

Board of Dentistry - Updates

Message from the President.....	2
CDC Releases New Infection Control Guideline Updates.....	3
ACLS/PALS / Sedation Renewal.....	4
Changes to Approved Clinical Exam.....	4
Contracting With Sedation Providers	5
Sedation and Anesthesia Inspections	6
E-Mail Addresses Required	7
Corrective Actions	8
Disciplinary Actions	11
Meeting Schedule.....	12

INTRODUCING THE ORAL HEALTH PRACTITIONER

The Minnesota legislature established a new dental profession during the 2007 session. The new profession, entitled the Oral Health Practitioner (OHP), will be regulated by the Board of Dentistry and has been the subject of a great deal of thought and time by members of the OHP Work Group. The Work Group, which was also established legislatively, was charged with conducting research and discussion to develop recommendations and proposed legislation to specify the training, scope of practice, supervision levels, and other details for OHP practice.

The 13-member Work Group was chaired by Board member Joan Sheppard, DDS. The Work Group completed its work in early December, 2008, at which time it was dissolved. The Minnesota Department of Health (MDH), which convened the work group in consultation with the Board of Dentistry, must report to the Legislature by January 15, 2009.

The OHP Work Group addressed the following primary issues:

- Populations to be served
- Definition of low-income, uninsured, and underserved populations
- Practice settings in which oral health practitioners would be authorized to practice
- Level of supervision required by a licensed dentist, including any limitations or restrictions
- Scope of practice: array of services included in the legislation; medications that may be prescribed, administered and dispensed
- Education programs; competencies, clinical training requirements, faculty expertise, and facilities
- Program accreditation, licensure and regulatory requirements
- Economic impact of oral health practitioners to the provision of dental services and access to these services
- The collaborative management agreement
- Evaluation process with clearly defined outcomes and a process for assessing whether outcomes were successfully met
- Development of draft legislation and report

The Board did not take a position as to whether the OHP concept should be supported. The Board, instead, acknowledged that the legislature had made that policy decision and focused its resources on how best to integrate the OHP into the dental team and the Dental Practice Act to ensure that appropriate education, testing, scope of practice, and supervision were established. Documents reviewed and developed by the Work Group are available at the MDH web site, <http://www.health.state.mn.us/healthreform/oralhealth/index.html>.

The draft report can be found on the web site above. The report reflects that although there was not consensus on many issues, votes of the Work Group led conclusively to decisions that will frame this new part of the dental work force. It is likely there will be legislative action on the recommendations during the 2009 legislative session.

MESSAGE FROM THE PRESIDENT

Nadene Bunge, DH, MA



2008 has been an exciting and controversial year for the Minnesota Board of Dentistry. Below are four of the 2008 issues:

1. work force issues which evolved into the OHP Work Group and all of its deliberations, meetings and final report to the legislature;
2. developing an understanding and considerations for the new foreign trained dentist statute which has been dubbed 'Subdivision 9' or the 'LGL' for Limited General License;
3. implementing the Rules that were passed in 2007 such as completing the process for inspection of offices offering sedation;
4. implementing and registering collaborative agreements on-line.

First is the workforce issue. The legislature developed language to have a group of stakeholders meet [Oral Health Practitioner Work Group]. They are developing a new profession within dentistry called the Oral Health Practitioner (OHP). The Board will regulate the new profession after it has been developed. This brief paragraph cannot begin to describe all the work the OHP Work Group is doing and has accomplished. Their website is:

<http://www.health.state.mn.us/healthreform/oralhealth/index.html>

The next concern is the education and licensure of foreign trained dentists [non-accredited dental education (NADE)]. The Board has been trying to implement language of 150A.06, Subd. 1 since 2001. The Minnesota Board of Dentistry's Licensure and Credentialing Committee has struggled to determine equivalent education. Statistics show most of the NADE licensed in MN do not stay [$\leq 50\%$]. So, effective August, 2008, the legislature passed an addition to the statute [150A.06, Subd. 9] which has required interpretation followed by implementation. This has been accomplished with the protection of the public foremost on the Committee members' minds. The new statute establishes a limited 3-year license under the supervision of a licensed Minnesota dentist.

The Board formed a Sedation Committee. This committee addresses the third exciting and controversial issue. An inspection format and process for sedation practices has been accomplished. The sedation inspection is transparent, so the dentist and the inspectors will be able to understand the expectations of the Board. The Sedation Committee, by collaborating on the process with the sedation dentists, are assured the sedation dentists are able to provide a safe environment for the patient. The sedation inspection form can be downloaded from the Board's [website \[www.dentalboard.state.mn.us\]](http://www.dentalboard.state.mn.us). Requests for applications for being an inspector are being accepted.

For the fourth issue, Board staff have been busy developing and implementing a process for the website to accept on-line registrations and dissolutions of collaborative agreement hygienists. A postcard was sent to all hygienists asking for those involved in a collaborative agreement to register with the Board [www.dentalboard.state.mn.us]. The registration process is being initiated so a determination can be made of the number of hygienists involved, number of collaborative agreements, and the locations. The Board needs data to determine the effectiveness of the collaborative agreement. As of November 10, 2008, there have been 144 collaborative agreements registered and three dissolutions.

Four of the most exciting and controversial issues have been reviewed. It cannot be overstated how much appreciation there is for all the volunteers that attend the public meetings and provide invaluable input to the issues before the Board. It is important for the Board members to hear all sides of an issue – both pro and con – before making a determination that is in the best interest and protection of the public.

I am honored to have been the President of the Board and it is hard to believe I am soon the outgoing president. My two terms as a Board member have gone fast. The Board's membership is composed of very dedicated dental professionals and public members who strongly believe in the mission of the Board of Dentistry – the protection of the public.



Three Open Board Appointments

Effective January 2009: Public Member position,
Dentist Position and Dental Hygienist Position

For more information on "Background on Board Membership" and SOS application [click here](#).

****RULEMAKING NOTICE****

Proposed Rules Information: Rulemaking Mailing List

If you wish to be placed on the rulemaking mailing list maintained at the Board office to receive information on any upcoming proposed rules, please notify the Board office **IN WRITING**. The Board is unable to accept requests made by an organization or association for all of their members.

CDC Releases Infection Control Guideline Updates

On November 13, 2008, The U.S. Centers for Disease Control and Prevention (CDC) released *Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008*. The document addresses methods for cleaning, disinfection and sterilization of patient care devices and the healthcare environment.

The guidelines include some updates to those of the *Guidelines for Infection Control in Dental Health-Care Settings 2003*. The updates primarily relate to preferred products and methods for chemical sterilization and disinfection.

The 2008 and the 2003 CDC guidelines can be accessed at the following links.

http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>

The Minnesota Board of Dentistry reminds you that all dental health care professionals in the state must comply with CDC guidelines pursuant to Minnesota Rule 3100.6300, subpart 11, which states:

Minnesota Rule 3100.6300 ADEQUATE SAFETY AND SANITARY CONDITIONS FOR DENTAL OFFICES.

Subp. 11. **Infection control.** Dental health care personnel shall comply with the most current infection control recommendations, guidelines, precautions, procedures, practices, strategies, and techniques specified in the United States Department of Health and Human Services, Public Health Service, Centers for Disease Control publications of the Morbidity and Mortality Weekly Report (MMWR). The current infection control techniques set forth in the MMWR dated December 19, 2003, volume 52, number RR-17, are hereby incorporated by reference. The MMWR is available at the Minnesota State Law Library, by interlibrary loan, or by subscription from the United States Department of Health and Human Services, Public Health Service, Centers for Disease Control. The infection control standards in the MMWR are subject to frequent change.

(ACLS/PALS) + BLS = SEDATION RENEWAL

The Minnesota Dental Practice Act requires that all dentists who renew their sedation certification, provide to the Board:

1. an updated renewal form (found on our website)
2. renewal fee
3. proof of current ACLS (or equivalent PALS) certification, and
4. proof of current BLS certification (in a Board approved BLS course)



Basic Life Support (BLS) is the equivalent of CPR for the Health Care Provider. There is an expectation that a healthcare professional have a fundamental knowledge of Basic Life Support in order to qualify them for Advanced Cardiac Life Support training, yet according to the American Heart Association, they only require BLS for initial ACLS certification.

The Minnesota Board of Dentistry requires all dental professionals who hold an active license and/or registration to attest to current Health Care Provider level CPR certification in a Board approved BLS course to renew their license/registration. It is also a requirement to maintain documentation of this in the Professional Development Portfolio for a period of two bienniums.

Therefore, if you are a dentist who is certified by the Minnesota Board of Dentistry to administer sedation and you are renewing your sedation certification, you will be required to comply with providing evidence to the Board of current BLS and ACLS.

!!!CHANGES TO APPROVED CLINICAL EXAM!!!

Over the years the Minnesota Board of Dentistry has made changes on which clinical exams they approve for initial licensure. In a Board meeting that took place in June 2006, the Board passed a resolution to no longer accept the Southern Regional Testing Agency (SRTA) exam for licensure following January 2007. At that same meeting the Board voted to accept the Western Regional Examining Board (WREB) as of August 1, 2007, only if the applicants also passed Parts I and III of the American Dental Examining Board (ADEX) exam.

The Board has been involved in efforts in recent years to help develop a uniform national clinical exam. There had been progress and hope that this goal could be accomplished through The American Dental Examining Board, who would develop the dental and dental hygiene exams (ADLEX and ADHLEX) through established regional examining bodies.

ADLEX has been proctored by North Eastern Regional Board (NERB) since its adoption and the Central Regional Dental Testing Service (CRDTS), in which Minnesota is a participating member, has also been part

of that exam. At the Minnesota Board of Dentistry meeting on November 21, 2008, the Board was informed that CRDTS would no longer be a participant of the ADEX exams as of June 30, 2009.

As a Board, we will continue to send our dental examiners to support the ADEX exam until June 30, 2009 and accept applications from dentists who have participated and successfully passed the ADEX exam up until that date. The Board will continue to recognize the exams administered by CRDTS. The Minnesota Board of Dentistry will review at a future meeting what will be acceptable for future applicants who have passed the WREB, NERB, or other exam following June 30, 2009 and what, if any, additional requirements will be placed on those applicants.

The Dental Hygiene exam that ADEX proctors, and was acceptable for licensure in Minnesota, will no longer be accepted. After January 1, 2009 the Minnesota Board of Dentistry will only license Dental Hygiene applicants who have participated in the CRDTS or WREB hygiene exam.

Laser Q&A

Q: Our office has just purchased a laser unit. What procedures can the hygienist perform with a laser?

A: Please review MN Board Rule 3100.8700. If a procedure is allowable under Board rule, then **how** that procedure is performed is a matter between the hygienist and the dentist. If the procedure is not allowable, e.g. soft tissue curettage, then the use of a laser or even hand instruments is prohibited. Always keep patient safety in mind!

CONTRACTING WITH SEDATION PROVIDERS

The Minnesota Board of Dentistry adopted new rules in March 2007 regarding Sedation Dentistry. Many of our licensed dentists have gone through a qualified course, as outlined in our rules, and pursued certification with our board to administer various forms of pharmacological and other agents for sedation to their patients. One little known aspect to these rules also addresses dentists who are not certified to administer sedation themselves, but choose to utilize other qualified professionals certified by our Board or other acceptable licensing agencies, to administer the sedation while the dentist provides the dental care only.

Minnesota Rule 3100.3600, subp.10, item A (1) requires that, a dentist who employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia or conscious sedation must notify the board that these services are being provided in the office facility. We have provided a form on our website at www.dentalboard.state.mn.us for the dentist to inform the Board at which facilities these services will be rendered. The licensee must also identify the contracted professionals they are working with and provide the Board with proof of their current licensure and certification.

Upon receipt of the documentation mentioned above and payment of the applicable fee, the Board will

issue a certificate to the dentist that indicates they are contracting with a sedation provider. This certificate should be displayed in clear view of the general public. The dentist will be obligated to renew his/her certificate if they wish to continue contracting with other healthcare professionals to provide sedation services by filing a renewal form (found on the Board's website) along with the applicable fee. Renewal of these certificates will coincide with the dentist's renewal of his/her dental license. The Board will mail notification prior to the renewal date. The renewal form and fee are required to be received by the Board office prior to the expiration date on the certificate. If the Board does not receive the renewal by that date, the certification will be administratively terminated. *Note: there is no grace period for this renewal, and the dentist may not provide sedation services on an expired or terminated certificate.*

The dentist is also responsible for maintaining the appropriate facilities, equipment, emergency supplies, and a record of all general anesthesia or conscious sedation procedures performed in each facility where sedation services are being provided. The Board is currently pursuing rulemaking to clarify that those dentists who are contracting for sedation services are also subject to the inspection process. In this newsletter there is further information on the inspection process that the Board is finalizing and implementing.

SEDATION AND ANESTHESIA INSPECTIONS

Rules governing those dentists who administer or provide dental care to patients under moderate or deep sedation or general anesthesia require an inspection. The specific mechanism for the inspections has not materialized, yet we are facing a March 19, 2009 deadline for many of the inspections to occur.

The Board of Dentistry currently has a Request for Qualifications (RFQ) posted to solicit for individuals who are interested in contracting with the Board to become sedation inspectors. That process will continue, and the Board will establish a pool of sedation inspectors. The Board is also looking for a short-term solution to the inspection needs of over 350 certificate holders in the state.

A self-evaluation and inspection form has been developed following a painstaking process. The self evaluation will be sent to each of the *previously* regulated sedation and anesthesia certificate holders to complete together with their staffs and send in to the Board as part of a more extensive credentials review. For those who have received their *initial*

certificates since the March, 2007 implementation of the rules, the completion of the form will be followed by a visit from one of the Board contractors, members, or staff to personally review the items on the inspection form.



The Board anticipates that those who have completed just the self evaluation without a personalized inspection will be required to undergo an inspection at some point, most likely correlated with their license renewal.

The Board will contact each sedation/anesthesia provider once a determination has been made for certificate holders to move forward with the self evaluations and/or assessments. Please watch your e-mails and check the Board's web site for announcements about this issue.

Patient Records Q&A

Q: How long must I keep patient records?

A: MN Rule 3100.9600, subp. 12. "A dentist shall maintain a patient's dental record for at least seven (7) years beyond the time the dentist last treated the patient. In the case of a minor patient, a dentist shall maintain a patient's dental record for at least seven (7) years past the age of majority."

Please share this with your staff members!

E-MAIL ADDRESSES ARE NOW REQUIRED

The Board has determined that it is essential to have the e-mail addresses of licensees and registrants. The best, most cost-effective and fastest way that we can communicate with the people we regulate is to notify you when there is new information on our web site that is important to how you do your work as dental professionals.

The Board's plan is to obtain current e-mail addresses over the next two-year renewal period. When you renew, you will be asked to include an e-mail address where the Board can contact you. This is now a requirement of your renewal and of initial licensure/registration. Anyone wishing to renew their license or registration is expected to provide an e-mail contact.

Should licensees or registrants submit renewals on-line or by mail *without* an e-mail address, the renewal application will be processed this first time, but the licensee or registrant will not be able to waive this requirement a second time. After the first renewal period without providing a current, active e-mail address, the Board will deny the application as being incomplete. Please take this seriously. This may result in the assessment of late fees, expiration of licenses, and/or the termination of sedation certification.

The Board recognizes that most, but not all, regulated dental professionals currently have e-mail addresses. For those who do not, or do not have a

home or office computer available to them, there are relatively easy ways to obtain an e-mail address and gain access to the internet. The primary resource for someone without a computer of their own is to contact your public library. Computer access is typically free at public libraries, and at many coffee shops throughout the state. Obtaining an e-mail address can also be done for free through Gmail (Google), AIM Mail (AOL), GMX Mail, Yahoo! Mail, Inbox.com, Gawab.com, FastMail, Windows Live, My Way Mail, and Care2 E-mail, among others. With ready computer access and free e-mail services, everyone should be able to comply with providing a current e-mail address to the Board. Similarly, everyone should be sure to inform the Board if their e-mail addresses change.



The Board's newsletter is now provided only on-line... the Board will send out an e-mail notice and link when the newsletter is posted. Changes in statutes and rules governing the practice of dentistry are happening with some frequency... the Board will send out an e-mail notice and link to the website for additional information about those changes. Information of particular concern to a group of licensees (i.e., sedation providers, collaborative agreement hygienists, etc) can also be provided quickly, cheaply, and easily through e-mail notification.

So, get us your e-mail; we'll get you informed!

Records Release Q&A

Q: My patient has requested a copy of her dental record, but she has a balance on her account. Must I release that record?

A: Yes, you *must* release the record in a timely manner. (Minnesota Rule 3100.9600, subp. 13)

CORRECTIVE ACTIONS

08/31/07 - 11/30/2008

The Minnesota Board of Dentistry has determined that there may be an educational benefit to publishing summaries of allegations that have led to an Agreement for Corrective Action (ACA). ACAs are classified as public documents, but are not disciplinary, and are not reported to the National Practitioner Data Bank. The following summaries include the allegations and the resolution of the complaints, but do not identify the licensee/registrant. The profession and effective date of the Agreement are included for reference.

Profession	Violation(s)	Remedies
Dentist 8/31/07	Licensure *Practice Without Current License	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 9/10/2007	Substandard Care *Diagnostic *Recordkeeping	Course Work: Diagnosis/Treatment Planning/Recordkeeping Courses 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 9/19/2007	Substandard Care *Diagnostic *Periodontal *Recordkeeping Inadequate Safety/Sanitary Conditions *Infection control	Course Work: Periodontics, Infection Control, Treatment Planning/Recordkeeping Written Reports: Submit reports within 30 days of completion of the above listed courses regarding the following: - Report of how Licensee will incorporate new knowledge into their practice. Office Inspections: Infection Control, Recordkeeping
Dentist 10/11/2007	Licensure *Practice Beyond Scope	Jurisprudence Exam: Take the Jurisprudence Exam and achieve a score of 75% or greater. Prohibited Procedures: Prohibited from administering and monitoring nitrous oxide inhalation analgesia to patients. Course Work: Nitrous Oxide Inhalation Analgesia Written Reports: Submit appropriate forms showing successfully completed educational course.
Dentist 10/15/2007	Licensure *Practice Beyond Scope Auxiliary Misuse	Course Work: Nitrous Oxide Inhalation Analgesia. Direct certain staff members to successfully complete require education. Written Report: Provide proof of each individual's completed course work.
Dentist 10/17/2007	Substandard Care *Diagnostic *Endodontic *Recordkeeping	Course Work: Recordkeeping (10/07) Jurisprudence Exam: Take the Jurisprudence Exam and achieve a score of 75% or greater. Course Work: Treatment Planning/Recordkeeping, Endodontics Written Reports: Submit reports within 30 days of completion of the above listed courses regarding the following: - Report of how Licensee will incorporate new knowledge into their practice. Office Inspections: Patient Records Review – Treatment and Recordkeeping
Dentist 10/18/2007	Substandard Care *Diagnostic/Dental Care/Recordkeeping *Periodontal Care/Recordkeeping *Radiographic Diagnosis/Recordkeeping *Recordkeeping	Course Work: Periodontics, Treatment Planning/Recordkeeping Written Reports: Submit reports within 30 days of completion of the above listed courses regarding the following: - Report of how Licensee will incorporate new knowledge into their practice. Office Inspections: Recordkeeping inspection

Profession	Violation(s)	Remedies
Registered Dental Assistant 10/26/2007	Licensure *Practice Without Current License	Written Report: Submit protocol for monitoring and maintaining current licensure and current address. Community Service: Complete 15 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 11/15/2007	Drugs *Improper prescribing/dispensing/storage *Inadequate Safety/Sanitary Conditions Advertising *Misleading statements Unprofessional conduct	Advertisements: Make necessary corrections to current advertisements Anxiolysis: Prohibition: Prohibited from using his current protocol of administering multiple dosages and/or multiple medications to patients for anxiolysis. Written Report: Anxiolysis protocol, medication regimen the continuum of administering certain dosages of medications. Course Work: Medical Emergencies, Recordkeeping Written Report: Submit reports within 30 days of completion of the above listed courses regarding the following: - Report of how Licensee will incorporate new knowledge into their practice. - Medical Emergency Kit and protocol for handling emergencies - Sample of recordkeeping forms
Dental Hygienist 12/3/2007	Licensure *Practice Without License	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.
Registered Dental Assistant 12/6/2007	Licensure *Failed audit of Professional Development Portfolio	Professional Development: Submit acceptable documentation as proof of completed 25 required hrs of fundamental/elective professional activities, CPR, at least two core subjects, and self-assessment. Jurisprudence Exam: Take the Jurisprudence Exam and achieve a score of 75% or greater.
Dentist 12/14/2007	Substandard Care *Diagnostic *Periodontal *Recordkeeping	Dental Radiolucency Report: Submit written report regarding the differential diagnosis and appropriate treatment of a radiolucency in the maxillary anterior region Course Work: Treatment Planning/Recordkeeping Written Report: Submit reports within 30 days of completion of the above listed courses regarding the following: - Report of how Licensee will incorporate new knowledge into their practice.
Dentist 1/17/2008	Drugs *Improper prescribing/dispensing/storage	Course Work: Professional Boundaries, Pharmacology Written Report: Submit reports within 30 days of completion of the above listed courses regarding the following: - Report of how Licensee will incorporate new knowledge into their practice.
Dentist 2/19/2008	Unprofessional Conduct *Physical abuse *Informed consent of Patient (Minor)	Course Work: Pediatric Behavior Management Written Report: Submit reports within 30 days of completion of the above listed courses regarding the following: - Report of how Licensee will incorporate new knowledge into their practice.
Dentist 4/2/2008	Substandard Care *Orthodontic *Recordkeeping	Course Work: Risk Management, Recordkeeping Written Report: Submit reports within 30 days of completion of the above listed courses regarding the following: - Report of how Licensee will incorporate new knowledge into their practice.
Dentist 4/2/2008	Auxiliary Misuse	Photograph: Photograph of current certificates of licensure and/or registration of all staff. Community Service: Complete 10 hours of community service at a voluntary dental access clinic.
Registered Dental Assistant	Licensure *Practice Beyond Scope *Practice Without License	Written Report: Submit written report which discusses the meaning and implications of 3100.8400, which lists procedures an assistant is authorized to perform.

Profession	Violation(s)	Remedies
6/16/2008		<p>Community Service: Complete 20 hours of community service at a voluntary dental access clinic.</p> <p>Jurisprudence Exam: Take the Jurisprudence Exam and achieve a score of 75% or greater.</p>
Dentist 6/26/2008	<p>Substandard Care</p> <ul style="list-style-type: none"> *Diagnostic *Recordkeeping Drugs *Improper prescribing/dispensing/storage 	<p>Written Report – Sedation: Submit written report regarding maximum cumulative dosing, titration protocols, intervals between doses, and choices of sedation agents.</p> <p>Course Work: Treatment Planning/Recordkeeping</p> <p>Written Report: Submit reports within 30 days of completion of the above listed courses regarding the following:</p> <ul style="list-style-type: none"> - Report of how Licensee will incorporate new knowledge into their practice. <p>Patient Records Review – Conscious (Moderate) Sedation: Submit to the Board requested original records of randomly selected patient's records, including radiographs, where Licensee administered either oral or intravenous conscious (moderate) sedation.</p>
Dentist 7/14/2008	<p>Substandard Care</p> <ul style="list-style-type: none"> *Recordkeeping Inadequate Safety/Sanitary Conditions *Inadequate infection control Unprofessional conduct *Lack of informed consent 	<p>Course Work: Infection Control, Recordkeeping</p> <p>Written Report: Submit reports within 30 days of completion of the above listed courses regarding the following:</p> <ul style="list-style-type: none"> - Report of how Licensee will incorporate new knowledge into their practice. <p>Infection Control Inspection</p> <p>Recordkeeping Inspection</p>
Dentist 7/14/2008	<p>Drugs</p> <ul style="list-style-type: none"> *Improper prescribing/dispensing/storage Licensure *Practice Beyond Scope Substandard Care *Recordkeeping Unprofessional conduct *Inappropriate communications Fraud *Altered records 	<p>Course Work: Pharmacology/Prescribing, Temporomandibular Disorder, Recordkeeping</p> <p>Written Report: Submit reports within 30 days of completion of the above listed courses regarding the following:</p> <ul style="list-style-type: none"> - Report of how Licensee will incorporate new knowledge into their practice. <p>Recordkeeping Inspection</p>
Dentist 8/6/2008	<p>Inadequate Safety/Sanitary Conditions</p> <ul style="list-style-type: none"> *Inadequate infection control Substandard Care *Recordkeeping 	<p>Jurisprudence Exam: Take the Jurisprudence Exam and achieve a score of 75% or greater.</p> <p>Infection Control Consultant: Hire Board-approved infection control consultant for an evaluation and inspection services. Must comply with consultant's recommendation and submit written report indicating changes, copy of entire infection control manual for review and verification that all staff has fully read and reviewed and received training.</p> <p>Course Work: Recordkeeping</p> <p>Written Report: Submit reports within 30 days of completion of the above listed courses regarding the following:</p> <ul style="list-style-type: none"> - Report of how Licensee will incorporate new knowledge into their practice. <p>Infection Control Inspection</p> <p>Recordkeeping Inspection</p>
Dentist 9/8/2008	<p>Substandard Care</p> <ul style="list-style-type: none"> *Recordkeeping Inadequate Safety/Sanitary Conditions *Inadequate infection control Auxiliary Misuse 	<p>Jurisprudence Exam: Take the Jurisprudence Exam and achieve a score of 75% or greater.</p> <p>Infection Control Consultant: Hire Board-approved infection control consultant for an evaluation and inspection services. Must comply with consultant's recommendation and submit written report indicating changes, copy of entire infection control manual for review.</p> <p>Course Work: Recordkeeping</p> <p>Written Report: Submit reports within 30 days of completion of the above listed courses regarding the following:</p> <ul style="list-style-type: none"> - Report of how Licensee will incorporate new knowledge into their practice.

Terminations for 2008

For a complete list of this quarter's **TERMINATIONS**, please visit the MN Board of Dentistry website under [Licensing](#).

*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

Licensee's or Registrant's Name	License or Registration Number	City	Type of Order	Date of Order (and link to full text of the legal document)
Mohamed El Deeb DDS	D9508	St. Cloud	Stipulation and Order for Conditional License	11/6/2008
Jennifer L. Hartzell DH	H4121	Inver Grove Heights	Conditional License	3/28/2008
			Order for Continued Temporary Suspension of License	5/23/2008
			Stipulation and Order Accepting Voluntary Surrender of License	11/6/2008
Laura Ann Howard DH	H5964	Inver Grove Heights	Findings of Fact, Conclusions And Final Order (for Indefinite Suspension)	11/14/2007
Laurie Marie Jones RDA	A6445	Blaine	Stipulation and Consent Order	11/21/08
Theresa LaBrasseur RDA	A8522	Pine City	Conditional	10/5/2007
			Notice of Revocation of Stay of Suspension, Imposition of Suspension and Hearing	5/22/2008
			Findings of Fact, Conclusions and Final Order (for Indefinite Suspension)	12/01/2008
Toh Eng Lim DDS	D9074	Eagan	Unconditional License	11/30/2007
Edward Charles Linden DDS	D4782	Spicer	Voluntary Surrender	2/1/2008
James I Midtling DDS	D10555	St. Paul	Conditional	11/30/2007
Jane Odgers DDS	D9999	Princeton	Amended Stipulation and Order for Conditional License	11/21/08
Clinton L. Roberts DDS	D10518	Pillager	Conditional License	6/27/2008
Charles W. Sims DDS	D9005	Minneapolis	Stayed Suspension and Limited and Conditional License	3/28/2008
Jeffrey J. Soule DDS	D8071	Mound	Findings of Fact, Conclusions, and Final Order	6/27/2008
Gwendolyn Timberlake DDS	D8800	St. Paul	Notice of Temporary Revocation of Stay of Suspension, Imposition of Suspension and Hearing	4/28/2008
			Stipulation and Order for Stayed Suspension and Limited and Conditional License	5/23/2008
			Order of Suspension	6/27/2008

UPCOMING BOARD AND COMMITTEE MEETINGS

Board Office Closed – Holiday	Jan 1, 2009
Executive Committee Meeting (OPEN)	Jan 6, 2009
Policy Committee (OPEN)	Jan 7, 2009
Complaint Committee A (CLOSED)	Jan 16, 2009
Board Office Closed - Holiday	Jan 19, 2009
Complaint Committee B (CLOSED)	Jan 29, 2009
Executive Board (CLOSED)	Jan 30, 2009
Public Board Meeting (OPEN)	Jan 30, 2009
Licensure and Credentialing (CLOSED)	Feb 06, 2009
Policy Committee (OPEN)	Feb 11, 2009
Board Office Closed - Holiday	Feb 19, 2009
Complaint Committee A (CLOSED)	Feb 20, 2009
Complaint Committee B (CLOSED)	Feb 26, 2009
Licensure and Credentialing (CLOSED)	Mar 06, 2009
Executive Committee Meeting (OPEN)	Mar 10, 2009
Policy Committee Meeting (OPEN)	Mar 11, 2009
Complaint Committee B (CLOSED)	Mar 12, 2009
Complaint Committee A (CLOSED)	Mar 20, 2009
Executive Board Meeting (CLOSED)	Mar 27, 2009
Public Board Meeting (OPEN)	Mar 27, 2009

Board Members

Nadene Bunge, DH, MA, President (2009) Rochester
 Candace Mensing, DDS, Vice President (2010) Rochester
 Joan Sheppard, DDS, Secretary (2011) Bloomington
 Mark W. Harris, DDS, Past President (2009) Tonka Bay
 Linda Boyum, RDA, (2010) Plymouth
 Kristin Heebner, Public Member, JD (2011) Minneapolis
 David A. Linde, DDS (2012) Savage
 Freeman Rosenblum, DDS (2011) Burnsville

Board Staff 612-617-2250 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 Licensing & Prof. Dvlpmt. Administrator
 Amy Johnson Licensing & Prof. Dvlpmt. Analyst
 Sheryl Herrick Office Manager
 Linda Johnson Administrative Assistant
 Cynthia Thompson Administrative Assistant



2829 University Ave SE, Ste 450
 Minneapolis, MN 55414
 612-617-2250
www.dentalboard.state.mn.us