

PUBLIC PACKET

**OREGON BOARD
OF
DENTISTRY**

**BOARD MEETING
OCTOBER 30, 2015**



STANDARD PROTOCOLS FOR GENERAL CONSENT ORDERS

CIVIL PENALTIES

Licensee shall pay a \$____ civil penalty in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

NOTE: The Board will allow licensed dentists a 30-day payment period for each civil penalty increment of \$2,500

NOTE: The Board will allow licensed dental hygienists a 30-day payment period of each civil penalty increment of \$500

RESTITUTION PAYMENTS

Licensee shall pay \$___ in restitution in the form of a cashier's, bank, or official check made payable to patient ___ and delivered to the Board offices within 30 days of the effective date of the Order.

NOTE: The Board will allow licensed dentists a 30-day payment period for each restitution increment of \$2,500

REIMBURSEMENT PAYMENTS

Licensee shall provide the Board with documentation verifying reimbursement payment made to ___, the patient's insurance carrier, within 30 days of the effective date of the Order.

NOTE: The Board will allow licensed dentists a 30-day payment period for each reimbursement increment of \$2,500

CONTINUING EDUCATION – BOARD ORDERED

Licensee shall successfully complete ___ hours of ___ (OPTIONS: Board pre-approved, hands-on, mentored), continuing education in the area of ___ within ___ (OPTIONS: years, months) of the effective date of this Order, unless the Board grants an extension, and advises the Licensee in writing. This ordered continuing education is in addition to the continuing education required for the licensure period ___ (OPTIONS: April 1, XXX to March 31, XXX OR October 1, XXX to September 30, XXX). As soon as possible after completion of a Board ordered course, Licensee shall submit documentation to the Board verifying completion of the course.

COMMUNITY SERVICE

Licensee shall provide ___ hours of Board approved community service within ___ (OPTIONS: years, months) of the effective date of this Order, unless the Board grants an extension, and advises the Licensee in writing. The community service shall be pro bono, and shall involve the Licensee providing direct dental care to patients. Licensee shall submit documentation verifying completion of the community service within the specified time allowed for the community service.

FALSE CERTIFICATION OF CONTINUING EDUCATION

Licensee shall be reprimanded, pay a \$___ (\$2,000 for dentists OR \$1,000 for dental hygienists) civil penalty, complete ten hours of community service within 60 days and complete the balance of the ___ (40 OR 24) hours of continuing education for the licensure period (4/1/-- to 3/31/-- OR 10/1/-- to 9/30/--), within 60 days of the effective date of this Order. As soon as possible following completion of the continuing education the Licensee shall provide the Board with documentation certifying the completion.

WORKING WITHOUT A CURRENT LICENSE

Licensee shall pay a \$___ civil penalty in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order.

NOTE: A licensed dentist, who worked any number of days without a license will be issued a Notice of Proposed Disciplinary Action and offered a Consent Order incorporating a reprimand and a \$5,000 civil penalty.

NOTE: A licensed dental hygienist who worked any number of days without a current license, will be issued a Notice of Proposed Disciplinary Action and offered a Consent Order incorporating a reprimand and civil penalty of \$2,500.

ALLOWING A PERSON TO PERFORM DUTIES FOR WHICH THE PERSON IS NOT LICENSED OR CERTIFIED

Licensee shall pay a \$___ civil penalty in the form of a cashier's, bank, or official check, made payable to the Oregon Board of Dentistry and delivered to the Board offices within 30 days of the effective date of the Order, unless the Board grants an extension, and advises the Licensee in writing.

NOTE: The Licensee will be charged \$2,000 for the first offense and \$4,000 for the second, and each subsequent offense.

FAILURE TO CONDUCT WEEKLY BIOLOGICAL TESTING OF STERILIZATION DEVICES

Licensee shall pay a \$ ____ civil penalty in the form of a cashier's, bank, or official check made payable to the Oregon Board of Dentistry and delivered to the Board offices within ____ days of the effective date of the Order, complete ____ hours of Board approved community service within _____ (months, year) of the effective date of the Order, and, for a period of one year of the effective date of the Order, submit, by the fifteenth of each month, the results of the previous month's weekly biological monitoring testing of sterilization devices.

NOTE: Failure to do biological monitoring testing one to five times within a calendar year will result in a Letter of Concern.

NOTE: Failure to do biological monitoring testing six to ten times within a calendar year will result in the issuance of a Notice of Proposed Disciplinary Action and an offer of a Consent Order incorporating a reprimand.

NOTE: Failure to do biological monitoring testing 11 to 20 times within a calendar year will result in the issuance of a Notice and an offer of a Consent Order incorporating a reprimand, a \$3,000 civil penalty to be paid within 60 days, 20 hours of Board approved community service to be completed within six months, and monthly submission of spore testing results for a period of one year from the effective date of the Order.

NOTE: Failure to do biological monitoring testing more than 20 times within a calendar year will result in the issuance of a Notice and an offer of a Consent Order incorporating a reprimand, a \$6,000 civil penalty to be paid within 90 days, 40 hours of Board approved community service to be completed within one year, and monthly submission of spore testing results for a period of one year from the effective date of the Order.

STANDARD PROTOCOLS FOR CONSENT ORDERS SPECIFICALLY RELATED TO ALCOHOL ABUSE

ALCOHOL

Licensee shall, for an indefinite length of time, be subject to the following conditions of this Consent Order:

Licensee shall not apply for relief from these conditions within five years of the effective date of the Order, and then must do so in writing.

Licensee shall not use alcohol, controlled drugs, or mood altering substances at any place or time unless prescribed by a licensed practitioner for a bona fide medical condition and upon prior notice to the Board and care providers, except that prior notice to the Board and care providers shall not be required in the case of a bona fide medical emergency.

Licensee shall undergo an evaluation by a Board approved addictionologist or treatment center within 30 days of the effective date of the Order and make the written evaluation and treatment recommendations available to the Board.

Licensee shall adhere to, participate in, and complete all aspects of any and all residential care programs, continuing care programs and recovery treatment plans recommended by Board approved care providers and arrange for a written copy of all plans, programs, and contracts to be provided to the Board within 30 days of the effective date of this Order.

Licensee shall advise the Board, in writing, of any change or alteration to any residential care programs, continuing care programs, and recovery treatment plans 14 days before the change goes into effect.

Licensee shall instruct all health care providers participating in the residential, continuing care, and recovery programs to respond promptly to any Oregon Board of Dentistry inquiry concerning Licensee's compliance with the treatment plan and to immediately report to the Board, any positive test results or any substantial failure to fully participate in the programs by the Licensee. Licensee shall instruct the foregoing professionals to make written quarterly reports to the Board of Licensee's progress and compliance with the treatment programs.

Licensee shall waive any privilege with respect to any physical, psychiatric, or psychological evaluation or treatment in favor of the Board for the purposes of determining compliance with this Order, or the need to modify this Order, and shall execute any waiver or release upon request of the Board.

Licensee shall submit to a Board approved, random, supervised, urinalysis testing program, at Licensee's expense, with the frequency of the testing to be determined by the Board, but initially at a minimum of 24 random tests per year. Licensee shall arrange for the results of all tests, both positive and negative, to be provided promptly to the Board.

Licensee shall advise the Board, within 72 hours, of any alcohol, illegal or prescription drug, or mind altering substance related relapse, any positive urinalysis test result, or any substantial failure to participate in any recommended recovery program.

Licensee shall personally appear before the Board, or its designated representative(s), at a frequency to be determined by the Board, but initially at a frequency of three times per year.

Licensee shall, within three days, report the arrest for any misdemeanor or felony and, within three days, report the conviction for any misdemeanor or felony.

Licensee shall assure that, at all times, the Board has the most current addresses and telephone numbers for residences and offices.

STANDARD PROTOCOLS FOR CONSENT ORDERS SPECIFICALLY RELATED TO SUBSTANCE ABUSE

DRUGS

Licensee shall, for an indefinite length of time, be subject to the following conditions of this Consent Order:

Licensee shall not apply for relief from these conditions within five years of the effective date of the Order and then must do so in writing.

Licensee shall not use controlled drugs or mind altering substances at any place or time unless prescribed by a licensed practitioner for a bona fide medical condition and upon prior notice to the Board and care providers, except that prior notice to the Board and care providers shall not be required in the case of a bona fide medical emergency.

NOTE: It may be appropriate to add "alcohol" to this condition.

Licensee shall undergo an evaluation by a Board approved addictionologist or treatment center within 30 days of the effective date of the Order and make the written evaluation and treatment recommendations available to the Board.

Licensee shall adhere to, participate in, and complete all aspects of any and all residential care programs, continuing care programs and recovery treatment plans recommended by Board approved care providers and arrange for a written copy of all plans, programs, and contracts to be provided to the Board within 30 days of the effective date of the Order.

Licensee shall advise the Board, in writing, of any change or alteration to any residential care programs, continuing care programs, and recovery treatment plans 14 days before the change goes into effect.

Licensee shall instruct all health care providers participating in the residential, continuing care, and recovery programs to respond promptly to any Oregon Board of Dentistry inquiry concerning Licensee's compliance with the treatment plan and to immediately report to the Board, any positive test results or any substantial failure to fully participate in the programs by the Licensee. Licensee shall instruct the foregoing professionals to make written quarterly reports to the Board of Licensee's progress and compliance with the treatment programs.

Licensee shall waive any privilege with respect to any physical, psychiatric, or psychological evaluation or treatment in favor of the Board for the purposes of determining compliance with this Order, or the need to modify this Order and shall execute any waiver or release upon request of the Board.

Licensee shall submit to a Board approved, random, supervised, urinalysis testing program, at Licensee's expense, with the frequency of the testing to be determined by the Board, but initially at a minimum of 24 random tests per year. Licensee shall

arrange for the results of all tests, both positive and negative, to be provided to the Board.

Licensee shall advise the Board, within 72 hours, of any drug related relapse, any positive urinalysis test result, or any substantial failure to participate in any recommended recovery program.

Licensee shall personally appear before the Board, or its designated representative(s), at a frequency to be determined by the Board, but initially at a frequency of three times per year.

IF APPROPRIATE –

Licensee will not order or dispense any controlled substance, nor shall Licensee store any controlled substance in his/her office.

Licensee shall immediately begin using pre-numbered triplicate prescription pads for prescribing controlled substances. Said prescription pads will be provided to the Licensee, at his/her expense, by the Board. Said prescriptions shall be used in their numeric order. Prior to the 15th day of each month, Licensee shall submit to the Board office, one copy of each triplicate prescription used during the previous month. The second copy to the triplicate set shall be maintained in the file of the patient for whom the prescription was written. In the event of a telephone prescription, Licensee shall submit two copies of the prescription to the Board monthly. In the event any prescription is not used, Licensee shall mark all three copies void and submit them to the Board monthly.

Licensee shall maintain a dental practice environment in which nitrous oxide is not present or available for any purpose, or establish a Board approved plan to assure that Licensee does not have singular access to nitrous oxide. The Board must approve the proposed plan before implementation.

Licensee shall immediately surrender his/her Drug Enforcement Administration Registration.

STANDARD PROTOCOLS FOR CONSENT ORDERS SPECIFICALLY RELATED TO SEXUAL VIOLATIONS

SEX RELATED VIOLATIONS

Licensee shall, for an indefinite length of time, be subject to the following conditions of this Consent Order:

Licensee shall not apply for relief from these conditions within five years of the effective date of the Order, and then must do so in writing.

Licensee shall undergo an assessment by a Board approved evaluator, within 30 days of the effective date of the Order, and make the written evaluation and treatment recommendations available to the Board.

Licensee shall adhere to, participate in, and complete all aspects of any and all residential care programs, continuing care programs and recovery treatment plans recommended by Board approved care providers and arrange for a written copy of all plans, programs, and contracts to be provided to the Board within 30 days of the effective date of the Order.

Licensee shall advise the Board, in writing, of any change or alteration to any residential care programs, continuing care programs, and recovery treatment plans 14 days before the change goes into effect.

Licensee shall instruct all health care providers participating in the residential, continuing care, and recovery programs to respond promptly to any Oregon Board of Dentistry inquiry concerning Licensee's compliance with the treatment plan and to immediately report to the Board, any substantial failure to fully participate in the programs by the Licensee. Licensee shall instruct the foregoing professionals to make written quarterly reports to the Board of Licensee's progress and compliance with the treatment programs.

Licensee shall waive any privilege with respect to any physical, psychiatric, or psychological evaluation or treatment in favor of the Board for the purposes of determining compliance with this Order, or the need to modify this Order, and shall execute any waiver or release upon request of the Board.

Licensee shall submit to a polygraph examination or plethysmograph examination, at Licensee's expense, at the direction of the Board or a counseling provider.

Licensee shall advise the Board, within 72 hours, of any substantial failure to participate in any recommended recovery program.

Licensee shall personally appear before the Board, or its designated representative(s), at a frequency to be determined by the Board, but initially at a frequency of three times per year.

IF APPROPRIATE –

Require Licensee to advise his/her dental staff or his/her employer of the terms of the Consent Order at least on an annual basis. Licensee shall provide the Board with documentation attesting that each dental staff member or employer reviewed the Consent Order. In the case of a Licensee adding a new employee, the Licensee shall advise the individual of the terms of the Consent Order on the first day of employment and shall provide the Board with documentation attesting to that advice.

STANDARD PROTOCOLS FOR CONSENT ORDERS REQUIRING CLOSE SUPERVISION

CLOSE SUPERVISION

- a. For a period of at least six months, Licensee shall only practice dentistry in Oregon under the close supervision of a Board approved, Oregon licensed dentist (Supervisor), in order to demonstrate that clinical skills meet the standard of care. Periods of time Licensee does not practice dentistry as a dentist in Oregon, shall not apply to reduction of the (six) month requirement
- b. Licensee will submit the names of any other supervising dentists for Board approval. Licensee will immediately advise the Board of any change in supervising dentists.
- c. Licensee shall only treat patients when another Board approved Supervisor is physically in the office and shall not be solely responsible for emergent care.
- d. The Supervisor will review and co-sign Licensee's treatment plans, treatment notes, and prescription orders.
- e. Licensee will maintain a log of procedures performed by Licensee. The log will include the patient's name, the date of treatment, and a brief description of the procedure. The Supervisor will review and co-sign the log. Prior to the 15th of each month, Licensee will submit the log of the previous month's treatments to the Board.
- f. For a period of two weeks, or longer if deemed necessary by the Supervisor, the Supervisor will examine the appropriate stages of dental work performed by Licensee in order to determine clinical competence.
- g. After two weeks, and for each month thereafter for a period of six months, the Supervisor will submit a written report to the Board describing Licensee's level of clinical competence. At the end of six months, the Supervisor, will submit a written report attesting to the level of Licensee's competency to practice dentistry in Oregon.
- h. At the end of the restricted license period, the Board will re-evaluate the status of Licensee's dental license. At that time, the Board may extend the restricted license period, lift the license restrictions, or take other appropriate action.

STANDARD PROTOCOLS – DEFINITIONS

Group practice: On 10/10/08, the Board defined “group practice” as two or more Oregon licensed dentists, one of which may be a respondent, practicing in the same business entity and in the same physical location.

When ordering a licensee to practice only in a group practice, add the caveat, “**Periods of time Licensee is not practicing dentistry as a dentist in Oregon, shall not apply to reduction of the (five year) requirement.**”

STANDARD PROTOCOLS – PARAGRAPHS

WHEREAS, based on the results of an investigation, the Board has filed a Notice of Proposed Disciplinary Action, dated XXX, and hereby incorporated by reference; and

APPROVAL OF MINUTES

**OREGON BOARD OF DENTISTRY
MINUTES
August 28, 2015**

MEMBERS PRESENT: Alton Harvey Sr., President
Julie Ann Smith, D.D.S., M.D., Vice-President
Todd Beck, D.M.D.
Amy B. Fine, D.M.D.
Jonna E. Hongo, D.M.D.
Yadira Martinez, R.D.H.
James Morris
Alicia Riedman, R.D.H.
Brandon Schwindt, D.M.D.
Gary Underhill, D.M.D.

STAFF PRESENT: Stephen Prisby, Executive Director
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator
Daryll Ross, Investigator (portion of meeting)
Harvey Wayson, Investigator (portion of meeting)
Teresa Haynes, Exam and Licensing Manager (portion of meeting)
Michelle Lawrence, D.M.D., Consultant (portion of meeting)
Daniel Blickenstaff, D.D.S., Consultant (portion of meeting)
Nadia Roberts, Office Specialist (portion of meeting)

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Lisa Rowley, R.D.H., Pacific University; Lynn Ironside, R.D.H., ODHA; Heidi Jo Grubbs, R.D.H.; Christina Swartz Bodamer, ODA; Mary Harrison, ODAA; R. Owen Combe, D.M.D.; Kenneth Chung, D.D.S., ODA; John Terpening, LFO; Bill Alti, D.M.D.; Phillip Marucha, D.M.D., Ph.D., OHSU; G. William Knight, D.D.S., M.S., M.S., FACD, OHSU; Grant Smith, D.D.S.

Call to Order: The meeting was called to order by the President at 7:35 a.m. at the Board office; 1500 SW 1st Ave., Suite 770, Portland, Oregon.

EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.606 (1)(f), (h) and (k); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel.

OPEN SESSION: The Board returned to Open Session.

NEW BUSINESS

MINUTES

Dr. Hongo moved and Dr. Fine seconded that the minutes of the June 26, 2015 Board meeting minutes be approved as amended. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

ASSOCIATION REPORTS

Oregon Dental Association

Dr. Kim Chung spoke about the ODA Mission of Mercy event scheduled November 23 – 24 and registration is open at the ODA website.

Oregon Dental Hygienists' Association

Lynn Ironside had nothing to report.

Oregon Dental Assistants Association

Mary Harrison commented about lead aprons and she had submitted a letter to the Board with the proposed changes from Radiation Protection Services.

COMMITTEE AND LIAISON REPORTS

WREB Liaison Report Dr. Hongo provided minutes for the board and stated that the Dental Exam Review Board met in July. Dr. Gary Jeffers an Oral Surgeon who led the ADA licensure task force recently retired.

Ms. Martinez stated that the Hygiene Review Board met in Salt Lake City and spoke about the exams and having WREB approved study guides for the restorative exam. Diana Hyman was elected as hygiene member at large. The next Hygiene Review Board is scheduled for March.

AADB Liaison Report

Dr. Fine will be unable to attend the AADB meeting in Washington, DC. Nov 3-4, 2015, but Ms. Martinez will be attending.

ADEX Liaison Report

Dr. Hongo had nothing to report at this time. The next meeting is scheduled for November 11th, 2015.

CDCA Liaison Report

Dr. Fine reviewed the Buffalo Project and explained the changes ongoing, including a shifting away from segmented testing.

Committee Meeting

President Harvey reported that the Administrative Workgroup met on August 12, 2015.

EXECUTIVE DIRECTOR'S REPORT

Board and Staff Speaking Engagements

Mr. Prisby reported that Dr. Fine will be representing the OBD during the Commission on Dental Accreditation's on-site evaluation of Umpqua Community College's Dental Assisting Program Oct. 8-9, 2015.

Mr. Prisby was optimistic that the office manager position was in the end stages of recruitment and someone would be hired soon. The new Dental Investigator position has been slow to be approved by DAS and Mr. Prisby should have an update on this at the next meeting.

Budget Status Report

Mr. Prisby reviewed the last budget report for the 2013 - 2015 Biennium. The report, which is from July 1, 2013 through June 30, 2015, showed revenue of \$2,718,076.49 and expenditures of \$2,650,611.58. The OBD's approved expenditure limit was \$2,656,916.00. The 1st RDH Renewal for the 2015-17 Biennium has begun.

Customer Service Survey Report

Mr. Prisby went over the attached chart showing the OBD State Legislatively Mandated Customer Service Survey Results from July 1, 2014 – June 30, 2015. The results of the survey show that OBD continues to receive positive comments from the majority of those that return the surveys.

Board and Staff Speaking Engagements

Dr. Paul Kleinstub, Dental Director/Chief Investigator made a presentation on "Record Keeping" and "Updates from the OBD" to Advantage Dental at Eagle Crest in Redmond on Friday, July 31, 2015.

Dr. Paul Kleinstub, Dental Director/Chief Investigator made a presentation to the OHSU School of Dentistry students on sedation rules on Tuesday, August 4, 2015.

HPSP Satisfaction Report

Mr. Prisby presented the 5th Annual HPSP Report and summary. Mr. Wayson and he would be happy to answer questions that the board members have regarding the report.

Agency Head Financial Transaction Report July 1, 2014 – June 30, 2015

Mr. Prisby stated that board policy requires the entire Board annually review the agency head financial transactions and that the acceptance of the report be placed in the minutes. Dr. Hongo moved and Dr. Fine seconded to accept the Agency Head Financial Transaction Report as presented. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Best Practices Self-Assessment

Mr. Prisby asked the Board to complete the attached Best Practices Self-Assessment so that it can be included as part of the 2015 Performance Measures Report. He will provide the OBD's annual progress report at the next Board meeting incorporating the Self-Assessment results.

The Board discussed the Self-Assessment. The Board agreed that all but one of the criterias were met. Dr. Hongo moved and Dr. Underhill seconded that the Board approve the 2015 Best Practices Self-Assessment as amended. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Tri-Met Contract

Mr. Prisby asked the Board members to ratify his entering into a contract with TRIMET for the Universal Pass Program which will have the OBD provide transportation passes for employees that are eligible to receive such passes for transportation to and from work. Dr. Beck moved and

Dr. Fine seconded that Mr. Prisby ratify the contract with Tri-Met for the Universal Pass Program. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Discussion on Strategic Planning Session

Mr. Prisby reported that the last Strategic Planning Session was in October 2007. The Board discussed the idea and agreed that holding a Strategic Planning Session was a good idea. Dr. Hongo moved and Dr. Beck seconded that the OBD hold a Strategic Planning Session at the conclusion of the April 22, 2016 Board Meeting and have a full meeting day on April 23, 2016. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye. The Board directed Mr. Prisby to research the feasibility of utilizing a professional facilitator for the meeting.

Newsletter

Mr. Prisby requested that the Board submit articles for the next newsletter. Dr. Fine who is serving as the editor also requested articles. Dr. Kleinstub suggested a different format regarding the investigative issues, instead of listing each individual case since the last meeting, highlighting the most common complaints & discipline issues. The board discussed and agreed that this was good idea.

UNFINISHED BUSINESS

RULEMAKING HEARING

Mr. Prisby confirmed that the Board held a public rulemaking hearing on August 27, 2015.

Amended Rules

818-001-0002 Definitions

Dr. Schwindt moved and Dr. Underhill seconded that the Board adopt 818-001-002 as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-001-0087 Fees

Dr. Hongo moved and Dr. Schwindt seconded that the Board repeal the Temporary Rule implemented in April and adopt 818-001-0087 permanently as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-012-0030 Unprofessional Conduct

Dr. Schwindt moved and Dr. Beck seconded that the Board adopt 818-012-0030 as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-021-0060 Continuing Education - Dentists

Dr. Underhill moved and Dr. Hongo seconded that the Board adopt 818-021-0060 as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-021-0070 Continuing Education – Dental Hygienists

Dr. Hongo moved and Dr. Schwindt seconded that the Board adopt 818-021-0070 as published.

The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-026-0010 Definitions

Dr. Beck moved and Dr. Schwindt seconded that the Board move 818-026-0010 to the Anesthesia Committee for further review. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-026-0020 Presumption of Degree of Central Nervous System Depression

Dr. Hongo moved and Dr. Beck seconded that the Board adopt 818-026-0020 as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-026-0030 Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor

Dr. Hongo moved and Dr. Schwindt seconded that the Board move 818-026-0030 to the Anesthesia Committee for further review. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-026-0040 Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Sedation

Dr. Hongo moved and Dr. Underhill seconded that the Board adopt 818-026-0040 as amended. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-026-0050 Minimal Sedation Permit

Dr. Hongo moved and Dr. Smith seconded that the Board adopt 818-026-0050 as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-026-0060 Moderate Sedation Permit

Dr. Hongo moved and Dr. Beck seconded that the Board adopt 818-026-0060 as amended. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-026-0065 Deep Sedation

Dr. Hongo moved and Dr. Beck seconded that the Board adopt 818-026-0065 as amended. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-026-0070 General Anesthesia Permit

Dr. Schwindt moved and Dr. Beck seconded that the Board adopt 818-026-0070 as amended. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-026-0080 Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

Dr. Hongo moved and Dr. Smith seconded that the Board adopt 818-026-0080 as amended. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms.

Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-026-0110 Office Evaluations

Dr. Hongo moved and Dr. Beck seconded that the Board adopt 818-026-0110 as amended. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-035-0025 Prohibitions

Dr. Hongo moved and Dr. Schwindt seconded that the Board repeal the Temporary Rule implemented in April and adopt 818-035-0025 permanently as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-035-0030 Additional Functions of Dental Hygienists – Repeal Temporary Rule and Make Permanent

Dr. Hongo moved and Dr. Schwindt seconded that the Board repeal the Temporary Rule implemented in April and adopt 818-035-0030 permanently as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-035-0065 Expanded Practice Dental Hygiene Permit – Repeal Temporary Rule and Make Permanent

Dr. Hongo moved and Dr. Fine seconded that the Board adopt 818-035-0065 as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-042-0040 Prohibited Acts

Dr. Hongo moved and Dr. Beck seconded that the Board adopt 818-042-0040 as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-042-0050 Taking of X-Rays – Exposing Radiographs

Dr. Smith moved and Dr. Beck seconded that the Board adopt 818-042-0050 as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-042-0070 Expanded Function Dental Assistants (EFDA)

Dr. Beck moved and Dr. Schwindt seconded that the Board adopt 818-042-0070 as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

818-042-0070 Expanded Function Dental Assistants (EFDA)

Mr. Morris moved and Dr. Fine seconded that the Board move 818-042-0070 to the Licensing Standards Committee for further review. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Mr. Morris, Ms. Riedman and Dr. Schwindt voting aye. Dr. Hongo and Dr. Underhill voted no.

818-042-0090 Additional Functions of EFDAs

Dr. Beck moved Dr. Smith seconded that the Board adopt 818-042-0090 as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Mr. Prisby stated that the Board voted to amend 20 administrative rules; 13 rules effective October 1, 2015 and 7 rules effective January 1, 2016

CORRESPONDENCE

The Board received a letter from Anonymous- Letter regarding credentials of OBD Dental Director/Chief Investigator.

The Board received a letter from Dr. Bren Dixon- Support for a new Certificate for Expanded Function for a Pediatric Dental Assistant.

OTHER BUSINESS

Articles and News of Interest (no action necessary)

Article- Editorial ban use of live patients in licensing test.

Article- First UCSF student completes licensure by portfolio.

Dr. Paul Kleinstub has been selected to participate on the Technical Review Board for the Dental Pilot Project Program.

Mary Harrison- recognition for 45 years as a DANB Certified Dental Assistant certificant.

EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.606 (1)(f), (h) and (k); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel.

PERSONAL APPEARANCES AND COMPLIANCE ISSUES

Licensee appeared pursuant to their Consent Order in case number **2013-0119**.

LICENSING ISSUES

OPEN SESSION: The Board returned to Open Session.

CONSENT AGENDA

2015-0233 and **2016-0019** Dr. Smith moved and Dr. Beck seconded that the two referenced cases be closed with No Further Action per the staff recommendations. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

COMPLETED CASES

2014-0111, 2015-0099, 2014-0221, 2014-0226, 2014-0104, 2015-0173, 2014-0059, 2014-0164,

2014-0231, 2014-0200, 2014-0169, 2016-0005 and 2015-0231. Dr. Smith moved and Dr. Hongo seconded that the above referenced cases be closed with a finding of No Violation of the Dental Practice Act or No Further Action per the Board recommendations. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye. Beck recused himself on 2015-0173. Dr. Underhill recused himself on 2014-0104.

Backer, Jonathan E., D.D.S. 2014-0198

Dr. Beck moved and Dr. Schwindt seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded, and pay a \$1000.00 civil penalty per Board protocols. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Bailey, William L., D.D.S. 2016-0031

Dr. Schwindt moved and Dr. Hongo seconded that the Board issue a Notice of Proposed License Suspension. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Clemens, Stephen P., D.M.D. 2014-0189

Mr. Morris moved and Dr. Hongo seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded. The motion passed with Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye. Dr. Smith recused herself.

Dillon, Cherie C., R.D.H. 2014-0173

Ms. Riedman moved and Dr. Hongo seconded that the Board issue a Notice of Proposed License Suspension. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Duvalko, Natalia V., D.D.S. 2014-0228

Dr. Underhill moved and Dr. Smith seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a consent order in which the Licensee would agree to be reprimanded and to cease placing posterior mandibular dental implants until completion of five Board approved implant cases performed under direct supervision under a Board approved mentorship program and five additional Board approved implant cases performed under indirect supervision under a Board approved mentorship. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Hawk, Kenneth A., D.M.D. 2014-0136

Ms. Martinez moved and Dr. Smith seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded and to complete at least three hours of Board approved continuing education in record keeping within six months of the effective date of the Order. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Haymore, Thomas L., D.M.D. 2015-0222, 2015-0223, 2015-0224

Dr. Fine moved and Dr. Smith seconded that the Board issue a Notice of Proposed License Suspension. The motion passed with Dr. Smith, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye. Dr. Beck & Dr. Schwindt recused themselves.

Hehn, Craig E., D.M.D. 2014-0174

Dr. Hongo moved and Dr. Smith seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded, to complete at least three hours of Board approved continuing education in record keeping, to pay a \$1,000.00 civil penalty, to provide at least ten hours of Board approved community service within 60 days of the effective date of the Order. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

2014-0205

Dr. Beck moved and Dr. Hongo seconded that the Board close the matter with a Letter of Concern reminding the Licensee that the Licensee is responsible for the content and accuracy of advertisements with regard to the Licensees business. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman and Dr. Underhill voting aye. Dr. Schwindt recused himself.

Iwahiro, Marc T., D.M.D. 2014-0029

Dr. Schwindt moved and Dr. Hongo seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in Which the Licensee would agree to be reprimanded and to pay a \$2,000.00 civil penalty. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

2014-0203

Mr. Morris moved and Dr. Beck seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that when informed consent is obtained prior to providing treatment, PARQ or its equivalent is documented in the patient records and that appropriate radiographs are taken. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Ludwick, Michelle A., D.D.S. 2014-0190

Dr. Schwindt moved and Dr. Hongo seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded, to complete four hours of continuing education in pharmacology within 90 days of the effective date of the Order, and pay a \$1,000.00 civil penalty. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

2014-0216

Ms. Riedman moved and Dr. Hongo seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issue of ensuring that every effort is made to verify the location of the pulp chamber and root canal space prior to initiating endodontic therapy. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

2015-0019

Dr. Underhill moved and Dr. Hongo seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that all drugs administered to a patient are documented, that all treatment provided to a patient is documented, that PARQ or its equivalent is documented when informed consent is obtained prior to providing treatment, and that a diagnosis is documented to justify initiating dental treatment. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

2014-0170

Ms. Martinez moved and Dr. Underhill seconded that the Board close the matter with a **STRONGLY** worded letter of concern addressing the issue ensuring that vital signs must be recorded prior to and after administering nitrous oxide. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

2015-0186

Dr. Fine moved and Dr. Hongo seconded that the Board close the matter with a **STRONGLY** worded Letter of Concern addressing the issue of ensuring that when treatment is agreed to by a patient, that treatment is provided to that patient, and that treatment notes accurately document treatment that was provided. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

2015-0177

Dr. Hongo moved and Dr. Beck seconded that the Board close the matter with a Letter of Concern reminding the Licensee that care needs to be exercised when corresponding with members that the information contained in the documents sent is clear, accurate and not misleading. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

2015-0127

Dr. Beck moved and Dr. Hongo seconded that the Board close the matter with no further action. The motion passed with Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye. Dr. Smith recused herself.

PREVIOUS CASES REQUIRING BOARD ACTION

Bui, Phong T., D.M.D. 2014-0118

Dr. Schwindt moved and Dr. Hongo seconded that the Board accept the Consent Order proposed by the Licensee and close the matter. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Hopkins, Nichole M., R.D.H. 2015-0073

Mr. Morris moved and Dr. Smith seconded that the Board issue a Final Default Order revoking Licensee's dental hygiene license. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Monroe, Mike L., D.M.D. 2012-0179

Ms. Riedman moved and Dr. Hongo seconded that the Board accept the Consent Order

proposed by the Licensee and close the matter. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Nguyen, Tuong, 2015-0153

Dr. Underhill moved and Dr. Hongo seconded that the Board rescind the Board's vote of 6/26//15 and to issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a \$500.00 civil penalty. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

2013-0210

Dr. Smith moved and Dr. Beck seconded that the Board close with No Further Action. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

2015-0175

Ms. Martinez moved and Dr. Hongo seconded that the Board rescind the Board's vote of June 26, 2015, and close the matter with a Letter of Concern reminding Licensee to assure that only she provide the radiological instruction that she is certified to perform. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Underwood, William C., D.M.D. 2014-0085

Dr. Fine moved and Dr. Hongo seconded that the Board accept the Consent Order proposed by the Licensee and close the matter. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

LICENSURE AND EXAMINATION

Ratification of Licenses Issued

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

DENTAL HYGIENISTS

H7021	RACHEL MARIE GAZELEY, R.D.H.	7/10/2015
H7022	SHEILA KATE BOWES, R.D.H.	7/13/2015
H7023	BAHAREH DEZFULLI, R.D.H.	7/13/2015
H7024	LINDSAY J HUEY, R.D.H.	7/15/2015
H7025	GRACE A SCHROEDER, R.D.H.	7/17/2015
H7026	BARBARA ANN PASTENES, R.D.H.	7/17/2015
H7027	LYNN KARAU DAWSON, R.D.H.	7/17/2015
H7028	JENNY D RUDD, R.D.H.	7/17/2015
H7029	ELEANOR MEGAN BARBO HARTNEY, R.D.H.	7/17/2015
H7030	PATRICIA I SPENCER, R.D.H.	7/17/2015

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H7031	BRENNA LEIGH RICHARDS, R.D.H.	7/17/2015
H7032	VANN A RATH, R.D.H.	7/21/2015
H7033	KYLA NICOLE FISHER, R.D.H.	7/21/2015
H7034	REBEKAH A CORRIVEAU, R.D.H.	7/22/2015
H7035	LUCY K MORENO, R.D.H.	7/22/2015
H7036	DAWN ELAINE JOHNSON, R.D.H.	7/22/2015
H7037	NALYNN JEAN ANDERSON, R.D.H.	7/22/2015
H7038	AUDREA E WILLIAMS, R.D.H.	7/29/2015
H7039	ANGELA C KOZAK, R.D.H.	7/29/2015
H7040	JESSICA RANAE URENA, R.D.H.	7/29/2015
H7041	NELYA ALEKSANDROVNA VASHCHENKO, R.D.H.	7/29/2015
H7042	NATALYA A TYSHKEVICH, R.D.H.	7/31/2015
H7043	ELIZABETH B POWLISON, R.D.H.	7/31/2015
H7044	ANTONINA G ROBERTSON, R.D.H.	7/31/2015
H7045	NATALIE RENEE DAVIDSON, R.D.H.	7/31/2015
H7046	SARAH ELIZABETH RUZICKA, R.D.H.	7/31/2015
H7047	DANIELLE PEMPEK, R.D.H.	7/31/2015
H7048	MIA J MARTORELLI, R.D.H.	7/31/2015
H7049	SARAH MICHELLE WRIGHT, R.D.H.	7/31/2015
H7050	ALLISON M MILES, R.D.H.	7/31/2015
H7051	MEGAN DIANE HINCHCLIFF, R.D.H.	7/31/2015
H7052	STACEY L CARNEY, R.D.H.	8/3/2015
H7053	KASSANDRA LYNNE WALTERS, R.D.H.	8/4/2015
H7054	KATE LYNN OHRENSTEIN SHYBIB, R.D.H.	8/5/2015
H7055	SHAWNA ALLISON TAYLOR, R.D.H.	8/5/2015
H7056	CAREY L SPENCER, R.D.H.	8/5/2015
H7057	OKSANA URUSKIY, R.D.H.	8/6/2015
H7058	KAYLA RAFAELA CASILLAS, R.D.H.	8/6/2015
H7059	CHELSEA NICOLE EDDY, R.D.H.	8/6/2015
H7060	DEANNA M INNOCENTI, R.D.H.	8/13/2015
H7061	ANNA MIKHAYLOVNA MORAR, R.D.H.	8/13/2015
H7062	HEATHER LEILA BLAKENEY, R.D.H.	8/13/2015
H7063	YULIYA V MAYSTER, R.D.H.	8/13/2015

DENTISTS

D10260	IDA KHOBAHY, D.D.S.	6/18/2015
D10261	MARTA TOLMACH, D.M.D.	6/18/2015
D10262	NGAN HOANG, D.M.D.	6/18/2015
D10263	JAMES LAWRENCE BUSCH, D.D.S.	6/18/2015
D10264	RAMSEY G EDWARDS, D.M.D.	6/18/2015
D10265	JOSHUA M KUCHARSKI, D.M.D.	6/18/2015
D10266	REBECCA I TANSEY, D.M.D.	6/18/2015
D10267	SARAH ANN RODGERS, D.M.D.	6/18/2015
D10268	DANA L FOX, D.M.D.	6/18/2015
D10269	CODY SIMON NEGRETE, D.D.S.	6/24/2015
D10270	PARISA J ANSARI, D.M.D.	6/24/2015

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D10271	BENNETT PACKARD LARSEN, D.D.S.	6/24/2015
D10272	EMMA CHIOMA ONWUKA, D.D.S.	6/30/2015
D10273	T. MICHAEL HALL, D.D.S.	6/30/2015
D10274	HIEU PHAM, D.M.D.	6/30/2015
D10275	CHRISTIAN M OKAFOR, D.D.S.	6/30/2015
D10276	IGOR A SITNIK, D.M.D.	6/30/2015
D10277	KATELYN RENEE NICHOLS, D.M.D.	6/30/2015
D10278	FRANCIS J HAIK, D.M.D.	6/30/2015
D10279	YUKTI GARG, D.D.S.	6/30/2015
D10280	AARON CHRISTOPHER LAU, D.M.D.	6/30/2015
D10281	BRIAN J BOLLWITT, D.M.D.	6/30/2015
D10282	STEFANIE M BECKLEY, D.M.D.	6/30/2015
D10283	LANDON GEORGE KING, D.D.S.	6/30/2015
D10284	MATTHEW T MAUGER, D.M.D.	7/7/2015
D10285	RYAN ALLAN MILLET, D.D.S.	7/7/2015
D10286	ANA C VIVES BARRETO, D.D.S.	7/7/2015
D10287	PATRICIA N PAPAUCURI, D.M.D.	7/7/2015
D10288	ADITI D VYAS, D.D.S.	7/9/2015
D10289	BARDIA SINAEI, D.M.D.	7/9/2015
D10290	SOOYEON SHIM, D.M.D.	7/9/2015
D10291	K. KEVIN PULVER, D.D.S.	7/9/2015
D10292	JACOB JOSEPH FOUTZ, D.M.D.	7/9/2015
D10293	ANNA DNEPROV, D.D.S.	7/9/2015
D10294	FNU SABINA, D.M.D.	7/10/2015
D10295	TROY R BACON, D.D.S.	7/13/2015
D10296	BOBBY SOLEIMAN, D.D.S.	7/13/2015
D10297	LAURYN ESTES MARKS, D.M.D.	7/17/2015
D10298	CRYSTAL SUEJUNG THOMPSON, D.D.S.	7/17/2015
D10299	CODY LEE CHARRON, D.M.D.	7/17/2015
D10300	DIANE HENRIOT, D.M.D.	7/17/2015
D10301	JESSICA MINTIE KLOENNE, D.M.D.	7/17/2015
D10302	MARCUS DAVID UCHIDA, D.M.D.	7/17/2015
D10303	BRIAN ANDREW OGLE, D.M.D.	7/17/2015
D10304	BINSON THOMAS, D.D.S.	7/17/2015
D10305	NIKA MAHBAI, D.M.D.	7/17/2015
D10306	ALISON MARIE SHISLER, D.M.D.	7/17/2015
D10307	EVAN DAVID CAMPBELL, D.M.D.	7/20/2015
D10308	JORDAN M PETERSCHMIDT, D.M.D.	7/20/2015
D10309	ABIGAIL JACKIE BORMAN, D.D.S.	7/20/2015
D10310	KATHERINE LEAH STAHR, D.D.S.	7/21/2015
D10311	JUAN KIM, D.D.S.	7/21/2015
D10312	YANGSHIN WOO, D.M.D.	7/21/2015
D10313	JAMIE L.S. PRAGASAM, D.D.S.	7/21/2015
D10314	JUSTIN DAVID ANDERSON, D.D.S.	7/21/2015
D10315	MEHRON A KAZEMI, D.D.S.	7/21/2015
D10316	ZHEN HUI WUNG, D.D.S.	7/21/2015
D10317	REDDI SUMATHI NAGARIMADUGU, D.D.S.	7/22/2015
D10318	THOMAS JARED HOUGHTON, D.M.D.	7/22/2015
D10319	KAVEENDRA THUSHARA RANASINGHE, D.M.D.	7/22/2015
D10320	KRIKOR KEVORK GAZARIAN, D.M.D.	7/22/2015

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D10321	MICHAEL ANTHONY RYAN MARTINS, D.D.S.	7/22/2015
D10322	MEERA JASMINE GREWAL, D.D.S.	7/24/2015
D10323	KERRY ELISABETH CSIGA, D.M.D.	7/24/2015
D10324	MELVIN E PEARSON, D.M.D.	7/29/2015
D10325	ANDREW R STEIDLEY, D.M.D.	7/31/2015
D10326	EUN YOUNG YU, D.M.D.	7/31/2015
D10327	CASEY J CARAHER, D.M.D.	7/31/2015
D10328	COLIN ALFRED DOLE, D.M.D.	7/31/2015
D10329	CINDY QUYEN HUYNH, D.D.S.	7/31/2015
D10330	GREG M LEE, D.M.D.	8/3/2015
D10331	DEVIN MICHAEL WAHLSTROM, D.M.D.	8/4/2015
D10332	FARIELLE IBRAHIM HOURAN, D.M.D.	8/5/2015
D10333	MEREDITH CHRISTINE MC CLAY, D.M.D.	8/5/2015
D10334	BRYAN R NEISH, D.M.D.	8/5/2015
D10335	DIANA D STEWART, D.M.D.	8/6/2015
D10336	TANNER A BARRATT, D.M.D.	8/7/2015
D10337	KATHLEEN R ROWLEY, D.D.S.	8/7/2015
D10338	SIMON TOADER, D.M.D.	8/13/2015
D10339	JAMES IAMSUREY, D.D.S.	8/13/2015
D10340	HOOMAN SHAKIBA, D.M.D.	8/13/2015
D10341	RONALD GRAHAM MCENTIRE, D.D.S.	8/13/2015
D10342	STEFAN MIHAI NEDELICU, D.M.D.	8/13/2015

DENTAL FACULTY

DF0030	DESPOINA BOMPOLAKI	6/18/2015
DF0031	TIMOTHY A SVEC, D.D.S.	6/30/2015
DF0032	YING WU	7/22/2015

Dr. Beck moved, and Dr. Hongo seconded, that licenses issued be ratified as published. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

Dr. Hongo moved and Dr. Smith seconded that the Board approve the current slate of examiners and direct the staff to find a 3rd examiner for the Oral and Maxillofacial Specialty Exam that is scheduled to occur on October 3rd. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr. Underhill and Dr. Schwindt voting aye.

EXECUTIVE SESSION: The Board met in Executive Session pursuant to ORS 192.660(2)(i), to conduct the annual review and evaluation of the Executive Director. No final action will be taken in Executive Session.

OPEN SESSION: The Board returned to Open Session.

Dr. Hongo moved and Dr. Underhill seconded that Mr. Prisby's 2015-2016 Goals be accepted as presented, and recommended an outstanding rating on his performance review. The motion passed with Dr. Smith, Dr. Beck, Ms. Martinez, Dr. Fine, Dr. Hongo, Mr. Morris, Ms. Riedman, Dr.

Underhill and Dr. Schwindt voting aye.

Announcement

No announcements

Adjournment

The meeting was adjourned at 2:07 p.m. President Harvey stated that the next Board meeting would take place October 30, 2015.

Alton Harvey Sr.
President

DRAFT

ASSOCIATION REPORTS



The Dentist-Patient Relationship

Mutual Trust. It is the heart of every successful relationship, from friendship and family life to business.

Trust is an important part of oral health care, too. The foundation of a good dentist-patient relationship, one that encourages and promotes good dental health, is good communication. A sincere effort on the part of the dentist and the patient to discuss the course and cost of treatment and the expectations of the outcome can go a long way toward establishing mutual trust.

An unasked question or unexpressed concern can undermine trust. A simple conversation almost always resolves doubts and answers questions.

In those instances where a problem or misunderstanding cannot be resolved, the peer review process is an available recourse.

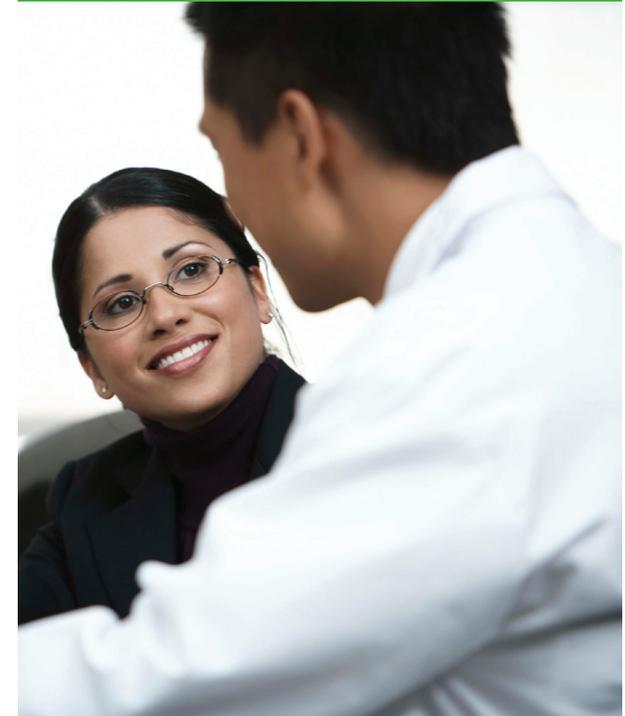
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Dentistry's Dispute Resolution Program:

A Peer Review Process



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About Peer Review*

Peer review is a process by which the dental profession reviews and resolves problems or misunderstandings regarding dental treatment. Peer review exists for the benefit of the patient, the dentist, and the third party.

State dental societies have established peer review processes to resolve disagreement about dental treatment that a patient and a dentist have not been able to resolve themselves.

A peer review committee consists of dentists (and sometimes laypersons) who volunteer their time and expertise to consider questions about the appropriateness or quality of care, or about the fees charged in a given set of circumstances. The members of the committee are impartial, and their services are available to those who participate in the process.

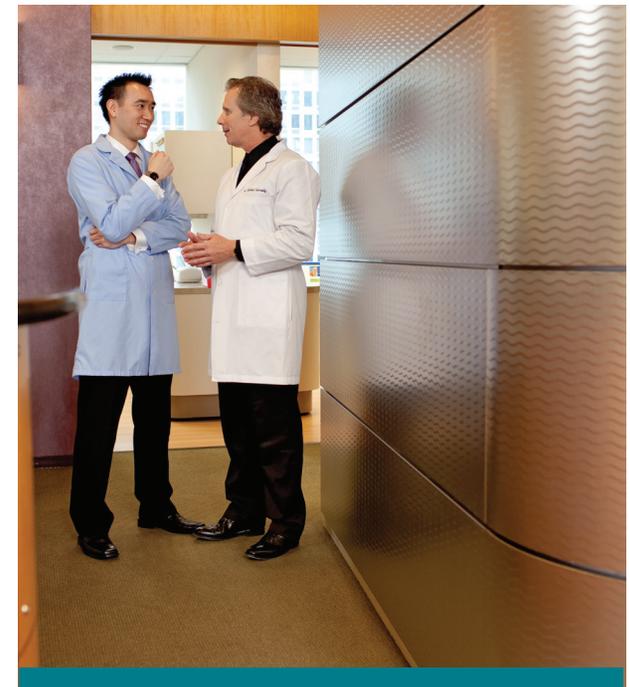
A dispute may be resolved through mediation alone, or through review of patient records and clinical examination.

The dentist and the patient are informed of the committee's decision and recommendation for resolving the problem.

Most importantly, the committee makes its recommendation in the hope that it will provide a reasonable and mutually agreeable solution for the parties involved.

The Review Process

- A written request for review – but not specific relief – is submitted to the state or local dental society. The request should include all necessary and appropriate documentation that would help to explain or clarify the circumstances.
- The request is reviewed for completeness and referred to the appropriate peer review committee.
- The chairman of the peer review committee reviews the request and appoints one member of the committee to attempt to mediate the problem.
- The mediator contacts all parties and attempts to reconcile the problem. A clinical examination is not conducted during the process of mediation.
- If the problem is successfully mediated, a written report is submitted to the committee chairman and the case is closed.
- If mediation is not successful and further action is necessary, the chairman is advised and a committee of at least three members is appointed.
- The committee may meet to discuss the case, and may examine clinical records, talk to the patient and the dentist and, if necessary, arrange for a clinical examination.
- The committee concludes its review and all parties are notified of the decision and recommendations in writing.
- If any of the parties is not satisfied with the decision and can show just cause for an appeal, the case can be appealed to the appropriate peer review appellate body.
- The decision of the appellate body is final within the peer review context.



In Summary

Peer review provides an impartial, easily accessible and generally expedient means for resolving misunderstandings regarding dental treatment. It exists for the benefit of the patient and the dentist, and for the third party.

Peer review is not a court of law. It is a voluntary process that relies on the good faith between a dentist and a patient and their mutual interest in good dental health.

Should you wish to know more about peer review, please contact your local dental society.

**The information in this brochure is general in nature. Participants in peer review must consult with their own legal counsel to assure that their peer review program complies with applicable law, bylaw provisions, and insurance protection. All information regarding a particular case must be kept strictly confidential.*

COMMITTEE REPORTS

**LICENSING, STANDARDS AND COMPETENCY COMMITTEE
TELECONFERENCE**

**Minutes
October 14, 2015**

MEMBERS PRESENT: Amy B. Fine, D.M.D., Chair
via Teleconference Gary Underhill, D.M.D.
Yadira Martinez, R.D.H.
Daren L. Goin, D.M.D. – ODA Representative
Susan Kramer, R.D.H. – ODHA Representative
Mary Harrison, CDA, EFDA, EFODA – ODAA Representative

STAFF PRESENT: Stephen Prisby, Executive Director
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator
Teresa Haynes, Examination and Licensing Manager
Jessica Conway, Office Manager

BOARD MEMBERS PRESENT:
via Teleconference Alton Harvey Sr., President
Brandon Schwandt, D.M.D.
Alicia Riedman, R.D.H.

Call to Order: The meeting was called to order by Dr. Fine, at 6:00 p.m. via Teleconference.

MINUTES

Dr. Underhill moved and Dr. Goin seconded that the minutes of the December 18, 2014 Licensing, Standards and Competency Committee meeting be approved as presented. The motion passed with Dr. Fine, Dr. Underhill, Ms. Martinez, Dr. Goin, Ms. Kramer and Ms. Harrison voting aye.

CORRESPONDENCE

The Committee reviewed and discussed the Dental Assisting National Board's (DANB) certifications for dental assistants and correspondence.

Request for the addition certificate for pediatric and/or prevention focused expanded function assistant.

The Committee reviewed and discussed the request for an additional expanded function certification category that would focus on pediatric or prevention functions. Dr. Goin moved and Ms. Harrison seconded that the Committee recommend that the Board refer to the Rules Oversight Committee issue of developing a new EFDA category with a new check off list appropriate for that certification level. The motion passed with Dr. Fine, Dr. Underhill, Ms. Martinez, Dr. Goin, Ms. Kramer and Ms. Harrison voting aye.

OAR 818-042-0070 – Expanded Function Dental Assistants (EFDA)

The Committee reviewed and discussed if a patient, whose has had their teeth polished by an Expanded Functions Dental Assistant “EFDA”, would need to be seen by a dentist or dental hygienist prior to discharge.

Dr. Fine moved and Ms. Harrison seconded that the Committee recommend that the Board send OAR 818-042-0070(1) to the Rules Oversight Committee to add verbiage regarding when a patient would need to be seen prior to discharge. The motion passed with Dr. Fine, Dr. Underhill, Ms. Martinez, Dr. Goin, Ms. Kramer and Ms. Harrison voting aye.

818-042-0070

Expanded Function Dental Assistants (EFDA)

The following duties are considered Expanded Function Duties and may be performed only after the dental assistant complies with the requirements of 818-042-0080:

- (1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains providing the patient is checked by a dentist or dental hygienist after the procedure is performed, prior to discharge;
- (2) Remove temporary crowns for final cementation and clean teeth for final cementation;
- (3) Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth;
- (4) Place temporary restorative material (i.e., zinc oxide eugenol based material) in teeth providing that the patient is checked by a dentist before and after the procedure is performed;
- (5) Place and remove matrix retainers for alloy and composite restorations;
- (6) Polish amalgam or composite surfaces with a slow speed hand piece;
- (7) Remove excess supragingival cement from crowns, bridges, bands or brackets with hand instruments providing that the patient is checked by a dentist after the procedure is performed;
- (8) Fabricate temporary crowns, and temporarily cement the temporary crown. The cemented crown must be examined and approved by the dentist prior to the patient being released;
- (9) Under general supervision, when the dentist is not available and the patient is in discomfort, an EFDA may recement a temporary crown or recement a permanent crown with temporary cement for a patient of record providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate; and
- (10) Perform all aspects of teeth whitening procedures.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.020, 679.025 & 679.250

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 3-

2005, f. 10-26-05, cert. ef. 11-1-05; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15

OAR 818-042-0090 – Additional Functions of EFDAs

The Committee reviewed and discussed if there should be any specific requirements in a course the Board approves that allows EFDAs packing cord subgingivally. No action was taken by the Committee. All materials provided by DANB will be made available for the Board to review.

The meeting was adjourned at 6:52 p.m.

DRAFT



Oregon

Kate Brown, Governor

Board of Dentistry
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Portland, OR 97201-5837
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TELECONFERENCE

MEETING NOTICE

LICENSING, STANDARDS AND COMPETENCY COMMITTEE

Oregon Board of Dentistry
1500 SW 1st Ave, Suite 770
Portland, OR 97201

October 14, 2015
6:00 p.m.

Committee Members:

Amy B. Fine, D.M.D., Chair

Gary Underhill, D.M.D.

Yadira Martinez, R.D.H., E.P.P.

Daren L. Goin, D.M.D. – ODA Representative

Susan Kramer, R.D.H. – ODHA Representative

Mary Harrison, CDA, EFDA, EFODA – ODAA Representative

AGENDA

Call to Order Amy B. Fine, D.M.D., Chair 6:00 p.m.

Review Minutes of December 18, 2014 Committee Meeting
December 18, 2014 Minutes – **Attachment #1**

Review and discuss DANB certifications for dental assistants and correspondence from DANB-
Attachment #2

Review and discuss the request for the addition of a certificate for pediatric expanded function
assistant.

Review and discuss the request for the addition of a certificate for a prevention focused dental
assistant.

EFDA coronal polishing timing in regards to provider (dentist or hygienist) seeing patient.
Rule OAR 818-042-0070 – Expanded Function Dental Assistants (EFDA) – **Attachment #3**

Review and discuss EFDA packing cord subgingivally.
Rule OAR 818-042-0090 – Additional Functions of EFDAs – **Attachment #4**

Any other business

Adjournment



**Licensing, Standards and Competency Committee Meeting
Minutes
December 18, 2014**

MEMBERS PRESENT: Gary Underhill, D.M.D.
Yadira Martinez, R.D.H., E.P.P.
Daren L. Goin, D.M.D., ODA Representative
Lisa J. Rowley, R.D.H., M.S., ODHA Representative

STAFF PRESENT: Patrick D. Braatz, Executive Director
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator
Stephen Prisby, Office Manager
Teresa Haynes, Examination and Licensing Manager

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

BOARD MEMBERS PRSENT: Todd Beck, D.M.D.; Alton Harvey, Sr.; Brandon Schwindt,
D.M.D., via telephone (portion of meeting); Julie Ann Smith,
D.D.S., M.D. (portion of meeting)

VISITORS PRESENT: Steven Duffin, D.D.S., Shore Dental; R. Mike Shirtcliff,
D.M.D., Advantage Dental; Lynn Ironside, R.D.H., ODHA;
Alex Shebiel, Lindsay, Hart/ODHA

Call to Order: The meeting was called to order by Dr. Underhill at 7:07 p.m. at the Board office; 1500 SW 1st Ave., 7th Floor Conference Room, Portland, Oregon.

MINUTES

Dr. Goin moved and Ms. Martinez seconded that the minutes of the August 23, 2012 meeting be approved as presented. The motion passed with Dr. Underhill, Ms. Martinez, Dr. Goin and Ms. Rowley voting aye.

Silver Diamine Fluoride

OAR 818-035-0025 – Prohibitions

OAR 818-035-0030 – Additional Functions of Dental Hygienists

OAR 818-042-0040 – Prohibited Acts

Ms. Rowley moved and Dr. Goin seconded that the Committee recommend to the Board that based on the Committee's review of information on silver diamine fluoride and based on the interpretation of the Board rules, that silver diamine fluoride is just another fluoride and there is no prohibition from allowing dental hygienists and dental assistants from applying fluoride under the supervision of a licensed dentist. The motion passed Dr. Underhill, Ms. Martinez, Dr. Goin and Ms. Rowley voting aye.

818-035-0025

Prohibitions

A dental hygienist may not:

- (1) Diagnose and treatment plan other than for dental hygiene services;
- (2) Cut hard or soft tissue with the exception of root planing;
- (3) Extract any tooth;
- (4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818-035-0030(1)(h);
- (5) Administer or dispense any drugs except as provided by OAR 818-035-0030, 818-035-0040, 818-026-0060(11) and 818-026-0070(11);
- (6) Place, condense, carve or cement permanent restorations except as provided in OAR 818-035-0072, or operatively prepare teeth;
- (7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;
- (8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (9) Place or remove healing caps or healing abutments, except under direct supervision.
- (10) Place implant impression copings, except under direct supervision.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.020(1)

Hist.: DE 2-1992, f. & cert. ef. 6-24-92; DE 2-1997, f. & cert. ef. 2-20-97; OBD 7-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 2-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

818-035-0030

Additional Functions of Dental Hygienists

(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:

- (a) Make preliminary intra-oral and extra-oral examinations and record findings;
- (b) Place periodontal dressings;
- (c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
- (d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;

(e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.

(f) Administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.

(g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.

(h) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(i) Perform all aspects of teeth whitening procedures.

(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:

(a) Determine the need for and appropriateness of sealants or fluoride; and

(b) Apply sealants or fluoride.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.025(2)(j)

Hist.: DE 5-1984, f. & ef. 5-17-84; DE 3-1986, f. & ef. 3-31-86; DE 2-1992, f. & cert. ef. 6-24-92; OBD 7-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 1-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 2-2005, f. 1-31-05, cert. ef. 2-1-05; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

818-042-0040

Prohibited Acts

No licensee may authorize any dental assistant to perform the following acts:

(1) Diagnose or plan treatment.

(2) Cut hard or soft tissue.

(3) Any Expanded Function duty (818-042-0070 and 818-042-0090) or Expanded Orthodontic Function duty (818-042-0100) without holding the appropriate certification.

(4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.

(5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.

(6) Administer or dispense any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0030(6), OAR 818-026-0050(5)(a), 818-026-0060(11), 818-026-0065(11), 818-026-0070(11) and as provided in 818-042-0070 and 818-042-0115.

(7) Prescribe any drug.

(8) Place periodontal packs.

- (9) Start nitrous oxide.
- (10) Remove stains or deposits except as provided in OAR 818-042-0070.
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally.
- (13) Use lasers, except laser-curing lights.
- (14) Use air abrasion or air polishing.
- (15) Remove teeth or parts of tooth structure.
- (16) Cement or bond any fixed prosthetic or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in 818-042-0100.
- (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
- (18) Place any type of cord subgingivally.
- (19) Take jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances.
- (20) Apply denture relines except as provided in OAR 818-042-0090(2).
- (21) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (818-042-0050 and 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
- (22) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (23) Perform periodontal probing.
- (24) Place or remove healing caps or healing abutments, except under direct supervision.
- (25) Place implant impression copings, except under direct supervision.
- (26) Any act in violation of Board statute or rules.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.020, 679.025 & 679.250

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 1-2001, f. & cert. ef. 1-8-01; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 3-2OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10005, f. 10-26-05, cert. ef. 11-1-05; OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14

OAR 818-042-0040 – Prohibited Acts

Ms. Rowley moved and Dr. Goin seconded that the Committee recommend the Board send OAR 818-042-0040(18) as presented to the Rules Oversight Committee. The motion passed with Dr. Underhill, Ms. Martinez, Dr. Goin and Ms. Rowley voting aye.

818-042-0040

Prohibited Acts

No licensee may authorize any dental assistant to perform the following acts:

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty (818-042-0070 and 818-042-0090) or Expanded Orthodontic Function duty (818-042-0100) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by OAR 818-042-0100.
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer or dispense any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0030(6), OAR 818-026-0050(a) OAR 818-026-0060(11), 818-026-0065(11), 818-026-0070(11) and as provided in 818-042-0070 and 818-042-0115.
- (7) Prescribe any drug.
- (8) Place periodontal packs.
- (9) Start nitrous oxide.
- (10) Remove stains or deposits except as provided in OAR 818-042-0070.
- (11) Use ultrasonic equipment intra-orally except as provided in OAR 818-042-0100.
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intraorally.
- (13) Use lasers, except laser-curing lights.
- (14) Use air abrasion or air polishing.
- (15) Remove teeth or parts of tooth structure.
- (16) Cement or bond any fixed prosthetic or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in 818-042-0100.
- (17) Condense and carve permanent restorative material except as provided in OAR 818-042-0095.
- (18) Place any type of cord subgingivally **except as provided by in OAR 818-042-0090.**

- (19) Take jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances.
- (20) Apply denture relines except as provided in OAR 818-042-0090(2).
- (21) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board (818-042-0050 and 818-042-0060) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
- (22) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (23) Perform periodontal probing.
- (24) Place or remove healing caps or healing abutments, except under direct supervision.
- (25) Place implant impression copings, except under direct supervision.
- (26) Any act in violation of Board statute or rules.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.020, 679.025 & 679.250

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 2-2000(Temp), f. 5-22-00, cert. ef. 5-22-00 thru 11-18-00; OBD 1- 2001, f. & cert. ef. 1-08-01; OBD 15-2001; f. 12-7-01, cert. ef. 1-1-02; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 3- 2007, f. & cert. ef. 11-30-07; OBD 1-2010, f. 6-22-10, cert. ef. 7-1-10; OBD 4-2011, f. & cert. ef. 11-15-11; OBD 2-2012, f. 6-14-12, cert. ef. 7-1-12; OBD 6-2014, f.7-2-2014, cert. ef. 8-1-2014

OAR 818-042-0070 - Expanded Functions Dental Assistants (EFDA)

Ms. Rowley moved and Dr. Goin seconded that the Committee recommend the Board send OAR 818-042-0070(1) as presented to the Rules Oversight Committee. The motion passed with Dr. Underhill, Ms. Martinez, Dr. Goin and Ms. Rowley voting aye.

818-042-0070

Expanded Function Dental Assistants (EFDA)

The following duties are considered Expanded Function Duties and may be performed only after the dental assistant complies with the requirements of 818-042-0080:

- (1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains **if a licensed dentist or dental hygienist has determined the teeth are free of calculus;**
- (2) Remove temporary crowns for final cementation and clean teeth for final cementation;

- (3) Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth;
- (4) Place temporary restorative material (i.e., zinc oxide eugenol based material) in teeth providing that the patient is checked by a dentist before and after the procedure is performed;
- (5) Place and remove matrix retainers for alloy and composite restorations;
- (6) Polish amalgam or composite surfaces with a slow speed handpiece;
- (7) Remove excess supragingival cement from crowns, bridges, bands or brackets with hand instruments providing that the patient is checked by a dentist after the procedure is performed;
- (8) Fabricate temporary crowns, and temporarily cement the temporary crown. The cemented crown must be examined and approved by the dentist prior to the patient being released;
- (9) Under general supervision, when the dentist is not available and the patient is in discomfort, an EFDA may recement a temporary crown or recement a permanent crown with temporary cement for a patient of record providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate; and
- (10) Perform all aspects of teeth whitening procedures.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.020, 679.025 & 679.250

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09

OAR 818-042-0090 – Additional Functions of EFDAs

Ms. Rowley moved and Dr. Goin seconded that the Committee recommend the Board send OAR 818-042-0090(3) as presented to the Rules Oversight Committee. The motion passed with Dr. Underhill, Ms. Martinez, Dr. Goin and Ms. Rowley voting aye.

818-042-0090

Additional Functions of EFDAs

Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist prior to the patient being dismissed:

- (1) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist or dental hygienist.

(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(3) Place cord subgingivally.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD

The meeting was adjourned at 7:25 p.m.

DRAFT

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From: Katherine Landsberg [mailto:klandsberg@danb.org]
Sent: Tuesday, October 06, 2015 3:06 PM
To: Stephen Prisby
Cc: Teresa Haynes; *Mary Harrison (Mary2805@aol.com); Cindy Durley; Johnna Gueorguieva
Subject: DANB Information

Dear Mr. Prisby,

Mary Harrison asked me to send you some materials related to the services of DANB and the DALE Foundation, in preparation for the Licensing, Standards and Competency Committee meeting by conference call scheduled for 10/14.

Preventive Functions Examinations

As you may know, DANB currently administers the Certified Preventive Functions Dental Assistant (CPFDA®) certification program, which consists of four component exams – the Coronal Polish (CP), Sealants (SE), Topical Fluoride (TF) and Topical Anesthetic (TA) exams. I am attaching the following items relative to this program:

1. CPFDA: Certified Preventive Functions Dental Assistant Certification Program Overview
2. Exam blueprints for the four component exams that make up the CPFDA certification – Coronal Polish (CP), Sealants (SE), Topical Fluoride (TF) and Topical Anesthetic (TA)

Pediatric Functions

Mary asked me to provide you with a link to information about the DALE Foundation's Behavioral Guidance and Management for the Pediatric Dental Patient online course. I am happy to do so, but first I would like to provide some background on the research leading up to the development of this course.

In 2011, DANB had worked with the American Academy of Pediatric Dentistry (AAPD) to survey AAPD members about the work of dental assistants in their practice. One of the goals of the survey was to determine whether a specialized certification for pediatric dental assistants was needed. Here are a few excerpts from the Executive Summary of the survey report:

In what ways do you believe that the role of a pediatric dental assistant varies from the role of a dental assistant in a general dentistry practice? (Question 10)

The vast majority of respondents (87%) cited knowledge of and ability to appropriately apply behavior management techniques to the pediatric population to be a primary skill required of pediatric dental assistants, that is not as critical for dental assistants working in general dental practices.

More than a quarter (28%) of survey respondents cited knowledge of and abilities in assisting with and monitoring patient sedation and addressing any related emergencies as the second key differentiator between pediatric dental assisting skills and those of their general dental practice counterparts. All other roles and responsibilities listed in the table that follows this question (#10) were cited by 9% or fewer of the survey respondents.

This next section will summarize responses to these two questions:

Do you delegate expanded functions to your pediatric dental assistants? (Question 11)

If so, which of the following functions do you delegate? (Question 12)

Just over half of the pediatric dentist respondents (58%) noted that they delegate expanded functions to their pediatric dental assistants. Because this question was not asked, it is unclear whether the 38% who do not delegate expanded functions to their assistants make this decision because few expanded functions pertinent to pediatric dental practice are allowed to be delegated in their state, or because this is simply the way the respondents choose to practice.

Of the functions (both “core” and “expanded”) delegated to pediatric dental assistants, the majority of respondents (60 to 96%, depending on the function) delegate these functions to their assistants:

- *Patient education*
- *Dental radiography*
- *Infection control*
- *Monitoring nitrous oxide/oxygen conscious sedation*
- *Preventive duties (such as Coronal Polish and the Application of Sealants and/or Topical Fluorides)*
- *Preparation for restorative functions (such as Dental Dam, Preliminary Impressions)*
- *Assisting with reversible restorative functions (such as Final Impressions, Matrices, Temporary Restorations/Crowns, Retraction Cord, Liners and Bases, and Place/Cure/Finish Composites and/or Amalgams)*

Because one of the key findings of the survey was that many pediatric dentists feel that behavioral management of the pediatric dental patient is a key skill for their dental assistants to have and the primary skill differentiating them from dental assistants in general practice, the AAPD decided to work with the DALE Foundation, DANB’s affiliate, on a course covering this topic. The DALE Foundation introduced the Behavioral Guidance and Management for the Pediatric Dental Patient online certificate program in March 2013. The course is estimated to be a six-hour course and concludes with a 50-question post-course assessment; learners who complete the course and assessment earn six CE credits. The price for the course is \$130 for six months of access. The learning objectives for the course are as follows:

- Understand age-specific mental, emotional and social developmental features of the pediatric dental patient
- Recognize the importance of flexibility and adaptability when working with pediatric and special needs patients
- Communicate and respond appropriately when faced with challenging behaviors in pediatric and special needs patients
- Apply commonly used behavior management techniques to virtual interactions with pediatric and special needs patients

More information about the DALE Foundation’s Behavioral Guidance and Management for the Pediatric Dental Patient course can be found online at the following location:

<http://www.dalefoundation.org/Courses-And-Study-Aids/Product-Catalog-Search/Behavioral-Guidance-and-Management-for-the-Pediatric-Dental-Patient>

The DALE Foundation can provide complimentary access to selected members of the Oregon Board of Dentistry and/or the Licensing, Standards and Competency Committee for evaluation purposes, if the Committee or the Board is considering including the course as a requirement for pediatric EFDAs.

Available Exam Options

Based on the results of the AAPD/DANB Survey, we imagine that, in addition to the preventive functions that are tested on the CPFDA certification exam, the pediatric EFDA scope of practice might also include some of the functions identified in the survey and listed above as being commonly delegated by pediatric dentists to their assistants. Since we don’t know specifically which functions the Committee will be considering, I am attaching a brief document containing abbreviated exam blueprints for all of the DANB national component exams making up DANB’s national certifications, which include the Certified Dental Assistant™ (CDA®), Certified Orthodontic Assistant (COA®), Certified Preventive Functions Dental Assistant (CPFDA®), Certified Restorative Functions Dental Assistant (CRFDA®), and National Entry Level Dental Assistant (NELDA™) certifications. (Please see third attachment.) This document will help the Committee members identify whether any DANB component exams correspond to the functions for which the Oregon Board would like to assess knowledge-based competency for pediatric EFDAs.

As you know, DANB currently administers the state-specific expanded functions exams for Oregon EFDAs and Oregon EFODAs. We are very open to discussing the development of an Oregon-specific exam for pediatric EFDAs; if the Licensing, Standards and Competency Committee’s conversation goes in that direction, I will be happy to coordinate a call with our testing department staff to exchange ideas and provide additional information.

Guidelines for Development of Courses in Placing Retraction Cord

DANB does not have any information related to guidelines for development of a course in placement of retraction cord on hand. We took a quick look and found some brief information the California rules and a guideline document on the West Virginia Board of Dentistry website. I have attached that information here (third and fourth attachments; the third attachment is an excerpt from the California section of DANB’s 2015 State Fact Booklet, which contains excerpts of state statutes and rules addressing the practice of dental assisting; I have highlighted the information related to retraction cord instruction).

I have reached out to one dental assisting educator from California who I believe may be able to provide some additional information. I will also attempt to identify a few other sources for the type of

information you are seeking and reach out to them for assistance. I will forward you whatever I am able to assemble by 10/12.

Please let me know if I can be of any further assistance. In the interim, I will work on gathering the additional information noted above.

Best regards,

Katherine

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Abbreviated Blueprints for DANB National Certification Component Exams

Radiation Health and Safety (RHS®) (Component of CDA® and NELDA™ certification)

100 multiple-choice items
1¼ hours testing time

Sub-Content Areas	% on exam
I. Expose and evaluate	26
II. Quality assurance and radiology regulations	21
III. Radiation safety for patients and operators	31
IV. Infection control	22

Infection Control* (ICE®) (Component of CDA, COA® and NELDA certification)

100 multiple-choice items
1¼ hours testing time

Sub-Content Areas	% on exam
I. Patient and dental healthcare worker education	10
II. Standard/universal precautions and the prevention of disease transmission	
A. Prevent cross-contamination and disease transmission	20
B. Maintain aseptic conditions	10
C. Demonstrate an understanding of instrument processing	15
D. Demonstrate an understanding of asepsis procedures	15
III. Occupational safety	30

*References 2003 CDC Guidelines for Infection Control in Dental Health-Care Settings and Occupational Safety and Health Administration (OSHA) Standards

General Chairside Assisting (GC)** (Component of CDA certification)

120 multiple-choice items
1½ hours testing time

Sub-Content Areas	% on exam
I. Collection and recording of clinical data	10
II. Chairside dental procedures	45
III. Chairside dental materials (preparation, manipulation, application)	9
IV. Lab materials and procedures	4
V. Patient education and oral health management	10
VI. Prevention and management of emergencies	12
VII. Office operations	10

Coronal Polish (CP) (Component of CPFDA® certification)

100 multiple-choice items
75 minutes testing time

Sub-Content Areas	% on exam
I. Dental and oral anatomy	8
II. Oral prophylaxis	7
III. Objective of coronal polish	7
IV. Dental deposits	15
V. Polishing precautions	15
VI. Patient education and recordkeeping	10
VII. Abrasives and polishing agents	8
VIII. Polishing technique	20
IX. Infection control/OSHA protocol	10

Sealants (SE) (Component of CPFDA and CRFDA® certification)

50 multiple-choice items
45 minutes testing time

Sub-Content Areas	% on exam
I. Purpose of sealants	10
II. Indications and contraindications for sealant application	40
III. Acid etching	10
IV. Sealants	40

Topical Anesthetic (TA) (Component of CPFDA certification)

50 multiple-choice items
45 minutes testing time

Sub-Content Areas	% on exam
I. Patient preparation	10
II. Classifications	20
III. Precautions and contraindications	20
IV. Indications for use	30
V. Placement of the topical anesthetic (including infection control/OSHA protocol)	20

** Candidates for this exam must meet eligibility requirements established by DANB.

Topical Fluoride (TF)

(Component of CPFDA certification)

50 multiple-choice items

45 minutes testing time

Sub-Content Areas	% on exam
I. Basic information about fluoride	10
II. Indications and contraindications for topical fluoride	30
III. Benefits of topical fluoride	15
IV. Topical fluoride application	15
V. Fluoride preparations	10
VI. Adverse reactions	10
VII. Patient education	10

Anatomy, Morphology and Physiology (AMP)

(Component of CRFDA and NELDA certification)

105 multiple-choice items

80 minutes testing time

Sub-Content Areas	% on exam
I. Head and neck	15
II. Oral cavity	25
III. Tooth anatomy, morphology and related characteristics	20
IV. Tooth numbering systems	15
V. Occlusion	15
VI. Oral pathology	10

Impressions (IM)

(Component of CRFDA certification)

80 multiple-choice items

60 minutes testing time

Sub-Content Areas	% on exam
I. Purpose of impressions	15
II. Taking impressions	55
III. Patient management techniques	10
IV. Bite/occlusal registrations	10
V. Infection control/OSHA protocol	10

Temporaries (TMP)

(Component of CRFDA certification)

80 multiple-choice items

60 minutes testing time

Sub-Content Areas	% on exam
I. Temporary/provisional restorations	65
II. Temporary cement	20
III. Infection control/OSHA protocol	15

Isolation (IS)

(Component of CRFDA certification)

60 multiple-choice items

45 minutes testing time

Sub-Content Areas	% on exam
I. Purpose of isolation	20
II. Types and attributes/uses of various isolation systems/armamentaria	30
A. Matrices	
B. Wedges	
C. Dental dams and clamps	
D. Retraction material	
E. Additional methods (e.g., cotton/gauze, cheek protectors, suction devices)	
III. Placement and removal procedures	30
IV. Special health considerations	10
V. Infection control/OSHA protocol	10

Restorative Functions (RF)**

(Component of CRFDA certification)

105 multiple-choice items

80 minutes testing time

Sub-Content Areas	% on exam
I. Cavity liners and bases	7
II. Cavity classifications	7
III. Amalgam restorations	20
IV. Composite, glass ionomer and compomer restorations	30
V. Stainless steel crowns	12
VI. Procedural considerations	15
VII. Infection control/OSHA protocol	9

Orthodontic Assisting (OA)**

(Component of COA certification)

210 multiple-choice items

2¾ hours testing time

Sub-Content Area	% on exam
I. Collection and recording of clinical data	15
II. Orthodontic procedures	36
III. Chairside dental materials	5
IV. Laboratory materials and procedures	5
V. Patient education and oral health management	10
VI. Prevention and management of emergencies	5
VII. Office operations	5
VIII. Dental radiation health and safety	19

** Candidates for this exam must meet eligibility requirements established by DANB.



Dental Assisting National Board, Inc.

Measuring Dental Assisting Excellence®

CPFDA®

Certified Preventive Functions Dental Assistant Certification Program Overview

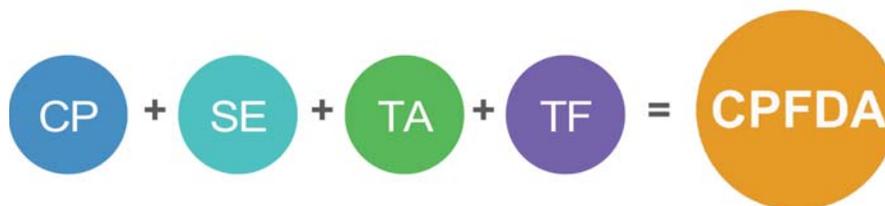
DANB's Certified Preventive Functions Dental Assistant (CPFDA) component exams are an objective measure of knowledge-based competency in the critical preventive functions that qualified dental assistants regularly perform in states that allow such duties to be delegated.

CPFDA Component Exams

CPFDA certification consists of the following component exams:

- ▶ Coronal Polish (CP) exam — 100 multiple-choice questions
- ▶ Sealants (SE) exam — 50 multiple-choice questions
- ▶ Topical Anesthetic (TA) exam — 50 multiple-choice questions
- ▶ Topical Fluoride (TF) exam — 50 multiple-choice questions

Candidates may take all four component exams in one administration (the CPFDA exam) or may take each component exam separately. A candidate must pass all four component exams within a three-year period to earn DANB's CPFDA certification.



Eligibility Requirements

There are no eligibility requirements to take the CPFDA exam or its component exams. However, a candidate must meet eligibility requirements and submit required documentation to earn CPFDA certification after passing all four component exams.

All pathways for certification require candidates to hold current DANB-accepted, hands-on CPR, BLS or ACLS certification. The eligibility pathways are as follows:

- Pathway I** Current Certified Dental Assistant™ (CDA®) certificant
- Pathway II** Commission on Dental Accreditation (CODA)-accredited dental assisting, dental hygiene or dental program graduate
- Pathway III** Former DANB CDA certificant (lapsed no more than 2 years); Minimum of 3,500 hours work experience as a dental assistant accrued during the previous four years
- Pathway IV** Current Registered Dental Hygienist (RDH) license; Minimum of 3,500 hours work experience as a dental hygienist accrued during the previous four years

Exam Administration

DANB's CPFDA component exams are administered six days a week at more than 250 secure, proctored computerized testing centers nationwide.

Renewal

DANB CPFDA certification is valid for one year and must be renewed annually. To renew certification, certificants must:

- ▶ Annually complete 12 credits of continuing dental education meeting DANB requirements
- ▶ Maintain DANB-accepted, hands-on CPR, BLS or ACLS certification
- ▶ Submit the annual renewal fee (currently \$60)

Former CPFDA certificants who do not renew their certification are no longer authorized to represent that they hold DANB's CPFDA certification and may not use the certification mark "CPFDA" following their names.

Background, Program Development and Launch

Recognizing that many states are expanding the duties that may be delegated to qualified dental assistants in the areas of preventive and restorative functions, in 2009, DANB's Board of Directors began the development of the Certified Preventive Functions Dental Assistant (CPFDA) certification. DANB staff compiled and analyzed information about state requirements for delegating preventive functions to dental assistants and then used this information to propose functions to be tested on the CPFDA exam, the grouping of functions within individual component exams, and CPFDA certification program eligibility requirements. More than 400 candidates participated in the CPFDA pretest, held July through December 2010. Pretest candidates represented the 32 states that then allowed dental assistants to perform all four CPFDA functions. Nearly 200 pretest candidates earned CPFDA certification.

DANB held webinars and forums with representatives of its communities of interest in fall 2011. Proposals were developed and provided to DANB's Expanded Functions Dental Assistant (EFDA) Exam Committee, which made recommendations to DANB's Examination Programs Committee. DANB's Examination Programs Committee then made CRFDA program recommendations to DANB's Board of Directors, which approved the CRFDA program at the Board's February 2012 meeting.

The CRFDA component exams were pretested from August 1, 2012, through November 30, 2012. DANB's Board reviewed the DANB Examination Programs Committee's CRFDA pretest data and approved the committee's recommended passing standards. CRFDA component exam results, certificates and certifications, if earned, were mailed to pretest candidates at the end of January 2013. DANB officially launched the CRFDA certification program in April 2013, with the publication of the CRFDA exam application packet on its website. Administration of the CRFDA component exams began May 1, 2013.

About DANB

DANB is recognized by the American Dental Association as the national certification board for dental assistants. DANB's mission is to promote the public good by providing credentialing services to the dental community. For those dental assistants who meet the eligibility and exam requirements, DANB certification may be earned in the areas of Certified Dental Assistant (CDA), Certified Orthodontic Assistant (COA®), Certified Preventive Functions Dental Assistant (CPFDA) and Certified Restorative Functions Dental Assistant (CRFDA®). DANB will introduce a new entry level certification, National Entry Level Dental Assistant (NELDA™), in early 2015. In addition to these national certifications, DANB offers certificates of knowledge-based competency in Radiation Health and Safety (RHS®); Infection Control (ICE®); Coronal Polish (CP); Sealants (SE); Topical Anesthetic (TA); Topical Fluoride (TF); Anatomy, Morphology and Physiology (AMP); Impressions (IM); Temporaries (TMP); and Isolation (IS).

DANB's CDA and COA certification programs are accredited by the National Commission for Certifying Agencies. Currently, there are more than 36,000 DANB certificants nationwide, and DANB certifications and certificates of knowledge-based competency are recognized or required in 38 states, the District of Columbia, the U.S. Air Force and the Department of Veterans Affairs. Passing DANB's exams demonstrates a dental assistant's competency in areas that are important to the health and safety of oral healthcare workers and patients alike.



Dental Assisting National Board, Inc.

Measuring Dental Assisting Excellence®

Certified Preventive Functions Dental Assistant (CPFDA®)

Exam Blueprint and Suggested References for Exam Preparation

CPFDA component exams

Coronal Polish (CP) Page 2

Sealants (SE) Page 5

Topical Anesthetic (TA) Page 7

Topical Fluoride (TF) Page 9

DANB's SE exam is also a component of the DANB Certified Restorative Functions Dental Assistant (CRFDA®) certification.

Note that each state's dental board implements regulations and establishes rules for delegating legally allowable duties to dental assistants. Passing one or more of the DANB component exams or earning DANB certification only conveys authority to perform these duties in those states that recognize these exams or this certification as meeting state dental assisting requirements. This information is at www.danb.org/Meet-State-Requirements.aspx.

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Coronal Polish (CP) Exam Blueprint

- (8%) **I. DENTAL AND ORAL ANATOMY**
- A. Dental arches
 - B. Dentitions
 - C. Tooth divisions
 - D. Surfaces
 - E. Anatomic structures
 - F. Tooth anatomy
 - G. Universal numbering system
- (7%) **II. ORAL PROPHYLAXIS**
- (7%) **III. OBJECTIVE OF CORONAL POLISH**
- (15%) **IV. DENTAL DEPOSITS**
- A. Dental plaque, dental calculus, materia alba
 - 1. Composition
 - 2. Characteristics
 - 3. Significance
 - 4. Relationship to disease
 - 5. Stages of formation
 - 6. Common locations
 - B. Stains
 - 1. Formation
 - 2. Classes
 - a. Extrinsic
 - b. Intrinsic
 - c. Exogenous
 - d. Endogenous
- (15%) **V. POLISHING PRECAUTIONS**
- A. Fulcrum
 - 1. Rules for location
 - 2. Reason for using
 - B. Handpiece
 - 1. Speed
 - 2. Pressure
 - 3. Control
 - C. Others
 - 1. Adaptation of polishing cup
 - 2. Heat production
 - 3. Removal of tooth structure
 - 4. Aerosol production
 - 5. Demineralization
 - 6. Restorations
 - 7. Tooth sensitivity
 - 8. Implants

- (10%) VI. PATIENT EDUCATION AND RECORDKEEPING**
- A. Patient education and prevention
 - B. Recordkeeping
 - 1. Health history
 - 2. Legal requirements
- (8%) VII. ABRASIVES AND POLISHING AGENTS**
- A. Characteristics
 - B. Selection
 - 1. Indications
 - 2. Contraindications
 - C. Application
- (20%) VIII. POLISHING TECHNIQUE**
- A. Armamentarium
 - B. Positioning (ergonomics)
 - 1. Patient
 - 2. Operator
 - 3. Equipment
 - C. Disclosing
 - 1. Purpose
 - 2. Types
 - 3. Application
 - D. Establish a pattern/sequence
 - E. Stroke (polishing motion)
 - F. Flossing
 - G. Rinsing
 - H. Evaluation
- (10%) IX. INFECTION CONTROL/OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) PROTOCOL**
- A. Safety/standard precautions
 - 1. Operator
 - 2. Patient
 - B. Cross-contamination
 - C. Disinfection of treatment room and equipment



Coronal Polish (CP)

Suggested References for Exam Preparation

DANB's CP exam is a component of the DANB Certified Preventive Functions Dental Assistant (CPFDA®) certification.

DANB exam committees use the following textbooks and reference materials to develop this exam. This list does not include all of the available textbooks and materials for studying for this exam; these are simply the resources that exam committee subject matter experts determined as providing the most up-to-date information needed to meet or surpass a determined level of competency for this exam.

This list is intended to help prepare for this exam. It is not intended to be an endorsement of any of the publications listed. You should prepare for DANB certification and component exams using as many different study materials as possible.

1. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 10th and 11th ed. St. Louis, MO: Elsevier/Saunders, 2012 and 2015.
2. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 3rd and 4th ed. Clifton Park, NY: Delmar, 2008 and 2013.
3. Wilkins, Esther M. *Clinical Practice of the Dental Hygienist*. 10th and 11th ed. Philadelphia, PA: Lippincott, 2008 and 2013.
4. Miller, Chris H. *Infection Control and Management of Hazardous Materials for the Dental Team*. 4th and 5th ed. St. Louis, MO: Elsevier/Mosby, 2009 and 2014.
5. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 4th and 5th ed. St. Louis, MO: Elsevier/Saunders, 2009 and 2013.
6. Hatrick, Carol D., and W. S. Eakle. *Dental Materials: Clinical Applications for Dental Assistants and Dental Hygienists*. 3rd ed. St. Louis, MO: Elsevier/Saunders, 2016.

Note that each state's dental board implements regulations and establishes rules for delegating legally allowable duties to dental assistants. Passing one or more of the DANB component exams or earning DANB certification only conveys authority to perform these duties in those states that recognize these exams or this certification as meeting state dental assisting requirements. This information is at www.danb.org/Meet-State-Requirements.aspx.



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Sealants (SE) Exam Blueprint

- (10%) I. PURPOSE OF SEALANTS**
 - A. Bacteria collection in pit and fissures
 - B. Dental caries
 - C. Patient education

- (40%) II. INDICATIONS AND CONTRAINDICATIONS FOR SEALANT APPLICATION**

- (10%) III. ACID ETCHING**

- (40%) IV. SEALANTS**
 - A. Classification
 - 1. Methods of curing
 - 2. Filled or unfilled
 - 3. Color
 - B. Application
 - 1. Preparation of tooth
 - 2. Armamentarium
 - 3. Post-operative care
 - C. Infection control/Occupational Safety and Health Administration (OSHA) protocol



Sealants (SE)

Suggested References for Exam Preparation

DANB's SE exam is a component of the DANB Certified Preventive Functions Dental Assistant (CPFDA®) and Certified Restorative Functions Dental Assistant (CRFDA®) certifications.

DANB exam committees use the following textbooks and reference materials to develop this exam. This list does not include all of the available textbooks and materials for studying for this exam; these are simply the resources that exam committee subject matter experts determined as providing the most up-to-date information needed to meet or surpass a determined level of competency for this exam.

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2. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 3rd and 4th ed. Clifton Park, NY: Delmar, 2008 and 2013.
3. Wilkins, Esther M. *Clinical Practice of the Dental Hygienist*. 10th and 11th ed. Philadelphia, PA: Lippincott, 2008 and 2013.
4. Miller, Chris H. *Infection Control and Management of Hazardous Materials for the Dental Team*. 4th and 5th ed. St. Louis, MO: Elsevier/Mosby, 2009 and 2014.
5. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 4th and 5th ed. St. Louis, MO: Elsevier/Saunders, 2007 and 2013.
6. Hatrick, Carol D., and W. S. Eakle. *Dental Materials: Clinical Applications for Dental Assistants and Dental Hygienists*. 3rd ed. St. Louis, MO: Elsevier/Saunders, 2016.

Note that each state's dental board implements regulations and establishes rules for delegating legally allowable duties to dental assistants. Passing one or more of the DANB component exams or earning DANB certification only conveys authority to perform these duties in those states that recognize these exams or this certification as meeting state dental assisting requirements. This information is at www.danb.org/Meet-State-Requirements.aspx.



Topical Anesthetic (TA) Exam Blueprint

- (10%) **I. PATIENT PREPARATION**
 - A. Patient medical history
 - B. Patient education
 - C. Armamentarium

- (20%) **II. CLASSIFICATIONS**
 - A. Types
 - B. Agents

- (20%) **III. PRECAUTIONS AND CONTRAINDICATIONS**

- (30%) **IV. INDICATIONS FOR USE**

- (20%) **V. PLACEMENT OF THE TOPICAL ANESTHETIC (INCLUDING INFECTION CONTROL/OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION [OSHA] PROTOCOL)**



Topical Anesthetic (TA)

Suggested References for Exam Preparation

DANB's TA exam is a component of the DANB Certified Preventive Functions Dental Assistant (CPFDA®) certification.

DANB exam committees use the following textbooks and reference materials to develop this exam. This list does not include all of the available textbooks and materials for studying for this exam; these are simply the resources that exam committee subject matter experts determined as providing the most up-to-date information needed to meet or surpass a determined level of competency for this exam.

This list is intended to help prepare for this exam. It is not intended to be an endorsement of any of the publications listed. You should prepare for DANB certification and component exams using as many different study materials as possible.

1. Wilkins, Esther M. *Clinical Practice of the Dental Hygienist*. 10th and 11th ed. Philadelphia, PA: Lippincott, 2008 and 2013.
2. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 10th and 11th ed. St. Louis, MO: Elsevier/Saunders, 2012 and 2015.
3. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 3rd and 4th ed. Clifton Park, NY: Delmar, 2008 and 2013.
4. Malamed, Stanley F. *Handbook of Local Anesthesia*. 6th ed. St. Louis, MO: Elsevier/Mosby, 2013.
5. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 4th and 5th ed. St. Louis, MO: Elsevier/Saunders, 2007 and 2013.

Note that each state's dental board implements regulations and establishes rules for delegating legally allowable duties to dental assistants. Passing one or more of the DANB component exams or earning DANB certification only conveys authority to perform these duties in those states that recognize these exams or this certification as meeting state dental assisting requirements. This information is at www.danb.org/Meet-State-Requirements.aspx.



Topical Fluoride (TF) Exam Blueprint

- (10%) **I. BASIC INFORMATION ABOUT FLUORIDE**
 - A. Metabolism
 - B. Fluoride in food and liquids
 - C. Fluoride in medications and supplements
 - D. Differences between topical and systemic fluoride

- (30%) **II. INDICATIONS AND CONTRAINDICATIONS FOR TOPICAL FLUORIDE**

- (15%) **III. BENEFITS OF TOPICAL FLUORIDE**

- (15%) **IV. TOPICAL FLUORIDE APPLICATION**
 - A. Professional use
 - B. Home use
 - C. Determining appropriate method
 - D. Preparation of teeth
 - E. Infection control/Occupational Health and Safety Administration (OSHA) protocol
 - F. Armamentarium

- (10%) **V. FLUORIDE PREPARATIONS**
 - A. Sodium fluoride
 - B. Acidulated phosphate fluoride
 - C. Stannous fluoride solution
 - D. Varnish

- (10%) **VI. ADVERSE REACTIONS**

- (10%) **VII. PATIENT EDUCATION**
 - A. Care of fluoridated products
 - B. Post-treatment instructions
 - C. Frequency of fluoride treatment



Topical Fluoride (TF)

Suggested References for Exam Preparation

DANB's TF exam is a component of the DANB Certified Preventive Functions Dental Assistant (CPFDA®) certification.

DANB exam committees use the following textbooks and reference materials to develop this exam. This list does not include all of the available textbooks and materials for studying for this exam; these are simply the resources that exam committee subject matter experts determined as providing the most up-to-date information needed to meet or surpass a determined level of competency for this exam.

This list is intended to help prepare for this exam. It is not intended to be an endorsement of any of the publications listed. You should prepare for DANB certification and component exams using as many different study materials as possible.

1. Phinney, Donna J., and Judy H. Halstead. *Dental Assisting: A Comprehensive Approach*. 3rd and 4th ed. Clifton Park, NY: Delmar, 2008 and 2013.
2. Wilkins, Esther M. *Clinical Practice of the Dental Hygienist*. 10th and 11th ed. Philadelphia, PA: Lippincott, 2008 and 2013.
3. Harris, Norman O., Franklin Garcia-Godoy and Christine Nielson Nathe. *Primary Preventive Dentistry*. 7th and 8th ed. Upper Saddle River, NJ: Pearson Education, 2008 and 2014.
4. Bird, Doni L., and Debbie S. Robinson. *Modern Dental Assisting*. 10th and 11th ed. St. Louis, MO: Elsevier/Saunders, 2012 and 2015.
5. Bird, Doni L., and Debbie S. Robinson. *Essentials of Dental Assisting*. 4th and 5th ed. St. Louis, MO: Elsevier/Saunders, 2007 and 2013.
6. Hatrick, Carol D., and W. S. Eakle. *Dental Materials: Clinical Applications for Dental Assistants and Dental Hygienists*. 3rd ed. St. Louis, MO: Elsevier/Saunders, 2016.
7. Darby, Michele Leonardi. *Mosby's Comprehensive Review of Dental Hygiene*. 7th ed. St. Louis, MO: Elsevier/Mosby, 2012.

Note that each state's dental board implements regulations and establishes rules for delegating legally allowable duties to dental assistants. Passing one or more of the DANB component exams or earning DANB certification only conveys authority to perform these duties in those states that recognize these exams or this certification as meeting state dental assisting requirements. This information is at www.danb.org/Meet-State-Requirements.aspx.

- (3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.
 - (A) Assessment of respiration rates.
 - (B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
 - (C) Monitoring oxygen saturation with a pulse oximeter.
 - (D) Use of an oxygen delivery system.
- (l) With respect to drug identification and draw:
 - (1) Didactic instruction shall contain:
 - (A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.
 - (B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.
 - (C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.
 - (2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.
 - (3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.
- (m) With respect to adding drugs, medications, and fluids to IV lines:
 - (1) Didactic instruction shall contain:
 - (A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.
 - (B) Armamentaria.
 - (C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.
 - (D) Procedures for adding drugs, medications, and fluids by IV bolus.
 - (E) Characteristics of patient observation for signs and symptoms of drug response.
 - (2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this Section.
 - (3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.
- (n) With respect to the removal of IV lines:
 - (1) Didactic instruction shall include overview and procedures for the removal of an IV line.
 - (2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall then be eligible for a practical examination.
 - (3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.
- (o) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.
- (p) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

1071. Approval of RDAEF Educational Programs.

- (a) All new Registered Dental Assistant in Extended Functions (RDAEF) educational programs shall apply for and receive approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program. The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own.
- (b) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the following criteria shall be met by an RDAEF educational program to secure and maintain approval by the Board.
 - (1) A program applying for approval to teach all of the duties specified in Business and Professions Code Section 1753.5 shall comply with all of the requirements of this Section.
 - (2) A program applying for approval to teach RDAEFs licensed on or before January 1, 2010 the additional duties specified in Business and Professions Code Section 1753.6 shall comply with all of the requirements of this Section, except as follows:

California State Dental Practice Act and Administrative Rules for Dental Assistants

- (A) The program shall be no less than 318 hours, including at least 76 hours of didactic instruction, at least 186 hours of laboratory instruction, and at least 56 hours of clinical instruction.
- (B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final impressions for permanent indirect restorations, or the fitting of endodontic master points and accessory points.
- (c) In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the Board and shall submit documentary evidence of successful completion of a Board-approved pit and fissure sealant course.
- (d) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a course or certification program in educational methodology of at least six (6) hours by January 1, 2012, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or a Community College Teaching Credential. Each faculty member employed after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.
- (e) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours, including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction, and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction shall be provided under the direct supervision of program staff. Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Section 1070.1(c).
- (f) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:
 - (1) Minimum requirements for equipment and armamentaria:
 - (A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operator shall allow an articulated typodont to be mounted in a simulated head position.
 - (B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.
 - (C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.
 - (D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.
 - (2) Notwithstanding Section 1070, there shall be at least one operator for every two students who are simultaneously engaged in clinical instruction.
- (g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h) to (o), inclusive, and the following didactic instruction:
 - (1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.
 - (2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion. "Occlusion" is the review of articulation of maxillary and mandibular arches in maximum intercuspation.
 - (3) Characteristics and manipulation of dental materials related to each procedure.
 - (4) Armamentaria for all procedures.
 - (5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.
 - (6) Tooth isolation and matrix methodology review.
- (h) General laboratory instruction shall include:
 - (1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.
 - (2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.
 - (3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

California State Dental Practice Act and Administrative Rules for Dental Assistants

- (i) With respect to preliminary evaluation of the patient's oral health, including charting of existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:
 - (1) Didactic instruction shall contain the following:
 - (A) Normal anatomical structures: oral cavity proper, vestibule, and lips.
 - (B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.
 - (C) Overview of classifications of occlusion and myofunction.
 - (D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.
 - (2) Preclinical instruction shall include performing an oral inspection on at least two other students.
 - (3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.
- (j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:
 - (1) Didactic instruction shall include the following:
 - (A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.
 - (B) Description and goals of filling technique using lateral condensation techniques.
 - (C) Principles and techniques of fitting and cementing master points and accessory points using lateral condensation, including characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.
 - (2) Laboratory instruction shall include fitting and cementing master points and accessory points on extracted teeth or simulated teeth with canals in preparation for lateral condensation by the dentist, with a minimum of two experiences each on a posterior and anterior tooth. This instruction shall not include obturator-based techniques or other techniques that employ condensation.
 - (3) Simulated clinical instruction shall include fitting and cementing master points and accessory points in preparation for condensation by the dentist with extracted or simulated teeth prepared for lateral condensation mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. This instruction shall not include obturator-based techniques that employ condensation. Simulated clinical instruction shall include fitting and cementing master points and accessory points for lateral condensation by the dentist in at least four teeth, one of which shall be used for a practical exam.
- (k) With respect to gingival retraction, general instruction shall include:
 - (1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.
 - (2) Description and goals of cord retraction.
 - (3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.
- (l) With respect to final impressions for permanent indirect and toothborne restorations:
 - (1) Didactic instruction shall contain the following:
 - (A) Review of characteristics of impression material and custom.
 - (B) Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis.
 - (C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.
 - (2) Laboratory instruction shall include the following:
 - (A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.
 - (B) Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.
 - (3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.
- (m) With respect to placing, contouring, finishing, and adjusting direct restorations:
 - (1) Didactic instruction shall contain the following:
 - (A) Review of cavity preparation factors and restorative material.
 - (B) Review of cavity liner, sedative, and insulating bases.
 - (C) Characteristics and manipulation of direct filling materials.
 - (D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

California State Dental Practice Act and Administrative Rules for Dental Assistants

- (E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.
- (F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.
- (2) Laboratory instruction shall include typodont experience on the following:
 - (A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.
 - (B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.
 - (C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.
- (3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:
 - (A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.
 - (B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.
 - (C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.
- (4) Clinical instruction shall require proficient completion of placing, contouring and finishing at least twenty (20) direct restorations in prepared permanent teeth with the following requirements:
 - (A) At least fifty (50) percent of the experiences shall be Class II restorations using esthetic materials.
 - (B) At least twenty (20) percent of the experiences shall be Class V restorations using esthetic materials.
 - (C) At least ten (10) percent of the experiences shall use amalgam.
 - (D) Students who complete the 20 restorations and meet all the instructional requirements of this Section may complete additional Class I, II, III or V restorations as deemed appropriate for program success.
- (n) With respect to polishing and contouring existing amalgam restorations:
 - (1) Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults.
 - (2) Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification.
 - (3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory in the polishing and contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.
- (o) With respect to adjusting and cementing permanent indirect restorations:
 - (1) Didactic instruction shall contain the following:
 - (A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.
 - (B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.
 - (C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.
 - (2) Laboratory instruction shall include:
 - (A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.
 - (B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.
 - (3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.
 - (4) Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth.
- (p) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.
- (q) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational Programs (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

**BOARD APPROVED COURSES REQUIRED FOR
DENTAL ASSISTANTS TO PERFORM DUTIES
UNDER TITLE 5, SERIES 1, SECTION 8.2**

Upon submission of proof of successful completion of a program of education approved by the WV Board of Dental Examiners, a dental assistant may perform the following functions under the direct supervision of a dentist:

- (o) Applying topical anticariogenic agents after successful completion of a board-approved course and examination and with prior approval by the supervising dentist;
- (p) Applying pit and fissure sealants after successful completion of a board-approved course and examination and with a final evaluation by the supervising dentist;
- (v) Chemical conditioning of the tooth to accept a restoration and/or bracket by topical application after successful completion of a board-approved course and examination;
- (w) Using a power-driven hand piece with rubber cup and/or brush only for preparing a tooth for accepting a restoration and/or appliance, which shall in no way be represented to the patient as a prophylaxis, after successful completion of a board-approved course and examination;
- (x) Placing retraction cords for crown impressions after successful completion of a board-approved course and examination and with prior approval by the supervising dentist;

The program of education shall include a minimum of six (6) hours of didactic instruction, successful completion of a written examination by a score of at least 75% (both of which have to be reviewed and approved by the Board prior to implementation), and documented clinical experiences by the supervising dentist.

The supervising dentist shall personally observe the following successful tasks by a dental assistant after successful completion of an approved program and exam:

- (a) the application of topical anticariogenic agents on four (4) patients (subparagraph o.)
- (b) the application of six (6) pit and fissure sealants (subparagraph p.)
- (c) the topical chemical conditioning of six (6) teeth to accept a restoration and/or bracket (subparagraph v.)
- (d) using a power-driven hand piece with rubber cup and/or brush for preparing six (6) teeth for accepting a restoration and/or appliance (subparagraph w.)
- (e) placing retraction cord for crown impressions on six (6) teeth (subparagraph x.)

Upon submission of proof of successful completion of a program of education approved by the WV Board of Dental Examiners, a dental assistant may perform the following functions under the direct supervision of a dentist:

- (a) placing or removing temporary space maintainers, orthodontic separating devices, ligatures, brackets and bands with a final evaluation by the supervising dentist at the time of placement or removal (subparagraph dd)
- (b) the topical chemical conditioning of six (6) teeth to accept a restoration and/or bracket (subparagraph v.)
- (c) using a power-driven hand piece with rubber cup and/or brush for preparing six (6) teeth for accepting a restoration and/or appliance (subparagraph w.)

The program of education shall include a minimum of four (4) hours of didactic instruction, successful completion of a written examination by a score of at least 75% (both of which have to be reviewed and approved by the Board prior to implementation), and documented clinical experiences by the supervising dentist. The supervising dentist will

personally observe and attest that the dental assistant is competent in performing the delegated intraoral tasks after successful completion of an approved program and exam.

Please note that after July 28, 2005, a dental assistant will have to successfully complete a program approved by the WV Board of Dental Examiners in order to visually monitor a nitrous oxide analgesia unit (subparagraph ff.). The Board is currently developing these guidelines.

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818-042-0070

Expanded Function Dental Assistants (EFDA)

The following duties are considered Expanded Function Duties and may be performed only after the dental assistant complies with the requirements of 818-042-0080:

- (1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains.
- (2) Remove temporary crowns for final cementation and clean teeth for final cementation;
- (3) Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth;
- (4) Place temporary restorative material (i.e., zinc oxide eugenol based material) in teeth providing that the patient is checked by a dentist before and after the procedure is performed;
- (5) Place and remove matrix retainers for alloy and composite restorations;
- (6) Polish amalgam or composite surfaces with a slow speed handpiece;
- (7) Remove excess supragingival cement from crowns, bridges, bands or brackets with hand instruments providing that the patient is checked by a dentist after the procedure is performed;
- (8) Fabricate temporary crowns, and temporarily cement the temporary crown. The cemented crown must be examined and approved by the dentist prior to the patient being released;
- (9) Under general supervision, when the dentist is not available and the patient is in discomfort, an EFDA may recement a temporary crown or recement a permanent crown with temporary cement for a patient of record providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate; and
- (10) Perform all aspects of teeth whitening procedures.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.020, 679.025 & 679.250

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 3-2005, f. 10-26-05, cert. ef. 11-1-05; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; f. 7-9-15, ef. 10-01-15

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818-042-0090

Additional Functions of EFDAs

Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist prior to the patient being dismissed:

(1) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist or dental hygienist.

(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(3) Place cord subgingivally.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 6-2014, f. 7-2-2014, cert. ef. 8-1-2014; f. 7-9-15, ef. 10-01-15

**EXECUTIVE
DIRECTOR'S
REPORT**

EXECUTIVE DIRECTOR'S REPORT

October 30, 2015

Board Member & Staff Updates

Introduction of new OBD Office Manager, Jessica Conway. The new Dental Investigator interviews have commenced and I will have an update on that process at the meeting.

OBD Budget Status Report

Attached is the latest budget report for the 2015 - 2017 Biennium. This report, which is from July 1, 2015 through August 31, 2015, shows revenue of \$363,802.51 and expenditures of \$172,064.78. We have just completed the 1st RDH Renewal for the 2015-17 Biennium. If Board members have questions on this budget report format, please feel free to ask me.

Attachment #1

Dental Hygiene Renewal

The first renewal of the 2015-17 Biennium finished Sept 30th.

- 2107 Renewals mailed – July 16, 2015
- 1889 Renewed
- 188 Expired (118 out-of-state, 70 in Oregon)
- 30 Retired

Overview of OBD Workload

Attached are some statistics on licensing and investigative activities at the OBD. The DPA has also been updated showing the amended rules effective October 1st. The DPA has been posted to the OBD website.

Attachment #2

Customer Service Survey

Attached are the legislatively mandated survey results from July 1, 2015 - September 30, 2015, implementing our new online format and comments received. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey. **Attachment #3**

Board and Staff Speaking Engagements

I gave a "Board Updates" presentation on Sept. 11, 2015 at the ODA House of Delegates meeting in Bend.

2015 Annual Performance Report

Attached please find the 2015 Annual Performance report for the OBD. **Attachment #4**

Legislation

Attached is some information regarding cultural competence, certification for local school dental sealant programs, training health care workers to provide oral disease prevention services and disciplinary information available to the public.

Attachment #5

OBD LEDS/data security

The Oregon State Police's Criminal Justice Information Services Division (CJIS) recently conducted training for all state agencies that utilize the LEDS (Law Enforcement Data Systems). Teresa Haynes attended the training and I will review some possible changes the OBD will need to make to be in compliance with new and updated rules.

Strategic Planning Session

The next Strategic Planning Session will be April 22 -23, 2016. I will provide an update on some estimated costs and logistics for the session.

Newsletter

The next newsletter is being assembled. We hope to have it finalized and distributed before the December Board meeting.

Appn Year 2017
BOARD OF DENTISTRY
Fund 3400 BOARD OF DENTISTRY
For the Month of AUGUST 2015

REVENUES

<u>Budget Obj</u>	<u>Budget Obj Title</u>	<u>Prior Month</u>	<u>Current Month</u>	<u>Bien to Date</u>	<u>Financial Plan</u>	<u>Unoblig</u>
0975	OTHER REVENUE	3,594.72	1,576.80	5,171.52	55,001.00	49,829.48
0210	OTHER NONBUSINESS LICENSES AND FEES	650.00	750.00	1,400.00	16,000.00	14,600.00
0410	CHARGES FOR SERVICES	850.50	2,257.50	3,108.00	17,200.00	14,092.00
0505	FINES AND FORFEITS	5,834.00	18,334.00	24,168.00	75,000.00	50,832.00
0205	OTHER BUSINESS LICENSES	112,670.00	216,727.00	329,397.00	3,141,259.00	2,811,862.00
0605	INTEREST AND INVESTMENTS	256.97	301.02	557.99	8,000.00	7,442.01
		123,856.19	239,946.32	363,802.51	3,312,460.00	2,948,657.49

TRANSFER OUT

<u>Budget Obj</u>	<u>Budget Obj Title</u>	<u>Prior Month</u>	<u>Current Month</u>	<u>Bien to Date</u>	<u>Financial Plan</u>	<u>Unoblig</u>
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	0.00	0.00	0.00	216,000.00	216,000.00
		0.00	0.00	0.00	216,000.00	216,000.00

PERSONAL SERVICES

<u>Budget Obj</u>	<u>Budget Obj Title</u>	<u>Prior Month</u>	<u>Current Month</u>	<u>Bien to Date</u>	<u>Financial Plan</u>	<u>Unoblig</u>
3110	CLASS/UNCLASS SALARY & PER DIEM	30,039.20	38,843.18	66,882.38	1,099,464.00	1,032,581.62
3250	WORKERS' COMPENSATION ASSESSMENT	16.73	16.08	32.81	552.00	519.19
3230	SOCIAL SECURITY TAX	2,252.41	2,789.96	5,042.37	87,416.00	82,373.63
3210	ERB ASSESSMENT	9.60	7.68	17.28	352.00	334.72
3260	MASS TRANSIT	181.24	192.19	373.43	6,881.00	6,507.57
3270	FLEXIBLE BENEFITS	7,438.00	7,438.00	14,876.00	244,224.00	229,348.00
3221	PENSION BOND CONTRIBUTION	1,867.84	1,882.76	3,750.60	58,360.00	54,609.40
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	4,950.94	4,993.89	9,944.83	168,815.00	158,870.17
3180	SHIFT DIFFERENTIAL	0.00	6.75	6.75	0.00	-6.75
3170	OVERTIME PAYMENTS	0.00	216.00	216.00	3,771.00	3,555.00
3190	ALL OTHER DIFFERENTIAL	0.00	0.00	0.00	35,483.00	35,483.00
3160	TEMPORARY APPOINTMENTS	0.00	0.00	0.00	3,920.00	3,920.00
		46,755.96	54,386.49	101,142.45	1,709,238.00	1,608,095.55

SERVICES and SUPPLIES

<u>Budget Obj</u>	<u>Budget Obj Title</u>	<u>Prior Month</u>	<u>Current Month</u>	<u>Bien to Date</u>	<u>Financial Plan</u>	<u>Unoblig</u>
4100	INSTATE TRAVEL	279.45	2,828.35	3,107.80	49,208.00	46,100.20
4300	PROFESSIONAL SERVICES	7,250.00	11,611.50	18,861.50	125,917.20	107,055.70
4150	EMPLOYEE TRAINING	1,305.00	1,110.40	2,415.40	68,577.04	66,161.64
4125	OUT-OF-STATE TRAVEL	0.00	0.00	0.00	0.00	0.00

Budget/Obj	Budget/Obj/Title
4575	AGENCY PROGRAM RELATED SVCS & SUPP
4425	FACILITIES RENT & TAXES
4650	OTHER SERVICES AND SUPPLIES
4175	OFFICE EXPENSES
4200	TELECOMM/TECH SVC AND SUPPLIES
4275	PUBLICITY & PUBLICATIONS
4250	DATA PROCESSING
4715	IT EXPENDABLE PROPERTY
4400	DUES AND SUBSCRIPTIONS
4225	STATE GOVERNMENT SERVICE CHARGES
4325	ATTORNEY GENERAL LEGAL FEES
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT
4475	FACILITIES MAINTENANCE
4700	EXPENDABLE PROPERTY \$250-\$5000
4315	IT PROFESSIONAL SERVICES

Prior Month	Current Month	Bienn to Date	Financial Plan	Unoblig
342.30	3,019.00	3,361.30	165,516.01	162,154.71
6,277.92	6,466.25	12,744.17	154,455.00	141,710.83
2,339.37	4,280.70	6,620.07	71,185.81	64,565.74
8,917.00	1,528.54	10,445.54	84,561.00	74,115.46
152.83	152.83	305.66	23,155.99	22,850.33
318.05	805.74	1,123.79	13,800.00	12,676.21
159.00	470.00	629.00	6,412.00	5,783.00
0.00	601.00	601.00	5,421.00	4,820.00
3,190.00	300.00	3,490.00	1,043.96	-2,446.04
434.40	82.70	517.10	39,124.99	38,607.89
0.00	6,700.00	6,700.00	224,149.00	217,449.00
0.00	0.00	0.00	655.00	655.00
0.00	0.00	0.00	542.00	542.00
0.00	0.00	0.00	5,421.00	5,421.00
0.00	0.00	0.00	52,460.00	52,460.00
30,965.32	39,957.01	70,922.33	1,091,605.00	1,020,682.67

SPECIAL PAYMENTS

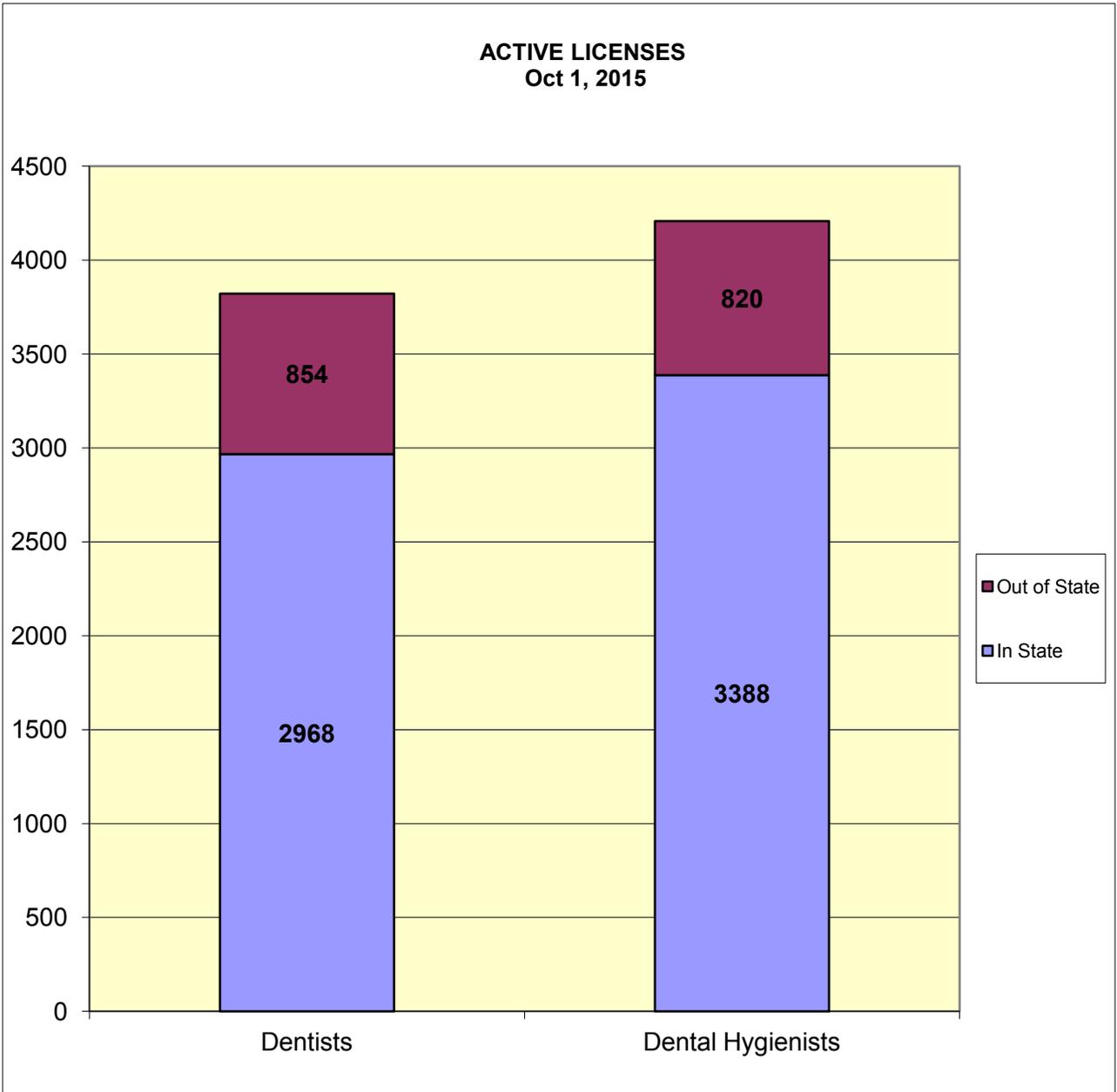
Budget/Obj	Budget/Obj/Title
6443	DIST TO OREGON HEALTH AUTHORITY

Prior Month	Current Month	Bienn to Date	Financial Plan	Unoblig
0.00	0.00	0.00	185,128.00	185,128.00
0.00	0.00	0.00	185,128.00	185,128.00

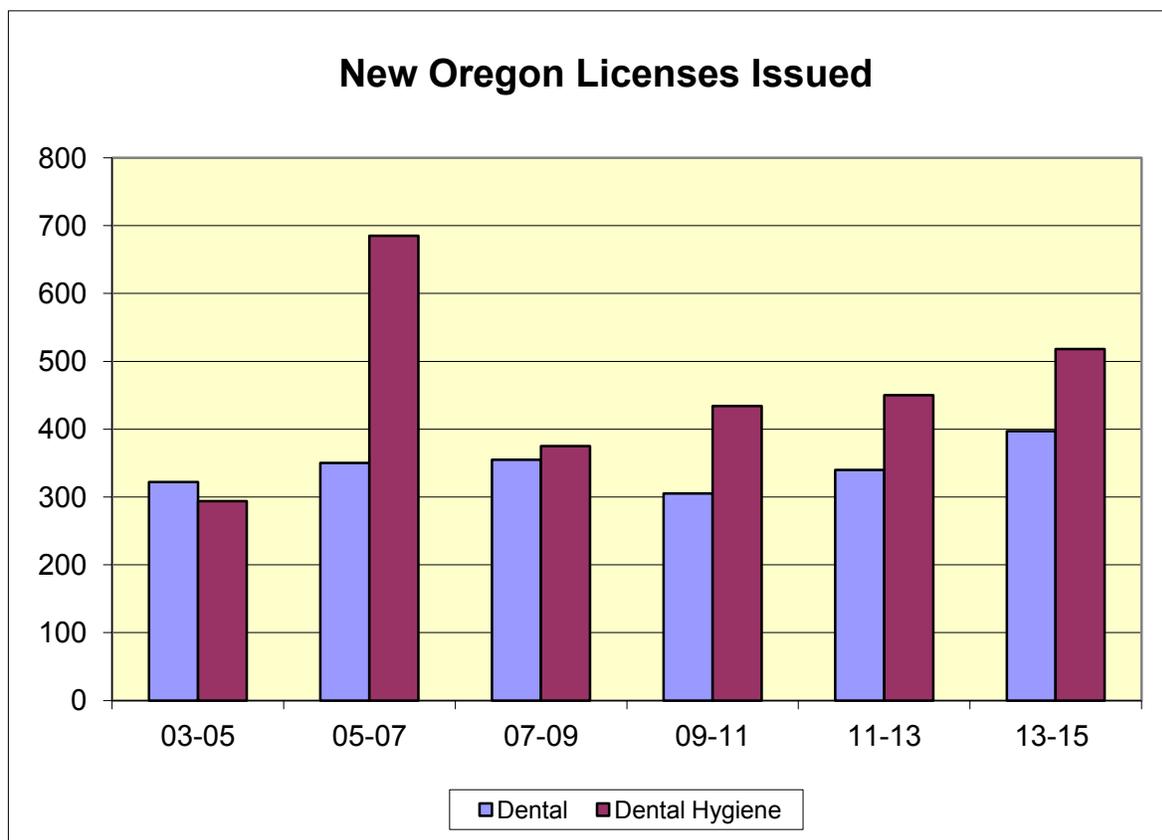
		3400		
		Monthly Activity	Biennium Activity	Financial Plan
REVENUES	REVENUE	239,946.32	363,802.51	3,312,460.00
	Total	239,946.32	363,802.51	3,312,460.00
EXPENDITURES	PERSONAL SERVICES	54,386.49	101,142.45	1,709,238.00
	SERVICES AND SUPPLIES	39,957.01	70,922.33	1,091,605.00
	SPECIAL PAYMENTS	0	0	185,128.00
	Total	94,343.5	172,064.78	2,985,971.00
TRANSFER OUT	TRANSFER OUT	0	0	216,000.00
	Total	0	0	216,000.00

TOTAL LICENSEES

Oct-15			
	In State	Out of State	Total
Dentists	2968	854	3822
Dental Hygienists	3388	820	4208
	6356	1674	8030



New Licenses Issued - Biennially						
	03-05	05-07	07-09	09-11	11-13	13-15
Dental	322	350	355	305	340	397
Dental Hygiene	294	685	375	434	450	518
Total	616	685	730	739	790	915
<i>Percent increase from prior biennium</i>	~	11%	7%	1%	7%	16%



OREGON BOARD OF DENTISTRY

Investigative Caseload by Biennium

	03-'05	05-'07	07-'09	09-'11	11-'13	13-'15	2014	2015
Formal Investigations Opened	473	569	578	525	426	424	193	231
Cases Completed and Closed	501	570	513	457	413	433	195	238
Cases Resulting in Discipline	67	64	73	64	104	76	31	45

Case Investigations Opened by Type*

Type of Case	FY '04	FY '05	FY '06	FY '07	FY '08	FY '09	FY '10	FY '11	FY '12	FY '13	FY '14	FY '15	Total	Percent
Advertising	8	8	11	10	10	7	12	12	1	5	1	2	87	3.0%
Applicant Issues	1	1	2	1	2	0	1	1	0	0	1	2	12	0.4%
Auxiliaries (unauthorized use)	0	0	0	1	0	0	0	0	0	0	0		1	0.0%
Continuing Education	1	2	4	1	3	4	1	1	2	1	1	6	27	0.9%
Criminal Conviction	0	0	0	0	0	0	0	0	0	0	0		0	0.0%
Disciplined in another State	1	1	4	6	0	3	3	3	1	2	2	1	27	0.9%
Improper Prescribing	1	1	2	2	2	3	1	1	1	1	0	1	11	0.4%
Miscellaneous	9	8	1	1	0	1	2	1	0	1	3	6	33	1.1%
No Apparent Jurisdiction	24	24	21	38	44	27	25	24	30	23	24	28	332	11.3%
Narcotics/Substance Abuse	4	4	7	18	18	20	10	10	16	6	6	14	133	4.5%
Practice Outside Scope	0	0	0	0	0	0	0	0	0	0	0		0	0.0%
Sexual Misconduct	1	1	1	3	3	3	2	2	2	2	0	1	21	0.7%
Unacceptable Patient Care	169	177	160	186	157	157	144	143	150	136	134	131	1844	62.7%
Unprofessional Conduct	14	15	22	19	21	43	24	25	19	14	19	33	268	9.1%
Work Without a License	7	6	13	39	31	19	7	7	6	4	2	6	147	5.0%
Total	240	248	248	325	291	287	232	230	228	195	193	231	2943	100.0%

* Based on formal complaints received, applicant issues, or malpractice reports received from insurance companies.

Case Outcomes**

Board Action	FY '04	FY '05	FY '06	FY '07	FY '08	FY '09	FY '10	FY '11	FY '12	FY '13	FY '14	FY '15	Total	Percent
No Violation	69	74	84	87	113	74	96	96	73	67	61	59	953	31.4%
No Further Action	75	85	100	60	92	46	61	62	48	50	41	84	804	26.5%
Letter of Concern	74	78	83	107	98	74	58	55	55	33	62	50	827	27.3%
Discipline	44	31	38	26	32	41	39	28	47	47	31	45	449	14.8%
Total	262	268	305	280	335	235	251	242	223	197	195	238	3033	100.0%

** Some cases have multiple respondents and will have more than one outcome.



Oregon Board of Dentistry

Showing Data for: ODD

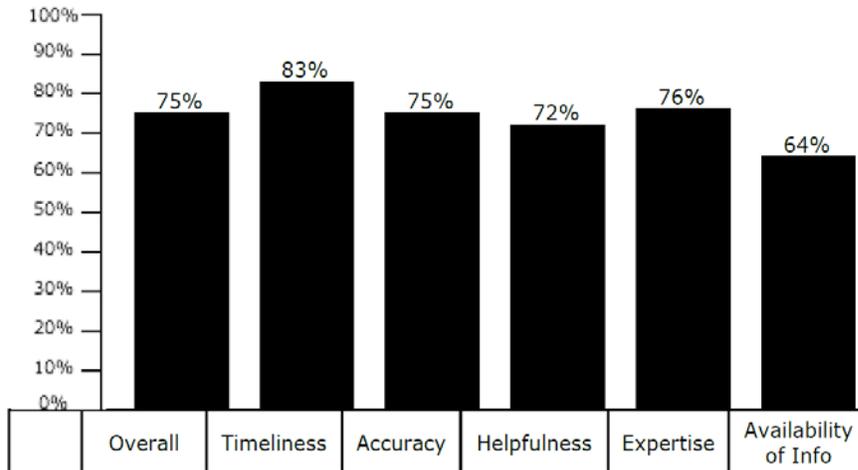
Time Period:

7/2015 to 6/2016

Change View

Number of Responses: 31

Percent Rating Service Good or Excellent



Rating Totals By Question

Question	Don't Know	Poor	Fair	Good	Excellent
Q1	2	3	2	12	12
Q2	3	4	3	9	12
Q3	6	3	4	5	13
Q4	6	3	3	7	12
Q5	3	4	6	7	11
Q6	3	4	3	11	10

Question #1: TIMELINESS: How would you rate the timeliness of services provided by the Oregon Board of Dentistry?

Question #2: ACCURACY: How do you rate the ability of the Oregon Board of Dentistry to provide services correctly the first time?

Question #3: HELPFULNESS: How do you rate the helpfulness of the Oregon Board of Dentistry employees?

Question #4: EXPERTISE: How do you rate the knowledge and expertise of the Oregon Board of Dentistry employees?

Question #5: AVAILABILITY OF INFORMATION: How do you rate the availability of information at the Oregon Board of Dentistry?

Question #6: OVERALL SERVICE: How do you rate the overall quality of service provided by the Oregon Board of Dentistry?

Posted	Comment
9/10/2015 7:03:31 PM	Teresa was very prompt about sending my receipt for my license. Thank you
9/9/2015 7:47:23 PM	The board is not staffed sufficiently for investigators. Some cases take a year to resolve just due to sheer case load. The data provided is not a clear data visual representation. It would be great i
9/9/2015 4:00:35 PM	I would appreciate knowing what the mandatory five dollar workforce survey fee covers. A survey, in my experience, should be a voluntary experience to receive the best results.
9/9/2015 3:59:04 PM	why is a notary involved? that step will inhibit many providers from signing up. I don't have to have a notary for basically anything else these days.
9/9/2015 2:35:55 PM	I would like to see a response given when a provider gets their CE courses audited. A Pass for all courses accepted or a Fail if they aren't-some type of follow up for all the info we send in.
9/9/2015 12:12:54 PM	I have tried to use the Prescription Drug Monitoring website a few times and find it Very Difficult to Access patient information. Can you make more User Friendly?
9/1/2015 8:16:34 AM	I have called several times for licensing information. Each call, I received a warm, friendly correct answer instantly. Refreshing that this caliber of service does exist somewhere in the world.
8/7/2015 8:21:03 AM	You efficiently let us know of the meeting for rule changes, but what ARE the rule changes you are considering? Please email us of the summary of the issues with links of information on each issue.
8/5/2015 9:07:36 PM	Keep up the good work!
8/5/2015 5:22:46 PM	I am retired and won't be renewing my license.
8/4/2015 5:28:59 PM	End Tidal CO2 monitoring is unnecessary for enteral moderate sedation due to the fact that patients do not enter into significant respiratory depression.
8/4/2015 11:57:17 AM	it is ridiculous you are charging hygienist a manditory 5.00 to take a survey. When I told the dentist I work for that, he laughed. That is extortion!!
8/4/2015 9:46:22 AM	Keep up the great work!
8/4/2015 7:22:27 AM	It would be nice if the Board of Dentistry would actually hire an Exceutive Director that had a clue about dentistry!
8/4/2015 7:14:06 AM	Happy with obd services.
7/24/2015 2:57:17 PM	Teresa gave excellent service and helped me immediately. She went over an above the expectation of service. She is knowledgeable, efficient and helpful. She helped me navigate the Web site.

Agency Management Report

KPMs For Reporting Year 2015

Finalize Date: 9/15/2015

Agency: DENTISTRY, BOARD of

	Green = Target to -5%	Yellow = Target -6% to -15%	Red = Target > -15%	Pending	Exception Can not calculate status (zero entered for either Actual or Target)
Summary Stats:	60.00%	20.00%	20.00%	0.00%	0.00%

Detailed Report:

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
1 - Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.	100	100	Green	2015	The OBD audits 15% of all license renewals each year to see that licensees are in compliance with the Continuing Education Rules, those audits have shown a high compliance rate.
2 - Time to Investigate Complaints - Average time from receipt of new complaints to completed investigation.	12.00	3.50	Red	2015	The OBD is optimistic that once the new dental investigator is trained, that the overall time to complete investigations will start trending down from the last few years results.
3 - Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.	7	7	Green	2015	The OBD strives to complete all renewal and application paperwork in 7 days or less.
4 - CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	85	85	Green	2015	The OBD continues to have around an 80% positive rating from the cusotmers who complete the Customer Service Survey.

Agency Management Report

KPMs For Reporting Year 2015

Finalize Date: 9/15/2015

KPMs	Actual	Target	Status	Most Recent Year	Management Comments
5 - Board Best Practices - Percent of total best practices met by the Board.	93	100	Yellow	2015	The OBD continues to complete the Board Best Practices Evaluation and strives for 100% compliance.

This report provides high-level performance information which may not be sufficient to fully explain the complexities associated with some of the reported measurement results. Please reference the agency's most recent Annual Performance Progress Report to better understand a measure's intent, performance history, factors impacting performance and data gather and calculation methodology.

DENTISTRY, BOARD of
Annual Performance Progress Report (APPR) for Fiscal Year (2014-2015)

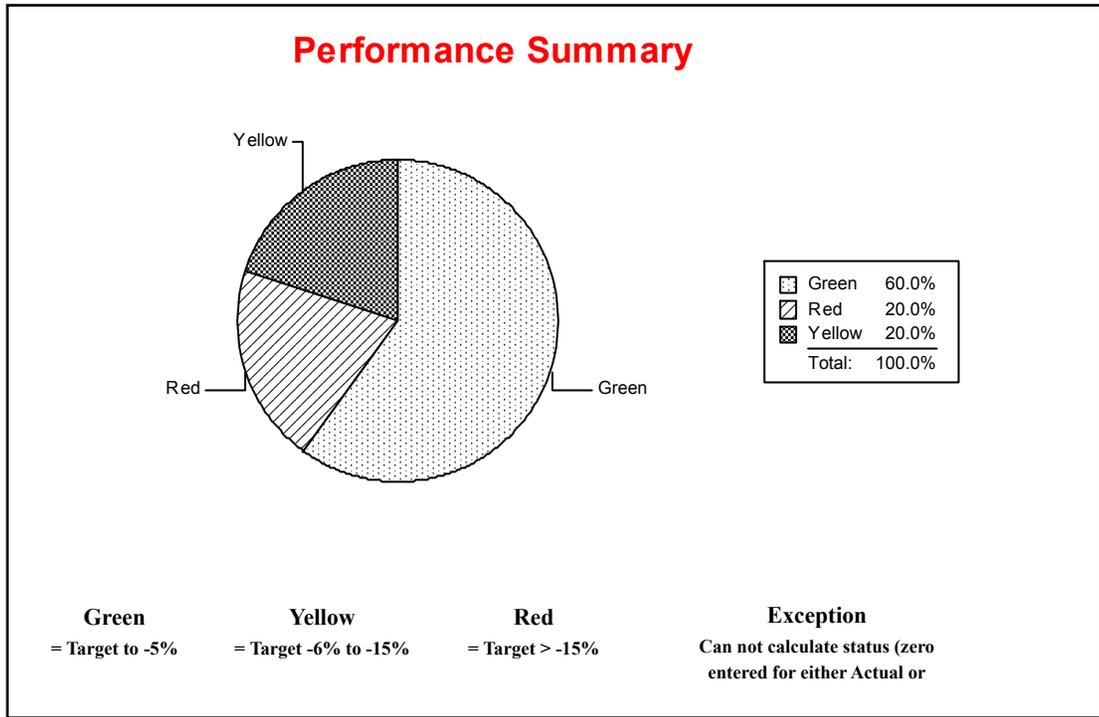
Original Submission Date: 2015

Finalize Date: 9/15/2015

2014-2015 KPM #	2014-2015 Approved Key Performance Measures (KPMs)
1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.
2	Time to Investigate Complaints - Average time from receipt of new complaints to completed investigation.
3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.
4	CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.
5	Board Best Practices - Percent of total best practices met by the Board.

New Delete	Proposed Key Performance Measures (KPM's) for Biennium 2015-2017
	Title: Rationale:

DENTISTRY, BOARD of	I. EXECUTIVE SUMMARY
Agency Mission: To assure that the citizens of Oregon receive the highest possible quality oral health care.	
Contact: Stephen Prisby, Executive Director	Contact Phone: 971-673-3200
Alternate:	Alternate Phone:



1. SCOPE OF REPORT

The Board of Dentistry is charged with the regulation of the practice of dentistry and dental hygiene by setting standards for entry to practice, examination of applicants, issuance and renewal of licenses, and enforcing the standards of practice. The Board also is required by law to establish standards for the administration of anesthesia in dental offices. The Board determines dental procedures that may be delegated to dental assistants and establishes standards for training and certification of dental assistants. As of September 1, 2015, there were 3811 dentists, and 4,391 dental hygienists holding Oregon licenses. The Board operates in an atmosphere of constant change, rapidly developing technology, changing treatment modalities, demographic and geographic disparities in access to dental care, growing public demand for a greater diversity of provider groups, and constantly shifting societal norms and values. Agency operations

are supported solely from license application, renewal, exam and permit fees, plus revenues generated from fines imposed for late renewals, civil penalties assessed, and miscellaneous receipts from the sale of mailing lists and copies of public records. The Board is composed of ten members appointed by the Governor and confirmed by the Senate for four-year terms. There are six dentists, one of whom must be a dental specialist, two dental hygienists and two public members. 7.0 FTE staff that carry out the day-to-day functions of the agency. In addition, the Board contracts with numerous dental professionals to provide expertise in specific dental specialty areas. Primary program activities are Licensing and Examination, Enforcement and Monitoring, and Administration.

2. THE OREGON CONTEXT

The Oregon Board of Dentistry has no Primary Links to the Oregon Benchmarks; however, Board activities support the following benchmarks as secondary links. #29 Skills Training: Percentage of Oregonians in the labor force who received at least 20 hours of skills training in the past year. #30 Volunteerism: Percentage of Oregonians who volunteer at least 50 hours of their time per year to civic, community or nonprofit activities. #44 Adult Non-smokers: Percentage of Oregonians, 18 and older who smoke cigarettes. #52 Substance Use During Pregnancy: Percentage of pregnant women who abstain from using: a. alcohol; b. tobacco. #50 Child Abuse or Neglect: Number of children, per 1,000 persons under 18, who are: a. neglected/abused; b. at a substantial risk of being neglected/abused.

3. PERFORMANCE SUMMARY

All but one current Performance Measures Targets are being met.

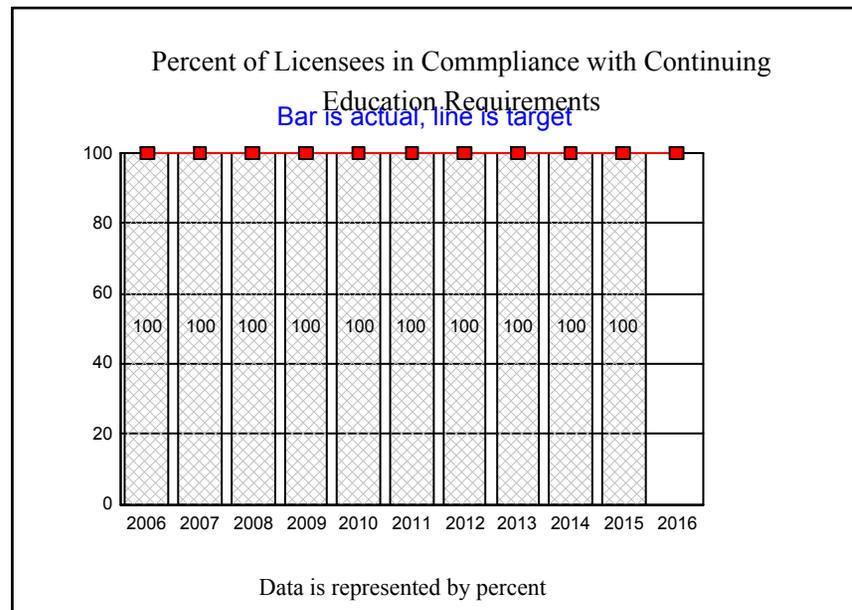
4. CHALLENGES

As with all state agencies, those that are funded by Other Funds continue to be challenged by adhering to all revenue and expenditure guidelines outlined by the Governor and the Legislature, although no direct taxpayer dollars fund the Oregon Board of Dentistry.

5. RESOURCES AND EFFICIENCY

The Oregon Board of Dentistry 2015- 2017 Legislatively Adopted Budget is \$2,985,971.00

KPM #1	Continuing Education Compliance - Percent of Licensees in compliance with continuing education requirements.	2001
Goal	Public Protection - Protect the public by assuring that all licensees are competent to practice safely and ethically.	
Oregon Context	The Oregon Board of Dentistry has no primary links to the Oregon Benchmarks.	
Data Source	Agency records from continuing education audit logs.	
Owner	Oregon Board of Dentistry, Stephen Prisby, Executive Director (971) 673-3200.	



1. OUR STRATEGY

The Board's strategy is that Licensees should keep current on practice issues. One way to do this is to take continuing education courses on a biennial basis. To determine if the licensees are in compliance is to audit approximately 15% of all licensees to establish a baseline.

2. ABOUT THE TARGETS

A target of 100% compliance seems to be an appropriate level for all licenses.

3. HOW WE ARE DOING

The profession is complying with the requirements to complete continuing education as a prerequisite to renewing their license.

4. HOW WE COMPARE

There are no outside comparisons of similar jurisdictions to use.

5. FACTORS AFFECTING RESULTS

There are no specific factors affecting the results.

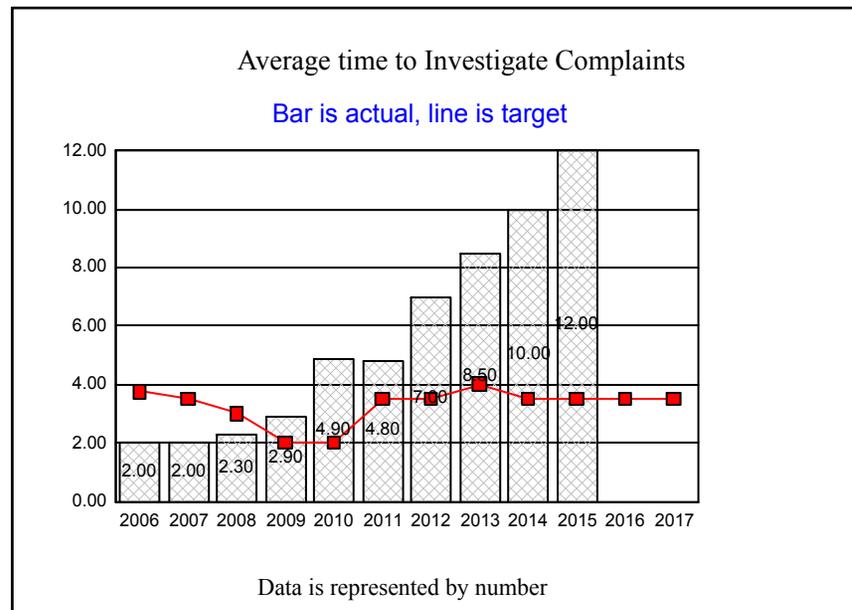
6. WHAT NEEDS TO BE DONE

Nothing needs to be done at this time.

7. ABOUT THE DATA

The reporting cycle is the Oregon fiscal year. The Board audits 15% of all licensees that are eligible for renewal, based on those that are audited and renew. We compare the Continuing Education Log that they are required to submit to see if they have met the requirements of the Law and Administrative Rules; if they are not in compliance, they are turned over for investigation of a possible violation of the Oregon Dental Practice Act.

KPM #2	Time to Investigate Complaints - Average time from receipt of new complaints to completed investigation.	2000
Goal	Public Protection - Protect the public by assuring that all licensees are competent to practice safely and ethically.	
Oregon Context	The Oregon Board of Dentistry has no primary links to the Oregon Benchmarks.	
Data Source	Database - investigative files.	
Owner	Oregon Board of Dentistry, Stephen Prisby, Executive Director, (971) 673-3200.	



1. OUR STRATEGY

The Board's strategy is that the investigation of complaints should take place in a timely fashion. By establishing the average time from the receipt of a new complaint until the investigation is completed is a way of measuring the timeliness of the Board's workload.

2. ABOUT THE TARGETS

The targets provide for a time frame to complete investigations based on the complexity of the issues and the staff available to conduct the investigation. The targets appear to be an excellent goal, but challenging now. Since 2010 the time to complete investigations has increased due to the volume and the complex nature of the cases, many involving multiple licensees. This Performance Measure was established in 2000.

3. HOW WE ARE DOING

The Board has seen an increase in the complexity of the complaints and these complaints are requiring a lot more time, as cases with multiple licensees involved do. We are also seeing a substantial number of cases involving payment and financial disputes, requiring an investigation and the end result is that they are monetary in nature and thus not truly within the jurisdiction of the Board.

4. HOW WE COMPARE

There are no outside comparisons of similar jurisdictions to use.

5. FACTORS AFFECTING RESULTS

The complexity of the cases that are being investigated continues, most cases used to involve one licensee now complaints have seen multiple licensees which require the review of multiple patient records from many different licensees.

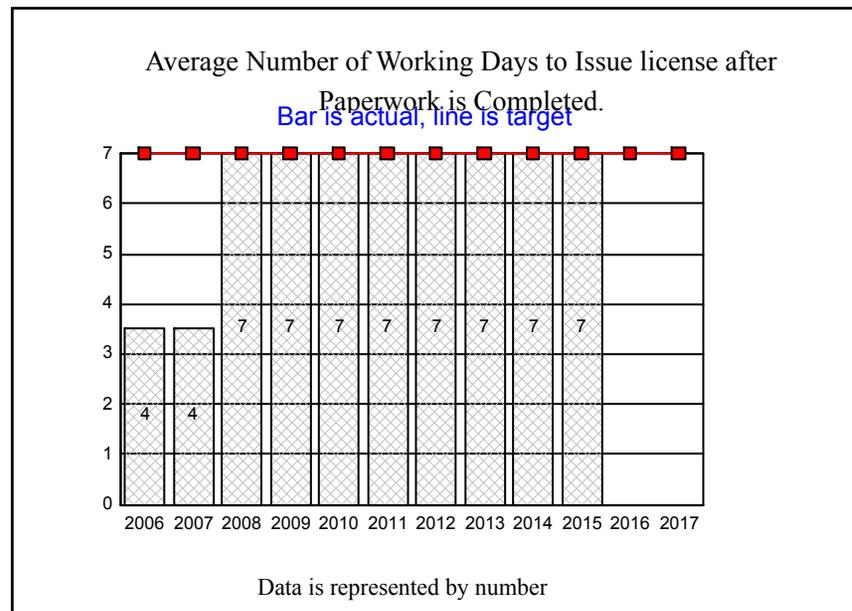
6. WHAT NEEDS TO BE DONE

The enforcement staff is working at an increased pace to try to eliminate the time it takes to investigate complaints. The OBD received legislative approval to increase the biennial license fee by \$75 on all licensees to fund an additional dental investigator position. Once the dental investigator is hired and properly trained, we expect to make progress on reducing the overall time it takes to investigate complaints.

7. ABOUT THE DATA

The reporting cycle is the Oregon fiscal year, and is generated from the computerized database that is used to track all complaints.

KPM #3	Days to Complete License Paperwork - Average number of working days from receipt of completed paperwork to issuance of license.	2003
Goal	Public Protection - Protect the public by assuring that all licensees are competent to practice safely and ethically.	
Oregon Context	The Oregon Board of Dentistry has no primary links of the Oregon Benchmarks.	
Data Source	Database- licensing information	
Owner	Oregon Board of Dentistry, Stephen Prisby, Executive Director, (971) 673-3200.	



1. OUR STRATEGY

The Board's strategy is that the processing of completed paperwork for the issuance of a license, either new or a renewal, should take place in a reasonable period of time to assure public protection and to assure that those desiring to work in Oregon can do so in a timely fashion.

2. ABOUT THE TARGETS

The targets provide for a realistic time frame to issue a license or to renew a license when all paperwork has been completed in accordance with all of the Board's rules and regulations.

3. HOW WE ARE DOING

The targets as established have been met or been exceeded.

4. HOW WE COMPARE

There are no outside comparisons of similar jurisdictions to use.

5. FACTORS AFFECTING RESULTS

There are no specific factors affecting the results.

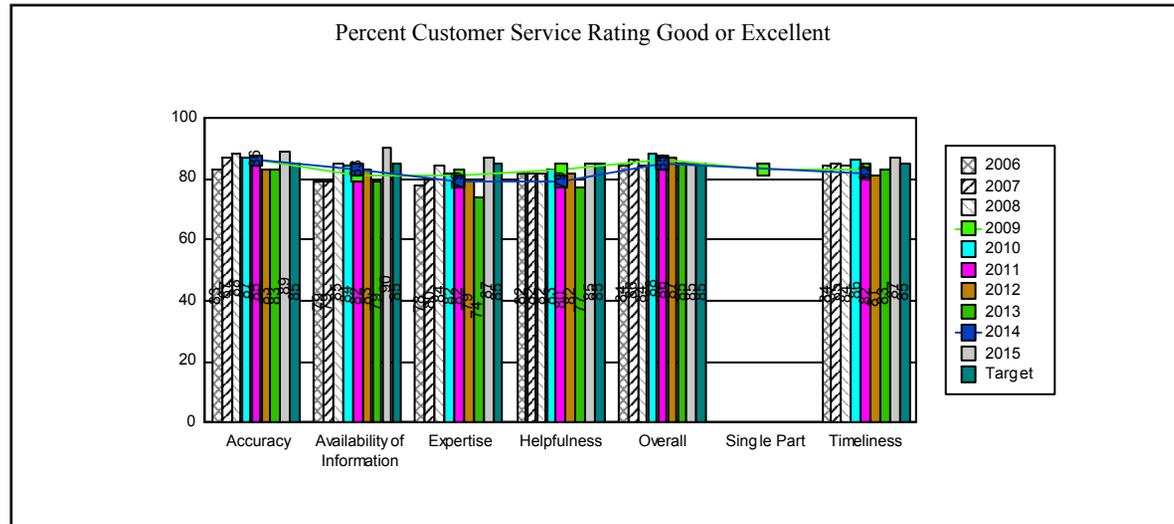
6. WHAT NEEDS TO BE DONE

Nothing needs to be done at this time.

7. ABOUT THE DATA

The reporting cycle is the Oregon fiscal year, and is generated from the computerized database that is used to track all application and renewal files.

KPM #4	CUSTOMER SATISFACTION WITH AGENCY SERVICES - Percent of customers rating their satisfaction with the agency's customer service as "good" or "excellent": overall, timeliness, accuracy, helpfulness, expertise, availability of information.	2006
Goal	Agency Overall Satisfaction Percent of customers rating their overall satisfaction with the agency above average or excellent and Customer Satisfaction Percent of customers rating satisfaction with agency services above average or excellent for: A: Timeliness; B: Accuracy; C; Helpfulness; D: Expertise; E: Information Availability	
Oregon Context	The Oregon Board of Dentistry has no primary links to the Oregon Benchmarks.	
Data Source	Customer Service Surveys completed and returned July 1, 2014 through June 30, 2015.	
Owner	Oregon Board of Dentistry, Stephen Prisby, Executive Director, (971) 673-3200.	



1. OUR STRATEGY

In compliance with the Oregon Legislatures directive, the Board conducted a Customer Service Survey as one tool to determine the customer satisfaction with the accuracy of carrying out the Mission of the Board

2. ABOUT THE TARGETS

The Targets provide a realistic and attainable goal for overall positive ratings for customer service.

3. HOW WE ARE DOING

Those completing the survey rated the Board as having an 85% overall satisfaction level and approximately 10% gave an unsatisfactory response.

4. HOW WE COMPARE

There are no outside comparisons of similar jurisdictions to use.

5. FACTORS AFFECTING RESULTS

There are no specific factors affecting the results.

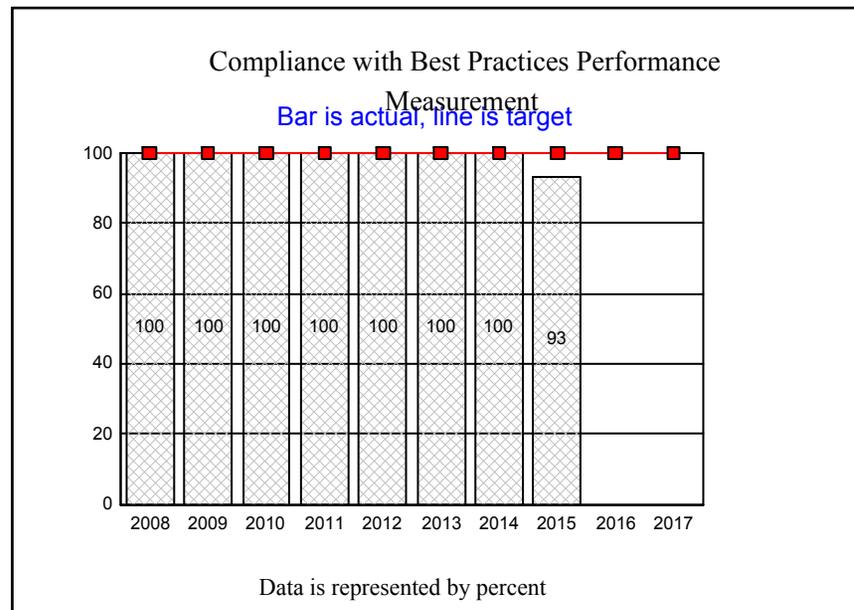
6. WHAT NEEDS TO BE DONE

Nothing needs to be done at this time.

7. ABOUT THE DATA

The reporting cycle is the Oregon fiscal year, and is generated from the computerized database that is used to track all application and renewal files.

KPM #5	Board Best Practices - Percent of total best practices met by the Board.	2007
Goal	To have 100% compliance with the Best Practice Performance Measures for Governing Boards and Commissions.	
Oregon Context	The Oregon Board of Dentistry has no primary links to Oregon Benchmarks.	
Data Source	Evaluation completed by the Oregon Board of Dentistry Members at the August 28, 2015 Board Meeting.	
Owner	Oregon Board of Dentistry, Stephen Prisby, Executive Director (971) 673-3200.	



1. OUR STRATEGY

The Board's strategy is to be in 100% compliance with Best Practices Performance Measurements for Governing Boards and Commissions.

2. ABOUT THE TARGETS

A target of 100% compliance seems to be an appropriate level for the Board.

3. HOW WE ARE DOING

The Board is in compliance with the Best Practices Performance Measurement for Governing Boards and Commissions and achieved 14 out of 15 best practices criteria. The Board agreed that a former board member did not act in accordance with their role as a public representative.

4. HOW WE COMPARE

The Agency believes it can achieve 100% compliance with the current Board members.

5. FACTORS AFFECTING RESULTS

The Board agreed that a former Board member did not act in accordance with their role as a public representative.

6. WHAT NEEDS TO BE DONE

Nothing needs to be done at this time.

7. ABOUT THE DATA

The Board Members completed the Self Assessment Best Practices list during the July 30, 2010 Board Meeting.

DENTISTRY, BOARD of	III. USING PERFORMANCE DATA
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Agency Mission: To assure that the citizens of Oregon receive the highest possible quality oral health care.

Contact: Stephen Prisby, Executive Director	Contact Phone: 971-673-3200
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Alternate:	Alternate Phone:
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The following questions indicate how performance measures and data are used for management and accountability purposes.

1. INCLUSIVITY	<ul style="list-style-type: none"> * Staff : Review of current performance measures on an annual basis. * Elected Officials: Approving an making changes to legislatively approved performance measures. * Stakeholders: Reviewing letters, telephone calls and e-mails regarding the Board's performance measures. * Citizens: Reviewing letters, telephone calls and e-mails regarding the Board's performance measures.
2 MANAGING FOR RESULTS	All data collected on performance measures is reviewed and presented to the Board and Staff. All appropriate changes are made regarding continued compliance with performance measures.
3 STAFF TRAINING	Staff has been informed of all comments provided to the Executive Director regarding performance measures .
4 COMMUNICATING RESULTS	<ul style="list-style-type: none"> * Staff : At staff meetings and through e-mails and memos on customer satisfaction. * Elected Officials: Use of Web-site, testimony before Legislatiure and responding to direct inquiries. * Stakeholders: Use of Web-site, presentations and responding to direct inquiries. * Citizens: Use of Web-site, presentations and responding to direct inquiries.

Best Practices Self-Assessment

Annually, Board members are to self-evaluate their adherence to a set of best practices and report the percent total best practices met by the Board (percent of yes responses in the table below) in the Annual Performance Progress Report as specified in the agency Budget instructions.

Best Practices Assessment Score Card

Best Practices Criteria	Yes	No
1. Executive Director's performance expectations are current.		
2. Executive Director receives annual performance feedback.		
3. The agency's mission and high-level goals are current and applicable.		
4. The Board reviews the Annual Performance Progress Report.		
5. The Board is appropriately involved in review of agency's key communications.		
6. The Board is appropriately involved in policy-making activities.		
7. The agency's policy option budget packages are aligned with their mission and goals.		
8. The Board reviews all proposed budgets.		
9. The Board periodically reviews key financial information and audit findings.		
10. The Board is appropriately accounting for resources.		
11. The agency adheres to accounting rules and other relevant financial controls.		
12. Board members act in accordance with their roles as public representatives.		
13. The Board coordinates with others where responsibilities and interest overlap.		
14. The Board members identify and attend appropriate training sessions.		
15. The Board reviews its management practices to ensure best practices are utilized.		
Total Number		
Percentage of total:		

Frequently Asked Questions about Cultural Competence Continuing Education

In 2013, Oregon passed legislation (HB2611) to establish a process for health professional licensing boards to track and report cultural competence continuing education. The administrative rules describing implementation of the law were completed in 2014. Currently, a committee, convened by the OHA Office of Equity and Inclusion, is developing processes for implementation.

1. What are licensing boards required to do?

Licensing boards may choose to make cultural competence continuing education a requirement of their licenses, but they are not required to do so.

If licensing boards require cultural competence continuing education of their licensees, they can choose to access education opportunities from an OHA list of opportunities that have met high standards, but they are not required to do so.

Whether or not licensing boards require cultural competence continuing education or their licensees access education opportunities from an OHA list, **affected boards are required to document and report cultural competence continuing education information to OHA Office of Equity and Inclusion every two years, beginning in 2017.**

2. What information needs to be documented by licensing boards and reported to OHA?

Per the permanent rules, the following information needs to be documented and reported:

- The number of regulated health care professionals who completed cultural competence continuing education
- The number of audited health care professionals who completed cultural competence continuing education from the OHA-approved list
- Whether the board requires members participate in cultural competence continuing education
- The level or reporting each board requires of member related to participation in cultural competence continuing education

3. Which licensing boards are affected?

HB2611 identified the following licensing boards: State Board of Examiners for Speech-Language Pathology and Audiology; State Board of Chiropractic Examiners; State Board of Licensed Social Workers; Oregon Board of Licensed Professional Counselors and Therapists; Oregon Board of Dentistry; Board of Licensed Dietitians; State Board of Massage Therapists; Oregon Board of Naturopathic Medicine; Oregon State Board of Nursing; Nursing Home Administrators Board; Oregon Board of Optometry; State Board of Pharmacy; Oregon Medical Board; Occupational Therapy Licensing Board; Physical Therapist Licensing Board; State Board of Psychologist Examiners; Board of Medical Imaging; State Board of Direct Entry Midwifery; State Board of Denture Technology; Respiratory Therapist and Polysomnographic Technologist Licensing Board; Home Care Commission; and OHA (to the extent that OHA licenses emergency medical service providers).

4. When are licensing boards required to start reporting their members' participation in cultural competence continuing education?

The rules went into effect Jan 1, 2015, so boards can start collecting the data on any renewal from Jan 1, 2015 forward. However, we realize boards will need some time to get set up to collect this information. The first section of the bill, which includes board data collection requirements, doesn't go into effect until January 1, 2017.

August 1, 2018 is the first date that the Oregon Health Authority (OHA) shall report this required information to the Legislative Assembly. **This means that all boards will need to report cultural competence CEs to OHA by August 2017.** This first report is required to include January 1, 2017 through June 30, 2017 data.

5. How frequent are these reports?

OHA is required to report to the Legislative Assembly every two years.

6. Will there be categories of cultural competence classes that will be automatically accepted? For example, classes provided by physician or nurse groups?

No. The Cultural Competence Continuing Education Approval Committee is currently developing criteria for approving cultural competence continuing education opportunities. The Committee built upon the work of a 2012 OHA Cultural Competence Continuing Education committee, which developed standards for both "essential" and "advanced" cultural competence practice. Once the criteria are established, training programs seeking to be listed on OHA's registry must be vetted by the Approval Committee.

- 7. Will there be classes required at hospitals that health care professionals must take?**
Some hospitals and other health profession employers may require their staff to take cultural competence training. However, those requirements are set by the health care employer for their staff, and not by OHA or this statute. The statute does not require health care professionals take any type of cultural competence class. For the benefit of the health care professional and the patient, we hope that hospitals use OHA's Cultural Competence Training Registry as a resource.
- 8. Can I submit a recommended cultural competence CE offering?**
The Committee will review all trainings submitted. We hope to finalize the Continuing Education Application and process in November 2015. You will need to be able to provide all information required on the application. Alternatively, you can ask the training program to complete an application.
- 9. Where can I get more information?**
Please contact Emily Wang, Health Policy Analyst, OHA Office of Equity and Inclusion, 971-673-2307 or emily.l.wang@state.or.us.

ORS 413.450: <http://www.oregonlaws.org/ors/413.450>

OARs: http://arcweb.sos.state.or.us/pages/rules/oars_900/oar_943/943_090.html

Additional information and materials can be found on the OEI website:

- [Cultural Competence Continuing Education Committee Report: Recommendations for Advancing Cultural Competence Continuing Education for Health Professionals in Oregon \(2012\)](#)
- [Cultural Competence Continuing Education Approval Committee \(2015\)](#): includes information on committee activities.

You can also find more information on OEI's website:

<http://www.oregon.gov/oha/oei/Pages/index.aspx>

Enrolled House Bill 2611

Sponsored by Representative KENY-GUYER, Senator SHIELDS, Representative HOLVEY; Representatives DEMBROW, FREDERICK, GALLEGOS, GREENLICK, HARKER, MATTHEWS, THOMPSON, VEGA PEDERSON, Senators DINGFELDER, MONNES ANDERSON, WINTERS (Pre-session filed.)

CHAPTER

AN ACT

Relating to continuing education for health care professionals; creating new provisions; amending ORS 675.140, 675.330, 675.597, 675.805, 676.625, 677.290, 678.170, 679.260, 681.480, 683.290, 684.171, 685.201, 687.071, 688.201 and 688.585; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) As used in this section, "board" means the:

- (a) State Board of Examiners for Speech-Language Pathology and Audiology;**
- (b) State Board of Chiropractic Examiners;**
- (c) State Board of Licensed Social Workers;**
- (d) Oregon Board of Licensed Professional Counselors and Therapists;**
- (e) Oregon Board of Dentistry;**
- (f) Board of Licensed Dietitians;**
- (g) State Board of Massage Therapists;**
- (h) Oregon Board of Naturopathic Medicine;**
- (i) Oregon State Board of Nursing;**
- (j) Nursing Home Administrators Board;**
- (k) Oregon Board of Optometry;**
- (L) State Board of Pharmacy;**
- (m) Oregon Medical Board;**
- (n) Occupational Therapy Licensing Board;**
- (o) Physical Therapist Licensing Board;**
- (p) State Board of Psychologist Examiners;**
- (q) Board of Medical Imaging;**
- (r) State Board of Direct Entry Midwifery;**
- (s) State Board of Denture Technology;**
- (t) Respiratory Therapist and Polysomnographic Technologist Licensing Board;**
- (u) Home Care Commission; and**
- (v) Oregon Health Authority, to the extent that the authority licenses emergency medical service providers.**

(2)(a) In collaboration with the Oregon Health Authority, a board may adopt rules under which the board may require a person authorized to practice the profession regulated by the

board to receive cultural competency continuing education approved by the authority under section 2 of this 2013 Act.

(b) Cultural competency continuing education courses may be taken in addition to or, if a board determines that the cultural competency continuing education fulfills existing continuing education requirements, instead of any other continuing education requirement imposed by the board.

(3)(a) A board, or the Oregon Health Licensing Agency for those boards for which the agency issues and renews authorizations to practice the profession regulated by the board, shall document participation in cultural competency continuing education by persons authorized to practice a profession regulated by the board.

(b) For purposes of documenting participation under this subsection, a board may adopt rules requiring persons authorized to practice the profession regulated by the board to submit documentation to the board, or to the agency for those boards for which the agency issues and renews authorizations to practice the profession regulated by the board, of participation in cultural competency continuing education.

(4) A board shall report biennially to the authority on the participation documented under subsection (3) of this section.

(5) The authority, on or before August 1 of each even-numbered year, shall report to the interim committees of the Legislative Assembly related to health care on the information submitted to the authority under subsection (4) of this section.

SECTION 2. (1) The Oregon Health Authority shall approve continuing education opportunities relating to cultural competency.

(2) The authority shall develop a list of continuing education opportunities relating to cultural competency and make the list available to each board, as defined in section 1 of this 2013 Act.

(3) The continuing education opportunities may include, but need not be limited to:

- (a) Courses delivered either in person or electronically;
- (b) Experiential learning such as cultural or linguistic immersion;
- (c) Service learning; or
- (d) Specially designed cultural experiences.

(4) The continuing education opportunities must teach attitudes, knowledge and skills that enable a health care professional to care effectively for patients from diverse cultures, groups and communities, including but not limited to:

- (a) Applying linguistic skills to communicate effectively with patients from diverse cultures, groups and communities;
- (b) Using cultural information to establish therapeutic relationships; and
- (c) Eliciting, understanding and applying cultural and ethnic data in the process of clinical care.

(5) The authority may accept gifts, grants or contributions from any public or private source for the purpose of carrying out this section. Moneys received by the authority under this subsection shall be deposited into the Oregon Health Authority Fund established by ORS 413.101.

(6) The authority may contract with or award grant funding to a public or private entity to develop the list of or offer approved continuing education opportunities relating to cultural competency. The authority is not subject to the requirements of ORS chapters 279A, 279B and 279C with respect to contracts entered into under this subsection.

SECTION 3. ORS 675.140 is amended to read:

675.140. On or before the 10th day of each month, the State Board of Psychologist Examiners shall pay into the State Treasury all moneys received by the board during the preceding calendar month. The State Treasurer shall credit the moneys to the State Board of Psychologist Examiners Account. The moneys in the State Board of Psychologist Examiners Account are continuously ap-

propriated to the board for the purpose of paying the expenses of administering and enforcing ORS 675.010 to 675.150 **and section 1 of this 2013 Act.**

SECTION 4. ORS 675.330 is amended to read:

675.330. (1) The Occupational Therapy Licensing Board Account is established in the State Treasury, separate and distinct from the General Fund. All moneys received by the Occupational Therapy Licensing Board under ORS 675.210 to 675.340 shall be deposited into the account and are continuously appropriated to the board to be used only for the administration and enforcement of ORS 675.210 to 675.340 and 675.990 (2) **and section 1 of this 2013 Act.** Any interest or other income from moneys in the account shall be credited to the account.

(2) All civil penalties collected or received for violations of or in prosecutions under ORS 675.210 to 675.340 shall be deposited into the Occupational Therapy Licensing Board Account and shall be used only for the administration and enforcement of ORS 675.210 to 675.340.

SECTION 5. ORS 675.597 is amended to read:

675.597. The State Board of Licensed Social Workers Account is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the State Board of Licensed Social Workers Account shall be credited to the account. Moneys in the account are continuously appropriated to the board for the administration and enforcement of ORS 675.510 to 675.600 **and section 1 of this 2013 Act.**

SECTION 6. ORS 675.805 is amended to read:

675.805. All moneys received by the Oregon Board of Licensed Professional Counselors and Therapists under ORS 675.715 to 675.835 shall be paid into the General Fund in the State Treasury and placed to the credit of the Oregon Board of Licensed Professional Counselors and Therapists Account, which is hereby established. Such moneys are appropriated continuously and shall be used only for the administration and enforcement of ORS 675.715 to 675.835 **and section 1 of this 2013 Act.**

SECTION 7. ORS 676.625 is amended to read:

676.625. (1) The Oregon Health Licensing Agency shall establish by rule and shall collect fees and charges to carry out the agency's responsibilities under ORS 676.605 to 676.625 and 676.992 **and section 1 of this 2013 Act** and any responsibility imposed on the agency pertaining to the boards, councils and programs administered and regulated by the agency pursuant to ORS 676.606.

(2) The Oregon Health Licensing Agency Account is established in the General Fund of the State Treasury. The account shall consist of the moneys credited to the account by the Legislative Assembly. All moneys in the account are appropriated continuously to and shall be used by the Oregon Health Licensing Agency for payment of expenses of the agency in carrying out the duties, functions and obligations of the agency, and for payment of the expenses of the boards, councils and programs administered and regulated by the agency pursuant to ORS 676.606. The agency shall keep a record of all moneys credited to the account and report the source from which the moneys are derived and the activity of each board, council or program that generated the moneys.

(3) Subject to prior approval of the Oregon Department of Administrative Services and a report to the Emergency Board prior to adopting fees and charges credited to the account, the fees and charges may not exceed the cost of administering the agency and the boards, councils and programs within the agency, as authorized by the Legislative Assembly within the agency's budget, as the budget may be modified by the Emergency Board.

(4) All moneys credited to the account pursuant to ORS 675.405, 676.617, 680.525, 687.435, 688.728, 688.834, 690.235, 690.415, 691.479, 694.185 and 700.080, and moneys credited to the account from other agency and program fees established by the agency by rule, are continuously appropriated to the agency for carrying out the duties, functions and powers of the agency under ORS 676.605 to 676.625 and 676.992 **and section 1 of this 2013 Act.**

(5) The moneys received from civil penalties assessed under ORS 676.992 shall be deposited and accounted for as are other moneys received by the agency and shall be for the administration and enforcement of the statutes governing the boards, councils and programs administered by the agency.

SECTION 8. ORS 677.290 is amended to read:

677.290. (1) All moneys received by the Oregon Medical Board under this chapter shall be paid into the General Fund in the State Treasury and placed to the credit of the Oregon Medical Board Account which is established. Such moneys are appropriated continuously and shall be used only for the administration and enforcement of this chapter **and section 1 of this 2013 Act.**

(2) Notwithstanding subsection (1) of this section, the board may maintain a revolving account in a sum not to exceed \$50,000 for the purpose of receiving and paying pass-through moneys relating to peer review pursuant to its duties under ORS 441.055 (4) and (5) and in administering programs pursuant to its duties under this chapter relating to the education and rehabilitation of licensees in the areas of chemical substance abuse, inappropriate prescribing and medical competence. The creation of and disbursement of moneys from the revolving account shall not require an allotment or allocation of moneys pursuant to ORS 291.234 to 291.260. All moneys in the account are continuously appropriated for purposes set forth in this subsection.

(3) Each year \$10 shall be paid to the Oregon Health and Science University for each in-state physician licensed under this chapter, which amount is continuously appropriated to the Oregon Health and Science University to be used in maintaining a circulating library of medical and surgical books and publications for the use of practitioners of medicine in this state, and when not so in use to be kept at the library of the School of Medicine and accessible to its students. The balance of the money received by the board is appropriated continuously and shall be used only for the administration and enforcement of this chapter, but any part of the balance may, upon the order of the board, be paid into the circulating library fund.

SECTION 9. ORS 678.170 is amended to read:

678.170. (1) All money received by the Oregon State Board of Nursing under ORS 678.010 to 678.445 shall be paid into the General Fund in the State Treasury and placed to the credit of the Oregon State Board of Nursing Account. Such moneys are appropriated continuously and shall be used only for the administration and enforcement of ORS 678.010 to 678.445 **and section 1 of this 2013 Act.**

(2) The board shall keep a record of all moneys deposited in the Oregon State Board of Nursing Account. This record shall indicate by separate cumulative accounts the source from which the moneys are derived and the individual activity or program against which each withdrawal is charged.

(3) The board may maintain a petty cash fund in compliance with ORS 293.180 in the amount of \$1,000.

SECTION 10. ORS 679.260 is amended to read:

679.260. (1) The Oregon Board of Dentistry Account is established in the State Treasury separate and distinct from the General Fund.

(2) All moneys received by the Oregon Board of Dentistry under this chapter shall be paid to the State Treasury and credited to the Oregon Board of Dentistry Account. Any interest or other income derived from moneys paid into the account shall be credited monthly to the account.

(3) Moneys in the Oregon Board of Dentistry Account are appropriated continuously and shall be used only for the administration and enforcement of ORS 680.010 to 680.205 and this chapter **and section 1 of this 2013 Act.**

(4) Ten percent of the annual license fee to be paid by each licensee of the Oregon Board of Dentistry shall be used by the board to ensure the continued professional competence of licensees. Such activities shall include the development of performance standards and professional peer review.

SECTION 11. ORS 681.480 is amended to read:

681.480. The State Board of Examiners for Speech-Language Pathology and Audiology Account is established in the State Treasury, separate and distinct from the General Fund. All moneys received by the State Board of Examiners for Speech-Language Pathology and Audiology under this chapter shall be deposited into the account and are continuously appropriated to the board for the administration and enforcement of this chapter **and section 1 of this 2013 Act.** Any interest or other income from moneys in the account shall be credited to the account.

SECTION 12. ORS 683.290 is amended to read:

683.290. (1) All moneys received by the Oregon Board of Optometry under ORS 683.010 to 683.340 shall be deposited into an account established by the board as provided under ORS 182.470. Moneys deposited into the account hereby are appropriated continuously to the board and shall be used only for the administration and enforcement of ORS 182.456 to 182.472 and 683.010 to 683.340 **and section 1 of this 2013 Act.**

(2) Notwithstanding subsection (1) of this section and ORS 182.470, all civil penalties collected or received for violations of or in prosecutions under ORS 683.010 to 683.340 shall be paid to the account described under subsection (1) of this section.

(3) In addition to making expenditures for the administration and enforcement of ORS 683.010 to 683.340, the Oregon Board of Optometry may make expenditures for educational purposes out of funds available.

SECTION 13. ORS 684.171 is amended to read:

684.171. All moneys received by the State Board of Chiropractic Examiners under this chapter shall be paid into the General Fund in the State Treasury and placed to the credit of the State Board of Chiropractic Examiners Account which is hereby established and such moneys are appropriated continuously and shall be used only for the administration and enforcement of this chapter **and section 1 of this 2013 Act.**

SECTION 14. ORS 685.201 is amended to read:

685.201. The Oregon Board of Naturopathic Medicine Account is established in the State Treasury, separate and distinct from the General Fund. All moneys received by the Oregon Board of Naturopathic Medicine under this chapter shall be deposited into the account and are continuously appropriated to the board to be used only for the administration and enforcement of this chapter **and section 1 of this 2013 Act.** Any interest or other income from moneys in the account shall be credited to the account.

SECTION 15. ORS 687.071 is amended to read:

687.071. (1) The State Board of Massage Therapists shall impose fees for the following:

- (a) Massage therapist license issuance or renewal.
- (b) Examinations and reexaminations.
- (c) Inactive status.
- (d) Delinquency in renewal of a license.
- (e) Temporary practice permit.
- (f) Application for massage license examination.

(2) If the effective period of the initial massage therapist license is to be less than 12 months by reason of the expiration date established by rule of the board, the required license fee shall be prorated to represent one-half of the biennial rate.

(3) The board shall examine or reexamine any applicant for a massage therapist license who pays a fee for each examination and who meets the requirements of ORS 687.051.

(4) All moneys received by the board shall be paid into the account created by the board under ORS 182.470 and are appropriated continuously to the board and shall be used only for the administration and enforcement of ORS 687.011 to 687.250, 687.895 and 687.991 **and section 1 of this 2013 Act.**

SECTION 16. ORS 688.201 is amended to read:

688.201. All moneys received under ORS 688.010 to 688.201 shall be paid into the account established by the Physical Therapist Licensing Board under ORS 182.470. Those moneys hereby are appropriated continuously to the board and shall be used only for the administration and enforcement of ORS 688.010 to 688.201 **and section 1 of this 2013 Act.**

SECTION 17. ORS 688.585 is amended to read:

688.585. (1) The Board of Medical Imaging Account is established in the State Treasury, separate and distinct from the General Fund. Except for moneys otherwise designated by statute, all fees, contributions and other moneys received by the Board of Medical Imaging must be paid into the State Treasury and credited to the account. All moneys in the account are continuously appro-

priated to the board to be used by the board for purposes of ORS 688.405 to 688.605 **and section 1 of this 2013 Act**. Any interest or other income from moneys in the account shall be credited to the account.

(2) The board shall keep a record of all moneys deposited in the account. The record shall indicate by separate cumulative accounts the source from which the moneys are derived and the individual activity or program for which each withdrawal is charged.

SECTION 18. Each public university listed in ORS 352.002 and each community college, as defined in ORS 341.005, may require persons authorized to practice a profession regulated by a board, as defined in section 1 of this 2013 Act, who provide services to students at health care facilities located on a campus of the public university or community college to provide proof of participating at least once every two years in a continuing education opportunity relating to cultural competency approved by the Oregon Health Authority under section 2 of this 2013 Act.

SECTION 19. (1) Section 2 of this 2013 Act becomes operative on January 1, 2015.

(2) The Oregon Health Authority may take any action necessary before the operative date specified in subsection (1) of this section to enable the authority to exercise, on and after the operative date specified in subsection (1) of this section, all the duties, functions and powers conferred on the authority by section 2 of this 2013 Act.

SECTION 20. (1) Sections 1 and 18 of this 2013 Act and the amendments to statutes by sections 3 to 17 of this 2013 Act become operative on January 1, 2017.

(2) A board, as defined in section 1 of this 2013 Act, may take any action necessary before the operative date specified in subsection (1) of this section to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all the duties, functions and powers conferred on the board by sections 1 and 18 of this 2013 Act and the amendments to statutes by sections 3 to 17 of this 2013 Act.

SECTION 21. This 2013 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2013 Act takes effect on its passage.

Passed by House April 9, 2013

.....
Ramona J. Line, Chief Clerk of House

.....
Tina Kotek, Speaker of House

Passed by Senate May 21, 2013

.....
Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2013

Approved:

.....M.,....., 2013

.....
John Kitzhaber, Governor

Filed in Office of Secretary of State:

.....M.,....., 2013

.....
Kate Brown, Secretary of State

Cultural Competence Continuing Education (CCCE)

IMPORTANCE

Oregon's racial and ethnic populations are growing at a faster rate than the nation, with one in five (21.5%) or 800,000 Oregonians identified as people of color (US Census 2010). According to the Oregon Health Authority (OHA), nearly 40% of Oregon Health Plan enrollees are people of color (Aug 2014). In 2010, at least 137 languages were spoken in the state, making Oregon one of the 15 most language-diverse states in the nation. With Oregon's growing diversity, and strong evidence of racial and ethnic health disparities, it is important that health care professionals are educated to work effectively with diverse groups. One of the key strategies within Oregon's Action Plan for Health (2010) is to ensure that health care providers receive ongoing training in cultural competence. Cultural competence training can improve provider-patient communications and public health efforts, which can help improve health outcomes for diverse populations, who are disproportionately affected by health disparities and inequities.

DESCRIPTION

2012 Cultural Competence Continuing Education Committee

Informed by 2011 legislative efforts through [Senate Bill \(SB\) 97](#) to advance cultural competence continuing education for health care professionals, Oregon Health Authority (OHA), through its Office of Equity and Inclusion (OEI), established the Cultural Competence Continuing Education Committee (CCCEC) in 2012 to explore opportunities to promote cultural competence continuing education for health care professionals. Membership was comprised of 23 professionally and culturally diverse stakeholders including representatives from: health licensing boards, professional associations, health systems organizations, providers, community based organizations, and small business. Over the course of nine months, the committee's work to advance cultural competence training for health care professionals in the state involved:

- conducting a literature review on the effectiveness of cultural competency training
- developing an Oregon definition for cultural competence
- proposing "essential" and "advanced" standards for cultural competence practice
- producing a list of available continuing education options, and
- providing recommendations to the Oregon Health Authority, Oregon Health Professional Licensing Boards, Coordinated Care Organizations, and continuing education curriculum developers

Final report and recommendations are available on the [OEI internet page](#).

2015 Cultural Competence Continuing Education Approval Committee

During the 2013 legislative session, [House Bill \(HB\) 2611](#) passed into [law](#). This law creates requirements for OHA, through OEI, to provide resources and support for improving the cultural competence of regulated health care professionals in Oregon and to report to the Oregon Legislative Assembly about the level of participation in cultural competence education among these professionals. Stat. Auth.:ORS 413.450, 2013 Oregon Law. [HB 2611 permanent rules](#) also require OHA establish an advisory committee to:

- Develop or update criteria for approving cultural competence continuing education opportunities
- Discuss and recommend cultural competence continuing education opportunities to the Authority for approval

These efforts will enable OHA to approve, compile, and make available a list of cultural competence continuing education opportunities for health care professional boards specified in the legislation.

While OHA's cultural competence efforts thus far, from 2012 to today, have been focused on individual health care professionals, both committees emphasize creating a culturally competent health system requires **both an individual and organizational approach**. It is not enough to simply train individuals. If cultural competence is not embedded within

organizations, then health professionals working at an individual level may experience barriers in reaching their fullest potential to improve outcomes for their client base. Organizational cultural competence requires ongoing assessment in all aspects of the organization from the waiting room to the exam room to the back office. This thinking is supported by the enhanced [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#) developed by the U.S. Department of Health and Human Services Office of Minority Health (2013).

IMPLEMENTATION

Resources/support for improving cultural competence practice (2015)

In February 2015, OEI began convening monthly meetings of the advisory committee, [Cultural Competence Continuing Education Approval Committee \(CCCEAC\)](#), to help develop several work products including:

- Criteria for OHA-approved cultural competence CE opportunities
- Score sheet for OHA-approved CE opportunity
- Application form(s) and process to become OHA-approved CE opportunity
- Centralized website with registry of CE opportunities

These meetings are open to the public and include a short public comment period. Meeting materials are available on the [OEI internet page](#).

Cultural competence CE participation of regulated health care professionals (2017)

OEI continues to engage with health care professional licensing boards about upcoming reporting requirements, with the first report due no later than Aug 2017. (See POLICY section below for more specific details).

WHERE IS OEI IN THIS PROCESS OF IMPLEMENTATION?

Resources/support for improving cultural competence practice (2015)

OEI continues to work with CCCEAC to finalize the criteria for approving cultural competence CE opportunities. Pilot testing of the application form and score sheet is currently being conducted with a few sample cultural competence trainings. The goal is to begin vetting national and local CE opportunities/trainings for the OHA-approved list by the end of 2015.

Cultural competence CE participation of regulated health care professionals (2017)

OEI continues to engage with health care professional licensing boards about the upcoming reporting requirements of cultural competence CE, effective Jan 1, 2017

POLICY

Resources/support for improving cultural competence practice (2015)

OEI is working with its [Cultural Competence Continuing Education Approval Committee \(CCCEAC\)](#) to provide a growing list of approved cultural competence continuing education opportunities by the end of 2015.

Cultural competence CE participation of regulated health care professionals (2017)

Licensing health care professional boards will report biennially to OEI on cultural competence continuing education participation levels. OEI will in turn compile these results into a report to be shared with the Legislative Assembly every 2 years. Per HB 2611 permanent rules, results will include:

- The number of regulated health care professionals who completed cultural competence continuing education
- The number of audited health care professionals who completed cultural competence continuing education from the OHA approved list
- Whether the board requires members participate in cultural competence continuing education
- The level of reporting each board requires of member related to participation in cultural competence continuing education.

Technically, since OHA rules went into effect Jan 1, 2015, boards can start collecting the data on any renewal from Jan 1, 2015 forward. However, we realize boards will need some time to get set up to collect this information. The first section of the bill which includes board data collection requirements doesn't go into effect until Jan 1, 2017. Please note that Aug 1, 2018 is the first date that the Oregon Health Authority (OHA) shall report this required information to the Legislative Assembly. **This means, all boards will need to report to OHA one year prior, by Aug 2017.** This first report is required to include 1-1-2017 to 6-30-2017 information (education opportunities).

RESOURCES

The OEI intranet page will contain a growing number of resources to aid in the implementation of cultural competence continuing education.

Resources include:

- [OHA Report: Cultural Competence Continuing Education Committee Recommendations for Advancing Cultural Competence Continuing Education for Health Professionals in Oregon \(2012\)](#)
 - **PLEASE NOTE: While the appendix of the report includes a list of cultural competence trainings identified in 2012, these trainings have not yet been approved by OHA as specified in HB 2611, which did not become effective until 2015.**
- [Enhanced National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care \(2013\)](#) (U.S. Department of Health and Human Services Office of Minority Health)
- [Tool for Accessing Cultural Competence Training \(Association of American Medical Colleges\)](#)

For more information, please contact: Emily Wang

Email: Emily.L.Wang@state.or.us or Call: 971-673-2307

LEADERSHIP ROLES AND RESPONSIBILITIES

- OEI is leading OHA implementation efforts for cultural competence continuing education related to [HB 2611](#).
 - OHA will begin providing a growing list of approved cultural competence continuing education opportunities to the licensing health professional boards by the end of 2015.
 - Licensing health care professional boards are required to document participation in CCCE biennially, with the first reports due to OEI no later than Aug 2017. OEI will in turn compile these results into a report to be shared with the Legislative Assembly every 2 years, beginning Aug 1, 2018.

Oregon Board of Dentistry
Online License Renewal

Continuing Education Confirmation

Complete the statement below for the renewal of your License. Failure to answer the question will result in your License not being renewed.

Continuing Education Confirmation

Continuing Education Confirmation

A. I have completed, or will complete by 9/30/2015, the 36 hours of continuing education required for licensure period 10/1/2013 to 9/30/2015, including THREE (3) hours related to medical emergencies in the dental office: Yes No

If NO, provide details below. Checking NO will not prevent renewal of your License:

B. Pursuant to OAR 818-012-0030(18), I certify that effective January 1, 2015 I have maintained at a minimum a current and valid Health Care Provider BLS/CPR certification. Yes No

My certificate will expire on:

C. I have completed, or will complete by 9/30/2015, the TWO (2) hours of infection control continuing education required for licensure period 10/1/2013 to 9/30/2015. Yes No

Continuing Education in Cultural Competency

Have you taken CE in Cultural Competency since your last renewal? Yes No I don't remember

If Yes, how many hours was it?

If Yes, was the course approved or recommended by Oregon Health Authority's Office of Equity and Inclusion? Yes No I don't remember

If Yes, what was the name of the course?

Do you feel this course improved your effectiveness in improving the health of a targeted population? Yes No Not Sure

Submit and Proceed to Next Step



Nov 8th



**SB 660 Rules Advisory Committee
 Certification for Local School Dental Sealant Programs
 Tuesday, October 20, 2015
 1:00 PM – 3:00 PM**

Location

OHA Public Health Division
 800 NE Oregon Street
 Portland, OR 97232
 Conference Room 1E – First Floor

Dial-In Number: **1-877-411-9748**

Participant Code: **929689**

Time	Agenda
1:00 pm – 1:15 pm	Introductions & Housekeeping
1:15 pm – 2:45 pm	Review Draft Rules (version 4)
2:45 pm – 3:00 pm	Final Steps

Rulemaking Process

The Oregon Health Authority, Public Health Division has policies and procedures that guide the rulemaking process. In order to have the rules effective in January 2016, we will be following the timeline below.

Date	Activity
September 8 September 23 October TBD	<ul style="list-style-type: none"> • Draft proposed rules and Statement of Need and Fiscal Impact form • Convene RAC and hold meetings to seek input on proposed rules and form
November 8	<ul style="list-style-type: none"> • OHA Rules Coordinator needs final proposed rules and rulemaking forms
November 8-15	<ul style="list-style-type: none"> • OHA Rules Coordinator will review forms and seek approval to file
By November 15	<ul style="list-style-type: none"> • OHA Rules Coordinator will file the notice of proposed rulemaking with the Oregon Secretary of State
November 15-22	<ul style="list-style-type: none"> • Rulemaking documents will be posted to our website and interested parties will be notified
December 1	<ul style="list-style-type: none"> • Notice appears in the Oregon Bulletin
December 16 or later	<ul style="list-style-type: none"> • Hold public hearings to seek public comments
December 22 or later	<ul style="list-style-type: none"> • Public comment period closes
After Public Comment Period Closes	<ul style="list-style-type: none"> • Respond to comments from the public comment period
January 2016	<ul style="list-style-type: none"> • Final rule text showing changes and responses to public comment period due to the OHA Rules Coordinator • OHA Rules Coordinator will file the final rules with the Oregon Secretary of State
Late January 2016	<ul style="list-style-type: none"> • Rules are effective
February – August 2016	<ul style="list-style-type: none"> • Conduct certification trainings around the state • Develop specific communication tools with the Oregon Department of Education for school administrators, school nurses, parents, etc.
Start of the 2016-17 School Year	<ul style="list-style-type: none"> • Mandatory certification will be required for local school dental sealant programs

**Enrolled
Senate Bill 660**

Sponsored by COMMITTEE ON HEALTH CARE

CHAPTER

AN ACT

Relating to providing dental services to children; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Using evidence-based data and best practices, the Oregon Health Authority shall promote oral health throughout this state by ensuring the availability of dental sealant programs to students attending school in this state. To fulfill its duties under this section, the authority shall:

(1) Screen, and ensure the provision of dental sealants to, appropriate student populations who attend an elementary school or a middle school in which at least 40 percent of all students attending the school are eligible to receive assistance under the United States Department of Agriculture's National School Lunch Program.

(2) Where appropriate, directly provide the services described in subsection (1) of this section.

(3) Where appropriate, oversee the provision of services described in subsection (1) of this section by local dental sealant programs.

(4) Adopt by rule procedures and qualifications for:

(a) The certification of local dental sealant programs;

(b) The recertification of local dental sealant programs;

(c) The training of personnel who provide services through local dental sealant programs; and

(d) Monitoring and collecting data from local dental sealant programs.

(5) Upon making a determination that a local dental sealant program is capable of providing the services described in subsection (1) of this section for one or more schools:

(a) Develop a plan for transitioning the school or schools from receiving the services directly from the authority to receiving the services from the local dental sealant program; and

(b) Assist the school or schools in making the transition.

(6) Ensure that all dental sealant data collected by the authority or a local dental sealant program is integrated with data sets included as part of the comprehensive health care information system described in ORS 442.466.

SECTION 2. In addition to and not in lieu of any other appropriation, there is appropriated to the Oregon Health Authority, for the biennium beginning July 1, 2015, out of the General Fund, the amount of \$200,000 for the purpose of funding the activities described in section 1 of this 2015 Act.

SECTION 3. This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.

Passed by Senate July 2, 2015

.....
Lori L. Brocker, Secretary of Senate

.....
Peter Courtney, President of Senate

Passed by House July 3, 2015

.....
Tina Kotek, Speaker of House

Received by Governor:

.....M.,....., 2015

Approved:

.....M.,....., 2015

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2015

.....
Jeanne P. Atkins, Secretary of State

OREGON ADMINISTRATIVE RULES
OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION
CHAPTER 333

DIVISION 28

CERTIFICATION FOR LOCAL SCHOOL DENTAL SEALANT PROGRAMS

333-028-0300

Purpose

The Oral Health Program supports communities in improving the oral health of the school-age population through evidence-based best practice within a public health framework. The Association of State and Territorial Dental Directors (ASTDD), Centers for Disease Control and Prevention (CDC), and the Community Preventive Services Task Force have all determined that school-based dental sealant programs are evidence-based best practices with strong evidence of effectiveness in preventing tooth decay among children.

Deleted: School-based dental sealant programs are an evidence-based best practice by t

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These rules (OAR 333-028-0300 through 333-028-0350) establish the procedure and criteria the Oregon Health Authority shall use to certify, suspend and decertify Local School Dental Sealant Programs. Certification of a Local School Dental Sealant Program by the State Oral Health Program is mandatory before dental sealants can be provided in a school setting.

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333-028-0310

Definitions

- (1) "Authority" means the Oregon Health Authority.
- (2) "Program" means the Oregon Health Authority, Public Health Division, Oral Health Program.
- (3) "Local School Dental Sealant Program" is an entity outside of the Oregon Health Authority where dental sealants is one of the services being provided in a school setting.
 - (a) Only Local School Dental Sealant Programs, and not individual dental hygienists, can be certified.
- (4) "Certification" means the Local School Dental Sealant Program has been authorized by the Oregon Health Authority to operate in a school setting.
 - (a) Certification is mandatory before dental sealants can be provided in a school setting.
- (5) "Certification year" means a one-year period beginning on August 1 and ending on July 31. *by the Oregon*
- (6) "Recertification" means the Local School Dental Sealant Program has been authorized by the Oregon Health Authority to operate in a school setting for the next certification year.

(7) "Certification training" is a mandatory one-time training for Local School Dental Sealant Programs provided by the Program that must be taken before an application for certification is submitted. Training topics may include:

- (a) Research and evidence-based practices
- (b) Utilizing hygienists and dental assistants
- (c) Recruiting and working with schools
- (d) Providing services in a school setting
- (e) Equipment and supplies needed
- (f) Protocols for quality
- (g) Data collection and reporting
- (h) Continuous quality improvement

(i) Cultural competency.

(8) "Clinical training" is an annual training provided by the Local School Dental Sealant Program or Program to update skills in determining the need for and appropriateness of dental sealants, and sealant application techniques.

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333-028-0320

Certification Requirements

To be certified, a Local School Dental Sealant Program must meet all requirements for certification.

(1) A representative responsible for coordinating and implementing the Local School Dental Sealant Program must attend a one-time certification training provided by the Program.

Deleted: (1) A Local School Dental Sealant Program that operates in multiple regions must receive certification for each county or Coordinated Care Organization (CCO).¶

(a) If the Local School Dental Sealant Program experiences personnel changes that impact the representative responsible for coordinating and implementing the Local School Dental Sealant Program, then a new representative must attend the one-time certification training before applying for recertification.

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(b) Any templates or materials provided by the Program during the certification training that are adapted must acknowledge the Program on the templates or materials.

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(2) A Local School Dental Sealant Program must provide an annual clinical training to all providers rendering care within their scope of practice in a school setting. This requirement may be met by one of these methods:

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(a) A Local School Dental Sealant Program develops and implements its own training.

(b) A Local School Dental Sealant Program sends their providers to an annual training provided by the Program.

(3) Before contacting any schools to offer services, a Local School Dental Sealant Program must contact the Coordinated Care Organizations (CCOs) operating in the community to determine which Local School Dental Sealant Program will be providing services in each school.

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Deleted: and Dental Care Organizations (DCOs)

(a) A Local School Dental Sealant Program must ensure all Medicaid encounters are entered into the Medicaid system.

or

(3) A Local School Dental Sealant Program must ensure all Medicaid encounters are entered into the Medicaid system.

~~(a) A Local School Dental Sealant Program must contact the Coordinated Care Organizations (CCOs) operating in the community to bill Medicaid.~~

must
~~(3) Before contacting any new schools to offer services, a Local School Dental Sealant Program is requested to contact the Coordinated Care Organizations (CCOs) operating in the community to determine which Local School Dental Sealant Program is best able to provide services. The purpose of the Local School Dental Sealant Program is to ensure access, and to minimize the chance of duplicating services. Schools currently receiving sealants from a local program may retain those services as they are currently being delivered, unless the school requests to have a different contractor or Local School Dental Sealant Program deliver sealants. In addition, where the school prefers to have a Local School Dental Sealant Program deliver sealants that is in conflict with the recommendation of the CCO in the community, the school shall have a right to continue that relationship. Priorities should be placed on protecting the existing relationships with schools and providers. The CCOs shall maintain a directory of which schools are served by which Local School Dental Sealant Program.~~ @ who will collaborate

~~(a) A Local School Dental Sealant Program must ensure all Medicaid encounters are entered into the Medicaid system.~~

~~(4) A Local School Dental Sealant Program must first target schools in a community where 40 percent or greater of all students attending the school are eligible to receive assistance under the United States Department of Agriculture's National School Lunch Program,~~

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~~(5) A Local School Dental Sealant Program must offer at a minimum screening and dental sealant services to all students with parental/guardian permission regardless of insurance status, race, ethnicity or socio-economic status in these grade levels:~~

Deleted: before targeting schools below 40 percent

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- ~~(a) Elementary schools: first and second grades or second and third grades; and/or~~
- ~~(b) Middle schools: sixth and seventh grades or seventh and eighth grades.~~

~~(6) A Local School Dental Sealant Program must develop and implement a plan to increase parental/guardian permission return rates.~~

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~~(7) A Local School Dental Sealant Program must adhere to these standards for school dental sealant programs:~~

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- ~~(a) Dental equipment must be used on school grounds.~~
- ~~(b) A medical history is required on the parent/guardian permission form.~~
- ~~(c) Use the four-handed technique to apply sealants in elementary schools.~~
- ~~(d) Use the two-handed technique using an Isolite or equivalent Program approved device or the four-handed technique to apply sealants in middle and high schools.~~
- ~~(e) Apply resin-based sealants.~~

~~The Program will apply new standards at some date in the future. Local School Dental Sealant Programs will be notified of any changes.~~

- ~~• This is a placeholder - I am working with the Department of Justice on the correct wording. We may have to reopen the rules.~~

~~(8) A Local School Dental Sealant Program must comply with all scope of practice laws as determined by the Oregon Board of Dentistry.~~

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(9) A Local School Dental Sealant Program must comply with Oregon Board of Dentistry oral health screening guidelines.

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(10) A Local School Dental Sealant Program must comply with infection control guidelines established in OAR 818-012-0040.

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(11) A Local School Dental Sealant Program must comply with the Health Insurance Portability and Accountability Act (HIPAA) and Federal Educational Rights and Privacy Act (FERPA) requirements.

(12) A Local School Dental Sealant Program must respect classroom time and limit demands on school staff. Services must be delivered efficiently to ensure a child's time out of the classroom is minimal.

(13) A Local School Dental Sealant Program must conduct retention checks at one year for quality assurance.

(14) A Local School Dental Sealant Program must submit a data report to the Program annually. This data report will be defined by the Program. Aggregate-level data will be required for each school.

(15) A Local School Dental Sealant Program must include the certification logo provided by the Program on all parent/guardian permission forms and written communication to schools.

or

(15) A Local School Dental Sealant Program must provide schools with a letter provided by the Program indicating the Local School Dental Sealant Program is certified.

~~(16) Oregon Health Authority shall not contract with third parties to provide certification or recertification or any oversight responsibilities for a Local School Dental Sealant Program.~~

combined either or

333-028-0330

Certification and Recertification Process

(1) Only an individual with legal authority to act on behalf of the Local School Dental Sealant Program can apply for initial certification by submitting a Certification Application to the Authority via electronic mail to the Program's electronic mail address posted on the Program's website or by mail to the mailing address posted on the Program's website, placeholder for shortened URL address. Instructions and criteria for submitting a Certification Application is posted on the Program's website.

(2) The Program shall review the application within 15 days of receiving the application to determine whether it is complete.

(3) If the Program determines that the application is not complete, it will be returned to the applicant for completion and resubmission.

(4) If the Program determines that the application is complete, it will be reviewed to determine if it meets certification requirements described in OAR 333-028-0320.

(5) If the Program determines that the Local School Dental Sealant Program meets the certification requirements, the Program shall:

- (a) Inform the applicant in writing that the application has been approved; and
- (b) Schedule on-site verification reviews.

(6) If a Local School Dental Sealant Program does not meet certification requirements in their certification application, the Oregon Health Authority shall choose one of the following two actions:

(a) Certification will be denied if the Local School Dental Sealant Program does not meet the requirements of these rules. The Program will provide the applicant with a clear description of reasons for denial based on the certification requirements in the denial letter. An applicant may request that the Program reconsider the denial of certification. A request for reconsideration must be submitted in writing to the Program within 30 days of the date of the denial letter and must include a detailed explanation of why the applicant believes the Program's decision is in error along with any supporting documentation. The Program shall inform the applicant in writing whether it has reconsidered its decision.

(b) Provisional certification will be provided based on an agreed upon timeline for a corrective action plan for the non-compliant requirements. The Local School Dental Sealant Program must submit a waiver to the Program that includes an explanation of the non-compliant requirements, a plan for corrective action, and date for meeting compliance.

(c) The Program will notify the CCOS

(7) Once a Local School Dental Sealant Program is certified, the certification status is effective for the certification year of August 1 – July 31.

(a) A Local School Dental Sealant Program must notify the Program if it terminates services for a scheduled school during a certification year.

(8) A certified Local School Dental Sealant Program must renew its certification no later than July 15 each year via the Program's online Renewal Certification Application form in order to remain certified.

(a) A Local School Dental Sealant Program must submit the annual data report to the Program before applying for renewal certification.

(9) The Program will notify a Local School Dental Sealant Program of their certification renewal status by August 1 each year.

333-028-0340

Verification

(1) The Program shall conduct on-site verification review of each approved Local School Dental Sealant Program. A representative sample of schools being served by the certified program will be reviewed each certification year:

Deleted: (a) For every ten schools served, the Program shall conduct one on-site verification review.¶

(2) The Program will work with a Local School Dental Sealant Program to schedule a verification review. A Local School Dental Sealant Program will have at least 20 days advance notice before a review will occur.

(3) A Local School Dental Sealant Program must permit ^{should the Program} ~~Oregon Health Authority~~ staff access to the school and staff operating the sealant program on the verification review date.

will be rewarded

Deleted: Program

(4) The verification review must include, but is not limited to:

- (a) Review of documents, policies and procedures, and records;
- (b) Review of techniques used while providing dental sealants;
- (c) Review of infection control practices;
- (d) On-site observation of the client environment and physical set-up;

(5) Following a review, Program staff may conduct an exit interview with the Local School Dental Sealant Program representative(s). During the exit interview Program staff shall:

- (a) Inform the Local School Dental Sealant Program representative(s) of the preliminary findings of the review; and
- (b) Give the Local School Dental Sealant Program representative(s) 10 working days to submit additional facts or other information to the Program staff in response to the findings.

(6) Within four weeks of the on-site visit Program staff must prepare and provide the Local School Dental Sealant Program with a written report of the findings from the on-site review.

(7) If no certification deficiencies are found during the review, the Program shall issue written findings to the Local School Dental Sealant Program indicating no deficiencies were found.

(8) If certification deficiencies are found during the on-site review, the Program may take action in compliance with OAR 333-028-0350.

(9) At any time, a Local School Dental Sealant Program may request an administrative review of compliance, which includes one on-site visit. The review will be considered a "no penalty" review with the exception of gross violation or negligence that may require temporary suspension of services.

333-028-0350

Compliance

(1) A Local School Dental Sealant Program must notify the Program within 10 working days of any change that brings the Local School Dental Sealant Program out of compliance with the certification requirements. A Local School Dental Sealant Program must submit a waiver to the Program that includes:

- (a) Explanation of the non-compliant requirement;
- (b) Plan for corrective action; and
- (c) Date for compliance.

(2) The Program will review the waiver request and inform the Local School Dental Sealant Program of approval or denial of the waiver within 10 working days of submission.

(a) Services may be provided until the Local School Dental Sealant Program has been notified of its waiver request.

(3) If the waiver is approved, the Local School Dental Sealant Program will be provided provisional certification and must comply with certification requirements by the proposed date of compliance.

(4) If a waiver is denied; a Local School Dental Sealant Program does not come into compliance by the date of compliance stated on the waiver; or a Local School Dental Sealant Program is out of compliance with certification requirements and has not submitted a waiver, based on the Program's discretion, the Program shall:

- (a) Require the Local School Dental Sealant Program to complete an additional waiver with an updated plan for corrective action and updated date for compliance; or
 - (b) Require the Local School Dental Sealant Program to complete a waiver to satisfy the requirements in section (1) of this rule; or
 - (c) Issue a written warning with a timeline for corrective action; or
 - (d) Issue a letter of non-compliance with the notification of a suspension or decertification status.
- The Program will notify the Local School Dental Sealant Program schools that they have been suspended or decertified. Dental sealants may not be provided in the school until the Local School Dental Sealant Program is certified.

(e) The program will be notified

(5) A Local School Dental Sealant Program that had been decertified may be reinstated after reapplying for certification.

(6) A Local School Dental Sealant Program with its certification status suspended may have its suspension lifted once the Program determines that compliance with certification requirements has been satisfactorily achieved.

(a) The Program will notify the schools that the Local School Dental Sealant Program's suspension has been lifted and that dental sealants may now be provided in the school.

(7) If there are updates to the current rules that require a Local School Dental Sealant Program to make any operational changes, the Program will allow the Local School Dental Sealant Program until the beginning of the next certification year or a minimum of 90 days to come into compliance.

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Health Professional Regulatory Boards Workgroup

Name	Board	Phone	Email Address
Sean Kolmer	Governor's Office; Health Policy	503.798.2208	<i>vacant</i>
Mary Moller	Governor's Office; Appointments	503-378-8471	mary.moller@state.or.us judge.kemp@oregon.gov
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Copy and Paste full mailing list to a new email:

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Governor's Office: mary.moller@state.or.us; judge.kemp@oregon.gov

House Bill 2683

Sponsored by Representative GILLIAM; Representative CLEM (Pre-session filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Requires Oregon Board of Dentistry, upon request of individual who has been disciplined by board, to remove from its website and other publicly accessible print and electronic publications information related to disciplining individual if individual meets certain criteria.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to dentistry; and declaring an emergency.

3 Whereas the Oregon Board of Dentistry is responsible for the licensure and discipline of dental
4 professionals in this state; and

5 Whereas collaboration between the Oregon Board of Dentistry and other medical professional
6 boards in this state fosters productive and equitable discipline procedures among all medical pro-
7 fessions; and

8 Whereas communication between the Oregon Board of Dentistry and the Legislative Assembly
9 should be encouraged; now, therefore,

10 **Be It Enacted by the People of the State of Oregon:**

11 **SECTION 1.** Section 2 of this 2015 Act is added to and made a part of ORS chapter 679.

12 **SECTION 2.** (1) Upon the request of an individual who has been disciplined by the Oregon
13 Board of Dentistry, the board shall remove from its website and other publicly accessible
14 print and electronic publications under the board's control all information related to disci-
15 plining the individual under ORS 679.140 and any findings and conclusions made by the board
16 during the disciplinary proceeding, if:

17 (a) The request is made 10 years or more after the date on which any disciplinary sanc-
18 tion ended;

19 (b) The individual was not disciplined for financially or physically harming a patient;

20 (c) The individual informed the board of the matter for which the individual was disci-
21 plined before the board received information about the matter or otherwise had knowledge
22 of the matter;

23 (d) The individual making the request, if the individual is or was a licensee, otherwise
24 remained in good standing with the board following the imposition of the disciplinary sanc-
25 tion; and

26 (e) The individual fully complied with all disciplinary sanctions imposed by the board.

27 (2) The board shall adopt by rule a process for making a request under this section.

28 **SECTION 3.** As soon as practicable after the effective date of this 2015 Act, the Oregon
29 Board of Dentistry shall:

30 (1) Provide notice to each individual licensed by the board under ORS chapter 679 of the

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 **process for making a request described in section 2 of this 2015 Act; and**

2 **(2) Provide public notice of the process for making a request under section 2 of this 2015**
3 **Act.**

4 **SECTION 4. This 2015 Act being necessary for the immediate preservation of the public**
5 **peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect**
6 **on its passage.**

7



**Office of
Equity and Inclusion**

HB2024 Rules Advisory Committee (RAC) Agenda

Wednesday September 30, 2015 - 10:00 a.m. – 12:00 p.m.

**Oregon Health Authority, Transformation Center Training Room
Lincoln Building: 421 SW Oak St, Suite 775
Portland, OR 97204**

Conference Call Line: 866-590-5055, pin: 2766017#
Host Code: 8629036

Purpose of HB 2024: Directs Oregon Health Authority, in consultation with coordinated care organizations and dental care organizations, to adopt rules and procedures for training and certifying certain health workers to provide oral disease prevention services.

Purpose of HB 2024 RAC: To advise the Oregon Health Authority regarding the implementation of HB 2024.

#	Time	Topic	Content
1	15 mins 10:00 – 10:15	Introductions/ Agenda Review	<ul style="list-style-type: none"> • Welcome • Name/Affiliation Introductions • Agenda Review
2	15 mins 10:15 – 10:30	THW Training & Certification	<ul style="list-style-type: none"> • Review current THW training curriculum topics • Review current certification process
3	30 mins 10:30 – 11:00	Oral Health Training Sample	<ul style="list-style-type: none"> • Draft of Training for CHWs (Tony Finch, Karen Hall)
4	20 mins 11:00 – 11:20	Oral Disease Prevention Services Definition	<ul style="list-style-type: none"> • Develop definition from which to build Rule
5	25 mins 11:20 – 11:45	Oral Health Training Topics	<ul style="list-style-type: none"> • Review roles/competencies doc • Build list for THW revised Rules
6	15 min 11:45 – 12:00	Public Comment	

Attached Meeting Materials

- Meeting Notes from 8/17/15
- RAC member roster
- THW Training Topics
- THW Roles/Competencies Training doc
- Oral Health Training for CHWs Draft

Contact

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HB2024 RAC Roster

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THW Curriculum Standards

410-180-0370

Community Health Workers, Peer Wellness Specialists, Personal Health Navigators, and Peer Support Specialists Certification Curriculum Standards

(1) All Authority approved curricula used to train community health workers, peer wellness specialists and personal health navigators must:

(a) Include a minimum of 80 contact hours, which addresses the core curricula topics set forth in section (2) of this rule and any other additional curriculum topics specific to the type of worker being trained;

(b) Provide training that addresses all the major roles and core competencies of community health workers, peer wellness specialists and personal health navigators in Oregon as listed and defined in Oregon Health Policy Board's Report "The Role of Non-Traditional Health Workers in Oregon's Health Care System" incorporated by reference.

(<http://www.oregon.gov/oha/oei/docs/nthw-report-120106.pdf>, January 2012)

(2) An Authority approved core curriculum for community health workers, peer wellness specialists and personal health navigators shall, at a minimum, introduce students to the key principles of the following topics:

(a) Community Engagement, Outreach Methods and Relationship Building;

(b) Communication Skills, including cross-cultural communication, active listening, and group and family dynamics;

(c) Empowerment Techniques;

(d) Knowledge of Community Resources;

(e) Cultural Competency and Cross Cultural Relationships, including bridging clinical and community cultures;

(f) Conflict Identification and Problem Solving;

(g) Conducting Individual Strengths and Needs Based Assessments;

(h) Advocacy Skills;

(i) Ethical Responsibilities in a Multicultural Context;

(j) Legal Responsibilities;

- (k) Crisis Identification and Problem-Solving;
- (l) Professional Conduct, including culturally appropriate relationship boundaries and maintaining confidentiality;
- (m) Navigating Public and Private Health and Human Service Systems, including state, regional, and local;
- (n) Working with Caregivers, Families, and Support Systems, including paid care workers;
- (o) Trauma-Informed Care, including screening and assessment, recovery from trauma, minimizing re-traumatization;
- (p) Self-Care;
- (q) Social Determinants of Health;
- (r) Building Partnerships with Local Agencies and Groups;
- (s) The Role and Certified Scope of Practice of Traditional Health Workers;
- (t) Roles, expectations, and supervisory relationships for Working in Multidisciplinary Teams, including supervisory relationships;
- (u) Data Collection and Types of Data;
- (v) Organization Skills and Documentation and use of HIT;
- (w) Introduction to Disease Processes, including chronic diseases, mental health, tobacco cessation, and addictions (warning signs, basic symptoms, when to seek medical help);
- (x) Health Across the Life Span;
- (y) Adult Learning Principles - Teaching and Coaching;
- (z) Stages of Change;
- (aa) Health Promotion Best Practices; and
- (bb) Health Literacy Issues.

(3) In addition to the core curriculum set forth in section (2), training programs for **community health workers** shall include the following topics:

- (a) Self-Efficacy;

- (b) Community Organizing;
- (c) Group Facilitation Skills;
- (d) Conducting Community Needs Assessments;
- (e) Popular Education Methods; and
- (f) Principles of Motivational interviewing.

(4) In addition to the core curriculum, set forth in section (2) training programs for **peer wellness specialists** shall include the following topics:

- (a) Self-Efficacy;
- (b) Group Facilitation Skills;
- (c) Cultivating Individual Resilience;
- (d) Recovery, Resilience and Wellness Models; and
- (e) Principles of Motivational interviewing.

(5) An Authority approved curriculum for **peer support specialists** shall include a minimum of 40 contact hours that include:

- (a) The core curriculum set forth in section (2)(a) through (p);
- (b) The Role and Scope of Practice of Peer Support Specialists; and
- (c) Recovery, Resilience and Wellness.

Stat. Auth.: ORS 413.042, 414.635 & 414.665

Stats. Implemented: ORS 414.635 & 414.665

Hist.: DMAP 42-2013(Temp), f. & cert. ef. 8-2-13 thru 1-29-14; DMAP 66-2013, f. & cert. ef. 12-3-13

410-180-0375

Birth Doula Certification Curriculum Standards

(1) All Authority approved curricula used to train birth doulas must include a minimum of the following:

- (a) 16 contact hours in Labor Support training;

- (b) 4 contact hours in Breastfeeding training;
- (c) 12 contact hours in Childbirth Education; and
- (d) 6 contact hours in Cultural Competency training.

(2) Authority approved birth doula training curricula must also incorporate the following components and students must:

- (a) Be CPR-certified for children and adults;
- (b) Read five books from an Authority approved reading list;
- (c) Write a 500 to 1000 word essay on the value of labor support;
- (d) Create a community resource list;
- (e) Submit evaluations from work with three families and one provider;
- (f) Attend at least three births and three postpartum visits; and
- (g) Have a valid food handler's permit.

Stat. Auth.: ORS 413.042, 414.635 & 414.665

Stats. Implemented: ORS 414.635 & 414.665

Hist.: DMAP 42-2013(Temp), f. & cert. ef. 8-2-13 thru 1-29-14; DMAP 66-2013, f. & cert. ef. 12-3-13

THW / CHW and Oral Health in Oregon



Improving general health through oral health
for all Oregonians

In partnership with Oregon Health Authority (logo)



Brainstorm



Why is it important to have a healthy mouth?




****Activity- use oversized notepad to write down their answers

Prevalence of Disease

- ▶ **Tooth decay** (cavities) is the most common chronic disease in children.
 - ▶ 5 times more common than asthma
 - ▶ Affects 50% of low-income children
- ▶ Almost half of adults over the age of 30 have **gum disease** (periodontal disease)
- ▶ 39,500 **oral cancers** are diagnosed each year (2015- American Cancer Society)
 - ▶ Oral cancer causes 7,500 deaths each year
 - ▶ Diagnosis is often late





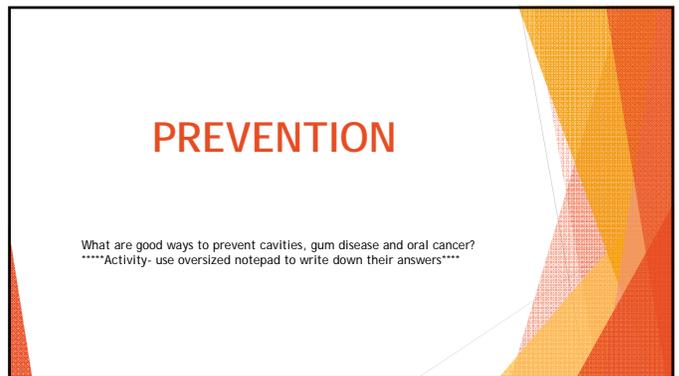
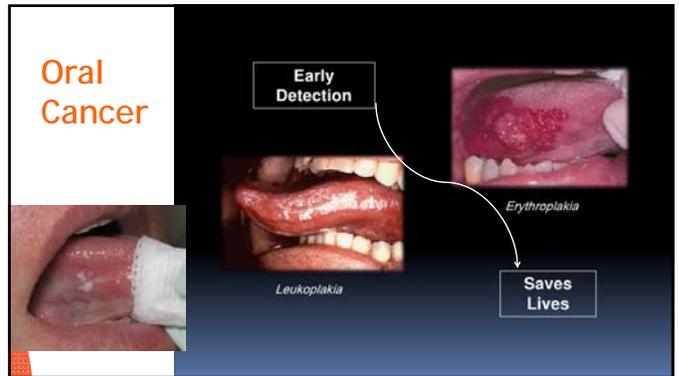
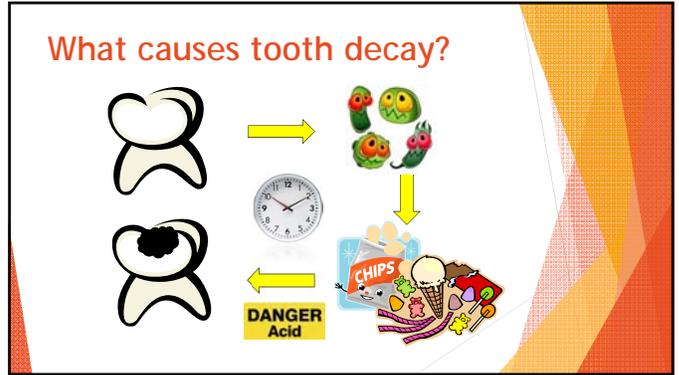
Oral-Systemic Connection

****Activity- attach laminated body parts to diagram of a body. Body parts cards are color coded****

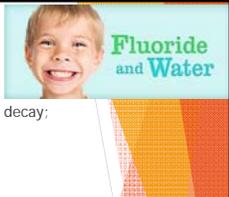
Tooth Decay







Fluoride



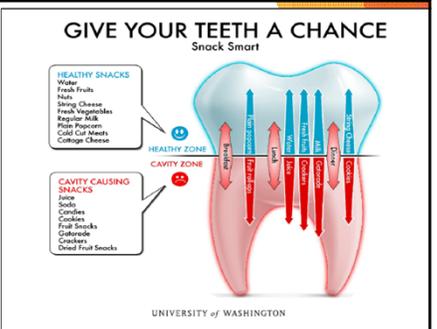
- ▶ Fluoride strengthens tooth structure so it is resistant to decay; it can also repair a tooth from early decay
- ▶ Fluoride in drinking water
- ▶ Fluoride supplements
- ▶ Fluoride in toothpaste
- ▶ Fluoride rinses, etc.
- ▶ Fluoride varnish



Nutrition

GIVE YOUR TEETH A CHANCE

Snack Smart



- ▶ Limit sugary foods and drinks
- ▶ Snack on fruits and vegetables
- ▶ Plain water is best between meals

UNIVERSITY of WASHINGTON

****This is a handout they can have*****

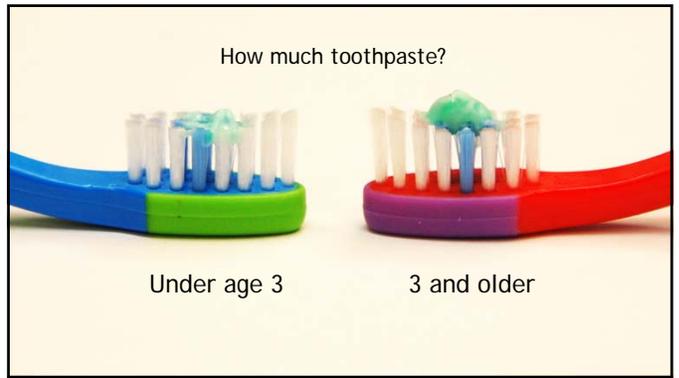
Brushing

Twice/day with fluoridated toothpaste

How long?
About 2 minutes



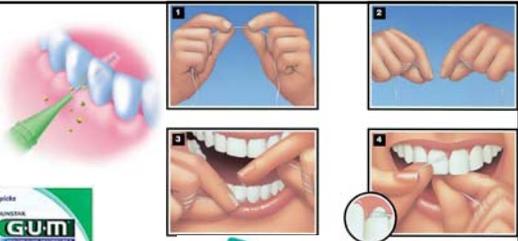
How much toothpaste?



Under age 3 3 and older

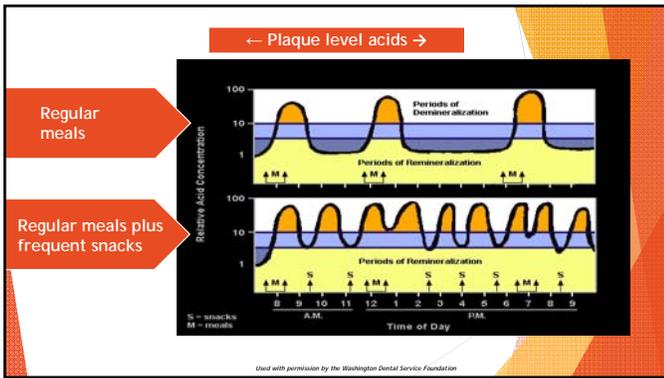
Cleaning between the teeth:

Once/day




Activity

See assessment task in OCDC program on brushing a child's teeth and teach a parent This activity allows for them to pair up and practice brushing a child's teeth and teaching a parent how to do that. This should re-enforce for the parent how to brush their own teeth as they teach their child to brush their teeth. Trainer to demonstrate, attendees to practice.



Dental Sealants

- Applied to permanent molar teeth (6 years, 12 years) to help prevent tooth decay

Activity

Activity- match disease progression pictures to descriptions and to recommendations*

Access to Dental Care

Navigating to Dental Care

- Children should see a dental provider by age 1. This might be a dentist or a dental hygienist.
- Preventative dental care: twice per year, up to 4 times for children at high risk for decay
- Adults should see a dental provider at least once a year for preventative dental care

Who has Medicaid dental coverage in Oregon?

- Children
- Pregnant women
- Adults
 - Discuss new adult benefits
- Older adults: Dental not covered by Medicare

Activity

We will create an interactive way for them to see what kinds of services are now covered by Medicaid

Finding a Dentist - Medicaid/OHP

Add screen shot of website to find a dental provider

Finding a Dentist - What if you don't have insurance coverage?

Provide handout of safety net clinics, FQHCs, MTI, MOM, etc

Tools / Education

- ▶ Pocket guide to oral health
- ▶ AAP flip book
- ▶ Pregnancy and oral health brochures
- ▶ Periodontal disease brochures
- ▶ Oral cancer brochures

**** under discussion still based on funds available****

Websites - needs updating

- ▶ Oregon Oral Health Coalition
 - ▶ www.orohc.org
- ▶ Healthy Teeth Healthy Kids
 - ▶ www.healthyteethhealthykids.org
- ▶ OHA
 - ▶ www.xxxx/xx.state.us

What you can do...ask questions!

- ▶ Sample questions to start the conversation about oral health:
 - ▶ Do you have a dentist?
 - ▶ When is the last time you saw your dentist?
 - ▶ Do you have dental insurance?
 - ▶ Do you need help finding a dentist?
 - ▶ Does anything in your mouth hurt?
 - ▶ Is anything bothering you in your mouth?



Current Competency and Training Requirements for THWs, by role

Community Health Workers (CHW), Peer Wellness Specialists (PWS), Peer Support Specialists (PSS), and Personal Health Navigators (NAV)

Role	Core Competencies	Core Training Elements
<p>1. Outreach and Mobilization</p> <p>Definition: Outreach is the provision of health-related information, including information about health conditions, resources, and services to community members. Mobilization is working with individuals and their natural support systems to assure that community members who may be underserved or less likely to access health care services (because of barriers such as lack of health insurance, limited English proficiency [LEP], lack of information about available services, or social or physical isolation, such as for seniors and people with disabilities) are informed, served and motivated to take action on an individual, family or community level.</p> <p>Purpose: The purpose of outreach and mobilization is to support individuals, their identified families, and community members to gain the information and skills needed to effectively engage in healthy behaviors and in the health systems that support them. Traditional Health Workers (THWs) use outreach and mobilization strategies and methods to connect community members and individuals with existing supports and services and to bring services to where people reside and work, and at trusted community sites frequented by community members and individuals potentially in need of services.</p>	<ul style="list-style-type: none"> • Communicate effectively with individuals and their identified families and community members about individual needs, concerns and assets • Identify and document needs and health topics relevant to the priority population, including common strengths, barriers and challenges • Adapt outreach strategies based on population, venue, behavior or identified risks as appropriate to a given population and its self-determined concerns • Engage individuals and community members in ways that establish trust and rapport with them and their families • Create a non-judgmental atmosphere in interactions with individuals and their identified families • Develop and disseminate culturally and linguistically appropriate information to service population regarding available services and processes to engage in services • Document and help create networks and establish partnerships and linkages with other THWs and organizations for the purpose of care coordination, prevention or harm reduction, and enhancing resources • Support individuals and their identified families and community members to utilize care and community resources • Effectively utilize various education and communication strategies to inform and educate individuals and community members about health, health interventions, and available health supports and services 	<ul style="list-style-type: none"> • Outreach Methods • Community Engagement, Outreach and Relationship Building • Communication Skills, including cross-cultural communication, active listening, and group and family dynamics • Empowerment Techniques • Knowledge of Community Resources
<p>New Oral Health Specific:</p>	<ul style="list-style-type: none"> • 	

Role	Core Competencies	Core Training Elements
<p>2. Community and Cultural Liaising</p> <p>Definition: Community and Cultural Liaising means creating and supporting connections among individuals and their identified families, community members, providers, health systems, community based organizations and leaders, within a context of cultural beliefs, behaviors, and needs presented by individuals, their families and communities.</p> <p>Purpose: To identify and effectively bridge cultural, linguistic, geographic and structural differences which prevent or limit individuals' ability to access health care or adopt health promoting or harm-reducing behaviors.</p> <ul style="list-style-type: none"> • Workers must be familiar with and maintain contact with agencies and professionals in the community in order to secure needed care and to build a network of community and professional support for the individuals they serve. They should participate in community, agency, and person-driven health planning and evaluation efforts that are aimed at improving care and bringing needed services into the community. Workers should bring information about individuals' lives that will help the provider team develop relevant health promotion and disease management strategies. • When encountering linguistic differences, it is recommended that providers use only qualified and/or certified health care interpreters rather than engaging family members or informal interpreters. This does not preclude THWs who are also qualified or certified health care interpreters. • Workers should understand the impact of social determinants of health on health outcomes and be 	<ul style="list-style-type: none"> • Advocate for individuals and their identified families, and community groups/populations • Recognize and define cultural, linguistic, and social differences, such as differing understandings of: family unity, religious beliefs, health-related beliefs and practices, generational differences, traditions, histories, socioeconomic system, refugee and immigration status and government systems • Educate care teams & service systems about community needs and perspectives • Build individual, clinical team, and community capacity to support people who seek and receive care by providing information/education on specific health issues and interventions, including identifying and addressing social determinants of health • Recognize conflict and utilize conflict resolution strategies • Conduct individual needs assessments 	<ul style="list-style-type: none"> • Cultural Competency/Cross Cultural Relationships, including bridging clinical and community cultures • Conflict Identification and Problem Solving • Social Determinants of Health • Conducting individual Needs Assessments • Advocacy Skills • Building Partnerships with local agencies and groups

<p>prepared to include strategies that work to improve health outcomes by assisting providers in identifying culturally, linguistically, and community appropriate steps that reduce or remove barriers that may be uniquely impacting health outcomes in a given community.</p>		
<p>New Oral Health Specifics</p>	<ul style="list-style-type: none">•	

Role	Core Competencies	Core Training Elements
<p>3. Case Management, Care Coordination and System Navigation</p> <p>Definition: Case management, care coordination and system navigation is a collaborative process of assessment, planning, facilitation and advocacy to help people evaluate options and access services.</p> <p>Purpose: To meet an individual’s holistic health needs through available resources in a timely and efficient manner, which may include recognizing and promoting system-level changes needed to meet individual and community needs. To assure the provision of culturally and linguistically appropriate services. To reduce duplicative, damaging or unnecessarily costly interventions that occur through lack of coordination.</p>	<ul style="list-style-type: none"> • Deliver person-centered information and advocacy • Provide timely and accurate referrals • Work effectively across multidisciplinary teams • Demonstrate and communicate understanding of public and private health and human services systems • Coordinate between providers, teams and systems providing care & services • Assure follow up care and support individual and providers to maintain connections throughout treatment process • Disseminate information to appropriate individuals • Understand and maintain ethical boundaries between self and individual or family being served • Describe individual(s)’ rights and confidentiality clearly and appropriately, including informed consent and mandatory reporting requirements • Utilize crisis management techniques • Complete accurate and timely documentation of care processes, including effectively using tools such as computer programs, databases, charts and other documentation materials needed by supervisor/care team • Assist individual (and identified family members as appropriate) to set goals and collaboratively plan specific actions to reach goals • Assist people with paperwork needed to access services • Assist people to access basic needs services (e.g. food, housing, employment, etc.) 	<ul style="list-style-type: none"> • The Role of Traditional Health Workers • Roles and Expectations for Working in Multidisciplinary Teams • Ethical Responsibilities in a multicultural context • Legal Responsibilities • Paths to Recovery (specific to worker type) • Data Collection and Types of Data • Organization Skills and Documentation, including use of HIT • Crisis Identification, Intervention and Problem-Solving • Professional Conduct (including culturally appropriate relationship boundaries and maintaining confidentiality) • Navigating public and private health and human service systems (state, regional, local) • Working with caregivers, families, and support systems, including paid care workers
<p>New Oral Health Specifics</p>		

Role	Core Competencies	Core Training Elements
<p>1. Health Promotion and Coaching</p> <p>Definition: Case management, care coordination and system navigation is a collaborative process of assessment, planning, facilitation and advocacy to help people evaluate options and access services.</p> <p>Purpose: To meet an individual’s holistic health needs through available resources in a timely and efficient manner, which may include recognizing and promoting system-level changes needed to meet individual and community needs. To assure the provision of culturally and linguistically appropriate services. To reduce duplicative, damaging or unnecessarily costly interventions that occur through lack of coordination.</p>	<ul style="list-style-type: none"> • Define and describe basic disease processes including chronic diseases, mental health, and addictions, basic warning signs and symptoms • Define and describe basic dynamics of traumatic issues impacting health, such as historical and cultural trauma, child abuse, domestic violence, self harm, and suicide • Motivate individual to engage in behavior change, access needed services and/or advocate for themselves • Provide coaching and support for behavior change (self-management), including responding to questions and/or fears, offering multiple examples of desired changes and potential outcomes, and using appropriate and accessible formats for conveying health information • Collect and apply knowledge of individuals’ history and background, including experiences of trauma, to inform health promotion and coaching strategies • Assist individual to set goals and collaboratively plan specific actions to reach goals • Provide informal emotional or psychological support through active listening, paraphrasing and other supportive techniques • Support and empower individuals to choose from treatment options where available and support adherence to treatment choice 	<ul style="list-style-type: none"> • Introduction to Disease Processes including chronic diseases, mental health, and addictions (warning signs, basic symptoms, when to seek medical help) • Trauma-Informed Care (screening and assessment, recovery from trauma, minimizing re-traumatization) • Health Across the Life Span • Adult Learning Principles - Teaching and Coaching • Stages of Change • Health Promotion Best Practices • Self-Care • Health Literacy Issues
<p>New Oral Health Specifics</p>		

Training requirements specific to THW type

CHW = Community Health Worker, PWS = Peer Wellness Specialist, NAV. = Personal Health Navigator, PSS = Peer Support Specialist, Doula

Role	Supplemental Training Elements	CHW	PWS	NAV	PSS	Oral Health
1. Outreach and Mobilization	Self-Efficacy	X	X			
	Community Organizing	X				
	Group Facilitation Skills	X	X			
2. Community and Cultural Liaising	Conducting Community Needs Assessments	X				
3. Case Management, Care Coordination and System Navigation	<i>No training elements recommended beyond core that applies to all three worker types</i>					
4. Health Promotion and Coaching	Popular Education Methods (Community Health Workers)	X				
	Cultivating Individual Resilience (Peer Wellness Specialists)		X		X	
	Recovery Model (Peer Wellness Specialists)		X		X	
	Healthcare Best Practices (specific to fields of practice)	X (specific to field of practice)	X (specific to field of practice)	X (specific to field of practice)	X (specific to field of practice)	
	Wellness within a specific disease (Personal Health Navigator)			X	X	
	Basic health screenings (e.g. blood pressure measurement)	X (specific to job role)				
	Motivational interviewing	X	X			

Doula Specific Requirements	Labor (16 hours)					
	Breastfeeding (4 hours)					
	Childbirth Education (12 hours)					
	Cultural Competency (6 hours)					
	Read five books from reading list. (Reading list should be attached)					
	Write essay on the value of labor support.					
	Create a resource list.					
	Attend at least three births and three home visits.					
	Submit evaluations from work with three families.					
	CPR-certification					
	Food handler's permit					

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&
RULES

679.065 Qualifications of applicants;

rules. (1) An applicant for a dental license shall be entitled to take the examination to practice dentistry in Oregon if the applicant:
(a) Is 18 years of age or older; and
(b) Is a graduate of a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency, if any, which must have been approved by the Oregon Board of Dentistry.

(2) Foreign trained graduates of dental programs may apply for the dental licensure examination, providing the applicant meets the board's requirements, by rule, as will reasonably assure that an applicant's training and education are sufficient for licensure. [1983 c.169 §5]

679.070 Examination; certain other examination results in lieu of examination.

(1) The Oregon Board of Dentistry may administer written, laboratory or clinical examinations to test professional knowledge and skills.
(2) The examination shall be elementary and practical in character but sufficiently thorough to test the fitness of the applicant to practice dentistry. It shall include, written in the English language, questions on any subjects pertaining to dental science. The written examination may be supplemented by oral examination. Demonstrations of the applicant's skill in operative and prosthetic dentistry also may be required.
(3) The board may accept the results of national standardized examinations in satisfaction of the written examination as authorized by this section, and shall accept the results of regional testing agencies or of clinical board examinations administered by other states in satisfaction of the laboratory or clinical examination authorized under this section, provided:
(a) The test or examination was taken within five years of the date of application; and
(b) The applicant received a passing score on the test or examination as established by the board by rule.
(4) The board shall accept the results of regional testing agencies or of clinical board examinations administered by other states in satisfaction of the examinations authorized under this section for applicants who have engaged in the active practice of dentistry in other states, in Oregon or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for at least 3,500 hours in the five years immediately preceding application and who meet all other requirements for licensure. [Amended by 1965 c.122 §4; 1983 c.169 §7; 1999 c.489 §1; 2001 c.193 §1; 2003 c.83 §3; 2005 c.229 §1]

818-021-0011

Application for License to Practice Dentistry Without Further Examination

(1) The Oregon Board of Dentistry may grant a license without further examination to a dentist who holds a license to practice dentistry in another state or states if the dentist meets the requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory evidence of:

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or completion of a postdoctoral General Dentistry Residency program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and

(c) Having passed the dental clinical examination conducted by a regional testing agency or by a state dental licensing authority; and

(d) Holding an active license to practice dentistry, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dentistry, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and

(e) Having conducted licensed clinical practice in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately prior to application; and

(f) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

(2) Applicants must pass the Board's Jurisprudence Examination.

(3) A dental license granted under this rule will be the same as the license held in another state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty, the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds more than one license, the Oregon Board will issue a dental license which is least restrictive.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.060, 679.065, 679.070, 679.080 & 679.090

Hist.: OBD 4-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 4-2001, f. & cert. ef. 1-8-01; OBD 12-2001 (Temp), f. & cert. ef. 1-9-01 thru 7-7-01; OBD 14-2001 (Temp), f. 8-2-01, cert. ef. 8-15-01 thru 2-10-02; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2002 (Temp), f. & cert. ef. 7-17-02 thru 1-12-03; Administrative correction 4-16-03; OBD 1-2003, f. & cert. ef. 4-18-03; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 3-2004, f. 11-23-04 cert. ef. 12-1-04; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06

818-021-0025

Application for License to Practice Dental Hygiene Without Further Examination

(1) The Oregon Board of Dentistry may grant a license without further examination to a dental hygienist who holds a license to practice dental hygiene in another state or states if the dental hygienist meets the requirements set forth in ORS 680.040 and 680.050 and submits to the Board satisfactory evidence of:

(a) Having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and

(c) Evidence of having passed the clinical dental hygiene examination conducted by a regional testing agency or by a state dental or dental hygiene licensing authority; and

(d) Holding an active license to practice dental hygiene, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental hygiene, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and

(e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs, or teaching all disciplines of clinical dental hygiene at a dental hygiene education program accredited by the Commission on Dental Accreditation of the American Dental Association for a minimum of 3,500 hours in the five years immediately preceding application. For dental hygienists employed by a dental hygiene program, documentation from the dean or appropriate administration of the institution regarding length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching all disciplines of clinical dental hygiene, and any adverse actions or restrictions; and

(f) Having completed 24 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

(2) Applicants must pass the Board's Jurisprudence Examination.

Stat. Auth.: ORS 680

Stats. Implemented: ORS 680.040, 680.050, 680.060, 680.070 & 680.072

Hist.: OBD 4-1999, f. 6-25-99, cert. ef. 7-1-99; OBD 4-2001, f. & cert. ef. 1-8-01; OBD 12-2001 (Temp), f. & cert. ef. 1-9-01 thru 7-7-01; OBD 14-2001 (Temp), f. 8-2-01, cert. ef. 8-15-01 thru 2-10-02; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2002 (Temp), f. & cert. ef. 7-17-02 thru 1-12-03; Administrative correction 4-16-03; OBD 1-2003, f. & cert. ef. 4-18-03; OBD 1-2004, f. 5-27-04, cert. ef. 6-1-04; OBD 3-2004, f. 11-23-04 cert. ef. 12-1-04; OBD 1-2006, f. 3-17-06, cert. ef. 4-1-06; OBD 2-2009, f. 10-21-09, cert. ef. 11-1-09; OBD 4-2011, f & cert. ef. 11-15-11

CORRESPONDENCE

From: Aamodt, Gail L. [<mailto:gail.aamodt@pacificu.edu>]
Sent: Thursday, August 27, 2015 1:20 PM
To: Teresa Haynes
Subject: epi pen

Hi Teresa,

I was told that the board needed training information for dental hygienists regarding the epi-pen. I put together some information that might be helpful for the board.

1. All dental hygienists and dentists review the same information on the administration of epi pens as part of any medical emergencies class. RDH are required to take a 3 hour medical emergencies course every renewal cycle where this information should be reviewed.
2. CODA requires all accredited dental hygiene programs to meet the following standards:

2-8d

Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, **medical and dental emergencies**, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.

2-17

Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.

Intent: Dental hygienists should be able to provide appropriate basic life support as providers of direct patient care.

Examples of evidence to demonstrate compliance may include evaluation methods/grading criteria such as classroom or clinic examination, station examination, performance on emergency simulations, basic life support certification/recognition

To meet CODA requirements at Pacific University, Medical emergencies is first covered in the Seminar I course with the junior dental hygiene students prior to seeing patients. We require CPR training every year and cover medical emergency information at varying levels throughout the program in different courses such as Pain Management and Treatment of Patients with Special Needs. At the beginning of the each semester we have a week of labs prior to seeing patients where medical emergencies are reviewed, including the administration of the epi-pen. We have "practice pens" that do not have a needle so students can experience the delivery process.

I hope you find this information helpful. Please let me know if you have any questions.

Gail Aamodt RDH, EPDH, MS | Clinical Education Coordinator | Associate Professor |
School of Dental Health Science | Pacific University | 222 SE 8th Ave, Suite 271 | Hillsboro, OR 97123
p: 503.352.7242 | f: 503.352.7260 | gail.aamodt@pacificu.edu



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 Pacific University is committed to sustainability. Please consider the environment before printing this e-mail.

OTHER ISSUES

7. **Placement of Cord Subgingivally Course – Bonne Marshall, CDA, RDA, EFDA, EFODA, MADAA, BS**

The Board has received a request for approval of a course of instruction to place cord subgingivally. This course would be provided so the EFDA Dental Assistants could qualify to place cord in accordance with OAR 818-042-0090.

818-042-0090

Additional Functions of EFDAs

Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist prior to the patient being dismissed:

(1) Apply pit and fissure sealants provided the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist or dental hygienist.

(2) Apply temporary soft relines to complete dentures for the purpose of tissue conditioning.

(3) Place cord subgingivally.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15

RECEIVED

OCT 06 2015

Oregon Board
of Dentistry

October 1, 2015

To Whom It May Concern,

The following information is in regards to the newly approved task; Dental Assistants being able to place retraction cord.

This Board approved course should offer instruction on the purpose, techniques and safety considerations of retraction cord placement and the Expanded Function Dental Assistant's role as the operator under indirect supervision of the dentist.

PREREQUISITIES

- 1) The attendee must be an Oregon Expanded Function Dental Assistant.
- 2) The attendee must provide a copy of their EFDA certification with course registration.

SUGGESTED TEXTS

Finkbeiner and Johnson, **Comprehensive Dental Assisting**; Mosby Torres and Ehrlich, **Modern Dental Assisting**; ninth/tenth edition, Saunders or, any text used by the accredited Dental Hygiene or Dental Assisting programs.

COURSE FORMAT

This course should be presented in a 2-part lecture/lab format for a total of at least four (4) hours.

Lecture:

To include the following regards to purpose, techniques and safety issues for placement of a retraction cord.

- 1) Preliminary Treatment
 - *is the history current
 - *intraoral and extraoral examination
 - *radiographic examination
 - *noted allergies
 - *medications
 - *tissue condition
 - *other health considerations
- 2) Infection control issues
 - *principles of disease transmission
 - *universal precautions
- 3) OSHA regulations
 - *operator injury
- 4) Understanding anatomical tooth structures
 - *tooth surfaces
 - *anatomic terms
 - *surrounding periodontium and gingival tissues
 - *tooth margins
- 5) Use of dental equipment and instruments
 - *use of appropriate fulcrum
 - *intra-oral use of hand mirror

- *use of correct instruments
- 6) Indications/Contradictions for retraction cord
 - *tissue health
 - *isolation of the site
 - *correct type of retraction cord to be used
 - *depth and placement of gingival retraction cord
- 7) Appropriate technique/Materials
 - *margins
 - *placement of the retraction cord correctly into the sulcus
 - *correct retraction cord (according to patient's health history)

Written Exam:

Class participants must take a 25 question, multiple choice exam with a minimum passing score of 80%.

Lab:

Attendees should be provided with knowledge and skills to perform placement of retraction cord. This laboratory work must be completed on models and evaluated by the instructor. Due to the nature of this task there is no patient clinical placement of retraction cord required.

Suggestion:

It is my suggestions that after a attendee has taken a Board Approved Course they should pack retraction cord under direct supervision of the dentist five times (a check-off sheet similar to the EFDA check-off sheet could be used) A copy of the certificate from the class and the check-off sheet should be held by the person/office who is performing the task. Once the DA has completed both he/she would be able to perform the task under indirect supervision of the dentist.

Sincerely



Bonnie Marshall, CDA, RDA, EFDA, EOFDA, MADAA, BS
Educational Consultant
23826 NE 182nd Ave
Battle Ground, Washington 98604
503-209-8450

7. Placement of Cord Subgingivally Course – Linda Shelby, D.M.D.

The Board has received a request for approval of a course of instruction to place cord subgingivally. This course would be provided so the EFDA Dental Assistants could qualify to place cord in accordance with OAR 818-042-0090.

818-042-0090

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Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15



Sunset Dental

Syllabus for Cord Retraction Placement Class

1. Review of printed material and visual examples of sulcus, proper and improper cord placement, contraindications and periodontal considerations
2. Review videos
3. Questions and answers
4. Each assistant place size 00 and size 1 retraction cord on 1 molar and 1 pre molar on Acadental , Modupro Typodont.

We anticipate the course, to be taught in our office, to be approximately 4 hours of training.



Sunset Dental

Cord Retraction Placement

Cord retraction is used for multiple purposes.

-The most common is for exposure of the prepped crown margin, in order to get a good impression for crown fabrication. Gingival retraction temporarily widens the sulcus for impression material to flow around prep and expose margin accurately.

-It is also used to retract access tissue for crown seating and as a hemostatic agent in moisture control.

Cord comes in various degrees of thickness and Dr. decides which size is to be used.

-Cord also comes impregnated with aluminum chloride or epinephrine, as a hemostatic agent, or non-impregnated that works by force.

-Hemodent is used as a hemostatic agent, and helps control bleeding and shrink tissue for a dual purpose.

Placement

Cord is placed into the sulcus to retract away from the tooth and expose crown margin or tooth below gum line to allow for restoration to be placed.

Use of **minimal force** is necessary when packing cord to protect Sharpey's fibers and not to go beyond the sulcus.

Excessive force will cause crevicular bleeding, gingival inflammation, collapse of marginal tissues and further compromise any periodontal status

When placing cord, start interproximally and place in a clockwise motion. Press gently until most of the the cord disappears.

Use air to clear any collecting fluid, in order to keep a clear view of where sulcus is and where to place the retraction.

Many clinicians find cord places easier when wet.



Sunset Dental

References for cord retraction placement:

BIRD: Torres and Ehrlich **Modern Dental Assisting**, 9th edition,

Videos: **Modern Dental Assisting** 9th edition, Procedures DVD, Retraction Cord placement.

You Tube: <https://www.youtube.com/watch?v=5kDZxitJHt8>

PROCEDURE 50-1

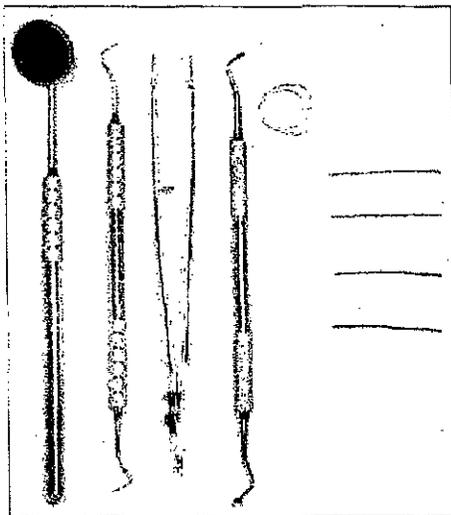
Placing and Removing Gingival Retraction Cord (Expanded Function)

PREREQUISITES FOR PERFORMING THIS PROCEDURE

- ✓ Mirror skills
- ✓ Operator positioning
- ✓ Dental anatomy
- ✓ Instrumentation
- ✓ Fulcrum

EQUIPMENT AND SUPPLIES

- ✓ Basic setup
- ✓ Cotton rolls
- ✓ Cord-packing instrument
- ✓ Gingival retraction cord
- ✓ Dappen dish
- ✓ Scissors

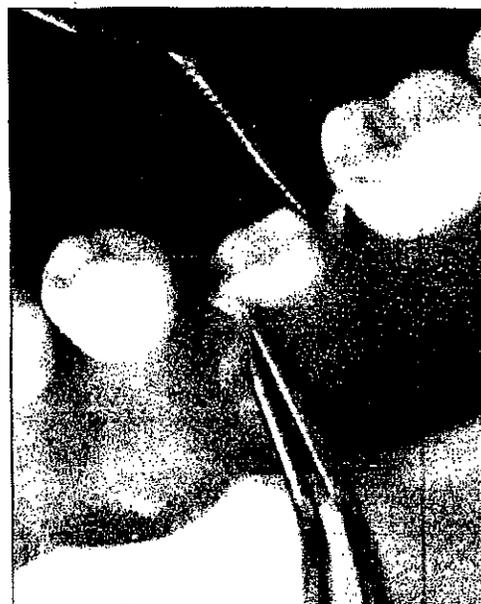


Placement

- 1 Make a loop in the retraction cord, slip it over the tooth, and position the loop in the sulcus around the prepared tooth.



- 2 Using the cord-packing instrument and working in a *clockwise* direction pack the cord gently into the sulcus surrounding the prepared tooth so that the ends are on the facial aspect.
Purpose: The ends in this position are easier to reach for removal of the cord.



PROCEDURAL STEPS

Preparation

- 1 Rinse and gently dry the prepared tooth; isolate the quadrant with cotton rolls.
Purpose: Dry tissue makes it easier to see the details of the gingival tissue and place the retraction cord.
- 2 Cut a piece of retraction cord 1 to 1½ inches in length, depending on the size and type of tooth under preparation.
Note: The length is determined by the circumference of the prepared tooth and the placement technique to be used.
- 3 Use cotton pliers to form a loose loop of the cord.
Purpose: This makes the cord easy to slip over the tooth, but the loop is not tied or knotted.

PROCEDURE 50-1



Placing and Removing Gingival Retraction Cord (Expanded Function)—cont'd

- 3 Pack the cord into the sulcus by gently rocking the instrument slightly backward as the instrument is moved forward to the next loose section of retraction cord. Repeat this action until the length of cord is packed in place.
- 4 Overlap the cord where it meets the first end of the cord. The ends may be tucked into the sulcus on the facial aspect.

Note: An alternative is to leave a short length of the cord sticking out of the sulcus. This makes it easier to grasp and quickly remove the cord.

Optional: When a wider and deeper sulcus is required, two retraction cords may be placed with one on top of the other. *Before* the impression material is taken, remove the top cord. *After* the impression is completed, remove the second retraction cord.
- 5 The cord should be left in place for a maximum of 5 to 7 minutes. Instruct the patient to remain still, to keep the area dry.

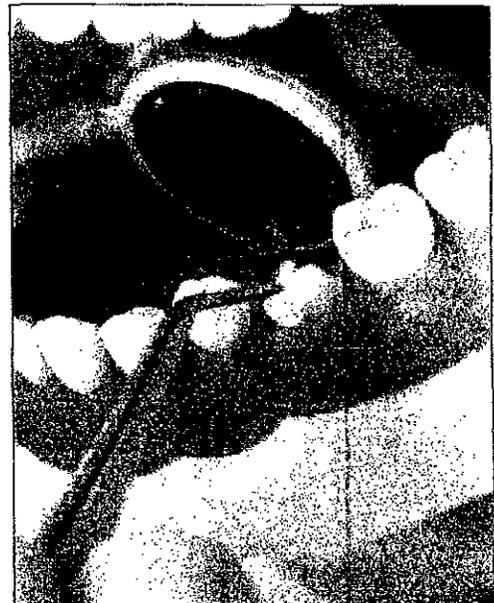
Purpose: The time allows the cord to push tissue away from the tooth and stay in this position.

Note: The exact time depends on the type of chemical retraction used.

Removal

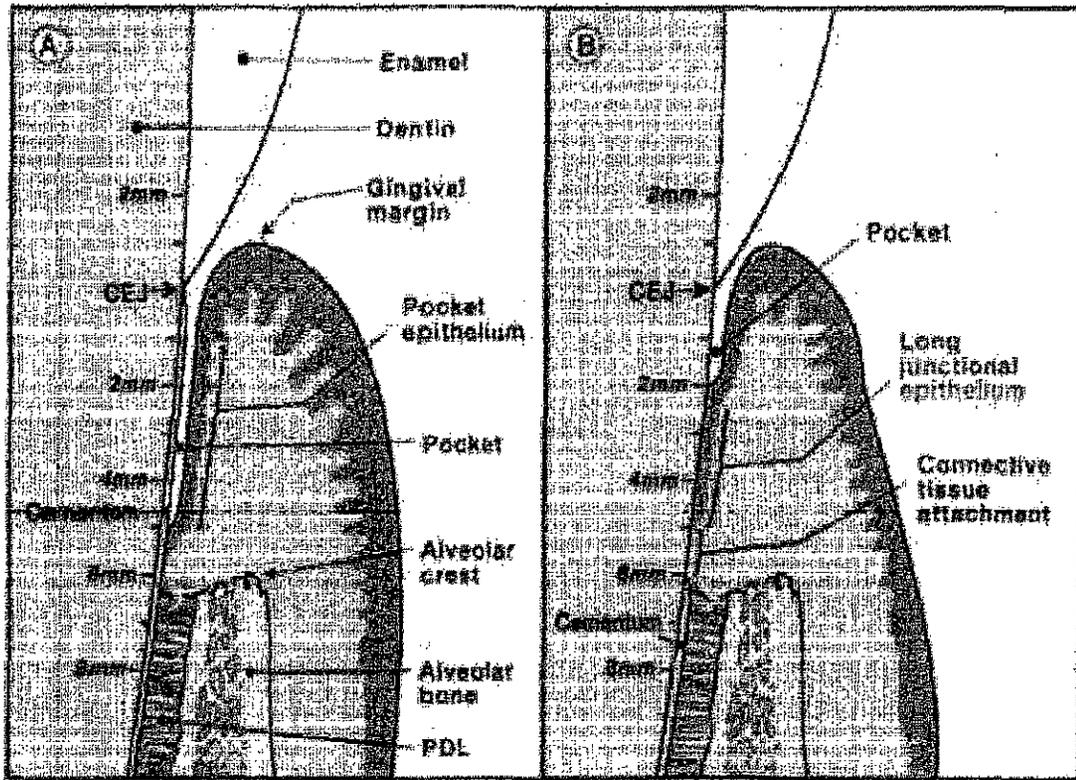
- 1 Grasp the end of the retraction cord with cotton pliers, and remove it in a *counterclockwise* direction (the reverse of the method used in packing).
- 2 Remove the retraction cord just before the impression material is placed.

Note: Usually the operator removes the cord while the assistant prepares the syringe-type impression material.



- 3 Gently dry the area, and apply fresh cotton rolls.

Note: The impression is taken immediately.



7. **Placement of Cord Subgingivally Course – Pablo Nicacio, D.D.S.**

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818-042-0090

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Stats. Implemented: ORS 679.025(2)(j) & 679.250(7)

Hist.: OBD 9-1999, f. 8-10-99, cert. ef. 1-1-00; OBD 15-2001, f. 12-7-01, cert. ef. 1-1-02; OBD 1-2013, f. 5-15-13, cert. ef. 7-1-13; OBD 1-2014, f. 7-2-14, cert. ef. 8-1-14; OBD 3-2015, f. 9-8-15, cert. ef. 10-1-15

October 19, 2015

Hermiston Dental Group, Dr. Pablo Nicacio, D.D.S.

550 SW 11th St

Hermiston, OR. 97838

541-567-4143

To the Oregon Board of Dentistry

800 NE Oregon St, Suite 150

Portland, Or 97232-2162

971-673-0001

I am interested in teaching a course to my staff for cord packing. I am submitting my course outline for board approval. Please review my outline for cord packing course and let me know how I can get my Dental Assistants certified in cord packing.

Thank You,

A handwritten signature in black ink, appearing to read "Pablo E. Nicacio DDS". The signature is fluid and cursive, with a large loop at the end.

Dr. Pablo Nicacio DDS., PC D7570

Goal of Course is to learn the fundamentals of tissue retraction/conditioning including the purpose of retraction cord, cord selection, chemical and mechanical retraction, one and two cord technique, and use of products such as Comp-recaps and EPI pellets to prepare for the final impression. Procedures and techniques discussed in the lecture will be practiced in hands-on learning lab. Each student will use a typodont and place retraction cord around a model tooth that has been prepared for a crown impression. I, the instructor will observe each student's technique and offer additional information or assistance to help each one improve.

Learning Objectives:

1. Students will learn the purpose of retraction cord and proper placement
2. Discover a variety of materials to improve tissue retraction
3. Understand the benefits of one and two cord techniques.
 - I. Retraction Cord- "I can see clearly now!"
 - II. Purpose of retraction cord
 - III. Steps prior to cord placement
 - IV. Chemical and mechanical retraction
 - V. Packing cord
 - VI. Cord removal
 - VII. One cord Technique and Two cord Technique

Review of Dentistry Mentorship Program Description

Course Title: Dentistry Mentorship Program

Tagline: Practice with a solid foundation and master standards of dental care!

Course Director: Dr. Dewin Harris

Dates: Ten week program offered twice per year. Choose one

First 10-week session:

Wednesdays from January, 2016 through August, 2015 (final dates TBD)

Second 10-week session:

TBD

Time: 8-5 daily

Location: Portland, Oregon

CE Credits: 70-80 Hours

Tuition: TBD

Sponsors: TBD

Administrative Support: OAGD staff

Companion Course Requirements:

1. Recordkeeping – Dr. Persichetti’s approved course which is currently offered twice per academic year by the OHSU/OAGD Continuing Education Department. If participants haven’t taken this during their current OBD reporting period, then registration for this course is required for completion of “Review of Dentistry Mentorship” course.
2. OSHA regulations and infection control standards. If participants haven’t taken this during their OBD current reporting period, then completion of this online course is a basic prerequisite for completion of the “Review of Dentistry Mentorship” course.

Course Description:

The Oregon Academy of General Dentistry’s Review of Dentistry Mentorship is designed to provide participants with a working knowledge of the standard of care expectations for each discipline of dentistry. Dr DeWin Harris, the Course Director, will serve as liaison with the Boards of Dentistry from participant’s respective states.

The course will comprise both didactic and hands-on learning opportunities including live-patient clinic sessions. Working through non-profit organizations the Course Director will select individuals in need of donated dental care and they will be treated within the study club. This exciting opportunity for comprehensive, hands on learning will begin with data gathering, examination and treatment planning options and will then culminate in the comprehensive care for an individual patient under the supervision of the Course Director.

Session Agenda (schedule flexible)

Session I – This would include the dentists’ full clinical staff (full dental office staff might also be required to take this session).

Recordkeeping – Dr. Persichetti’s approved course which is currently offered twice per academic year by the OHSU/OAGD Continuing Education Department. If participants haven’t taken this during their OBD reporting period, then registration for this course is a requirement of successful completion the “Review of Dentistry” course. Since this is given twice yearly it may not fall within the timeframe of these sessions but will need to be completed prior to receiving a certificate of completion.

OSHA regulations and infection control standards. If participants haven’t taken this during their OBD reporting period, then completion of this online course is a basic requisite for completing the “Review of Dentistry” course. This is offered as a webinar.

Information resource education – where should dentists go to find different types of information ie: regulatory, clinical standards, ethical etc.

Session II – This would include the whole dental staff.

Ethics

Diagnosis and clinical reasoning – The elements of a good diagnosis and the clinical reasoning one should engage in to come to a reasonable diagnosis.

Session III – This should include the dentist, hygienist and dental assistants

Pharmacology – most commonly used medications in dentistry

Radiology and radiation safety

Pathology – pathology screening, identification, treatments and referral

Session IV – X The remaining sessions would be dentists only and include the following topics

Direct restorations – alloys, ant and post composites

Indirect restorations – Crowns, bridges, inlays, onlays

Implants – surgical and restorative

Removable prosthodontics – partial and full denture options

Periodontics – limited to non-surgical care and possibly common surgical modalities

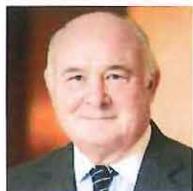
Oral Surgery – exodontia principles, infection management, basic biopsy techniques

Pediatric Dentistry – basic principles with diagnosis and treatment of common issues

NEWSLETTERS
&
ARTICLES OF
INTEREST

High honors granted to six alumni, one great friend

At two galas — one held in February in Scottsdale, Ariz., and the other scheduled for April 24 at the CH2M HILL Alumni Center on campus — OSU Athletics, the OSU Foundation and the OSU Alumni Association are bestowing their highest honors upon six Beavers and one dedicated friend. The honorees include:



James H. Rudd, '06(H), has received The OSU Foundation's highest honor, the Lifetime Trustee Award.

CEO and principal of Ferguson Wellman Capital Management, he was a foundation trustee from 1993 to 2007, serving as chair when the university publicly launched its first comprehensive fundraising campaign. Rudd, of Lake Oswego, co-chaired a committee guiding The Campaign for OSU, which concluded at the end of 2014 after raising \$1.14 billion to support university priorities. The OSU Alumni Association named Rudd an honorary alumnus in 2006.



Harold Ashford, '72, has received the alumni association's Dan Poling Service Award, an honor named for an influential dean of men

who served the university for more than five decades. Head of a Bend accounting firm and a 1972 Oregon State alumnus, Ashford serves as an OSU Foundation trustee and helped to build relationships between leaders in Central Oregon and OSU-Cascades. The rapidly growing branch campus is expanding from a two-year degree completion program to a four-year university and will enroll its first freshmen this fall.



David Andersen, '80, is this year's recipient of the Jean & C.H. "Scram" Graham Leadership Award. Named for a former alumni director and

his wife — who worked and volunteered on behalf of the association and OSU for almost their entire lives — the award honors individuals who give exemplary service to the alumni association.

Andersen, of Portland, is president of Andersen Construction Co. He served for many years on the alumni association's board of directors and was its president in 2008-2009.

He also is a member of the College of Engineering's Academy of Distinguished Engineers and the Dean's Circle of Excellence in the College of Business.

Suzanne Phelps McGrath, '70, and **Bernard K. McGrath, '70**, are this year's recipients of the Martin Chaves Lifetime Achievement Award from OSU Athletics.

The award honors the legacy of Chaves, who was captain of the 1942 Rose Bowl team and became an influential booster in various fundraising activities.

In addition to being loyal supporters of OSU football, the McGraths, of Portland, made an especially significant impact as volunteer fundraisers for the renovation of Goss Stadium and the creation of the Pat Casey Baseball Endowment. Both have served on numerous OSU boards. Bernie McGrath, who is retired from a teaching career with the Tigard-Tualatin School District, is vice president of the Our Beaver Nation advisory board. Sue McGrath is president of Vision Capital Management.



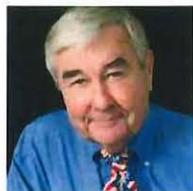
Sandra Marshall Campbell, '85, is this year's recipient of the E.B. Lemon Distinguished Alumni Award, named for an alumnus, teacher,

dean and volunteer leader who gave more than 70 years of service to the university. The Lemon award honors those who exemplify the service, generosity and success epitomized by its namesake.

Campbell, a registered nurse, and her husband, veterinarian Scott Campbell, '80, '85, founded and grew the Banfield Pet Hospitals into an operation with nearly 900 franchises in the U.S., Mexico and the United Kingdom. She founded the Banfield Charitable Trust, an international philanthropic force on behalf of helping people under duress maintain their relationships with their pets.

The Campbells are among the university's most generous benefactors, and they serve on multiple public service boards.

When they sold the business in 2007, they retired to a large working ranch in Silvies Valley near Burns in Eastern Oregon, and are partly transforming it into an "eco-resort." 🌿



Dr. Ken Johnson, a Corvallis dentist, is this year's recipient of the alumni association's highest honor for those who are not Oregon State alumni, the Joan Austin Honorary Alumni Award. Formally known simply as the Honorary Alumni Award, the honor is being renamed this year for Austin, the late Newberg philanthropist, who was the first to receive it in 2005.

Johnson, who spent much of his 42-year career performing public service dentistry around the world, started the OSU Pre-dental Club 46 years ago. He has mentored more than 2,000 OSU science students with internships and pre-dental classes.

After retiring from his practice in 2007, he established a program to provide free dental care to low-income children and their families at the Boys & Girls Club of Corvallis. He also established a scholarship for OSU students who are active in the Pre-dental Club.

Rudd, the McGraths and Ashford were honored in February at a gala during the Destination OSU weekend in Scottsdale, Ariz.

Anderson, Campbell and Johnson will be recognized at the alumni association's Spring Awards Celebration April 24 at the CH2M HILL Alumni Center on campus. Tickets are available at osualum.com/events.

LICENSE RATIFICATION

16. RATIFICATION OF LICENSES

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

DENTAL HYGIENISTS

H7064	DELANEY ERIKA JOHNSON, R.D.H.	8/20/2015
H7065	CHELSEA MARIE SMOTHERMAN, R.D.H.	8/20/2015
H7066	ANA LAURA DE LA TORRE-ORDAZ, R.D.H.	8/20/2015
H7067	VIVIANE M YAACOUB, R.D.H.	8/20/2015
H7068	ASHLEE NICOLE RAINVILLE, R.D.H.	8/20/2015
H7069	GENESIS A PEREZ, R.D.H.	8/20/2015
H7070	ROSALIE ANNE GOODE, R.D.H.	8/20/2015
H7071	MEGAN TYNE COFFELT, R.D.H.	8/20/2015
H7072	WHITNEY LYN BOWERS, R.D.H.	8/20/2015
H7073	JUSTIN CAINES STANTON, R.D.H.	8/20/2015
H7074	SHERYL P SMITH, R.D.H.	8/20/2015
H7075	SHAYLA Q COFFMAN, R.D.H.	8/20/2015
H7076	ASHLEY MARIE RODRIGUEZ, R.D.H.	8/20/2015
H7077	JESSICA HOPE MARIE PARKER, R.D.H.	8/20/2015
H7078	ASHLEYANN ROSE DERAAD, R.D.H.	8/20/2015
H7079	PATRICIA ANN FERRELL, R.D.H.	8/20/2015
H7080	MARIKA I BENSON, R.D.H.	8/20/2015
H7081	TAYLER P ROLAND, R.D.H.	8/21/2015
H7082	JANE U NGUYEN, R.D.H.	8/21/2015
H7083	MARCIE CARABALLO NGUYEN, R.D.H.	8/21/2015
H7084	OZIEL OREA-GARCIA, R.D.H.	8/21/2015
H7085	NICOLE USI, R.D.H.	8/25/2015
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H7087	KALI E SCOTT, R.D.H.	8/28/2015
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H7092	ALLISON M HAMBERGER, R.D.H.	8/28/2015
H7093	LYNSI ANN BARFUSS, R.D.H.	9/9/2015
H7094	AMANDA JOANNE SLADE, R.D.H.	9/16/2015
H7095	MIKAL L LEQUERICA, R.D.H.	9/16/2015
H7096	ANTHONY J BOURG, R.D.H.	9/16/2015
H7097	KATRINA C BAILEY, R.D.H.	9/16/2015
H7098	ARISHNA ASHLEEN SUDHIREDDY, R.D.H.	9/16/2015
H7099	DANA V GASAN, R.D.H.	9/16/2015
H7100	DIANE PHAN, R.D.H.	9/16/2015
H7101	ALEXIS D JACKSON, R.D.H.	9/25/2015
H7102	RACHEL ELIZABETH JOHNSON, R.D.H.	9/25/2015
H7103	VANESSA A MACIEL, R.D.H.	9/25/2015
H7104	REBECCA LOUISE HAGEN, R.D.H.	9/25/2015
H7105	MELISSA MICHELLE FARMER, R.D.H.	10/6/2015
H7106	EMMA TAYLOR SAMMONS, R.D.H.	10/6/2015
H7107	NATASHA N LONDON, R.D.H.	10/6/2015
H7108	JILL ANDREA LOGAN, R.D.H.	10/6/2015
H7109	WHITNEY ALLISON HOFF, R.D.H.	10/8/2015

H7110	JENNIFER COLLEEN HELLING, R.D.H.	10/8/2015
H7111	KELSEY D REED, R.D.H.	10/14/2015
H7112	KATHRYN LYNN HYSELL, R.D.H.	10/14/2015

DENTISTS

D10343	EVAN L BLACKWELL, D.D.S.	8/20/2015
D10344	RYAN W LUCHTEFELD, D.M.D.	8/20/2015
D10345	SETH MICHAEL MONSON, D.M.D.	8/20/2015
D10346	HAILEY Q NGUYEN, D.M.D.	8/20/2015
D10347	MELISSA J WAGES, D.D.S.	8/21/2015
D10348	CHELSEA E TWOHIG, D.D.S.	8/21/2015
D10349	JEFFREY CLEO BRYSON, D.D.S.	8/28/2015
D10350	DAN M SHAER, D.D.S.	9/16/2015
D10351	RACHEL G JABLONSKI, D.M.D.	9/16/2015
D10352	ELISE KAYLENE GRELLMANN, D.M.D.	9/16/2015
D10353	G. RYAN DAVIS, D.M.D.	9/16/2015
D10354	JACOB SCOTT HAMBLIN, D.D.S.	9/16/2015
D10355	ROSS HAVENS HART, D.D.S.	9/25/2015
D10356	S. TYLER SHOEMAKER, D.M.D.	9/25/2015
D10357	JUNG A BAK, D.D.S.	9/25/2015
D10358	DONALD G ECHOLS, D.D.S.	9/25/2015
D10359	BENJAMIN I FRIBERG, D.D.S.	10/6/2015
D10360	MINH QUANG HOANG, D.M.D.	10/6/2015
D10361	NASSER SAID-AL-NAIEF, D.D.S.	10/6/2015
D10362	LEEANN S WELCH, D.M.D.	10/8/2015
D10363	JUNE Y HOUSER, D.D.S.	10/8/2015
D10364	KYLE G GEELAN, D.M.D.	10/8/2015
D10365	HYUNGSUP LEE, D.M.D.	10/14/2015

DENTAL FACULTY

DF0033	GAYLE A LAUGHLIN, D.D.S.	8/20/2015
DF0034	JORGE L GARAICOA PAZMINO,	8/28/2015

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