

# Board of Dentistry - Updates

Vol. 27 2013 [September 2013]

## LICENSED TO PRACTICE



### *THE FIRST LICENSE?*

Recently, former Executive Director Pat Glasrud discovered what appears to be the first dental license issued in Minnesota. Pat graciously donated the framed license to the Board, where it is proudly on display.

The license is unusual, as it is dated from 1881. However, State records indicate that the Minnesota Board of Dentistry was not established by the legislature until 1885! The Minnesota Historical Society has records from the Dental Examiners Board, and they begin in 1885. The Historical Society's records note two volumes of official records covering 1885-1914, but do not include any records of licenses.

This particular License #1 was issued to Dr I. H. Jacobs, who earned his degree in Pennsylvania. The license was signed by Dr Clements as president, and Dr Martindale as secretary, along with other Board members (all dentists).

The mystery may never be resolved, but if you have ideas of how this license could have been issued before there was a Board of Dentistry, please let us know. Submit your thoughts to us at [dental.board@state.mn.us](mailto:dental.board@state.mn.us).

We are grateful to Pat for sharing this item with the Board. If you have other historic items from Minnesota's past that you'd like to include in the Board of Dentistry's collection or that you'd like to share through pictures in our newsletter, please let us know. Every item has a story, and we'd like to tell them.

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# PRESIDENT'S MESSAGE

Nancy Kearn, DH



s I prepared to write my presidential address, I went back to the Board's website to read previous presidents' messages. I was struck by the beautiful humility and talent of these people who selflessly served. As Dr Neal Benjamin stated in his letter, "We serve the public.... We come to do a job and then step out of the way and let the next group hopefully build upon what we have accomplished. We are appointed, we learn, we work, we mentor and then we leave."



I began my appointment in June of 2009. I followed Nadene Bunge, an awesome hygienist who served on the Board for eight years. Nadene left the Board, retired and began her travels, but she is always an email or phone call away. Her instruction to me and in her President's newsletter message she indicated, "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." How TRUE!

I love to travel the roads of Minnesota. I say to myself as I pass thru a town or city, "I give my time on the Board to protect the people who live here in ..." It makes my work real and meaningful to know that decisions we make impact people's lives throughout Minnesota.

Current Board issues that impact public safety involve initial licensure and continued competency of licensed dental professionals. A clinical exam is required for a dental, dental therapy and dental hygiene license. Dental assistants are required to take the DANB and the Minnesota Licensure State Examination. Advanced dental therapists are required to pass a certification exam administered by the Board. All individuals licensed by the Board are required to pass the Jurisprudence exam. Minnesota was one of the first states to require Continuing Education and in 2005 additional Professional Development rules were adopted. Random audits of licensee portfolios are performed regularly. As in all areas of compliance, most professionals are diligent in their responsibilities; however, the few who are not require the most remediation time by Board members and staff. Have you ever sat in a CE course and observed professionals playing games on their electronics or visiting with neighbors or even sleep? Yet they collect their verification of attendance code and add the course to their portfolios. For multiple reasons there is movement and discussion nationally regarding all licensed professionals demonstrating continued competency – as CE attendance is insufficient to ensure competency or measure transfer of knowledge. Stay tuned and stay involved in this future trend.

In 2015 the Dental Board, with the Department of Health, will submit a report to the legislature regarding the impact of Dental Therapists and Advanced Dental Therapists. We have 28 licensed dental therapists, including three advanced dental therapists. All statisticians know that when working with small numbers data is difficult to interpret accurately and with great meaning. But the people who have been served by this new dental team member know and appreciate the impact of dental therapy in their lives. The Board is committed to the dental therapists and advanced dental therapists in all aspects of licensing, testing and approving dental therapy education programs. In December, the Commission on Dental Accreditation (CODA) will have the opportunity to embrace the new dental workforce model and develop accreditation standards for this working dental professional in Minnesota and future states after having reviewed input on proposed accreditation standards from stakeholders for several months.

Thank you to our committed and wonderful Board staff and Director. They are the people day in and day out that work for all licensees and the people of Minnesota. Thank you to all of you who volunteer your gifts and talents. I firmly believe that when you volunteer, you– without always knowing– are the one who is blessed the most!

*Nancy*

## Board Member Joan Sheppard to be CRDTS President-Elect



Joan Sheppard, DDS, serving in her second term as a member of the Minnesota Board of Dentistry, was elected by the membership of the Central Regional Dental Testing Services (CRDTS) to be its next president-elect. Dr Sheppard will be the first individual to serve an extended 2-year presidential term under newly adopted CRDTS bylaws.

The Central Regional Dental Testing Service, Inc. (CRDTS) is described on their web site as a testing service made up of eighteen State Boards of Dentistry who have joined forces to develop and administer fair, valid and reliable examinations of competency to practice dentistry and dental hygiene. The members of CRDTS are the State Boards of Alabama, Colorado, Georgia, Hawaii, Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, New Mexico, North Dakota, South Carolina, South Dakota, Washington, West Virginia, Wisconsin, and Wyoming. By pooling their resources, states are able to secure personnel with more expertise in tests and measurements, broaden the geographic base of the examination and offer the examination in more modern clinic facilities.



Dr Sheppard has held numerous leadership positions with our Board, having served as president from 2010-2011. She has also participated in leadership with CRDTS, serving on their dental Examination Review Committee and Steering Committee. Her candidacy was supported by the full Board in a resolution adopted at the June 2013 Board meeting.

Past Minnesota Board members who have served as president of CRDTS include Dr George Kinney, Dr Robert McDonnell and Dr Harry Dorvinen.

Thanks and congratulations to Dr Sheppard for taking on this commitment.

### New Rules Effective July 1, 2013

A number of rule changes have completed the rulemaking process, having become effective on July 1, 2013. Minnesota regulated dental professionals are responsible for knowing and complying with the requirements of the new rules.

In summary, the new rules include the following:

- Codifies Board processes and requirement for licensure of Limited General Dentists
- Clarifies requirement to maintain a consecutive (or continuous) and current CPR certificate
- Creates the option of an interview requirement for individuals reinstating licensure after 24 months
- Allows professional development credit for leadership or committee involvement with the Board or dental professional associations
- Adds a professional development portfolio audit fee for failing more than one audit
- Adds Oral and Maxillofacial Radiology as a recognized specialty area
- Allows assistants to apply fluoride varnish in a community setting under specific parameters
- Allows licensed dental assistants under general supervision to perform preliminary charting of the oral cavity, take photographs, and take vital signs
- Requires that progress notes must be legible, and identify the collaborating dentist (if any) by documenting their license number
- Requires that radiographic images (film, digital, or printed) that are transferred be of diagnostic quality

[Click this link for more information on the new rules...](#)



## WHERE IS *YOUR* LICENSE?



All licensed dental professionals are required to post their licenses and renewal certificates where the public can clearly see them. The public has a right to know that the people that are treating them have met the strict standards of education, examination, and fitness to earn the privilege to hold a license and treat patients.

The posting of licenses and renewal certificates serves another purpose: it reminds you and other staff that the licenses expire, and need to be renewed on a very specific schedule.

Practicing, or enabling the practice, without a current license is a *significant* breach of laws and rules. Yet surprisingly, the Board has recently seen a substantial increase in the number of people found to be practicing after their licenses have expired (ranging from a few days to a few years) and practicing before their licenses have even been issued.

*Here's what you should already know:*

1. You cannot practice without an active license.
2. You are required to renew your license, in most cases every two years.
3. You must post your original license and your renewal certificate at every site that you practice.
4. You can verify the status of your license, another licensee (staff member or job applicant maybe?) by checking the Board's ([VERIFICATION](#)) website.
5. If you practice after your license has lapsed or otherwise terminated, the Board will certainly be interested in hearing your excuse before imposing corrective or disciplinary action.

*Here's what you should do if you intend to practice as a dental professional in Minnesota:*

1. Confirm that your license is current (check the document itself or the Board's online verification system).
2. Make sure that your license and renewal certificate are posted at *every* primary, satellite, and volunteer clinic where you practice (the *original* Board-issued documents are required to be posted... duplicates are available from the Board, as photocopies are not permitted)
3. Comply with your CPR and other Professional Development requirements for your renewal cycle so that you can truthfully attest to having met the standards when you renew your license.
4. Contact the Board with any questions or concerns (612-617-2250 or 888-240-4762).
5. Inform the Board if you have mistakenly (or intentionally) provided patient care without an active license, and... start working on that excuse.

# DISPLAY OF LICENSE AND RENEWAL CERTIFICATES

Minnesota statutes (MS 150A.06, subd 6) require licensed dental professionals to conspicuously display their Board-issued licenses and annual/biennial renewal certificates at *all* of their practice sites. This requirement applies to a person's usual practice locations as well as those that may be one-time or occasional, such as when participating in a volunteer dentistry activity. This also applies to dentist involved with moderate or deep sedation/general anesthesia, who must conspicuously display their sedation certificates.

## Why is this important?

The display of an individual's credentials lends a degree of confidence to patients, assuring them that the professionals caring for them have met certain standards and are professionally accountable. The display of licenses and renewal certificates (along with wearing name tags, as required under MS 144.6585) also provides the patient the name of the provider in the event that they need to identify them for clinical follow-up or to possibly file a complaint with the institution or Board. Another benefit, more so for the licensee and employer, is that by displaying the renewal certificates of a clinic's professional staff, it creates a reminder that a license may be coming near its due date for renewal. The Board of Dentistry has had a significant number of cases in recent years involving dental professionals who have continued to practice after their licenses have expired; in many of these cases, the individual worked in a clinical environment where their documents were not properly displayed.

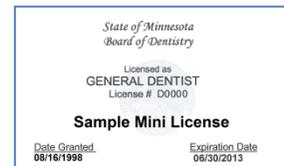
## What is the difference between the LICENSE and the RENEWAL... and now the MINI LICENSE?



11" x 14"



2 1/8" x 3 3/8"



3 5/8" x 4 3/8"

**ORIGINAL LICENSE:** For most dental license types, the Board issues a large format original license, with signatures of the members of the Board and the Seal of the State of Minnesota. This license is issued only once, although duplicates may be ordered through the Board. *This license must be displayed at every practice site of licensed dental professionals.*

**RENEWAL CERTIFICATE:** Most dental licenses in Minnesota must be renewed every two years (some, such as Guest or Resident licenses, require annual renewal). The renewal certificate is a small format card that indicates the type of license and the expiration date of that license. *This certificate (or a Board-issued duplicate) must also be displayed at all practice sites.*

**MINI LICENSE:** New legislation permits the Board to issue a small scale license that may be displayed at a dental professional's *non-primary practice site(s)*. While it is certainly permissible to post the large format original license and renewal certificate at all sites, *the mini license is an alternative to displaying both the large license and renewal certificate for display at satellite clinics or occasional events.*

## May I photocopy my license or certificate for display?

No. The language established in the statute referenced above requires that the document being displayed be one that is issued by the Board of Dentistry. This provides for consistency among documents, and helps reduce the likelihood of fraudulent documents being utilized.

# Avoid Having Minimal Sedation Become Moderate Sedation

Guest article by David Linde, DDS (former Board Member: Minnesota Board of Dentistry)

Minimal sedation is available for all dentists with appropriate training to provide for their patients without a special certificate. The Board of Dentistry regulates the *effect* of sedation (minimal, moderate, deep, and general anesthesia) rather than the *route* or technique used for sedation. However, this means that those doctors providing sedation must be very careful and aware of the level of sedation provided for their patient. It can be quite easy for a minimally sedated patient to become moderately sedated since sedation creates a gradual continuum of effects. The Board of Dentistry requires additional training and Board-issued certification for any sedation that goes beyond minimal sedation.

**Minimal sedation.** "Minimal sedation" means a minimally depressed level of consciousness produced by a pharmacological or nonpharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Minimal sedation is characterized by moderate impairment to the patient's cognitive function and coordination, but leaves unaffected the patient's ventilatory and cardiovascular functions.

**Moderate sedation.** "Moderate sedation" means a depressed level of consciousness produced by a pharmacological or nonpharmacological method or a combination thereof during which patients respond purposefully to verbal commands, either alone or accompanied by light tactical stimulation. Moderate sedation is characterized by unaffected cardiovascular functions, no need for intervention to maintain a patent airway for the patient, and adequate spontaneous ventilation.

Using nitrous oxide or a single dose of a sedative agent can create a certain level of sedation; the actual impact will depend on the individual patient. However, combining multiple agents with or without nitrous oxide can move the patient to a moderate sedation level. This can mean a doctor without a moderate sedation certificate could be providing sedation beyond what they are legally allowed to do. This would put them in violation of Board rules, may create an adverse reaction, and could jeopardize the safety of the patient.

Multi-dosing and/or multi-agent use with or without nitrous oxide should only be used very judiciously and carefully to avoid this circumstance. Of course, the same holds true for the doctor certified for moderate sedation. In these cases, they must be careful to avoid inadvertently allowing their patient to become deeply sedated.

The Board expects dentists who provide sedation to be trained to handle medical emergencies appropriately. You may want to reference "[The Six Links of Survival Reference Guide](#)" developed by Drs John Roberson and Christopher Rothman, and available through the Institute for Medical Emergency Preparedness.

This resource is a basic guide for sedation doctors that covers topics of doctor and staff training, mock drills, a written medical emergency plan, a basic emergency drug kit, and basic emergency equipment. The Board does not endorse any particular guide, but feels its licensees should be very familiar with managing medical and dental emergencies.



# DENTAL HYGIENE COLLABORATIVE AGREEMENTS

The following information is in reference to Collaborative Agreements between dental hygienists and dentists. These **Collaborative Agreements are distinguished from Collaborative Management Agreements** that are required for dental therapists and advanced dental therapists to practice. Keep in mind that:

- Collaborative Agreement = Dental Hygiene
- Collaborative Management Agreement = Dental Therapy

Collaborative Agreements were established in law in 2001, yet remain misunderstood. The Dental Hygiene Collaborative Agreement provides the possibility of a work opportunity for a dental hygienist to provide a variety of hygiene services in specific approved settings without requiring that the supervising dentist see the patient first. This creates opportunities for oral health outreach in such places as nursing homes, home health, group homes, community or tribal clinics, schools, Head Start, and certain nonprofit sites.

The Minnesota Department of Health has recently reviewed some data about the use of Collaborative Practice Hygienists, and presented a summary of their findings to the 2012 National Oral Health Conference in a poster session. The poster is available through the Department of Health.

The Board has developed an on-line registration system for documenting participation of dental hygienists and dentists in Collaborative Agreements. Participants are encouraged to register with the Board at: <https://www.hlb.state.mn.us/mnbod/ca/>

To learn more about Collaborative Agreements, the Department of Health has developed a series of five online courses. The series includes training and information on the following topics:



*Oral Health from a Public Health Perspective*



*Collaborative Dental Hygiene Practice*



*Collaborative Practice Examples*

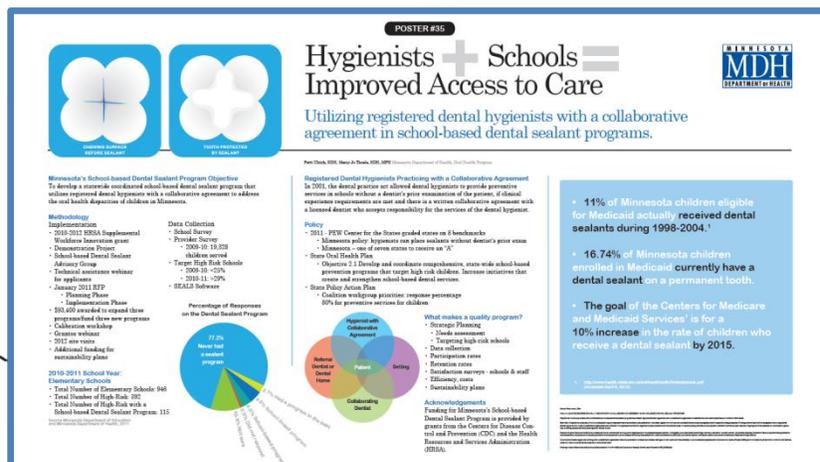


*A Sustainable Business Model*



*Risk and Liability in a Collaborative Dental Hygiene Practice*

The courses are available to all at no cost at <http://www.mchoralhealth.org/mn/collaborative-practice/>.



## DISCIPLINARY ACTIONS: October 2012 – September 15, 2013

Licensee's Name	License #	City	Date of Order	Action Type
Awad, Feryal (DH)	H8219	Blaine	02/01/13	Suspension (per MN Dept. of Revenue)
Chalich, Marilyn (DH)	H5231	Ramsey	04/01/13	Suspension (per MN Dept. of Revenue)
Chu, Sylvia (LDA)	A11668	Minneapolis	12/14/12	Conditional
El Deeb, Mohamed (BDS)	D9508	Coon Rapids & St. Cloud	01/07/13	Lifting of Temporary Suspension
Farsht, Edward M (DDS)	D7415	Minneapolis	06/14/13	Limited (from Clinical Practice) & Conditional
Flicek, Julie (LDA)	A4321	Jordan	03/04/13	Findings of Fact, Conclusion and Final Order (Suspension)
Hagen, Susan (Lobin) (LDA)	A7490	Blaine	03/01/13	Unconditional
Hoops, Darcy (LDA)	A7594	Duluth	03/06/13	Findings of Fact, Conclusion and Final Order (Suspension)
Jenson, Kathryn M (DH)	H 6420	Minnetonka	12/14/12	Conditional
Johnson, Joshua D (LDA)	A13719	Rochester	12/18/12	Findings of Fact, Conclusion and Final Order (Suspension)
Johnson, Michael Gene (DDS) • Hennepin Cty Suspension • Limited & Conditional	D10999	Plymouth & Bloomington	09/05/13	Suspension (per MN Dept. of Revenue)
			08/27/13	Suspension (per Hennepin County)
			06/14/13	Limited (from owning, etc) & Conditional
Kleven, Kayla M (DH)	H8709	Fargo	06/14/13	Unconditional
Langguth, Timothy R (DDS)	D8076	Duluth	03/01/13	Unconditional
Larson, Donna J (LDA)	A4213	Mahtomedi	06/14/13	Conditional
Lepak, Crystal (LDA)	A13719	Minneapolis	12/18/12	Findings of Fact, Conclusion and Final Order (Suspension)
Mastin, Miranda L (LDA)	A13884	Hawley	03/01/13	Voluntary Surrender
Michelson, Jeanne L (DH)	A3538	Eden Prairie	05/09/13	Suspension (per MN Dept. of Revenue)
Mrosak, Craig M (DDS)	D8781	Coon Rapids	06/14/13	Unconditional
Nguyen, Jessica T (LDA)	A9455	Long Lake	06/14/13	Voluntary Surrender
Rolfe, Jr., William P. (DDS) • Stay of Suspension • Removal of Prescribing Limitation	D8343	Hopkins	04/16/13	Stay of Suspension
	D8343	Hopkins	06/14/13	Order removing prescribing limitation
Schroeder, Michelle M (LDA)	A3976	Princeton	06/14/13	Conditional
Van Hees, Kimberly M (LDA)	A7944	Otsego	03/01/13	Conditional
Vasallo, Katherine (LDA)	A14291	Eagan	03/01/13	Conditional
Vold, William (DDS)	D9953	Maplewood	03/01/13	Stayed Suspension, Limited & Conditional
Vos, Lesli (LDA)	A13812	Inver Grove Heights	12/14/12	Unconditional
<b>NON-Disciplinary, currently in effect:</b>				
Jones, Terry T (DDS)	D7684	Pine Island	03/19/2013	Stipulation to Cease Practice

## CORRECTIVE ACTIONS: October 2012 - September 15, 2013

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.

<u>Profession</u>	<u>Violation(s)</u>	<u>Remedies</u>
Dentist 10/24/2012	<u>Inadequate Safety/Sanitary Conditions</u> <ul style="list-style-type: none"> <li>• Failure to stay current in CPR</li> </ul>	<u>Community Service</u> <ul style="list-style-type: none"> <li>• Complete 20 hours of unpaid community service</li> </ul>
Dentist 11/30/2012	<u>Inadequate Safety/Sanitary Conditions</u> <ul style="list-style-type: none"> <li>• Failed to comply with the most current infection control recommendations and guidelines of the CDC</li> <li>• Failed to properly bag and sterilize all dental instruments and all dental items</li> <li>• Failed to properly maintain an inventory of dental products used during treatment procedures on patients</li> </ul>	<u>Written Policies to Board</u> <ul style="list-style-type: none"> <li>• New Infection Control Manual to be submitted</li> </ul>
Dentist 12/03/2012	<u>Gross Misdemeanor/Felony</u> <ul style="list-style-type: none"> <li>• Theft of movable property; self-reported conviction to the Board</li> </ul>	<u>Coursework</u> <ul style="list-style-type: none"> <li>• Ethics course</li> <li>• Written report for coursework</li> </ul>
Dentist x 3 12/12/2012	<u>Allied Staff Misuse</u> <ul style="list-style-type: none"> <li>• Permitted an unlicensed dental assistant to perform expanded duties beyond those allowed under Minn. R. 3100.8400</li> </ul>	<u>Written Report to Board</u> <ul style="list-style-type: none"> <li>• Posting credentials/renewal certificates report</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>• Within two years, each Licensee shall accept for full orthodontic treatment at least one new patient from one of the following organizations: Smiles Changes Lives, Minnesota Dental Association's Donated Dental Services, or American Dental Association's Give Kids a Smile program</li> </ul>
Dentist 12/13/2012	<u>Practice without Current License</u> <ul style="list-style-type: none"> <li>• Licensee failed to renew dental license</li> <li>• Licensee failed to properly submit current mailing address within 30 days of address change</li> </ul>	<u>Written Report to Board</u> <ul style="list-style-type: none"> <li>• Biennial renewal/ mailing address report</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</li> </ul>
Dentist 12/17/2012	<u>Inadequate Safety/Sanitary Conditions</u> <ul style="list-style-type: none"> <li>• Failure to stay current in CPR</li> </ul>	<u>Community Service</u> <ul style="list-style-type: none"> <li>• Complete 20 hours of unpaid community service</li> </ul>
Dentist 12/28/2012	<u>Substandard Recordkeeping and Endodontic/Prosthodontic Care</u> <ul style="list-style-type: none"> <li>• Licensee failed to document diagnoses, adequate treatment plans and informed consent of patient prior to treatment</li> </ul>	<u>Coursework</u> <ul style="list-style-type: none"> <li>• Treatment Planning/Recordkeeping course</li> <li>• Written report for coursework</li> </ul>

<i>Profession</i>	<i>Violation(s)</i>	<i>Remedies</i>
Dentist 01/15/2013	<u>Allied Staff Misuse</u> <ul style="list-style-type: none"> <li>Permitted an unlicensed dental assistant to perform expanded duties beyond those allowed under Minn. R. 3100.8400</li> </ul>	<u>Written Report to Board</u> <ul style="list-style-type: none"> <li>Posting credentials/renewal certificates report</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 25 hours of unpaid community service</li> </ul>
Dental Assistant 03/08/2013	<u>Practice without Current License</u> <ul style="list-style-type: none"> <li>Licensee failed to renew dental assistant license</li> </ul>	<u>Written Report to Board</u> <ul style="list-style-type: none"> <li>Biennial renewal report</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 25 hours of unpaid community service</li> </ul>
Dental Assistant 03/08/2013	<u>Practice without Current License</u> <ul style="list-style-type: none"> <li>Licensee failed to renew dental license</li> <li>Licensee failed to properly submit current mailing address within 30 days of address change</li> </ul>	<u>Written Report to Board</u> <ul style="list-style-type: none"> <li>Biennial Renewal/Mailing Address report</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</li> </ul>
Dentist 04/15/2013	<u>Substandard Recordkeeping Care</u> <ul style="list-style-type: none"> <li>Licensee failed to make or maintain adequate patient records</li> </ul> <u>Allied Staff Misuse</u> <ul style="list-style-type: none"> <li>Permitted unlicensed dental assistants, licensed dental assistants and dental hygienists to perform tasks the exceeded their legal scope of practice under Minnesota Rules parts 3100.8400, 3100.8500, 3100.8700, respectively</li> </ul> <u>Unprofessional Conduct</u> <ul style="list-style-type: none"> <li>Instructed staff to provide patients with misleading information that all types of dental insurances would be accepted</li> </ul>	<u>Written Report to Board</u> <ul style="list-style-type: none"> <li>Dental Insurance Report</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>Recordkeeping course</li> <li>Written report for coursework</li> </ul>
Dentist x 2 05/06/2013	<u>Allied Staff Misuse</u> <ul style="list-style-type: none"> <li>Permitted an unlicensed dental assistant to perform expanded duties beyond those allowed under Minn. R. 3100.8400</li> </ul> <u>Failure of Professional Development Audit</u> <ul style="list-style-type: none"> <li>Licensee failed to complete a Board-approved CPR Healthcare Provider course</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>CPR Healthcare Provider Course to be taken</li> <li>Jurisprudence examination</li> </ul> <u>Written Report to Board</u> <ul style="list-style-type: none"> <li>Posting credentials/renewal certificates report</li> </ul> <u>Community Service</u> <ul style="list-style-type: none"> <li>Complete 25 hours each of unpaid community service</li> </ul>
Dentist 05/23/2013	<u>Substandard Recordkeeping/Care</u> <ul style="list-style-type: none"> <li>Licensee failed to make or maintain adequate patient records</li> </ul> <u>Unprofessional Conduct</u> <ul style="list-style-type: none"> <li>Licensee used inappropriate measures to restrain special needs children</li> <li>Licensee failed to obtain informed consent prior to using behavior management techniques</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Refrain from using Hand Over Mouth (“HOM”) or Finger Over Mouth (“FOM”) techniques on patients as a patient management method</li> <li>New Informed Consent Form to be submitted</li> </ul> <u>Coursework</u> <ul style="list-style-type: none"> <li>Professional Boundaries course</li> <li>Written report for coursework</li> </ul>

<b><i>Profession</i></b>	<b><i>Violation(s)</i></b>	<b><i>Remedies</i></b>
Dentist 06/05/2013	<p><u>Allied Dental Staff misuse</u></p> <ul style="list-style-type: none"> <li>Permitted an unlicensed dental assistant (a dental assistant whose license had been terminated) to perform expanded duties beyond those allowed under Minn. R. 3100.8400</li> </ul> <p><u>Inadequate Safety/Sanitary Conditions</u></p> <ul style="list-style-type: none"> <li>Licensee failed to complete a Board-approved CPR Healthcare Provider course</li> <li>Failed to comply with the most current CDC infection control recommendations by neglecting to perform weekly biological (spore) testing of the autoclave</li> </ul>	<p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>Must hire an infection control consultant to assess practice and must comply with recommendations</li> </ul> <p><u>Written Report to Board</u></p> <ul style="list-style-type: none"> <li>Following work with infection control consultant, report on changes made to dental office</li> <li>Provide copies of spore testing results over a 6 month period</li> </ul> <p><u>Community Service</u></p> <ul style="list-style-type: none"> <li>Complete 25 hours each of unpaid community service</li> </ul>
Dentist 07/02/2013	<p><u>Substandard Recordkeeping and Prosthodontic Care</u></p> <ul style="list-style-type: none"> <li>Licensee failed to fabricate complete upper and lower dentures that were an acceptable fit for the patient</li> <li>Licensee failed to make or maintain adequate patient records</li> </ul>	<p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>Removable prosthodontics course</li> <li>Treatment Planning/Recordkeeping course</li> <li>Written report for all coursework</li> </ul>
Dentist 07/02/2013	<p><u>Auxiliary misuse</u></p> <ul style="list-style-type: none"> <li>Permitted an unlicensed dental assistant to perform expanded duties beyond those allowed under Minn. R. 3100.8400</li> </ul>	<p><u>Written Report to Board</u></p> <ul style="list-style-type: none"> <li>Posting credentials/renewal certificates report</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 25 hours of unpaid community service</li> </ul>
Dentist 07/08/2013	<p><u>Auxiliary misuse</u></p> <ul style="list-style-type: none"> <li>Permitted an unlicensed dental assistant to perform expanded duties beyond those allowed under Minn. R. 3100.8400</li> </ul>	<p><u>Written Report to Board</u></p> <ul style="list-style-type: none"> <li>Posting credentials/renewal certificates report</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 25 hours of unpaid community service</li> </ul>
Dental Assistant 07/23/13	<p><u>Criminal Conviction</u></p> <ul style="list-style-type: none"> <li>Applicant disclosed prior conviction related to a pattern of child abuse concerning her own children, for which she had completed the conditions of her probation</li> </ul>	<p><u>License Awarded</u></p> <p><u>Corrective Action</u></p> <ul style="list-style-type: none"> <li>Complete coursework in ethics and law related to dental practice</li> </ul> <p><u>Written Report to Board</u></p> <ul style="list-style-type: none"> <li>Report on how information learned will be incorporated into ensuring a safe practice environment</li> </ul>
Dentist 08/20/13	<p><u>Substandard Endodontic Care</u></p> <ul style="list-style-type: none"> <li>Licensee failed to perform and document endodontic procedure using rubber dam isolation, note the type of instrumentation utilized, and to properly obturate the canal</li> </ul> <p><u>Failure to Release Patient Record</u></p> <p><u>Misleading Advertising</u></p> <ul style="list-style-type: none"> <li>Licensee's credentials and licensure were misrepresented on the practice website</li> </ul>	<p><u>Coursework</u></p> <ul style="list-style-type: none"> <li>Endodontics 1-on-1 instruction, ≥8 hours hands on training</li> <li>Treatment Planning/Recordkeeping course</li> </ul> <p><u>Written Reports to Board</u></p> <ul style="list-style-type: none"> <li>Application of endodontics training into practice</li> <li>Transfer of records requirements</li> </ul> <p><u>Advertising Changes</u></p> <ul style="list-style-type: none"> <li>Make changes to all promotional material with regard to appropriate credentials and licensure</li> </ul>

<b><i>Profession</i></b>	<b><i>Violation(s)</i></b>	<b><i>Remedies</i></b>
Dental Hygienist x 2 09/12/13	<u>Practice Beyond Scope</u> <ul style="list-style-type: none"> <li>Administered Botox® and dermafillers to patients</li> </ul>	<u>Corrective Action</u> <ul style="list-style-type: none"> <li>Jurisprudence examination</li> </ul> <u>Written Reports to Board</u> <ul style="list-style-type: none"> <li>Dental hygiene scope of practice under various levels of supervision review, including professional responsibility</li> </ul> <u>Community Service</u> <ul style="list-style-type: none"> <li>Complete 50 hours each of unpaid community service</li> </ul>
Dentist 09/12/13	<u>Substandard Prescribing</u> <ul style="list-style-type: none"> <li>Licensee improperly prescribed pain medication and antibiotics without documenting diagnoses</li> <li>Licensee inappropriately prescribed a medication for a treatment beyond the scope of dental practice (eyelash enhancement)</li> </ul> <u>Allied Staff Misuse</u> <ul style="list-style-type: none"> <li>Allowed dental hygienists to administer Botox® and dermafillers to patients</li> </ul> <u>Substandard Recordkeeping</u> <ul style="list-style-type: none"> <li>Failed to sign or initial in the patient record to indicate who the treatment provider was</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>Treatment Planning/Recordkeeping course</li> </ul> <u>Written Reports to Board</u> <ul style="list-style-type: none"> <li>Allied dental personnel levels of supervision and delegated duties report, including professional responsibility</li> <li>New dental products and injectable pharmacologics report addressing the implementation of new equipment, instruments, medications and materials in practice</li> <li>Application of coursework into practice report</li> </ul> <u>Community Service</u> <ul style="list-style-type: none"> <li>Complete 100 hours of unpaid community service</li> </ul>

## UPCOMING BOARD AND COMMITTEE MEETINGS

### SEPTEMBER 2013

Labor Day: Office Closed

Clinical Licensure Exam Committee  
 Complaint Committee A (closed)  
 Sedation Committee (open)  
 Complaint Committee B (closed)  
 Licensure & Credentials (closed/open)  
 Allied Dental Education (open)  
 PUBLIC BOARD (open)/EXECUTIVE BOARD (closed)

September 2, 2013  
 September 9, 2013  
 September 13, 2013  
 September 17, 2013  
 September 19, 2013  
 September 20, 2013  
 September 25, 2013  
 September 27, 2013

### OCTOBER 2013

Policy Committee (open)  
 Sedation Committee (open)  
 Complaint Committee A (closed)  
 Complaint Committee B (closed)  
 Licensure & Credentials (closed/open)  
 Case Conference (closed)

October 9, 2013  
 October 9, 2013  
 October 11, 2013  
 October 17, 2013  
 October 18, 2013  
 October 22, 2013

### 2013-14 BOARD MEETINGS

September 27, 2013  
 November 22, 2013

February 7, 2014  
 May 2, 2014  
 July 25, 2014  
 October 24, 2014

#### Board Members

Nancy Kearn, DH, President (2017) ..... Wyoming  
 Teri M Youngdahl, LDA, Vice President (2014) ..... Elk River  
 David S Gesko, DDS, Secretary (2016) ..... Shorewood  
 Neal U Benjamin, DDS, Past President (2017) ..... Lino Lakes  
 John M “Jake” Manahan, Public Member (2015) ... Bloomington  
 Candace A Mensing, DDS (2014) ..... Rochester  
 Allen Rasmussen, Public Member (2016) ..... International Falls  
 Joan A Sheppard, DDS (2015) ..... Bloomington  
 Paul O Walker, DDS (2015) ..... Shoreview

#### Board Staff

612-617-2250 or 888-240-4762

Marshall Shragg ..... Executive Director  
 Joyce Nelson ..... Director of Licensure  
 Mary Dee Liesch ..... Director of Complaints & Compliance  
 Sheryl Herrick ..... Office Manager  
 Deborah Endly ..... Compliance Officer  
 Judith Bonnell ..... Complaint Analyst  
 Kathy Johnson ..... Legal Analyst  
 Amy Johnson ..... Licensing & Professional Dvlpmnt Analyst  
 Sally Feldt ..... Administrative Assistant  
 Cynthia Thompson ..... Administrative Assistant

MINNESOTA

Board of Dentistry Updates

2829 University Ave SE, Ste 450  
 Minneapolis, MN 55414  
 612-617-2250  
[www.dentalboard.state.mn.us](http://www.dentalboard.state.mn.us)