

PUBLIC PACKET

**OREGON BOARD
OF
DENTISTRY**

**BOARD MEETING
JUNE 1, 2012**

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APPROVAL OF MINUTES

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**OREGON BOARD OF DENTISTRY
MINUTES
April 6, 2012**

MEMBERS PRESENT: Mary Davidson, M.P.H., R.D.H., President
Patricia Parker, D.M.D., Vice President
Julie Ann Smith, D.D.S., M.D.
Darren Huddleston, D.M.D.
Jill Mason, M.P.H., R.D.H.
Norman Magnuson, D.D.S.
Jonna E. Hongo, D.M.D.
Brandon Schwindt, D.M.D.
Alton Harvey, Sr.

STAFF PRESENT: Patrick D. Braatz, 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)
Michelle Lawrence, D.M.D., Consultant (portion of meeting)
Lisa Warwick, Office Specialist (portion of meeting)

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Lisa Rowley, R.D.H., Pacific University; Judd Larson, D.D.S., ODA; Lynn Ironside, R.D.H., ODHA; Les Sturgis, C.R.N.A.; ORANA; Beryl Fletcher; ODA; Christina Swartz, ODA; Frances Sunseri, D.M.D., OAGD; Lori Keller Aus; R.D.H., ODHA; Laine Neal, R.D.H.; ODHA; Marilee Sullivan, R.D.H., ODHA; Pamela Lynch, R.D.H., ODHA.

Call to Order: The meeting was called to order by the President at 7:30 a.m. at the Board office; 1600 SW 4th Ave., Suite 770, Portland, Oregon.

NEW BUSINESS

MINUTES

Dr. Magnuson moved and Dr. Hongo seconded that the minutes of the February 10, 2012 Board meeting be approved as amended. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

Dr. Hongo moved and Dr. Magnuson seconded that the minutes of the March 12, 2012 Special Telephone Board meeting be approved as amended. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

ASSOCIATION REPORTS

Oregon Dental Association

ODA had nothing to report.

Oregon Dental Hygienists' Association

ODHA had nothing to report.

Oregon Dental Assistants Association

No one from ODAA was present.

COMMITTEE AND LIAISON REPORTS

WREB Liaison Report

Dr. Magnuson stated that there would be a WREB Board Meeting later in the month of April.

AADB Liaison Report

Dr. Parker had nothing to report.

ADEX Liaison Report

Dr. Parker had nothing to report.

NERB Liaison Report

Dr. Hongo stated that the NERB Steering Committee would be meeting in June.

Rules Oversight Committee Meeting Report

Dr. Schwindt stated that there was a Rules Oversight Committee meeting held April 3, 2012.

OAR 818-021-0085 – Reinstatement of Expired License

Dr. Schwindt moved and Mr. Harvey seconded that the Board send OAR 818-021-0085 to a Rulemaking Hearing. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

OAR 818-042-0020 – Dentist and Dental Hygienist Responsibility

Dr. Schwindt moved and Mr. Harvey seconded that the Board move OAR 818-042-0020 to a Rulemaking Hearing. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

Proposed 818-035-0066 – Additional Populations for Expanded Practice Permit Holders

Dr. Schwindt moved and Dr. Hongo seconded that the Board having reviewed the petition presented by ODHA, not adopt the exact wording proposed by the ODHA, but adopt the following wording as presented by the Rules Oversight Committee; and for OAR 818-035-0066 as presented with the verbiage below be sent to a Rulemaking Hearing. The motion passed with Dr. Huddleston, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye. Dr. Smyth, Ms. Mason and Dr. Parker were opposed.

OAR 818-035-0066

Additional Populations for Expanded Practice Dental Hygiene Permit Holders

A dental hygienist with an Expanded Practice Permit may practice without supervision at locations and on persons as described in ORS 680.205 (1)(a) through (e) and on the following additional populations:

(1) Migrant Farm Workers.

(2) Low-income persons, as defined by earning up to 200% of the Federal Poverty Level.

- (3) Persons that are 25 or more miles away from a source of full time general dental care.*
- (4) Members of Federally Recognized Native American tribes.*
- (5) Other populations that the Oregon Board of Dentistry determines by policy are underserved or lack access to dental hygiene services.*

Committee Meeting Dates

Mr. Braatz stated that there would be upcoming committee meetings and he'd keep everyone informed.

EXECUTIVE DIRECTOR'S REPORT

Budget Status Report

Mr. Braatz stated that he attached the latest budget reports for the 2011-2013 Biennium. This report, which is from July 1, 2011 through February 29, 2012, showed revenue of \$867,715.34 and expenditures of \$724,532.14. He added that the Board has just about completed the first dental renewal cycle for the 2011-2013 Biennium and that the Budget is performing as expected. Mr. Braatz stated that he'd be happy to answer any questions from the Board.

Customer Service Survey Report

Mr. Braatz stated that he had attached a chart showing the OBD State Legislatively Mandated Customer Service Survey Results from July 1, 2011 through March 20, 2012. The results of the survey show that the OBD continues to receive positive comments from the majority of those that return the surveys.

Board and Staff Speaking Engagements

Monday, February 20, 2012 - Board member Jill Mason made a presentation to the Dental Hygiene students at ODS/OIT in La Grande.

Monday, March 5, 2012 - Licensing Manager Teresa Haynes and Mr. Braatz made a presentation to the Dental Hygiene students at ODS/OIT in La Grande.

Tuesday, March 27, 2012 - Dental Director/Chief Investigator Dr. Paul Kleinstub made a presentation to the Dental Hygiene students at Carrington College.

Update ADA Workshop on Development of RFP for Portfolio-Style Examination

Mr. Braatz attached additional responses from various states regarding the ADA development of RFP for Portfolio-style exams for the Board to review. Also included were the ADA responses to those letters.

2012 Legislative Session

Mr. Braatz stated that the 2012 session was now completed and House Bill 4009 and Senate Bill 1509 are the two Bills that passed and have an impact on the OBD. Attached were copies of HB 4009 and SB 1509. Mr. Braatz added that HB 4009 saved money on the HPSP program and SB 509 will allow for a temporary permit for volunteer dentists and hygienists from out of state to practice in the state for a limited time for volunteer purposes.

2013 Board Meeting Dates

Dr. Magnuson moved and Dr. Parker seconded that the Board adopt the 2013 Board meeting schedule as presented. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr.

Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2012 Dental Renewal

Mr. Braatz stated that on January 20, 2012 the OBD mailed 1,919 postcards informing dentists whose Oregon License were due to expire March 31, 2012 that the on-line renewal was available. As of March 23, 2012, 1,621 dentists had renewed their license.

Mr. Braatz went on to say that on Wednesday, March 14, 2012, Board staff discovered that the on-line renewal had not updated the current basic OBD dental license renewal fee based on the passage of the 2011 – 2013 Biennial Budget and the OBD changing the fees by Administrative Rule effective July 1, 2011. The fee had previously been \$225 and had increased \$35 to cover the cost of the OBD participating in the HPSP Program. The fee charged should have been \$260. On Thursday, March 16, 2012, we mailed 1,508 letters to dentists that had already renewed their license telling them about the error and telling them they needed to pay the additional \$35. They could do so by returning the letter in the enclosed envelope with a check or they could go back to the on-line renewal and pay by credit card. As of March 23, 2012, 631 dentists had paid the additional \$35.

Mr. Braatz stated that Board staff had obviously received many telephone calls about this and although it was a computer error, it did not make the OBD look good and that he had to accept responsibility for it. However, the Board could not afford to lose the revenue generated by the fee increase and continue to operate under its current budget.

Minutes and Disciplinary Information in Newsletter

Mr. Braatz asked the Board to once again consider placing Licensee names back in the Newsletter and Minutes. Mr. Braatz stated that most boards in the country do this as standard practice and that the Board of Dentistry also used to until about 1999. He added that he felt the Board should consider doing it on their own because if they didn't, the Legislature would do it eventually. Dr. Hongo moved and Dr. Magnuson seconded that the Board move this subject to the June 1, 2012 meeting agenda so they could have time to research the subject. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

Dental Hygiene Expanded Practice Permit – Collaborative Agreements

Mr. Braatz stated that since the Collaborative Agreements with the Expanded Practice Permits are new, there have been some issues that have occurred and he has previously shared some of the issues with the Board. He wanted to update the Board with some changes that have been made to the process, which should provide better information to the Dentists and the Dental Hygienists who have Expanded Practice Permits, with the hope that this will alleviate any future issues.

CAFR Gold Star Award

Mr. Braatz stated that the State Controller's Office has once again issued the OBD a FY 2011 Gold Star Certificate signifying that the OBD has provided accurate and complete fiscal year end information in a timely manner.

Oregon Dental Conference

Mr. Braatz reminded everyone that the ODC will be held at the Oregon Convention Center in Portland, April 12-14, 2012. The OBD will once again have a presence at the ODC as well as a table outside the Exhibit Hall. He added that he and Dr. Kleinstub would also be presenting as part of the DBIC Risk Management Seminar on Thursday, April 12, 2012, as well as two other courses entitled "Record Keeping from the Board's Perspective" and "Ask the Board." Mr. Braatz reminded the Board that staff had submitted all Board members' names to the ODA, so those of you that have not registered will have name badges that allow access to the Exhibit Hall. Mr. Braatz also encouraged that Board

members be available at the table and if possible, attend the course entitled "Ask the Board."

Newsletter

Mr. Braatz stated that the last OBD Newsletter was mailed out the end of February and that he would like to begin work on the next one with a target for the end of the summer.

UNFINISHED BUSINESS

CORRESPONDENCE

The Board received a letter from Todd L. Vogel, D.D.S.

Dr. Vogel voiced his concern over the Board's requirement for 40 hours of volunteer work per calendar year for the Volunteer Dental License. The Board was not willing to make an exception at that time. The purpose of a volunteer license was to give back to the community, not to just hold the license.

The Board received a letter from the Josephine County Perinatal Task Force

The Board directed Mr. Braatz to respond saying that although this particular issue is not within the Board's jurisdiction, they do recognize that there is a problem in that area. They recommend that the Task Force contact the Manage Care Coordinator for OHP in the area and explain the situation.

The Board received a letter from Patricia Renfrow, R.D.H., B.S., Manager – CODA

CODA notified the Board about program standings and risk to current standing currently occurring with Concorde Career College in Portland, OR.

The Board received a letter from M. Gregg Smith

Mr. Smith sent a letter because he is upset that radiographs are a part of dental care. The Board asked Mr. Braatz to send a copy of the FDA guidelines for radiographs to Mr. Smith.

OTHER BUSINESS

Request for Approval as an Expanded Practice Permit C.E. Provider

Ms. Mason moved and Dr. Parker seconded that the Board approve the Oregon Dental Hygienists' Association's application as a provider of CE for Expanded Practice Permit Hygienists. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

Pacific University Request to Amend Restorative Course Curriculum

Ms. Mason moved and Dr. Smith seconded that the Board approve Pacific University's amendment for their Dental Hygiene and Dental Assisting Restorative Course. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

Election of Officers

Ms. Mason moved and Dr. Huddleston seconded that Dr. Parker be elected as President. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

Ms. Mason moved and Dr. Magnuson seconded that Dr. Hongo be elected as Vice President. The

motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

Committee Appointments

Mr. Braatz stated that shortly Board members will be getting a letter from the new Board President asking for their preference on committee appointments. Mr. Braatz also stated that the Licensing, Standards and Competency Committee would be meeting before the June Board meeting.

Articles and News of Interest (no action necessary)

- Nebraska Board of Dentistry Newsletter
- Mary Davidson: Saving Smiles, gorgenews.com

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

Licenses appeared pursuant to their Consent Orders in case numbers **2007-0071 and 2008-0013.**

LICENSING ISSUES

OPEN SESSION: The Board returned to Open Session.

CONSENT AGENDA

2012-0132, 2012-0109 and 2012-0110 Dr. Parker moved and Dr. Magnuson seconded that the above referenced cases be closed with No Further Action per the staff recommendations. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2012-0130 Dr. Parker moved and Dr. Magnuson seconded that the above referenced cases be closed with No Further Action per the staff recommendations. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo and Mr. Harvey voting aye. Dr. Schwindt recused himself.

COMPLETED CASES

2012-0060, 2012-0012, 2011-0149, 2011-0076, 2011-0045, 2012-0136, 2011-0191, 2011-0222, 2012-0123, 2012-0134 2011-0205, 2012-0096, 2011-0234, 2010-0154, 2011-0120 and 2012-0046 Dr. Parker moved and Ms. Mason 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. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye. Dr. Schwindt recused himself from case 2012-0060. Dr. Magnuson recused himself from case 2010-0154.

2012-0090 Mr. Harvey moved and Dr. Parker 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 pay a \$1,000 civil penalty and confirm the completion of a three (3) hour Board approved course in record keeping within six (6) months. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2010-0145 Dr. Huddleston 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 complete at least three (3) hours of a Board approved CE course in record keeping within six (6) months of the effective date of the Order. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2011-0135 Dr. Hongo moved and Dr. Magnuson seconded that the Board close the matter with a strongly worded Letter of Concern addressing the issues of ensuring that all treatment rendered is documented in the patient record; that all radiographs taken are dated and documented; and that CPR certification is maintained. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2011-0174 Dr. Smith 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 informed consent is obtained prior to providing treatment, PARQ or its equivalent is documented in the patient record; that a dental justification is documented prior to providing treatment; and that when pathology is evident on radiographs, the pathology is documented in the patient record. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo and Mr. Harvey voting aye. Dr. Schwindt recused himself.

2010-0219 Ms. Mason moved and Dr. Smith seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure Licensee possesses all Oregon Board of Dentistry required certificates before advertising as a specialist. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2012-0072 Dr. Magnuson moved and Dr. Hongo seconded that the Board with regard to Respondent #1, issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimand and a civil penalty in the amount of two thousand dollars (\$2,000.00); with regard to Respondent #2, issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimand and a civil penalty in the amount of two thousand five hundred dollars (\$2,500.00). The Board also granted Respondent #2's request to include CE credits taken post license renewal as "make up" credits. The CE courses used as "make up" CANNOT be used toward Respondent #2's next license renewal period (October 1, 2011 to September 31, 2013). The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2009-0105 Dr. Huddleston moved and Dr. Hongo seconded that the Board endorse the staff's non-renewal of the Licensee's Radiologic Proficiency and Soft-relines Instructor Permits pending further action by the Board on case 2009-0105, and issue a Notice of Proposed License Suspension. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2011-0190 Mr. Harvey moved and Dr. Huddleston 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 civil penalty in the amount of two thousand dollars (\$2,000.00) per Board protocol. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2009-0220 Dr. Hongo moved and Dr. Parker seconded that the Board accept the Licensee's offer of an Interim Consent Order and close the case with a determination of No Further Action. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2010-0015 Dr. Hongo moved and Dr. Parker seconded that the Board accept the Licensee's offer of an Interim Consent Order and close the case with a determination of No Further Action. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2010-0088 Dr. Schwindt moved and Dr. Smith seconded that the Board close the matter with a Letter of Concern reminding the Licensee that it is the Licensee's responsibility to assure timely renewal of the Licensee's license to practice dental hygiene in the State of Oregon. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2010-0241 Dr. Smith moved and Dr. Parker seconded that the Board close the matter with a strongly worded Letter of Concern addressing the issues of ensuring that PARQ or its equivalent is documented; that all prescriptions written have a documented dental justification; that all treatment provided has a documented dental justification; that the name, strength and quantity of all anesthetic/epinephrine administered is documented; that all radiographs taken are dated and documented; that periodontal probing depths are taken and documented; that all treatment or services rendered is documented; that when Nitrous Oxide is administered, informed consent is specifically documented, vital signs are documented, dosage and time interval of N₂O is documented, and the patient's condition upon discharge is documented.

Additionally, a minimum of three (3) hours of continuing education in a Board approved course in record keeping, such as the one offered at OHSU by Dr. Stephen Persichetti, is recommended. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

PREVIOUS CASES REQUIRING BOARD ACTION

2009-0117 Ms. Mason moved and Dr. Parker seconded the Board issue an Order of Dismissal dismissing the Notices of Proposed Disciplinary Action. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2005-0117 Dr. Magnuson moved and Dr. Hongo seconded that the Board deny the Licensee's request. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2010-0216 Dr. Huddleston moved and Mr. Harvey seconded the Board affirm the Board's decision of 2/11/11, that the NERB specialty exam serve as the Oregon Pediatric Dentistry Specialty Examination. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2011-0090 Dr. Hongo moved and Ms. Mason seconded that the Board grant the Licensee a six month extension to sell the Licensee's practice or retire the Licensee's dental license. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2011-0055 Dr. Schwindt moved and Dr. Smith seconded that the Board accept the Licensee's proposed Consent Order and issue an Amended Notice of Proposed Disciplinary Action with the sole allegation being the lack of an amalgam separator. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

2011-0206 Dr. Smith moved and Ms. Mason seconded the Board deny Licensee request and affirm the Board's action of 2/10/12. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

LICENSURE AND EXAMINATION

Endodontic Specialty Exam Approval

Mr. Harvey moved and Dr. Parker seconded that the Board approve the Endodontic Specialty Exam as presented. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

Request for License Reinstatement – Donald Prasnikar, D.D.S.

Ms. Mason moved and Dr. Smith seconded that the Board reinstate Dr. Prasnikar's Oregon dental license. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

Request for License Reinstatement – Cyrus Javadi, D.D.S.

Ms. Mason moved and Dr. Smith seconded that the Board reinstate Dr. Javadi's Oregon dental license. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

Ratification of Licenses Issued

Dr. Magnuson moved and Dr. Parker seconded that licenses issued be ratified as published. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

Dental Hygiene

H6197	MEGAN KATHLEEN WORDEN, R.D.H.	2/3/2012
H6198	SARAH LYNN VOGEL, R.D.H.	2/3/2012
H6199	HEATHER DAWN MITCHELL, R.D.H.	2/17/2012
H6200	NORMAN K BORDINE, R.D.H.	2/28/2012
H6201	ERIN KIMBERLY-ANN BEATTIE, R.D.H.	2/28/2012
H6202	BLAIR A FLETCHER, R.D.H.	2/28/2012
H6203	LYALYA P BURUNOV, R.D.H.	2/28/2012
H6204	BETH K THOMPSON, R.D.H.	2/28/2012
H6205	COURTNEY LYNN BALZOTTI, R.D.H.	3/12/2012
H6206	LORA E WARD, R.D.H.	3/21/2012
H6207	LOAN T NGUYEN, R.D.H.	3/21/2012

DENTISTS

D9699	DAVID MOSHER BURRUS, D.D.S.	2/3/2012
D9700	RAELENE FRANCES FULFORD, D.D.S.	2/3/2012
D9701	TYSON JOHN TEEPLES, D.M.D.	2/13/2012
D9702	ALFRED J TENNANT, D.D.S.	2/28/2012
D9703	RICHARD IRVING ASHTON, D.M.D.	3/1/2012
D9704	MARYAM NASSERI AGHCHAY, D.D.S.	3/12/2012
D9705	THUC XUAN NGO, D.M.D.	3/12/2012
D9706	RAHUL MALYA, D.D.S.	3/12/2012
D9707	ELISE POREMSKI BURRUS, D.D.S.	3/12/2012
D9708	CARMEL Z DUDLEY, D.D.S.	3/12/2012
D9709	SHON D ROOKS, D.D.S.	3/21/2012
D9710	MONICA A GARNACHE, D.M.D.	3/21/2012

Anesthesia Committee

Dr. Schwindt moved and Dr. Smith seconded that the Anesthesia Committee review the anesthesia rules to exclude the use of benzodiazepines and narcotics for the purpose of anxiolysis in children under 10 years of age without the Licensee holding at least a Moderate Sedation Permit. The motion passed with Dr. Parker, Dr. Smith, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Dr. Hongo, Dr. Schwindt and Mr. Harvey voting aye.

Announcement

No announcements.

ADJOURNMENT

The meeting was adjourned at 11:50 a.m. Ms. Davidson stated that the next Board meeting would take place June 1, 2012.

Approved by the Board June 1, 2012.

Patricia A. Parker, D.M.D.
President

ASSOCIATION REPORTS

Nothing to report under this tab

COMMITTEE REPORTS

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NERB STANDING AND AD-HOC COMMITTEES
MARCH 2012 TO FEBRUARY 2013
(AS OF APRIL 30, 2012)

STANDING COMMITTEES

<u>CONSTITUTION AND BYLAWS</u>		
W. Kendrick Van Meter, DDS, Chair	VT	2003
Linda Himmelberger, DMD	PA	2009
Betty Howard, RDH, Consultant to the Committee	MD	2011
George Lingen, DDS, Parliamentarian	IL	2000
James Wieland, DDS	MI	2011
Frank Williams, DDS, Board Liaison	OH	2011
<u>CONSTITUTION AND BYLAWS – AD HOC</u>		
Delores Belrose, RDH	NY	2012
Theresa Brisbin, RDH	NJ	2012
Sally Deck, RDH	MI	2012
Lawrence Kaye, DDS	OK	2012
John Lavoie, DDS	VT	2012
Ron Moser, DDS	MD	2012
Barbara Mousel, DDS	IL	2012
Diane Palletta, DDS	WV	2012
Phil Siegel, DDS	PA	2012
Candace Wada, DDS	HI	2012
<u>ORIENTATION</u>		
David Hedstrom, DDS, Chair	NH	2012
Allan Horwitz, JD, Public Member	PA	2012
Michelle Klenk, RDH	WV	2012
Susan Pritzel, RDH, Board Liaison	MI	2012
<u>DISCIPLINE AND GRIEVANCE</u>		
James Goldsmith, DMD, Chair	MD	2009
Robert Duthie, DDS	NY	2011
Henry Levin, DMD	RI	2009
Lynn Martell, RDH, Hygiene Liaison	CT	2011
Matthew Miller, DDS	IN	2009
Rick Thiriot, DDS	NV	2012

<u>CREDENTIALS</u>		
Anthony Spina, DDS, Chair	IL	2009
Neil Hiltunen, DMD, Vice Chair	NH	2010
Beth Clemence, RDH	WI	2011
Stan Kanna, DDS	HI	2012
Charles Marinelli, DDS	MI	2008
Denise Theriault, DMD	ME	2012
Mark Armstrong, DDS, Board Liaison	OH	2009
<u>CREDENTIALS – AD HOC</u>		
Patricia Connolly-Atkins, RDH	MA	2012
Donna Helwinkle, DDS	NV	2012
Phil Higgins, DDS	ME	2012
Steve Hollar, DDS	IN	2012
Renee McCoy-Collins, DDS	DC	2012
Andrew Molak, DDS	RI	2012
Roger Ostrander, DDS	CT	2012
Patricia Parker, DDS	OR	2012
Nancy St. Pierre, RDH	NH	2012
Richard Strand, DDS	WI	2012
<u>NOMINATING</u>		
Steve Barbell, DDS, Chair	NJ	2011
Robert Duthie, DDS	NY	2012
Dimitri Ganim, DDS	RI	2011
Sybil Gant, RDH	DC	2012
David Lynch, DDS	CT	2010
<u>FINANCE</u>		
Myron Allukian, Jr., DDS, Chair	MA	2010
James Jansen, DDS	IN	2011
Margaret Kern, RDH	MD	2011
Steven Schultz, Public Member	NY	2011
Jack Feldesman, MBA, Director of Finance & Administration (Staff)	MD	1999
Frank Williams, DDS, Board Liaison	OH	2006

<u>ASSIGNMENT</u>		
Robert Watson, DMD, Chair	NY	2003
Patricia Connolly-Atkins, RDH	MA	2010
James Goldsmith, DMD	MD	2009
Anthony Spina, DDS	IL	2010
Ellis Hall, DDS, Director of Examinations (Staff)	MD	2000
<u>COMMUNICATIONS</u>		
Mary Johnston, RDH, Chair	MI	2008
Lisa Deem, DMD	PA	2009
Nanette Dreves, RDH	WI	2012
Yvette Hogan, RDH	IL	2007
Clance LaTurner, Public Member	IN	2012
John Iacono, DDS, Board Liaison	NY	2012
<u>CONTINUING PROFESSIONAL DEVELOPMENT</u>		
Charles Cacioppo, DDS, Chair	NY	1997
Nancy Barnes, RDH	NY	2012
Mary Davidson, RDH	OR	2012
Robert DeFrancesco, DDS	MA	2009
William Ford, JD, Public Member	WV	2011
Ronald Maitland, DMD	NY	2012
Marty Rutt, DDS	CT	2011
Cynthia Fong, RDH, Board Liaison	NJ	2012
<u>POLICIES AND PROCEDURES</u>		
LeeAnn Podruch, DDS, JD, Chair	VT	2009
Robert Caldwell, DDS	DC	2011
Susan Lilly, RDH	WV	2011
H. Dean McCleese, DDS	OH	2012
W. Kendrick Van Meter, Jr., DDS, Liaison, Constitution & Bylaws Committee	VT	2009
Laverne Whitmore, RDH	IN	2012
Jack Feldesman, MBA, Director of Finance & Admin., Consultant to Committee	MD	2009
Ellis Hall, DDS, Director of Examinations (Staff)	MD	2009

<u>PUBLIC ADVOCACY</u>		
Zeno St. Cyr II, MPH, Chair	MD	2002
Bruce Barrette, DDS, Consultant to the Committee (ADEX)	WI	2006
Robert Bastas, Public Member	IL	2002
Maxine Feinberg, DDS	NJ	2011
Henry Fuhs, Public Member	MI	2002
Elmira Gainey, Public Member, Consultant to the Committee	FL	2008
Allan Horwitz, JD, Public Member	PA	2004
Lynn Joslyn, Public Member	NH	2012
James Lawrence, Public Member	OH	2011
Dennis Manning, DDS	IL	2007
Charles Marinelli, DDS	MI	2011
Jill Mason, RDH	OR	2012
Molly Nadler, AADB Liaison	IL	2007
Marguerite Rheinberger, JD, MPH, MA, Consultant to the Committee	MN	2006
Charlene Snow, Public Member	MI	2011
Lisa Wark, Public Member	NV	2012
Gwynne White, Public Member	PA	2011
Mark Armstrong, DDS, Board Liaison	OH	2012
<u>EXAMINATION</u>		
Barbara Rich, DDS, Chair	NJ	2011
Scott Houfek, DDS, Consultant to the Committee	WY	2005
Ellis Hall, DDS, Director of Examinations (Staff)	MD	2000
John Iacono, DDS, Board Liaison	NJ	2011
<u>Dental</u>		
Eleanore Awadalla, DDS	OH	2002
Susan Calderbank, DDS	PA	2002
Keith Clemence, DDS	WI	2011
Rockwell Davis, DDS	ME	2012
David Edwards, DDS	WV	2009
Jonna Hongo, DDS	OR	2011
Gary Jeffers, DDS	MI	2011
Matthew Miller, DDS	IN	2012
William Pappas, DDS	NV	2012

<u>Dental Faculty</u>		
Blaine Cleghorn, DDS, Dalhousie University, Pedo/Comprehensive Care		2005
Michael Conte, DDS, UMD New Jersey		2011
Andrea Jackson, DDS, Howard University, Prosthodontics		2005
Neville McDonald, DDS, University of Michigan, Endodontics		2011
Mea Weinberg, DDS, New York University, Periodontics/Prevention		2011
George Willis, DDS, Indiana University, Oral Medicine		2008
Peter Yaman, DDS, University of Michigan, Cariology, Restorative Sciences and Endodontics		2002
<u>Subcommittee on Dental Hygiene</u>		
Kathleen Gazzola, RDH, Chair	RI	2003
Dianne Blanchette, RDH	ME	2011
Jan Dibble, RDH	MA	2011
Karen Dunn, RDH, Consultant to the Committee	MA	2008
Kathy Heiar, RDH	IL	2005
Olga Ibsen, RDH	NY	2005
Lynda Sabat, RDH	OH	2011
Nancy St. Pierre, RDH, Consultant to the Committee	NH	2008
Cathy Turbyne, RDH	ME	2005
Leslea Villigan, RDH	NV	2012
Cynthia Fong, RDH, Board Liaison	NJ	2011
<u>Subcommittee on Local Anesthesia and Nitrous Oxide</u>		
Ellen Grimes, RDH, Consultant to the Committee	VT	2004
Mea Weinberg, DDS, Consultant to the Committee	NJ	2012
Susan Pritzel, RDH, Board Liaison	MI	2004
<u>AD HOC COMMITTEE</u>		
<u>HISTORY</u>		
Jack Horack, DMD, Co-Chair	MA	2011
Camillia Paras, RDH, Co-Chair	NH	2009
Rodney Thomas, DMD, Appointed Historian	RI	2008

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OREGON BOARD OF DENTISTRY
Licensing, Standards and Competency Committee
May 17, 2012

The Licensing, Standards and Competency Committee met at the OBD office on May 17, 2012.

Committee members present: Patricia Parker, D.M.D., Chair; Julie Ann Smith, D.D.S., M.D.; Daren L. Goin, D.M.D. - ODA Representative; Lisa J. Rowley, R.D.H. - ODHA Representative; Mary Harrison, CDA, EFDA, EFODA – ODAA Representative.

Staff present: Patrick D. Braatz, Executive Director; Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator; and Teresa Haynes, Examination and Licensing Manager.

Visitors present were: Beryl Fletcher, ODA; Aaron Tinkle, D.M.D., OAGD; Steven Little, D.M.D., OAGD; Heidi Jo Grubbs, R.D.H., E.P.P., Portland Community College; April Love, D.D.S.; Tom Prewitt; Daniel Blickenstaff, D.D.S., Portland Community College; Lynn Ironside, R.D.H., ODHA.

Board Members: Jonna Hongo, D.M.D.; Mary Davidson, M.P.H., R.D.H., E.P.P.

Dr. Parker called the meeting to order at 7:03 p.m.

The Committee reviewed the minutes of December 6, 2011 and it was moved by Dr. Smith and seconded by Ms. Harrison to approve the minutes as amended. All voted in favor. Motion passed.

The Committee reviewed and discussed the letter from Dr. April Love regarding amending OAR 818-035-0072(2) and OAR 818-042-0095(2) to allow dental hygienists and dental assistants who hold a restorative function endorsement to place posterior composite restorations.

Ms. Rowley moved, seconded by Dr. Goin, to recommend to the Board to refer to the Rules Oversight Committee amending OAR 818-035-0072(2) and 818-042-0095(2) as follows:

818-035-0072

Restorative Functions of Dental Hygienists

(1) The Board shall issue a Restorative Functions Endorsement (RFE) to a dental hygienist who holds an unrestricted Oregon license, and has successfully completed:

(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years; or

(b) If successful passage of the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

(2) A dental hygienist may perform the placement and finishing of direct alloy and direct **anterior** composite restorations, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration(s) by a Restorative Functions Endorsement dental hygienist;

(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

Stat. Auth.: ORS 679 & 680

Stats. Implemented: ORS 679.010(3) & 679.250(7)

Hist.: OBD 2-2007, f. 4-26-07, cert. ef. 5-1-07

818-042-0095

Restorative Functions of Dental Assistants

(1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed:

(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or

(b) If successful passage of the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

(2) A dental assistant may perform the placement and finishing of direct alloy or direct **anterior** composite restorations, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration by a Restorative Functions dental assistant.

(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

Stat. Auth.: ORS 679

Stats. Implemented: ORS 679.010 & 679.250(7)

Hist.: OBD 3-2007, f. & cert. ef. 11-30-07; OBD 1-2008, f. 11-10-08, cert. ef. 12-1-08

The Motion passed with Dr. Smith, Dr. Goin, and Ms. Rowley voting aye. Ms. Harrison voted nay.

There being no further business, Dr. Parker adjourned the meeting at 7:50 p.m.

Dental Hygiene Committee Meeting
MINUTES
May 21, 2012

MEMBERS PRESENT: Jill Mason, M.P.H., R.D.H., E.P.P., Chair
Patricia Parker, D.M.D.
Mary Davidson, M.P.H., R.D.H., E.P.P.
Joni D. Young, D.M.D., ODA Representative
Kristen L. Simmons, B.S., R.D.H., E.P.P., ODHA Representative
Ninette Lyon, CDA, EFDA, ODAA Representative

STAFF PRESENT: Patrick D. Braatz, Executive Director
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator
Lisa Warwick, Office Specialist

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General via telephone.

VISITORS PRESENT: Lynn Ironside, R.D.H., ODHA; Beryl Fletcher, ODA; Vickie Woodward, R.D.H., E.P.P., ODHA; Amy Coplen, R.D.H., E.P.P., ODHA/Pacific University

Call to Order: The meeting was called to order by the Committee Chair at 7:30 p.m. at the Board office; 1600 SW 4th Ave., Suite 770, Portland, Oregon.

MINUTES

Ms. Davidson moved and Ms. Simmons seconded that the minutes of the December 1, 2012 Dental Hygiene Committee meeting be approved as amended. The motion passed with Ms. Mason, Dr. Parker, Ms. Davidson, Dr. Young, Ms. Simmons and Ms. Lyon voting aye.

Recommendation Regarding E.P.P. Survey Requirements

Mr. Braatz stated that he was not able to attend the latest OHA Pilot Project Program meeting but it was his understanding that rules were still being identified and that OHA is still working on rules for the Pilot Project. Ms. Ironside confirmed that was the case.

Mr. Braatz stated that currently the Board collects data from all licensees because of the mandatory OHWI survey. He continued that if the OBD is going to add additional survey questions, it will have to be done within the Board's current budget as his fiscal impact statement was rejected. He also added that it will need to be done before July so that Board staff can get the survey questions implemented for the 2012 dental hygiene renewal. He suggested three to five questions. Ms. Simmons asked what is the deadline for getting the questions to the Board and Mr. Braatz stated that the end of June would be the very latest.

Public Health Continuing Education Recommendation

Ms. Mason stated that it was brought to the Dental Hygiene Committee because some of the courses that were presented to Board staff as "dental public health" had been rejected.

Mr. Braatz stated that the Board does not approve specific courses. He added that after reviewing the information multiple times with staff, Dr. Kleinstub, the Boards Dental Director, advised Mr. Braatz that he did not see how some of these courses could be considered “dental public health”. Mr. Braatz added that to make a change in the definition of the current rule, the Committee would have to make a recommendation to the Board.

Dr. Young stated that although dentists face the same issues and problems in the dental field and take many of the same types of courses, they are not allowed to count it as anything more than the four hours of practice management allowed in the renewal cycle. Dr. Parker felt that OAR 818-001-0002(11)(a) includes “administration of group dental care” and that should cover business aspects as well. After much discussion it was a general consensus among members of the Committee that courses that dealt with how public health functions within specific frameworks and how to work between insurance companies and other providers to maximize patient benefits was very valuable information and that it should be considered for continuing education credit.

Ms. Simmons moved and Ms. Davidson seconded that an expert in public health provide an abstract to the Board with specifics of what constitutes “public health.” The motion passed with Ms. Mason, Dr. Parker, Ms. Davidson, Ms. Simmons and Ms. Lyon voting aye. Dr. Young was opposed.

Mr. Braatz reminded the Committee that the agenda for the upcoming Board meeting would be mailed on Wednesday, May 23, 2012 and he’d need a name of a presenter by that time.

OAR 818-042-0090 Additional Function of EFDAs

Ms. Mason stated that the ODHA brought this matter to the Committee to allow dental hygienists to supervise EFDA dental assistants when applying sealants as follows:

OAR 818-042-0090

Additional Functions of EFDAs

*Upon successful completion of a course of instruction in a program accredited by the Commission of 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 providing 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 full dentures*

Dr. Parker moved and Ms. Davidson seconded that the Committee recommend OAR 818-042-0090(1) to the Board to refer to the Rules Oversight Committee as published. The motion passed with Ms. Mason, Dr. Parker, Ms. Davidson, Dr. Young, Ms. Simmons and Ms. Lyon voting aye.

OAR 818-035-0020 Authorization to Practice (3)(e)(f) & (6)

The ODHA brought this item to the Committee to reduce the redundancy and clarify OAR 818-035-0020 by modifying it to read as follows:

818-035-0020

Authorization to Practice

(1) A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist.

(2) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access patient must review the hygienist's findings.

(3) A supervising dentist, without first examining a new patient, may authorize a dental hygienist:

(a) To take a health history from a patient;

(b) To take dental radiographs;

(c) To perform periodontal probings and record findings;

(d) To gather data regarding the patient; and

~~(e) To perform a prophylaxis.~~

~~(f e)~~ To diagnose, ~~and~~ treatment plan ~~and provide for~~ dental hygiene services.

(4) When hygiene services are provided pursuant to subsection (3), the supervising dentist need not be on the premises when the services are provided.

(5) When hygiene services are provided pursuant to subsection (3), the patient must be scheduled to be examined by the supervising dentist within fifteen business days following the day the hygiene services are provided.

~~(6) A supervising dentist may not authorize a dental hygienist and a dental hygienist may not perform periodontal procedures unless the supervising dentist has examined the patient and diagnosed the condition to be treated.~~

~~(7 6)~~ If a new patient has not been examined by the supervising dentist subsequent to receiving dental hygiene services pursuant to subsection (3), no further dental hygiene services may be provided until an examination is done by the supervising dentist.

Ms. Davidson moved and Dr. Parker seconded to recommend the changes to OAR 818-035-0020 to the Board to refer to the Rules Oversight Committee. The motion passed with Ms. Mason, Dr. Parker, Ms. Davidson, Dr. Young, Ms. Simmons and Ms. Lyon voting aye.

Establishment of Dental Hygiene Committee Meeting Dates

The Committee selected the following dates for the remainder of the Dental Hygiene Committee Meetings this year as follows:

July 20, 2012 @ 1:30 p.m.

September 21, 2012 @ 1:30 p.m.

November 30, 2012 @ 1:30 p.m.

Adjourn

The meeting was adjourned at 8:21 p.m.

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**Oregon Board of Dentistry
Committee and Liaison Assignments
May 2011 - April 2012**

STANDING COMMITTEES

Communications

Purpose: To enhance communications to all constituencies

Committee:

Jonna Hongo, D.M.D., Chair	Barry Taylor, D.M.D., ODA Representative
Darren Huddleston, D.M.D.	Kelli Swanson-Jaeks, R.D.H., M.A., ODHA Representative
Alton Harvey, Sr.	Linda Kihs, CDA, EFDA, MADAA, ODAA Representative

Subcommittees:

- Newsletter – Jonna Hongo, D.M.D., Editor

Dental Hygiene

Purpose: To review issues related to Dental Hygiene

Committee:

Jill Mason, M.P.H., R.D.H., Chair	Joni D. Young, D.M.D., ODA Representative
Patricia Parker, D.M.D.	Kristen L. Simmons, R.D.H., B.S., ODHA Representative
Mary Davidson, M.P.H., R.D.H., L.A.P	Ninette Lyon, RDA, CDA, EFDA, ODAA Representative

Enforcement and Discipline

Purpose: To improve the discipline process

Committee:

Darren Huddleston, D.M.D. - Chair
Jill Mason, M.P.H., R.D.H.
David Smyth, B.S., M.S.

Subcommittees:

Evaluators

- Patricia Parker, D.M.D., Senior Evaluator
- Jonna Hongo, D.M.D., Evaluator

Licensing, Standards and Competency

Purpose: To improve licensing programs and assure competency of licensees and applicants

Committee:

Patricia Parker, D.M.D., Chair	Daren L. Goin, D.M.D., ODA Representative
Julie Ann Smith, D.D.S., M.D.	Lisa J. Rowley, R.D.H. ODHA Representative
Norman Magnuson, D.D.S.	Mary Harrison, CDA, EFDA, EFODA, ODAA Representative

Rules Oversight

Purpose: To review and refine OBD rules

Committee:

Brandon Schwindt, D.M.D., Chair	Jill M. Price, D.M.D., ODA Representative
Alton Harvey, Sr.	Lynn Ironside, R.D.H., ODHA Representative
Jill Mason, M.P.H., R.D.H.	Ninette Lyon, RDA, CDA, EFDA, ODAA Representative

LIAISONS

American Assoc. of Dental Administrators (AADA) — Patrick D. Braatz, Executive Director
American Assoc. of Dental Boards (AADB)
Administrator Liaison – Patrick D. Braatz, Executive Director
Board Attorneys' Roundtable – Lori Lindley, SAAG - Board Counsel
Dental Liaison – Patricia Parker, D.M.D.
Hygiene Liaison – Jill Mason, M.P.H., R.D.H.
Oregon Dental Association – Mary Davidson, M.P.H., R.D.H., L.A.P
Oregon Dental Hygienists' Association – Jill Mason, M.P.H., R.D.H
WREB Dental Exam Review Committee – Norman Magnuson, D.D.S.
WREB Hygiene Exam Review Committee - Mary Davidson, M.P.H., R.D.H., L.A.P
Western Conference of Dental Examiners and Dental School Deans -Norman Magnuson, D.D.S.
ADEX House of Delegates – Patricia Parker, D.M.D.
ADEX Exam Committee – Jonna Hongo, D.M.D.
ADEX Dental Hygiene Committee – Jill Mason, M.P.H., R.D.H.
ADEX District 2 Dental Hygiene Representative - Mary Davidson, M.P.H., R.D.H., L.A.P
NERB Steering Committee - Mary Davidson, M.P.H., R.D.H., L.A.P, Patricia Parker, D.M.D,
Jonna Hongo, D.M.D.

OTHER

Administrative Workgroup

Purpose: To update Board and agency policies and guidelines. Consult with Executive Director on administrative issues. Conduct evaluation of Executive Director.

Committee:

Mary Davidson, M.P.H., R.D.H., L.A.P., Chair
Norman Magnuson, D.D.S.
David Smyth, B.S., M.S.

Subcommittee:

Budget/Legislative – *(President, Vice President, Immediate Past President)*

- Mary Davidson, M.P.H., R.D.H., L.A.P., Patricia Parker, D.M.D., Norman Magnuson, D.D.S

Anesthesia

Purpose: To review and make recommendations on the Board's rules regulating the administration of sedation in dental offices.

Committee:

Julie Ann Smith, D.D.S, M.D., Chair
Brandon Schwindt, D.M.D.
Rodney Nichols, D.M.D.
Daniel Rawley, D.D.S.
Henry Windell, D.M.D.
Mark Mutschler, D.D.S.
Jay Wylam, D.M.D.
Richard Park, D.M.D.

**EXECUTIVE
DIRECTORS
REPORT**

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EXECUTIVE DIRECTOR'S REPORT

June 1, 2012

OBD Budget Status Report

Attached are the latest budget reports for the 2011-2013 Biennium. This report, which is from July 1, 2011 through April 30, 2012, shows revenue of \$1,167,994.99 and expenditures of \$1,030,936.65. The Budget appears to be performing as expected. With many licensing examinations being held later this year than in previous years, we have not seen the normal number of new applications; we will monitor that and have a better feel at the end of the summer.

If Board members have questions on this budget report format, please feel free to ask me.

Attachment #1

Customer Service Survey

Attached is a chart which shows the OBD State Legislatively Mandated Customer Service Survey Results from July 1, 2011 through May 14, 2012.

The results of the survey show that the OBD continues to receive positive comments from the majority of those that return the surveys. The booklet containing the written comments that are on the survey forms, which staff has reviewed, are available on the table for Board members to review. **Attachment #2**

Board and Staff Speaking Engagements

Dental Director/Chief Investigator Dr. Paul Kleinstub and I made three presentations at the Oregon Dental Conference: "Recordkeeping from the Board's Perspective," "Ask the Board" and "DBIC Risk Management," Thursday, April 12, 2012. **Attachment #3**

Licensing Manager Teresa Haynes and I made a presentation to the graduating Dental students at OHSU School of Dentistry on Thursday, April 26, 2012.

Dental Director/Chief Investigator Dr. Paul Kleinstub, Licensing Manager Teresa Haynes, Board member Jill Mason and I made a presentation to the ODHA EPP Conference in Eugene on Friday, May 4, 2012.

I made a presentation to the graduating Dental Assistants at Portland Community College on Monday, May 14, 2012.

Licensing Manager Teresa Haynes and I made a presentation to the graduating Dental Hygiene students at Lane Community College in Eugene on Friday, May 18, 2012.

Licensing Manager Teresa Haynes and I made a presentation to the graduating Dental Hygiene students at Portland Community College on Friday, May 18, 2012.

Licensing Manager Teresa Haynes and I made a presentation to the graduating Dental Hygiene Students at Mt. Hood Community College on Wednesday, May 23, 2012.

Minutes/Disciplinary Information in Newsletter

I am asking the Board to revisit the issue of what disciplinary information is reported in the Board Newsletter. In approximately 1989, the OBD stopped publishing the names of licensees that had been disciplined by the Board and just used the phrase "a doctor or a licensee entered into a Consent Order regarding..." Starting in 1999, the case numbers were listed and that has continued through today.

However, almost all of the other Health Care Regulatory Boards in Oregon, if they have a newsletter, list the names of the licensees along with a synopsis of the cases.

Most dental boards in the USA do the same. It really is time that the OBD develop the same process and as we see more and more efforts by groups to make all levels of government more transparent, the OBD needs to move forward. I would like to have the Board discuss this issue and take official action to start listing the names of the licensees that have been disciplined, as we do on the OBD Web site.

The second issue has to do with the minutes for our meetings. Most of the motions that are made following the executive session, list a case number if the cases are closed for No Violation, No Further Action or if a Letter of Concern is issued.

Some of the motions include when the OBD decides to issue a Notice of Proposed Disciplinary Action and may or may not offer the licensee a Consent Order.

Again, most of the Health Care Regulatory Boards list the actual name, if in fact the motion does pass.

I would recommend to the Board that we use that same process and would ask that you take official action on this.

Newsletter

The Newsletter was mailed out the end of February. We would like to begin work on the next issue and would like a target date of the end of summer.



BOARD OF DENTISTRY
Fund 3400 BOARD OF DENTISTRY
For the Month of APRIL 2012

REVENUES

<u>Budget</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u>	<u>Monthly Avg to</u>
<u>Obj</u>			<u>Activity</u>			<u>Date</u>	<u>Spend</u>
0205	OTHER BUSINESS LICENSES	38,962.26	1,099,007.26	2,327,200.00	1,228,192.74	109,900.73	87,728.05
0210	OTHER NONBUSINESS LICENSES AND FEES	1,650.00	7,650.00	40,000.00	32,350.00	765.00	2,310.71
0410	CHARGES FOR SERVICES	0.00	0.00	5,000.00	5,000.00	0.00	357.14
0505	FINES AND FORFEITS	3,000.00	48,258.14	50,000.00	1,741.86	4,825.81	124.42
0605	INTEREST AND INVESTMENTS	428.62	2,974.77	10,000.00	7,025.23	297.48	501.80
0975	OTHER REVENUE	979.70	10,104.82	25,000.00	14,895.18	1,010.48	1,063.94
		45,020.58	1,167,994.99	2,457,200.00	1,289,205.01	116,799.50	92,086.07

TRANSFER OUT

<u>Budget</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u>	<u>Monthly Avg to</u>
<u>Obj</u>			<u>Activity</u>			<u>Date</u>	<u>Spend</u>
2100	TRANSFER OUT TO DEPT OF HUMAN	0.00	0.00	0.00	0.00	0.00	0.00
2443	TRANSFER OUT TO OREGON HEALTH	78,345.00	99,870.00	208,000.00	108,130.00	9,987.00	7,723.57
		78,345.00	99,870.00	208,000.00	108,130.00	9,987.00	7,723.57

PERSONAL SERVICES

<u>Budget</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u>	<u>Monthly Avg to</u>
<u>Obj</u>			<u>Activity</u>			<u>Date</u>	<u>Spend</u>
3110	CLASS/UNCLASS SALARY & PER DIEM	35,180.62	354,276.45	855,336.00	501,059.55	35,427.65	35,789.97
3160	TEMPORARY APPOINTMENTS	1,702.80	8,242.03	3,717.00	-4,525.03	824.20	-323.22
3170	OVERTIME PAYMENTS	869.82	8,146.76	3,575.00	-4,571.76	814.68	-326.55
3210	ERB ASSESSMENT	6.80	78.20	287.00	208.80	7.82	14.91
3220	PUBLIC EMPLOYEES' RETIREMENT SYSTEM	4,743.80	51,742.01	123,464.00	71,721.99	5,174.20	5,123.00
3221	PENSION BOND CONTRIBUTION	1,947.21	20,712.57	49,432.00	28,719.43	2,071.26	2,051.39
3230	SOCIAL SECURITY TAX	2,841.76	28,275.82	71,160.00	42,884.18	2,827.58	3,063.16
3250	WORKERS' COMPENSATION ASSESSMENT	18.14	161.74	413.00	251.26	16.17	17.95
3260	MASS TRANSIT	194.76	2,061.48	5,581.00	3,519.52	206.15	251.39
3270	FLEXIBLE BENEFITS	6,904.41	77,424.37	201,638.00	124,213.63	7,742.44	8,872.40
		54,410.12	551,121.43	1,314,603.00	763,481.57	55,112.14	54,534.40

SERVICES and SUPPLIES

<u>Budget</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u>	<u>Monthly Avg to</u>
<u>Obj</u>			<u>Activity</u>			<u>Date</u>	<u>Spend</u>
4100	INSTATE TRAVEL	2,249.97	19,931.82	46,655.00	26,723.18	1,993.18	1,908.80

<u>Budget</u> <u>Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u> <u>Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u> <u>Date</u>	<u>Monthly Avg to</u> <u>Spend</u>
4125	OUT-OF-STATE TRAVEL	6,312.50	13,652.74	24,672.00	11,019.26	1,365.27	787.09
4150	EMPLOYEE TRAINING	0.00	3,920.00	6,617.00	2,697.00	392.00	192.64
4175	OFFICE EXPENSES	1,457.87	33,778.86	78,445.00	44,666.14	3,377.89	3,190.44
4200	TELECOMM/TECH SVC AND SUPPLIES	1,195.51	10,165.62	25,757.00	15,591.38	1,016.56	1,113.67
4225	STATE GOVERNMENT SERVICE CHARGES	996.96	37,672.22	78,170.00	40,497.78	3,767.22	2,892.70
4250	DATA PROCESSING	325.00	1,808.75	5,400.00	3,591.25	180.88	256.52
4275	PUBLICITY & PUBLICATIONS	1,388.66	9,323.83	13,084.00	3,760.17	932.38	268.58
4300	PROFESSIONAL SERVICES	4,641.11	39,483.32	79,219.00	39,735.68	3,948.33	2,838.26
4315	IT PROFESSIONAL SERVICES	0.00	6,800.00	50,000.00	43,200.00	680.00	3,085.71
4325	ATTORNEY GENERAL LEGAL FEES	6,249.25	65,705.16	188,592.00	122,886.84	6,570.52	8,777.63
4375	EMPLOYEE RECRUITMENT AND	0.00	0.00	621.00	621.00	0.00	44.36
4400	DUES AND SUBSCRIPTIONS	0.00	4,848.95	8,276.00	3,427.05	484.90	244.79
4425	FACILITIES RENT & TAXES	5,645.33	57,035.47	139,571.00	82,535.53	5,703.55	5,895.40
4475	FACILITIES MAINTENANCE	0.00	0.00	514.00	514.00	0.00	36.71
4575	AGENCY PROGRAM RELATED SVCS & SUPP	1,069.25	11,160.50	164,976.00	153,815.50	1,116.05	10,986.82
4650	OTHER SERVICES AND SUPPLIES	1,438.71	19,341.98	40,300.00	20,958.02	1,934.20	1,497.00
4700	EXPENDABLE PROPERTY \$250-\$5000	0.00	0.00	5,140.00	5,140.00	0.00	367.14
4715	IT EXPENDABLE PROPERTY	0.00	0.00	5,140.00	5,140.00	0.00	367.14
		32,970.12	334,629.22	961,149.00	626,519.78	33,462.92	44,751.41

SPECIAL PAYMENTS

<u>Budget</u> <u>Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u> <u>Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u> <u>Date</u>	<u>Monthly Avg to</u> <u>Spend</u>
6100	DISTRIBUTION TO DEPT OF HUMAN	0.00	0.00	226,292.00	226,292.00	0.00	16,163.71
6443	DIST TO OREGON HEALTH AUTHORITY	0.00	45,316.00	0.00	-45,316.00	4,531.60	-3,236.86
		0.00	45,316.00	226,292.00	180,976.00	4,531.60	12,926.86

SUMMARY TOTALS

3400
BOARD OF DENTISTRY

		<u>Month Activity</u>	<u>Biennium Activity</u>
REVENUES	REVENUE	45,020.58	1,167,994.99
	Total	45,020.58	1,167,994.99
EXPENDITURES	PERSONAL SERVICES	54,410.12	551,121.43
	SERVICES AND SUPPLIES	32,970.12	334,629.22
	Total	87,380.24	885,750.65
TRANSFER OUT	TRANSFER OUT	78,345.00	99,870.00
	Total	78,345.00	99,870.00
SPECIAL PAYMENTS	SPECIAL PAYMENTS	0.00	45,316.00

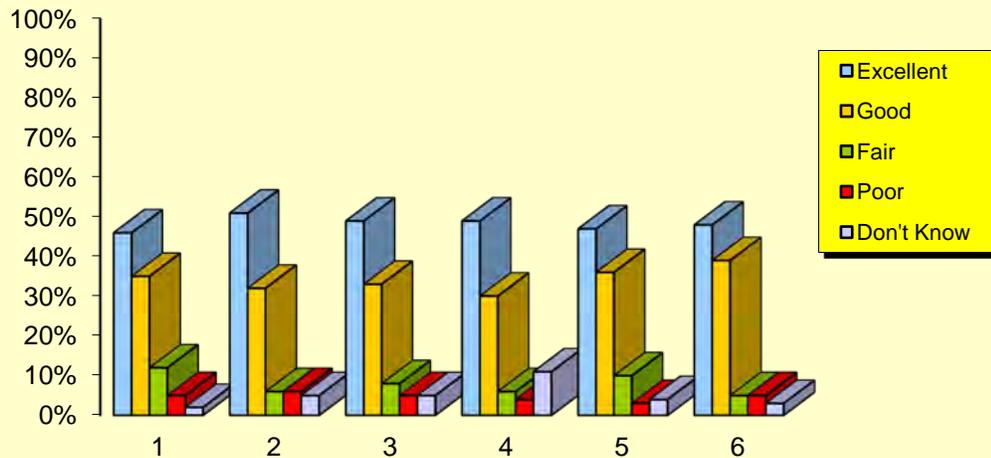
3400
BOARD OF DENTISTRY

	<u>Month Activity</u>	<u>Biennium Activity</u>
Total	0.00	45,316.00

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Oregon Board of Dentistry Customer Service Survey July 1, 2011 - May 14, 2012



- 1 How do you rate the timeliness of the services provided by the OBD?
E= 46% G= 35% F= 12% P= 5% DK= 2%
- 2 How do you rate the ability of the OBD to provide services correctly the first time?
E= 51% G= 32% F= 6% P= 6% DK= 5%
- 3 How do you rate the helpfulness of the OBD?
E= 49% G= 33% F= 8% P= 5% DK= 5%
- 4 How do you rate the knowledge and expertise of the OBD?
E= 49% G= 30% F= 6% P= 4% DK= 11%
- 5 How do you rate the availability of information at the OBD?
E= 47% G= 36% F= 10% P= 3% DK= 4%
- 6 How do you rate the overall quality of services provided by the OBD?
E= 48% G= 39% F= 5% P= 5% DK= 3%

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Mr Patrick Braatz
Dr. Paul Kleinstub
1600 SW 4th Ave., Suite 770
Portland, OR 97201

Dear Patrick and Dr. Kleinstub,

Thank you for sharing your wisdom at the 2012 Oregon Dental Conference. It was a pleasure to work with you throughout the planning stages, as well as at the ODC. Your participation contributed greatly to the success the conference.

You will find a summary of your course evaluations, which gives you an average of the scores. Also included are the original attendee evaluation forms for more detail and any comments.

Thank you again,

A handwritten signature in black ink, appearing to read 'Lauren Malone', with a long horizontal flourish extending to the right.

Lauren Malone
Managing Director
Meetings & Membership



2012 Course Evaluation Summary

Speaker: Patrick Braatz; Paul Kleinstub, DDS

Course Title: Ask the Board

Date: Thursday, April 12, 2012

Excellent			Neutral			Poor
5	4	3	2	1		

Averages:

Overall evaluation: 4.58

Usefulness of content: 4.66

Course met stated learning objectives: 4.63

Instructor effectiveness: 4.69

Audiovisuals (if applicable): 4.49

Course handout materials (if applicable): 4.60

Meeting room/layout: 4.49

UNFINISHED
BUSINESS
&
RULES

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Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING*
A Statement of Need and Fiscal Impact accompanies this form

Oregon Board of Dentistry	818
Agency and Division	Administrative Rules Chapter Number
Patrick D. Braatz	(971) 673-3200
Rules Coordinator	Telephone
Oregon Board of Dentistry, 1600 SW 4th Ave., Suite 770, Portland, OR 97201	
Address	

RULE CAPTION

Adopts, amends Agency Rules regarding Practice, Renewal, Anesthesia, Prohibited Acts, Orthodontic Assistants, Expanded Practice Permits

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

Hearing Date	Time	Location	Hearings Officer
5-31-12	07:00 PM	OHSU Center for Health & Healing, 3303 SW Bond Ave. Conference Room 4 - 3rd Floor, Portland, OR 97239	Board President

Auxiliary aids for persons with disabilities are available upon request.

RULEMAKING ACTION

Secure approval of rule numbers with the Administrative Rules Unit prior to filing

ADOPT:
818-035-0066

AMEND:
818-012-0005, 818-021-0085, 818-026-0030, 818-026-0055, 818-035-0065, 818-042-0020, 818-042-0040, 818-042-0100.

REPEAL:

RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

AMEND AND RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

Statutory Authority:
ORS 181, 183, 679 & 680

Other Authority:
SB 738 (Chapter 716 2011 Oregon Laws)

Statutes Implemented:
670.280, 679.020, 679.025, 679.060, 679.090, 679.115, 679.120, 679.140, 679.160, 679.250, 679.010, 679.170, 680.050, 680.072, 680.075, 680.082, 680.100, 680.200 & 680.205

RULE SUMMARY

The Board is adopting 818-035-0066 Additional Populations for Expanded Practice Dental Hygiene Permit Holders.

The Board is amending 818-012-0005 Scope of Practice to clarify the practice of dentistry.

The Board is amending 818-021-0085 Reinstatement of Expired License to clarify reinstatement and renewal of licenses.

The Board is amending 818-026-0030 Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor to further clarify the requirements for permits.

The Board is amending 818-026-0055 Dental Hygiene and Dental Assistant Procedures Performed under Minimal Sedation to clarify the requirements for Nitrous Oxide.

The Board is amending 818-035-0065 Expanded Practice Dental Hygiene Permit to remove a phrase that was added in error.

The Board is amending 818-042-0020 Dentist and Dental Hygienist Responsibility to update the name of a permit due to recent legislative changes.

The Board is amending 818-042-0040 Prohibited Acts to remove a phrase that will help to clarify the standard of care in the community.

The Board is amending 818-042-0100 Expanded Function Orthodontic Assistant (EFODA) to clarify the standard of care for Orthodontic Assistants.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

05-31-2012 4:00 p.m.	Patrick D. Braatz	Patrick.Braatz@state.or.us	4-10-12 2:59p.m.
Last Day (m/d/yyyy) and Time for public comment	Printed Name	Email Address	Date Filed

*The Oregon Bulletin is published on the 1st of each month and updates the rule text found in the Oregon Administrative Rules Compilation. Notice forms must be submitted to the Administrative Rules Unit, Oregon State Archives, 800 Summer Street NE, Salem, Oregon 97310 by 5:00 pm on the 15th day of the preceding month unless this deadline falls on a Saturday, Sunday or legal holiday when Notice forms are accepted until 5:00 pm on the preceding workday.

ARC 923-2003

Secretary of State
STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Board of Dentistry

818

Agency and Division

Administrative Rules Chapter Number

Adopts, amends Agency Rules regarding Practice, Renewal, Anesthesia, Prohibited Acts, Orthodontic Assistants, Expanded Practice Permits

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

The adoption of OAR 818-035-0066; the amendment of OAR 818-012-0005, 818-021-0085, 818-026-0030, 818-026-0055, 818-035-0065, 818-042-0020, 818-042-0040 & 818-042-0100.

Statutory Authority:

ORS 181, 183, 679 & 680

Other Authority:

SB 738 (Chapter 716 2011 Oregon Laws)

Stats. Implemented:

670.280, 679.020, 679.025, 679.060, 679.090, 679.115, 679.120, 679.140, 679.160, 679.250, 679.010, 679.170, 680.050, 680.072, 680.075, 680.082, 680.100, 680.200 & 680.205

Need for the Rule(s):

The adoption of OAR 818-0035-066 Additional Populations for Expanded Practice Dental Hygiene Permit Holders allows for additional populations to be served by Dental Hygienists with an Expanded Practice Permit.

The amendments to OAR 818-012-0005 Scope of Practice are necessary to clarify the scope of the practice of dentistry.

The amendment to OAR 818-021-0085 Reinstatement of Expired License is necessary to clarify the differences between reinstatement and renewal of a license.

The amendments to OAR 818-026-0030 Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor are necessary to further clarify the requirements for anesthesia permits.

The amendments to OAR 818-0026-0055 Dental Hygiene and Dental Assistant Procedures Performed under Minimal Sedation are necessary to clarify the use of Nitrous Oxide.

The amendment to OAR 818-035-0065 Expanded Practice Dental Hygiene Permit is necessary to remove a phrase that was added in error.

The amendment to OAR 818-042-0020 Dentist and Dental Hygienist Responsibility is necessary to update a permit name change due to recent legislation.

The amendment to OAR 818-042-0040 Prohibited Acts is necessary to remove a phrase that will help clarify the standard of care in the community.

The amendments to OAR 818-042-0100 Expanded Functions Orthodontic Assistant (EFODA) are necessary to clarify the standard of care that exists today.

Documents Relied Upon, and where they are available:

SB 738 (Chapter 716 2011 Oregon Laws)

Fiscal and Economic Impact:

None

Statement of Cost of Compliance:

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

The only impact on the Oregon Board of Dentistry will be the updating of forms and the Dental Practice Act.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small business and types of businesses and industries with small businesses subject to the rule:

It is not possible to estimate the exact number of small businesses, as the majority of dental practices are considered "small businesses."

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

None

c. Equipment, supplies, labor and increased administration required for compliance:

None

How were small businesses involved in the development of this rule?

If not, why?:

Dentists who are owners of dental practices assisted in the review and writing of the rules as members of the Oregon Board of Dentistry (OBD) Rules Oversight Committee. Professional association representatives are also members of the OBD Rules Oversight Committee and participated in the drafting of the proposed rules and amendments.

Administrative Rule Advisory Committee consulted?: Yes

<u>05-31-2012 4:00 p.m.</u>	<u>Patrick D. Braatz</u>	<u>Patrick.Braatz@state.or.us</u>	<u>4-10-12 2:59 PM</u>
Last Day (m/d/yyyy) and Time for public comment	Printed Name	Email Address	Date Filed

Administrative Rules Unit, Archives Division, Secretary of State, 800 Summer Street NE, Salem, Oregon 97310.

ARC 925-2007

ABOUT THE OHSU CENTER FOR HEALTH & HEALING

The OHSU Center for Health & Healing is located in Portland's South Waterfront neighborhood and at the foot of the Portland Aerial Tram. The main lobby includes the Casey Optical Studio, a pharmacy, the March Wellness spa and fitness center, parking elevators, elevators to access floors 1-16, the Daily Café and coffee stand. An information desk is available directly across from the parking elevators.

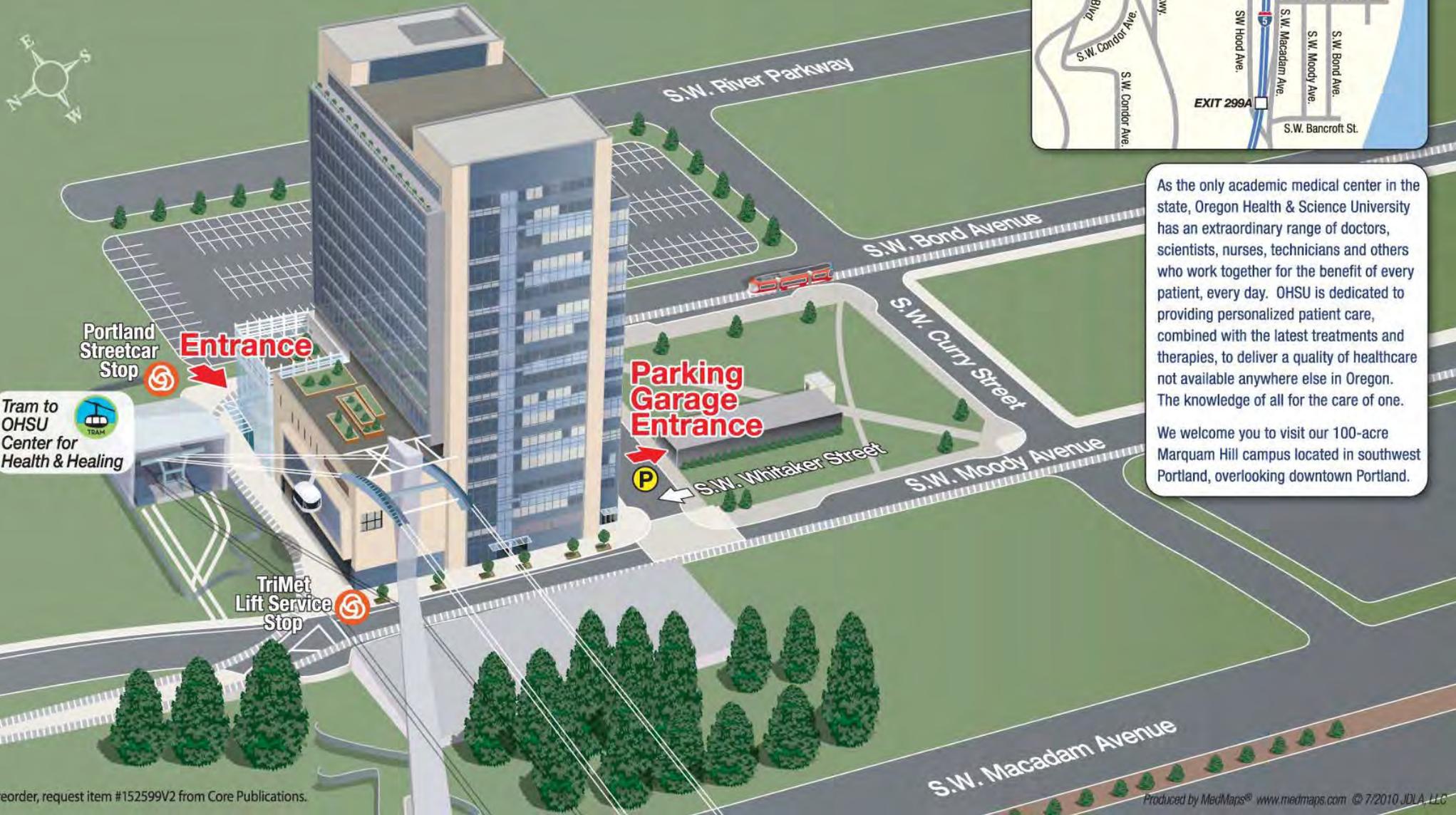
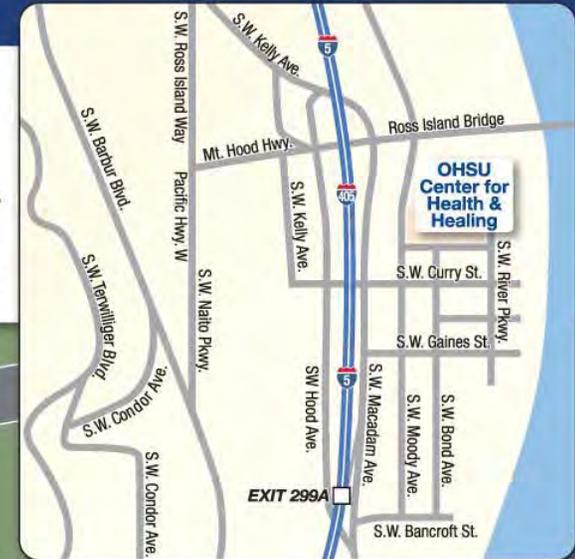
Portland's streetcar conveniently stops at the corner of S.W. Moody and S.W. Gibbs, which is across the street and just north of the OHSU Center

for Health & Healing. The streetcar accommodates bikes and wheelchairs. Schedules and fare information are available online at www.portlandstreetcar.org.

PARKING

Parking is available underneath the OHSU Center for Health & Healing. The entrance to the garage is on S.W. Whitaker, directly across the street from the center. Parking is free for patients. Once you park your car, take the parking elevators up to the main lobby and transfer to the building elevators to reach floors 1 through 16.

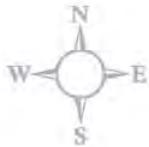
For more information and directions to the campus, please visit www.ohsuhealth.com/maps or call 503.494.8311.



As the only academic medical center in the state, Oregon Health & Science University has an extraordinary range of doctors, scientists, nurses, technicians and others who work together for the benefit of every patient, every day. OHSU is dedicated to providing personalized patient care, combined with the latest treatments and therapies, to deliver a quality of healthcare not available anywhere else in Oregon. The knowledge of all for the care of one.

We welcome you to visit our 100-acre Marquam Hill campus located in southwest Portland, overlooking downtown Portland.


 TriMet Lift Service Stop



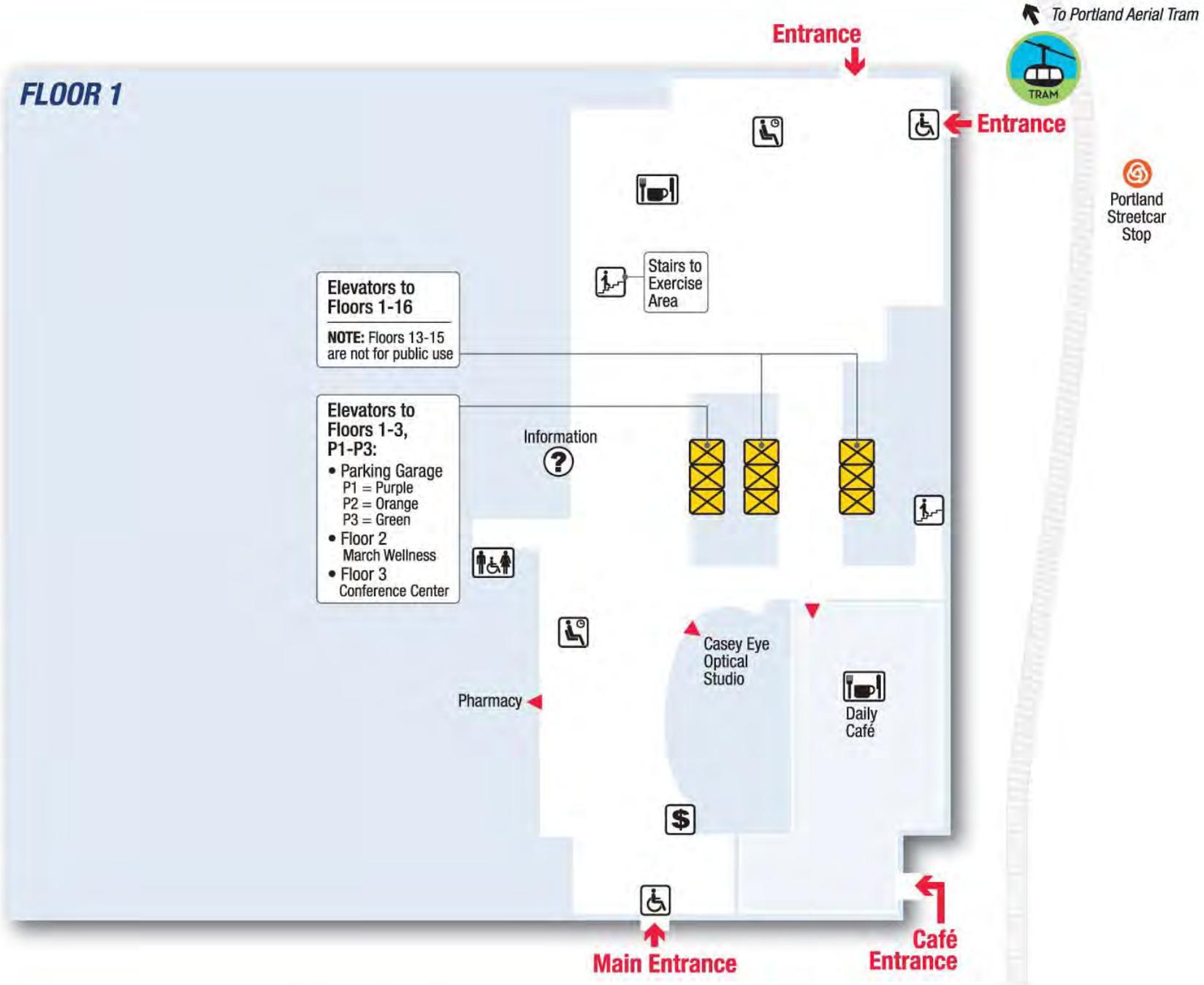
FLOOR 1

Legend	
Information	
Entrance	
Elevators	
Stairs	
Accessible Entrance	
Coffee/Dining	
Accessible Restroom	
Waiting Area	
Telephone	
ATM	
Parking	
TriMet	

Elevators to Floors 1-16
NOTE: Floors 13-15 are not for public use

Elevators to Floors 1-3, P1-P3:

- Parking Garage
P1 = Purple
P2 = Orange
P3 = Green
- Floor 2
March Wellness
- Floor 3
Conference Center



 To Portland Aerial Tram
 Portland Streetcar Stop

 To Parking Garage

S.W. Whitaker Street

DIVISION 12
STANDARDS OF PRACTICE

818-012-0005

Scope of Practice

~~[(1) The Board determines that the practice of dentistry includes the following procedures which the Board finds are included in the curricula of dental schools accredited by the American Dental Association, Commission on Dental Accreditation, post-graduate training programs or continuing education courses:]~~

~~[(a) Rhinoplasty;]~~

~~[(b) Blepharoplasty;]~~

~~[(c) Rhytidectomy;]~~

~~[(e) Submental liposuction;]~~

~~[(f) Laser resurfacing;]~~

~~[(g) Browlift, either open or endoscopic technique;]~~

~~[(h) Platysmal muscle plication;]~~

~~[(i) Dermabrasion;]~~

~~[(j) Otoplasty;]~~

~~[(k) Lip augmentation;]~~

~~[(l) Hair transplantation, not as an isolated procedure for male pattern baldness; and]~~

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~~[(m) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.]~~

~~[(2) No licensee may perform any of the procedures listed in subsection (1) unless the licensee:]~~

~~[(a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA); and]~~

~~[(b) Has successfully completed a clinical fellowship, of at least one continuous year in duration, in esthetic (cosmetic) surgery recognized by the American Association of Oral and Maxillofacial Surgeons or by the American Dental Association Commission on Dental Accreditation; or]~~

~~[(c) Holds privileges either:]~~

~~[(A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital setting; or]~~

~~[(B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the American Association for Ambulatory Health Care (AAAHC).]~~

No licensee may perform any of the procedures listed in section (4) below unless the licensee:

(1) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA); and

63 **(2) Has successfully completed a clinical fellowship, of at least one continuous year in**
64 **duration, in esthetic (cosmetic) surgery recognized by the American Association of Oral**
65 **and Maxillofacial Surgeons or by the American Dental Association Commission on Dental**
66 **Accreditation; or**

67
68 **(3) Holds privileges either:**

69
70 **(a) Issued by a credentialing committee of a hospital accredited by the Joint Commission**
71 **on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a**
72 **hospital setting; or**

73
74 **(b) Issued by a credentialing committee for an ambulatory surgical center licensed by the**
75 **State of Oregon and accredited by either the JCAHO or the American Association for**
76 **Ambulatory Health Care (AAAHC).**

77
78 **(4) The procedures allowed are:**

79
80 **(a) Rhinoplasty;**

81
82 **(b) Blepharoplasty;**

83
84 **(c) Rhydidectomy;**

85
86 **(d) Submental liposuction;**

87
88 **(e) Laser resurfacing;**

89
90 **(f) Browlift, either open or endoscopic technique;**

91
92 **(g) Platysmal muscle plication;**

93

94 **(h) Dermabrasion;**

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96 **(i) Otoplasty;**

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98 **(j) Lip augmentation;**

99

100 **(k) Hair transplantation, not as an isolated procedure for male pattern baldness;**

101

102 **(l) Harvesting bone extra orally for dental procedures, including oral and maxillofacial**
103 **procedures; and**

104

105 **(m) Administering Botulinum Toxin Type A or dermal fillers.**

106

107 Stat. Auth.: ORS 679 & ORS 680

108 Stats. Implemented: ORS 679.010(2), ORS 679.140(1)(c), ORS 679.140(2), ORS 679.170(6) &

109 ORS 680.100

1 **DIVISION 21**
2 **EXAMINATION AND LICENSING**

3
4 **818-021-0085**

5 **Renewal or Reinstatement of Expired License**

6 Any person whose license to practice as a dentist or dental hygienist has expired, may apply for
7 reinstatement under the following circumstances:

8
9 (1) If the license has been expired 30 days or less, the applicant shall:

10
11 (a) Pay a penalty fee of \$50;

12
13 (b) Pay the biennial renewal fee; and

14
15 (c) Submit a completed renewal application and certification of having completed the Board's
16 continuing education requirements.

17
18 (2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:

19
20 (a) Pay a penalty fee of \$100;

21
22 (b) Pay the biennial renewal fee; and

23
24 (c) Submit a completed renewal application and certification of having completed the continuing
25 education requirements.

26
27 (3) If the license has been expired more than 60 days, but less than one year, the applicant shall:

28
29 (a) Pay a penalty fee of \$150;

30
31 (b) Pay a fee equal to the renewal fees that would have been due during the period the license

32 was expired;

33

34 (c) Pay a reinstatement fee of \$500; and

35

36 (d) Submit a completed [~~renewal application and proof of having completed the continuing~~
37 ~~education requirements.~~] **application for reinstatement provided by the Board, including**
38 **certification of having completed continuing education credits as required by the Board**
39 **during the period the license was expired. The Board may request evidence of satisfactory**
40 **completion of continuing education courses.**

41

42 (4) If the license has been expired for more than one year but less than four years, the applicant
43 shall:

44

45 (a) Pay a penalty fee of \$250;

46

47 (b) Pay a fee of equal to the renewal fees that would have been due during the period the license
48 was expired;

49

50 (c) Pay a reinstatement fee of \$500;

51

52 (d) Pass the Board's Jurisprudence Examination;

53

54 (e) Pass any other qualifying examination as may be determined necessary by the Board after
55 assessing the applicant's professional background and credentials;

56

57 (f) Submit evidence of good standing from all states in which the applicant is currently licensed;
58 and

59

60 (g) Submit a completed application for reinstatement provided by the Board including
61 certification of having completed continuing education credits as required by the Board during

62 the period the license was expired. The Board may request evidence of satisfactory completion
63 of continuing education courses.

64

65 (5) If a dentist or dental hygienist fails to renew or reinstate his or her license within four years
66 from expiration, the dentist or dental hygienist must apply for licensure under the current statute
67 and rules of the Board.

68

69 Stat. Auth.: ORS 679 & 680

70 Stats. Implemented: ORS 679.090, 679.120, 680.072 & 680.075

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1 DIVISION 26
2 ANESTHESIA

3
4 **818-026-0030**

5 **Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia**
6 **Monitor**

7 (1) A permit holder who administers sedation shall assure that drugs, drug dosages, and/or
8 techniques used to produce sedation shall carry a margin of safety wide enough to prevent
9 unintended deeper levels of sedation.

10
11 (2) No ~~[dentist or dental hygienist]~~ licensee shall induce central nervous system sedation or
12 general anesthesia without first having obtained a permit under these rules for the level of
13 anesthesia being induced.

14
15 (3) ~~[No dentist or dental hygienist]~~ A licensee may be granted a permit to administer sedation
16 or general anesthesia ~~[under these rules without]~~ with documentation of ~~[current]~~
17 training/education and/or competency in the permit category for which the licensee is applying~~[.]~~
18 ~~[The applicant may demonstrate current training/education or competency]~~ by any one the
19 following:

20
21 (a) ~~[Current training/education or competency shall be limited to completion of initial]~~
22 Initial training/education in the permit category for which the applicant is applying ~~[and]~~ shall
23 be completed no more than two years immediately prior to application for sedation or general
24 anesthesia permit; or

25
26 (b) If greater than two years but less than five years since completion ~~[Completion]~~ of initial
27 training/education, ~~[no greater than five years immediately prior to application for sedation~~
28 ~~or general anesthesia permit. Current competency must be documented by]~~ an applicant
29 must document completion of all continuing education that would have been required for that
30 anesthesia/permit category during that five year period following initial training; or

32 (c) **If greater than two years but less than five years since [Completion] completion** of initial
33 training/education, ~~[no greater than five years]~~ immediately prior to application for sedation or
34 general anesthesia permit [-] , ~~[Current]~~ **current** competency **or experience** must be
35 documented by completion of a comprehensive review course approved by the Board in the
36 permit category to which the applicant is applying and must consist of at least one-half (50%) of
37 the hours required by rule for Nitrous Oxide, Minimal Sedation, Moderate Sedation and General
38 Anesthesia Permits. Deep Sedation and General Anesthesia Permits will require at least 120
39 hours of general anesthesia training.

40
41 (d) An applicant for sedation or general anesthesia permit whose completion of initial
42 training/education is greater than five years immediately prior to application, may be granted a
43 sedation or general anesthesia permit by submitting documentation of the requested permit level
44 from another state or jurisdiction where the applicant is also licensed to practice dentistry or
45 dental hygiene, and provides documentation of the completion of at least 25 cases in the
46 requested level of sedation or general anesthesia in the 12 months immediately preceding
47 application; or

48
49 (e) Demonstration of current competency to the satisfaction of the Board that the applicant
50 possesses adequate sedation or general anesthesia skill to safely deliver sedation or general
51 anesthesia services to the public.

52
53 (4) Persons serving as anesthesia monitors in a dental office shall maintain current certification
54 in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR)
55 training, or its equivalent, shall be trained in monitoring patient vital signs, and be competent in
56 the use of monitoring and emergency equipment appropriate for the level of sedation utilized.
57 (The term "competent" as used in these rules means displaying special skill or knowledge
58 derived from training and experience.)

59
60 (5) ~~[No dentist or dental hygienist]~~ **A licensee** holding an anesthesia permit shall **at all times**
61 ~~[administer anesthesia unless they]~~ hold a current Health Care Provider BLS/CPR level
62 certificate or its equivalent, or ~~[holds]~~ a current Advanced Cardiac Life Support (ACLS)

63 Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for
64 the patient being sedated.

65

66 (6) When a dentist utilizes a single dose oral agent to achieve anxiolysis only, no anesthesia
67 permit is required.

68

69 (7) The applicant for an anesthesia permit must pay the appropriate permit fee, submit a
70 completed Board-approved application and consent to an office evaluation.

71

72 (8) Permits shall be issued to coincide with the applicant's licensing period.

73

74 Stat. Auth.: ORS 679 & 680

75 Stats. Implemented: ORS 679.250

76

77

78 **818-026-0055**

79 **Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or**
80 **Minimal Sedation**

81 (1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is
82 under **nitrous oxide or** minimal sedation under the following conditions:

83

84 (a) A **[dentist] licensee** holding a **Nitrous Oxide,** Minimal, Moderate, Deep Sedation or General
85 Anesthesia Permit administers the sedative agents;

86

87 (b) The **[dentist]** permit holder performs the appropriate pre- and post-operative evaluation and
88 discharges the patient in accordance with 818-026-0050(7) and (8); and

89

90 (c) An anesthesia monitor, in addition to the dental hygienist performing the authorized
91 procedures, is present with the patient at all times.

92

93 (2) Under direct supervision, a dental assistant may perform those procedures for which the
94 dental assistant holds the appropriate certification for a patient who is under **nitrous oxide or**
95 minimal sedation under the following conditions:

96

97 (a) A **[dentist] licensee** holding the **Nitrous Oxide**, Minimal, Moderate, Deep Sedation or
98 General Anesthesia Permit administers the sedative agents;

99

100 (b) The **[dentist]** permit holder, or an anesthesia monitor, monitors the patient; and

101

102 (c) The **[dentist]** permit holder performs the appropriate pre- and post-operative evaluation and
103 discharges the patient in accordance with 818-026-0050(7) and (8).

104

105 Stat. Auth.: ORS 679 & 680

106 Stats. Implemented: ORS 679.250(7) & 679.250(10)

DIVISION 35
DENTAL HYGIENE

818-035-0065

Expanded Practice Dental Hygiene Permit

The Board shall issue an Expanded Practice Permit to a Dental Hygienist who holds an unrestricted Oregon license, and completes an application approved by the Board, pays the permit fee, and

(1) Certifies on the application that the dental hygienist has completed at least 2,500 hours of supervised dental hygiene clinical practice, or clinical teaching hours, and also completes 40 hours of courses chosen by the applicant in clinical dental hygiene or public health sponsored by continuing education providers approved by the Board; or

(2) Certifies on the application that the dental hygienist has completed a course of study, before or after graduation from a dental hygiene program, that includes at least 500 hours of dental hygiene practice on patients described in ORS 680.205; and

(3) Provides the Board with a copy of the applicant's current professional liability policy or declaration page which will include, the policy number and expiration date of the policy.

(4) Notwithstanding OAR 818-035-0025(1), prior to performing any dental hygiene services an Expanded Practice Dental Hygienist shall examine the patient, gather data, interpret the data to determine the patient's dental hygiene treatment needs and formulate a patient care plan.

(5) An Expanded Practice Dental Hygienist may render the services described in paragraphs 6(a) to (d) of this rule to the patients described in ORS 680.205(1) if the Expanded Practice Dental Hygienist has entered into a written collaborative agreement in a format approved by the Board with a dentist licensed under ORS Chapter 679.

31 (6) The collaborative agreement must set forth the agreed upon scope of the dental hygienist's
32 practice with regard to:

33

34 (a) Administering local anesthesia;

35

36 (b) Administering temporary restorations without excavation;

37

38 (c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs [~~specified in~~
39 ~~the agreement~~]; and

40

41 (d) Overall dental risk assessment and referral parameters.

42

43 (7) The collaborative agreement must comply with ORS 679.010 to 680.990.

44

45 (8) From the date this rule is effective, the Board has the authority to grant a Limited Access
46 Permit through December 31, 2011, pursuant to ORS 680.200.

47

48 Stat. Auth.: ORS 680

49 Stats. Implemented: ORS 680.200

50

51

52 **818-035-0066**

53 **Additional Populations for Expanded Practice Dental Hygiene Permit Holders**

54

55 **A dental hygienist with an Expanded Practice Permit may practice without supervision at**
56 **locations and on persons as described in ORS 680.205 (1)(a) through (e) and on the**
57 **following additional populations:**

58

59 **(1) Migrant Farm Workers.**

60

61 **(2) Low-income persons, as defined by earning up to 200% of the Federal Poverty Level.**

62

63 **(3) Persons that are 25 or more miles away from a source of full time general dental care.**

64

65 **(4) Members of Federally Recognized Native American tribes.**

66

67 **(5) Other populations that the Oregon Board of Dentistry determines by policy are**
68 **underserved or lack access to dental hygiene services.**

69

70 **Stat. Auth: ORS 679 & 680**

71 **Stats. Implemented: 680.205 & 679.250(9)**

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1 **DIVISION 42**

2 **DENTAL ASSISTING**

3
4 **818-042-0020**

5 **Dentist and Dental Hygienist Responsibility**

6 (1) A dentist is responsible for assuring that a dental assistant has been properly trained, has
7 demonstrated proficiency, and is supervised in all the duties the assistant performs in the dental
8 office. Unless otherwise specified, dental assistants shall work under indirect supervision in the
9 dental office.

10
11 (2) A dental hygienist who works under general supervision may supervise a dental assistant in
12 the dental office if the dental assistant is rendering assistance to the dental hygienist in providing
13 dental hygiene services and the dentist is not in the office to provide indirect supervision. A
14 ~~[Limited Access Permit (LAP) dental hygienist]~~ **dental hygienist with an Expanded**
15 **Practice Permit** may hire and supervise a dental assistant who will render assistance to the
16 dental hygienist in providing dental hygiene services.

17
18 (3) The supervising dentist or dental hygienist is responsible for assuring that all required
19 licenses, permits or certificates are current and posted in a conspicuous place.

20
21 (4) Dental assistants who are in compliance with written training and screening protocols
22 adopted by the Board may perform oral health screenings under general supervision.

23
24 Stat. Auth.: ORS 679 & 680

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

26
27
28 **818-042-0040**

29 **Prohibited Acts**

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

31 (1) Diagnose or plan treatment.

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- (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 [~~or take any action related to the movement 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 or drugs administered pursuant to 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 intra-orally.
- (13) Use lasers, except laser-curing lights.

- 63 (14) Use air abrasion or air polishing.
64
- 65 (15) Remove teeth or parts of tooth structure.
66
- 67 (16) Cement or bond any fixed prosthetic or orthodontic appliance including bands, brackets,
68 retainers, tooth moving devices, or orthopedic appliances except as provided in 818-042-0100.
69
- 70 (17) Condense and carve permanent restorative material except as provided in OAR 818-042-
71 0095.
72
- 73 (18) Place any type of cord subgingivally.
74
- 75 (19) Take jaw registrations or oral impressions for supplying artificial teeth as substitutes for
76 natural teeth, except diagnostic or opposing models or for the fabrication of temporary or
77 provisional restorations or appliances.
78
- 79 (20) Apply denture relines except as provided in OAR 818-042-0090(2).
80
- 81 (21) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued
82 by the Board (818-042-0050 and 818-042-0060) except while taking a course of instruction
83 approved by the Oregon Health Authority, Oregon Public Health Division, Office of
84 Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.
85
- 86 (22) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand
87 Over Mouth Airway Restriction (HOMAR) on any patient.
88
- 89 (23) Perform periodontal probing.
90
- 91 (24) Place or remove healing caps or healing abutments, except under direct supervision.
92
- 93 (25) Place implant impression copings, except under direct supervision.

94
95 (26) Any act in violation of Board statute or rules.

96
97 Stat. Auth.: ORS 679 & 680
98 Stats. Implemented: ORS 679.020, 679.025 & 679.250

99
100
101 **818-042-0100**

102 **Expanded Functions — Orthodontic Assistant (EFODA)**

103 ~~[(1) A dentist may authorize an expanded function orthodontic assistant to perform the~~
104 ~~following functions provided that the dentist checks the patient before and after the~~
105 ~~functions are performed:]~~

106
107 ~~[(a) Remove cement from cemented bands or brackets using an ultrasonic or hand scaler,~~
108 ~~or a slow speed hand piece; and]~~

109
110 ~~[(b) Recement loose orthodontic bands.]~~

111
112 ~~[(2) Under general supervision, an expanded function orthodontic assistant may remove~~
113 ~~any portion of an orthodontic appliance causing a patient discomfort and in the process~~
114 ~~may replace ligatures and/or separators if the dentist is not available providing that the~~
115 ~~patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably~~
116 ~~appropriate.]~~

117
118 ~~[(3) Under general supervision, an EFODA may recement orthodontic bands if the dentist~~
119 ~~is not available and the patient is in discomfort, providing that the patient is rescheduled~~
120 ~~for follow-up care by a licensed dentist as soon as is reasonably appropriate.]~~

121
122 **(1) An EFODA may perform the following duties while under the indirect supervision of a**
123 **licensed dentist:**

- 124
- 125 **(a) Remove orthodontic bands and brackets and attachments with removal of the bonding**
- 126 **material and cement. An ultrasonic scaler, hand scaler or slow speed handpiece may be used.**
- 127 **Use of a high speed handpiece is prohibited;**
- 128
- 129 **(b) Select or try for the fit of orthodontic bands;**
- 130
- 131 **(c) Recement loose orthodontic bands;**
- 132
- 133 **(d) Place and remove orthodontic separators;**
- 134
- 135 **(e) Prepare teeth for bonding or placement of orthodontic appliances and select, pre-position**
- 136 **and cure orthodontic brackets, attachments and/or retainers after their position has been**
- 137 **approved by the supervising licensed dentist;**
- 138
- 139 **(f) Fit and adjust headgear;**
- 140
- 141 **(g) Remove fixed orthodontic appliances;**
- 142
- 143 **(h) Remove and replace orthodontic wires. Place and ligate archwires. Place elastic ligatures or**
- 144 **chains as directed;**
- 145
- 146 **(i) Cut arch wires; and**
- 147
- 148 **(j)Take impressions for study models or temporary oral devices such as, but not limited to,**
- 149 **space maintainers, orthodontic retainers and occlusal guards.**
- 150
- 151 **(2) An EFODA may perform the following duties while under the general supervision of a**
- 152 **licensed dentist:**
- 153

154 **(a) An expanded function orthodontic assistant may remove any portion of an orthodontic**
155 **appliance causing a patient discomfort and in the process may replace ligatures and/or**
156 **separators if the dentist is not available, providing that the patient is rescheduled for follow-up**
157 **care by a licensed dentist as soon as is reasonably appropriate.**

158
159 **(b) An EFODA may recement orthodontic bands if the dentist is not available and the**
160 **patient is in discomfort, providing that the patient is rescheduled for follow-up care by a**
161 **licensed dentist as soon as is reasonably appropriate.**

162 Stat. Auth.: ORS 679

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

CORRESPONDENCE

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OREGON ACADEMY OF PEDIATRIC DENTISTRY

AAPD State Unit



May 10, 2012



Patricia Parker, DMD
President
Oregon Board of Dentistry

Re: Specialty Examination for Pediatric Dentistry

Dear Dr. Parker and Members of the Board:

This letter is to follow up on our communications from January through April 2011 to the Board concerning licensure pathways for pediatric dentists who are graduates of dental schools other than CODA-accredited schools.

The Oregon Academy of Pediatric Dentistry (OAPD) leadership met on April 25, 2012 to discuss the current Oregon process for specialty licensure in pediatric dentistry. It is our understanding that the Board decided to adopt the NERB as the pathway for licensure as a specialist.

The OAPD feels strongly that an additional pathway, as an alternative to the NERB, would be appropriate and beneficial for future candidates. OAPD believes that the American Board of Pediatric Dentistry examination is every bit as rigorous as the NERB and comparable in scope.

Specifically, OAPD recommends the following alternative pathways to specialty licensure for non-CODA-educated dentists:

1. ABPD examinations (both written and oral clinical examinations);
2. NERB pediatric dentistry specialty examination, although, if a candidate has passed the written portion of the ABPD, **only Part 2 of the NERB would be required** (following NERB recommendations); or
3. Five years of work experience as a licensed pediatric dentist in another state in the United States after having completed pediatric dentistry training from an ADA-accredited program.

OAPD believes that having several pathways to the specialty license will provide opportunities to well-qualified pediatric dentists and would provide a benefit to the population of the state. Further, we would appreciate a response from the Oregon Board of Dentistry in regards to this recommendation.

OREGON ACADEMY OF PEDIATRIC DENTISTRY
AAPD State Unit



Sincerely,

Andrea Beltzner DMD

Andrea Beltzner, DMD
President OAPD

Sheena Kansal

Sheena Kansal, DMD
Past-President OAPD

Anastacia Hunton DMD

Anastacia Hunton, DMD
Vice President, OAPD

Josef Lubisich, DMD
Treasurer, OAPD

Josef Lubisich

cc:
Patrick Bratz
Paul H. Kleinstub, DDS, MS

May 21, 2012

Oregon Board of Dentistry
1600 SW 4th Ave., Suite 770
Portland, OR 97201



Dear Members of the Oregon Board of Dentistry:

The Oregon Dental Association has a particular interest in the proposed rule regarding Botulinum Toxin A. During their recent meeting on May 18, the ODA Executive Committee voted unanimously to undertake research, retain a consultant, and also meet with Oregon Representative Mitch Greenlick. The intent of this activity is to develop a considered position statement from the Association related to the qualifications and training necessary to administer Botulinum Toxin A.

In this light, the ODA respectfully requests that no action be taken on the proposed rule until the ODA can present its findings and position. Our intention is to conduct the above mentioned activities as quickly as possible. However, it will not be possible to have them finalized before the May 31-June 1 meeting dates.

In addition, the ODA has asked Dr. Warren Roberts to attend the May 31, 2012 Rules Hearing at our expense and on our behalf to provide expert testimony on the subject. Dr. Roberts, from Vancouver, B.C., directs the Pacific Training Institute for Facial Aesthetics and provides comprehensive training for dentists in the administration of Botulinum Toxin A. In that Dr. Roberts is teaching a course on June 1-2 in Vancouver, we request that his testimony be given priority status as the first item on the Rules Committee agenda. This will allow him to catch a return flight to Vancouver that evening.

Our meeting with Senator Greenlick is also currently being scheduled through the ODA lobbyist.

We greatly appreciate your cooperation and support regarding our request.

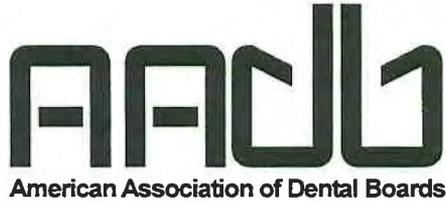
Sincerely,

A handwritten signature in black ink that reads 'Gregory B. Jones, DMD'.

Gregory B. Jones, DMD
President

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May 1, 2012

Mr. Patrick D. Braatz
Executive Director
Oregon Board of Dentistry
1600 SW 4th Ave., Ste. 770
Portland, OR 97201

Dear Patrick:

The AADB Mid-Year Meeting was successful largely in part to the overview of the Assessment Services Program (ASP). The member boards are extremely enthusiastic and are looking forward to ASP's May 2nd launch. We are excited to be a part of this important service. Thank you again for participating.

Sincerely,

A handwritten signature in black ink that reads 'Molly Nadler'.

Molly Nadler
Executive Director

cc: Members, Executive Council

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OTHER ISSUES

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Board Approved:

Oregon Board of Dentistry
1600 SW 4th Avenue, Suite 770
Portland, OR 97201
www.oregon.gov/dentistry
(971) 673-3200



**Expanded Practice Dental Hygiene
Continuing Education (CE) Provider Application**

Provider Name (name of individual or facility): American Dental Hygienists' Association		Business Phone No.: 312-440-8900
Mailing Address (street address, city, state, zip): 444 N Michigan Avenue, Suite 3400, Chicago, IL 60611		
Email or Web site (optional): education@adha.net/www.adha.org	Taxpayer ID Number:	Will Offer On-line Courses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Organization Type (select one): <input checked="" type="checkbox"/> Association <input type="checkbox"/> 2 or 4 yr Institution of Higher Learning <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Licensed Health Facility <input type="checkbox"/> Other education organization Individual <input type="checkbox"/> Government Agency <input type="checkbox"/> Corporation <input type="checkbox"/> Other (please specify):		
CE Coordinator Name: Cathy Elliott, RDH, BSDH		CE Coordinator Phone No.: 312-440-8931
Instructor's Education/Training (attach Instructor(s) resume or curriculum vitae (CV)): ONLINE CE COURSES available at www.adha.org Course 23 Screening for Oral Cancer Course 22 The Effect of Saliva on Dental Caries Course 21 Diabetes Mellitus: Promoting Collaborations Among Health Care Professionals Course 20 Rationale for Comprehensive Nonsurgical Periodontal Therapy: A Review of the Clinical Evidence and Practice Protocol Course 19 Periodontal Diseases and Adverse Pregnancy Outcomes: A Review of the Evidence and Implications for Clinical Practice. Course 18 Osteoporosis and Osteonecrosis of the Jaw Course 17 Xerostomia: Recognition and Management Course 16 Incorporating Antimicrobial Mouthrinses into Oral Hygiene: Strategies for Managing Oral Biofilm and Gingivitis Course 15 through Course 1 found on attached, as well as face-to-face CE courses offered at the Center for Lifelong Learning.		

CE Coordinator's Signature: *Cathy Elliott RDH, BSDH*

Date: 5-11-1012



Additional Courses available online at www.adha.org (1-2 CE hrs each)

- Course 15 An Examination of the Bleeding Complications Associated with Herbal Supplements, Antiplatelet and Anticoagulant Medications.
- Course 14 Women, Aging and Oral Health Needs
- Course 13 - Inflammation: The Relationship Between Oral Health and Systemic Disease
- Course 12 - HIPAA Continuing Education Course
- Course 11 - Oral Health and Older Adults
- Course 10 - Mental Illness and the Dental Patient
- Course 9 - Understanding and Managing Dentin Hypersensitivity
- Course 8 - Eating Disorders
- Course 7 - Diet and Nutrition Implications for Oral Health
- Course 6 - Dental Digital Radiographic Imaging
- Course 5 - Burning Mouth Syndrome
- Course 4 - Automated Oral Hygiene Self-Care Devices: Making Evidence-based Choices to Improve Client Outcomes
- Course 3 - Do You Know if Your Patients, Co-workers, Friends, Family, or You Have an Addiction?
- Course 2 - Medical Emergencies in the Oral Health Care Setting
- Course 1 - Managing Side Effects of Medication

Tobacco Cessation course: 12 CE hours upon completion.

Special Care: An Oral Health Professional's Guide to Serving Young Children with Special Health Care Needs: 4 CE hours



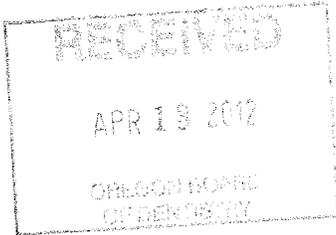
**FACE-TO-FACE Courses offered at the ADHA Annual Session Center for Lifelong Learning,
Phoenix, AZ, June 13 -19, 2012**

- Aiming for Success: Radiographic Techniques from Analog to Digital
- Advanced Concepts in the Evaluation, Assessment & Care of Dental Implants
- Lotions, Motions and Potions: What Should You Recommend?
- Top Selling Dietary Supplements
- Entrepreneurship: The Business of Dental Hygiene
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Board Approved:



Oregon Board of Dentistry
1600 SW 4th Avenue, Suite 770
Portland, OR 97201
www.oregon.gov/dentistry
(971) 673-3200

Expanded Practice Dental Hygiene
Continuing Education (CE) Provider Application

Provider Name (name of individual or facility): <i>The Procter & Gamble Co</i>	Business Phone No.: <i>513-622-0099</i>
---	--

Mailing Address (street address, city, state, zip):
*8700 MASON - MONTGOMERY ROAD, CF3-6B5
MASON, OH 45040*

Email or Web site (optional): <i>www.dentalcare.com</i>	Taxpayer ID Number:	Will Offer On-line Courses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
--	---------------------	--

Organization Type (select one):

<input type="checkbox"/> Association	<input type="checkbox"/> 2 or 4 yr Institution of Higher Learning	<input type="checkbox"/> Non-Profit Corporation
<input type="checkbox"/> Licensed Health Facility	<input type="checkbox"/> Other education organization Individual	<input type="checkbox"/> Government Agency
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other (please specify):	

CE Coordinator Name: <i>Nancy Richter</i>	CE Coordinator Phone No.: <i>513-622-0099</i>
--	--

Instructor's Education/Training (attach Instructor(s) resume or curriculum vitae (CV)):

[Large shaded area for attachment]

CE Coordinator's Signature: <i>Nancy Richter</i>	Date: <i>4/10/12</i>
--	----------------------

Procter & Gamble

The mission of Procter & Gamble's CE program is to assist dental professionals in maintaining their knowledge base in this rapidly changing environment and time-dependent field of dentistry by providing peer-reviewed state-of-knowledge continuing education courses.

Key principles of our program:

- Courses cover a wide range of topics relevant to the practicing dental professional.
- Material is developed by experts and undergoes a peer-review process.
- Content is supported by science and research.
- Courses are offered gratis.
- Content is available online for convenient access.

We have been offering CE courses for approximately 15 years. All of our courses are peer reviewed.

Procter & Gamble is an ADA CERP Recognized Provider and is designated as an Approved PACE Program Provider by the Academy of General Dentistry. Per ADA CERP guidelines our courses are reviewed and updated every 3 years.

We would like approval for all past, present and future courses.

Internet/OregonBoard42412

**LISTING OF CONTINUING EDUCATION COURSES
OFFERED ON THE CREST® DENTAL RESOURCENET
@ www.dentalresourcenet.com**

A Guide to Clinical Differential Diagnosis of Oral Mucosal Lesions (CE110) (AGD Topic 739)

Continuing Education Units: 4 hours
Michael W. Finkelstein, DDS, MS

This continuing education course is intended for the general dentist, dental hygienist, and dental assistant. The primary goal of this course is to help you learn the process of clinical differential diagnosis of diseases and lesions of the oral and maxillofacial region. The first step in successful therapeutic management of a patient with an oral mucosal disease or lesion depends upon creating a differential diagnosis. This course also includes both an interactive and downloadable decision tree to assist in the diagnosis.

A History and Update of Fluoride Dentifrices (CE94) (AGD Topic 011)

Continuing Education Units: 2 hours
James S. Wefel, PhD

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course is a review and update of cosmetic and therapeutic dentifrices, their impact on market shares, and the development of multi-benefit dentifrice technologies.

A Prospective Clinical Study to Evaluate the Effect of Manual and Power Toothbrushes on Pre-existing Gingival Recessions (CE349) (AGD Topic 770)

Christof E. Dörfer, DDS, PhD; Daniela Joerss, DDS; Diana Wolff, DDS
Continuing Education Units: 1 hour

This continuing education course is intended for general dentists, dental hygienists, and dental assistants. The aim of this course is to evaluate gingival recession changes after six months of brushing with an oscillating-rotating power toothbrush (PT) or an ADA reference manual toothbrush (MT).

Addressing Language and Cultural Barriers of the Spanish Speaking Patient (CE328) (AGD Topic 770)

Continuing Education Units: 2 hours
Cynthia Sellers, RDA

This continuing education course is intended for dental hygienists and dental assistants. As this nation of 300 million interacts with and attempts to assimilate 1 million new Hispanic arrivals each year, some dental practices may choose to become more aware of an unfamiliar language and culture. Creating a dental office in which Hispanics are comfortable and well served will be very important to future growth for some dental offices. And all dental practices are likely to find that treating patients with language and cultural differences is much easier if the dental team is prepared.

Adverse Reactions to Latex Products: Preventive and Therapeutic Strategies (CE81) (AGD Topic 148)

Continuing Education Units: 2 hours
Michael A. Huber, DDS; Geza T. Terezhalmay, DDS, MA

This continuing education course is intended for the general dentist, dental hygienist, dental assistant and office manager. With the adoption of standard precautions by the Centers for Disease Control, the use of gloves extends to all aspects of patient care. The ubiquitous use of latex gloves and other latex products in health-care has resulted in a parallel increase in latex-associated adverse reactions. This course, based on a review of the literature, presents the etiology and epidemiology of adverse reactions to latex products, clinical manifestations of adverse reactions to latex products, strategies for the prevention of adverse reactions to latex products, and strategies for the treatment of allergic reactions to latex products.

Aging Systemic Disease and Oral Health: Implications for Women Worldwide (Part I) (CE302) (AGD Topic 750)

Continuing Education Units: 2 hours
Pam Hughes, RDH, MS

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course will review global prevalence and risk factors of three common health conditions among aging women: cardiovascular disease, diabetes, and osteoporosis. It explores prevention and treatment approaches, connections to oral health, and specific treatment plans for each condition. (This is Part 1 of a 2-part series on women, aging and oral health. Part 2 will appear in the dentalcare.com CE library.)

Aging, Systemic Disease and Oral Health: Implications for Women Worldwide (Part II) (CE330) (AGD Topic 750)

Continuing Education Units: 3 hours
Pam Hughes, RDH, MS

This continuing education course is intended for general dentists, hygienists, and dental assistants. Part one of this two-part series on Women, Aging and Oral Health was published in the September 2007 issue of *The Journal of Contemporary Dental Practice* and introduced the global prevalence and risk factors of three common health conditions among aging women: cardiovascular disease, diabetes and osteoporosis. The aim of this course is to provide dental professionals prevention and treatment approaches, information on connections to oral health and specific treatment plans for each condition.

Alginate Impression and Diagnostic Study Model Techniques (CE378) (AGD Topic 770)

Continuing Education Units: 3 hours
Ellen G. Gambardella, CDA, M.Ed.; Rita J. Johnson, COA, RDH, MA

This continuing education course is intended for general dentists, hygienists, dental assistants and dental students. Accumulation of dental data provides the foundation for comprehensive dental care. Alginate impressions and study models have been used in dentistry for years, primarily to aid in diagnosis and treatment planning. This CE course is intended to show how alginate impressions and study models are a valuable adjunct in providing optimal patient care.

An Integrated Clinical Summary: Professional Tooth Bleaching Using 14% Hydrogen Peroxide Whitening Strips (CE204) (AGD Topic 780)

Continuing Education Units: 1 hour
Robert W. Gerlach, DDS, MPH; Matthew L. Barker, PhD

This continuing education course is intended for general dentists, dental hygienists and dental assistants. Various advances in vital bleaching continue to expand the number of treatment options available to patients. A unique bleaching strip with 14% hydrogen peroxide (Crest® Whitestrips® Supreme) was introduced in 2003. This advanced system carries a thinner but more concentrated gel on each strip. The combination of a higher concentration gel with lowered gel volume translates to improved whitening without adversely affecting oral soft tissue tolerability and irritation. This course provides an integrated review of comparative clinical trials evaluating the whitening response and safety of this vital bleaching system.

An Introduction to the Herpes Viruses (CE304) (AGD Topic 739)

Continuing Education Units: 1 hour
Joe Knight, PA-C

This continuing education course is intended for general dentists, dental hygienists and dental assistants. The word herpes evokes an emotional response from almost everyone. Eighty percent of the world's population has serological evidence of the herpes simplex virus type one (HSV-1, generally orolabial herpes), while twenty-to-thirty percent of the U.S. population is seropositive for the herpes virus type 2 (HSV-2, generally genital herpes).

An Update on Demineralization/Remineralization (CE73) (AGD Topic 011)

Continuing Education Units: 3 hours
Mark E. Jensen, MS, DDS, PhD

This continuing education course is intended for general dentists, dental hygienists, and dental assistants. This course was one of the first courses available on the Dental ResourceNet. The course has been updated without changing the original content, which is still valid. The updates include information on new technologies emerging for caries detection and evaluation as well as information on the evidence-based approach for dentistry in the area of demineralization and remineralization. This primarily includes the use of fluorides with information and resources on how to approach evidence-based dentistry for clinical

practice. The course begins with a historical perspective on caries as a concern in the 1940's as a major public health problem and moves to the clinical practice today . . . from cure to prevention. Recent changes in the knowledge of the caries process in both enamel and root caries are detailed through the discussion of demineralization/remineralization. The course has been widely used by clinical staff (dental assistants, hygienists, and dentists in clinical practice) as well as students from all over the world. The course is not meant to be a comprehensive cariology course but rather an introduction to the concepts of demineralization and remineralization and how they can and should be incorporated into clinical practice. Upon completion of the course participants will understand the continued need for fluoride in the ongoing challenge to tooth structure, secondary lesions, root caries, and appreciate the need to examine the literature and evidence when applying clinical preventive techniques for caries prevention.

Basic Techniques for Management of the Infant and Toddler Patient (CE54) (AGD Topic 430)

Continuing Education Units: 2 hours

Steven Schwartz, DDS

This continuing education course is intended for the general dentist, hygienist and dental assistant. As the trend in the reduction of caries in the patient population continues and dentists scramble to find ways to maintain business by attracting new patients to their practice, many ignore a potential source of patients that exist in their practices. . . the infant and toddler pediatric patient. Introducing the pediatric dental patient during infancy and the toddler stage can have a mutual benefit for the child, parent, and dentist. Behavior modification techniques such as non-traumatic physical restraint and desensitization may be used to gain patient cooperation. Early examination can uncover potential problems thereby reducing future negative consequences of delayed intervention. Informing parents of the advantages of early dental care for their child is the most effective marketing strategy.

Biofilm: A New View of Plaque (CE42) (AGD Topic 10)

Continuing Education Units: 2 hours

Pamela R. Overman, RDH, MS

This continuing education course is intended for general dentists and hygienists. The primary learning objective for this course is to increase your general knowledge of the various ways that dental professionals have viewed plaque throughout the years, highlighting the current view of plaque as a biofilm and the ramifications for periodontal therapy.

Blood Pressure Guidelines and Screening Techniques (CE86) (AGD Topic 737)

Continuing Education Units: 1 hour

Connie M. Kracher, CDA, MSD

This continuing education course is intended for hygienists and dental assistants. Screening for blood pressure by the dental professional has proven to be extremely effective since most patients with hypertension are unaware of their condition. Many patients see a dentist more frequently than a physician, giving the dental team the responsibility to inform their patients of their blood pressure reading and how it can affect their overall health.

Caries Process and Prevention Strategies: Epidemiology (CE368) (AGD Topic 257)

Continuing Education Units: 1 hour

Edward Lo, BDS, MDS, PhD, FHKAM

This continuing education course is intended for dentists, hygienist and dental assistants. This is part 1 of a 10-part series entitled *Caries Process and Prevention Strategies*. Oral epidemiology is the area of public health that deals with the distribution and the impact of oral disease on the human population. In this course, emphasis is placed on the relevance of epidemiology to clinical practice and information about the prevalence, incidence, and trends of dental caries in the United States is presented. The term DMF (decayed, missing, and filled teeth) is introduced, along with variations and limitations of the DMF index, and an explanation of how to calculate DMF scores.

Caries Process and Prevention Strategies: The Agent (CE369) (AGD Topic 257)

Continuing Education Units: 1 hour

Susan Higham, BSC, PhD, CBiol, MSB

This continuing education course is intended for dentists, hygienist and dental assistants. This is part 2 of a 10-part series entitled *Caries Process and Prevention Strategies*. Dental caries is a multifactorial, infectious disease affecting a significant percentage of the population. This course describes the etiology and pathways of progression of dental caries, including an in-depth review of the role of dental plaque and oral bacteria.

Caries Process and Prevention Strategies: The Host (CE370) (AGD Topic 257)

Susan Higham, BSC, PhD, CBiol, MSB
Continuing Education Units: 1 hour

This continuing education course is intended for dentists, hygienists, dental assistants, dental students, dental hygiene students, and dental assistant students. This is part 3 of a 10-part series entitled *Caries Process and Prevention Strategies*. It has been established that a host must be present for caries to develop. In this course, three host factors – the tooth, saliva, and the oral cavity's immune response – are introduced, and their roles in the caries process are explained.

Caries Process and Prevention Strategies: The Environment (CE371) (AGD Topic 257)

Susan Higham, BSC, PhD, CBiol, MSB
Continuing Education Units: 1 hour

This continuing education course is intended for dentists, hygienists, dental assistants, dental students, dental hygiene students, and dental assistant students. This is part 4 of a 10-part series entitled *Caries Process and Prevention Strategies*. In this course, the role of fermentable carbohydrates is discussed, paying particular attention to how caries can be influenced by the cariogenic potential of ingested sugars and starches, the physical traits of ingested carbohydrates (such as their adhesiveness), and the frequency of intake and exposure to sugars. The Stephan curve, which illustrates the dental pH changes over time in response to a carbohydrate challenge, is also introduced, with a discussion of how factors such as the type of carbohydrate, the buffering capacity of bacteria, and the type and amount of bacteria present in plaque affect dental plaque pH responses.

Caries Process and Prevention Strategies: Demineralization/Remineralization (CE372) (AGD Topic 257)

Susan Higham, BSC, PhD, CBiol, MSB
Continuing Education Units: 1 hour

This continuing education course is intended for dentists, hygienists, dental assistants, dental students, dental hygiene students, and dental assistant students. This is part 5 of a 10-part series entitled *Caries Process and Prevention Strategies*. In this course, the dynamic process of demineralization and remineralization is discussed, paying particular attention to tooth hard tissue structure, the role of acid production by cariogenic bacteria, and the critical pH at which tooth enamel begins to dissolve. The role of acid-reducing bacteria, saliva, and fluoride in tooth hard tissue remineralization will also be explained.

Caries Process and Prevention Strategies: Diagnosis (CE373) (AGD Topic 257)

Amid I. Ismail, BDS, MPH, MBA, DrPH
Continuing Education Units: 1 hour

This continuing education course is intended for dentists, hygienists, dental assistants, dental students, dental hygiene students, and dental assistant students. This is part 6 of a 10-part series entitled *Caries Process and Prevention Strategies*. This course introduces the dental professional to the importance of caries diagnosis in prevention of the disease, as well as the intricate link between caries diagnosis and treatment. The two main methods of lesion diagnosis used today—the visual-tactile method and bitewing radiography—are discussed, including recent advancements that improve their sensitivity, as well as their limitations. Topics also include newer methods of caries diagnosis, and a brief discussion of why too-early caries lesion diagnosis can be counterproductive and the benefits of enlisting the help of pediatricians in diagnosing caries in children.

Caries Process and Prevention Strategies: Erosion (CE374) (AGD Topic 257)

Susan Higham, BSC, PhD, CBiol, MSB
Continuing Education Units: 1 hour

This continuing education course is intended for dentists, hygienists, dental assistants, dental students, dental hygiene students, and dental assistant students. This is part 7 of a 10-part series entitled *Caries Process and Prevention Strategies*. This course establishes the concept of dental erosion as a condition that is distinct from caries, and as an emerging public health issue with increasing prevalence in people of all ages. Although often generalized under the heading of "tooth wear," there are actually two distinct tooth surface loss processes that must be taken into account. Tooth surface loss can be the result of physical mechanisms, such as attrition and abrasion, or chemical mechanisms triggered by acid. Both of these mechanisms are discussed, as well as the chemical, biological, and behavioral factors that increase or reduce risk of tooth surface loss. In addition, diagnosis and prevention measures related to dental erosion are introduced.

Caries Process and Prevention Strategies: Prevention (CE375) (AGD Topic 257)

Marjolijn Hovius, RDH

Continuing Education Units: 1 hour

This continuing education course is intended for dentists, hygienists, dental assistants, dental students, dental hygiene students, and dental assistant students. This is part 8 of a 10-part series entitled *Caries Process and Prevention Strategies*. This course introduces the dental professional to the concept of oral health promotion and education as a means of preventing caries. The topics discussed include understanding patient behavior, the barriers to change a patient may experience, why it is important for a dental professional to provide continuous support even when a patient is slow to change, and helping a patient to set goals that promote caries-reducing habits.

Caries Process and Prevention Strategies: Intervention (CE376) (AGD Topic 257)

Marjolijn Hovius, RDH

Continuing Education Units: 1 hour

This continuing education course is intended for dentists, hygienists, dental assistants, dental students, dental hygiene students, and dental assistant students. This is part 9 of a 10-part series entitled *Caries Process and Prevention Strategies*. This course introduces the dental professional to the important role of fluoride in the prevention and control of dental caries. Systemic and topical forms of fluoride delivery are discussed as options for the majority of patients, and professional forms of fluoride delivery are discussed as sometimes-necessary measures for high-risk patients with severe caries.

Caries Process and Prevention Strategies: Risk Assessment (CE377) (AGD Topic 257)

Marjolijn Hovius, RDH

Continuing Education Units: 1 hour

This continuing education course is intended for dentists, hygienists, dental assistants, dental students, dental hygiene students, and dental assistant students. This is part 10 of a 10-part series entitled *Caries Process and Prevention Strategies*. This course introduces the dental professional to risk terminology, and methods for identifying caries-causing factors and assessing a patient's risk for developing dental caries. It also outlines a risk protocol that can be used with patients.

Child Abuse and Neglect: Implications for the Dental Profession (CE49) (AGD Topic 437)

Continuing Education Unit: 2 hours

Stephen A. Jessee, DDS

This continuing education course is intended for general dentists, hygienists, dental assistants, dental students, dental residents, and dental fellows. This course will provide information on the various types of child abuse and neglect; describe its victims and perpetrators; and outline the dental professionals' responsibilities in the recognition, reporting, treatment, and prevention of such cases.

Clinical Encounters in Pediatric Patients (CE352) (AGD Topic 430)

Continuing Education Unit: 2 hours

Steven Schwartz, DDS

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course will discuss a variety of dento/oro/facial conditions commonly found in pediatric patients and their management from infancy to adolescence.

Clinical Practice Guidelines for an Infection Control/Exposure Control Program in the Oral Healthcare Setting (CE342) (AGD Topic 148)

Continuing Education Units: 3 hours
Géza T. Terézhalmy, DDS, MA

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course will describe how to develop infection control/exposure control strategies appropriate for the oral healthcare setting.

Commonly Prescribed Medications in Pediatric Dentistry (CE336) (AGD Topic 430)

Continuing Education Unit: 2 hours
Steven Schwartz, DDS

This continuing education course is intended for general dentists, hygienists, and dental assistants. The prescription of medications are more complicated than in the past with clinicians dealing with an increasing number of issues such as microbial resistance to prescribed antibiotics and drug interactions within the increased number of medications used by both adult and pediatric patients. In this course the reader will learn the characteristics, warnings and precautions and proper dosage for adult and pediatric patients for the following categories of medications: Antimicrobials (antibiotics, antifungals, and antivirals), analgesics, and fluorides.

Complementary and Alternative Medicine Techniques Available for Dentistry (CE357) (AGD Topic 730)

Esther K. Andrews, CDA, RDA, RDH, MA
Continuing Education Units: 1 hour

This continuing education course is intended for general dentists, hygienists, and dental assistants. Complementary and Alternative Medicine (CAM) is a set of procedures considered to be outside the practice of conventional medicine. This CE course is intended to define Complementary and Alternative Medicine terminology and techniques, and recognize that patients may choose complementary and alternative procedures in addition to conventional dentistry.

Counseling & Treating Bad Breath Patients (CE130) (AGD Topic 557)

Continuing Education Units: 2 hours
Patricia Lenton, RDH, MA; Georgia Majerus, RDH, BS; Bashar Bakdash, DDS, MPH, MSD

This continuing education course is intended for general dentists, hygienists, and dental assistants. The purpose of this course is to provide dental professionals with practical strategies to facilitate the discussion and treatment and oral malodor in the dental office. This course describes a useful communication model (P-LI-SS-IT) specifically aimed at discussing potentially sensitive issues. Several simulated dialogues are provided of how this communication model can be applied in the dental office.

Current Concepts in Preventive Dentistry (CE334) (AGD Topic 257)

Continuing Education Units: 5 hours
Connie Myers Kracher, PhD(c), MSD, CDA

This continuing education course is intended for hygienists and dental assistants. This course includes areas of prevention that are important for the dental professional to assess during your patients' dental examinations. Dentistry in the United States includes many different preventive practices, such as prophylaxis, fluoride treatments, full-mouth and bite-wing radiographs, sealants and other forms of primary preventive treatments used to detect dental caries and periodontal disease early.

Dental Business Office Design and Equipment (CE310) (AGD Topic 550)

Continuing Education Units: 2 hours
Betty Ladley Finkbeiner, CDA-Emeritus, BS, MS

This continuing education course is intended for general dentists, hygienists, and dental assistants. The purpose of this course is to aid the dental team in the selection of equipment for the dental business office.

Dental Care for Infants (CE387) (AGD Topic 436)

Continuing Education Units: 1 hour
Ivonne Ganem, DMD, MPH

This continuing education course is intended for general dentists, hygienists, and dental assistants. The Centers for Disease Control and Prevention report that caries is perhaps the most prevalent infectious disease to US Children. By the time they reach kindergarten, more than 40% of children have caries. To prevent oral disease, preventive interventions must begin at infancy. This course will present to providers the importance of educating their adult patients on when they should begin bringing their children to the dental office for an oral exam and to begin a thorough prevention program that will establish measures to prevent diseases such as Early Childhood Caries (ECC).

Dental Esthetics in Practice: Part 1 - Focus on the Patient (CE1001) (AGD Topic 780)

Continuing Education Units: 1 hour
W. Patrick Naylor, DDS, MPH, MS

This continuing education course is intended for general dentists, hygienists and dental assistants. This is part 1 of a 5-part series called **Dental Esthetics in Practice**. This course reviews concepts of beauty, factors that influence patients' interest in esthetic procedures, and techniques to effectively communicate treatment options with patients.

Dental Esthetics in Practice: Part 2 - Dental Esthetics and the Practice (CE1002) (AGD Topic 780)

Continuing Education Units: 1 hour
Roger P. Levin, DDS, MBA

This continuing education course is intended for general dentists, hygienists and dental assistants. This is part 2 of a 5-part series called **Dental Esthetics in Practice**. Topics covered in this course include creating a cohesive esthetic office team, building a profitable esthetic practice, and ensuring successful outcomes for the patient and the practice.

Dental Esthetics in Practice: Part 3 - Understanding Color & Shade (CE1003) (AGD Topic 780)

Continuing Education Units: 1 hour
Charles J. Goodacre, DDS, MSD; Paul Sagel, BS

This continuing education course is intended for general dentists, hygienists and dental assistants. This is part 3 of a 5-part series called **Dental Esthetics in Practice**. From the fundamentals of color to digital imaging analysis, this course reviews the practical application of color and shade in dental esthetics.

Dental Esthetics in Practice: Part 5 - Tooth Whitening (CE1005) (AGD Topic 780)

Continuing Education Units: 1 hour
Carlos A. Muñoz-Viveros, DDS, MSD; Robert W. Gerlach, DDS, MPH

This continuing education course is intended for general dentists, hygienists and dental assistants. This is part 5 of a 5-part series called **Dental Esthetics in Practice**. This course focuses on the fundamentals of whitening, including whitening agents and factors that affect whitening response. It also reviews details of popular delivery systems, including in-office systems, tray-based systems and whitening strips.

Dental Implants and Esthetics (CE203) (AGD Topic 690)

Continuing Education Units: 1 hour
Charles J. Goodacre, DDS, MSD

This continuing education course is intended for general dentists, dental hygienists and dental assistants. Dental implants offer patients a means to replace one tooth or multiple teeth in a way that meets functional and esthetic needs. This course reviews various categories of esthetic complications, including: environmental morphology; surgical and soft tissue healing protocol; implant location; crown/prosthesis form and type of abutment; facial esthetics; and prosthesis discoloration.

Dental Implications of the ADHD Patient (CE359) (AGD Topic 750)

Continuing Education Units: 2 hours
Patricia Frese, RDH, MEd; Elizabeth McClure, RDH, MEd

This continuing education course is intended for general dentists, dental hygienists and dental assistants. The goal of the course is to increase dental healthcare providers' understanding of treating the patient with ADHD.

Dental Management of Patients with Bleeding Disorders (CE319) (AGD Topic 750)

Continuing Education Units: 3 hours
Sandra D'Amato-Palumbo, RDH, MPS

This continuing education course is intended for general dentists and hygienists. When a patient presents with a bleeding disorder, how should dental providers proceed to manage the complexity of the case? Management of such medically-complex patients involves "an understanding of basic physiology of hemostasis", which can greatly enhance one's comprehension of most bleeding and clotting disorders. In addition to this composite of knowledge, clinical application of recent evidence-based recommendations can contribute to the management of these patients who may potentially require specialized medical and or dental care.

Dental Terminology and Professional Knowledge (CE136) (AGD Topic 10)

Continuing Education Units: 1 hour
Nancy Hemingway, RDH, MS

This continuing education course is intended for the general dentist, hygienist and dental assistant. The purpose of this course is for the learner to gain understanding and enhanced vocabulary of dental terminology and overall professional knowledge by training through example, context, engagement and multiple representations of content.

Dentinal Hypersensitivity: A Review (CE200) (AGD Topic 730)

Continuing Education Units: 1 hour
Pat Walters, RDH, MSDH, MSOB

This continuing education course is intended for the general dentist, hygienist and dental assistant. Dentinal hypersensitivity is a common dental problem yet it is often under-reported by patients or misdiagnosed. This course will address the etiology, prevalence and diagnosis of dentinal hypersensitivity as well as review clinical evidence behind popular desensitizing dentifrices.

Designing a Comprehensive Health History (CE76) (AGD Topic 737)

Continuing Education Units: 2 hours
Mary Govoni, CDA, RDA, RDH, MBA

This continuing education course is intended for the general dentist, dental assistant and office manager. This course will teach dental professionals and office managers how to design and update medical and dental history forms for any dental practice. This course emphasizes risk management and optimum patient care. This course teaches the basic components of a patient medical history: including legal, ethical and treatment-related items that must be included on a health history form; requirements for confidentiality and updates of information. Specific suggestions are included for screening patients with cardiovascular disease, diabetes and other potentially life-threatening conditions.

Diabetes: A Multifaceted Syndrome Treatment Considerations in Dentistry (CE93) (AGD Topic 750)

Continuing Education Units: 2 hours
Lynne H. Slim, RDH, MS; Cynthia A. Stegeman, RDH, Med RD, LC, CDE

This continuing education course is intended for general dentists, hygienists, and dental assistants. Diabetes is a major global public health problem and the sixth leading cause of death in the U.S. Proper management of diabetes will positively impact a patient's oral health, especially as it relates to risk for periodontal infection. Determining whether or not medical issues warrant immediate care before elective dental procedures is an important part of patient protocol and needs to be instituted by dental practitioners. Better overall communication and ongoing interaction between medical and oral healthcare providers is needed to improve the overall health of individuals with diabetes.

Digital Radiography in Dentistry: Moving from Film-based to Digital Imaging (CE350) (AGD Topic 165)

Continuing Education Units: 4 hours

Gail F. Williamson, RDH, MS

This continuing education course is intended for general dentists, hygienists, and dental assistants. The following course will provide a foundation for understanding digital imaging technology, necessary equipment, digital imaging receptors, technique, acquisition, enhancement, transfer and storage. Comparisons with film-based imaging as well as the diagnostic utility of digital images will be discussed.

Diseases of the Teeth and Jaws (CE306) (AGD Topic 731)

Continuing Education Units: 4 hours

Allan G. Farman, BSD, EdS, MBA, PhD; Sandra A. Kolsom, CDA, RDA

This continuing education course is intended for hygienists and dental assistants. The course will help the dental auxiliary to understand the importance of high-quality radiographs and will, in the long run, make him or her that much more valuable to the dental team.

Do's and Don'ts of Porcelain Laminate Veneers (CE333) (AGD Topic 780)

Continuing Education Units: 2 hours

Gerard Kugel, DMD, MS, PhD; Shradha Sharma, BDS, DMD

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course will give guidelines on how to make esthetic changes for teeth that are discolored, worn, chipped, or misaligned. Porcelain veneers are considered to be strong and to have great esthetics and a long-term prognosis.

Eastern Medicine Meets Dentistry: The Use of Herbal Supplements in Dentistry (CE305) (AGD Topic 730)

Continuing Education Units: 3 hours

Natalie Kaweckyj, RDARF, CDA, CDPMA, COA, COMSA, MADAA, BA

This continuing education course is intended for hygienists and dental assistants. The dental team must be aware of oral products containing herbs and supplements and recognize potentially dangerous combinations between various herbs or supplements and drugs commonly used in dentistry today.

Eating Disorders...Understanding the Dental Ramifications (CE314) (AGD Topic 750)

Continuing Education Units: 3 hours

Natalie Kaweckyj, RDARF, CDA, CDPMA, COMSA, MADAA, BA

This continuing education course is intended for general dentists, hygienists, and dental assistants. The course will help the dental professional identify early warning signs of eating disorders that a patient may be exhibiting. In the United States, five million to 10 million females and approximately one million males struggle with some type of eating disorder. Dental personnel are usually the first to notice changes in the oral cavity of individuals with certain types of eating disorders. The earlier treatment is sought in the disease process, the more hopeful the prognosis.

Effective Adult Learning for Oral Health Education (CE74) (AGD Topic 557)

Continuing Education Units: 1 hour

Linda D. Boyd, RDH, RD, EdD

This continuing education course is intended for the general dentist, hygienist, and dental assistant. The purpose of this course is to provide dental practitioners with strategies to effectively educate their adult patients in order to prevent and/or manage dental disease. An overview of adult education principles as well as practical strategies for educating adult learners in the dental setting will be provided.

Effective Nitrous Oxide/Oxygen Analgesia Administration (CE92) (AGD Topic 430)

Continuing Education Units: 2 hours

Steven Schwartz, DDS

This continuing education course is intended for the general dentist. Administration of nitrous oxide/oxygen analgesia/anxiolysis is a safe and effective technique for reducing and even eliminating anxiety during dental treatment. This CE course will describe the objectives, indications and contraindications, and technique for successful administration of nitrous oxide to the pediatric patient.

Efficient & Effective Use of the Intraoral Camera (CE367) (AGD Topic 557)

Jill C. Obrochta, RDH, BS

Continuing Education Units: 2 hours

This course is intended for dentists, hygienists, dental assistants, dental students, dental hygiene students, and dental assistant students. The course will provide a broad range of techniques and parameters with which to best utilize an intraoral camera within the dental practice. Intraoral cameras provide easy-to-use, high definition magnification and are one of the most powerful diagnosis and teaching tools within dentistry. Knowing the advantages and limitations of the intraoral camera will empower you to be an outstanding, cutting-edge clinician in this age of innovation.

Environmental Infection Control in Oral Healthcare Settings (CE363) (AGD Topic 148)

Continuing Education Units: 2 hours

Géza T. Terézhalmy, DDS, MA; Michael A. Huber, DDS

This continuing education course is intended for dentists, dental hygienists, dental assistants, dental students, dental hygiene students and dental assistant students. The environment (air, water, and fomites) in healthcare settings serves as a reservoir for many pathogens. While there are few reports clearly delineating a cause-and-effect with respect to environmental opportunistic organisms and healthcare-related infections, the strength of available evidence affirms that infection control strategies, when consistently implemented, are effective in preventing environmentally-related healthcare-associated infections among susceptible patients and healthcare workers (HCWs). The course presents essential elements of an infection control/exposure control plan for oral healthcare settings with emphasis on environmental infection control.

Ergonomics in the Dental Business Office (CE312) (AGD Topic 550)

Continuing Education Units: 2 hours

Betty Ladley Finkbeiner, CDA-Emeritus, BS, MS

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course is designed to aid the dental business office team in practicing basic ergonomic concepts through the use of motion economy in order to maximize productivity and reduce strain.

Fabrication of Provisional Crowns and Bridges (CE392) (AGD Topic 17)

Continuing Dental Education Units: 3 hours

Cynthia M. Cleveland, CDA; Angela D. Allen, CDA; Niki Henson, RDH, AS

This continuing education course is intended for dental assistants. The course is designed to teach dental assistants how to fabricate provisional crowns or bridges. The term provisional also can refer to an interim or temporary restoration. Learning the techniques, materials, and procedures should give you a better understanding of what it takes to fabricate a provisional restoration.

Four-Handed Dentistry, Part 1: An Overview Concept (CE65) (AGD Topic 250)

Continuing Education Units: 2 hours

Betty Ladley Finkbeiner, CDA-Emeritus, BS, MS

This continuing education course is intended for the general dentist, hygienist, and dental assistant. This course is the first of a three part series and describes and discusses four-handed dentistry and its integration in the modern dental office.

Four-Handed Dentistry, Part 2: Equipment Selection (CE66) (AGD Topic 250)

Continuing Education Units: 2 hours

Betty Ladley Finkbeiner, CDA-Emeritus, BS, MS

This continuing education course is intended for the general dentist, hygienist, and dental assistant. This course is the second of a three part series and reviews the selection of dental equipment for use in an ergonomic, four-handed dental practice.

Four-Handed Dentistry, Part 3: Instrument Transfer (CE67) (AGD Topic 250)

Continuing Education Units: 2 hours

Betty Ladley Finkbeiner, CDA-Emeritus, BS, MS

This continuing education course is intended for the general dentist, hygienist, and dental assistant. This course is the third of a three-part series and reviews the transfer of dental instruments for use in an ergonomic, four-handed dental practice.

Full Coverage Aesthetic Restoration of Anterior Primary Teeth (CE379) (AGD Topic 430)

Continuing Dental Education Units: 3 hours
Steven Schwartz, DDS

This continuing education course is intended for general dentists, hygienists, and dental assistants. Aesthetic treatment of severely decayed primary teeth is one of the greatest challenges to pediatric dentists. Aesthetic full coverage restorations are available for anterior and posterior primary teeth. This continuing education course will concentrate on aesthetic full coverage restorations for anterior primary teeth. A subsequent course will deal with full coverage of posterior primary teeth.

Geriatric Dentistry: Reviewing for the Present, Preparing for the Future (CE123) (AGD Topic 752)

Continuing Education Units: 4 hours
Natalie Kaweckyj, CDA, RDA, CDPMA, COA, COMSA, FADAA

This continuing education course is intended for dentists, hygienists and dental assistants. This course reviews a variety of treatment dilemmas during dental care for the older adult patient and certain factors that should be considered when rendering treatment.

Go Green: It's the Right Thing to Do (CE383) (AGD Topic 550)

Continuing Education Units: 1 hour
American Dental Association Council on Dental Practice; ADA Council on Education

This continuing education course is intended for dentists, dental hygienists, and dental assistants. What exactly is "going green"? What does it mean to the practice of dentistry? Dental healthcare professionals know the importance of preserving the environment and the environment's contribution to overall health and well-being. This course will include the parameters needed to initiate a program for your dental practice that is simple and practical to implement.

Gingival Health - Periodontal Assessment (CE327) (AGD Topic 490)

Continuing Education Units: 2 hours
Members of the ADA Council on Education

This continuing education course is intended for dental hygienists and dental assistants. In today's busy dental practice, the dental team's role in data collection for diagnosis and treatment of periodontal disease is extremely important. The dental profession has a legal responsibility to recognize and record findings and also to inform and educate the patient regarding this disease and the prognosis it presents. Periodontal disease, when recognized and treated early, can have predictable outcomes.

Guidelines for Infection Control in Dental Health Care Settings (CE90) (AGD Topic 148)

Continuing Education Units: 4 hours
Sharon K. Dickinson, CDA, CDPMA, RDA; Richard D. Bebermeyer, DDS; Karen Ortolano

This continuing education course is intended for general dentists, hygienists, and dental assistants. In 2003, the U.S. Centers for Disease Control and Prevention (CDC) published updated recommendations for dental infection control. Developed in collaboration with authorities on infection control from CDC and other public agencies, academia, and private and professional organizations, this course consolidates and expands previous CDC recommendations and incorporates the infection-control provisions of the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard. This course provides an overview of current CDC recommendations for minimizing the potential for disease transmission during the delivery of dental care.

Hand Hygiene: Infection Control/Exposure Control Issues for Oral Healthcare Workers (CE353) (AGD Topic 148)

Géza T. Terézhalmy, DDS, MA; Michael A. Huber, DDS
Continuing Education Units: 2 hours

This continuing education course is intended for dentists, dental hygienists, and dental assistants. It presents the essential elements of an infection control/exposure control plan for the oral healthcare setting with emphasis on hand hygiene.

Hazard Communications & Hazardous Waste Regulations for Dental Offices (CE55) (AGD Topic 148)

Continuing Education Units: 3 hours

Eve Cuny, BA, RDA, CDA

This continuing education course is for hygienists and dental assistants. Chemical agents are used every day in healthcare settings throughout the United States. Dental offices rely on chemicals to disinfect contaminated surfaces, etch teeth before application of resin restorations, develop X-rays, and for countless other purposes. These benefits do not come without some risks. The Hazard Communication Program applies to all dental offices. It is possible to have a simple program, which can easily be updated as needed. This course is intended to broaden your knowledge in implementing a system to be in compliance with hazardous waste regulations.

Health Literacy for the Dental Team (CE335) (AGD Topic 557)

Continuing Education Units: 2 hours

Patricia A. Lenton, GDH, MA; Jessica Ridpath, BS

This continuing education course is intended for general dentists, hygienists, and dental assistants. This information will increase awareness and understanding by dental health personnel in the matters of health and oral health literacy. This course will define oral health literacy, describe steps being taken by professional oral healthcare organizations to address oral health literacy issues, and provide dental team members with practical strategies and resources to incorporate into their dental practices in improve patient understanding.

Helping the Special Needs Patient Maintain Oral Health (CE393) (AGD Topic 750)

Janet Jaccarino, CDA, RDH, MA

Continuing Dental Education Units: 2 hours

This continuing education course is intended for general dentists, hygienists, and dental assistants. Poor oral hygiene and dental disease may be more prevalent in patients with disabilities due to the effects of their condition and medication on the oral environment. This course provides dental professionals with information to help the patient with special needs and the caregiver attain the appropriate knowledge to treat and maintain good oral health.

Hepatitis: What Every Dental Healthcare Worker Needs to Know (CE307) (AGD Topic 148)

Continuing Education Units: 3 hours

John A. Molinari, PhD; Eve Cuny, RDA, MS

This continuing education course is intended for general dentists, hygienists, and dental assistants. The risk of cross-infection between dental practitioners, auxiliaries and patients is considered significant, particularly because most human microbial pathogens have been isolated from the oral cavity. This course will increase awareness and understanding by dental health personnel in the matter of viral hepatitis in terms of clinical and asymptomatic disease, transmission and diagnostic tests, with major emphasis on hepatitis B and hepatitis C.

Hepatotropic Viruses: Infection Control/Exposure Control Issues for Oral Healthcare Workers (CE309) (AGD Topic 148)

Continuing Education Units: 2 hours

Michael A. Huber, DDS; Geza T. Terezhalmay, DDS, MA

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course presents the essential elements of an infection control/exposure control plan for the oral healthcare setting with emphasis on hepatotropic viral infections.

Herpetic Infections: Etiology, Epidemiology, Clinical Manifestations, Diagnosis, and Treatment (CE356) (AGD Topic 739)

Continuing Education Units: 2 hours

Vidya Sankar, DMD, MHS; Géza T. Terézhalmy, DDS, MA

This continuing education course is intended for dentists, dental hygienists, and dental assistants. It presents the etiology, epidemiology, clinical manifestations, diagnosis, and treatment of herpetic infections relevant to dentistry.

HIV: Infection Control Issues for Oral Healthcare Personnel (CE97) (AGD Topic 148)

Continuing Education Units: 2 hour

Michael A. Huber, DDS; Geza T. Terezhalmly, DDS, MA

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course presents currently available knowledge essential for the implementation of an effective HIV-related infection control plan with special emphasis on: (1) education and training related to the etiology and epidemiology of HIV infection and exposure prevention; (2) plans for the management of oral healthcare personnel potentially exposed to HIV and for the follow-up of oral healthcare personnel exposed to HIV; and (3) a policy for work restriction of HIV-positive oral healthcare personnel.

HSV and VZV: Infection Control/Exposure Control Issues for Oral Healthcare Workers (CE323) (AGD Topic 148)

Michael A. Huber, DDS and Géza T. Terézhalmy, DDS, MA

Continuing Education Units: 2 hours

This continuing education course is intended for dentists, dental hygienists, and dental assistants. It presents the essential elements of an infection control/exposure control plan for the oral healthcare setting with emphasis on HSV and VZV infections.

Immunological and Inflammatory Aspects of Periodontal Disease (CE1) (AGD Topic 490)

Continuing Education Units: 4 hours

Michael P. Mills, DMD, MS

This continuing education course is designed for general dentists, dental hygienists, dental students and dental hygiene students. The course reviews key components of the immune system and their coordinated roles in preventing and eliminating the etiologic agents of disease. Current concepts in the immunopathogenesis of periodontal disease will be discussed with emphasis on the role of inflammation in periodontal tissue destruction.

Intimate Partner Violence and Elder Maltreatment: Implications for the Dental Professional (CE338) (AGD Topic 156)

Continuing Education Units: 1 hour

Amos S. Deinard, MD, MPH; Marniasha Ginsberg, BA

This continuing education course is intended for dentists, hygienists, dental assistants, dental students, dental residents, and dental fellows. This course will provide information on Intimate Partner Violence (IPV) and Elder Maltreatment (EM), describe their victims and perpetrators, and outline the dental professionals' responsibilities to recognize, report, treat, and prevent such cases.

Intraoral Radiographic Techniques (CE119) (AGD Topic 731)

Continuing Education Units: 4 hours

Christoffel J. Nortjé, PhD; Riann Ferreira, BChD; Ebrahim M. Parker, BChD, MScRad; Allan G. Farman, BDS, EdS, MBA, PhD; Sandra Kolsom, CDA., RDA

This continuing education course is intended for dental assistants. When examined under proper conditions, diagnostic-quality intraoral radiographs reveal evidence of disease that cannot be found in any other way. The course presents basic principles and concepts of intraoral procedures. Includes discussion of proper techniques for bitewing radiography as well as the use of paralleling, bisecting angle, and intraoral and extraoral occlusal techniques.

Intraoral Radiography: Principles, Techniques and Error Correction (CE137) (AGD Topic 731)

Continuing Education Units: 2 hours

Gail F. Williamson, RDH, MS

This continuing education course is intended for hygienists and dental assistants. Proper patient care includes obtaining diagnostic intraoral and extraoral radiographs which are essential to patient assessment, periodontal therapy, treatment and re-evaluation. Radiographs are especially helpful during instrumentation as a guide for detection of calculus deposits or faulty restorations, as well as the diagnosis of dental caries, alveolar bone loss, pulpal changes, and anatomical imperfections in tooth and root surfaces. It is imperative that dental professionals are competent in taking radiographs to ensure diagnostically acceptable images, while keeping the amount of radiation exposure to patients at a minimum.

Introduction of Specialized Dental Software (CE382) (AGD Topic 550)

Connie Effinger, BS; Suzanne Kump, CDA, LDA, MBA; Kathy Zwieg, CDA, LDA; Wilhemina R. Leeuw, CDA, MS

Continuing Education Units: 3 hours

This continuing education course is intended for dentists, hygienists, dental assistants, dental students, dental hygiene students, and dental assistant students. The course introduces a variety of functions and concepts that facilitate the transition from a manual dental-office accounting system to a computerized system - a change that can enhance and strengthen the practice for years to come. Although this course does not endorse any specific computer system, it presents principles that can be applied to most any computerized system.

Lección 1. La Asistente Dental y el Consultorio (Lesson 1: The Dental Assistant and the Dental Office) (CE601) (AGD Topic 10)

Continuing Education Units: 3 hours

Maite Moreno, DDS, MS

Al iniciar el curso de asistente dental está usted ingresando en el interesante campo de la salud, como parte del gremio odontológico. Ser asistente dental le ofrece enormes oportunidades de desarrollo. Felicidades. (When you start the course of a dental assistant you are entering the interesting field of health, as part of the dental profession. Being a dental assistant offers enormous development opportunities. Congratulations.)

Lección 2. La Boca, Los Dientes y la Primera Cita del Paciente (Lesson 2: The Mouth, Teeth and the First Appointment Patient) (CE602) (AGD Topic 10)

Continuing Education Units: 3 hours

Maite Moreno, DDS, MS

En esta lección usted aprenderá la terminología usada para describir la estructura dentaria. La clasificación de los dientes, nomenclatura y cronología de erupción de los dientes será descrita. (In this lesson you will learn the terminology used to describe the tooth structure. The classification of the teeth, nomenclature and chronology of eruption of the teeth will be described.)

Local Anesthesia in Pediatric Dentistry (CE325) (AGD Topic 430)

Continuing Education Units: 2 hours

Steven Schwartz, DDS

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course will teach the clinician how to administer an effective, safe and atraumatic local anesthesia injection to a child (or adult). Rather than avoiding local administration for fear of traumatizing the pediatric patient, the clinician should strive to learn and use the latest modalities of local pain control to create a pleasant and comfortable dental experience for the child.

Local Anesthesia in Today's Dental Practice (CE364) (AGD Topic 132)

Margaret I. Scarlett, DMD

Continuing Education Units: 2 hours

This continuing education course is intended for dental hygienists and dental assistants. The success of contemporary dental practice largely hinges on the use of local anesthesia for patient comfort and safety. Dental hygienists and dental assistants should have a basic understanding of local anesthesia, proper methods for handling syringes, possible complications, and how to manage emergencies.

Maintaining Proper Dental Records (CE78) (AGD Topic 159)

Continuing Education Units: 2 hours

Luisa Bernoni

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course provides dental team members with the necessary background and instructions for proper charting. Although this course presents guidelines to minimize legal risks, it is for guidance purposes only and is not intended to be legal in nature. Legal counsel should be sought any time a practice decides to change and/or implement new forms, recordkeeping procedures, or privacy safeguards. A lawyer will be able to inform and advise on the specific laws, rules, and regulations that pertain to specific states and in specific situations.

Management of Traumatic Injuries to Children's Teeth (CE98) (AGD Topic 430)

Continuing Education Units: 2 hours

Steven Schwartz, DDS

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course presents currently available knowledge of the latest techniques for treatment of dental injuries in children and adults based on the guidelines from the American Academy of Pediatric Dentistry and the International Association of Dental Traumatology.

Mandated and Highly Recommended Vaccines for Oral Healthcare Workers (CE318) (AGD Topic 148)

Continuing Education Units: 2 hours

Michael A. Huber, DDS; Geza T. Terezhalmay, DDA, MA

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course presents currently available knowledge essential for the development and implementation of an effective vaccination strategy in an oral healthcare setting.

Measles, Mumps and Rubella: Infection Control/Exposure Control Issues for Oral Healthcare Workers (CE322) (AGD Topic 148)

Continuing Education Units: 2 hours

Michael A. Huber, DDS; Geza T. Terezhalmay, DDA, MA

This continuing education course is intended for general dentists, hygienists, and dental assistants. The course presents the essential elements of an infection control/exposure plan for the oral healthcare setting with emphasis on measles, mumps, and rubella (German measles) infections.

Mercury in Dentistry: The Facts (CE88) (AGD Topic 251)

Continuing Education Units: 2 hours

Jennifer K. Blake, CDA, EFDA, FADAA

This continuing education course is intended for general dentists, hygienists, and dental assistants. The proper handling of mercury in the dental office is an important occupational safety issue for the dental team. This course addresses not only patient safety, but also the occupational safety issues for the dental team. The intent of this course is to provide the dental professional with currently available information about mercury hygiene.

Methamphetamine: Implications for the Dental Team (CE332) (AGD Topic 739)

Continuing Education Units: 3 hours

Patricia Frese, RDH, MEd; Barbara Kunselman, RDH, MS; Elizabeth McClure, RDH, MEd; and Janelle Schierling, RDH, EdD

Methamphetamine (meth) abuse is increasing and is a situation that is being dealt with on a national level. Meth has a profound effect on the user's entire body including the oral cavity. As health professionals, we have an obligation to seek education on the symptoms of methamphetamine use and the protocol to use when treating a methamphetamine abuser. This course explores the history, physical and psychological effects, implications for dental team members and other topics related to the meth phenomenon

Motivational Interviewing: A Patient-Centered Approach to Elicit Positive Behavior Change (CE381) (AGD Topic 557)

Continuing Education Units: 2 hours

Karen B. Williams, RDH, MS, PhD; Kimberly Bray, RDH, MS

This continuing education course is intended for general dentists, hygienists, and dental assistants. The course reviews the fundamental principles of Motivational Interviewing (MI), a patient-centered, goal-directed approach to elicit positive oral health behavior change. The four key principles of MI – expressing empathy, developing discrepancies, rolling with resistance and supporting self-efficacy – are reviewed and then illustrated in two clinical case scenario videos.

***Mycobacterium tuberculosis*: Infection Control/Exposure Control Issues for Oral Healthcare Workers (CE316) (AGD Topic 148)**

Nuala B. Porteous, BDS, MPH; Géza T. Terézhalmy, DDS, MA

Continuing Education Units: 2 hours

This continuing education course is intended for general dentists, hygienists, and dental assistants. In the absence of an effective vaccine, exposure prevention remains the primary strategy for reducing occupational exposure to *Mycobacterium tuberculosis* (MTB). Knowledge about potential risks and concise written procedures intended to minimize exposure and promote a seamless response following accidental exposure can greatly reduce the emotional impact of such events.

Nitrous Oxide and Oxygen Sedation - An Update (CE396) (AGD Topic 132)

Ann Brunick, RDH, MS; Morris Clark, DDS, FACD

Continuing Dental Education Credits: 2 hours

This continuing education course is intended for general dentists, hygienists, and dental assistants. Nitrous oxide and oxygen (N₂O/O₂) in combination have been used safely and successfully for over 160 years to assist in the management of pain and anxiety. This course will teach about the desirable characteristics of nitrous oxide, indications and contraindications for N₂O/O₂ use as well as facts and myths surrounding chronic exposure to nitrous oxide, the biologic effects associated with high levels of the gas, and ways to assess and minimize trace gas contamination in an outpatient setting.

Not all Face Masks are Created Equal - What is Best for You (CE358) (AGD Topic 148)

Pamela J. Runge, RDH, MBA

Continuing Education Units: 1 hour

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course provides important information to help dental professionals make informed decisions regarding surgical face masks, a critical piece of personal protective equipment.

Nutrition & Oral Health: Eating Well for a Healthy Mouth (CE301) (AGD Topic 150)

Continuing Education Units: 2 hours

Diane Verneetti-Callahan, RDH, MS

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course is intended to provide awareness and a deeper understanding of the connection between optimal nutrition and its impact on oral health.

Objective Quantitative Methods for Oral Health Research (CE354) (AGD Topic 770)

Continuing Education Units: 3 hours

Donald J White, PhD Malgorzata Klukowska, DDS, PhD; Robert W. Gerlach, DDS, MPH; Edward Lynch, BDentSc, MA, TCD, PhD(Lon); George K. Stookey, PhD

Continuing Education Units: 3 hours

This continuing education course is intended for general dentists and dental hygienists. Examiner-based diagnostic measures have served oral health clinical research for many years. They have a historical connection to established therapies and represent a direct context to practitioner experiences. Despite the advantages of the clinical grader, numerous contemporary technical developments from a variety of disciplines may hold promise in expanding the sensitivity and specificity of our clinical measures. In this video CE course, four experts share their knowledge regarding advances in objective methods used to

evaluate oral health in the clinical setting. Three presentations focus on the opportunities presented by advanced imaging and image processing techniques while a fourth reviews opportunities presented by high field magnetic resonance.

Older Dental Patients: Myths and Realities (CE6) (AGD Topic 752)

Continuing Education Units: 2 hours

Kenneth Shay, DDS, MS

This course presents information for the hygienist and dental assistant on the elderly dental patient. There are many misconceptions about elderly patients, and this course addresses key aspects of the elderly that will provide a greater understanding of this dynamic population. The course content includes analysis of the elderly of today compared to that of two and four decades ago, the status of today's dentate elderly, as well as periodontal status and dry mouth.

Oral Cancer (CE348) (AGD Topic 739)

Richard C. Jordan, DDS, PhD, FRCD(C) FRCPath

Continuing Education Units: 1 hour

This continuing education course is intended for general dentists, dental hygienists, and dental assistants. This course will cover the important general features of oral cancer, its causes and clinical presentation and how the disease is managed.

Oral Cancer Genetics: From Diagnosis to Treatment (CE72) (AGD Topic 739)

Continuing Education Units: 3 hours

Natalie Kaweckyj, RDA, CDA, CDPMA, COA, COMSA, FADAA

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course will teach the dental professional to recognize signs and symptoms of cancer, the effects various cancer treatments have on the oral cavity, and how you can ease patient discomfort.

Oral Health and the Older Adult (CE8) (AGD Topic 752)

Continuing Education Units: 2 hours

Kenneth Shay, DDS, MS

This continuing education course is intended for hygienists and dental assistants. This course presents information that is key to working with the growing older adult patient population. It is important for dental professionals to understand the risk factors in dental disease, the primary causes of xerostomia, maintenance techniques for dental prostheses, and appropriate communication skills for this patient population.

Oral Health Care: A Whole New Language (CE21) (AGD Topic 10)

Continuing Education Units: 3 hours

Patricia J. Nunn, RDH, MS

This course is intended for anyone new to the field of dental healthcare, whether they are a dental assistant, dental hygienist, dental student, or anyone already in the field, who would like a dental vocabulary refresher. The most commonly used terms in dentistry will be defined and memory joggers will be provided for most. Useful prefixes and suffixes often used to create dental/medical words are presented as are some common abbreviations.

Oral Health Maintenance of Dental Implants (CE339) (AGD Topic 690)

Continuing Education Units: 2 hours

Connie Myers Kracher, PhD(c), MSD, CDA; Wendy Schmeling Smith, RDH, BSEd

This continuing education course is intended for hygienists and dental assistants. In recent years, the demand for dental implants has risen greatly. Not only have techniques improved, but the benefits that implants provide patients have increased as well. Dental implants can improve appearance, confidence, and self-esteem; preserve remaining teeth; improve a person's ability to speak and masticate properly; and eliminate the need for full and partial dentures.

Oropharyngeal Candidiasis: Etiology, Epidemiology, Clinical Manifestations, Diagnosis, and Treatment (CE380) (AGD Topic 730)

Continuing Education Units: 2 hours

Géza T. Terézhalmy, DDS, MA; Michael A. Huber, DDS

This continuing education course is intended for dentists and dental hygienists. Candidal infections commonly affect the dental profession's anatomical area of responsibility and the diagnosis and management of such infections, to a great extent, fall in the purview of oral healthcare providers. This course presents the etiology, epidemiology, clinical manifestations, diagnosis, and treatment of candidal infections relevant to dentistry.

Orthodontics: A Review (CE202) (AGD Topic 370)

Continuing Education Units: 1 hour

Calogero Dolce, DDS, PhD

This continuing education course is intended for the general dentist, dental hygienist and dental assistant. Orthodontics, the first specialty in dentistry, emphasizes proper occlusion and tooth alignment as well as ideal dental and facial esthetics. The American Association of Orthodontists estimates that three-quarters of the US population could benefit from orthodontic care, so it's important for dental professionals to understand the basic elements of orthodontics. This course reviews the need for orthodontic treatment, diagnostic procedures and records, biological factors affecting tooth movement, goals of orthodontic treatment, categories of treatment, popular orthodontic devices and oral hygiene considerations.

Osteoporosis: Prevention, Management, and Screening Using Dental Radiographs (CE303) (AGD Topic 754)

Continuing Education Units: 2 hours

Diane Verneti-Callahan, RDH, BS

This continuing education course is intended for the general dentist, dental hygienist and dental assistant. The course is intended to provide dental practitioners with an awareness and a deeper understanding of osteoporosis; prevention, causes, detection and treatment options.

Osteoradionecrosis: Oral Health and Dental Treatment (CE351) (AGD Topic 739)

Continuing Education Units: 2 hours

Daniel E. Jolly, DDS, FAAHD, FACD, DABSCD

This continuing education course is intended for the general dentist, dental hygienist and dental assistant. The course will define and explain the development of Osteoradionecrosis (ORN) as well as help the dental professional in identifying the signs and symptoms of ORN.

Periodontal Management of the Diabetic Patient (CE331) (AGD Topic 490)

Continuing Education Units: 3 hours

Spencer L. Fried, DDS, MS

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course provides information to assist clinicians in understanding the diabetes mellitus disease state and how it affects the course and treatment of periodontal diseases. The course reviews the manifestations and epidemiology of diabetes mellitus, its control and measures. It also reviews periodontal risk factors and indicators and the goals of periodontal therapies. Finally the effects of uncontrolled diabetes on periodontal disease are discussed, as well as the effects of uncontrolled periodontal disease on diabetes mellitus. The objective of the course is to review the rationale for the importance of diagnosing and treating periodontal disease as a necessary part of the diabetic patient's overall healthcare.

Periodontal Screening and Recording: Early Detection of Periodontal Diseases (CE53) (AGD Topic 490)

Continuing Education Units: 1 hour

Tanya Villalpando Mitchell, RDH, MS

This continuing education course is intended for general dentists and hygienists. Periodontal Screening and Recording (PSR) is a rapid method of screening patients to decide if a more comprehensive assessment is necessary. After taking this course, the participant will understand the benefits of the PSR

system, identify who should be screened for periodontal problems, discuss the PSR system scoring and understand how it works, recommend treatment based upon the code interpretations, and discuss the PSR system with patients.

Periodontics: Oral Health and Wellness. I. Understanding Periodontal Health, Recognizing Disease States and Choices in Treatment Strategies (CE50) (AGD Topic 490)

Continuing Education Units: 4

Jason M. Mailhot, DMD, MS; Spencer L. Fried, DDS, MS

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course provides information to assist clinicians in promoting the goals of oral health by first understanding periodontal health, recognizing disease states and providing choices in treatment strategies. The course reviews basic periodontal anatomy (to include connective tissue, bone, periodontal ligament, and cementum) and physiology, periodontal disease classification, as well as the challenges, manifestations and implications of attachment loss. Evaluation of periodontal therapeutic strategies is best accomplished through a review of the scientific evidence on the topic. The objective of the therapeutic strategies reviewed is to improve the health and function of all periodontal attachment structures rather than only bone in isolation.

Pit & Fissure Sealants: The Added Link in Preventive Dentistry (CE128) (AGD Topic 430)

Continuing Education Units: 2 hours

Mary Ann Haisch, RDH, MPA

This course is for dental hygienists and dental assistants. The course presents an overview of dental pit and fissure sealants as a safe and effective way to prevent dental caries. The course starts with a brief look at the history of dental sealants followed by the current rationale for their use. Frequently asked questions about sealants are addressed along with the presentation of guidelines for sealant use. Information about materials currently used for sealants is presented along with general instructions for the successful placement of sealants. The use of sealants in public health programs is also addressed.

Power Toothbrushes: Everything You Need to Make Informed Recommendations for Your Patients (CE89) (AGD Topic 557)

Continuing Education Units: 3 hours

Ginger B. Mann, BSDH, MS

This continuing education course is intended for general dentists, hygienists, and dental assistants. Power brushes are designed to facilitate the removal of bacterial plaque and food debris from the teeth and gingiva and to reduce calculus and stain accumulation. The information found in this continuing education course will arm the dental professional with information and resources needed to make effective power brush recommendations that motivate patients and boost brushing compliance.

Practical Panoramic Radiography (CE71) (AGD Topic 731)

Continuing Education Units: 3 hours

William C. Scarfe, BDS, FRACDS, MS; Gail F. Williamson, RDH, MS

This continuing education course is intended for general dentists, dental hygienists and dental assistants certified to operate x-ray equipment as well as students enrolled in dental and allied dental educational programs. The primary focus of this course is to broaden awareness of panoramic radiographic technique, error recognition and error correction.

Practice in Motion (CE366) (AGD Topic 770)

Continuing Education Units: 4 hours

Jacquelyn M. Dylla, PT, DPT; Jane L. Forrest, EdD, RDH

This continuing education course is intended for general dentists, hygienists, dental assistants, dental students, dental hygiene students, and dental assistant students. This course is designed to educate dental professionals about efficient sitting positions and movements that assist with minimizing occupational pain and/or injury. As part of this course, we will examine why many practitioners need to change how they sit, discuss common postures/habits that contribute to life long pain and the consequences of not changing.

Prevention and Management of Oral Complications of Cancer Treatment: The Role of the Oral Health Care Team (CE129) (AGD Topic 754)

Continuing Education Units: 2 hours

ADAA 2000 Council Members

This course is for dentists, dental hygienists, and dental assistants. The course provides the dental team with information about potential oral complications and how these potentially serious problems can be prevented or managed.

Promoting the Patient Oral Self-Assessment (CE347) (AGD Topic 730)

Continuing Education Units: 2 hour

Nancy W. Burkhart, BSDH, MEd, EdD; Leslie DeLong, BS, MHA

This continuing education course is intended for general dentists, dental hygienists, and dental assistants. This CE course is intended to give the dental practitioner a helpful guide that may be used to teach patients to perform an oral examination.

Prosthesis Retention and Effective Use of Denture Adhesive in Complete Denture Therapy (CE360) (AGD Topic 670)

Continuing Education Units: 2 hours

David R. Cagna, DMD, MS; Joseph J. Massad, DDS

This continuing education course is intended for prosthodontists, general dentists, hygienists, and dental assistants. This course will review epidemiologic data on the growing older adult population and its impact on the need for complete denture therapy today and in the future. The challenges faced by the profession with respect to managing edentulism in this older adult population will also be considered. Finally, the therapeutic utility of denture adhesives, appropriate adhesive application to denture bases, and recommendations for denture and oral hygiene will be discussed and illustrated.

Radiographic Techniques for the Pediatric Patient (CE63) (AGD Topic 430)

Continuing Education Units: 2 hours

Steven Schwartz, DDS

This continuing education course is intended for general dentists, hygienists, and dental assistants. The purpose of this course is to provide a discussion on the guidelines for radiographic exposure intervals for the reduction of ionizing radiation and innovative techniques that are helpful in conducting radiographic examinations for the pediatric patient. Also, suggestions for communicating with patients and parents about radiation safety and the need for radiographs are covered.

Recognizing and Managing Eating Disorders in Dental Patients (CE321) (AGD Topic 750)

Continuing Education Units: 2 hours

Cynthia A. Stegeman, RDH, MEd, RD, CDE; Lynne H. Slim, RDH, MS

This continuing education course is intended for general dentists, hygienists, and dental assistants. An increasing number of people, mostly girls and women, are struggling with eating disorders. Research has shown that there are now over 70 million individuals affected by eating disorders worldwide. Dental professionals have been recognized with important roles in the secondary prevention of eating disorders which includes early detection, patient-specific oral treatment, and referral for care. It is also recognized that increasing the number of oral healthcare professionals who are involved in secondary prevention behaviors is essential in helping those individuals with eating disorders that are in need of identification.

Salivary Gland Dysfunction: Etiology, Epidemiology, Clinical Manifestations, Diagnosis, and Treatment (CE385) (AGD Topic 730)

Vidya Sankar, DMD, MHS; Géza T. Terézhalmy, DDS, MA

Continuing Dental Education Credits: 2 hours

This continuing education course is intended for general dentists, hygienists, and dental assistants. Salivary gland dysfunction may be characterized by either hyposalivation or hypersalivation. To provide competent care to patients with salivary gland dysfunction, clinicians must understand its many causes

and associated complications, and develop preventive and therapeutic strategies accordingly. This course presents the etiology, epidemiology, clinical manifestations, diagnosis, and treatment of salivary gland dysfunction.

Setting It Straight – Advanced Orthodontics (CE326) (AGD Topic 370)

Continuing Education Units: 3 hours
Lori Garland Parker, MAOM, RDAEF

This continuing education course is intended for dental assistants. The goal of this course is to familiarize dental professionals with the more advanced aspects of orthodontics.

Smiles for Tomorrow (CE4) (AGD Topic 430)

Continuing Education Units: 4 hours
Prashant Gagneja, DDS

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course has been developed in cooperation with the American Academy of Pediatric Dentistry and is designed to offer pediatric oral health information. The topics reviewed include: normal oral structures, common oral conditions, eruption patterns, dental caries and prevention, and orofacial trauma. Upon completion of this course the user will better understand appropriate evaluation, treatment, and preventive measures that should be instituted during infancy and continued on a regular basis to maintain optimal health.

Special Needs Care in Dentistry for Children (CE386) (AGD Topic 436)

Continuing Education Units: 1 hour
Ivonne Ganem, DMD, MPH

This continuing education course is intended for general dentists, hygienists, and dental assistants. Over nine million US children and adolescents age 17 and under have a special health care need. This is 13% of the population. This course will provide an overview of the importance of the oral health care workforce under the current health care system for the special needs pediatric patient and the techniques necessary to successfully treat special needs pediatric patients.

Sports-Related Injuries and Sports Dentistry (CE127) (AGD Topic 154)

Continuing Education Units: 2 hours
Wendy Schmeling Smith, RDH, BSEd; Connie Myers Kracher, CDA, BSEd

This continuing education course is intended for general dentists, hygienists, and dental assistants. Whether for exercise, competition or the simple enjoyment of participating, increasing numbers of health conscious Americans are involved in sporting activities. This course is designed to explain the various sports-related dental injuries, discuss the three types of mouth guards utilized and the dental team's role in sports-related injuries and sports dentistry.

Squamous Cell Carcinoma of the Oral Tissues: A Comprehensive Review for Oral Healthcare Providers (CE83) (AGD Topic 739)

Continuing Education Units: 2 hours
Samer A. Bsoul, BDS, MS; Michael A. Huber, DDS; Geza T. Terezhalmay, DDS, MA

This continuing education course is intended for general dentists, hygienists, and dental assistants. Annually, over 28,000 cases of oral and pharyngeal carcinoma are diagnosed in the United States. Oral health care providers can be instrumental in reducing the incidence of oral and pharyngeal premalignant and malignant lesions by identifying patients with high-risk behavior, educating their patients about the consequences of their high-risk behavior, and by early detection of premalignant and malignant conditions. To facilitate early diagnosis, oral health care providers must take into consideration the capriciousness of oral cancer and must be familiar with the availability and application of diagnostic modalities beyond conventional visual inspection and palpation of oral soft tissues.

Strategies for Searching the Literature Using PubMed (CE340) (AGD Topic 130)

Continuing Education Units: 3 hours
Jane L. Forrest, EdD, RDH; Syrene A. Miller, BA

This continuing education course is intended for general dentists, dental hygienists, and dental assistants and is a follow up to the course, *Evidence-Based Decision Making: Introduction and Formulating Good Clinical Questions*. The primary learning objectives for this course are to increase your skills in conducting an efficient computerized search using PubMed to answer a specific clinical question, the second step of the Evidence-based process.

The Business of Dentistry: Financial Management for the Dental Office (CE389) (AGD Topic 550)

Continuing Education Units: 4 hours

Natalie Kaweckyj, LDARF, CDA, CDPMA, COA, COMSA, MADAA, BA; Wendy Frye, CDA, RDA, FADAA; Lynda Hilling, CDA, MADAA; Lisa Lovering, CDA, CDPMA, MADAA; Linette Schmitt, CDA, RDA, MADAA; Wilhemina Leeuw, CDA, BS

This continuing education course is intended for general dentists, dental hygienists, and dental assistants. This financial management course focuses on how a dental practice protects information, receives monies for services rendered, and makes payments to outside entities. Upon completion of this course, the dental professional will be able to apply standard financial procedures to any dental practice.

The Business of Dentistry: Patient Records and Records Management (CE390) (AGD Topic 550)

Continuing Education Units: 4 hours

Natalie Kaweckyj, LDARF, CDA, CDPMA, COA, COMSA, MADAA, BA; Wendy Frye, CDA, RDA, FADAA; Lynda Hilling, CDA, MADAA; Lisa Lovering, CDA, CDPMA, MADAA; Linette Schmitt, CDA, RDA, MADAA; Wilhemina Leeuw, CDA, BS

This continuing education course is intended for general dentists, dental hygienists, and dental assistants. This course focuses on several office and management responsibilities including the attainment of complete and accurate records and their legal ramifications with regards to risk management, storage and patient consent. The dental professional must have a basic working knowledge of these procedures to maintain all office records.

**The Complete Denture Prosthesis: Clinical & Laboratory Applications
Baseline Data & Prognostic Indicators (CE102) (AGD Topic 670)**

Continuing Education Units: 2 hours

Kenneth Shay, DDS, MS; Joseph E. Grasso, DDS, MS; Kenneth S. Barrack, DDS

This continuing education course is intended for general dentists. The first of a multi-part series, this course focuses on the range of data that must be compiled and assessed at the onset of treatment and presents the rationale and procedures for making preliminary impressions.

**The Complete Denture Prosthesis: Clinical & Laboratory Applications
The Patient Analog, Part 1: Final Impressions (CE106) (AGD Topic 670)**

Continuing Education Units: 2 hours

Kenneth Shay, DDS, MS; Joseph E. Grasso, DDS, MS; Kenneth S. Barrack, DDS

This continuing education course is intended for general dentists. The second of a multi-part series, this course will review procedures and rationale for fabricating and evaluating the custom tray, for refining its borders in the mouth, for assessing the quality of the impression, and for ensuring the formation of a well-extended and durable master cast.

**The Complete Denture Prosthesis: Clinical & Laboratory Applications
The Patient Analog, Part 2: Intermaxillary Relations Records (CE107) (AGD Topic 670)**

Continuing Education Units: 2 hours

Kenneth Shay, DDS, MS; Joseph E. Grasso, DDS, MS; Kenneth S. Barrack, DDS

This continuing education course is intended for general dentists. The third of a multi-part series, this course will describe: designing and fabricating baseplates and occlusion rims; determining the location and orientation of the occlusal plane and the occlusal vertical dimension; accurately recording centric relation; and transferring this record to an articulator.

**The Complete Denture Prosthesis: Clinical & Laboratory Applications
Fabricating the Trial Denture (CE108) (AGD Topic 670)**

Continuing Education Units: 2 hours

Kenneth Shay, DDS, MS; Joseph E. Grasso, DDS, MS; Kenneth S. Barrack, DDS

This continuing education course is intended for general dentists. The fourth of a multi-part series, this course will review the factors that have been found to be most useful in selecting and arranging teeth, developing the occlusal scheme, and designing the posterior palatal seal.

**The Complete Denture Prosthesis: Clinical & Laboratory Applications
Insertion, Patient Adaptation, and Post-Insertion Care (CE109) (AGD Topic 670)**

Continuing Education Units: 2 hours

Kenneth Shay, DDS, MS; Joseph E. Grasso, DDS, MS; Kenneth S. Barrack, DDS

This continuing education course is intended for general dentists. The fifth of a multi-part series, this course will review the steps that must be accomplished before the patient is dismissed with the new dentures, the essential elements of appropriate patient education about the new prostheses, and guidelines for diagnosing and addressing post-insertion problems that are most likely to be encountered.

The Dental Assistant's Role in Preventing Family Violence (CE124) (AGD Topic 156)

Continuing Education Units: 3 hours

Lynn Douglas Mouden, DDS, MPH, FICD, FACD

This continuing education course will provide information regarding the dental assistant's role in preventing child abuse and neglect. Through the understanding of what causes family violence and learning the definitions of child abuse and neglect, the dental assistant will also learn the protocol for properly identifying suspected cases of child abuse and neglect. This course will help the dental assistant understand the common symptoms that may mimic abuse and the differences in intervening in family violence cases involving adults. Additionally, the assistant should become very familiar with local and state dental initiatives to prevent family violence.

The Dental Staff's Management of Medical Emergencies (CE131) (AGD Topic 142)

Continuing Education Units: 5 hours

Sue Protzman; Jeff Clark, MS, REMT-P

This continuing education course is designed for hygienists and dental assistants. Medical emergencies can occur at any time in the dental office. The best way to handle an emergency is to be prepared in advance. This course reviews how to handle medical emergencies and should make the dental professional more confident in his or her ability to handle all aspects of the job.

The Flu . . . and You: A Novel Challenge with 2009 H1N1 Influenza A (CE355) (AGD Topic 148)

Continuing Education Units: 2 hour

Nancy Andrews, RDH

This continuing education course is intended for general dentists, hygienists, and dental assistants. Dental healthcare workers will undoubtedly be exposed to both 2009 H1N1 (previously called "Swine Flu") and seasonal influenza. Every dental team member must take necessary precautions to avoid illness, maintain a safe office environment for both the dental team and its patients and keep current on new strains of influenza and other respiratory illnesses. A program should be put in place in every dental office that screens patients for aerosol transmitted diseases (ATD). Understanding the symptoms, risks and how to deal with them can avoid panic, illness and even death. This course will describe the various strains of influenza, suggest how to recognize flu, and present facts about prevention and treatment of the flu.

The Importance of Pharmacology in the Delivery of Quality Dental Care (CE329) (AGD Topic 730)

Continuing Education Units: 5 hours

Mary Govoni, CDA, RDA, RDH, MBA; Richard L. Wynn, PhD

This continuing education course is intended for dental hygienists and dental assistants. The course provides the dental professional with a broad overview of various categories of drugs and their implications for dental patients and treatment.

The Intraoral and Extraoral Exam (CE337) (AGD Topic 739)

Continuing Education Units: 3 hours

Nancy W. Burkhart, BSDH, MEd, EdD; Leslie DeLong, RDH, AS, BSHS, MHA

This course will introduce the protocol for a complete oral cancer screening with proper techniques for both the intraoral and extraoral exam; provide some patient education information, as well as information on some adjunct considerations that may be utilized in lesion detection and lastly, to suggest that all patients be told they are actually receiving a complete oral screening exam.

The Many Faces of Oral Lichen Planus (CE313) (AGD Topic 739)

Continuing Education Units: 3 hours

Nancy Burkhart, BSDH, MEd, EdD

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course will increase awareness and understanding by dental health personnel in the matter of Lichen planus. Lichen planus is a mucocutaneous disease affecting approximately 1.5 to 2% of the world population. The course of the disease is usually unpredictable with bouts of remission and exacerbation being common.

The Patient with Special Needs: General Treatment Considerations (CE384) (AGD Topic 754)

Janet Jaccarino, CDA, RDH, MA

Continuing Education Units: 3 hours

This continuing education course is intended for general dentists, hygienists, and dental assistants. Patients with disabilities, who make up a large segment of the population, are often overlooked when it comes to oral health care for a variety of reasons. However, it is our responsibility as dental health care professionals to meet the needs of this very special group of patients. By taking this course the dental professional will be able to recognize the patient with special needs, understand the oral health issues facing patients with disabilities, and implement simple design changes to treat these patients.

Therapeutic Mouthrinsing: An Effective Component to Oral Hygiene (CE317) (AGD Topic 730)

Continuing Education Units: 1 hour

Pam Hughes, RDH, BS, MS

This continuing education course is intended for general dentists, hygienists, and dental assistants. Brushing and flossing remain the preferred method for plaque control. Unfortunately, many patients lack the motivation or ability to maintain low plaque levels, leading to periodontal disease, dental caries and other oral health conditions. Chemotherapeutic rinses provide a convenient, cost-effective way to enhance plaque control achieved with mechanical hygiene. This course reviews three common agents used in chemotherapeutic rinses and recommends factors to consider when advising patients to add a rinse to their oral hygiene routine.

Treatment of an Edentulous Patient with a Dry Mouth (CE20) (AGD Topic 752)

Continuing Education Units: 4 hours

Kenneth Shay, DDS, MS

This continuing education course is intended for general dentists and hygienists. The primary learning objective for this course is to increase general knowledge and skills in the dental management of the complete denture patient with a dry mouth.

Understanding Nicotine Addiction and Tobacco Intervention Techniques for the Dental Professional (CE51) (AGD Topic 158)

Continuing Education Units: 3 hours

Arden G. Christen, DDS, MSD, MA; Jennifer A. Klein, RDH, MSA; Stephen J. Jay, MD; Joan A. Christen, BGS, MS; James L. McDonald, Jr., PhD; Christianne J. Guba, DDS, MSD

This continuing education course is intended for general dentists, dental hygienists, and dental assistants. The purpose of this course is to alert dental professionals to the harmful effects of tobacco, both to the oral cavity and to the body. The course is also designed to teach professionals specific skills they may use to help tobacco users become free of their addiction.

Understanding the Dangers and Health Consequences of Spit Tobacco Use (CE120) (AGD Topic 158)

Continuing Education Units: 3 hours
Susan C. Dodd, RDH, BA

This continuing education course is intended for general dentists, hygienists, and dental assistants. This course reviews the reasons the dental team is in an ideal position to use the "teachable moments" that occur during a dental visit to counsel their patients on the dangers of tobacco use while supporting them in their cessation efforts.

Using Research for Clinical Decision-Making: Elements of a Research Report (CE45) (AGD Topic 130)

Continuing Education Units: 2 hours
Ann L. McCann, RDH, MS; Emet D. Schneiderman, PhD

This continuing education course is designed for general dentists, hygienists, and dental assistants. This course describes the parts of a research report and the information that should be contained within each section. This will guide practitioners in their review of research articles so that they can identify the specific research questions/hypotheses being explored and what was discovered about them. These skills will help dental healthcare providers decide whether or not to incorporate these research findings into their patient therapy and practice procedures.

Using Research for Clinical Decision-Making: Evaluating a Research Report (CE46) (AGD Topic 130)

Continuing Education Units: 2 hours
Ann L. McCann, RDH, MS; Emet D. Schneiderman, PhD

This continuing education course is designed for general dentists, dental hygienists, and dental assistants. The course describes the criteria for judging the quality of a research report and provides guidelines for interpreting the research information. These skills will help dental health care providers decide whether or not to incorporate the research findings into their patient therapy and practice procedures.

Wired for Learning - Orthodontic Basics (CE365) (AGD Topic 370)

Lori Garland Parker, BS, MAOM, RDAEF, CDA, COA
Continuing Education Units: 3 hours

This continuing education course is intended for dental hygienists and dental assistants. Orthodontics specializes in the diagnosis, prevention and treatment of dental and facial irregularities, but from a patient's view, it simply creates great smiles! This course introduces the basics of orthodontics, with the goal of peaking interest in this specialty of dentistry, and providing education to springboard an individual considering a career in this specialty.

Xerostomia: A Continuing Challenge for Oral Healthcare Professionals (CE96) (AGD 750)

Continuing Education Units: 2 hours
Lynne H. Slim, RDH, BSDH, MSDH; Cheryl Thomas, RDH

This continuing education course is designed for general dentists, hygienists, and dental assistants. The care administered by healthcare professionals should be guided by evidence-based decision making and practice recommendations. The purpose of this course is to provide information on Xerostomia, or dry mouth, a rapidly growing problem in the U.S. population, and a xerogenic condition that has a variety of possible causes. Clinical guidelines for oral treatment and dental caries prevention in patients with chronic xerostomia are complicated by new products and therapies and need to be updated by dental teams on an annual basis.

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Oregon

John A. Kitzhaber, MD, Governor

Patrick D. Braatz
Executive Director

Board of Dentistry

1600 SW 4th Avenue

Suite 770

Portland, OR 97201-5519

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www.oregon.gov/dentistry

April 9, 2012

M. Gregg Smith
6749 Westridge Ct. N
Keiser, OR 97303-4485

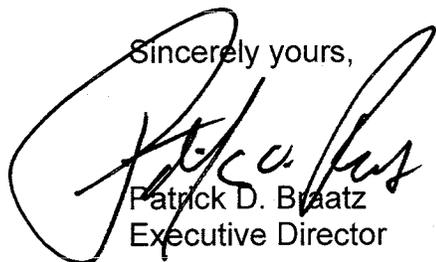
Dear Mr. Smith:

The Oregon Board of Dentistry (OBD) reviewed your letter of February 17, 2012 at their meeting on April 6, 2012.

The OBD appreciates very much you writing to the Board about your concerns over dental x-rays.

The Board believes that the Standard of Care that is taught in dental schools today along with the use of the FDA "Guidelines for Prescribing Dental Radiographs" which I have enclosed are some of the appropriate tools for Oregon Dentists to use in their daily practice to advise dentists otherwise would not be in the best interest of the citizens of Oregon.

Sincerely yours,



Patrick D. Braatz
Executive Director

Enclosure



GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS

The recommendations in this chart are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient's health history and completing a clinical examination. Because every precaution should be taken to minimize radiation exposure, protective thyroid collars and aprons should be used whenever possible. This practice is strongly recommended for children, women of childbearing age and pregnant women.

TYPE OF ENCOUNTER	PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE				Adult, Edentulous
	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	
New patient* being evaluated for dental diseases and dental development	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized dental disease or a history of extensive dental treatment.	Individualized radiographic exam, based on clinical signs and symptoms.	
Recall patient* with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe	Posterior bitewing exam at 6-18 month intervals	Posterior bitewing exam at 6-18 month intervals	Not applicable
Recall patient* with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe	Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable

GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS, cont'd.

TYPE OF ENCOUNTER	PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE			
	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult Dentate and Partially Edentulous
Recall patient* with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically.			Adult Edentulous Not applicable
Patient for monitoring of growth and development	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development. Panoramic or periapical exam to assess developing third molars	Usually not indicated
Patient with other circumstances including, but not limited to, proposed or existing implants, pathology, restorative/endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring in these circumstances.			

*Clinical situations for which radiographs may be indicated include but are not limited to:

- A. Positive Historical Findings**
1. Previous periodontal or endodontic treatment
 2. History of pain or trauma
 3. Familial history of dental anomalies
 4. Postoperative evaluation of healing

5. Remineralization monitoring
6. Presence of implants or evaluation for implant placement

B. Positive Clinical Signs/Symptoms

1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of dental/facial trauma
7. Mobility of teeth
8. Sinus tract ("fistula")
9. Clinically suspected sinus pathology
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and/or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color
21. Unexplained absence of teeth
22. Clinical erosion

****Factors increasing risk for caries may include but are not limited to:**

1. High level of caries experience or demineralization
2. History of recurrent caries
3. High titers of cariogenic bacteria
4. Existing restoration(s) of poor quality
5. Poor oral hygiene
6. Inadequate fluoride exposure
7. Prolonged nursing (bottle or breast)
8. Frequent high sucrose content in diet
9. Poor family dental health
10. Developmental or acquired enamel defects

11. Developmental or acquired disability
12. Xerostomia
13. Genetic abnormality of teeth
14. Many multisurface restorations
15. Chemo/radiation therapy
16. Eating disorders
17. Drug/alcohol abuse
18. Irregular dental care

RECEIVED

FEB 21 2012

OREGON BOARD
OF DENTISTRY

6749 Westridge Ct. N.
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(503) 585-0551
mgreggsmith@comcast.net

February 17, 2012

Mary J. Davidson, MPH, RDH, EPP
President, Oregon Board of Dentistry
5745 Eight Mile Road
The Dalles, OR 97058

Dear Ms. Davidson:

Recently my dentist died. A new dentist took over the practice. The new dentist insists that I have routine diagnostic x-rays. I won't do that anymore. Here is the background on my concern.

I was diagnosed with a malignant grade IV glioblastoma multiforme brain tumor in October 2006. My doctors are Dr. Johnny Delashaw and Dr. Edward Neuwelt at OHSU. They told me I had as little as 3 months to live, with 18 months on the outside. And then nothing happened. Five years later, I continue to do well. Statistically I am a group of 1% who has lived this long with this diagnosis. Something is working but I'm in a delicate situation. I don't want to do anything that would affect my brain.

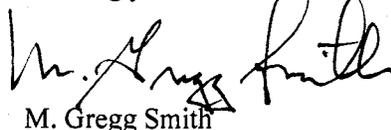
There is no way to tell, but I wonder whether the large number of dental x-rays I had during my lifetime may have caused my malignant brain tumor. If you go on the Internet you will find dozens of articles about the danger of using x-rays in dentistry. In particular there are numerous articles citing the danger of using x-rays as a routine diagnostic tool. I am old enough to remember dentists and physicians pooh-pooing the dangers of x-rays in years past. Today they are more cautious, but there is no safe level of x-rays and the damage is cumulative. The more one endures x-rays, the more damage to one's body - including one's brain.

I can understand that x-rays may be useful if a dental examination first indicates a possible problem. But x-rays should not be used as a routine exploratory tool.

When I talked with the new dentist about my concerns he said his hands are tired. He said he must use routine x-rays because it is the Board of Dentistry's "Standard of Care." I'm cynical enough to think that is just self-protection - and good for cash flow. I will try to find a new dentist who will care for me without x-rays. If I can't find one in Oregon, then in Washington. And if I can't find a dentist sensitive to my health situation, I will cease seeking dental care. I would prefer to have a dead tooth than a dead brain.

I think the Board of Dentistry should re-think its standards and take into consideration the situation a patient might find himself in. One size does not fit all.

Wishing you all the best.



M. Gregg Smith

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mgreggsmith@comcast.net



April 10, 2012

Patrick D. Braatz, Executive Director
Board of Dentistry
Suite 770
1600 SW 4th Avenue
Portland OR 97201-5519

Dear Mr. Braatz:

Tonight on national TV news there was a program about the relationship between dental x-rays and brain tumors.

I think there is a very good chance that the malignant brain tumor I have was caused by the "excellent" dental care I've had since the 1950s.

I would like to meet with the Board of Dentistry.

Please tell me when I can meet with the board at its next meeting.

Sincerely,

A handwritten signature in cursive script, appearing to read "M. Gregg Smith".

M. Gregg Smith



Oregon

John A. Kitzhaber, MD, Governor

Patrick D. Braatz
Executive Director

Board of Dentistry

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COPY

April 25, 2012

Nick Workhoven, M.D., F.A.C.A., D.A.B.A.
1980 ½ N 14th Street
Coos Bay, OR 97420

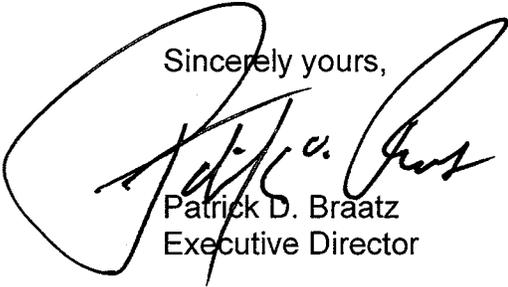
Dear Dr. Workhoven:

Your letter of April 18, 2012 has been received by the Oregon Board of Dentistry (OBD) and the ODB will review the letter at their next meeting on Friday, June 1, 2012.

I do want you to be aware that nowhere in the statement that was recently printed in the OBD Newsletter, did the OBD determine that Oregon Licensed Dentists and Dental Hygienists should not as a part of the standard of care not adhere to the ADA or FDA guidelines regarding x-rays as well as not following the current standard of care that is taught at OHSU School of Dentistry.

I thank you for taking your time to write to the Board.

Sincerely yours,



Patrick D. Braatz
Executive Director



RADIOGRAPHS

The Standard of Care in Oregon requires that current radiographs are available prior to providing treatment to a patient. If a patient without a medical justification refuses to allow radiographs to be taken, even with the offer to sign a waiver, then providing treatment to that patient would violate the Standard of Care in Oregon.

4-18-2012

Oregon Board of Dentistry
1600 SW 4th Avenue, Suite 770
Portland, OR 97201-5519

ov/dentistry _____

FEBRUARY 2012

As an anesthesiologist with over 40 years of clinical experience working closely with patients in the peri-operative period, I feel well versed in issues such as patient autonomy, informed consent and a little thing called the Patient Bill of Rights. So, it was with dismay and disgust that I was informed by my local dentist that I could not receive my scheduled dental cleaning and evaluation today without first receiving radiation in the form of a mandatory X-Ray exam, mandated by you to be done yearly. Your decision, imposed upon me was X-Rays or go home. Not individualized care, not consideration that my X-Ray's have shown no change over the past number of decades including a full mouth taken less than two years ago and that there have been no changes in my overall health. Not consideration that I have no new symptomatology concerning my oral cavity. Not consideration of current ADA guidelines.

In my practice, I often deal with individuals who refuse tests, often pre-op chest X-Rays, sometimes a screening EKG or even refuse the recommended anesthetic. In medicine, we try to explain the heightened risks that the patient may be subjected to by their decision, document this discussion, have the patient sign a consent form detailing the informed consent they received and their individual choice of care. Then, we proceed with their individualized anesthetic care plan. Individualized care. Let me repeat that -- individualized care. What a concept, eh?

In years past, physicians were rightly criticized as being overly paternalistic, patting the patient on the head and saying; 'It's OK, this is for the best, you'll be fine.' And, explaining nothing. Physicians have learned.

I am stunned to learn that you have forced Oregon dentists back to the days of William Thomas Green Morton. We see retro designed cars, retro furniture and, now, we have a retro Oregon Board of Dentistry. Welcome to the 19th Century, OBD. It's not a good look for you, though, I assure you of that.

Sincerely Angry,



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Dental X-Rays and Risk of Meningioma

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BACKGROUND: Ionizing radiation is a consistently identified and potentially modifiable risk factor for meningioma, which is the most frequently reported primary brain tumor in the United States. The objective of this study was to examine the association between dental x-rays—the most common artificial source of ionizing radiation—and the risk of intracranial meningioma. **METHODS:** This population-based case-control study included 1433 patients who had intracranial meningioma diagnosed at ages 20 to 79 years and were residents of the states of Connecticut, Massachusetts, North Carolina, the San Francisco Bay Area, and 8 counties in Houston, Texas between May 1, 2006 and April 28, 2011 (cases). A control group of 1350 individuals was frequency matched on age, sex, and geography (controls). The main outcome measure for the study was the association between a diagnosis of intracranial meningioma and self-reported bitewing, full-mouth, and panorex dental x-rays. **RESULTS:** Over a lifetime, cases were more than twice as likely as controls (odds ratio [OR], 2.0; 95% confidence interval [CI], 1.4-2.9) to report having ever had a bitewing examination. Regardless of the age at which the films were obtained, individuals who reported receiving bitewing films on a yearly basis or with greater frequency had an elevated risk for ages <10 years (OR, 1.4; 95% CI, 1.0-1.8), ages 10 to 19 years (OR, 1.6; 95% CI, 1.2-2.0), ages 20 to 49 years (OR, 1.9; 95% CI, 1.4-2.6), and ages ≥40 years (OR, 1.5; 95% CI, 1.1-2.0). An increased risk of meningioma also was associated with panorex films taken at a young age or on a yearly basis or with greater frequency, and individuals who reported receiving such films at ages <10 years had a 4.9 times increased risk (95% CI, 1.8-13.2) of meningioma. No association was appreciated for tumor location above or below the tentorium. **CONCLUSIONS:** Exposure to some dental x-rays performed in the past, when radiation exposure was greater than in the current era, appears to be associated with an increased risk of intracranial meningioma. As with all sources of artificial ionizing radiation, considered use of this modifiable risk factor may be of benefit to patients. *Cancer* 2012;000:000-000. © 2012 American Cancer Society.

KEYWORDS: meningioma, epidemiology, risk factors, brain tumor, genetics, ionizing radiation, dental x-rays, diagnostic x-rays.

INTRODUCTION

Meningiomas accounted for 33.8% of all primary brain and central nervous system (CNS) tumors reported in the United States between 2004 and 2006 and, thus, represent the most frequently diagnosed primary brain tumor in adults.¹ Despite this, few studies exist that examine risk factors for this lesion, which frequently is associated with neurologic complications and decreased quality of life.²

The most consistent environmental risk factor identified for meningioma is exposure to ionizing radiation (IR), with relative risks from 6-fold to 10-fold reported.³⁻⁸ However, most studies of IR and meningioma risk include individuals who were exposed to high levels of radiation from sources such as atomic bombs^{5,6} or treatment for oncologic and other medical conditions.^{3,4} Studies that examine risk associated with the lower dose exposures more likely to be experienced in

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All authors had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

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the general population are limited in number, include fewer than 200 cases each, and focus on exposure to dental x-rays.⁹⁻¹⁷ To our knowledge, no studies have reported on the association between use of computed tomography (CT) and meningioma risk. The studies that report on dental x-ray exposure are suggestive but are limited by sample size and by the inclusion of cases from time periods with higher dosing regimes than the current era.⁹⁻¹⁷ Several case-control studies in the United States exist; The first of these included cases diagnosed between 1980 and 1984 in Los Angeles County, California, and reported a significantly increased risk for women associated with a first full-mouth series obtained before age 20 years or before 1945¹⁵ as well as an increased but nonsignificant risk for men who had ≥ 5 full-mouth series before 1945.¹⁰ More recently, Longstreth et al¹² examined 200 cases diagnosed between 1995 and 1998 in Washington State and reported that a history of ≥ 6 full-mouth series was associated with increased risk (odds ratio [OR], 2.06; 95% confidence interval [CI], 1.03-4.17) but found no evidence for a dose-response relation (P for trend = .33).¹² No recent large-scale studies of meningioma risk relative to common IR exposure exist, when doses for dental and other procedures have decreased but during which time new radiographic procedures have been introduced, including CT. In this report, we compare dental and therapeutic radiation histories in 1433 patients with those from a group of 1350 controls. The large sample size afforded by this population-based study will help to provide a more precise estimate of any association, particularly for the lower exposure levels experienced by more recently diagnosed cases.

MATERIALS AND METHODS

Study Design

Eligible patients included all individuals who were diagnosed from May 1, 2006 to April 28, 2011 who had histologically confirmed intracranial meningioma among residents of the states of Connecticut, Massachusetts, and North Carolina as well as 6 counties in the state of California (Alameda, San Francisco, Contra Costa, Marin, San Mateo, and Santa Clara) and 8 counties in the state of Texas (Brazoria, Fort Bend, Harris, Montgomery, Chambers, Galveston, Liberty, and Waller). These patients (the case group) were identified through the Rapid Case Ascertainment (RCA) systems and state cancer registries of the respective sites and were between ages 20 and 79 years at the time of diagnosis. The control group was selected with

random-digit-dialing by an outside consulting firm (Krieder Research, Orono, Me) and were matched to cases by 5-year age interval, sex, and state of residence. Study participants who had a previous history of meningioma and/or a brain lesion of unknown outcome were excluded. Participants were English-speaking or Spanish-speaking. The study, consent forms, and questionnaire were approved by the Human Investigation Committees at the Yale University School of Medicine, Brigham and Women's Hospital, the University of California at San Francisco, the University of Texas M. D. Anderson Cancer Center, and the Duke University School of Medicine. The study also was approved by the State of Connecticut Department of Public Health Human Investigation Committee, and some data were obtained directly from the Connecticut Tumor Registry in the Connecticut Department of Public Health as well as from the Massachusetts Tumor Registry.

Data Collection

The physicians of each eligible case were contacted to request permission to approach the patient. Cases who were approved for contact by their physicians and the controls identified by Krieder Research were sent an introductory letter. Approximately 1 to 2 weeks later, a trained interviewer contacted the potential study participant by telephone to administer the interview. Interviews took an average of 52 minutes. Proxies provided information for 9 cases and no controls. The questionnaire included detailed questions on demographics, family history of cancer, pregnancy and menstrual history, exogenous hormone history, and medical history, including therapeutic and diagnostic radiation procedures. Participants were questioned about the onset, frequency, and type of dental care received over their lifetime, including orthodontic work, endodontic (root canal) work, dental implants, and dentures. Participants were asked to report the number of times they had received bitewing, full-mouth, or panoramic (panorex) films during 4 periods: when aged <10 years, ages 10 to 19 years, ages 20 to 49 years, and aged ≥ 50 years. Information also was gathered on the occurrence and timing of therapeutic radiation treatments, specifically radiation or radium treatments to the face, head, neck, or chest for both benign and malignant lesions or conditions. Risk factor and screening information was truncated at the date of diagnosis for cases and at the date of interview for controls (hereafter referred to as the *reference date*).

To date, 2228 eligible cases and 2604 eligible controls have been identified. Ninety-eight percent of eligible

cases had a consenting physician. Among those cases, 65% participated in the interview portion of the study, whereas 52% of eligible controls participated in the interview. Six hundred sixty-six cases were ineligible because of out-of-state residency ($n = 45$), language ($n = 70$), recurrent meningioma ($n = 83$), incarceration ($n = 3$), age ($n = 50$), spinal meningioma ($n = 144$), pathology unavailable for review ($n = 56$), mental or medical (ie, deaf) illness ($n = 96$), death (cause of death other than meningioma; $n = 76$), another pathology (ie, lung metastasis; $n = 16$), or other ($n = 27$). Eighty-five controls were ineligible because of out-of-state residency ($n = 6$), language ($n = 8$), a history of previous brain tumor with unknown pathology ($n = 8$), age group ($n = 1$), mental or medical illness ($n = 53$), death ($n = 3$), or other ($n = 8$). The sample that was used in this analysis included 1433 cases and 1350 controls.

Statistical Analysis

The initial portion of the statistical analysis included descriptive statistics. *T* tests, chi-square tests, and Fisher exact tests were used to examine associations between the risk of meningioma and independent covariates. To assess the odds of meningioma associated with risk factors, conditional logistic regression was used to provide maximum-likelihood estimates of the OR (adjusted for age, sex, race [white vs nonwhite], education [≤ 16 years of education vs > 16 years], and history of head CT) with 95% CIs using the statistical package PC-SAS version 9.2 (SAS Institute, Inc., Cary, NC).¹⁸ To avoid attributing the effect of therapeutic IR to dental x-rays, individuals who had received therapeutic radiation to the head, neck, chest, or face were removed from all analyses that assessed the risk associated with dental x-rays. To assess the association by anatomic location of the meningiomas, we also performed subanalyses by dividing cases into those with meningiomas located above or below the tentorium as well as those with skull base tumors using imaging and operative reports.

RESULTS

Descriptive statistics are provided in Table 1. The mean age was 57.5 years for cases versus 57.4 years for controls ($P = 0.74$). The majority of study participants were women and were white. Cases and controls did not differ according to age, race, sex, or geographic location. Controls were more likely to have ≥ 16 years of education and to have an annual salary $> \$75,000$.

Dental X-Rays

Table 2 compares reported dental care and imaging histories for cases and controls. All but 1 control and 2 cases reported having visited a dentist on at least 1 occasion, although cases were less likely to report seeing a dentist on a yearly basis. Controls reported first seeing a dentist at a younger age than cases (8.6 years vs 9.6 years, respectively; $P < .01$). Cases and controls reported no differences in use of orthodontics or endodontics, but cases were less likely to report having dentures (OR, 0.8; 95% CI, 0.6-1.0) and were more likely to report dental implants (OR, 1.3; 95% CI, 1.0-1.7) relative to controls.

The majority of study participants reported having had at least 1 bitewing in their life (95.8% of cases and 92.2% of controls), whereas approximately 75% of study participants reported having undergone at least 1 full-mouth series. Over a lifetime, cases were more than twice as likely as controls to report having ever had a bitewing. Significantly elevated risk was observed across all ages with the exception of individuals aged ≥ 50 years at the time of bitewing, although the elevated risk estimate for this age group was similar to that for younger individuals. Regardless of the age, more frequent receipt of bitewing films was associated with increased risk. A similar (but not statistically significant) elevated risk for meningioma was observed for full-mouth series among individuals who received yearly or more frequent scans at a young age.

The use of panorex films was less frequently reported than for bitewing or full-mouth series (approximately 47% of study participants), as expected. Significant increases in the risk of meningioma was associated with young age at receipt of screening as well as more frequent screening, and individuals who were aged < 10 years at the time of screening had an almost 5-fold increase in risk (OR, 4.9; 95% CI, 1.8-13.2).

It is noteworthy that cases were no more likely to have received a head CT (before their diagnosis of meningioma) than controls (OR, 1.0; 95% CI, 0.8-1.1). Very few individuals had received a cerebral angiogram (17 cases and 18 controls; $P = .7$). No association was observed between tumor location (supratentorial vs infratentorial) and dental x-rays.

Therapeutic Radiation

One hundred seventy-four participants (114 cases and 60 controls) reported that they received previous radiation therapy to the head, neck, face, or chest (Table 3). Cases were more likely to have received such radiation overall (OR, 1.8; 95% CI, 1.3-2.5). Cases were 1.5 times more

Table 1. Descriptive Statistics of the Study Sample

Variable	Cases, n = 1433		Controls, n = 1350		P (Cases vs Controls)
	No.	%	No.	%	
Age, y					
20-29	24	1.7	20	1.5	
30-39	89	6.2	87	6.5	
40-49	271	18.9	252	18.7	
50-59	405	28.3	410	30.5	
60-69	435	30.4	356	26.5	
70-79	208	14.4	220	16.3	
Mean±SD	57.5±11.7		57.4±12.0		.74
Sex					
Men	384	26.8	392	29	
Women	1049	73.2	958	71	.19
Race					
White	1191	83.1	1157	85.7	
Black	114	8	61	4.5	
Asian	51	3.6	51	3.8	
Other	67	5.3	81	6	.08
Residence					
Connecticut	147	10.3	167	12.4	
Massachusetts	314	21.9	321	23.8	
North Carolina	424	29.6	394	29.2	
California	366	25.4	317	23.5	
Texas	182	12.7	151	11.2	.17
Education					
≤16 y	386	27.1	238	17.7	<.01
>16 y	1041	72.9	1109	82.3	
Income					
≤\$75,000	720	57.2	590	48.6	<.01
>\$75,000	538	42.8	624	51.4	

Abbreviations: SD, standard deviation.

likely (95% CI, 1.0-2.2) and 2.8 times more likely (95% CI, 1.0-7.8) than controls to report receiving radiation for a malignant or benign tumor, respectively.

DISCUSSION

To our knowledge, this is the largest case-control study to date examining the correlation between dental x-rays and the risk of meningioma; and, because it is the most recent study, it provides an improved examination of the effects of reduced dosing exposure levels over time. Our findings suggest that dental x-rays, particularly when obtained frequently and at a young age, may be associated with an increased risk of intracranial meningioma, at least for the dosing received by our study participants. Earlier analyses based primarily on data drawn from smaller cohorts of patients (and who likely were exposed to higher IR doses)

also reported an increased risk with dental x-rays primarily for the higher dose, full-mouth series but only when received at high frequency or a young age.^{10,12,15} In their population-based case-control study, which included 200 patients with meningioma, Longstreth et al observed an association for those who reported ≥6 full-mouth films (OR, 2.06; 95% CI, 1.03-4.07) but not for those who reported fewer films or bitewing or panorex films.¹² Preston-Martin et al reported an increased risk for women who received a full-mouth series before age 20 years or before 1945; however, this was the only type of x-ray examined.¹⁵ Our findings indicate a statistically significant increased risk with both bitewing and panoramic films. Risk estimates for full-mouth films, although not statistically significant, were consistently in the same direction as for the other 2 film types. Both Longstreth et al¹² and Preston-Martin et al¹⁵ reported that the highest

Table 2. Dental X-Ray Histories of Meningioma Cases and Controls^a

Variable	Cases, n = 1433		Controls, n = 1350		OR (95% CI) ^b
	No.	%	No.	%	
Dental x-rays					
Orthodontic/braces	380	28.8	403	33.3	0.9 (0.8-1.1)
Endodontic/root canal	768	58.3	709	58.6	1.0 (0.9-1.2)
Dental implants	140	10.6	109	9	1.3 (1.0-1.7)
Dentures	250	18.9	234	19.3	0.8 (0.6-1.0)
Yearly dental visits: Yes/No	1034	78.3	1026	84.3	0.8 (0.6-0.9)
Ever had bitewing					
Aged <10 y	239	27.5	209	23.3	1.3 (1.0-1.7)
Ages 10-19 y	682	66.6	620	61.2	1.4 (1.1-1.7)
Ages 20-49 y	1048	91.4	964	87.5	1.7 (1.3-2.2)
Aged ≥50 y	698	83.4	677	82.7	1.2 (0.9-1.6)
Any age	1127	95.8	1043	92.2	2.0 (1.4-2.9)
Frequency of bitewings					
Aged <10 y					
None	631	72.5	692	76.8	1.0
Less than yearly	109	12.5	97	10.8	1.3 (1.0-1.8)
Yearly or more	130	14.9	112	12.4	1.4 (1.0-1.8)
Ages 10-19 y					
None	342	33.4	393	38.8	1.0
Less than yearly	368	35.9	357	35.2	1.3 (1.1-1.6)
Yearly or more	314	30.7	263	25.9	1.6 (1.2-2.0)
Ages 20-49 y					
None	98	8.6	138	12.5	1.0
Less than yearly	627	54.7	625	56.7	1.6 (1.2-2.1)
Yearly or more	421	36.7	339	30.8	1.9 (1.4-2.6)
Aged ≥50 y					
None	135	16.2	142	17.3	1.0
Less than yearly	370	44.4	406	49.6	1.1 (0.8-1.4)
Yearly or more	328	39.4	271	33.1	1.5 (1.1-2.0)
Ever had full mouth					
Aged <10 y	100	11	90	9.3	1.2 (0.8-1.7)
Ages 10-19 y	371	36.5	352	34.8	1.1 (0.9-1.4)
Ages 20-49 y	738	66.1	706	65.4	1.0 (0.9-1.2)
Aged ≥50 y	488	59.7	469	58.2	1.1 (0.9-1.4)
Any age	864	75.5	833	75	1.0 (0.9-1.3)
Frequency of full mouth					
Aged <10 y					
None	805	88.9	882	90.7	1.0
Less than yearly	69	7.6	64	6.6	1.2 (0.8-1.7)
Yearly or more	31	3.4	26	2.7	1.3 (0.8-2.3)
Ages 10-19 y					
None	644	63.4	660	65.2	1.0
Less than yearly	277	27.3	274	27.1	1.1 (0.9,1.4)
Yearly or more	94	9.3	78	7.1	1.2 (0.9,1.8)
Ages 20-49 y					
None	379	33.9	374	34.6	1.0
Less than yearly	608	54.4	593	54.9	1.0 (0.8-1.2)
Yearly or more	130	11.6	113	10.5	1.1 (0.8-1.5)
Aged ≥50 y					
None	329	40.3	337	41.8	1.0
Less than yearly	381	46.6	367	45.5	1.1 (0.9-1.4)
Yearly or more	107	13.1	102	12.7	1.1 (0.8-1.6)

(Continued)

Table 2. (Continued)

Variable	Cases, n = 1433		Controls, n = 1350		OR (95% CI) ^b
	No.	%	No.	%	
Ever had Panorex					
Aged <10 y	22	2.1	5	0.4	4.9 (1.8-13.2)
Ages 10-19 y	91	8	69	6.1	1.5 (1.1-2.1)
Ages 20-49 y	349	30.3	355	31.5	0.9 (0.7-1.1)
Aged ≥50 y	253	29.9	223	27	1.2 (0.9-1.5)
Any age	536	46.7	541	46.7	1.0 (0.8-1.2)
Frequency of Panorex					
Aged <10 y					
Ever	22	2.1	5	0.4	4.9 (1.8-13.2)
Ages 10-19 y					
None	1040	92	1054	93.7	1.0
Less than yearly	74	6.5	63	5.6	1.3 (0.9-1.9)
Yearly or more	17	1.5	6	0.5	3.0 (1.2-7.8)
Ages 20-49 y					
None	803	69.7	773	68.5	1.0
Less than yearly	311	27	341	30.2	0.9 (0.7-1.0)
Yearly or more	38	3.3	14	1.2	2.7 (1.4-5.3)
Aged ≥50 y					
None	592	70.1	603	73	1.0
Less than yearly	214	25.3	209	25.3	1.0 (0.8-1.3)
Yearly or more	39	4.6	14	1.7	3.0 (1.6-5.6)

Abbreviations: CI, confidence interval; OR, odds ratio.

^aIndividuals who received therapeutic radiation to the head, neck, face, or chest were not included (114 cases and 60 controls).

^bAdjusted for age, sex, education, race (white vs nonwhite), and history of head computed tomography.

Table 3. Reported History of Therapeutic Radiation to Head, Neck, Face, or Chest Among Meningioma Cases and Controls

Radiation Treatment For	Cases, n = 1433		Controls, n = 1350		OR (95% CI)
	No.	%	No.	%	
Cancer	58	4.1	37	2.7	1.5 (1.0-2.2) ^a
Benign tumor	15	1	5	0.4	2.8 (1.0-7.8) ^a
Tonsils/adenoids	5	0.4	0	0	<i>P</i> = .0628 ^b
Thyroid	9	0.6	2	0.2	<i>P</i> = .0660 ^b
Acne	10	0.7	6	0.4	<i>P</i> = .4565 ^b
Ringworm	4	0.4	0	0	<i>P</i> = .1253 ^b
Ear	3	0.2	1	0.1	<i>P</i> = .6254 ^b
Other	15	1.1	9	0.7	<i>P</i> = .3087 ^b
Any	114	8	60	4.4	1.8 (1.3-2.5) ^a

Abbreviations: CI, confidence interval; OR, odds ratio.

^aAdjusted for age, sex, and race (white vs nonwhite).

^bFisher exact test (2-sided probability).

risk for full-mouth series was observed in young patients with higher exposure levels. Given the possible error in recall of specific numbers of dental x-rays, we restricted our frequency analyses to yearly or greater versus less than yearly. It is noteworthy that the percentages of individuals

reporting each of the 3 categories of x-ray in our series match well to the previous studies.

Strengths of this study include the population-based study design, the large sample size (which may have allowed us to detect effects for x-rays with lower effective

dose), and the relatively consistent magnitude and direction of risk estimates. Histologic confirmation was obtained for all cases, suggesting that these results may only be applicable to lesions that are deemed in need of surgery rather than conservative management.

Limitations of this study include the possibility of either under-reporting or over-reporting of dental x-rays by study participants. This is a difficult problem in epidemiology, because, unlike medical care, which (at least within cohorts of patients drawn from health maintenance organizations or similar entities) may be confirmed by a review of centralized medical records, dental care generally is obtained (even for a single individual) from numerous dentists, all of which are outside of a health maintenance organization or hospital-based setting, providing little opportunity for researchers to validate dental reports in a timely or cost-efficient manner. No national database of dental treatment exists within the United States; hence, researchers must rely on patient self-report, despite the potential for bias. In the largest ($n = 200$) previous case-control study to date of dental x-rays and meningioma (Longstreth et al, 2004), researchers validated dental information on 72 cases and 75 controls, estimating that cases and controls saw 6.1 and 6.6 dentists, respectively, over a lifetime.^{12,19} Participants recalled bitewing and panoramic x-rays more accurately than full-mouth series, which they over-reported. The extent of the over-reporting varied by age and was greater for cases for recent visits and greater for controls for visits more distant in time. However, participants recalled 81% of the dentists visited in their lifetime, and the majority of forgotten dentists and dental care procedures involved only 1 or 2 visits.^{12,19} A second validation effort²⁰ revealed that, although both cases and controls tended to overestimate the number of dental x-ray visits, recall appeared to be unbiased with measures of agreement between interview and dental chart data similar for cases and controls.

The extent to which the risk of meningiomas associated with exposure to IR is modified by genotype is a research area of intense interest. Genetic variants in genes involved in the DNA repair pathway, some of which appear common to several tumor types, have been implicated in meningioma risk but have not been confirmed.²¹⁻²⁴ Data from Israel provide evidence for genetic predisposition to radiation-associated meningioma,²²⁻²⁴ highlighting the role of inherited genetic factors as well as exposure in the development of meningioma. As radiation exposure is in many instances avoidable, the need to identify high-risk genetic variants is of great importance to potentially

decrease the risk of meningiomas and probably other tumors. Studies like these allow for the collection of large numbers of individuals with various gene*environment combinations and, hence, comparison of the effect of exposures like IR across genetic variants; our group plans to further examine these interactions.

The findings presented here are important, because dental x-rays remain the most common artificial source of exposure to IR for individuals living in the United States. The use of other medical imaging procedures (and, hence, exposure to IR) is on the rise,²⁵ with the National Council on Radiation Protection and Measurements reporting that the per capita dose of radiation from medical imaging has increased by a factor of approximately 6 since the early 1980s.²⁶ For the most part, these procedures are associated with even higher levels of exposure to IR than are bitewing or full-mouth dental x-rays. These statistics are noteworthy: The primary environmental (and generally modifiable) risk factor consistently identified for meningioma is exposure to IR. The American Dental Association's recent statement²⁷ on the use of dental radiographs highlights the need for dentists to examine the risk/benefit ratio associated with the use of dental x-rays and confirms that there is little evidence to support the use of dental x-rays to search for occult disease in asymptomatic patients or to obtain routine dental studies from all patients at pre-set intervals. Although dental x-rays are an important tool in well selected patients, efforts to moderate exposure to IR to the head is likely to be of benefit to patients and health care providers alike.

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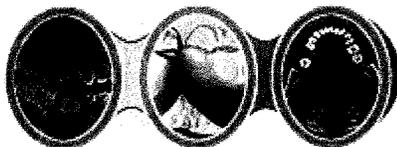
CONFLICT OF INTEREST DISCLOSURES

The authors made no disclosures.

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Ore. Board of Dentistry addresses dental x-ray confusion

By Kathy Kincade, Editor in Chief

May 1, 2012 -- Fearing they may become the subject of malpractice litigation or licensing violations, some Oregon dentists are reportedly refusing to treat patients who refuse to be x-rayed before routine cleaning appointments.

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The February 2012 issue of the Oregon Board of Dentistry's professional newsletter included the following statement on the standard of care regarding dental radiographs:

The Standard of Care in Oregon requires that current radiographs are available prior to providing treatment to a patient. If a patient without a medical justification refuses to allow radiographs to be taken, even with the offer to sign a waiver, then providing treatment to that patient would violate the Standard of Care in Oregon.

Since then, according to an Associated Press story, dentists have been "erring on the side of caution" to protect themselves from malpractice claims and avoid putting their licenses in jeopardy.

Some dentists say the description provided by the dental board is confusing with regard to what constitutes "current," the AP reported.

The rule of thumb is spelled out in guidelines from the ADA and the U.S. Food and Drug Administration (FDA), according to Patrick Braatz, executive director of the Oregon Board of Dentistry.

Those guidelines call for posterior bitewing exams every 24-36 months in established adult patients with no caries and no increased risk of developing caries and every 18-36 months for adolescents with permanent dentition (Journal of the American Dental Association, September 2006, Vol. 137:9, pp. 1,304-1,312). For recall adult patients with caries or at

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between dental x-rays and th
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increased risk of developing caries, the exams are recommended at 6- to 18-month intervals.

"A patient refusing to have x-rays taken is not something that a dentist can agree to as it violates the standard of care," Braatz told *DrBicuspid.com* in an email. "X-rays are a diagnostic tool, and based on the condition of a patient's oral health and the guidelines from the ADA and the FDA and what is taught in dental school is what is considered the standard of care for dentists."

The board receives calls every week about this issue, Braatz added.

"People are being told that it is a law, so we wanted to clarify that it is not a law or rule but the standard of care," he said.

The ADA/FDA guidelines also say there is little evidence to support use of dental x-rays to search for problems in asymptomatic patients, and that dentists should not prescribe routine dental radiographs at present intervals.

"Instead, they should prescribe radiographs after an evaluation of the patient's needs that includes a health history review, a clinical dental history assessment, a clinical examination and an evaluation of susceptibility to dental diseases," wrote the ADA Council on Scientific Affairs.

In addition, because every precaution should be taken to minimize radiation exposure, the ADA and FDA recommend that protective thyroid collars and aprons be used whenever possible.

"Dentists should weight the benefits of dental radiographs against the consequences of increasing a patient's exposure to radiation and implement appropriate radiation control procedures," the ADA Council on Scientific Affairs concluded.

Related Reading

[AGD sets the record straight on dental x-rays, April 12, 2012](#)

[Calif. radiation law to take effect July 1, April 3, 2012](#)

[Mail-in device simplifies intraoral x-ray dose analysis, August 4, 2011](#)

[Image Wisely campaign addresses radiation exposure, December 3, 2010](#)

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OREGON'S MID-WILLAMETTE VALLEY

Some dentists, patients clash over X-rays

BEND— Some Central Oregon dentists are refusing to treat patients who refuse to get X-rays before routine cleaning appointments.

Dentists who used to agree to patients' requests to defer X-rays are becoming insistent and may be calling for X-rays more frequently than national standards suggest, The Bulletin (<http://bit.ly/lwlFre>) reported.

Dentists say they're heeding guidance from the state licensing board and erring on the side of caution to protect themselves from malpractice claims or putting their licenses in jeopardy.

Among the patients is 61-year-old Bend real estate agent Jim Johnson, who says X-rays are a good tool for diagnosing dental problems, but "as a preventive tool and just as a habit to zap you every six months, that's a waste of time and money," as well as an exposure to more radiation.

Last week, he refused to get a new set of X-rays for a scheduled cleaning appointment, and the dentist canceled his appointment, suggesting he find a new one.

He had been seeing Dr. Jeff Timm, who

cited a February newsletter from the Oregon Board of Dentistry that said the standard of care in Oregon requires a current X-ray be available before a dentist provides treatment, even if a patient signs a waiver.

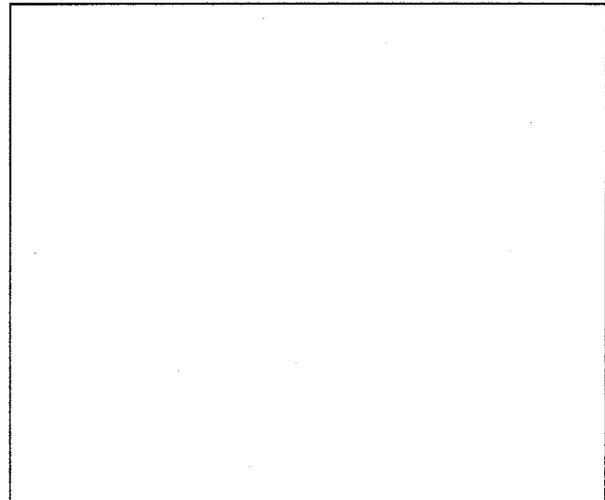
"So now our hands are tied a little bit," Timm said. "They don't give you a definition. They don't say it's every year or every other year. They say current. Well, what does that mean?"

Timm declined to comment on the specifics of Johnson's care, citing privacy laws, but said the dentists at the practice felt that more than five years without taking bite-wing X-rays would not meet the standard even in patients with no risk factors.

Johnson said it's been five years since he's had a panoramic X-ray of all his teeth and six years since his last set of bitewing X-rays.

The Board of Dentistry said patients have been calling to say that dentists told them

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OREGON'S MID-WILLAMETTE VALLEY

the board requires X-rays, said its executive director, Patrick Braatz.

"We wanted to clarify that for the licensees, that it's not the law, it's not a board rule," he said.

When to schedule X-rays isn't an exact science, he said. "There are guidelines from the Food and Drug Administration and the American Dental Association, and that's the standard."

The guidelines call for routine X-rays in established adult patients with no apparent risk factors for decay or periodontal disease every 18 to 36 months. The guidelines also say there is little evidence to support use of dental X-rays to search for problems in patients with no symptoms or to obtain films from patients at preset intervals.

Many dentists consider current X-rays as being within a year, said Christina Swartz, managing director for public and professional education for the Oregon Dental Association.

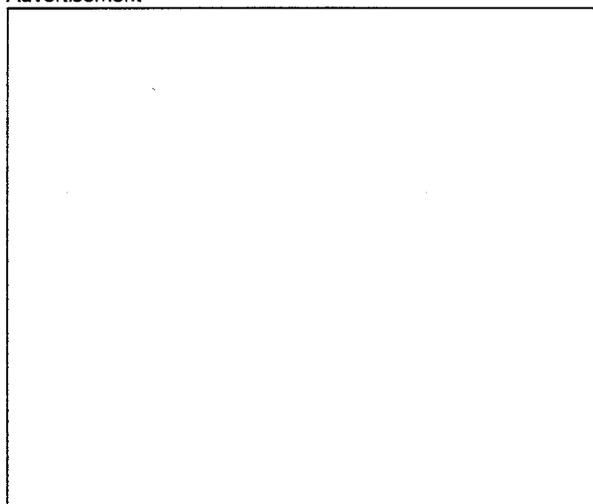
Dr. Gary Chiodo, interim dean of the School of Dentistry at Oregon Health & Science University, said preset schedules for X-rays were abandoned long ago.

"If somebody is getting new cavities every time they come in, every six months, then that's very different from somebody who hasn't had a cavity in the last five years," he said.

But, he said, dentists cannot continue to treat patients who simply refuse all X-rays.

"At the end of the day, if the patient is saying, 'No, I want you to provide my treatment without dental X-rays,' the dentist cannot do that," he said. "That's malpractice."

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GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS

The recommendations in this chart are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient’s health history and completing a clinical examination. Because every precaution should be taken to minimize radiation exposure, protective thyroid collars and aprons should be used whenever possible. This practice is strongly recommended for children, women of childbearing age and pregnant women.

TYPE OF ENCOUNTER	PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	Adult, Edentulous
New patient* being evaluated for dental diseases and dental development	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized dental disease or a history of extensive dental treatment.		Individualized radiographic exam, based on clinical signs and symptoms.
Recall patient* with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6-18 month intervals	Not applicable
Recall patient* with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable

GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS, cont'd.

TYPE OF ENCOUNTER	PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult Dentate and Partially Edentulous	Adult Edentulous
Recall patient* with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically.				Not applicable
Patient for monitoring of growth and development	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development. Panoramic or periapical exam to assess developing third molars	Usually not indicated	
Patient with other circumstances including, but not limited to, proposed or existing implants, pathology, restorative/endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring in these circumstances.				

***Clinical situations for which radiographs may be indicated include but are not limited to:**

A. Positive Historical Findings

1. Previous periodontal or endodontic treatment
2. History of pain or trauma
3. Familial history of dental anomalies
4. Postoperative evaluation of healing

5. Remineralization monitoring
6. Presence of implants or evaluation for implant placement

B. Positive Clinical Signs/Symptoms

1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of dental/facial trauma
7. Mobility of teeth
8. Sinus tract (“fistula”)
9. Clinically suspected sinus pathology
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and/or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color
21. Unexplained absence of teeth
22. Clinical erosion

****Factors increasing risk for caries may include but are not limited to:**

1. High level of caries experience or demineralization
2. History of recurrent caries
3. High titers of cariogenic bacteria
4. Existing restoration(s) of poor quality
5. Poor oral hygiene
6. Inadequate fluoride exposure
7. Prolonged nursing (bottle or breast)
8. Frequent high sucrose content in diet
9. Poor family dental health
10. Developmental or acquired enamel defects

11. Developmental or acquired disability
12. Xerostomia
13. Genetic abnormality of teeth
14. Many multisurface restorations
15. Chemo/radiation therapy
16. Eating disorders
17. Drug/alcohol abuse
18. Irregular dental care

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Memorandum

DATE: MAY 22, 2012
TO: PATRICK D. BRAATZ, EXECUTIVE DIRECTOR
FROM: PAUL KLEINSTUB, D.D.S.,
CHIEF INVESTIGATOR/DENTAL DIRECTOR 
SUBJECT: 2012 EXPANDED PRACTICE DENTAL HYGIENE CONFERENCE

On May 4–5, 2012, the Oregon Dental Hygienists' Association held an Expanded Practice Permit holder conference during which a number of CE courses were presented. I then evaluated the content in each course, based on the course descriptions, to see if the material presented could be used to satisfy the Board's CE requirements for dental hygienists. I did the evaluation based on the Board's rules and the course content descriptions. Since the format for the CE presentations was basically in the form lectures or panel discussions, there would be three basic categories this conference's presentations appear to fall into: (1) Clinical patient care, (2) The practice of dental public health, or (3) Practice management and patient relations. The category that I determined the individual CE courses fell into follows the course number and whether or not the course, as described, could be used.

OAR 818-021-0070(1) states: Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

OAR 818-021-0070(4) states: At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.

OAR 818-001-0002(a) states: "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.

**Opening Session Yes – Practice Management and Patient Relations.
Regulation of Expanded Practice Dental Hygiene in Oregon (3 CEU)**

Friday, May 4th, 9:00 AM - 12:00 PM

This course will provide an overview of the Oregon Dental Practice Act (law) and Oregon Administrative Rules which regulate expanded practice dental hygienists in Oregon. Topics will include requirements for obtaining an expanded practice permit, services rendered under permit, collaborative agreements, recordkeeping and referral of patients. The process for pursuing regulatory change will be discussed.

CE #1 Yes – Practice Management and Patient Relations.

Choice, Challenge, Change: The Alternative Dental Hygiene Experience (3 CEU) Friday,
May 4th, 2:00PM-5:00PM

This course will provide information on the current status of alternate practice throughout the United States, including which states allow direct access care, various supervision requirements, practice settings, services, reimbursement, and business structures. The course will also assist dental hygienists decide if they are ready to make the choice and accept the challenges and changes that come with practice ownership. Key personal abilities necessary for success will be discussed. Examples of practice models will be presented.

CE #2 Yes – Practice Management and Patient Relations.

Untangling the Maze: DCO - Friend or Foe? (3 CEU)

Friday, May 4th, 2:00PM-5:00PM

The world of the Dental Care Organization (DCC) is often shrouded in mystery and misperceptions. In fact, the DCO can be confusing and frustrating to both our patients and to us as providers. Like mice running through a maze, it can seem full of never-ending twists of policy and roadblocks of red tape. However, in reality the DCO is one of organized dental hygiene's most avid supporters. Their mission statements often echo the ODHA mission of ensuring access to quality oral health care and the cost effective benefits of prevention. This course will answer the questions, "What exactly is a DCO?" "Who is covered?" "What is covered?" "How do I get paid?" "How can an EPDH work with a DCO to provide care?" Come be encouraged by one dental hygienist's history in working independently through a DCO and untangle the maze regarding new practice opportunities.

CE #3 Yes – Practice Management and Patient Relations.

Ready, Set to Go? Business Planning for a Dental Hygiene Practice (3 CEU)

Saturday, May 5th, 9:00AM -12:00 PM

This course will discuss the importance of developing a business plan for start-up and ongoing success of a dental hygiene business. Elements of a business plan such as organizational structure, licensing, taxes, record keeping, insurance, contracts, competition, marketing, pricing, equipment and supplies will be discussed. Personal business worksheets and a business plans format will be presented. Interaction with participants will be encouraged.

CE #4 Yes – Practice Management and Patient Relations.

Understanding Dental Reimbursement (3 CEU)

Saturday, May 5th, 9:00AM -12:00 PM

This course will provide an overview of the various options that are available to patients and providers to pay for dental services. Patient payment, third party payment and financing plans will be discussed. Emphasis will be placed on dental insurance programs including private, managed care and government funded plans.

CE #5 Yes – Clinical Patient Care.

The ICDAS System for Detection & Management of Dental Caries (3 CEU)

Saturday, May 5th, 2:00PM-5:00PM

Rapid changes are taking place within the dental profession regarding how we view caries as a disease. This includes the way we search for the signs of the disease process, how we interpret the various signals involved, the risk factors, and how we synthesize all this information into a meaningful chair-side approach. The ICDAS system (International Caries Detection and Assessment System) integrates current knowledge of the disease with how we make clinical decisions, how we go about deciphering the clinical signs, the differential diagnosis, and leads us to a more targeted approach to preventive treatment planning based on individual needs. As our knowledge of caries management expands, so does the role and importance of each member of the dental team.

CE #6 Yes – Dental Public Health.

Navigating Transformation: Back to the Future of Healthcare Reform (3 CEU)

Saturday, May 5th, 2:00PM-5:00PM

The healthcare industry is going through a paradigm shift in the methods of delivery and understanding of the "whole" person. From the federal level down to the individual states,

significant healthcare delivery changes are on the horizon or in some states such as Oregon, already here. Understanding the nuances of the changes and how they affect the delivery of care can be a challenging task. Oregon is at the forefront of the changes through the state's transformation efforts. Operating as a transformation tour guide, he will describe the changes from a macro level and then delve into the micro level changes that pertain directly to the dental community. The future of healthcare will eminently be changing and change can be scary, yet through all adversity comes opportunity. It's time that the rest of the healthcare community appreciates the role oral health has in the holistic treatment plans of every patient.

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2012 Expanded Practice Dental Hygiene Conference

Friday-Saturday, May 4-5, 2012
Holiday Inn Eugene/Springfield
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Continuing Education Courses

Opening Session

Regulation of Expanded Practice Dental Hygiene in Oregon (3 CEU)

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Panel Presentation will include representatives from the Oregon Board of Dentistry and the Oregon Dental Hygienists' Association.

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Doreen Naughton, RDH, BSDH, has been licensed in dental hygiene in Washington State since 1980. She has been in private practice as the sole proprietor of Dental Hygiene Health Services for twenty-three years. She has provided preventive and therapeutic dental hygiene care for over 4,000 people in nursing homes, adult boarding homes and at ECEAP school sites. Doreen has taught dental assisting at Highline Community College and dental hygiene at Pierce Community College. She has been an affiliate faculty member at the University of Washington, Department of Oral Health Sciences since 1992. She has presented numerous continuing education classes on a variety of topics in the United States and Canada. She is a co-author of the text "Local Anesthesia for Dental Professionals," published by Pearson/Prentice Hall in September 2009. Doreen served as president of the Washington State Dental Hygienists' Association (1988-1989) and as District XII Trustee to the American Dental Hygienists' Association (1995-1998). She received the Washington State Dental Hygienists' Association – Martha Fales Award in 1994; the American Dental Hygienists' Association – Excellence in Dental Hygiene Award in 2000; and was named a Mentor of the Year runner-up by RDH Magazine in 2004.

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CE #2

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covered?" "What is covered?" "How do I get paid?" "How can an EPDH work with a DCO to provide care?" Come be encouraged by one dental hygienist's history in working independently through a DCO and untangle the maze regarding new practice opportunities.

Linda Mann, RDH, BSDH, EPDH, graduated in 1986 from the University of Colorado, Health Science Center. She spent 18 years working for the Confederated Tribes of Grand Ronde. This experience led her to explore other public health dental hygiene practices. Linda obtained a Limited Access Permit early on after its inception. She has a heart for working with children that has led her to develop and implement fluoride varnish programs in several Head Start sites. In 2009, Linda joined forces with Capitol Dental Care and now functions as a Community Outreach Coordinator, developing and implementing dental prevention programs in five counties. She is involved with Head Start, Seal Salem Now (a school-based sealant program in Salem-Keizer schools), and Marion county WIC.

Kristi Jacobo is a Policy Analyst with the Oregon Health Authority's Division of Medical Assistance Programs (DMAP). She has worked for the State of Oregon for 28 years, including the past five years as the Dental Policy Analyst with DMAP. This work involves serving as a key policy advisor for the Division, developing regulatory policy and procedures for Oregon Health Plan coverage, analyzing Federal and State laws and coordinating Legislative changes to policy. Kristi collaborates with the Dental Care Organizations, Head Start, Public Health and others for management of policies for OHP clients. She also participates on the Medicaid/CHIP State Dental Association (MSDA) Communications Committee. At this time, she is also doing policy analyst work for the Medical Transportation Program for DMAP.

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This course will provide an overview of the various options that are available to patients and providers to pay for dental services. Patient payment, third party payment and financing plans will be discussed. Emphasis will be placed on dental insurance programs including private, managed care and government-funded plans.

Kristen Simmons, RDH, BSDH, MHA, is currently Vice President of Strategy and Professional Development for Willamette Dental Group, Oregon. She oversees corporate strategy, as well as training,

education, research and quality management for 200 general and specialty dentists and 150 dental hygienists in 54 offices throughout three states. Kristen earned her dental hygiene license in 1984, her Bachelor's degree in Dental Hygiene from Eastern Washington University in 2001 and her Master's degree in Healthcare Administration (MHA) from Pacific University in 2010. Kristen is a member of the American College of Healthcare Executives, American Public Health Association, American Dental Education Association and the American Dental Hygienists' Association. She is a past president of the Oregon Dental Hygienists' Association and currently serves as Chair of the ADHA Council on State Regulation and Practice. Kristen received the 2006 Mentor of the Year Award presented by RDH Magazine and Philips Sonicare.

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CE #5

The ICDAS System for Detection & Management of Dental Caries (3 CEU)

Saturday, May 5th, 2:00 PM – 5:00 PM

Rapid changes are taking place within the dental profession regarding how we view caries as a disease. This includes the way we search for the signs of the disease process, how we interpret the various signals involved, the risk factors, and how we synthesize all this information into a meaningful chair-side approach. The ICDAS system (International Caries Detection and Assessment System) integrates current knowledge of the disease with how we make clinical decisions, how we go about deciphering the clinical signs, the differential diagnosis, and leads us to a more targeted approach to preventive treatment planning based on individual needs. As our knowledge of caries management expands, so does the role and importance of each member of the dental team.

Hafsteinn Eggertsson, DDS, MSD, PhD, currently holds a position in Research and Professional Development, along with patient practice with Willamette Dental Group, Oregon. His area of expertise is in caries detection, methods for early detection of caries, and in caries management. He is an affiliate assistant professor at University of Washington, and an honorary research fellow at University of Iceland. Dr. Eggertsson has a DDS degree from the University of Iceland, Master's degree in Operative Dentistry, and PhD in Preventive Dentistry from Indiana University. He served on faculty in Indiana for 10 years, while gaining vast experience in clinical caries research. He served as President of the Cariology Research Group of AADR/IADR, and on the Advisory Board for the European Organization for Caries Research (ORCA). He is a member of the ICDAS coordination committee.

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CE #6

Navigating Transformation: Back to the Future of Healthcare Reform (3 CEU)

Saturday, May 5th, 2:00 PM – 5:00 PM

The healthcare industry is going through a paradigm shift in the methods of delivery and understanding of the "whole" person. From the federal level down to the individual states, significant healthcare delivery changes are on the horizon or in some states such as Oregon, already here. Understanding the nuances of the changes and how they affect the delivery of care can be a challenging task. Oregon is at the forefront of the changes through the state's transformation efforts. Operating as a transformation tour guide, he will describe the changes from a macro level and then delve into the micro level changes that pertain directly to the dental community. The future of healthcare will eminently be changing and change can be scary, yet through all adversity comes opportunity. It's time that the rest of the healthcare community appreciates the role oral health has in the holistic treatment plans of every patient.

Matthew Sinnott, MHA, currently holds a Government Relations Coordinator position at Willamette Dental Group, Oregon. He is also an adjunct professor at Pacific University, teaching Healthcare Policy and Healthcare Research and Methodology. Graduating from Oregon State University with a Bachelors of Business Administration with options in Marketing and Management, Matt spent 8 years in both domestic and international business before pursuing his master's degree. Matt attended Pacific University's Master of Healthcare Administration (MHA) program and graduated in August 2011. His area of expertise is translating healthcare policy into business strategy and he firmly believes in the positive impacts wellness and prevention can have on our healthcare delivery system when properly integrated.

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**Oregon Board of Dentistry
Committee and Liaison Assignments
May 2012 - April 2013**

STANDING COMMITTEES

Communications

Purpose: To enhance communications to all constituencies

Committee:

Jonna Hongo, D.M.D., Chair
Darren Huddleston, D.M.D.
Alton Harvey, Sr.

Barry Taylor, D.M.D., ODA Representative
Kelli Swanson-Jaeks, R.D.H., M.A., ODHA Representative
Linda Kihs, CDA, EFDA, MADAA, ODAA Representative

Subcommittees:

- Newsletter – Jonna Hongo, D.M.D., Editor

Dental Hygiene

Purpose: To review issues related to Dental Hygiene

Committee:

Jill Mason, M.P.H., R.D.H., E.P.P., Chair
Brandon Schwindt, D.M.D.
Mary Davidson, M.P.H., R.D.H., L.A.P

Joni D. Young, D.M.D., ODA Representative
Kristen L. Simmons, R.D.H., B.S., ODHA Representative
Ninette Lyon, RDA, CDA, EFDA, ODAA Representative

Enforcement and Discipline

Purpose: To improve the discipline process

Committee:

Darren Huddleston, D.M.D. - Chair
Jill Mason, M.P.H., R.D.H., E.P.P.
New Public Member

Subcommittees:

Evaluators

- Jonna Hongo, D.M.D., Senior Evaluator
- Brandon, Schwindt,, D.M.D., Evaluator

Licensing, Standards and Competency

Purpose: To improve licensing programs and assure competency of licensees and applicants

Committee:

Norman Magnuson, D.M.D., Chair
Julie Ann Smith, D.D.S., M.D.
New Public Member.

Daren L. Goin, D.M.D., ODA Representative
Lisa J. Rowley, R.D.H. ODHA Representative
Mary Harrison, CDA, EFDA, EFODA, ODAA Representative

Rules Oversight

Purpose: To review and refine OBD rules

Committee:

Brandon Schwindt, D.M.D., Chair
Alton Harvey, Sr.
Jill Mason, M.P.H., R.D.H., E.P.P.

Jill M. Price, D.M.D., ODA Representative
Lynn Ironside, R.D.H., ODHA Representative
Ninette Lyon, RDA, CDA, EFDA, ODAA Representative

LIAISONS

American Assoc. of Dental Administrators (AADA) — Patrick D. Braatz, Executive Director
American Assoc. of Dental Boards (AADB)
Administrator Liaison – Patrick D. Braatz, Executive Director
Board Attorneys' Roundtable – Lori Lindley, SAAG - Board Counsel
Dental Liaison – Patricia Parker, D.M.D.
Hygiene Liaison – Jill Mason, M.P.H., R.D.H., E.P.P.
Oregon Dental Association – Patricia Parker, D.M.D.,
Oregon Dental Hygienists' Association – Jill Mason, M.P.H., R.D.H., E.P.P.
WREB Dental Exam Review Committee – Norman Magnuson, D.D.S.
WREB Hygiene Exam Review Committee - Mary Davidson, M.P.H., R.D.H., E.P.P.
Western Conference of Dental Examiners and Dental School Deans - Norman Magnuson, D.D.S.
ADEX House of Delegates – Patricia Parker, D.M.D.
ADEX Exam Committee – Jonna Hongo, D.M.D.
ADEX Dental Hygiene Committee – Jill Mason, M.P.H., R.D.H., E.P.P.
ADEX District 2 Dental Hygiene Representative - Mary Davidson, M.P.H., R.D.H., E.P.P.
NERB Steering Committee - Mary Davidson, M.P.H., R.D.H., E.P.P., Jonna Hongo, D.M.D.
Patricia Parker, D.M.D.

OTHER

Administrative Workgroup

Purpose: To update Board and agency policies and guidelines. Consult with Executive Director on administrative issues. Conduct evaluation of Executive Director.

Committee:

Patricia Parker, D.M.D, Chair
Mary Davidson, M.P.H., R.D.H., L.A.P.
Alton Harvey, Sr.

Subcommittee:

Budget/Legislative – *(President, Vice President, Immediate Past President)*

- Patricia Parker, D.M.D., Jonna Hongo, D.M.D., Mary Davidson, M.P.H., R.D.H., E.P.P.

Anesthesia

Purpose: To review and make recommendations on the Board's rules regulating the administration of sedation in dental offices.

Committee:

Julie Ann Smith, D.D.S, M.D., Chair
Brandon Schwindt, D.M.D.
Rodney Nichols, D.M.D.
Daniel Rawley, D.D.S.
Henry Windell, D.M.D.
Mark Mutschler, D.D.S.
Jay Wylam, D.M.D.
Richard Park, D.M.D.

NEWSLETTERS
&
ARTICLES OF
INTEREST

Nothing to report under this tab

LICENSE RATIFICATION

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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 HYGIENE

H6208	KAREN A DAUGHERTY, R.D.H.	4/3/2012
H6209	KATHLEEN M BIGELOW, R.D.H.	4/5/2012
H6210	AYMAN ESMAT ALGOHARY, R.D.H.	4/24/2012
H6211	KELLY E MANNING, R.D.H.	4/24/2012
H6212	NATALIE R BARKER, R.D.H.	4/25/2012
H6213	KRISTA JEWELENE BECK, R.D.H.	4/25/2012
H6214	SUL-AH MOON, R.D.H.	5/2/2012
H6215	WHITNEY NICCOLE BARTLETT, R.D.H.	5/17/2012
H6216	MARIA GUADALUPE RIOS R.D.H.	5/17/2012
H6217	STEFANIE E SCOTT, R.D.H.	5/17/2012
H6218	DAYVIN MYCAL KNEMEYER, R.D.H.	5/17/2012
H6219	ALEAH R WRIGHT, R.D.H.	5/17/2012
H6220	CARLEY RAE CHANDLER, R.D.H.	5/17/2012
H6221	JESSICA ELIZABETH BARRETT R.D.H.	5/17/2012

DENTISTS

D9711	JENNIFER RUBEL, D.M.D.	4/3/2012
D9712	ELIZABETH IRENE KATZ, D.M.D.	4/3/2012
D9713	HAN NGOC VU, D.D.S.	4/3/2012
D9714	TODD R COCKRELL, D.M.D.	4/5/2012
D9715	CAMERON GLEN EDWARDS D.D.S.	4/24/2012
D9716	ERIC L GREGG, D.M.D.	4/24/2012
D9717	GARTH W HATCH, D.D.S.	4/24/2012
D9718	THOMAS S STINCHFIELD, D.D.S.	4/25/2012

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