



## PRESIDENT'S MESSAGE

by Jean Martin, DDS, MPH

### Thoughts on Dinnertime Conversations

“Why would anyone want to be on the Board?” The intonation and body language that accompany this question often implies that there is some suspect motivation at work in those who are willing to be appointed. Since the question comes up regularly, it is one that bears exploring.

The short answer is that the verb in the question is in error. We don't want to *BE* on the board, we want to *DO* the work of the Board.

In the past four years, I have been continually impressed by the careful weighing by all Board members of the need for our regulations to offer protection to the public without unduly restricting and raising the cost of dental care delivery in our state. While individual Board members may disagree at times on how this Board accomplishes that task, they are unanimous in their belief that this task must be accomplished, and passionate about doing their best for Oregonians—be they consumers or dental health professionals.

If we're not going to simply *be* members, what is it that we *do* as Board members? Our ability to *do* is defined by the state legislature. For example, a frequent topic of concern raised by the dental community is the impact that our current regulations have on the certification of dental assistants to expose intra-oral radiographs. Far too many dental offices are familiar with the frustration of having an experienced dental assistant move into our state who must go through a lengthy, cumbersome process before they can take any X-rays in the dental office.

Currently, the Board of Dentistry has not been given the authority by the legislature to regulate this portion of dental practice.

So, what can we *do*? In this example, we start by recognizing that a barrier to safe, efficient practice exists. The Board members need your comments and suggestions about issues where the Board can implement a change. In some cases, a change in the law is needed before the Board can act. In others, where existing statute permits Board action, Board Rules can be adopted after public input.

And the Board urgently needs active practitioners and citizens to volunteer to serve on the Board each year when the appointment process begins. Admittedly, Board service is a big time commitment, but just think of all the work that is here for you to *do*. ■

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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.*

## Do You Have The Right Anesthesia Permit?

In 1999, the Board significantly revised the rules regarding anesthesia permits. Please carefully review the following information.

The Board's rules regarding anesthesia are found in Division 26 of the white pages attached to the Dental Practice Act. Each permit holder should be familiar with the requirements for the level of permit that the licensee holds. There are specific requirements regarding equipment, facilities, training, anesthesia monitors, emergency supplies and continuing education required to maintain the permit.

The Permit levels are cumulative; a person who has a Class 4 Permit may administer any level of anesthesia; a person who has a Class 3 Permit may induce Deep Conscious Sedation, Minimal Conscious Sedation or nitrous oxide only; a person with a Class 2 Permit may administer Minimal Conscious Sedation or nitrous oxide only. PLEASE REVIEW THE FOLLOWING TWO PERMIT LEVELS. THE BOARD CONTINUES TO RECEIVE QUESTIONS FROM DENTISTS WITH CLASS 1 PERMITS ASKING IF A CLASS 2 PERMIT IS NEEDED IF NITROUS OXIDE IS USED WITH AN ORAL AGENT SUCH AS VALIUM OR HALCION. THE ANSWER IS ALWAYS "YES."

### CLASS 1 PERMIT — Nitrous Oxide

This permit allows a dentist or dental hygienist to administer only nitrous oxide. IF NITROUS AND A SINGLE AGENT SEDATIVE, OTHER THAN PARENTERAL, ARE ADMINISTERED, THE DOCTOR MUST HAVE A CLASS 2 PERMIT. A dental hygienist may not perform procedures on a patient who has received a single agent sedative and nitrous oxide.

### CLASS 2 PERMIT – Minimal Conscious Sedation

Minimal conscious sedation is defined as an induced controlled state of depressed consciousness produced through the administration of nitrous oxide and oxygen IN CONJUNCTION WITH THE ADMINISTRATION OF A SINGLE AGENT SEDATIVE, other than parenteral.

ONLY A DENTIST WITH A CLASS 2 OR HIGHER PERMIT MAY PERFORM DENTAL OR DENTAL HYGIENE PROCEDURES ON A PATIENT WHO HAS RECEIVED THE COMBINATION OF DRUGS DESCRIBED ABOVE.

### LOW DOSE, SINGLE AGENTS, ADMINISTERED FOR RELAXATION PURPOSES

It is not the Board's intent, nor do the Board's rules require, that a dentist who prescribes low doses of a single agent for relaxation purposes, obtain an anesthesia permit.

For example, having a normal healthy adult take a 5-mg. dose of Valium prior to an appointment would not require an anesthesia permit unless additional sedative agents (excluding local anesthetic) are given to the patient at the time of treatment.

A dental hygienist **MAY NOT** work on a patient who has taken a low dose sedative and then requires nitrous oxide during the dental or dental hygiene procedure as this falls under the Class 2 Permit.

### APPLICATION FORMS:

Applications for the various anesthesia permit levels are available on the Board's website at [www.oregondentistry.org](http://www.oregondentistry.org) or call the Board office at 503-229-5520. ■

## INFORMED CONSENT

The Board's rule OAR 818-012-0010(10) requires that licensees obtain a patient's or guardian's informed consent prior to performing any procedure. The Board's rule OAR 818-012-0070(c) requires that when informed consent has been obtained, licensees document that informed consent has been obtained and the date the consent was obtained. This documentation may be in the form of an acronym such as "**PARQ**" (Procedure, Alternatives, Risks and Questions) or "**SOAP**" (Subjective, Objective, Assessment and Plan).

The question then arises, does "PARQ" have to be documented at each appointment that treatment is provided. The answer would be "yes," unless the licensee first has a consultation appointment at which time the licensee explains the planned Procedures, describes all of the Alternative treatments, mentions all of the Risks involved in the proposed treatment, and then answers any Questions the patient might have. At that time if the licensee provides the patient with a final treatment plan that the patient agrees to, "PARQ" can be noted in the patient record, and as long as the treatment that is provided to the patient does not deviate from the treatment that was described in the final treatment plan agreed to by the patient, "PARQ" does not have to be documented at each subsequent treatment appointment. However, for example, if an inlay that was originally planned evolves into a crown because of an undermined cusp during the preparation appointment, informed consent needs to be obtained for the new procedure and "PARQ" needs to be documented in the patient records at that appointment. ■

## DENTAL AMALGAM

The Board of Dentistry has rescinded its 1990 policy statement<sup>1</sup> regarding the advocacy by dentists of the removal of amalgam restorations for the sole purpose of replacement with non-amalgam materials when there is no dental or medical justification. The policy was rescinded based on concerns that it was not properly adopted under the provisions of the Administrative Procedures Act and on concerns that its limitation on the right of dentists to "advocate" impermissibly limited dentists' constitutional rights to free expression.

The Board will continue to review the issues regarding the use of amalgam restorations and their replacement with non-amalgam materials.

<sup>1</sup> "Silver amalgams are a safe and cost effective restorative material when properly placed in cases which warrant its usage. It is fraud and a violation of the Dental Practice Act for a dentist to advocate to a patient the removal of clinically-serviceable amalgam restorations solely to substitute a material that does not contain mercury unless evidence suggests that the patient has mercury intolerance." ■

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## 2002 SCHEDULED BOARD MEETINGS

June 28, 2002  
August 23, 2002  
October 11, 2002  
December 6, 2002

Board meetings are open to the public; however, the Board may enter into Executive Session during portions of the meeting. No final decisions are made during Executive Session. Agendas are mailed approximately two weeks prior to the meeting date to those who request to be on the mailing list. ■

## CHANGES IN CONTINUING EDUCATION (C.E.) REQUIREMENTS

**T**he Board has amended its requirements for continuing education for dentists and dental hygienists.

Effective April 1, 2002 for dentists and October 1, 2002 for dental hygienists, there is no longer a "laundry list" of subjects that C.E. courses must fall under. Rather, the Board now requires that all C.E. be directly related to clinical patient care or the practice of dental public health. Every licensee should carefully review the new rules (818-021-0060 and 818-021-0070). The amended rule regarding C.E. for dentists is included in the Dental Practice Act that is mailed with this newsletter. At the time of this mailing, the amended rule for dental hygienists has not yet been filed with the Secretary of State and is not included in the printed Dental Practice Act.

If the effective date of the amended rule falls in the middle of your licensing cycle; i.e., a dental license that expires on March 31, 2002, then either the old rule or the new rule will apply. If a dental license expires on March 31, 2004, then the licensee must comply with the requirements of the new rule for the two-year licensure period.

The amended rules also require that records of C.E. must be maintained for at least four years (two licensing cycles). This requirement must be met beginning on the effective date of the rule.

If you have any questions, please call the Board at 503-229-5520. ■

## TRUE OR FALSE?

Are you up to date on the requirements of the Dental Practice Act? Take this test during your break or a staff meeting.

1. A dentist may transfer patient records to another dentist upon verbal request of the patient.  
T\_\_\_ F\_\_\_
2. Dentists and dental hygienists must display their current license in plain sight of patients in every office where the dentist or dental hygienist works.  
T\_\_\_ F\_\_\_
3. Licenses must be renewed every year.  
T\_\_\_ F\_\_\_
4. A dentist with a Class 1 (nitrous) permit may provide dental treatment to a patient that has been administered an oral sedative and nitrous oxide.  
T\_\_\_ F\_\_\_
5. A dental assistant must have a certificate of radiological proficiency before taking radiographs.  
T\_\_\_ F\_\_\_
6. Licensees may be fined up to \$5,000 for each violation of the Dental Practice Act.  
T\_\_\_ F\_\_\_
7. A dental hygienist may prescribe peridex.  
T\_\_\_ F\_\_\_
8. DEA numbers may be printed on prescription forms.  
T\_\_\_ F\_\_\_
9. A licensee who has not renewed his or her license within 45 days after the expiration date will be required to pay a penalty fee of \$100 in addition to the renewal fee.  
T\_\_\_ F\_\_\_
10. Licensees must take at least three hours of continuing education related to medical emergencies in the dental office every two years.  
T\_\_\_ F\_\_\_

How did you do? Answers on page 10.

## A CASE STUDY

**T**he Board received information that a dentist was providing unacceptable patient care by allowing the unlicensed practice of dentistry or dental hygiene.

Upon inquiry, the Board's investigation found that the dentist had employed a dental hygienist who did not have an Oregon license to practice dental hygiene. The dentist said that the hygienist had indicated that she was licensed by credential in the State of Oregon after October 1, 2001 because of a change in statute and based on her having a license in the State of Washington.

When questioned about the situation, the dentist said that he had employed the dental hygienist for the preceding month and was unaware that the dental hygienist was not licensed in the State of Oregon. He believed her to have been "licensed by reciprocity" from the State of Washington but also admitted that he had not seen her Oregon license, did not check with the Oregon Board of Dentistry, and did not have the dental hygienist's license displayed as is required. He immediately suspended her employment.

The dental hygienist immediately submitted an application for licensure without further examination that requires the listing in chronological order of all of the employment within the preceding 5 years. In her application she did not mention her employment at the office in Oregon.

Both persons involved admitted their misunderstandings, however the Board felt that both knew the law and failed to comply. In fact there was evidence that the dental hygienist was aware of the requirements, as she had submitted the required fingerprint card at least two months prior to employment with the dentist in this case.

The Board and the dentist entered into a Consent Agreement in which the dentist agreed to be reprimanded, to pay a civil penalty of \$500, and to complete 40 hours of uncompensated dental-related community service. The Board voted to issue a license to the dental hygienist on the condition that she enter into a Consent Order in which she agreed to be reprimanded, to pay a civil penalty of \$2,500, to be placed on

probation for 5 years and to perform 40 hours of uncompensated dental-related community service.

From this case it is easy to see that the Board takes seriously the issue of performing dentistry without a license or the proper credential. It is imperative that the employing dentist verifies that the employee has the proper credential or a CURRENT valid license to practice the acts for which they are employed. Make sure that all employees have displayed in your office a copy or the original of their current license and permit. And to double check that all is as it appears, you can verify those licenses by calling the Board office during normal working hours. We hope to soon have this license verification feature on the Board's website at [www.oregondentistry.org](http://www.oregondentistry.org).

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**NOTE FROM THE EDITOR:** *We are in a time of changing rules and statutes. There will be more changes in the future and it is each licensee's responsibility to keep up with those changes and comply as they become effective. Watch for rule making hearings that indicate a change, be aware of the legislature's changes in statutes affecting dentistry, and (much as I hate to do it or ask) get a copy of the statutes and rules from the Board office and read them once a year. Hopefully that will keep you and me out of trouble.*

*George McCully, DMD* ■

**QUESTIONS?** *Call the Board office at 503-229-5520 or e-mail your questions to us at [information@oregondentistry.org](mailto:information@oregondentistry.org).*

## DISCIPLINARY ACTIONS TAKEN BY THE BOARD BETWEEN OCTOBER 1, 2001 AND APRIL 30, 2002

### Unacceptable Patient Care ORS 679.140 (1) (e)

**CASE #2001-0184** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to be placed on indefinite probation subject to completion of 20 hours of Board approved continuing education in diagnosis and record keeping, based on allegations that the dentist prepared a tooth for a crown without first doing diagnostic testing on a tooth that was sensitive to pressure, failed to take appropriate radiographs prior to doing an examination and formulating a treatment plan, and failed to diagnose caries in three teeth.

**CASE #2001-0194** A dentist entered into a Consent Order with the Board in which the dentist agreed to make a \$650.00 restitution payment to a patient based on an allegation that the dentist seated a crown on a tooth with a deficient distal margin.

**CASE #2001-0219** A dentist entered into a Consent Order with the Board in which the dentist agreed to make a \$744.00 restitution payment to a patient based on allegations that the dentist failed to document a diagnosis to justify initiating endodontic therapy in two teeth, placed defective endodontic fillings in two teeth, failed to document the use of local anesthetic, failed to take radiographs while providing endodontic therapy to two teeth, and failed to document "PARQ" or its equivalent in the patient records after obtaining informed consent.

**CASE #2001-0167** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to make a \$4,000.00 restitution payment to a patient, based on allegations that the dentist placed orthodontic bands over carious lesions on six teeth and failed to refer the patient for a consultation.

**CASE #2001-0177** A dentist entered into a Consent Order with the Board in which the

dentist agreed to be reprimanded, to complete 30 hours of Board approved continuing education in pharmacology, management of persons addicted to controlled substances, and management of patients with chronic pain within 18 months, and to perform 10 hours of Board pre-approved unremunerated community service by providing direct dental treatment within one year based on an allegation that the dentist prescribed controlled substances in excessive quantities which, if fully consumed by the patient, could impair the health and safety of that individual and to the public to which the patient might be exposed.

**CASE #2000-0182** Following a contested case hearing, a dentist's license was revoked, based on findings of the dentist's extensive past disciplinary history, violation of provisions of previous Consent Orders, and that the dentist failed to include documentation in the patients' records of various actions, services and events.

**CASE #2001-0229** A dentist entered into a Consent Order with the Board in which the dentist agreed to make a \$173.40 restitution payment to a patient and to take a Board approved three hour course in record keeping and risk management within 12 months based on allegations that the dentist seated a crown with a deficient mesial margin, failed to document the use of local anesthetic, failed to document the preparation of a tooth for a crown, and failed to document that impressions were taken for the fabrication of a crown.

**CASE #2001-0227** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to pay a \$500.00 civil penalty, and to take a Board approved three hour course in record keeping based on allegations that the dentist diagnosed the removal of all remaining teeth and the placement of full upper and lower dentures when there were a sufficient number of salvageable

teeth to support fixed or removable partial dentures, failed to document a description of an examination, radiographs and diagnosis in the patient record, failed to take appropriate radiographs prior to doing an examination and formulating a treatment plan, and failed to document the strength and quantity of prescribed drugs.

**CASE #2001-0235** A dentist 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 based on allegations that the dentist failed to document “PARQ” or its equivalent in the patient records signifying that informed consent was obtained prior to initiating endodontic therapy, prior to re-implanting a tooth and suturing a lip, and prior to extracting two teeth, and also authorized non-EFODA dental assistants to permanently cement mandibular lingual arch appliances.

**CASE #2001-0244** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded based on allegations that the dentist failed to seal the margins of an amalgam build up on a tooth and left a rough and unfinished interproximal contact on an amalgam buildup on a tooth.

**CASE #2000-0208** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to pay a \$2,500.00 civil penalty based on allegations that the dentist failed to consult with the patient’s referring dentist prior to fulfilling a request to extract a tooth that was not clearly identifiable on the available radiograph and then misrepresented the facts of the case in the dentist’s explanation to the Board.

**CASE #1994-0193** Following a contested case hearing, a dentist’s license was revoked and the revocation stayed, the dentist was placed on indefinite probation, was required to complete 40 hours of continuing education within two years, was required to complete another 40 hours

of continuing education within three years, was required to submit documentation of all continuing education completed for licensure for the next three licensing periods, to not use alcohol or controlled substances unless prescribed by a licensed practitioner, to attend a monitored treatment and continued care program, and to appear before the Board three times per year, to not apply for a DEA registration, to surrender the dentist’s nitrous oxide permit, to only practice dentistry in a clinical setting pre-approved by the Board, and to provide the dentist’s employer with a copy of the Board’s Final Order. This action was taken based on findings that the dentist prescribed controlled substances in excessive quantities, which if fully consumed, could impair the health and safety of individuals to the damage of the health and safety of those individuals and to the public to which they might be exposed. Drugs were prescribed in such amounts as to constitute a departure from the prevailing standards of acceptable dental practice and unrelated to treating the dental needs of those individuals, and while negotiating proposed consent orders to resolve the violations, the dentist continued to indirectly prescribe controlled substances for those individuals and attempted to deceive the Board and made untrue statements to the Board.

**CASE #2002-0134** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to pay a \$1,500.00 civil penalty based on an allegation that the dentist allowed an unlicensed dental hygienist to provide dental hygiene services.

**CASE #2001-0220** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to pay a \$1,500.00 civil penalty, and to take a Board approved three hour course in record keeping and 40 hours of Board approved continuing education in crown and bridge within one year, based on allegations that the dentist failed to place temporary crowns on nine teeth after preparing

**DISCIPLINARY ACTIONS** *(Continued from page 7)*

the teeth for crowns, failed to document periodontal charting, failed to document a diagnosis of periodontal disease, failed to document a description of an examination and diagnosis in the patient record, and failed to obtain informed consent prior to providing treatment.

**CASE #2002-0135** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to pay a \$500.00 civil penalty based on an allegation that the dentist allowed an unlicensed dentist to practice dentistry.

**CASE #2002-0092** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to provide 40 hours of community service in the form of direct dental care within six months, and to pay a \$500.00 civil penalty based on an allegation that the dentist allowed an unlicensed dental hygienist to provide dental hygiene services.

**CASE #2001-0075** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to attend at least 18 hours of Board approved continuing education in diagnosis and treatment planning based on an allegation that the dentist failed to take a diagnostic radiograph that would have allowed the diagnosis of existing caries on a tooth that the licensee did not diagnose at that time.

**CASE #2000-0211** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to take a Board approved three hour course in record keeping based on allegations that the dentist failed to diagnose and document caries in a tooth, failed to document the name, quantity, and strength of local anesthetic administered, and failed to obtain informed consent prior to providing treatment.

**CASE #2001-0037 and 2001-0089** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to pay a \$3,000.00 civil penalty, to have the dentist's license

suspended for seven days, and to provide 30 hours of community service in the form of direct dental care, based on allegations that the dentist prescribed medications without dental justification, allowed EFDA dental assistants to perform adult prophylaxis on patients, failed to document prescriptions in dental records, and failed to document descriptions of examinations and diagnoses in patient records.

**CASE #2000-0201** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to take 40 hours of Board approved hands-on continuing education in diagnosis and treatment planning and three hours of Board approved continuing education in record keeping within one year, based on allegations that the dentist was disciplined in the State of California for providing unacceptable care to a patient.

**CASE #2002-0076** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to complete 16 hours of Board approved continuing education in endodontics and the management of patients with endodontic treatment complications based on an allegation that the dentist failed to refer a patient for medical treatment to evaluate complications that occurred subsequent to extruding NaOCl into the periradicular tissues of a tooth.

**CASE #2001-0019** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to pay a \$1,000.00 civil penalty, and to complete three hours of a Board approved course in record keeping based on allegations that the dentist failed to document a diagnosis of periodontal disease, failed to document a diagnosis of caries in a tooth, and failed to document a treatment complication.

**CASE #2002-0137** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to pay a \$500.00 civil penalty based on an allegation that the dentist allowed an unlicensed dental hygienist to provide dental hygiene services.

**DISCIPLINARY ACTIONS** *(Continued from page 8)***Unprofessional Conduct ORS 679.140 (2)**

**CASE #2001-0195** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to be placed on indefinite probation, to surrender the dentist's nitrous oxide permit, to not use alcohol or controlled substances unless prescribed by a licensed practitioner, to attend a monitored treatment and continued care program, and to appear before the Board three times per year based on allegations that the dentist abused nitrous oxide, alcohol or other drugs.

**CASE #2001-0111** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to be placed on five years probation, to not use controlled substances unless prescribed by a licensed practitioner, to attend a monitored treatment and continued care program, and to appear before the Board three times per year based on allegations that the dentist abused Hydrocodone and failed to maintain accurate current and constant inventories for controlled substances.

**Practicing Dental Hygiene Without a License ORS 680.020**

**CASE #2002-0091** A hygienist entered into a Consent Order with the Board in which the hygienist agreed to be reprimanded, to pay a \$4,800.00 civil penalty, and to provide 40 hours of community service in the form of direct dental hygiene patient care within six months based on an allegation that the hygienist practiced dental hygiene without a license for seven months.

**CASE #2002-0093** A hygienist entered into a Consent Order with the Board in which the hygienist agreed to be reprimanded, to pay a \$2,500.00 civil penalty, and to provide 40 hours of community service in the form of direct dental hygiene patient care within six months based on an allegation that the hygienist practiced dental hygiene without a license for one month.

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

**CASE #2001-0231** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to complete the 40 hours of Board approved continuing education required for licensure within three months based on an allegation that the dentist falsely certified that all continuing education requirements for licensure were met when submitting a license renewal application.

**CASE #2001-0208** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to complete the 40 hours of Board approved continuing education required for licensure within three months based on an allegation that the dentist had not met all the continuing education requirements for licensure when submitting a license renewal application.

**CASE #2001-0240** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to complete the 40 hours of Board approved continuing education required for licensure within three months based on an allegation that the dentist had not met all the continuing education requirements for licensure when submitting a license renewal application.

**CASE #2002-0029** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to pay a \$1,000.00 civil penalty, to provide 30 hours of community service in the form of direct dental care within one year, and to complete the 40 hours of Board approved continuing education required for licensure within three months based on an allegation that the dentist falsely certified that all continuing education requirements for licensure were met when submitting a license renewal application. ■

## TRUE OR FALSE – ANSWERS

1. **True.** *OAR 818-012-0070(3)*  
Dentists are required to maintain patient records for at least seven years from the date of last entry unless the patient requests that the records be transferred to another dentist; the dentist gives the records to the patient; or the dentist transfers the dental practice to another dentist who is then required to maintain the records.
2. **True.** *OAR 818-021-0115*  
“Every licensee of the Board shall have conspicuously displayed their current license in every office where that licensee practices in plain sight of the licensee’s patients.”  
  
In addition OAR 818-042-0020 states that a supervising dentist is responsible for assuring that all required licenses, permits or certificates are current and posted in a conspicuous place. This includes EFDA and Radiologic Proficiency certificates of dental assistants.
3. **False.** *ORS 679.120(5) and ORS 680.075(5)*.  
Licenses must be renewed every two years. Dental licenses expire on March 31 and dental hygiene licenses expire on September 30. If the license was originally issued in an even numbered year, then it must be renewed in an even numbered year. Expiration dates are shown on the face of the license.
4. **False.** *OAR 818-026-0010*  
Administration of nitrous oxide in conjunction with a single agent sedative is Minimal Conscious Sedation and requires a Class 2 Permit.
5. **True.** *OAR 818-042-0050*  
A dentist may authorize a dental assistant certified by the Board in radiologic proficiency to place films, adjust equipment and expose films under general supervision.
6. **True.** *ORS 679.140(11)*  
The Board may impose against any person who violates the provisions of the Dental Practice Act or rules of the board a civil penalty of up to \$5,000 for each violation.

7. **False.** *OAR 818-035-0025(5)*.  
Dental hygienists may not prescribe any drug.
8. **False.** *OAR 818-012-0030*  
Prescription forms may not be pre-printed with any DEA number, name of a controlled substance or facsimile of a signature.
9. **True.** *OAR 818-021-0085(2)*  
Any person whose license to practice as a dentist or dental hygienist has expired, may apply for reinstatement and will be required to pay a penalty fee and, in cases where the license has been expired more than 60 days, a reinstatement fee in addition to the biennial license fee. Other conditions also apply.
10. **True.** *OAR 818-021-0060(3) and 818-021-0070(3)*  
Licensed dentists are required to complete 40 hours of continuing education every two years and licensed dental hygienists must complete 24 hours of C.E. every two years. At least three hours of the required C.E. for both dentists and dental hygienists must be related to medical emergencies in the dental office.

### NEW DENTAL PRACTICE ACT

A copy of the Dental Practice Act as revised by the 2001 Legislature is now available. If you have a mailing address within Oregon, you will receive a copy of the latest edition of the Practice Act and rules of the Board with this newsletter. If you have a mailing address outside of Oregon, and wish to obtain a copy of the Practice Act, you may request a copy and one will be mailed to you. The law and rules may also be downloaded from our website at [www.oregondentistry.org](http://www.oregondentistry.org). (By splitting the mailing in this way, we save trees, avoid unnecessary waste and save several thousand dollars in printing and postage costs.)

Every licensee should be familiar with the laws and rules that regulate their profession. Read it carefully and frequently. If you have questions, please call us. ■

## NEW BOARD MEMBER

**R**ichard (Rick) Swart joined the Board as the Public Member on May 1, 2002. Mr. Swart is a native Oregonian who was born and raised in Enterprise, Oregon. He is a graduate of Oregon State University where he majored in technical journalism and minored in applied economics.

Mr. Swart is Editor and Publisher of the *Wallowa County Chieftain*. He is the third generation member of the family to serve in this position. His grandparents bought the paper in 1941, his father succeeded as owner and Mr. Swart and his wife have been operating the paper since 1989.

Mr. Swart reports that his family is very interested in health care, many of whom are in health-related professions. Prior to buying the paper from his father, Mr. Swart served as Managing Editor for Klamath Publishing Com-pany; served as editor for *Farm & Dairy*, a weekly agricultural newspaper



published in Salem and worked for the *Daily Argus Observer* in Ontario, OR. He was Director of the Oregon Newspaper Publishers Association from 1993 to 1999. He is active in local government affairs, enjoys scuba diving, underwater photography, and skiing (both water and snow).

Mr. Swart is very interested in rural health care and access to health care which is a major problem in his part of the State. His personal dentist convinced him to apply for the position. He sees his role on the Board as an opportunity to “get out of the box as a newspaper publisher.” ■

### BOARD MEMBERS

**Jean Martin, DDS, MPH, President**  
*Wilsonville* — Term expires 2006

**Ronald Short, DMD, Vice-President**  
*Klamath Falls* — Term expires 2004

**Melissa Grant, DMD**  
*Portland/Salem* — Term expires 2005

**Kenneth Johnson, DMD**  
*Corvallis* — Term expires 2005

**Eugene Kelley, DMD**  
*Portland* — Term expires 2003

**Linda Lee, RDH, BS**  
*Lake Oswego* — Term expires 2005

**George McCully, DMD**  
*Eugene* — Term expires 2004

**Richard “Rick” Swart**  
Public Member  
*Enterprise* — Term expires 2006

**Ellen Young, RDH, BS**  
*Astoria* — Term expires 2006

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Teresa Haynes, *Licensing and Examination Manager*

Sharon Ingram, *Executive Assistant*

Paul Kleinstub, DDS, *Dental Director/Chief Investigator*

Daryll Ross, *Investigator*

Harvey Wayson, *Investigator*

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