



PRESIDENT'S MESSAGE



by Melissa Grant, DMD

So, what exactly is the OREGON BOARD OF DENTISTRY (OBD)?

Who are we, the Board members, what is it we do behind closed (and occasionally open) doors, and

more importantly, why would anyone WANT to be here? Before being appointed to the OBD in 2001, my personal impression of the Board was probably quite similar to many of you: a group of hooded Draconian ogres with ready gavels poised to hand down onerous judgments for any and all infractions. Indeed we do have a gavel (to call meetings to order), and hoods would be nice on cold days, but really the OBD is made up of dental professionals (dentists and hygienists) with a member of the general public of whom are all subject to the same rules and regulations that we were appointed to uphold.

Board appointments come from the Governor's Office and members typically serve two terms. It is a large commitment in time and energy but is also a fantastic opportunity to serve our state, profession, and patients. The collective experience and knowledge shared by not only the OBD, but the staff, also is vast and is a great resource. The Board's mission is simple: to assure that citizens of the state receive the highest possible quality oral health care.

Easy concept, right? Well, for the most part, yes. However, if it was 100% foolproof, the OBD need not exist. Indeed, the vast majority of licensees strive to practice in the best interest of the public which, in turn, is in the best interest of the profession. As Board members, the complaints we hear of most often are really matters of miscommunication; whether it be

regarding treatment options, risks, benefits, or cost. This is the one thing that sitting on the Board has taught me: be the best communicator you can be with your patients, staff, and colleagues and LISTEN with an open mind. While we cannot please everyone, and patients do complain for a misread of reasons, if you strive to take care of them with reasonable treatment plans and fees, they will take care of you. The state of Oregon has a large pool of professional talent; use it. We also hear cases of licensees taking on more than maybe they should. Remember, one's greatest strength as a professional is to know one's limitations. When in doubt, refer. Don't let your ego prevent you from recognizing that sometimes a referral is going to be in everyone's best interest.

Another area the Board unfortunately has to deal with is over-treatment. We all get copious weekly mailers promising the latest, greatest, and profitable gizmo and technique to dentistry. And while many of these things can sound exciting, ask yourself if it has been researched. Are they products or techniques that any reasonable professional would use? Don't rely solely on a manufacturer's or "guru's" claim. Sometimes over-treatment can be far more damaging than no treatment.

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Our Mission: *The mission of the Oregon Board of Dentistry is to assure that the citizens of the state receive the highest possible quality oral health care.*

EXECUTIVE DIRECTOR

Patrick D. Braatz



DECISIONS

We all make decision in our everyday life and the Oregon Board of Dentistry (OBD) and its staff acting on behalf of the Board is no different in that decision making process. The difference comes from the fact that

the decisions made by the OBD will have an impact on the profession of dentistry in Oregon and the citizens of our great state.

Whether some feel those decisions are good or bad, right or wrong, is not for the OBD to decide; but rather ultimately the public will have its say.

Sometimes there is pressure that the OBD should make a quick or hasty decision based on an initial reaction to an issue. It has been my experience with the OBD, that when the Board members are confronted with an unexpected or complex problem, the OBD strives to not develop a hasty response. The decision should not be put off indefinitely, but the matter needs to be investigated thoroughly and a careful review should take place before any decision is made and implemented.

Many times people will suggest to the OBD that there are basically two alternative solutions to a problem, with the thought that the OBD will select one of the two alternatives. This is driven by the need to provide closure. Many times this is not the appropriate way to handle the problem and it may be more driven by resolving the matter quickly than making a good decision. The OBD would rather face criticism for not making a decision quickly, rather than making an unsatisfactory decision that no one will really like. The OBD staff tries to provide the Board members with a sufficient number of alternatives for them to consider as they make their decision.

When alternatives are presented some will be simple and others will be more complex. While a simple choice may be a correct one, the OBD tries to examine all of the alternatives as it looks to make a decision to not make a mistake.

There are occasions when the OBD is faced with too many alternatives, which can cause it to not be able to make a reasonable decision. In these instances the OBD reduces the number of alternatives to make the number of alternatives more manageable.

I think the OBD does wrestle with the decisions that it makes and in most cases the appropriate decision is eventually reached.

Some say that a truly good decision is one that when all parties look back, that both sides are not pleased with the entire outcome. Sometimes this may be the case but the OBD, just like you and I, tries to make the best decision possible given the facts and information provided.

It has been a very interesting year so far, and as I write this column, the Oregon Legislature has yet to finish all of its work and adjourn. They too are wrestling with making many different and complex decisions. So far the legislation that has passed has not had a dramatic impact on the OBD. There are some legislative changes that will affect the OBD and there is more information about those changes in this newsletter.

I continue to meet more and more members of the dental community as I make presentations around the state, updating the activities of the OBD, and I look forward to meeting more of you in the months ahead.

If you have any questions or comments and want to reach me, feel free to call (503) 229-5520 or e-mail me at Patrick.Braatz@state.or.us. I look forward to hearing from you. ■

NEW BOARD MEMBERS

Darren S. Huddleston, D.M.D., joined the Board in July of 2005 as a dental member. Dr. Huddleston was born in Sacramento, California. He attended Cherry Creek High School, then Utah Valley State College, and received his undergraduate degree from Brigham Young University. He received his dental degree from the University of Florida College of Dentistry.



Dr. Huddleston currently practices dentistry in Grants Pass, Oregon, where he is a general dentist and solo practitioner. Dr. Huddleston has been active in the Oregon Dental Association and recently served as a member of the Board of Trustees. He is currently active in his church, the Boy Scouts of America, and Rotary.

In applying for a seat on the Board of Dentistry he told the Governor's Office, "I am interested in serving on the Board of Dentistry because I have a strong desire to uphold the high integrity of the profession to both the consumers and the dentist."

Dr. Huddleston is married and he, his wife, and two children reside in Grants Pass, OR. ■

Jill D. Mason, M.P.H., R.D.H., joined the Board in May of 2005 as a dental hygiene member. Ms. Mason was born in Nyssa, Oregon. She attended Ontario High School, received her B.S. degree from Arizona State University, and received her A.A.S. degree in Dental Hygiene from the Oregon Institute of Technology. She was awarded a Master's Degree in Public Health from the University of Michigan.



Ms. Mason is currently an Associate Professor in the Department of Undergraduate Periodontology at OHSU and previously was an Associate Professor in the Department of Dental Hygiene.

Ms. Mason has been active in the Dental and Dental Hygiene community serving on a variety of committees and task forces and is currently a member of the Area Health Education Centers' (AHEC) Statewide Advisory Committee as well as being an active member of the Oregon Dental Hygienists' Association. She recently served as the chair and a member of the Oregon Board of Dentistry's Dental Hygiene Committee. She has received numerous awards including the American Dental Education Association's Crest Dental Hygiene Teaching Excellence Award.

In applying for the Dental Hygiene member position she told the Governor's Office, "I feel my rural background, my varied clinical experience, my professional education in public health, and my current position educating Oregon's dental professionals provides a unique combination that will benefit Oregonians."

Ms. Mason is married, and she and her family currently reside in Portland, OR. ■

BOARD MEMBERS

Melissa Grant, DMD
President
Vancouver/Salem
Term expires 2009

Rodney Nichols, DMD
Vice-President
Milwaukie
Term expires 2007

Jean Martin, DDS, MPH
Canby
Term expires 2006

Ellen Potts, BS, RDH
Portland
Term expires 2006

George McCully, DMD
Eugene
Term expires 2008

Ronald Short, DMD
Klamath Falls
Term expires 2008

David Smyth, BS, MS
Public Member
Term expires 2008

Jill Mason, MPH, RDH
Portland
Term expires 2009

Darren Huddleston, DMD
Grants Pass
Term expires 2009

QUESTIONS? Call the Board office at 503-229-5520 or e-mail your questions to us at information@oregondentistry.org.

2005 LEGISLATIVE SESSION AND THE DENTAL PRACTICE ACT

Several pieces of legislation have been passed by the 2005 Legislature and signed into law by the Governor and should be of note to all licensees. The Oregon Board of Dentistry (OBD) did not submit any specific legislative proposal for the 2005 Legislative Session, but some legislation did pass that will impact the OBD and the licensees.

Limited Access Permits

The locations and the populations that Limited Access Permit (LAP) Dental Hygienists are allowed to work on and in have been expanded. The provision that prevented the OBD from adding or making any future changes to those locations and populations, except through legislation, has been eliminated. The law will also allow LAP Dental Hygienists to apply sealants and prescribe fluoride. Chapter 52 (2005 Laws) House Bill 2426, effective May 13, 2005.

All Examinations Accepted

All regional and state clinical licensing examinations taken within five years of the date of an application for licensure for a Dentist or a Dental

Hygienist must be accepted by the OBD for initial licensure in the state of Oregon. Previously the OBD had only accepted the Western Regional Examining Board (WREB) and the Central Regional Dental Testing Service (CRDTS) for initial licensure. Chapter 229 (2005 Laws) Senate Bill 458, effective January 1, 2006.

Out of State Clinical Rotations

The OBD will now allow students who are working to complete a dental or dental hygiene degree in institutions outside of Oregon to obtain clinical experience in OBD approved dental or dental hygiene settings which are allowed for those students enrolled in Oregon schools. Chapter 504 (2005 Laws) House Bill 3050, effective January 1, 2006.

Privileged Communication Extended to Dentists

Legislation has extended Dentists to the list of health care providers who are included in the physician-patient privilege to confidential communications between patients and Dentists. Chapter 353 (2005 Laws) Senate Bill 332, effective January 1, 2006. ■

RULE CHANGES CONCERNING THE PRACTICE OF DENTAL HYGIENE

Effective February 1, 2005, four rule changes went into effect significantly changing the practice of Dental Hygiene in the state of Oregon.

OAR 818-035-0025(1) will now state: "A dental hygienist may not: Diagnose and treatment plan other than for dental hygiene services." This rule change means that a dental hygienist, after being authorized by a supervising dentist to do so, may diagnose and treatment plan the need for dental hygiene services for a patient. This does not mean that a hygienist can then go ahead with the treatment for that patient. Rather, the hygienist must first review the diagnosis and treatment plan with the supervising dentist, and then receive authorization by the supervising dentist to proceed with the treatment for that patient.

OAR 818-035-0025(5) will now state: "A dental hygienist may not: Prescribe any drug other than fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or resorbable antimicrobial agents." This rule change means that a dental hygienist, after being authorized by a supervising dentist to do so, may prescribe any of those drugs for a patient.

OAR 818-035-0025(9) has been eliminated. It previously stated, "A dental hygienist may not: Take impressions for permanent prosthodontic appliances, bridges, or other permanent structures to be worn in the mouth." This rule change means that a dental hygienist, after being authorized by a supervising dentist to do so, may take impressions for permanent prosthodontic appliances, bridges, or other permanent structures to be worn in the mouth of a patient.

VOLUNTEER DENTIST/DENTAL HYGIENIST DESIGNATION

In an effort to try to help with the issue of dental care access, the Oregon Board of Dentistry (OBD) recently developed a Volunteer Dentist/Dental Hygienist License designation in the state of Oregon.

The OBD partnered with the Oregon Dental Association (ODA) and Dentists Benefits Insurance Company (DBIC) to develop a Volunteer Program that those Licensees who have reached the pinnacle of their career but would like to maintain their active Oregon License, may give those in their community who may not be able to afford to pay for care at the market rate, the opportunity to receive quality dental care.

The requirements for applying for the volunteer designation are as follows:

- Applicant has to be an active Licensee who will be practicing for a supervised volunteer dental clinic as defined in ORS 679.020 (3)(e) and (f).

RULE CHANGES CONCERNING THE PRACTICE OF DENTAL HYGIENE

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OAR 818-035-0030 will now state: “In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist: (5) Administer and dispense antimicrobial solutions or resorbable antimicrobial agents in the performance of dental hygiene functions.” This rule change means that a dental hygienist, after being authorized by a supervising dentist to do so, may administer and dispense antimicrobial solutions or resorbable antimicrobial agents without having to have written orders that are tooth and site specific.

Although these rule changes have significantly increased duties that a dental hygienist may perform, none of these increased duties can be done without the authorization of the supervising dentist. It is still the supervising dentist’s choice to allow a hygienist to perform any of these duties, and the supervising dentist still has the obligation to ensure that the hygienist has the training required to perform any of these functions. ■

- Applicant has to register with the OBD as a health care professional and meet the requirements set forth in ORS 676.345.
- Applicant must agree to not practice dentistry or dental hygiene for remuneration in any capacity while having the volunteer licensee designation.
- Applicant must agree to volunteer a minimum of 40 hours per calendar year.
- Applicant must comply with all continuing education requirements that all active dentists/dental hygienists are required to complete.

The OBD has established no fee for the Volunteer Dentist and Dental Hygienist license.

The ODA has agreed to waive the fees for ODA Sponsored Continuing Education Programs for all ODA dental members who have the volunteer designation.

DBIC has agreed to provide malpractice insurance coverage at a reduced rate for all Dentists who have the volunteer designation.

As of the publication of this newsletter, the OBD has given the designation to three dentists and no dental hygienists have applied for the designation.

The OBD extends congratulations to Dr. Lee Emery who received the first Volunteer Dental License designation.

If you would like more information about the program, please feel free to contact the OBD Office or you can download the application and instruction forms from the OBD Web site at www.oregon.gov/Dentistry. ■

PRESIDENT’S MESSAGE

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Lastly, during my time on the Board we have strived to make the OBD more approachable and user friendly. As I said before, the staff has a vast knowledge of Board rules and regulations. And while the main purpose of the OBD is to protect the public, it is also here to help all of us, as professionals, be the best we can be. We know no one wants to get a letter of complaint from the OBD but be assured, the members of the OBD only want the most fair and reasonable outcome for all. After all, we’re licensees, too. ■

CORRECTIONS FOR DISCIPLINARY ACTIONS TAKEN BETWEEN JANUARY 1, 2004 AND OCTOBER 16, 2004

Unacceptable Patient Care ORS 679.140(1)(e)

Case #2004-0118 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document in the patient records that a patient swallowed a healing cap and later denied that the patient had swallowed the healing cap. Aware of his right to a hearing, and wishing to resolve this matter, the Licensee entered into a Consent Order with the Board in which the Licensee agreed to be reprimanded.

Unprofessional Conduct ORS 679.140(2)(c)

Case #2003-0098 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a

dentist failed to complete the required 40 hours of continuing education for the 2002-2004 license renewal period, falsely certified that all continuing education requirements for licensure were met when submitting his license renewal application, and also allowed an unlicensed person to practice dental hygiene for a period of 24 days. Aware of his right to a hearing, and in order to resolve this matter, the dentist voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded, to provide 24 hours of community service in the form of direct dental care within six months, and to provide the Board with documentation verifying completion of 40 hours of continuing education for the 2002 to 2004 licensing period.

DISCIPLINARY ACTIONS TAKEN BETWEEN OCTOBER 17, 2004 AND JULY 15, 2005

Unacceptable Patient Care ORS 679.140(1)(e)

Case #2001-0150, 2001-0175, 2001-0178, 2001-0199, 2002-0028 and 2002-0035 A dentist entered into a Consent Order with the Board in which the dentist agreed to have his license restricted to prohibit the practice of orthodontics, to not practice orthodontics in the state of Oregon, and to not apply to the Board for a specialty license in orthodontics based on allegations that the dentist provided unacceptable orthodontic care to a number of patients.

Case #2001-0039 and 2002-0055 Based on the results of an investigation, the Board issued Notices of Proposed Disciplinary Action alleging that a dentist failed to diagnose caries that was evident on dental radiographs, failed to accurately document treatment that was provided, extracted a tooth and initiated endodontic therapy without documenting a diagnosis to justify treatment, placed a defective bridge, and failed to document with "PARQ" or its equivalent that informed consent had been obtained

prior to providing treatment. Aware of his right to a hearing, and wishing to resolve these matters, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded, to make a \$1,134.00 restitution payment, to complete four hours of continuing education in diagnosis and treatment planning and at least eight hours of continuing education in crown and bridge, and to provide 20 hours of Board approved pro bono community service providing direct dental care to patients within one year.

Case #2005-0068 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist seated a crown with an open mesial contact and placed an under-filled restoration in a tooth. Aware of his right to a hearing, and wishing to resolve this matter, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to make an \$801.00 restitution payment.

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Case #2003-0041 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist allowed an assistant without the appropriate certification to administer oral anesthesia agents to a patient, and when the patient had a complication which resulted from the administration of deep conscious sedation on that date, the dentist failed to submit a written detailed report to the Board within five days of the occurrence of the incident. Aware of his right to a hearing, and wishing to resolve this matter, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded and to provide 20 hours of Board approved pro bono community service in the form of direct dental care within one year.

Case #2002-0043 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document the use of local anesthetic, failed to diagnose and document caries that was evident on dental radiographs, and failed to document the taking of impressions. Aware of his right to a hearing, and wishing to resolve this matter, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded, to complete at least 16 hours of continuing education in record keeping and diagnosis and treatment planning within one year, and to make a \$2,000.00 restitution payment.

Case #2004-0044 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document the date, name of, quantity of and strength of various drugs prescribed; wrote prescriptions for controlled substances but failed to document a dental justification for the prescriptions; and failed to seek consultation with a patient's physician regarding the administration of controlled substances for pain control. Aware of his right to a hearing, and wishing to resolve this matter, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded; to pay \$1000.00 civil penalty; to immediately begin using pre-numbered triplicate prescriptions for prescribing controlled substances; to not order, dispense, or store controlled substances for office use; and to complete three hours

of Board approved continuing education in record keeping and four hours of pharmacology within six months.

Case #2002-0242 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist prepared a tooth for a crown and extracted a tooth without documenting a diagnosis to justify treatment and documented that periodontal probing had been done on teeth that had been previously extracted. Aware of his right to a hearing, and wishing to resolve this matter, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded and to complete three hours of continuing education in record keeping.

Case #2005-0083 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document with "PARQ" or its equivalent that informed consent had been obtained prior to providing treatment and after diagnosing the need for treatment of a tooth, the dentist failed to inform the patient of the need for the treatment for that tooth and failed to provide any subsequent treatment in a timely manner. Aware of his right to a hearing, and wishing to resolve this matter, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to make a \$1000.00 restitution payment.

Case #2005-0003 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document with "PARQ" or its equivalent that informed consent had been obtained prior to providing treatment; failed to document a diagnosis of periodontal disease; placed cantilevered bridges on periodontally involved teeth; and when administering nitrous oxide, failed to document pre-operative and post-operative vital signs, dosages of gas, and the patient's condition upon discharge; and failed to diagnose caries that was evident on dental radiographs. Aware of his right to a hearing, and wishing to resolve this matter, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be placed on probation for one year and to

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DISCIPLINARY ACTIONS (Continued from page 7)

complete seven hours of continuing education in diagnosis and treatment planning, three hours of continuing education in record keeping, and at least seven hours of continuing education in fixed prosthodontics within one year.

Case #2005-0002 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document with “PARQ” or its equivalent that informed consent had been obtained prior to providing treatment, failed to use radiographs or other imaging to establish a diagnosis prior to initiating treatment of a temporomandibular joint disorder, failed to document the taking of impressions and bite records, failed to issue a written prescription to a non- licensee to fabricate a dental appliance, and failed to maintain an accurate record of all charges and payments for services. The dentist failed to request a hearing in a timely manner so the Board issued a Default Order in which the dentist was reprimanded and was required to pay a \$1,000.00 civil penalty.

Unprofessional Conduct ORS 679.140(2)(c)

Case #2005-0051 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist allowed an unlicensed person to practice dental hygiene between October 1, 2003 and September 16, 2004. Aware of his right to a hearing, and in order to resolve this matter, the dentist voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded and to provide 20 hours of Board approved pro bono community service in the form of direct dental care within one year.

Case #1995-0034 Based on the results of an investigation, the Board issued an Order of Immediate License Suspension that because of the nature and extent of alcohol abuse, a dentist posed a serious threat to the public health and safety.

Violation of Board Order ORS 679.140(1)(d)

Case #2003-0073 Based on the results of an investigation, the Board issued a Notice of Proposed

Disciplinary Action alleging that a dentist violated a previously issued Consent Order when the dentist failed to complete six hours of Board approved continuing education in diagnosis and treatment planning and 14 hours of Board approved continuing education in restorative dentistry. Aware of his right to a hearing, and in order to resolve this matter, the dentist voluntarily entered into an Amended Consent Order in which the dentist agreed to be reprimanded, to pay a \$1000.00 civil penalty, and to complete six hours of Board approved continuing education in diagnosis and record keeping and 14 hours of Board approved, hands-on continuing education in restorative dentistry within seven months.

Case #2003-0073 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dental hygienist violated a previously issued Consent Order when the dental hygienist failed to complete 40 hours of community service in the form of direct dental hygiene care. Aware of her right to a hearing, and in order to resolve this matter, the dental hygienist voluntarily entered into an Amended Consent Order in which the dental hygienist agreed to be reprimanded and to pay a \$2,000.00 civil penalty within 120 days.

Case #2004-0049 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist violated a previously issued Consent Order when the dentist failed to complete 40 hours of Board approved continuing education. Aware of his right to a hearing, and in order to resolve this matter, the dentist voluntarily entered into an Amended Consent Order in which the dentist agreed to be reprimanded, to pay a \$1,000.00 civil penalty, and to complete the 40 hours of Board approved continuing education.

Case #1999-0146 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist violated a previously issued Board Order when the dentist failed to pay a \$2100.00 restitution payment and a

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\$1,571.05 civil penalty. Aware of his right to a hearing, and in order to resolve this matter, the dentist voluntarily entered into an Amended Consent Order in which the dentist agreed to be reprimanded.

Case #2003-0065 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist violated a previously issued Consent Order when the dentist failed to complete 10 hours of Board approved continuing education and twice failed to respond to the Board's written request for information. Aware of his right to a hearing, and in order to resolve this matter, the dentist voluntarily entered into a Consent Order in which the dentist agreed to resign his license to practice dentistry.

Applicant Issues 679.060(4)

Case #2005-0074 Based on the results of an investigation into the information provided on an application for a license to practice dentistry in which the Applicant denied that any disciplinary action was pending or had been taken, the Board determined that the Applicant had been disciplined in the state of Washington. Based on the results of the investigation, the Board determined that legal cause existed to deny the Applicant's application for licensure and issued a Notice of Proposed Denial of Application for License. The applicant failed to request a hearing in a timely manner so the Board issued a Default Order in which the license application of the applicant was denied.

Failure to Complete Continuing Education Required for License Renewal OAR 818-021-0070(1)

Case #2004-0176 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to respond to the Board's written request for documents verifying completion of 40 hours of continuing education for the 2002-2004 license renewal period and failed to maintain records of successful completion of continuing education for at least four licensure years. Aware of his right to a hearing, and in order to resolve this matter, the Licensee entered into a Consent Order with the Board in which the

Licensee agreed to be reprimanded, and to pay a \$1,000.00 civil penalty.

Case #2004-0206 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to complete 40 hours of continuing education and then falsely certified that all continuing education requirements for licensure were met when submitting his 2002-2004 license renewal application. Aware of his right to a hearing, and in order to resolve this matter, the Licensee voluntarily entered into a Consent Order with the Board in which the Licensee agreed to be reprimanded, to pay a \$1,000.00 civil penalty, and to complete the remaining 15 hours of Board approved continuing education within 60 days.

Practicing Dental Hygiene Without a License ORS 680.020

Case #2003-0096 A dental hygienist entered into a Consent Order with the Board in which the hygienist agreed to be reprimanded, to pay a \$250 civil penalty, and to provide 20 hours of community service in the form of direct dental hygiene care within six months based on an allegation that the dental hygienist practiced dental hygiene without a license for one and one half months.

Case #2005-0051 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that between October 1, 2003 and September 16, 2004, a dental hygienist practiced dental hygiene without a license. Aware of her right to a hearing, and in order to resolve this matter, the dental hygienist voluntarily entered into a Consent Order with the Board in which the dental hygienist agreed to be reprimanded and to provide 40 hours of community service in the form of direct dental hygiene care within one year.

Practicing Dentistry Without a License ORS 679.020

Case #2004-0223 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that between April 1,

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DISCIPLINARY ACTIONS (Continued from page 9)

2004 and May 26, 2004, a dentist practiced dentistry without a license and engaged in, conducted, operated and maintained a dental office without a license. Aware of his right to a hearing, and in order to resolve this matter, the dentist voluntarily entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to pay a \$2,000.00 civil penalty.

Case #2004-0198 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that between April 1, 2004 and May 26, 2004, a dentist practiced dentistry without a license and engaged in, conducted, operated and maintained a dental office without a license. Aware of his right to a hearing, and in order to resolve this matter, the dentist voluntarily entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to pay a \$4,000.00 civil penalty.

Case #2004-0192 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that between April 1, 2004 and April 26, 2004, a dentist practiced dentistry without a license and engaged in, conducted, operated and maintained a dental office without a license. Aware of his right to a hearing, and in order to resolve this matter, the dentist voluntarily entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to pay a \$1,000.00 civil penalty.

Case #2005-0077 Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that between April 1, 2004 and October 28, 2004, a dentist practiced dentistry without a license and engaged in, conducted, operated and maintained a dental office without a license. Aware of his right to a hearing, and in order to resolve this matter, the dentist voluntarily entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to pay a \$3,500.00 civil penalty. ■

FAREWELL TO BOARD MEMBERS

We wish to extend a great big “Thank You” to Dr. Kenneth Johnson of Corvallis and Linda Lee, R.D.H., M.B.A., of Lake Oswego for their eight plus years of dedicated service to the Board of Dentistry and the citizens of Oregon.

Dr. Johnson and Ms. Lee served in many different roles as well as serving as President of the OBD during their service on the Board. Both brought a great deal of experience, dedication, common sense and humor to the Board during their terms.

They will both be missed by their fellow Board members and staff and we wish them well in their future endeavors. ■

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NEW RULES

The Oregon Board of Dentistry has made a number of changes to the Administrative Rules that govern the practice of Dentistry and Dental Hygiene since the publication of the last newsletter. The following is a brief synopsis of most of the rule changes that the Board made effective February 1, 2005.

If you would like to see copies of these specific changes, they can be found on the OBD Web site or you can request the most recent copy of the Dental Practice Act, which is dated February 1, 2005, by contacting the OBD office and we will send you one.

818-001-0002 is amended to create a definition for a Volunteer Licensee.

The amendment of 818-001-0087 Fees creates the categories Volunteer Dentist and Volunteer Dental Hygienist and sets the current fees at \$0 and also eliminates the words “minimal” and “conscious” from the fee schedule to be consistent with amendments made previously in Division 26.

The adoption of 818-021-0088 will detail the specific requirements of a Volunteer License.

818-001-0005 Model Rules of Procedure is amended to always have the Board in compliance with the most current version of the Attorney General’s Model Rules of Procedures under the Administrative Procedures Act.

818-026-0030 is amended to clarify that a Dentist or Dental Hygienist must maintain

current certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR), or its equivalent, or hold a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, when holding an Anesthesia Permit.

The amendment of 818-026-0050 Class 2 Anesthesia Permit clarifies the appropriate training requirements for application for anesthesia permits and creates separate designations on those permits for parenteral use, enteral use, or both parenteral and enteral use.

818-026-0060 Class 3 Anesthesia Permit is amended to eliminate the word “conscious” which was missed when the rule was previously amended.

The amendment of 818-035-0025 Prohibitions allows Dental Hygienists to diagnose and treatment plan for dental hygiene services, allows for certain drugs within the scope of dental hygiene to be prescribed, and removes the prohibition of taking permanent impressions.

818-035-0030 Additional Functions of Dental Hygienists is amended to remove the conflict in language that would occur with changes to 818-035-0025.

818-042-0116 Certification – Oral Surgery Assistant is amended to update the list of accepted examinations and organizations who administer the examinations and to provide for successor examinations or organizations. ■

SCHEDULED BOARD MEETINGS

2005-2006

- September 16, 2005
- November 4, 2005
- January 6, 2006
- March 10, 2006
- May 5, 2006
- July 7, 2006
- August 25, 2006
- October 20, 2006
- December 15, 2006

Congratulations to Bill Scharwatt, DMD, of Portland and Bill Alti, DMD, of Beaverton.

They were the first two dentists to renew their licenses during the recent license renewal cycle. License renewals were mailed January 10, 2005 and we received their completed renewal forms on January 18. A job well done!



Licensees are required to report any change of address within 30 days.

CHANGE OF ADDRESS FORM

Licensee Name: _____
Print Name *Phone*

License Number: _____

New Mailing Address: _____

Above is: Home Address Office Address

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