

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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NEW RULES TAKE EFFECT MARCH 19!!!

A number of rule changes that have been in discussion for a *long* time between the Board and the various dental professional associations have finally been approved and adopted. The rules will take effect and become enforceable on March 19, 2007. The main areas of change relate to **definitions**, clarification of **renewal due dates**, requirements for administration of **nitrous oxide**, **conscious sedation**, & **general anesthesia**, **professional development**, and **delegated duties**. Although a summary of major changes is provided below, Minnesota-regulated dental professionals are responsible for knowing and complying with the *complete* language of the new rules, which is available on the [Board of Dentistry](#) web site.

DEFINITIONS

- *Advanced cardiac life support (ACLS)*: definition added.
- *CPR*: definition expanded.
- *Analgesia*: the diminution or elimination of pain as a result of the administration of an agent including, but not limited to, local anesthetic, nitrous oxide, and pharmacological and non-pharmacological methods.
- *Anxiolysis*: the utilization of pharmacological or non-pharmacological methods to reduce patient anxiety including, but not limited to, behavior management, nitrous oxide, and oral anxiolytic or analgesic medications.
- *Conscious sedation*: a minimally depressed level of consciousness produced by a pharmacological or non-pharmacological method or a combination thereof that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.
- *General Anesthesia*: an induced state of unconsciousness produced by a pharmacological or non-pharmacological method or a combination thereof and accompanied by a partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal commands. General anesthesia is synonymous with the term "deep sedation."
- *Enteral/Parenteral*: definitions added.
- *Inhalation*: definition added.
- *Transdermal/Transmucosal*: definition added.
- *General supervision*: tasks or procedures that do not require the presence of the dentists in the office or on the premises at the time the tasks or procedures are being performed, but require the tasks be performed with the prior knowledge and consent of the dentist.

RENEWAL DUE DATES

Biennial renewal applications are considered on time if received by the Board or postmarked *no later than the last day of the licensee's or registrant's birth month* in the renewal year.

NEW RULES TAKE EFFECT MARCH 19!!! (Continued)

GENERAL ANESTHESIA AND CONSCIOUS SEDATION

- Current ACLS certification required for both.
- *Training requirements* revised/clarified for conscious sedation.
- Dentist shall apply the current standard of care to *continuously* monitor and evaluate a patient's blood pressure, pulse, respiratory function, and cardiac activity.
- Prior to discharge, the dentist or the person administering the general anesthesia shall assess the patient to *ensure the patient is no longer at risk for cardiorespiratory depression*. The patient must be discharged into the care of a responsible adult.
- *Certificate* required which must be renewed every two years.
- Periodic *on-site inspection* of facilities required, to include review of facilities, support staff training, emergency protocols, monitoring equipment, record-keeping procedures, etc.
- *Equipment requirements* include: immediately accessible AED or full function defibrillator, positive pressure oxygen delivery system with a backup, functional suctioning device and a backup, auxiliary lighting, gas storage facility, recovery area, method to monitor respiratory function, and a board-approved emergency cart or kit that is complete, current, and readily available.
- *Monitoring*: The individual qualified to administer and in charge of the administration of the general anesthesia or conscious sedation must remain in the operatory to continuously monitor the patient once general anesthesia or conscious sedation is achieved and until all dental services are completed on the patient. Thereafter, an individual qualified to administer general anesthesia or sedation must ensure that the patient is appropriately monitored and discharged.

PROFESSIONAL DEVELOPMENT

- Treatment and Diagnosis is now considered a core subject area for *all* regulated dental professionals.
- Portfolio audits may also be conducted for a licensee or registrant who is the subject of a complaint, investigation, or proceeding.

NITROUS OXIDE

- *Training requirements* revised: to include a minimum of *12 hours of didactic instruction, personally*

administering at least three individual supervised cases of analgesia, and supervised clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration.

- A dental hygienist or registered dental assistant may administer nitrous oxide inhalation analgesia under the appropriate level of supervision by a dentist who is current with the requirements to administer nitrous oxide.

DELEGATED DUTIES

(Go here to print the New [Delegated Duty](#) graph.)

- General Supervision: review new definition.
- Registered Dental Assistants, new or former duties now under General Supervision
 - take radiographs;
 - take impressions for casts and appropriate bite registration (not to include impressions and bite registrations for final construction of fixed and removable prostheses);
 - deliver vacuum-formed orthodontic retainers.
- Registered Dental Assistants and Dental Hygienists, former duty under Indirect Supervision
 - restorative procedures as permitted in MS §150A.10, subd. 4.
- Registered Dental Assistants and Dental Hygienists, new duties under Direct Supervision
 - attach prefrit and preadjusted orthodontic appliances;
 - remove fixed orthodontic bands and brackets.
- Dental Hygienists, new or former duties now under General Supervision
 - preliminary charting of the oral cavity and surrounding structures to include case histories, perform initial and periodic examinations and assessments to determine periodontal status, and formulate a dental hygiene treatment plan in coordination with a dentist's treatment plan;
 - make referrals to dentists, physicians, and other practitioners in consultation with a dentist;
 - administer local anesthesia (see training requirements);
 - administer nitrous oxide analgesia (see training requirements).

NEW RULES TAKE EFFECT MARCH 19!!! (Continued)

REPORTING INCIDENTS

- Regulated dental professionals *must* report to the Board within 10 days *any incident* that arises from the administration of nitrous, general anesthesia, conscious sedation, local anesthesia, analgesia, or anxiolysis that results in:
 - *a serious or unusual outcome* that produces a temporary or permanent physiological injury, harm, or other detrimental effect...; or
 - *anxiolysis unintentionally becoming conscious sedation or general anesthesia* when the licensee is not certified by the Board to administer conscious sedation or general anesthesia.

Professional Development Audits

The Minnesota Board of Dentistry will be conducting its first audits in 2007. **If you are chosen for a random audit**, you will be notified in writing and have 60 days to mail a completed portfolio. In addition to the letter, you will also receive a form for you to organize your professional development activities and ensure acceptable documentation. This form, along with photocopies of your documentation will need to be sent to the Board. (Materials sent to the Board will not be saved or returned. Make sure to keep the originals!)

Proper Documentation: Documentation from the presenting organization should include the attendee's name, license or registration number, name of organization or presenter, course date, number of credit hours, and subject matter or program title. For self study, a personal log of published articles read including title of the article, name of the author, name of the journal, publication date, and time spent.

Documentation Retention: Licensee or registrant must retain the documentation for 24 months after each biennial renewal period has ended for purposes of a potential audit by the Board (an audit may include the most recent and the previous cycle).

DO

- Do submit complete and accurate documents
 - Do submit completed and signed self-assessment
 - Do submit proof of two different core subjects
 - Do submit copy of CPR for Healthcare Provider with hours indicated
- (MDA's CE Track printouts are accepted as proof of MDA sponsored events only)



DON'T

- Don't submit extra hours; only materials needed to meet the requirements will be reviewed
- Don't submit documentation for events outside your cycle dates
- Don't submit diplomas or certificates of achievement
- Don't submit personal notes; personal notes do not prove attendance
- Don't submit name badges and receipts; these do not prove attendance

Activities earned in excess of the requirement *cannot* be carried over to the next cycle.

MESSAGE FROM THE PRESIDENT

Mark W. Harris, DDS

It's here! The professional development audits begin in 2007. This means that you may be asked to provide documentation of your continuing education activities. Remember there are core subjects required and the Board's website is your source for the self assessment. The Board encourages you to review your personal professional development portfolios and contact the Board if you have any questions.

Sadly, we say goodbye to three Board members, Dr. John Bengtson, Dr. Ron King and Dr. Jerry McCoy. We will miss their valuable input and counsel and be a little envious of their newly unscheduled time. On behalf of the Board, I extend thanks and deep appreciation for their many years of service on the Board of Dentistry. At the time of this newsletter we have not been notified by the Governor of the appointment of new Board members.

The Board has also been fortunate to work with experienced and astute legal staff such as Rosellen Condon. Ms. Condon has provided legal counsel to the Board for many years, and although she will remain an Assistant Attorney General, her primary client will now be the Minnesota Department of Health. We as a Board, thank her for her contributions and wish her well.

Our Board reviewed and modified which regional boards are accepted for initial licensure during the past year. To provide the most current information as well as transparency to the process, the Board invited representatives from all the regional board exams as well as the Canadian testing agency to present testing methods and statistics for each of their exams. The Board participated in a very spirited discussion on this very challenging issue.

The University of Minnesota, with the Board's input and blessing, has created and increased the size of the Program for Advanced Standing Students, the PASS program, for internationally educated dentists. This is a two year program which integrates the internationally educated graduate into the last two years of the dental school curriculum. We thank the Dean, Dr. Patrick Lloyd, and his team for creating this needed program. This is a significant and important step in ensuring quality education and competence for Minnesota dental professionals.

The proposed new rules regarding general anesthesia, conscious sedation, and new duties and levels of supervision for dental hygienists and registered dental assistants have been approved. After a hearing before the Administrative Law Judge, the Board had submitted the requested changes and the adopted rules are being published in the State Register, and become effective on March 19, 2007.

The Board has created a Complaint Task Force to review the complaint process. The task force has reviewed and continues to review the process, and positive changes have been made. The Board's goal is to maintain integrity and equity in the complaint process.

The Board of Dentistry's primary charge is to ensure that the public receives quality dental care from Minnesota dental professionals. Remember, this is your Board, both as a citizen and a licensed professional. Our web site is interactive, and you are welcome at any of our public meetings. Your interaction and communication with the Board is encouraged!

Sincerely,



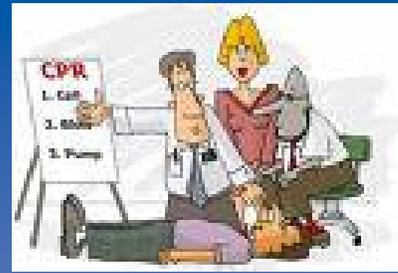
Keep It (Your Address) Current

Keeping a current address and phone number with the Board is required by statute. Reminder post cards are the only way that the Board will remind you when your license is due for renewal. Each month, many of these cards fail to reach the licensee due to an out of date address. This can lead to late fees or even the termination of a license or registration and require the person to go through a reinstatement process before being able to continue working! These extra fees, loss of work time and paperwork can be avoided if you keep your information up to date with the Board.

Address changes can be accepted at the Board two ways: either online through our website, or by submitting your new address information in writing. Changes in writing can be mailed to the office or faxed to us at (612) 617-2260. For online address changes, go to our [Online Services](#) page and click the Mailing Address Change link and then the Mailing/Email Address Change under "My Current Info."

You will need to sign in using your First and Last name, Social Security Number (with the dashes 000-00-0000) and your license or registration number (use the license type initial A0000, H0000, or D0000 - do not use leading zeros). The next screen that should come up will be the information we currently have listed for you. Make any and all necessary changes and click the "submit" button. You may wish to confirm that the change was made by selecting License Verification to see whether the new address now shows.

Please also note that providing the Board with e-mail addresses is important so that the Board can inform you of changes in the Dental Practice Act, newly released newsletters, or other important information.



Healthcare Provider CPR Required for ALL Dental Professionals

The Rule...

Minnesota Rule [3100.5100 Subd. 3A\(3\)](#). A CPR certification course is mandatory for each licensee or registrant to maintain licensure or registration. The CPR course must be equivalent to the American Heart Association healthcare provider course or the American Red Cross professional rescuer course.

The Explanation...

The MN Board of Dentistry requires that ALL regulated dental professionals maintain a minimum of American Heart Association's Healthcare Provider level CPR certification to maintain licensure or registration. You cannot renew your license/registration until you have completed the CPR course and hold a current certification. A course that is equivalent to the American Heart Association 'Healthcare Provider' course is the American Red Cross 'Professional Rescuer.' CPR courses that are at a higher level of training and also acceptable for maintaining licensure or registration are the American Heart Association 'ACLS – Advanced Cardiac Life Support' and the American Red Cross 'EMS' and 'First Responder.'

Licensees and registrants are expected to maintain appropriate CPR certification, and will confirm their certification by attesting to it at the time of license or registration renewal, subject to audit. CPR is it's own requirement and does not qualify as the core "Management of medical emergencies."

What's in a Name?

If you've changed your name, you must **submit to the Board a photocopy of the legal document that changed your name.**

Document examples are a marriage certificate, divorce decree or a court order. (Divorce decrees only need to be the first, last, and name change

pages.) [Note: Beginning June 1, 2007, a copy of the [Board's Name/Address change form](#) will also be required with a notary stamp and signature.]

A "Professional Name" policy has recently been approved by the Board. This allows the use of a name other than your legal name if approved by the Board. One example is a change to your legal name but continuing to practice under your previous name after notifying the Board. Another example is practicing under a shortened or Americanized version of your legal name. Requests for shortened or Americanized names will be reviewed and approved on an individual basis.

If you have legally changed your name, along with the proof of your name change, you need to inform the Board which name you intend to practice under. If you wish to continue practicing under your previous name, just let the Board know and you can

continue practicing with the license or registration documents that you already have.

If you want to practice under your new legal name, you will need to replace your renewal certificate [and for hygienists and dentists you will also need to replace your large wall license.] These can be requested and purchased from the Board for \$20

for each license and \$10 for each renewal certificate. All materials can be mailed to the Board office at: MN Board of Dentistry, 2829 University Ave SE, Suite 450, Minneapolis, MN 55414.



Gifts to Board Staff and Board Members...

Why We Gotta Say ‘NO!’

43A.38 CODE OF ETHICS FOR EMPLOYEES IN THE EXECUTIVE BRANCH.

Subd. 2. Acceptance of gifts; favors.

Employees in the executive branch in the course of or in relation to their official duties shall not directly or indirectly receive or agree to receive any payment of expense, compensation, gift, reward, gratuity, favor, service or promise of future employment or other future benefit from any source, except the state for any activity related to the duties of the employee unless otherwise provided by law.



A box of candy or arrangement of flowers sent from a dental office to the Board is a very sweet thought. We would love to accept the gift, but we can not. In fact, Board staff or members can not accept any gifts or benefits from licensees, applicants, or vendors. The code of ethics law that governs State employees at the Health Licensing Boards states that we are prohibited from accepting gifts or favors from anyone other than the State itself for doing our jobs. So, for all of you kind people that are considering a gift to the Board staff for any reason, thank you but no thank you. If you have something that you want to say or appreciation that you would like to express, notes, cards, or a simple phone call are acknowledgement enough. Thank you for understanding.

DISPLAYING LICENSES AND CERTIFICATES

It is stated in [Minnesota Statute 150A.06, Subd. 6](#) that at every clinic where a licensed or registered dental professional practices, the professional must display an original license and an annual renewal certificate. (Assistants only display the certificate.) *These documents cannot be photocopies.* If a dental professional practices at multiple practices, they must display these documents at all locations.

You may order duplicate licenses and annual renewal certificates by contacting the Board office at any time or you may order them on your annual license/registration renewal application. The additional cost is \$20.00 for a duplicate license for dentists and hygienists and \$10.00 for a duplicate certificate for dentists, dental hygienists or registered dental assistants.

GROUP PRACTICES FACE PATIENT MANAGEMENT CHALLENGES

By Ronald L. King, DDS

Recently, a number of issues involving group practices have landed in our complaint committees. Generally, the questions involve:

1. Does a patient's consent apply to the *practitioner* as well as to a *treatment*?
 - a. When scheduling, should a patient be apprised of who will be providing the treatment?
 - b. What happens when there is a conflict between a patient and a particular dentist within a group practice?
2. *Who* is held responsible?
 - a. Which dentist determines a patient's treatment plan?
 - b. Which dentist follows a treatment plan all the way through?
 - c. Which dentist makes the necessary referrals?
 - d. Which dentist coordinates care?
 - e. Which dentist manages clinical problems and unexpected outcomes or complications (such as fillings become crowns, or root canals become extractions)?
 - f. Which dentist is responsible if patient expectations are not met?
 - g. Which dentist is responsible for problems with fees?

The answers to these questions depend on a number of factors, primarily the standard of care as evaluated against the services provided, the group's office policies, and perhaps the type and size of dental practice. The answers may be different depending on who is asked! Which are *legal* considerations and which are *ethical* considerations? With each question, there are more questions! The Board cannot promulgate rules that anticipate every contingency, nor should it be in the business of patient or practice management. The Board's purpose is to make sure patients are treated appropriately and professionally, and it does that on a case by case basis by determining whether the standard of care was met.

This is what we do know:

1. Minnesota Rule 3100.9600 requires only a NOTATION in the record that informed consent was given after the dentist discussed the *benefits*, *risks*, and *prognosis* of *each option* available. Although not required in the minimum standards of the Rule, not being aware of all *costs* ahead of time is also frequently a huge issue for patients. One needs to consider that maybe, in this litigious climate, one should go beyond the minimum and use a WRITTEN informed consent form.
2. Informed consent is a PROCESS, not a one-time occurrence.
3. Not all practice situations are alike. For instance, group orthodontic practices typically have multiple orthodontists and multiple locations, making it uncommon for a patient to be seen by the same orthodontist over a 2-3 year treatment time.
4. In addition to high quality care, adequacy of records and adequacy of informed consent are the keys to responding to any complaint or malpractice matter.

Unfortunately, the Board cannot proactively answer these practice questions for you. We strongly advise you to think about these questions, discuss them, and implement any changes that promote understanding and satisfy patient expectations.

Medications: Pharmacy regulations for prescribing, administering, and dispensing

[Minnesota Statutes §151.21](#), which concerns generic substitution of medications, is now in conflict with federal law and regulations (specifically the Medicare Modernization Act that established the Medicare Part D program). Cody Wiberg, Executive Director of the Board of Pharmacy, will be working with the Governor's Office, the Legislature and other state agencies on changing M.S. 151.21. Currently, a prescriber must provide a paper prescription with handwritten **“dispense as written”** or **“DAW”** on it any time they want to indicate DAW. The proposed language will make it clear that prescribers must still write “dispense as written” or “DAW” if they give a patient a paper prescription. However, if they transmit a prescription electronically with a DAW, they would *not* have to give the patient a handwritten prescription with one of those phrases written on it.

The Medicare Modernization Act that created Medicare Part D has a provision concerning electronic prescribing that preempts state laws and regulations that:

- “are contrary to the standards or restricts the ability to carry out this part; and,
- pertain to the electronic transmission of medication history and of information on eligibility, benefits, and prescriptions with respect to covered Part D drugs.”

State laws and rules are preempted if they require that certain language be used, such as “dispense as written,” to indicate whether or not generic drugs may or may not be substituted, insofar as such language is not consistent with the adopted standard. Requirements for handwritten signatures or other handwriting on prescriptions are also preempted under the Act. These preemptions became effective January 1, 2006.



Farewell to Our Leaving Board Members

A great thank you to our three outgoing Board members. Ronald King, DDS has served on the Board for 8 years, John Bengtson, DDS has served for 4 years; and Gerald McCoy, EdD has served for 6 years. The Board appreciates all that they've done!

Ronald King, DDS



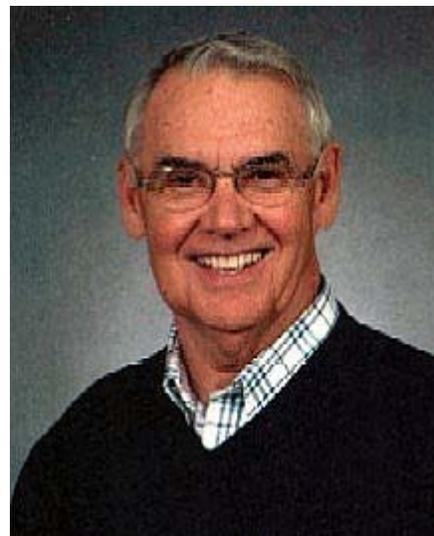
Serving on the Board has given me a better understanding of what the Board of Dentistry does. It has given me an opportunity to interact with the “movers and shakers” of the dental professions. It has enabled me to grow both professionally and personally. Serving on the Board has been a huge time commitment and responsibility, but gratifying. A funny story of mine is when I was at my first licensing exam for CRDTS and my mind completely went blank when I was to examine my first patient, then I was rescued by another examiner who, from a distance, immediately recognized the rookie “deer in the headlights” look. Guidance or words of wisdom to an incoming Board member would be to listen and learn, but be your own person. Don't hesitate to question the status quo. Don't think you are now somehow wiser or smarter than those you regulate. My plans now are to spend more time with my wife and doing “chores” around my house, mentor my new associate dentist, teach holistic dental concepts to whoever will listen, and maybe start a practice consultant side business.

John Bengtson, DDS



Giving back to a great profession that has been very good to me has made serving on the Board worthwhile. I found it to be a great experience to work with many dedicated people who unselfishly work for the betterment of our profession. I have enjoyed being the Board's representative to CRDTS and AADE. My only regret was that we were unable to accept the ADEX exam as the National exam, but hope it will be achieved in the near future. My advice to newly appointed Board members: be prepared to spend much time and effort in a demanding but rewardable endeavor. My future plans are to continue to work three days a week as a dentist, to continue to volunteer at the DVI children's clinic in Jerusalem, and also spend a bit more time at our home in Phoenix.

Gerald McCoy, EdD



It was a privilege to be appointed to two terms on the MN Board of Dentistry. The fact that these appointments are made by the Governor adds importance to the position. As a public member, the learning curve is quite steep. The dental Board staff and dental professionals were patient with me and ample resources were provided if additional information was necessary to make an informed decision. Because of their help and understanding, I always felt valued and informed. I have many fond memories where dental professionals freely interacted with the Board appointed committee members. Their insight and ability to clarify difficult problems was very helpful as we prepared to develop recommendations to the Board. New Board members should not become overwhelmed by the volume of information that needs to be assimilated for each Board meeting. Lots of resources are available through other Board members, dental Board staff and dental professionals who attended meetings on a regular basis. Fun in the sun, more time at our lake cabin and enjoying the family moments with our 10 grandchildren sums up my future plans. I will continue to watch and admire the work of the Board of Dentistry. We are fortunate to live in a state where the public's interest is at the center of every decision.

Disciplinary Actions

January 2006 - January 2007

<i>Licensee / Registrant</i>	<i>City</i>	<i>Date of Order</i>	<i>Type of Order</i>
Rodney G. Anderson, D.D.S.	Shoreview	01/19/07	Voluntary Surrender
Holli Ellering, D.H.	Inver Grove Heights	09/15/06	Voluntary Surrender
Robert J.M. Gibson, D.D.S.	Fergus Falls	03/31/06	Conditional
Michael Gurewitz, D.D.S.	Plymouth	11/17/06	Unconditional
James O. Harvey, Jr., D.D.S.	St. Paul	05/23/06	Voluntary Surrender
Peter Jorgenson, D.D.S.	Willmar	03/31/06	Unconditional
Dean F. Johnson, D.D.S.	Mankato	06/16/06	Voluntary Surrender
Edward Kuch, D.D.S.	Crosby	01/20/06	Unconditional
Deborah Lehnus, D.D.S.	St. Paul	01/20/06	Unconditional
Edward Linden, D.D.S.	Clara City	09/15/06	Limited & Conditional
Craig Mrosak, D.D.S.	Cook	01/08/07	Notice of Temporary Revocation of Stay of Suspension, Imposition of Suspension
John A. Muller, D.D.S.	Clearwater	03/07/06	Conditional / Removal of Auth. to Administer Conscious Sedation
David A. Resnick, D.D.S.	Twin Valley	09/15/06	Unconditional
Richard Riemenschneider, D.D.S.	Princeton	1) 01/20/06 2) 05/23/06	1) Continuation of Summary Suspension 2) Order Continuing Suspension and Amending Earlier Stipulation & Order for Limited and Conditional License
Ronald Ruggiero, D.D.S.	Waconia	03/31/06	Unconditional
Vivian Snowden, D.D.S.	Minneapolis	03/31/06	Voluntary Surrender
Russell Wivell, D.D.S.	Woodbury	11/17/06	Voluntary Surrender
Blair Woolsey, D.D.S.	White Bear Lake	06/16/06	Limited & Conditional

Non-Disciplinary Actions

Stipulations to Cease Practice (or Practicing a Specific Procedure)

A stipulation to cease practice is NOT disciplinary; however,

- it is an agreement entered into by a Board Complaint Committee and the Licensee;
- the action is reported to the National Practitioners Data Bank; and
- the document relating to the actions is public.

<i>Licensee / Registrant</i>	<i>License/ Reg. #</i>	<i>Date of Stip</i>	<i>Allegation</i>
John A. Muller, D.D.S.	D 7235	06/17/05	Stipulation to Cease Administration of Conscious Sedation Alleged improper administration of conscious sedation to patients.
Rodney G. Anderson, D.D.S.	D 8587	11/26/06	Stipulation to Cease Practice Alleged violation of S/O (failure to comply w/HPSP participation agreement)
John A. Muller, D.D.S.	D 7235	08/18/06	Stipulation to Cease Practice Alleged impairment.
Jeffrey J. Soule, D.D.S.	D 8071	10/05/06	Stipulation to Cease Practice Alleged improper billing, failure to complete treatments, procuring monetary funds in advance from patients without rendering completed dental services, patient abandonment, failure to transfer records, failure to remit corporate report filing fee, auxiliary misuse and delivering boxes of his patient records to the Board office.

Agreements for Corrective Actions January 2005 - December 2006

The Minnesota Board of Dentistry has determined that there may be an educational benefit to publishing summaries of allegations that have led to [Agreements for Corrective Action \(ACA\)](#). ACAs are classified as public documents, but are not disciplinary, and are not reported to the National Practitioner Data Bank. A summary including the allegations and the resolution of the complaints, but do not identify the licensee/registrant, can be viewed by following the ACA link above.

UPCOMING BOARD AND COMMITTEE MEETINGS

Complaint Committee "B"	3/22/07, 8:30 am	CLOSED
Executive Board Meeting	3/23/07, 8:30 am	CLOSED
Board Meeting	3/23/07, 10:30 am	OPEN
Complaint Committee "A"	3/30/07, 11:00 am	CLOSED
Complaint Committee "B"	4/17/07, 8:00 am	CLOSED
Licensure & Credentials	4/27/07, 8:30 am	CLOSED
Complaint Committee "A"	5/18/07, 8:00 am	CLOSED
Complaint Committee "B"	5/22/07, 8:00 am	CLOSED
Executive Committee	5/22/07, 6:30 pm	OPEN

NOTE: The Board office will be closed on 5/28/07 for Memorial Day.

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
John Bengtson, DDS (2007)	Fairfax
Gerald McCoy, Public Member, EdD (2007)	Eden Prairie
Ronald King, DDS (2007)	St. Louis Park
Marguerite Rheinberger, JD, MPH, MA, Public Member, (2008)	Stillwater
Dean J. Singsank, DDS (2008)	Grand Rapids

Board Staff 612-617-2250 or 888-240-4762

Marshall Shragg	Executive Director
Melanie Schatz-Pattay	Administrative Assistant
Linda Johnson	Administrative Assistant
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

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