

# Board of Dentistry - Updates

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## MINNESOTA BOARD OF DENTISTRY REACHES HISTORIC MILESTONE

The Minnesota Board of Dentistry announces that an historic milestone was reached on Friday, August 13, 2010. At a special meeting of the Board, there was a unanimous vote to approve provisional approval of the Dental Therapy programs at the University of Minnesota and at Metropolitan State University.

Both programs have had student cohorts recently complete their first year of training to prepare to become the first Dental Therapists in the country.



Top from left to right: Colleen Brickle, DH, Marshall Shragg, Executive Director of the MN BOD, Joan Shephard, DDS, Board Member; David Linde, DDS, Board Member; Nancy Kearns, DH, Board Member; Neal Benjamin, DDS, Board Member; Marilyn Loen, Metropolitan State University, Suzanne Beatty, DDS, U of M; and Christine Milbrath, Metropolitan State University



Bottom from left to right: Marshall Shragg, Executive Director of the MN BOD, David Linde, DDS, Board Member; Nancy Kearns, DH, Board Member; Joan Shephard, DDS, Board Member; Neal Benjamin, DDS, Board Member; Karl D. Self, DDS, U of M; and Dean Patrick Llovd. DDS. U of M.

*Congratulations to both programs, as well as to the students who are pioneering this new and exciting dental profession.*

# MESSAGE FROM THE PRESIDENT



**G**reetings to my colleagues in dentistry. I am glad to be able to take this opportunity to relate to you the work of the Board this past year.

The Dental Therapist legislation was signed into law by Governor Pawlenty on May 9, 2009. The Board began the

implementation process immediately. We have made progress in the areas of licensing requirements, formulating the required contents of the Collaborative Management Agreement, and plans for measuring the impact of the Dental Therapist on the delivery of health care in our state. We have started work on the construction of the clinical exam in conjunction with the CRDTS testing agency. We are pleased that the Commission on Dental Accreditation (CODA) has formed a Task Force to proceed with the ultimate goal of accrediting educational programs in Dental Therapy. In the interim, the Board is charged with giving initial approval to the two programs presently enrolling students in Minnesota. We continue this work and expect to license our first Dental Therapists in the spring of 2011.

On another note, our Board spends a great amount of time processing complaints against licensees. In 2009, the total number of complaints received and processed by two committees involving six Board members numbered almost 300. Four staff members are dedicated to this work as their primary responsibility. Each year the number of complaints to the Board seems to rise. I often reflect on the reason for this. Are there just that

many more licensees? Possibly. Are we working too fast and furiously in our practices, enough to ignore the basic tenets of patient communication and quality dental care? Maybe.

Many dentists choose this profession to make a living doing well-respected work in an independent setting. We like our autonomy. However, independence is derived from the trust that is endowed to us by the public— permission from our patients. We are professionals. We behave professionally. We have a special expertise. We practice independently. And we have a special service obligation. As long as we take care of people, we maintain the public's endorsement. When we abandon our special service obligation our freedom to practice can be restricted by regulations, license revocation, and other Board actions. Our autonomy implies obligation; there is a relationship between professional privilege and duty.

Dentistry should not be a "buyers beware" business. It assumes that those seeking our care expect our best at all times. The public's trust in our ability to deliver a consistent product in a kind and caring manner is what allows us to practice independently.

Our complaint committees review circumstances where this trust has occasionally been squandered by licensees who have strayed from their original goals and obligations. The Board strives to educate dentists regarding their practice responsibilities through the complaint process. We are pleased to receive feedback that going through a complaint review has on occasion actually resulted in a positive impact on a licensee's personal and professional life. Let us continue to work to maintain the goodwill that exists between the public and our professions.

*Joan A. Sheppard D.D.S.*

## You've GOT mail!



**Please provide the Minnesota Board of Dentistry with your [e-mail address](#). We now require this information at the time of licensing and renewal.**

**If you have done so, thank you.....we really appreciate it!!!**

# WHAT'S GOING ON WITH FEES?

The Board last changed its fees in 1999, based on direction from the Minnesota Legislature and the Department of Finance. At that time, the Board had significant reserve funds, and the Board was told to *reduce* its fees. Since that time, the Board has intentionally operated at a deficit in order to spend down the reserves.

In addition to reducing the fees, the reserve has been drawn down over the years by various transfers of Board funds to other State agencies and the State's General Fund. These transfers have included \$150,000 for an oral health pilot program coordinated through the Department of Health, and transfers to the Administrative Services Unit to fund a program that provides liability coverage for volunteer dental, medical, and nursing providers. Transfers to the General Fund have also amounted to hundreds of thousands of dollars. Additionally, the Board has had its biennial operating budget cut, creating a situation where the Board is being expected to continue to function to protect the public with less operating money and no reserves.

Recently, the Health Related Boards (including Dentistry) have been required to subsidize a statewide electronic licensing system overseen by the State's Office of Enterprise Technology (OET). This new system duplicates many of the electronic services that are already in place for the Board of Dentistry and other Health Licensing Boards, but our involvement is a central part of the OET project. Until now, the Board has transferred funds from reserves to support our licensees'

portions of the project, but we, like the other Boards are reaching a point where this cost must be itemized as a surcharge for our 16,000+ licensees. Beginning this fall, OET will be assessing every license issuance and renewal a fee that is based on a percentage of the license or renewal fee. Please note that none of this money comes back to the Board to support the costs of collecting and transferring the funds, so additional Board expenses will need to be utilized to make those necessary changes to the database. It warrants repeating that this OET system *duplicates* services already in place for the Board.

The Board has been encouraging on-line license renewals to improve accuracy of data entry and reduce operating costs for the Board. For the past several years, the Board has absorbed the credit card fees related to on-line services. Due to cuts in operating budgets, the Board can no longer absorb the credit card costs, and will be initiating a transaction fee to support this convenience. The cost may vary somewhat, but is expected to be in the \$3-4 range.

And, since we have now reached the zero point for our reserve funds, it is necessary for us to consider raising fees, which most likely will occur in July, 2011. We will do our best to limit the increase and the total impact of the fee increase and surcharges to only what we need to run the Board's business operations, and to ensure that we can maintain the fees and charges at their new level for another long period of time.

Thank you for your understanding and cooperation.



## Announcements

### "New" Self Assessment coming in 2011

*All dental professionals are required to complete one Board Self Assessment for every Professional Development cycle. The Board's Professional Development Committee is working on completing the next Self Assessment and will have it available to download from the Board's website by January 1, 2011. This document will cover questions in all six **CORE** subject areas.*

### \*REMINDER, REMINDER:\*

**ALL** regulated dental professionals **MUST** hold a **CURRENT** CPR certification in a Healthcare Provider or Professional Rescuer course. If you are a licensed dentist who is Certified to provide Sedation, a reminder that you must carry certification in both HCP/BLS and ACLS.

# PRESCRIBING & DISPENSING

As required by a law passed by the Legislature in 2007 (and modified in 2008, 2009 and 2010), the Minnesota Board of Pharmacy has implemented a controlled substances prescription electronic reporting system. The system has been named the Prescription Monitoring Program (PMP) and its purpose is to provide a tool that prescribers and pharmacists can use if they are concerned that a patient is "doctor-shopping." (i.e. obtaining controlled substance prescriptions from multiple prescribers and having them filled in multiple pharmacies.) This has two possible implications for dentists:

1. **A dentist who dispenses controlled substances to patients is required to report the dispensing to the PMP.** Dispensing consists of sending controlled substance medications home with a patient for later use it does not include administering controlled substances to a patient while the patient is in the office. Most dentists probably do not dispense any drugs but those that dispense controlled substances must report to the PMP. Failure to report has been established as grounds for disciplinary action.

Dentists who dispense any drugs should keep in mind the need to follow the provisions of [Minnesota Rules 6800.9950 - 6800.9954](#).

Basically, those rules require prescribers to dispense drugs in appropriately labeled containers, to keep a prescription on file separate from the patient's chart, to have a locked area for drug storage, and to personally certify that a drug has been properly prepared for dispensing.

*Dentists may apply for access to the Prescription Monitoring Program on the program's web site at: [www.pmp.pharmacy.state.mn.us](http://www.pmp.pharmacy.state.mn.us).* From that site, the

dentist can click on the "Access Request Forms" link on the menu on the left side of the page. Applying for access involves filling out the application, printing it off, signing it in front of a notary public and mailing it to PMP staff. The Pharmacy Board must ensure that anyone that has direct access to the database has the *right* to such access. Once the application is approved, dentists will be able to securely log in to the PMP database with a user ID and password. When logged into the database, a dentist can generate patient profiles that list the controlled substances prescriptions for a particular patient that have been reported to the program (for up to the previous 12 months). Questions about the Prescription Monitoring Program should be directed to [The Board of Pharmacy](#).

2. **The second thing that dentists should be aware of in the area of prescribing and dispensing concerns is electronic prescribing (e-prescribing).** The Legislature passed a law (62J.497) that states, in part: "Effective January 1, 2011, all providers, group purchasers, prescribers, and dispensers must establish, maintain, and use an electronic prescription drug program." The Minnesota

Department of Health (MDH) is the lead agency in charge of administering this section of law. Fortunately, MDH recognizes that not all prescribers will be ready by the January, 2011 deadline, but dentists should be working towards implementing e-prescribing systems for their offices.

Additional information can be obtained on the following MDH Web page:

<http://www.health.state.mn.us/e-health/eprescribing>.

Questions about e-prescribing should be directed to the [Department of Health](#).



## Professional Development Q&A

**Q:** I had the privilege of taking 2 infection control courses during my biennial cycle. However, when I submitted documentation to the Board for my audit, I was awarded credit hours for both of the courses but only allowed to count one course as a core subject. Why?

**A:** According to Minnesota Rule 3100.5100 subp.3A (2), core subjects are designated as follows:

**Core subjects:** A minimum of two (2) courses must be completed in two different core subject areas per biennial cycle. The core subjects are as follows:

- Infection control
- Ethics
- Patient communications
- Record keeping
- Management of medical emergencies
- Treatment and Diagnosis

# WELCOME NEW BOARD MEMBERS



**Allen Rasmussen** was appointed to the Board as a public member on October 13, 2009.

Rasmussen, of International Falls, is president emeritus of Rainy River Community College, where he serves as a part-time education consultant. He

held a number of positions at Rainy River Community College over 31 years, culminating as president from 1993 to 2001. Since his retirement in 2001, Rasmussen has also served as interim superintendent of International Falls School District 361 and as a consultant with North Star Center for School Violence Prevention.

Rasmussen holds a Master of Arts degree in psychology from the University of Northern Colorado in Greeley, and a Bachelor of Science degree in education from Bemidji State University.

Rasmussen is treasurer of the Arrowhead Regional Development Commission, secretary/treasurer and past chairperson of the Northeastern Minnesota Workforce Investment Board, vice chair of the Minnesota Board of Medical Practice, chair of the Minnesota Lutheran Social Services Foundation Board, and a member of the boards of directors of the Rainy River Community College Foundation, University of Minnesota – Duluth Center for Economic Development, Lutheran Social Services, National Scenic Byways and the Koochiching Economic Development Authority Board.

Rasmussen replaces Susan Osman on the Board of Dentistry as a public member to complete a four-year term that expires on January 2, 2012.



My name is **Teri Youngdahl** and I am honored to be the Dental Assistant member for the Board of Dentistry. I have been a practicing Certified and Licensed Dental Assistant for 30 years, and work as the office manager at

Champlin Family Dental. As a Fellow and Life Member of the American Dental Assistant Association (ADAA), it has been a rewarding experience to have worked with and mentored dental assistants in the Minnesota Dental Assistants Association (MDAA) and the North Suburban Dental Assistant Society (NSDAS).

My involvement with the MDAA and NSDAS over the years has given me valuable experience in working with the Board. Licensure and various expanded functions for dental assistants were the issues that first brought me to the Board. It was interesting to follow the progress of the issues we brought before the Board. While in some respects the pacing of the process could be frustrating, there was no doubt that the deliberateness was meant to ensure any action would benefit the public.

In the short time I have been on the Board, I have enjoyed working with my fellow Board members and the support Board staff. Everyone has been supportive, and for that, I am very appreciative. The learning curve was daunting, but they have made it manageable for me. I have also been fortunate to have the support of my family and friends. Their confidence in me has been immeasurable.

For the next four years, I will do my best to serve the Board and the public.

# PERIODONTAL HEALTH ASSESSMENTS

## Periodontal Health Assessments

There is no specific Board regulation that addresses what specifically comprises an adequate periodontal examination. Portions of the Board's recordkeeping rule however do provide a general guide (see below).

### Minnesota Rule 3100.9600

Subp. 6. Clinical examinations. When emergency treatment is performed, items A, B, and C pertain only to the area treated. **When a clinical examination is performed, dental records shall include: A. recording of existing oral health care status;**

Subp. 7. **Diagnosis. Dental records shall include a diagnosis.**

Subp. 8. Treatment plan. Dental records shall include an agreed upon written and dated treatment plan except for routine dental care such as preventive services.

In its licensure by credentials and complaint processes, the Minnesota Board of Dentistry looks to the standard of care in the community as well as "prudent practice," which includes methods taught in dental and dental hygiene schools, continuing-education courses, and/or covered in professional articles.

Christine Blue, DH, Director of the University of Minnesota Division of Dental Hygiene of the School of Dentistry, indicated that their program teaches students that a full mouth probing should be

done at each recall appointment and at a minimum, on an annual basis.

The American Academy of Periodontology (AAP) published their "Parameter on Comprehensive Periodontal Examination" in 2000. The "Parameter" states:

*"Appropriate screening procedures may be performed to determine the need for a comprehensive periodontal evaluation. Periodontal Screening and Recording™ (PSR), a screening procedure endorsed by the American Dental Association and The American Academy of Periodontology, may be utilized."*

The Minnesota Board of Dentistry emphasizes that the Periodontal Screening Recording™ is a screening device and not a full-mouth charting.

The American Dental Association (ADA) and the American Academy of Periodontology (AAP) have developed systems for classifying periodontal diseases. Each adult patient needs to be identified or categorized into an ADA and AAP periodontal classification. This is achieved through observing, measuring and recording of sulcular/pocket depths, recession, attachment loss, furcation invasion areas and/or radiographic furcations, bleeding, bone loss (horizontal, vertical, crown to root ratio) and mobility of teeth. Periodontal health assessments are not considered complete unless the data from the assessment are documented in the patient chart.

## **Rule Making Update**

The Board continues to move forward with its proposed rules regarding sedation, licensing of dental assistants, new duties for dental hygienists and licensed dental assistants, and other changes. (The full text of the Board's proposed rules can be found on the Board's website.) After having published the Board's Dual Notice of Intent to Adopt Rules in the State Register on May 10, 2010, all persons had 30-days or until June 9, 2010, to submit any comments or requests for a hearing to the Board. During this 30-day

period, the Board did not receive 25 or more requests to proceed with a hearing; therefore, the hearing scheduled for June 24, 2010, was cancelled by the Board. The Board still has a number of procedural steps required by the rulemaking process to complete before its proposed rules can be finally adopted and become effective. All future information regarding the Board's proposed rules will be posted on the Board's website.

# SEDATION UPDATES

## ***Sedation Certifications Before March 19, 2007***

If you received your Sedation Certification *before* March 19, 2007, you are due soon for your in-office inspection. Only 30 doctors have had their inspections so far this year. There still remain 72 moderate sedation dentists who need to complete their inspections before March of 2012. All dentists need to have their inspections completed so that only follow-ups and reinspections will be done before the due date of March 19, 2012. There are three Sedation Committee members and three other contracted sedation doctors in addition to Board Staff to do all the inspections, so please call the Board office at 612-617-2250 or the inspectors directly from the [web site](#) to schedule an inspection soon. A dentist's sedation certificate will be terminated if the inspection is not completed in time.



Print and fill out the sedation form from the Board's web site:  
<http://www.dentalboard.state.mn.us/Portals/3/OtherForms/BOD-SCInspecSelf-Eval9-16-2009.doc> .  
Then call **612-617-2250**, to make arrangements for the inspection.

## ***ADA Airway Management Course***

The Sedation Committee is very interested in the ADA's new course on Airway Management. It will be given for the first time starting this July for the online portion with the simulation hands-on training this October in Chicago. The Board's Sedation Committee will be considering this course for possible eligibility as sedation training. It may be part of initial training or recertification, possibly to complement or to replace ACLS. If this course is approved by the Board we would be very interested in having it presented in Minnesota for the convenience of our sedation doctors. One of the most common sedation concerns involves airway management, and this course may be very appropriate to further ensure our patients' confidence and safety.

## **\$ New e-Licensing Fee Surcharges \$**

A law passed by the 2009 Minnesota Legislature, initiated by the Minnesota Office of Enterprise Technology (OET), assessed a surcharge on licenses to cover the costs to create and implement a statewide electronic licensing system (e-Licensing Project). They envision creating a "one-stop shop" for the issuing and renewing of business and professional licenses.

Despite that this service is duplicating systems that the Board of Dentistry already has in place, OET will be funding this multimillion dollar project through licensing surcharges. The surcharge amount is 10 percent of the initial license fee and licensee's renewal fee with a minimum of \$5 and maximum of \$150; and will be collected from July 1, 2009, through June 30, 2015. (Minnesota Session Laws 2009, Chapter 101, Article 2, Section 59)

The Board of Dentistry has paid for this surcharge until now, but can no longer absorb the costs because of budgetary cuts and increased expenses. Therefore, before the end of this year, the e-licensing fee will be added to application and renewal license fees. This does not include the general anesthesia or conscious sedation certification renewal fees or applications. However, you also could be paying this e-Licensing fee if you have other Minnesota license types, (i.e. doctors, business, construction).

For further information or concerns regarding the e-Licensing fee surcharges, you can review the [Office of Enterprise Technology website](#) or call them at 651.296.8888. You may also wish to contact your state senator and representative to provide them with your input on the e-licensing initiative.

# CORRECTIVE ACTIONS

7/1/2009 — 6/30/2010

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

*The Agreement for Corrective Action is:*

- a. expected to lead to closure within a reasonable period of time.
- b. not intended for long-term monitoring or conditions;
- c. a public agreement, but it is not considered disciplinary action, and therefore, is not reported to the National Practitioner Data Bank.

<b>Profession</b>	<b>Violation(s)</b>	<b>Remedies</b>
Dentist 07/06/2009	<p><u>Substandard Recordkeeping</u> Failure to complete or document:</p> <ul style="list-style-type: none"> <li>• Name/telephone number of emergency contact</li> <li>• Initial and update dental and medical history</li> <li>• Existing oral health status</li> <li>• Diagnoses for dental treatment / treatment planning</li> <li>• Informed consent</li> <li>• All medications and material used during treatment procedures</li> </ul>	<p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>• Jurisprudence Examination</li> </ul> <p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>• Treatment Planning / Recordkeeping</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul>
Dentist 08/28/2009	<p><u>Substandard Orthodontic &amp; Endodontic Care / Recordkeeping</u> Failure to:</p> <ul style="list-style-type: none"> <li>• Adequately perform and document comprehensive assessment and diagnosis</li> <li>• Provide and document adequate treatment plan</li> <li>• Obtain and document informed consent</li> <li>• Provide appropriate treatment</li> <li>• Indicate rationale for ordering CT scan</li> <li>• Document chronology of dental treatment provided and rationale for certain treatment</li> </ul> <p><u>Failure of Professional Development Audit</u></p> <ul style="list-style-type: none"> <li>• Did not provide documentation and/or complete a second core subject category</li> </ul>	<p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>• Decision-making / Ethics</li> <li>• TMD and Orofacial Pain</li> <li>• Endodontics</li> <li>• Recordkeeping</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul>
Dentist 08/31/2009	<p><u>Improper Prescribing</u></p> <ul style="list-style-type: none"> <li>• Improperly, or in an unauthorized manner, prescribed, dispensed or administered a legend drug, other chemical, or controlled substance, including personal use of medications to treat a medical condition. Licensee admitted that they had not keep on file at each office location from which dispensing is taking place a record of drugs received, administered, dispensed, sold, or distributed.</li> </ul> <p><u>Substandard Infection Control</u></p> <ul style="list-style-type: none"> <li>• Failed to comply with the most current infection control recommendations and guidelines of the CDC.</li> </ul> <p><u>Substandard Diagnosis / Periodontal / Prosthodontic Care / Recordkeeping</u></p> <ul style="list-style-type: none"> <li>• Failure to document pertinent information and/or provide an appropriate diagnosis, periodontal,</li> </ul>	<p><u>Corrective Actions</u></p> <ul style="list-style-type: none"> <li>• Only prescribe, administer, or dispense legend drugs or nitrous oxide inhalation analgesia for dental purposes</li> <li>• Maintain a record of drugs received, administered, dispensed, sold, or distributed at dental office</li> <li>• Submit written verification of review of duties with each staff member employed by licensee</li> <li>• Evaluation by a multifaceted assessment program, and provide a written report of the evaluation and treatment recommendations</li> <li>• Jurisprudence Examination</li> </ul> <p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>• Professional Boundaries</li> <li>• Treatment Planning / Recordkeeping</li> <li>• Prosthodontics</li> <li>• Prescribing Course</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul> <p><u>Office Inspections</u></p>

<b>Profession</b>	<b>Violation(s)</b>	<b>Remedies</b>
	<p>and/or prosthodontic treatment. Placement of permanent crowns revealed open margins. Failure to perform a comprehensive periodontal diagnosis or treatment prior to placement of crowns which were extracted at a later date due to advanced periodontal disease.</p> <ul style="list-style-type: none"> <li>• Failure to make or maintain adequate patient records</li> </ul>	<ul style="list-style-type: none"> <li>• Infection Control Inspection</li> <li>• Recordkeeping Inspection</li> </ul>
Dentist 09/04/2009	<p><u>Substandard Diagnostic / Periodontal / Recordkeeping</u></p> <ul style="list-style-type: none"> <li>• Failed to thoroughly assess and document status of periodontal conditions</li> <li>• Failed to make and maintain adequate dental records</li> </ul>	<p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>• Jurisprudence Examination</li> </ul> <p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>• Periodontics Course</li> <li>• Treatment Planning / Recordkeeping</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul> <p><u>Recordkeeping – Patient Record</u></p> <ul style="list-style-type: none"> <li>• Submit patient records for treatment planning and recordkeeping for review</li> </ul>
Dentist 10/26/2009	<p><u>Improper Prescribing</u></p> <ul style="list-style-type: none"> <li>• Improperly prescribed a drug to patient (beyond the scope of practicing dentistry), and failed to document prescriptions.</li> </ul> <p><u>Substandard Periodontal / Diagnostic / Restorative Care / Recordkeeping</u></p> <p>Failed to:</p> <ul style="list-style-type: none"> <li>• Thoroughly assess and document status of periodontal conditions</li> <li>• Adequately document pertinent information and appropriate diagnostic and restorative care</li> <li>• Make and maintain adequate dental records</li> </ul>	<p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>• Jurisprudence Examination</li> </ul> <p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>• Periodontics Course</li> <li>• Professional Boundaries</li> <li>• Treatment Planning / Recordkeeping</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul> <p><u>Recordkeeping Inspection</u></p> <ul style="list-style-type: none"> <li>• Unannounced office visit and review of patient records for treatment planning/recordkeeping compliance</li> </ul>
Dental Hygienist 10/26/2009	<p><u>Substandard Periodontal / Diagnostic / Recordkeeping</u></p> <ul style="list-style-type: none"> <li>• Failed to thoroughly assess and document status of periodontal conditions</li> <li>• Failed to adequately document pertinent information and appropriate diagnostic and treatment planning</li> </ul>	<p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>• Jurisprudence Examination</li> </ul> <p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>• Periodontics Course</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul> <p><u>Recordkeeping Inspection</u></p> <ul style="list-style-type: none"> <li>• Unannounced office visit and review of patient records for treatment planning/recordkeeping</li> </ul>
Dentist 10/29/2009	<p><u>Improper Prescribing</u></p> <ul style="list-style-type: none"> <li>• Improperly prescribed and failure to document prescribing large amounts of controlled substances and not properly document prescription</li> <li>• Improperly prescribed a drug to patients beyond the scope of practicing dentistry</li> <li>• Failure to maintain a record of drugs received, administered, dispensed, sold, or distributed at dental office</li> </ul> <p><u>Substandard Recordkeeping</u></p> <ul style="list-style-type: none"> <li>• Failed to adequately document pertinent information and appropriate diagnostic and treatment planning</li> </ul>	<p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>• Jurisprudence Examination</li> </ul> <p><u>Prescription Report</u></p> <ul style="list-style-type: none"> <li>• Submit written report regarding protocol for writing prescriptions, documentation, and appropriate use of Vicoprofen</li> </ul> <p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>• Professional Boundaries</li> <li>• Treatment Planning / Recordkeeping</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul>
Licensed Dental Assistant 11/05/2009	<p><u>Practice Beyond Scope</u></p> <ul style="list-style-type: none"> <li>• Performed dental services beyond those allowed including task of packing retraction cord</li> </ul>	<p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>• Jurisprudence Examination</li> </ul> <p><u>Community Service</u></p> <ul style="list-style-type: none"> <li>• Complete 20 hours of unpaid Community Service</li> </ul>

<b>Profession</b>	<b>Violation(s)</b>	<b>Remedies</b>
Licensed Dental Assistant 11/24/2009	<u>Practice Beyond Scope</u> <ul style="list-style-type: none"> <li>Performed dental services beyond those allowed including taking radiographs</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Jurisprudence Examination</li> </ul> <u>Community Service</u> <ul style="list-style-type: none"> <li>Complete 20 hours of unpaid community service at a voluntary dental access clinic</li> </ul>
Dentist 12/07/2009	<u>Improper Prescribing</u> <ul style="list-style-type: none"> <li>Improperly or in an unauthorized manner prescribed, dispensed, administered, or personally used legend drug, other chemical, or controlled substance. Licensee improperly prescribed drugs to patient beyond the scope of practice nor documented the prescriptions.</li> </ul>	<u>Coursework</u> <ul style="list-style-type: none"> <li>Professional Boundaries</li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul>
Dentist 02/09/2010	<u>Substandard Periodontal / Diagnostic / Recordkeeping</u> <ul style="list-style-type: none"> <li>Failed to thoroughly assess and document status of periodontal conditions</li> <li>Failed to adequately document pertinent information and appropriate diagnostic and treatment planning</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Jurisprudence Examination</li> </ul> <u>Coursework</u> <ul style="list-style-type: none"> <li>Periodontics Course</li> <li>Treatment Planning / Recordkeeping</li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul> <u>Recordkeeping Inspection</u> <ul style="list-style-type: none"> <li>Unannounced office visit and review of patient records for treatment planning/recordkeeping</li> </ul>
Dentists x 4 12/09/2009	<u>Auxiliary Misuse</u> <ul style="list-style-type: none"> <li>Permitted an unlicensed dental assistant to perform services, including taking radiographs, beyond those allowed under Minn.R.3100.8400.</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Jurisprudence Examination</li> </ul> <u>Community Service</u> <ul style="list-style-type: none"> <li>Complete 20 hours each of unpaid community service at a voluntary dental access clinic within one year.</li> </ul>
Dentist 03/26/2010	<u>Drugs</u> <ul style="list-style-type: none"> <li>Chemical abuse/dependency.</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Participation in Professional Recovery Assistance (PRA) and monitoring</li> </ul>
Dental Hygienist 03/26/2010	<u>Substandard Periodontal and Diagnostic Care and Recordkeeping</u> <ul style="list-style-type: none"> <li>Performed both a debridement and four quadrants of scaling/root planning on two patient during one brief appointment</li> <li>Performed four quadrants of scaling/root planning without administering any local anesthesia to patient</li> <li>Failed to perform a second periodontal assessment</li> <li>Failed to document scheduling information</li> </ul> <u>Practice Beyond Scope</u> <ul style="list-style-type: none"> <li>Placed dental sealants on various premolar and molar teeth for patients 21-36 years old.</li> <li>Failed to indicate patient's progress notes: dentist diagnosed and treatment planned for sealants, rationale for placing sealants based on caries risk assessment, and informed consent for providing sealants</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Written Reports <ul style="list-style-type: none"> <li>Periodontal Proper protocol for providing periodontal scaling/root planing treatment including appropriate use of local anesthesia</li> <li>Sealants – Proper protocol for placement of sealants</li> <li>Fluoride Treatment – Proper protocol for providing fluoride treatments</li> </ul> </li> </ul>
Dentist 03/29/2010	<u>Substandard Prosthodontic / Diagnostic and Recordkeeping</u> <ul style="list-style-type: none"> <li>Failed to adequately document pertinent information and provide appropriate prosthodontic treatment</li> <li>Diagnosis did not include relevant factors and symptom etiology</li> <li>Failed to provide appropriate treatment options to patient</li> <li>Failed to document informed consent and maintain adequate patient records</li> </ul>	<u>Coursework</u> <ul style="list-style-type: none"> <li>Recordkeeping</li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul>

<b>Profession</b>	<b>Violation(s)</b>	<b>Remedies</b>
Dentist 03/31/2010	<u>Substandard Diagnostic and Recordkeeping</u> <ul style="list-style-type: none"> <li>Misuse of the Diagnodont dental laser when making caries diagnoses</li> <li>Failed to follow proper protocol for sealants</li> <li>Failed to make and maintain adequate dental records</li> </ul> <u>Advertising</u> <ul style="list-style-type: none"> <li>Advertising contained misleading information regarding dental services and costs</li> <li>Advertising also included discount coupons not offered to all payers</li> </ul>	<u>Coursework</u> <ul style="list-style-type: none"> <li>Recordkeeping</li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul> <u>Written Reports to Board:</u> <ul style="list-style-type: none"> <li>Diagnodont laser</li> <li>Dental Sealants</li> <li>Advertisements</li> <li>Billing/Discount Coupons</li> </ul>
License Dental Assistant 04/09/2010	<u>Practice Beyond Scope and Without Current License</u> <ul style="list-style-type: none"> <li>Provided falsified records to practice as a licensed dental assistant and performed dental services prior to receiving license</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Written response to Notice of Conference</li> <li>Written report, which discusses the meaning and implications of MN Rule 3100.6200F, 3100.8400, 3100.8500.</li> </ul> <u>Coursework</u> <ul style="list-style-type: none"> <li>Ethics</li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from courses and how it will be incorporated into the practice</li> </ul> <u>Community Service</u> <ul style="list-style-type: none"> <li>20 hours of unpaid community service at a voluntary dental access clinic</li> </ul>
Dentist 04/15/2010	<u>Practice Beyond Scope and Without Current License</u> <ul style="list-style-type: none"> <li>Licensee permitted an unlicensed dental assistant to perform expanded function duties beyond their scope of practice</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Jurisprudence Examination</li> </ul> <u>Community Service</u> <ul style="list-style-type: none"> <li>10 hours of unpaid community service at a voluntary dental access clinic</li> </ul>
Dentist 04/19/2010	<u>Practice Beyond Scope</u> <ul style="list-style-type: none"> <li>Licensee employed, assisted, enabled, authorized and permitted allied dental personnel to practice dentistry beyond legal scope of practice</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Jurisprudence Examination</li> </ul> <u>Verification of Duties</u> <ul style="list-style-type: none"> <li>Written verification of duties with each dental professional employed by licensee</li> </ul> <u>Community Service</u> <ul style="list-style-type: none"> <li>20 hours of unpaid community service at a voluntary dental access clinic</li> </ul>
Dentist 04/20/2010	<u>Unprofessional Conduct</u> <ul style="list-style-type: none"> <li>Verbal abuse / Inappropriate communications with patient</li> <li>Physical abuse of patient</li> </ul> <u>Substandard Periodontics Care</u> <ul style="list-style-type: none"> <li>Failed to follow the proper sequencing of periodontal procedures</li> </ul>	<u>Coursework</u> <ul style="list-style-type: none"> <li><u>Stress/Anger Management</u></li> <li><u>Periodontics</u></li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from courses and how it will be incorporated into the practice</li> </ul>
Licensed Dental Assistant 04/20/2010	<u>Practice Beyond Scope and Without Current License</u> <ul style="list-style-type: none"> <li>Failure to renew licensure and perform duties beyond scope of practice</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Jurisprudence Examination</li> </ul> <u>Community Service</u> <ul style="list-style-type: none"> <li>20 hours of unpaid community service at a voluntary dental access clinic</li> </ul>
Dentist 04/26/2010	<u>Substandard Diagnostic and Recordkeeping</u> <ul style="list-style-type: none"> <li>Failure to document complete periodontal charting of probing, informed consent, sufficient radiographs for diagnosis; and properly maintained original radiographs</li> <li>Failed to make and maintain adequate dental records</li> </ul>	<u>Coursework</u> <ul style="list-style-type: none"> <li>Treatment Planning</li> <li>Recordkeeping</li> </ul> <u>Written Reports of Coursework to the Board</u> <ul style="list-style-type: none"> <li>Specific information addressing the knowledge gained from courses and how it will be incorporated into the practice</li> </ul>
Dentist 04/30/2010	<u>Substandard Endodontics, Diagnostic, Operative, Periodontal Care and Recordkeeping</u> Failed to: <ul style="list-style-type: none"> <li>Adequately document pertinent information and</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Endodontics – Submit 5 cases for review and approval by Committee</li> </ul> <u>Coursework</u>

<b>Profession</b>	<b>Violation(s)</b>	<b>Remedies</b>
	<p>provide appropriate endodontic and periodontal care</p> <ul style="list-style-type: none"> <li>• Perform adequate pulp testing and document a diagnosis for endodontic treatment</li> <li>• Document an adequate treatment plan</li> <li>• Document information and provide appropriate diagnostic and/or restorative care</li> <li>• Take sufficient number or diagnostic quality of radiographs</li> <li>• Obtain informed consent</li> </ul>	<ul style="list-style-type: none"> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Radiology</li> <li>• Treatment Planning / Recordkeeping</li> <li>• Professional Boundaries</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from courses and how it will be incorporated into the practice</li> </ul> <p><u>Patient Records Review – Treatment and Recordkeeping</u></p> <ul style="list-style-type: none"> <li>• Unannounced office visit to review records for treatment planning and recordkeeping</li> </ul>
Dentist 05/07/2010	<p><u>Substandard Prosthodontic Care</u></p> <ul style="list-style-type: none"> <li>• Failure to provide evidence of appropriate prosthodontic treatment</li> <li>• Failure to provide evidence of proper assessment and diagnosis</li> <li>• Failure to provide evidence of all appropriate treatment options</li> </ul> <p><u>Auxiliary Misuse</u></p> <ul style="list-style-type: none"> <li>• Authorized and permitted an unregistered dental assistant to take dental radiographs</li> </ul>	<p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>• Jurisprudence Examination</li> </ul> <p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>• Esthetic Dentistry</li> <li>• Treatment Planning / Recordkeeping</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul>
Dentist 05/11/2010	<p><u>Substandard Endodontic Care and Recordkeeping</u></p> <ul style="list-style-type: none"> <li>• Failure to provide adequate endodontic care</li> <li>• Failure to provide endodontic treatments, current endodontic techniques and meet standard of care</li> <li>• Failed to maintain adequate dental records</li> </ul>	<p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>• Endodontics</li> <li>• Recordkeeping</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul> <p><u>Patient Records Review – Treatment and Recordkeeping</u></p> <ul style="list-style-type: none"> <li>• Submit 5 records for review by the Committee</li> </ul>
Dentist 06/23/2010	<p><u>Substandard Prosthodontic Care and Recordkeeping</u></p> <ul style="list-style-type: none"> <li>• Failure to provide adequate prosthodontic treatment</li> <li>• Multiple crowns were unacceptable having to be recemented, or having open margin, open contact or ledge</li> <li>• Failure to make or maintain adequate dental records</li> <li>• Failed to properly document and administer the appropriate dosage of local anesthesia</li> </ul>	<p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>• Written report focusing on proper administration of local anesthesia</li> </ul> <p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>• Fixed Prosthodontics</li> <li>• Treatment Planning / Recordkeeping</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul>
Dentist 06/28/2010	<p><u>Substandard Recordkeeping</u></p> <ul style="list-style-type: none"> <li>• Failed to maintain adequate dental records</li> </ul>	<p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>• Treatment Planning / Recordkeeping</li> </ul> <p><u>Written Reports of Coursework to the Board</u></p> <ul style="list-style-type: none"> <li>• Specific information addressing the knowledge gained from courses and how it will be incorporated into practice</li> </ul>
Licensed Dental Assistant 06/29/2010	<p><u>Practice Beyond Scope</u></p> <ul style="list-style-type: none"> <li>• Performed initial adjustment of a permanent crown on patients</li> </ul>	<p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>• Jurisprudence Examination</li> </ul> <p><u>Community Service</u></p> <ul style="list-style-type: none"> <li>• 20 hours of unpaid community service at a voluntary dental access clinic</li> </ul>
Dentist 06/29/2010	<p><u>Practice Beyond Scope</u></p> <ul style="list-style-type: none"> <li>• Exceeded scope of limited faculty license by providing dental care to friends and family members</li> </ul>	<p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>• Jurisprudence Examination</li> </ul> <p><u>Community Service</u></p> <ul style="list-style-type: none"> <li>• 20 hours of unpaid community service at any voluntary community service project located in Licensee's community</li> </ul>
Dentist 06/30/2010	<p><u>Practice Beyond Scope and Without Current License</u></p> <ul style="list-style-type: none"> <li>• Licensee permitted an unlicensed dental assistant to perform expanded function duties beyond scope of practice</li> </ul>	<p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>• Jurisprudence Examination</li> </ul> <p><u>Community Service</u></p> <ul style="list-style-type: none"> <li>• 20 hours of unpaid community service at a voluntary dental access clinic</li> </ul>

# Terminations for 2010

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 Minnesota Board of Dentistry website. The status of said license/registration may have been changed since the posting of this information.

## DISCIPLINARY ACTIONS

January 1 – June 30, 2010

Complaint matters are reviewed on a case-by-case basis. The Board is not always able to prove each allegation from complaints received. Disciplinary Orders are sometimes used to resolve complaints where the Board has determined that an individual's license should be placed under conditions to protect the public from mistreatment or misconduct by the individual and to hold the individual accountable for past actions.

*The Stipulation and Order is:*

- a. an agreement between the licensee and the Board in which the licensee agrees that certain restrictions should be imposed on their license as a result of the Committee having identified areas in which the individual violated the Dental Practice Act;
- b. a public agreement that is published by the Board and must be reported to the National Practitioner Data Bank.

Licensee's Name	License #	City	Type of Order	Date of Order (link to the legal document)
Robert Bodin, D.D.S.	D7172	Minneapolis	1) Findings of Fact, Conclusions and Final Order 2) Order (to lift endodontic limitation)	1) <a href="#">01/18/2010</a> <a href="#">06/07/2010</a>
Norman Eid, D.D.S.	D9269	Bayport	Conditional	<a href="#">02/19/10</a>
Edward Farsht, D.D.S.	D7415	Minneapolis	Stayed Suspension, Limited & Conditional	<a href="#">04/16/10</a>
Vicky Goplin, L.D.A.	A1124	Bloomington	1) Conditional 2) Voluntary Surrender	1) <a href="#">09/25/09</a> 2) <a href="#">12/04/09</a>
Gerald Gray, D.D.S.	D11595	Rochester	Unconditional	<a href="#">09/25/09</a>
Nancie Johnson, D.D.S.	D9336	Deephaven	Conditional / Reprimand	<a href="#">02/19/10</a>
Timothy Langguth, D.D.S.	D8076	Duluth	Conditional	<a href="#">04/16/10</a>
Paula Leech, LDA	A10247	Golden Valley	Voluntary Surrender	<a href="#">02/19/10</a>
Jennifer Moreno, L.D.A.	A10452	Eagan	1) Conditional 2) Findings of Fact, Conclusions and Final Order	1) <a href="#">09/25/09</a> 2) <a href="#">01/18/2010</a>
Otto Ringle, D.D.S.	D6360	Walker	Limited & Conditional	<a href="#">09/25/09</a>
Shannon Sondrol, D.H.	H7375	Minneapolis	1) Conditional 2) Voluntary Surrender	1) <a href="#">09/25/09</a> 2) <a href="#">02/19/10</a>
Jacqueline Thompson, LDA	A4147	Apple Valley	Conditional	<a href="#">12/04/09</a>

## UPCOMING BOARD AND COMMITTEE MEETINGS

DT Site Visit Work Group- U of M	Aug. 02, 2010
RFP Proposal Review Task Force	Aug. 05, 2010
DT Site Visit Work Group- Metropolitan State	Aug. 06, 2010
RFP Proposal Review Task Force	Aug. 12, 2010
Licensure and Credentials Committee Meeting (closed)	Aug. 13, 2010
Case Conference Meeting	Aug. 27, 2010
Complaint Committee B (closed)	Sept. 2, 2010
<b>BOARD OFFICE CLOSED (Labor Day Holiday)</b>	<b>Sept. 6, 2010</b>
Executive Committee Meeting (open)	Sept. 7, 2010
Licensure and Credentials Committee Meeting (closed/open)	Sept. 10, 2010
Policy Committee Meeting (open)	Sept. 15, 2010
Complaint Committee A (closed)	Sept 17, 2010
Allied Dental Education Committee Meeting (open)	Sept. 21, 2010
<b>PUBLIC BOARD MEETING (open)</b>	<b>Sept. 24, 2010</b>
Executive Board Meeting (closed)	Sept. 24, 2010

### Board Members

Joan Sheppard, DDS, President (2011)..... Bloomington  
 Kristin Heebner, JD, Public Member,  
 Vice President (2011)..... Minneapolis  
 David A Linde, DDS, Secretary (2012)..... Savage  
 Candace Mensing, DDS, Past President (2011)..... Rochester  
 Neal U Benjamin, DDS (2013) ..... Lino Lakes  
 Nancy A Kearns, DH (2013).....Wyoming  
 Allen Rasmussen, Public Member (2013).....International Falls  
 Freeman Rosenblum, DDS (2011)..... Burnsville  
 Teri M Youngdahl, LDA (2014)..... Elk River

### 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 ..... Director of Licensure  
 Amy Johnson ..... Licensing & Prof. Dvlpmt. Analyst  
 Sheryl Herrick ..... Office Manager  
 Linda Johnson..... Administrative Assistant  
 Cynthia Thompson..... Administrative Assistant



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