violation(s)</i>	<i>Remedies</i>
Dentist 03/01/07	<p>Substandard Care:</p> <ul style="list-style-type: none"> *Inappropriate Nitrous Oxide/Analgesia Protocol. *Lack of documentation regarding assessment in potential emergency situation. 	<p>Course Work:</p> <ul style="list-style-type: none"> ·Nitrous Oxide Analgesia Administration ·Medical Emergency Course at the University of Minnesota <p>Written Report: Submit a report within 30 days of completion of course work regarding the following:</p> <ul style="list-style-type: none"> ·Report of how Licensee will incorporate new knowledge into their practice <p>Equipment: The Nitrous Unit will be inspected by the manufacturer or equipment supplier & operation instruction will be provided.</p>
Dentist 03/22/07	<p>Substandard Care:</p> <ul style="list-style-type: none"> *Patient Record lacked documentation related to clinical findings of decay. *No documented clinical correlation to radiographic diagnoses. 	<p>Course Work:</p> <ul style="list-style-type: none"> ·Diagnosis/Treatment Planning/ Recordkeeping Course <p>Written Report: Submit a report within 30 days of completion of course work regarding the following:</p> <ul style="list-style-type: none"> ·Report of how Licensee will incorporate new knowledge into their practice.
Dentist 07/31/07	<p>Substandard Care:</p> <ul style="list-style-type: none"> *Multiple substandard infection control concerns. *Substandard oral surgery care related to extractions; i.e. leaving root tips, failure to place sutures, and inadequate pain management. *Inadequate periodontal care; i.e. lack of radiographs, probings, and assessment of periodontal health. *Generalized substandard record keeping; i.e. incomplete documentation of medical histories, oral health status, treatment plan, informed consent, medications, and signatures. *Substandard diagnoses and treatment planning.*Substandard and inadequate radiographs. *Allowed unregistered DA to practice beyond legal scope of practice. 	<p>Course Work:</p> <ul style="list-style-type: none"> ·Treatment Planning/ Recordkeeping Course <p>Written Report: Submit a report within 30 days of completion of course work regarding the following:</p> <ul style="list-style-type: none"> ·Report of how Licensee will incorporate new knowledge into their practice <p>Other Written Reports: Submit these reports within six months of agreement:</p> <ul style="list-style-type: none"> ·Oral Surgery Report ·Auxiliary Duties/Supervision Report <p>Office Inspections: Licensee shall cooperate with office visits made by a representative of the Board.</p> <ul style="list-style-type: none"> ·Infection Control Inspection ·Record Keeping



Are You ACLS Certified?

FYI: If you are planning on renewing your General Anesthesia or Conscious Sedation certification, you must be current in your ACLS training/certification. Plan ahead and stay current!

CORRECTIVE ACTIONS - FALL 2007 *CONTINUED.* . .

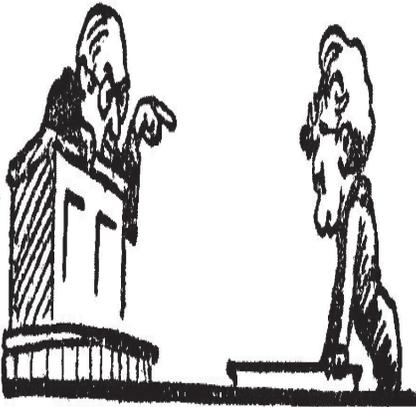
Dentist 08/31/07	Practice Without Current License: *Dentist continued to practice after license expired.	Written Report: Submit protocol for monitoring and maintaining current licensure and current address. Community Service: Complete 20 hours of community service at a voluntary dental access clinic. Jurisprudence Exam: Take the Jurisprudence Exam and achieve a score of 75% or greater.
Dentist 09/10/07	Substandard Care: *Failed to follow appropriate radiographic protocol. *Failed to properly diagnose and document decay in a timely manner. *Failed to make and maintain adequate dental records; i.e. lacked informed consent, diagnoses, treatment plan, periodontal assessment, medications, anesthesia, and signatures.	Course Work: ·Treatment Planning/ Recordkeeping Course Written Report: Submit a report within 30 days of completion of course work regarding the following: ·Report of how Licensee will incorporate new knowledge into their practice.
Dentist / Oral Surgeon(2) 05/18/07 05/29/07	Auxiliary Misuse: *Permitted RDA to place IVs, administer and augment IV medications to patients.	Prohibited Procedures – Auxiliary Personnel: Prohibited from allowing RDA to perform procedures beyond their scope of practice. Jurisprudence Exam: Take the Jurisprudence Exam and achieve a score of 75% or greater.
Dental Hygienist 08/27/07	Practice Without Current License: *Hygienist continued to practice after license expired.	Written Report: Submit protocol for monitoring and maintaining current licensure. Community Service: Complete 15 hours of community service within a one year time frame at a voluntary dental access clinic. Jurisprudence Exam: Take the Jurisprudence Exam and achieve a score of 75% or greater.
Registered Dental Assistant 08/20/07	Inadequate Safety: *Failure to maintain CPR certification necessary for registration.	Course Work: Registrant shall successfully complete the appropriate CPR course requirement and submit a copy of the CPR card within 30 days of the course completion. Written Report: Submit delineation of procedures an RDA is permitted to perform under various levels of supervision, and conduct unbecoming a registrant. Community Service: Complete 50 hours of community service within a one year time frame at a voluntary dental access clinic. Jurisprudence Exam: Take the Jurisprudence Exam and achieve a score of 75% or greater.
Registered Dental Assistant 08/23/07	Practice Without Current Registration: *Dental Assistant continued to practice after registration expired.	Written Report: Submit protocol for monitoring and maintaining current licensure. Community Service: Complete 20 hours of community service within a nine month time frame at a voluntary dental access clinic. Jurisprudence Exam: Take the Jurisprudence Exam and achieve a score of 75% or greater.
Registered Dental Assistant 08/28/07	Practice Without Current Registration: *Dental Assistant continued to practice after registration expired.	Written Report: Submit protocol for monitoring and maintaining current licensure. Community Service: Complete 20 hours of community service at a voluntary dental access clinic. Jurisprudence Exam: Take the Jurisprudence Exam and achieve a score of 75% or greater.

Terminations: Fall 2007

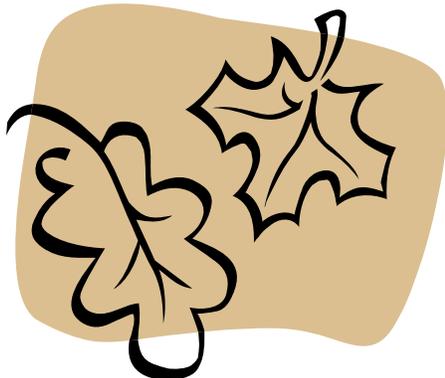
For a complete list of this quarter's **TERMINATIONS**, please visit the MN Board of Dentistry website:
www.dentalboard.state.mn.us

*To check the status of a license/registration listed as terminated, feel free to process a *License Verification* via the **ONLINE SERVICES** option, located on the MN Board of Dentistry website. The status of said license/registration may have been changed since the posting of this information.

Disciplinary Actions - Fall 2007



<i>Licensee / Registrant</i>	<i>Date of Order</i>	<i>Type of Order</i>
Gibson, Robert J.M., DDS D7420; Fergus Falls	9/11/07	Unconditional
Mrosak, Craig M., DDS D8781; Cook & Minneapolis	9/11/07	Stayed Suspension, Limited & Conditional License
Muller, John A., DDS D7235; Clearwater	9/11/2007	Voluntary Surrender



Attention Dental Hygienists & Registered Assistants:

The MN Board of Dentistry is gathering information regarding **Collaborative Agreements**. Our goal is to generate vital statistical data. Keep a look out for a postcard mailing and respond to the notice **ASAP!**

Lend a hand and help us in this important task.

UPCOMING BOARD AND COMMITTEE MEETINGS

Board Office Closed – Holiday	Nov 22-23, 2007
Licensing & Credential Committee (CLOSED)	Nov 29, 2007
Executive Board Meeting (CLOSED)	Nov 30, 2007
PUBLIC BOARD MEETING (OPEN)	Nov 30, 2007
Complaint Committee A (CLOSED)	Dec 7, 2007
Policy Committee Meeting (OPEN)	Dec 12, 2007
Complaint Committee B (CLOSED)	Dec 13, 2007
Board Office Closed – Holiday	Dec 25, 2007
Board Office Closed – Holiday	Jan 1, 2008
Executive Committee Meeting	Jan 8, 2008
Policy Committee Meeting	Jan 9, 2008
Complaint Committee A	Jan 11, 2008
Licensure & Credential Committee	Jan 18, 2008
Board Office Closed – Holiday	Jan 21, 2008
Complaint Committee B	Jan 22, 2008

Board Members

Mark W. Harris, DDS, President (2009)	Tonka Bay
Nadene Bunge, DH, MA, Vice President (2009)	Rochester
Candace Mensing, DDS, Secretary (2010)	Rochester
Linda Boyum, RDA,, Past President (2010)	Plymouth
Freeman Rosenblum, DDS (2011)	Burnsville
Kristin Heebner, Public Member, JD (2011)	Minneapolis
Joan ASheppard, DDS (2011)	Bloomington
Marguerite Rheinberger, JD, MPH, MA, Public Member, (2008)	Stillwater
Dean J. Singbank, DDS (2008)	Grand Rapids

Board Staff612-617-2250 or 888-240-4762

Marshall Shragg	Executive Director
Mary Dee Liesch	Complaint Unit Supervisor
Deborah Endly	Compliance Officer
Judith Bonnell	Complaint Analyst
Kathy Johnson	Legal Analyst
Joyce Nelson	Licensure & Prof. Dvlpmt. Administrator
Amy Johnson	Licensing & Prof. Dvlpmt. Analyst
Sheryl Herrick	Office Manager
Linda Johnson	Administrative Assistant
Angela Garcia	Administrative Assistant



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