

Executive Director's Message

Hello There!

I am Valare Falkner the new Executive Director for the Minnesota Board of Dentistry. I am just officially getting started with the team, and it is my pleasure to meet you, from this newsletter. I am wanted to share a bit about myself as we get to know each other. I have 11 years of experience working within state government regulation and licensing for the Minnesota Department of Commerce Weights and Measures Division. I have experience working with complainants, reporting metrics, external auditing of procedures and policies by an accrediting body, specialized software, complex data and processes, budgeting, purchasing, strategic planning, as well as attending MMB's Senior Leadership institute in the Fall of 2025. The team I supported is one of the top rated metrology teams in the country. I am honored to join another wonderful, knowledgeable, innovative and talented team here at the Board of Dentistry.

Some fun facts about me, I love to bake, specifically holiday cookies! I garden, knit, scrapbook, enjoy watercolor painting, my family enjoys camping during the summer months, I love to read both fiction and nonfiction (currently Fredia McFadden is my fiction jam!), and my family holds a membership with Tripoli Minnesota's High Power Rocketry Club. I was born and raised here in Minnesota. I returned to Minnesota after college with a young family, and it has been the best decision of my life. Raising a family here with the wonderful schools, programs, and community support has impacted the humans we are raising in the best possible way.

What you likely noticed is that my background does not include direct experience in Dentistry. What I bring instead is a science background, proven ability to learn new and complex processes from the ground up within the regulatory setting, over seven years of senior division level leadership, and a fresh set of eyes to see the whole picture. I do have a lot to learn, and will be relying on the team's help while I get up to speed.

I anticipate many opportunities to interact and meet with members of this community in the future. Until then, I deeply appreciate the opportunity to serve you, your fellow Minnesotan's, the Board, and my new team.

I want to take a moment to thank the Board, Current Board President Dr. Ashley Johnson, the Interim Executive Director Joyce Nelson, the BOD staff and all the other members of the Enterprise teams that support the Board's mission during this interim period. I deeply appreciate all the care and dedication put forth by each of you. I also want to thank each of our licensees, for your patience and understanding as we process applications, renewals and questions during this transition period.

Looking ahead, there are several large projects that require attention, discussion and planning. Additional information will be shared as we are able, and planning will include limiting impacts to those we serve.

In this newsletter you will learn about our two newest Board member, Dr. Goldenberg, and Jodie Quinn, welcome to both of you! There is an article from Frontline, a brief legislative update after the close of the 2026 session, and a couple reminders from the team.

There is so much more to share and learn! Please watch for more frequent newsletters from my office. If you have any suggestions for future newsletter topics, please contact me at Valare.Falkner@state.mn.us.

Kindest Regards,
Valare



Valare Falkner
Executive Director



BOARD MEMBER INTRODUCTION

Dr. Laurie Goldenberg

Hello- I'm Dr. Laurie Goldenberg an oral and maxillofacial surgeon, and one of the newer board members appointed to the Minnesota Board of Dentistry in February, 2026. Although I'm new to the Board, I'm not new to oral surgery, having completed my residency in 1994. I am honored to serve on the Board, and hope my passion for dentistry and my specialty will serve the community well.

My father is a physician, a radiologist, so I was around science and medicine all my life. Although I thought what my Dad did was interesting, I liked working with my hands, so I was interested in a surgical career of some sort. It wasn't until I got to college, that my biology professor, who was also my pre-professional advisor suggested I look into dentistry, as it maybe the niche I was looking for.

I spent some time with my family general dentist, got excited about the profession, and subsequently applied to dental school, receiving my D.D.S. degree from Indiana University School of Dentistry (IUSD). While in dental school, I became very interested in oral and maxillofacial surgery. My first oral surgery experiences as a 2nd year dental student were difficult ones, extractions were hard! But, I had great attendings, especially the private practice adjuncts who were encouraging, so I spent a lot of time in the undergrad oral surgery clinic and got better and more confident. I spent two weeks of the summer between my 3rd and 4th years doing a mini oral surgery internship at Hartford Hospital part of the University of Connecticut hospital system. It was full immersion, day 1 in the E.R. seeing patients along with the oral surgery interns, getting pimped (questioned in med lingo) along with the interns and residents, taking call, going to the O.R. I was never so sleep deprived, but loved every minute, and cemented what I wanted to do. I went back to IUSD in the fall, with a new sense of purpose, and realized I had to get better at extractions.

I applied to oral surgery, and matched at the University of Missouri-Kansas City. I completed my oral and maxillofacial surgery residency and general surgery internship at what was then, Truman Medical Center, now University Health Hospital, part of the University of Missouri-Kansas City system, as well as receiving my M.D. from the University of Missouri. I became very interested in cosmetic and reconstructive surgery while in residency, so elected to do a Fellowship upon residency completion. It was during this time that I met my future husband, a general dentist who happened to be the staff dentist at one of the hospitals I was rotating through. I was completing

my training, he was ready for a new adventure, so we got married, honeymooned and moved to Minneapolis and started new jobs all within a month.

I joined the practice, Associated Oral and Maxillofacial Surgeons and have been in the practice ever since, this summer being my milestone thirtieth year in private practice. I am a diplomate of the American Board of Oral and Maxillofacial Surgery, and the National Dental Board of Anesthesiology. I am a fellow in the American Association of Oral and Maxillofacial Surgeons and the American Dental Society of Anesthesia. I am a member of the American Dental Association, the American Medical Association, the Minnesota Dental Association and the Minnesota Society of Oral and Maxillofacial Surgeons. I am an Anesthesia Board Examiner for the Minnesota Board of Dentistry, and a certified CPR/AED instructor.

I was raised in Indianapolis, but Minneapolis is my home. I enjoy traveling and many outdoor activities, especially hiking the Superior Hiking Trail on a beautiful fall day, and cross-country skiing on a beautiful winter one. I look forward to serving the Board and community.

BOARD MEMBER INTRODUCTION

Jodie Quinn, LDA, FADAA

Jodie Quinn, LDA, FADAA, was born and raised in Minnesota and has been a part of the dental profession since 1988. Her experience includes general dentistry, oral and maxillofacial surgery, implant dentistry, sedation, and anesthesia assisting.

Jodie is the Marketing and Public Relations Manager for Oral & Maxillofacial Surgical Consultants, where she works closely with dental professionals throughout Minnesota and manages continuing education for the dental community. She is also the owner of Twin Cities CPR Training and an AHA BLS instructor, providing CPR and emergency preparedness training to dental and healthcare professionals.

A Licensed Dental Assistant, Fellow of the American Dental Assistants Association, and DAANCE-certified anesthesia assistant, Jodie is honored to bring the experience and perspective of dental assistants to the Minnesota Board of Dentistry.

Outside of dentistry, Jodie enjoys traveling, pickleball, gardening, and spending time with her three adult children and six grandchildren. She and her fiancé, Dr. Steven Kraus, share their time between Minnesota and Kentucky.



Informed Consent... What is it? Who can give it?

There are a variety of types of consent that Dental Healthcare Providers [DCHP] may engage in with their patients. The most passive is implied consent. This is where consent is “inferred” from a person’s general actions or inaction. General Consent is a broad type of consent that doesn’t specify details. Finally, there is Informed Consent. This is where the patient fully understands and agrees to a specific treatment. In Minnesota there is a law [[MN. Rule 3100.9600, subd. 1](#)] that requires DHCP’s to obtain “Informed consent” before providing patients with any treatment.

With regards to patients that are minors, the law is specific that ONLY a parent or legal guardian can give consent to treatment. There are exceptions in [Statute 144.341](#) & [144.347](#) for those minors who are emancipated or are financially responsible for themselves, or in the case of a medical emergency. This means that even though a grandparent or adult sibling accompany the minor child to their dental appointment, if they are not the legal guardian, they cannot consent to the treatment for that day. Providers can obtain verbal consent by contacting one or both parents by phone and documenting in the chart. However, if the clinic is unable to reach the parents/legal guardian, they should reschedule the treatment. Contacting the parent/guardian after treatment has been provided is not adequate or legal.

The provider should keep in mind that there are many factors that may impact a patient/parent’s decision to proceed with treatment the day services are scheduled, from the last time they were in the clinic or spoke with staff. Providers are responsible to know that patients are able to also give informed consent by understanding what is being presented to them. This requires the DHCP to be aware of any physical or language barriers and help in obtaining full understanding from the patients/parents thorough the assistance of professional services, qualified to translate.

Documentation that consent was obtained is essential for provider’s recordkeeping and in the event the record is ever part of an active Board complaint investigation or court of law. Providers can use templates for various procedures, but verbal consent is also allowed in Minnesota. Providers just need to remember to document in the patient record that the DHCP gave informed consent that covered **risks, benefits, options** and that the patient/parent **consented to treatment** that day.

Refresh Your Skills on Environmental Cleaning and Disinfection

Join MDH Project Firstline for a 20-minute Environmental Cleaning and Disinfection Refresher and reinforce the infection prevention and control practices that help keep patients, visitors, and healthcare teams safe.

Register for the session that works best for you:

- [Monday, September 21 | 10 – 10:30 a.m. CT](#)
Environmental Cleaning and Disinfection Refresher (9/21)
- [Monday, September 28 | 2 – 2:30 p.m. CT](#)
Environmental Cleaning and Disinfection Refresher (9/28)

- ✓ Quick 20-minute refresher
- ✓ Live Q&A

Germs are everywhere in the healthcare environment. Regular cleaning and disinfection of high-touch surfaces and high-traffic areas are essential to stopping the spread of germs.

If you cannot attend, please register to view the recorded training:

[Environmental Cleaning and Disinfection Refresher](#)

Featured Resources

Add these resources to your infection prevention and control toolkit:

- [MDH Project Firstline Blood Education Bundle \(PDF\)](#)
- [How to Read a Disinfectant Label \(PDF\)](#)
- [Cómo leer la etiqueta de un desinfectante \(Spanish\) \(PDF\)](#)

Coming Soon!

Mark your calendars! Live Project Firstline (PFL) trainings are on the way:

- Hand Hygiene Refresher
- Hand Hygiene Translated Materials
- Water Micro-Learns

Watch for registration details in upcoming PFL communications.

Thank you for partnering with us to strengthen infection prevention and control knowledge and practices across Minnesota. We hope these resources make training easier, more engaging, and more accessible for your teams!



[Project Firstline Website](#)

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Application Video Tutorials

The Board has published very helpful tutorials on our website, they contain more information on

- [Pre-Application and Criminal Background Checks](#),
- [Dental Assistant License by Exam](#),
- [Dental Hygiene by Exam](#),
- [Dental Therapist by Exam](#),
- [Dental License by Exam](#),
- [Limited General License](#),
- [Limited Radiology Registration](#), and
- [Jurisprudence Exam Tutorial](#).

Watch today for some helpful hints!

Allied Staff Board Certifications

Certification Required: If you completed a course in [Allied Sedation, Restorative Functions](#), or [Nitrous Oxide](#), you are **not allowed to perform these functions** until you receive official certification from the Board.

General Deadline: You must submit your certification form within 30 days of completing the course.

Dental Assistants: If you took the [Local Anesthesia](#) course, you must submit your form within 30 days of passing the ADEX local anesthesia exam.

Stop performing any of these specialized functions immediately if you are not yet Board-certified.

You can verify your certifications directly on our website [here](#).

CBC Fee Increase - October 1, 2026

Minnesota Bureau of Criminal Apprehension notified the Board that effective Oct. 1, 2026, the FBI will implement new fees for fingerprint-based criminal history record checks. The fee charged for an FBI record check will increase from \$17 to \$20. This fee is in addition to the applicable state record check fee. The new total for background checks will be \$35/request.

Ten Minutes to Save a Life



The goal of the Ten Minutes Saves a Life ADSA Anesthesia Research Foundation initiative is to optimize patient safety and outcomes in office medical emergencies. This program supports crisis resource management team training in the use of emergency drugs and equipment during the critical ten-minute interval between recognition of a patient’s medical emergency and arrival of EMS (emergency medical services) personnel. Practitioners should be familiar with the suggested emergency drugs/equipment and have them immediately available.

[Download the no cost app here](#)

[Click here to view disciplinary actions.](#)



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