

Sedation Committee Meeting Minutes

Tuesday, April 30, 2024
4:30 pm
335 Randolph Avenue Room 104
St. Paul, MN 55102
and
Open WebEx/Teleconference Meeting

Call to Order

Heidi Donnelly called the meeting to order at 4:33 pm.

Committee Members Present

P. Angela Rake, DDS, Committee Chair
Heidi Donnelly, LDA, Board Member
Hassan Ismail, DDS, Board Member

Board Staff Present

Bridgett Anderson, Executive Director
Brian Cochran, Assistant Director Licensing and
Credentialing
Kathy Johnson, Legal Analyst
Mary Luecke, Executive Admin Assistant

Approval of Draft Agenda

The April 30, 2024 agenda was reviewed and approved.

Review and Approval of Past Meeting Minutes

The May 2, 2023 minutes were reviewed and approved as submitted.

Unfinished Business

None

New Business

Local Anesthesia for the Licensed Dental Assistant

Allan Schwartz, DDS, CRNA posed questions regarding the new proposed rules. Bridgett Anderson and committee members provided clarification. The Board has been in the process of reviewing the proposed rules in public meetings with stakeholders for the past two years. The new rules have gone through most of the approval processes including the Office of Administrative Hearings and could be published soon.

Utilization of the Dental Anesthesia Assistant National Certification Examination (DAANCE)

P. Angela Rake requested the Committee discuss acceptance of DAANCE as a board approved course for a certification. She plans to invite a representative from the American Association of Oral and Maxillofacial Surgeons (AAOMS) to speak at a future meeting regarding DAANCE. The program is continuing education comprised of approximately 40 hours of self-study materials,

quizzes, and standardized computer testing. Each student is required to have a sponsor who is a dentist holding an anesthesia permit. The Committee agreed to invite a speaker from AAOMS to present at a future meeting.

Vesper Institute Training Review

Vesper Institute President Joy Santoro presented and reviewed components of the Vesper Institute IV Moderate Sedation Curriculum. The 89-hour didactic program includes a minimum of twenty IV starts with live patients in a clinical setting. Course instructors include two oral surgeons; a general dentist with a moderate sedation licensure; and two anesthesiologists. The Committee reviewed the program and verified the course meets and exceeds Minnesota requirements. Vesper Institute is requesting approval to teach the IV Moderate Sedation course for Minnesota licensees to obtain moderate sedation licensure.

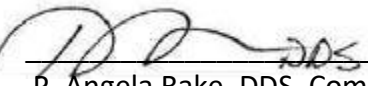
Announcements

Bridgett Anderson plans to provide a webinar once the new rules are in effect to review changes and address questions. She plans to record the session as a resource.

Adjourn

Heidi Donnelly adjourned at 5:02 pm.

Reviewed by:


P. Angela Rake, DDS, Committee Chair

October 15, 2024

Date

Exhibit A

MN BOARD OF DENTISTRY - DRAFT RULES

3100.0100 DEFINITIONS.

[For text of subparts 1 and 2, see Minnesota Rules]

Subp. 2a. **Advanced cardiac life support or ACLS.** “Advanced cardiac life support” or “ACLS” refers to an advanced educational course and certification for a health care provider that teaches a detailed medical protocol for the provision of lifesaving cardiac care in settings ranging from the prehospital environment to the hospital setting. The course must include advanced airway management skills, cardiac drug usage, defibrillation, and arrhythmia interpretation. ~~An ACLS certificate must be obtained through the American Heart Association.~~

[For text of subparts 2b to 9, see Minnesota Rules]

Subp. 9a. **CPR.** “CPR” refers to a ~~comprehensive, hands-on~~ basic life support course and certification for a health care provider ~~that includes: cardiopulmonary resuscitation on an adult, child, and infant; two-person rescuer; barrier mask or bag for ventilation; foreign body airway obstruction; and automated external defibrillation. The CPR course and certificate must be for health care professionals through the American Heart Association or the American Red Cross regarding adults, children, and infants. The course must include:~~

- A. a hands-on practice component;
- B. a written examination component;
- C. a rapid assessment of the patient and providing emergency care based upon the patient’s conditions;
- D. relief of foreign-body airway obstruction or choking;
- E. high-quality basic life support giving chest compressions and delivering appropriate ventilations;
- F. early use of an automated external defibrillator (“AED”); and
- G. how to effectively utilize multi-rescuers.

[For text of subparts 9b to 15b, see Minnesota Rules]

Subp. 15c. **Pediatric advanced life support or PALS.** “Pediatric advanced life support” or “PALS” refers to an advanced life support educational course and certification for the pediatric health care provider that teaches the current certification standards of the American Academy of Pediatrics or the American Heart Association. ~~A PALS certificate must be obtained through the American Heart Association.~~

Subp. 15d. **Pediatric patient.** “Pediatric patient” means a dental patient under the age of eight years old regarding the administration of general anesthesia or deep sedation and moderate sedation.

**3100.3600 ADMINISTRATION OF NITROUS OXIDE INHALATION ANALGESIA,
GENERAL ANESTHESIA, DEEP SEDATION, AND MODERATE SEDATION.**

[For text of subparts 1 to 12, see Minnesota Rules]

Subp. 13. Nitrous oxide inhalation analgesia; application and educational training requirements for a dental therapist.

[For text of items A and B, see Minnesota Rules]

C. A dental therapist who graduated from a board-approved dental therapy program in Minnesota prior to August 1, 2013, or graduated from another United States jurisdiction or Canadian province, may administer nitrous oxide inhalation analgesia after providing the board:

- (1) a completed application;
- (2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and
- (3) documentation of current CPR certification.

Subp. 14. Nitrous oxide inhalation analgesia; application and educational training requirements for a dental hygienist.

[For text of items A and B, see Minnesota Rules]

C. A dental hygienist who graduated from a dental hygiene program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province, may administer nitrous oxide inhalation analgesia after providing the board:

- (1) a completed application;
- (2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and
- (3) documentation of current CPR certification.

Subp. 15. Nitrous oxide inhalation analgesia; application and educational training requirements for a licensed dental assistant.

[For text of items A and B, see Minnesota Rules]

C. A licensed dental assistant who graduated from a dental assisting program in Minnesota prior to September 2, 2004, or graduated from another United States jurisdiction or Canadian province, may administer nitrous oxide inhalation analgesia after providing the board:

- (1) a completed application;
- (2) evidence of having completed a course in administering nitrous oxide inhalation analgesia from an institution accredited by the Commission on Dental Accreditation. The course must be at least 12 hours total and contain didactic instruction, ~~personal~~ administration and management of at least three individual ~~supervised~~ cases of analgesia, and ~~supervised~~ clinical experience using fail-safe anesthesia equipment capable of positive pressure respiration; and
- (3) documentation of current CPR certification.

=====

Subp. 16. Initial certification for general anesthesia or deep sedation; application and educational training requirements for a dentist.

A. A dentist may administer general anesthesia or deep sedation only after providing the board:

- (1) a completed initial application;
- (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (3) evidence of having completed:
 - (a) a didactic and clinical program at a dental school, hospital, or graduate medical or dental program accredited by the Commission on Dental Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The program must be equivalent to a program for advanced specialty education in oral and maxillofacial surgery; or
 - (b) a one-year residency in general anesthesia at an institution certified by the American Society of Anesthesiology, the American Medical Association, or the Joint Commission on Hospital Accreditation, resulting in the dentist becoming clinically competent in the administration of general anesthesia. The residency must include a minimum of 390 hours of didactic study, 1,040 hours of clinical anesthesiology, and 260 cases of administration of general anesthesia to an ambulatory outpatient;
- (4) documentation of current certification in ACLS or PALS;
- (5) documentation of current CPR certification; and

(6) attestation of compliance with the practice and equipment requirements in subpart 22; ~~and~~

~~(7) attestation of compliance with an on-site inspection described in subpart 23.~~

B. Once a dentist possesses a valid certificate for general anesthesia, the dentist is not required to possess an additional certificate for deep or moderate sedation.

C. A dentist who administers general anesthesia or deep sedation without a general anesthesia certificate shall be subject to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subpart 16a. Initial and renewal endorsement for pediatric general anesthesia or deep sedation; application and educational training requirements for a dentist.

A. A dentist may administer general anesthesia or deep sedation to a pediatric patient under the age of eight-years-old only after providing the board:

(1) a completed initial application;

(2) evidence of holding a current general anesthesia or deep sedation certificate in subpart 16; and

(3) attestation of completing at least 12 cases of general anesthesia or deep sedation on patients under eight years of age within 12 months prior to the board's receipt of the application for a pediatric endorsement.

B. A dentist administering general anesthesia or deep sedation to a pediatric patient must have in attendance two additional licensed personnel who are currently certified in CPR and Allied Sedation Monitoring.

C. Once a dentist possesses a valid endorsement for pediatric general anesthesia, the dentist is not required to possess an additional endorsement for pediatric deep or pediatric moderate sedation.

D. To renew an endorsement for pediatric general anesthesia, the dentist must provide the board:

(1) a completed application; and

(2) attestation of completing at least 12 cases of general anesthesia or deep sedation on patients under eight years of age within 12 months prior to the board's receipt of the application. The dentist must maintain proof of these cases upon request by the board for up to two renewal periods.

E. A dentist who administers general anesthesia or deep sedation without a pediatric general anesthesia endorsement shall be subject to disciplinary proceedings by the board on the

grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

=====

Subp. 17. Initial certification for moderate sedation; application and educational training requirements for a dentist.

A. A dentist may administer moderate sedation only after providing the board:

- (1) a completed initial application;
- (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision

11;

(3) evidence of having completed a course of education resulting in the dentist becoming clinically competent in the administration of moderate sedation. The course must include a minimum of 60 hours of didactic education in both enteral and parenteral administration and personal administration and management of at least ten individual supervised cases of parenteral moderate sedation of which a maximum of five cases may be performed on a patient simulation manikin;

(4) documentation of current certification in ACLS or PALS;

(5) documentation of current CPR certification; and

(6) attestation of compliance with the practice and equipment requirements in subpart 22; and

~~(7) attestation of compliance with an on-site inspection described in subpart 23.~~

B. A dentist who administers moderate sedation without a moderate sedation certificate shall be subject to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

Subp. 17a. Initial and renewal endorsement for pediatric moderate sedation; application and educational training requirements for a dentist.

A. A dentist may administer moderate sedation to a pediatric patient under the age of eight-years-old only after providing the board:

(1) a completed initial application;

(2) evidence of holding a current moderate sedation certificate in subpart 17;

(3) evidence of completing a pediatric program accredited by the Commission on Dental Accreditation or an equivalent residency program, resulting in the dentist becoming clinically competent in the administration of moderate sedation on pediatric patients; and

(4) attestation of completing at least 12 cases of moderate sedation to patients under eight years of age within 12 months prior to the board's receipt of the application for a pediatric endorsement.

B. A dentist administering moderate sedation to a pediatric patient must have in attendance two additional licensed personnel who are currently certified in CPR and Allied Sedation Monitoring.

C. To renew an endorsement for pediatric moderate sedation, the dentist must provide the board:

(1) a completed application; and
(2) attestation of completing at least 12 cases of moderate sedation on patients under eight years of age within 12 months prior to the board's receipt of the application. The dentist must maintain proof of these cases upon request by the board for up to two renewal periods.

D. A dentist who administers moderate sedation without a pediatric moderate sedation endorsement shall be subject to disciplinary proceedings by the board on the grounds specified in parts 3100.6100 and 3100.6200 and Minnesota Statutes, section 150A.08, subdivision 1.

=====

Subp. 18. Board-issued certificates for general anesthesia and moderate sedation.

A. The board shall issue the following certificates for general anesthesia and moderate sedation:

(1) general anesthesia, which authorizes a dentist to either administer general anesthesia, deep sedation, or moderate sedation, or to provide dental services to patients under general anesthesia, deep sedation, or moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia, deep sedation, or moderate sedation; and

(2) moderate sedation, which authorizes a dentist to either administer moderate sedation or to provide dental services to patients under moderate sedation when a dentist employs or contracts another licensed health care professional with the qualified training and legal qualification to administer moderate sedation.

B. A dentist holding a certificate issued by the board must conspicuously display the certificate in plain sight of patients in every office in which the dentist administers general anesthesia, deep sedation, or moderate sedation.

C. A dentist may submit to the board a request for a duplicate general anesthesia or moderate sedation certificate. The request must include the fee under Minnesota Statutes, section [150A.091, subdivision 12](#).

D. To renew a general anesthesia or moderate sedation certificate, the dentist must provide the board:

- (1) a completed application;
- (2) the nonrefundable fee in Minnesota Statutes, section [150A.091, subdivision 11](#);
- (3) documentation of current certification in ACLS or PALS;
- (4) documentation of current CPR certification;
- (5) attestation of compliance with the practice and equipment requirements in subpart 22; ~~and~~
- (6) attestation of compliance with an on-site inspection described in subpart 23; ~~and~~
- (7) attestation of compliance with the professional development requirement of at least 15 hours in any of the following areas:

- (a) moderate sedation or general anesthesia and deep sedation;
- (b) medications and physical evaluation;
- (c) anesthesia emergencies and complications;
- (d) monitoring equipment and monitoring during anesthesia;
- (e) pharmacology of anesthetic drugs;
- (f) infection control related to anesthesia procedures; and
- (g) simulation courses involving anesthesia emergencies.

E. A dentist's general anesthesia or moderate sedation certificate expires if the completed application and fee are not received by the board by the dentist's license renewal date. Immediately upon expiration, the dentist is prohibited from administering general anesthesia, deep sedation, or moderate sedation in the practice of dentistry until the board issues a current general anesthesia or moderate sedation certificate to the dentist described in subpart 19. After 30 days, the board shall terminate the dentist's general anesthesia or moderate sedation certificate.

=====

Subp. 19. Expiration or termination of general anesthesia or moderate sedation certificate; requirements.

A. A dentist requesting renewal or recertification of a general anesthesia or moderate sedation certificate following expiration or termination must comply with the requirements for the applicable interval specified in subitem (1) or (2) and the requirements of this subpart.

(1) A dentist whose anesthesia or moderate sedation certificate that, within 30 calendar days, expired or was terminated by the board must provide the board:

- subdivision 11;
- subdivision 11a;
- in subpart 22; ~~and~~
- 23; and
- (a) a completed renewal application;
- (b) the nonrefundable fee in Minnesota Statutes, section 150A.091,
- (c) the nonrefundable late fee in Minnesota Statutes, section 150A.091,
- (d) documentation of current certification in ACLS or PALS;
- (e) documentation of current CPR certification;
- (f) attestation of compliance with the practice and equipment requirements
- (g) attestation of compliance with an on-site inspection described in subpart
- (h) attestation of compliance with the professional development requirement
- of at least 15 hours in any of the following areas:
- (i) moderate sedation or general anesthesia and deep sedation;
- (ii) medications and physical evaluation;
- (iii) anesthesia emergencies and complications;
- (iv) monitoring equipment and monitoring during anesthesia;
- (v) pharmacology of anesthetic drugs;
- (vi) infection control related to anesthesia procedures; and
- (vii) simulation courses involving anesthesia emergencies.
- (2) A dentist whose anesthesia or moderate sedation certificate that, for more than 30 calendar days prior, expired or was terminated by the board must provide the board:
- (a) a completed recertification application;
- (b) the nonrefundable recertification fee in Minnesota Statutes, section 150A.091, subdivision 11b;
- (c) the dentist's written attestation that the dentist has successfully completed the educational requirements for either general anesthesia described in subpart 16 or moderate sedation described in subpart 17;
- (d) documentation of current certification in ACLS or PALS;
- (e) documentation of current CPR certification; ~~and~~
- (f) attestation of compliance with the practice and equipment requirements
- in subpart 22; and
- (g) attestation of compliance with the professional development requirement
- of at least 15 hours in any of the following areas:
- (i) moderate sedation or general anesthesia and deep sedation;
- (ii) medications and physical evaluation;
- (iii) anesthesia emergencies and complications;
- (iv) monitoring equipment and monitoring during anesthesia;
- (v) pharmacology of anesthetic drugs;
- (vi) infection control related to anesthesia procedures; and
- (vii) simulation courses involving anesthesia emergencies.

B. Upon receipt of a recertification application for general anesthesia or moderate sedation, the board shall require that the dentist undergo an on-site inspection described in subpart 23.

C. A dentist whose anesthesia or moderate sedation certificate has expired or been terminated must not administer general anesthesia, deep sedation, or moderate sedation until the board issues a renewed or recertified general anesthesia or moderate sedation certificate to the dentist.

=====

Subp. 20. Initial certification to provide dentistry with contracted sedation provider; application requirements for a dentist.

A. A dentist must not provide dental services to a patient who is under general anesthesia, deep sedation, or moderate sedation at any location other than a hospital or ambulatory surgery center, unless the dentist possesses the applicable contracted sedation services certificate for general anesthesia or moderate sedation issued by the board.

B. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under general anesthesia or deep sedation at any location other than a hospital or ambulatory surgery center, the dentist must contract with a sedation provider and obtain a contracted sedation services certificate for general anesthesia.

C. If a dentist possesses a moderate sedation certificate described in subpart 18 and desires to provide dental services to a patient under moderate sedation by a contracted sedation provider, the dentist is not required to possess an additional certificate for contracting with a sedation provider but is limited to moderate sedation.

D. To apply for a contracted sedation services certificate, the dentist must provide the board:

- (1) a completed application;
- (2) the nonrefundable fee in Minnesota Statutes, section 150A.091, subdivision 11;
- (3) a copy of the contracted healthcare professional's current license;
- (4) documentation of the contracted healthcare professional's current certification in ACLS or PALS;
- (5) documentation of the contracted healthcare professional's current CPR certification;
- (6) documentation of the dentist's current CPR certification; and
- (7) attestation of compliance with the practice and equipment requirements in subpart 22; ~~and~~
- (8) ~~attestation of compliance with an on-site inspection described in subpart 23.~~

E. A dentist who does not comply with the requirements of this subpart is subject to disciplinary proceedings by the board on grounds specified in parts 3100.6100 and 3100.6200, and Minnesota Statutes, section 150A.08, subdivision 1.

[For text of subparts 21, see Minnesota Rules]

Subp. 22. Practice and equipment requirements.

A. Dentists who administer general anesthesia, deep sedation, or moderate sedation or who provide dental services to patients under general anesthesia, deep sedation, or moderate sedation must ensure that the practice requirements in this item are followed.

(1) A dentist must be prepared and competent to diagnose, resolve, and prevent any untoward reaction or medical emergency that may develop any time after the administration of general anesthesia, deep sedation, or moderate sedation. A dentist must apply the current standard of care to continuously monitor and evaluate a patient's blood pressure, pulse, respiratory function, and cardiac activity. The current standard of care to assess respiratory function requires the monitoring of tissue oxygenation or ventilation by using equipment that monitors end-tidal carbon dioxide or auscultation of breath sounds.

(2) A dentist who employs or contracts another licensed health care professional with the qualified training and legal qualification to administer general anesthesia, deep sedation, or moderate sedation, including a dentist, nurse anesthetist, or physician anesthesiologist, must notify the board that these services are being provided in the office facility. The dentist is also responsible for maintaining the facilities, equipment, emergency supplies, and a record of all general anesthesia, deep sedation, or moderate sedation procedures performed in the facility.

(3) An individual qualified to administer general anesthesia, deep sedation, or moderate sedation, who is in charge of the administration of the anesthesia or sedation, must remain in the operatory room to continuously monitor the patient once general anesthesia, deep sedation, or moderate sedation is achieved and until all dental services are completed on the patient. Prior to discharge, an individual qualified to administer anesthesia or sedation must assess the patient to ensure that the patient is no longer at risk for cardiorespiratory depression. The patient must be discharged into the care of a responsible adult.

(4) A dentist administering general anesthesia, deep sedation, or moderate sedation to a patient must have in attendance personnel who are currently certified in CPR.

B. Dentists who administer general anesthesia, deep sedation, or moderate sedation or who provide dental services to patients under general anesthesia, deep sedation, or moderate sedation must ensure that the offices in which it is conducted have:

(1) an immediately accessible automated external defibrillator or immediately accessible full-function defibrillator;

(2) a positive pressure oxygen delivery system and a backup system;

(3) a functional suctioning device and a backup suction device;

(4) auxiliary lighting;

- (5) a gas storage facility;
- (6) a recovery area;
- (7) a method to monitor respiratory function; and
- (8) an emergency cart or kit that must be available and readily accessible and

includes the necessary and appropriate drugs and equipment to resuscitate a nonbreathing and unconscious patient and provide continuous support while the patient is transported to a medical facility. There must be documentation that all emergency equipment and drugs are checked and maintained on a prudent and regularly scheduled basis.

=====

Subp. 23. On-site inspection; requirements and procedures. All offices in which general anesthesia, deep sedation, or moderate sedation is conducted under the terms of this part must be in compliance with this subpart.

A. A dentist who applies for an initial general anesthesia or moderate sedation certificate or who provides dental services to patients under general anesthesia, deep sedation, or moderate sedation must have an on-site inspection conducted at one primary office facility within 12 months following receipt of a certificate from the board. Thereafter, a dentist must have an on-site inspection conducted at one primary office facility at least once every five years.

B. A dentist must have an on-site inspection conducted at one primary office facility if the board receives a complaint alleging violation of this part and the board finds the complaint warrants further investigation.

C. If a dentist fails to meet the on-site inspection requirements of item A and, if applicable, item B because of extenuating circumstances, the dentist may apply for an extension of time to complete the requirements by making a written request to the board. If the board grants an extension, the board shall establish the length of the extension to obtain the on-site inspection requirements.

D. A dentist must pay all costs associated with an on-site inspection.

E. All office equipment, emergency medications, and at least one patient's record who received general anesthesia or moderate sedation care within the past twelve months must be available for evaluation by the sedation inspector.

F. E. The board must notify the dentist if an on-site inspection is required. The board shall provide the dentist with the name of a sedation inspector or organization to arrange and perform the on-site inspection. The dentist may have an on-site inspection performed by another board-approved individual or board-approved organization. The dentist must ensure that the inspection is completed within 30 calendar days of the board's notice.

F. G. Within 30 calendar days following an on-site inspection, the dentist must direct the individual or organization conducting the inspection to provide the board with the written results of the inspection.

G. H. If a dentist fails or refuses an on-site inspection, the board shall suspend the dentist's general anesthesia or moderate sedation certificate and subject the dentist to disciplinary proceedings.

3100.5100 PROFESSIONAL DEVELOPMENT; DENTISTS, DENTAL THERAPISTS, DENTAL HYGIENISTS, AND LICENSED DENTAL ASSISTANTS.

Subpart 1. Professional development cycles.

A. The initial professional development cycle begins on the date licensure is granted by the board and ends on the last day of the licensee's birth month in either an even-numbered or odd-numbered year that corresponds with the licensee's year of birth. The initial cycle varies in the number of months depending on the date licensure is granted.

B. A biennial professional development cycle coincides with the biennial renewal period. Each biennial renewal cycle consists of a 24-month period beginning on the first day of the month following expiration of the previous cycle. An established biennial cycle continues to apply even if the license is revoked, suspended, conditioned, or not renewed for any reason for any length of time.

Subp. 2. Professional development requirements.

A. Each licensee shall establish a portfolio to record, monitor, and retain documentation of fundamental and elective professional development activities.

B. The minimum number of required hours of fundamental and elective activities for each initial or biennial cycle is 50 hours for dentists and dental therapists and 25 hours for dental hygienists and licensed dental assistants. Any professional development hours earned in excess of the required hours for an initial or biennial cycle must not be carried forward to the next biennial cycle.

(1) Of the 50 hours required for a dentist and dental therapist, at least 30 hours must be fundamental activities and no more than 20 hours can be elective activities.

(2) Of the 25 hours required for a dental hygienist and licensed dental assistant, at least 15 hours must be fundamental activities and no more than ten hours can be elective activities.

C. In addition to the minimal 50 hours required for a dentist, a dentist who has a certificate to administer general anesthesia, deep sedation, or moderate sedation in part 3100.3600, subpart 18 must earn at least 15 hours of professional development in any of the following areas:

- (1) moderate sedation or general anesthesia and deep sedation;
- (2) medications and physical evaluation;
- (3) anesthesia emergencies and complications;
- (4) monitoring equipment and monitoring during anesthesia;
- (5) pharmacology of anesthetic drugs;
- (6) infection control related to anesthesia procedures; and
- (7) simulation courses involving anesthesia emergencies.

€ D. Professional development is credited on an hour-for-hour basis.

~~D~~ E. If a licensee fails to meet the professional development requirements because of extenuating circumstances, the licensee may request to the board in writing an extension of time at least seven days before the end of the licensee's biennial cycle. The licensee's written request must explain the circumstances, the renewal period, and the licensee's plan for completing the requirement. If the board grants the extension, the board shall notify the licensee of the extension. If the licensee fails to submit a written extension request to the board by the seven-day deadline or fails to complete the professional development requirements by the end of the extension period, the board shall administratively terminate the licensee's license. A licensee may reinstate a license that has been terminated under this subpart according to part 3100.1850.

Subp. 3. **Professional development activities.** Professional development activities are categorized as fundamental or elective activities as described in items A and B.

A. Fundamental activities for an initial or biennial cycle must directly relate to clinical dental services to patients. Fundamental activities include:

(1) clinical subjects. Clinical subjects are covered through seminars, webinars, symposiums, lectures, college courses pertaining to basic sciences, or programs whose contents directly relate to the provision of dental care and treatment to patients. College course credit is limited to five hours for each college course completed within a cycle with a maximum of 15 college credit hours per cycle;

~~(2) other fundamental courses listed in units (a) to (f) that are offered through seminars, webinars, symposiums, lectures, or programs. Each licensee must complete at least two courses out of the following list for each initial or biennial cycle:~~

~~(a) record keeping;~~

~~(b) ethics;~~

~~(c) patient communications;~~

~~(d) management of medical emergencies;~~

~~(e) treatment and diagnosis; and~~

~~(f) Health Insurance Portability and Accountability Act (HIPAA);~~

(3 ~~2~~) an infection control course. An infection control course is mandatory for each licensee to maintain licensure. The course must primarily address patient safety and health issues as referenced in part 3100.6300 and chapter 6950; and

(4 ~~3~~) activities approved by the board. Fundamental activities under this subitem shall be approved by the board only if the board finds the activity contents are directly related to dental care and treatment to patients or public safety and professionalism.

B. Elective activities for an initial or biennial cycle must directly relate to or support dentistry and include:

(1) general attendance at a multiday state or national dental convention for a maximum of three credit hours per convention;

(2) volunteerism or community service directly relating to dentistry such as international or national mission work, voluntary clinic work, or dental health presentations to students or groups;

(3) professional reading of published articles or other forms of self-study directly relating to dentistry;

(4) scholarly activities, including:

(a) teaching a professional course directly related to dentistry or presenting a continuing dental education program;

(b) presenting a table clinic directly related to dentistry;

(c) authoring a published dental article or text in a recognized publication;

(d) participating in test construction for an accredited state or nationally recognized dental association or organization;

(e) participating in a scientific dental research program from an accredited institution or program or an evidence-based clinical study; and

(f) similar academic activities relating to dentistry;

(5) dental practice management courses;

(6) leadership or committee involvement with a dental board or a dental professional association for a maximum of three credit hours per cycle; and

(7) elective activities approved by the board. Elective activities under this subitem shall be approved by the board only if the board finds the contents of the activity directly relates to or supports dentistry.

Subp. 4. Documentation of professional development activities. A licensee must record or obtain documentation of hours in professional development activities for the licensee's portfolio. Documentation includes:

A. confirming documentation from the presenting organization that provides the attendee's name, name of organization or presenter, course date, number of credit hours, subject matter, or program title;

B. a personal log of published articles read by the licensee including title of the article, name of author, name of journal or periodical, and date of published article; and

C. similar documentation of professional development activities.

Subp. 5. Retention of documentation. A licensee must keep documentation for each fundamental and elective activity as required to meet professional development requirements. The licensee must retain the documentation for the current biennial renewal cycle and the previous completed biennial cycle for purposes of an audit by the board.