



PRESIDENT'S MESSAGE

by Linda Lee, RDH

Since the unbelievable events of Sept. 11, all of us are facing the challenge of resuming our daily activities amidst the anxiety and uncertainty that surrounds us. We are asked to get on with our lives. How might we answer that call with the resolve to live within our communities in a better way than ever before?

The Board of Dentistry's goals for the year 2001-02 are now well underway and surely contain within them the direction for our return. Our new innovative mentoring program is taking shape with the assistance of volunteer dentists from around the state who are offering their time, interest and knowledge. The development of such a program is intended to provide licensees under sanctions to become more qualified practitioners...better than before.

Board members and staff continue to create newsletters, website information and presentations in the community that will assist you with information to improve patient care...better than before.

Our new Dental Hygiene Committee comprised of dental hygienists, dentists from around the state plus one consumer member are in the process of reviewing each of the rules within Division 35 that governs the practice of dental hygiene. In the coming months they will be inquiring of you, the profession, ideas for improving dental hygiene care to your patients...better than ever.

When I ask our OBD investigators about how they would define the way to "better than ever" their immediate response is "listen to your patients, and document, document, document!" Their sound advice for us from reading many a consumer complaint is to improve our communication skills

by listening to our patients, staff and dental colleagues and mentors...better than ever.

A number of Board of Dentistry inquiries are focused on our licensee's problems with substance abuse or mental health issues. If you know of a colleague who is struggling with these issues find a way to direct them to the ODA's valuable Well Being Program. Support one another in the dental profession to be...better than ever.

Reaching out and giving back to our communities whether through mentoring colleagues, volunteering for Northwest Medical Teams dental van or introducing a high school student to the dental or dental hygiene profession are opportunities waiting for you. I too am evaluating how I will answer the challenge to return to my daily life...better than ever. What are your plans as a dental professional for your "return"? ■

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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.

FROM THE EDITOR

George McCully, DMD

Greetings from the Oregon Board of Dentistry. For all new licensees, welcome to Oregon and dentistry in this State. I hope that you will find this newsletter informative, helpful, and that it will give you a little insight into the issues that the Board faces at each of its meetings. For all of you previous licensees, I wish you all well and hope that this issue finds you well, happy, and continuing to enjoy the profession that we all share.

This issue has a new look from its predecessors but many of the types of articles found previously will remain. If you have a question about the Board or any of our rules please feel free to write us so that we can answer your questions. If you are wondering about something, I'll bet that another of our colleagues is wondering also. We want this publication to be a source of information for you. Our hope is that the Oregon Board of Dentistry will be viewed by each of you as a resource to help each of you know that you are practicing in accord with the Dental Practice Act. We want to partner with you to be able to assure compliance without bringing undue hardship on anyone. Of course this must be done while keeping in mind that the mission of the Board is to "assure that the citizens of the State of Oregon receive the highest quality oral health care."

In order to foster this kind of openness, the Board welcomes the opportunity to visit at meetings that you might arrange. We hope to have a booth or table at the Oregon Dental Convention as well as at the Dental Hygiene meeting. And most of all we hope that each of you will feel free to send us comments or letters concerning this publication or the meetings we might attend. When public meetings are held concerning changing of the dental practice act, each of you will be notified. If you have an opinion about the changes, I would encourage your attendance and testimony. We are fortunate that in this State we as members of the dental profession still have the ability to regulate ourselves.

Only if we act proactively and in the best interests of the public can we assure our future in charting our own destiny.

Again I want to say welcome to all of the new practitioners and hello again to all of us "old-timers". I look forward to seeing or hearing from you in the near future.

My best regards,

George

P.S. The dental hygiene program at OHSU has been targeted for elimination by June 2003 due to a shortage of state funds. This is a blow to dentistry in this State and especially to those dental hygienists who graduated from that school. We hear on a continuing basis from dentists of the difficulty in finding dental auxiliaries to staff their practices, especially in the rural areas of our state. The loss of these dental hygiene graduates will only make that difficulty more acute. If you have a State Legislator as a patient or friend your discussion concerning this problem may help to cause a change. It certainly can't hurt! ■

LICENSURE REPORT

Dentists

Newly licensed Oct. 1, 2000 – Sept. 30, 2001 151
Total Oregon Licensed Dentists 3,438

Dental Hygienists

Newly licensed Oct. 1, 2000 – Sept. 30, 2001 153
Total Oregon Licensed Dental Hygienists ... 3,134

CLOSURE OF DENTAL HYGIENE PROGRAM AT OHSU

Dana Lillie, RDH, MS

It was announced on September 25, 2001, that the fifty-two year old School of Dentistry dental hygiene program would close upon the graduation of the class of 2003. In light of recent national and world events, this news received little attention outside our dental and dental hygiene community, but the loss of this program will affect Oregonians in many ways.

In the educational arena, it is the only dental hygiene program in the Northwest and Inter-mountain regions that is offered in an academic health center and school of dentistry. This unique program has offered the opportunity for dental hygiene, dental and dental specialty students to participate in the integrated approach to oral care that serves the best interests of the public.

In the community service arena, dental hygiene students provided 4,360 OHSU patient care appointments in the 2000-01 academic year. Rotations to Clackamas County Public Health Clinic, Oregon State Penitentiary Dental Clinic, Chemawa Indian Health Center Dental Clinic, Robison Jewish Health Center, Child Development Rehabilitation Center, Russell Street Dental Clinic and Virginia Garcia Memorial Dental Clinic brought preventive hygiene services to a wide range of underserved populations in Oregon. An estimated 12,249 Oregonians received oral health education and outreach services through public health projects and the AHEC Program Rural Rotation during 2000-01.

In the manpower arena, this program is the largest and primary source of dental hygiene graduates in Oregon. As the only entry-level baccalaureate dental hygiene program in the state, it has long been a source for current and future educators, researchers and public health personnel. This closure will adversely impact the supply of dental hygienists in Oregon short term and long term. The OHSU dental hygiene program has a distinguished local and national reputation for outstanding graduates. Its loss has

grabbed no headlines, but it will affect our health lines and our heart lines. ■

(Ms. Lillie is Assistant Professor and Senior Dental Hygiene Clinic Coordinator for the Dental Hygiene Program at OHSU School of Dentistry. She also served as a member of the Board of Dentistry from 1985 – 1993)

DENTURIST SCOPE OF PRACTICE CLARIFIED

In order to clarify the scope of practice of licensed denturists concerning the definition of full dentures, the Oregon Board of Dentistry issued a declaratory ruling in response to a petition filed by the Oregon State Denturist Association. Dissatisfied with the Board's interpretation of the law the Association appealed to the Oregon Court of Appeals. The Court of Appeals, in an opinion issued on February 2, 2001, reversed the Board's decision. Oregon State Denturist Association v. Board of Dentistry, 172 Or App 693 (2001).

In its declaratory ruling the Board concluded that when ORS 680.500(3) defined the term "denture" as "any removable full upper or lower prosthetic dental appliance to be worn in the human mouth" it did not include overdentures. In the Board's view, the statute only authorized denturists to place full dentures that rest on soft tissue (where neither retained roots nor dental implants project above the gums). The Court of Appeals disagreed and concluded that denturists may place full dentures over retained tooth structure and may place full dentures over implants. The Court of Appeals case leaves unaffected the statutory prohibition that forbids denturists from placing partial dentures. ■

CONTINUING EDUCATION CREDITS

Jo Ann Bones, Executive Director

The Board has now been through two complete cycles auditing the continuing education of licensees (twice for dentists and twice for dental hygienists). This has been both an interesting and frustrating experience for staff and, we are sure, for licensees. In the August 2000 newsletter, I wrote an article about some things to look out for when filling out your Continuing Education Log for the Board. (Past editions of Board newsletters are on our website.)

In addition to the comments made in the August 2000 article, there are a couple of other areas that need your attention:

Anesthesia Permits — There is significant confusion about the requirements for C.E. when a licensee holds an anesthesia permit. Since almost 60% of licensees hold a Class 1 (Nitrous Oxide) Permit, I will address those requirements specifically. If you hold a higher level anesthesia permit, consult the rules regarding anesthesia in Division 26 of your Dental Practice Act or check the rules from our website.

A licensee who holds a Class 1 Permit must maintain a current and valid Health Care Provider BLS/CPR card, and must complete four (4) hours of continuing education in one or more of the following subject areas: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, pharmacology of drugs and agents used in sedation, or Health Care Provider Basic Life Support or CPR. These hours count toward the total (40 hours for dentists or 24 hours for dental hygienists) needed every two years. NOTE that four hours of medical emergencies satisfies this requirement, which is just one hour more than the minimum three hours that is required of all licensees. In addition, the recertification course hours to *maintain* a current Health Care Provider BLS/CPR card will also count toward this requirement.

Practice Management and Patient Relations

— Prior to July 2000, the Board accepted any number of hours in “Practice Management and Patient Relations” as long as the licensee also showed proof of having taken the required hours in medical emergencies and satisfied the requirement for “three or more subject areas” in addition to medical emergencies.

Effective July 28, 2000, the Board amended the continuing education rules to restrict the number of hours that can be counted for Practice Management and Patient Relations. Dentists may now count up to four hours and dental hygienists may count up to two hours of C.E. in this subject area during each licensure period. In conducting continuing education audits since the adoption of the rule, we have taken into consideration that the rule was changed during the licensure period being audited. However, with the next round of audits, the restrictions in the amended rule will be more closely scrutinized.

Licensees Residing Out of State – Any licensee who maintains an active Oregon dental or dental hygiene license is responsible for meeting the Oregon Board’s C.E. requirements. Be sure that you understand the Oregon requirements and not count California specific C.E. (for instance) towards satisfying Oregon requirements. ■

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

A CASE STUDY

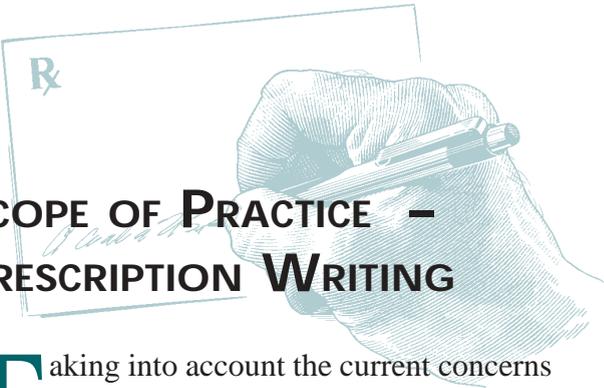
The Board received information alleging that a dental hygienist practiced dentistry without a license by writing a prescription to a patient of record for Prevident Gel on a prescription pad of a supervising dentist. When the patient presented the prescription to a pharmacist, the pharmacist noticed the authorizing signature was not that of the dentist but was signed by the hygienist. He reported the matter to the Board of Pharmacy and the Board of Dentistry.

During the Board's investigation, the dental hygienist told the Board investigator that the patient had come in for his first prophylaxis following the removal of braces. The patient had moderate to heavy marginal and interproximal plaque and areas of decalcification, some nearly going through the enamel of the teeth. When the dentist examined the patient the hygienist asked what the dentist thought of a home fluoride treatment. The dentist thought it a good idea so the hygienist wrote a prescription for Prevident Gel. The hygienist, who was trained in another state many years ago, was under the misconception that a hygienist could write fluoride prescriptions for patients and had been doing so for many years without question by any supervising dentist or pharmacist.

The supervising dentist in this matter told the Board investigator that the dentist was also under a long-standing misconception that a hygienist could write prescriptions for fluoride under the direction of a supervising dentist.

Both licensees readily admitted their errors and the Board felt there did not appear to be any reason to believe that these errors would be repeated. Although the Board could have disciplined both licensees for violating the law, the Board voted to close the matter with Letters of Concern to the licensees urging that in the future they abide by the provisions of the Dental Practice Act and to assure that they review the statute and rules of the Board at least once a year.

[Regardless of what may have been taught or may have been permitted in another state nearly thirty years ago, both licensees in this case study are licensed to practice in Oregon and are bound by the statutes and administrative rules governing the practice of dentistry in this state. Because the practice of dentistry is an ever-changing profession, so are the boundaries and guidelines that govern it. The statutes and rules governing the practice of dentistry in Oregon are updated regularly by the Board and provided to all Licensees at no cost. Have you misplaced your copy? Call the Board for a replacement... then read and follow its direction, it will make your liability insurance carrier very happy. If you don't understand or have questions, call the Board office or consult with your malpractice carrier. You know what they say about "an ounce of prevention..."] ■



SCOPE OF PRACTICE – PRESCRIPTION WRITING

Taking into account the current concerns about protection from possible anthrax infections, please be aware that the Dental Practice Act contains specific rules about prescription practices. OAR 818-012-0080(1) states: **“In conjunction with dental treatment** (emphasis added), a dentist may prescribe, dispense, or administer medications relevant to the care being provided.” In short, the prescribing of Cipro or any other drug for any purpose other than a use in conjunction with dental treatment is not within the scope of practice of dentistry. ■

DISCIPLINARY ACTIONS TAKEN BY THE BOARD BETWEEN JANUARY 1, 2001 AND SEPTEMBER 30, 2001

Unacceptable Patient Care ORS 679.140 (1) (e)

CASE #2000-0194 A dentist agreed to be reprimanded and to be placed on probation for three months subject to the condition that 40 hours of Board approved continuing education is completed, based on allegations that the dentist failed to take full mouth radiographs, failed to document diagnoses prior to initiating endodontic therapy, failed to take periapical radiographs prior to preparing teeth for crowns, failed to document that diagnostic pulp testing was done, and did not complete the 40 hours of continuing education required for license renewal.

CASE #2000-0148 A dentist agreed to be reprimanded, to make a \$2,000.00 restitution payment to a patient, to complete 14 hours of Board approved continuing education in periodontics, and to complete six hours of Board approved continuing education in record keeping, based on allegations that the dentist failed to diagnose periodontal disease, failed to treat periodontal disease, and failed to refer the patient to a periodontist.

CASE #1997-0066 and 1998-0154 A dentist agreed to be reprimanded, to pay a \$1,000.00 civil penalty, and to complete 30 hours of Board pre-approved un-remunerated community service by providing direct dental treatment, based on allegations that the dentist failed to document the placement of a crown in the patient records, failed to identify the treatment provider in the patient records, took radiographs with limited diagnostic value, obtained fees for doing endodontic therapy that did not reflect the actual number of canals that were treated, obtained fees for therapeutic pulpomies when first step endodontic therapy procedures were done, obtained fees for direct pulp caps when direct pulp caps were not done, obtained fees for surgical extractions when simple extractions were done and obtained fees for periodontal therapy without documentation of periodontal disease in the patient records.

CASE #2001-0113 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist failed to always sterilize dental handpieces and instruments between patients, failed to always use a protective lead apron on patients when taking radiographs, failed to always wash hands before re-gloving between patients, failed to use barriers, and failed to have the current CPR or BLS certification required for maintenance of a nitrous oxide permit. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to complete a Health Care Provider CPR or BLS training course, and to allow Board staff to inspect the dentist's office every six months for a two year period.

CASE #2000-0058 A dentist agreed to be reprimanded based on allegations that the dentist failed to refer a patient to a specialist, failed to obtain informed consent prior to performing surgery, failed to document "PARQ" in the patient records, failed to obtain a medical clearance prior to performing surgery in a patient with a propensity for bleeding, and removed a portion of the patient's sublingual salivary gland believing it to be a piece of "fatty tissue".

CASE #2000-0161 A dentist agreed to be reprimanded based on allegations that the dentist failed to document the use of local anesthetic, failed to document prescriptions that were written, failed to document diagnoses, failed to document treatment that was provided, failed to document an examination, and failed to document treatment complications.

CASE #1998-0222 A dentist agreed to make a \$10,000.00 restitution payment to a patient's guardian based on allegations that the dentist extracted teeth #'s 21 and 28 instead of teeth #'s 20 and 29 that had been diagnosed for removal by the patient's orthodontist, and failed to obtain prior authorization for the extraction of teeth #'s 21 and 28.

CASE #2001-0046 A dentist agreed to resign and never reapply for licensure based on allegations that the dentist dispensed 1,200 doses of Hydrocodone/APAP outside the scope of dentistry and without dental justification, failed to keep a current and constant inventory of controlled substances, and falsely certified that that all continuing education requirements for licensure were met when submitting a license renewal application.

CASE #2000-0199 A dentist agreed to be reprimanded, to pay a \$5,000.00 civil penalty, to be placed on probation for three years, to complete 80 hours of Board pre-approved un-remunerated community service by providing direct dental treatment, and to make restitution payment for all services for which the dentist received payment for services that were not provided, based on allegations that the dentist failed to document treatment that was provided in patient records, failed to document diagnoses to justify treatment that was provided, and billed third parties for services that were not yet provided.

CASE #2000-0175 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist failed to document the use of local anesthetic in patient records, failed to take full mouth radiographs, failed to have a current health history in the patient records, extracted teeth without documented a diagnosis in the patient records, failed to document in the patient records a diagnosis of periodontal disease although dental radiographs taken 14 years previously showed evidence of ongoing bone loss, and falsely certified that that all continuing education requirements for licensure were met when submitting a license renewal application. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to be placed on probation until the dentist completes the 40 hours of Board approved continuing education required for licensure, and to complete 16 hours of Board approved continuing education courses in the diagnosis and treatment of periodontal disease.

CASE #2001-0021 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist seated a crown on a tooth with a deficient distal margin. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to make a \$655.00 restitution payment to a patient.

CASE #2001-0032 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist failed to diagnose and plan treatment for periodontal disease, failed to document the use of local anesthetic in the patient records, and failed to document the taking of impressions for permanent crowns. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to attend 30 hours of Board approved continuing education in periodontics.

CASE #2001-0092 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist seated a crown on a tooth with a deficient palatal margin. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to make a \$640.00 restitution payment to a patient.

CASE #2000-0248 The Board issued a Notice of Proposed Disciplinary Action against a dentist alleging that the dentist placed an MODBL restoration over caries in a tooth that also left a distal overhang, only provided occlusal contact in the left lateral excursive position, and failed to provide contact in centric occlusion. As a resolution of this matter, the dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded and to attend 40 hours of Board approved mentored courses in restorative dentistry and three hours of Board approved courses in documentation and record keeping.

(continued on page 8)

DISCIPLINARY ACTIONS *(Continued from page 7)*

CASE #1999-0146 Following a contested case hearing, a dentist was reprimanded, was prohibited from placing inlays in teeth without first determining that the teeth were free from caries or that the caries was appropriately treated, was required to utilize radiographs or other imaging when diagnosing TMJ pathology following trauma, was required to make a \$2,100.00 restitution payment to a patient, and was assessed the costs of the disciplinary hearing in the form of a \$1,671.05 civil penalty, based on findings that the dentist failed to utilize radiographs to rule out TMJ pathology or dental caries and placed onlays on three teeth without treating existing interproximal dental caries.

CASE #2001-0058 A dentist agreed to be reprimanded and to complete 10 hours of Board approved continuing education in endodontics, based on allegations that the dentist failed to document in the patient records that the dentist perforated a tooth while providing endodontic therapy and failed to take a periapical radiograph to aid in the diagnosis of post treatment pain in the tooth.

CASE #2001-0182 A dentist agreed to be reprimanded, to be placed on probation until the dentist completes 30 hours of Board approved hands-on continuing education in prostheses construction and four hours in record keeping, and to make a \$595.00 restitution payment to a patient based on allegations that the dentist failed to maintain patient records for seven years from the date of the last entry, failed to document exams and diagnoses, failed to document treatment complications, failed to document the taking of impressions for study models, and fabricated a full upper denture that did not meet the minimum acceptable standards of denture construction.

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

CASE 1999-0134 A dentist agreed to attend 40 hours of a Board approved, mentored, hands-on course in crown and bridge in addition to the Board's continuing education requirements for licensure based on an allegation that the dentist failed to complete the 40 hours of a Board approved mentored, hands-on course in violation of the terms of a previous Board Order.

CASE 1999-0033 A dentist agreed to a stayed 60 day license suspension, to pay a \$1,000.00 civil penalty, and to complete the 40 hours of Board approved continuing education required for licensure within 30 days based on allegations that the dentist failed to complete the 40 hours of Board approved hands-on continuing education courses in diagnosis, treatment planning, and restorative dentistry in violation of the terms of a previous Board Order.

Unprofessional Conduct ORS 679.140 (2)

CASE #1999-0171 Following a contested case hearing, a dentist's license was revoked based on findings that the dentist made improper advances against a minor patient by touching her breast and buttocks and made improper advances against another patient by touching her breast and thigh.

CASE #2001-0076 A hygienist agreed to be placed on indefinite probation, 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 hygienist abused alcohol or other drugs.

Failure to Repay Student Loan ORS 348.393(3)

(No case #) A dentist's license to practice dentistry was suspended based on a Notification to Suspend issued by the Student Assistance Commission to the Board.

Practicing Dentistry Without a License ORS 679.020

CASE #1999-0158 A dentist agreed to be reprimanded, to pay a \$1,500.00 civil penalty, and to be placed on probation until the dentist submits to the Board documentary proof of all successfully completed continuing education courses taken to satisfy licensure requirements, based on allegations that the dentist practiced dentistry without a license for two years, failed to complete the 40 hours of

NEW BOARD MEMBER

Melissa Grant, DMD, joined the Board in April 2001. Dr. Grant is a native Oregonian who grew up in Lake Oswego. She attended Boston University for her undergraduate degree, obtained her dental degree from Tufts University and completed advanced training in periodontics at Temple University. She taught periodontics at the University of Pennsylvania Dental School before returning to Oregon where she now practices her specialty in clinics in Portland and Salem.

Dr. Grant is a life-long dancer. She studied with the Pennsylvania Ballet and went on to perform professionally. She currently performs for the Portland Opera, Musical Theatre Company and Portland Community Ballet.

Dr. Grant reports that her interest in being on the Board of Dentistry stems from her desire for both the public as well as the dental profession to have a neutral sounding board for all parties. She says that she truly feels that everyone has something to offer as well as to learn as dental



professionals. As a more recent graduate, she feels that she can more closely relate to the concerns of the new dentist as well as gain insight from her more experienced colleagues on the board and around the state. Dr. Grant looks forward to being in the forefront of policy-making for her chosen profession and is excited for the future of dentistry and the opportunity to do something positive for her home state. ■

DISCIPLINARY ACTIONS *(Continued from page 8)*

Board approved continuing education required for licensure, and failed for four months to apply for dental license renewal.

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

CASE 2000-0055 A hygienist agreed to be reprimanded, to have a 12 month stayed license suspension, to be placed on probation for three years, to provide certified proof of attendance in all continuing education courses required for licensure, to complete three hours of medical emergency training and complete six hours of Board approved continuing education required for licensure that were lacking for a previous licensing period, based on allegations that the hygienist falsely certified that all continuing education requirements for licensure were met when submitting a license renewal appli-

cation and attempted to deceive the Board by submitting an altered certificate of attendance for a continuing education course.

CASE 2001-0041 A dentist agreed to be reprimanded, to pay a \$500.00 civil penalty, 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 2001-0059 A dentist agreed to be reprimanded and to be placed on probation until the dentist completes the 40 hours of Board approved continuing education required for licensure, based on an allegation that the dentist falsely certified that all continuing education requirements for licensure were met when submitting a license renewal application. ■

REPORT CHILD ABUSE

Under Oregon law, Licensed dentists Are Mandatory Reporters and must report suspected child abuse (ORS 419B.005 – 419B.025)

If you think a child is being abused, you must report it to the State Office for Services to Children and Families (SCF) or a law enforcement agency. During the year 2000, over 35,000 reports of abuse or neglect were received by SCF. Mandatory reporters refer more than half of the children SCF sees. *You may be their best hope.*



What Is Child Abuse?

- **Physical Abuse** — Physical harm to a child that is not accidental, such as bruises, welts, burns, cuts and broken bones.
- **Neglect** — Lack of care that causes harm to a child, including lack of food, clothing, shelter, supervision or medical attention.
- **Mental Injury** — Observable or substantial impairment of a child's psychological, cognitive, emotional, or social well being and functioning.
- **Sexual Abuse** — Any incident of sexual contact including rape, sodomy, and fondling. Also, sexual exploitation, including use of children for pornography and prostitution.
- **Threat of Harm** — Activities, conditions or persons that place a child at a substantial risk of physical or sexual abuse, neglect, or mental injury.
- **Abandonment** — Parental behavior showing an intent to permanently give up rights to a child.
- **Child Selling** — Buying, selling, bartering, trading, or offering to buy or sell the legal custody of a child.

More Information?

If you need more information on child abuse and neglect, you may contact your local branch office of the State Office for Services to Children and Families or visit its website at www.scf.hr.state.or.us/cps.

CONTACTING SCF

Administration (Salem)
503-945-5651

Southern Regional Office (Medford)
641-776-6158

Eastern Regional Office (Bend)
541-388-6414

Western Regional Office (Tigard)
503-431-2339

Metro Regional Office (Portland)
503-731-3075

EIGHT YEARS ON THE BOARD

Kris Hudson, Public Member

I can't believe my second term (eighth year) on the Oregon Board of Dentistry is ending. I still remember the phone call from Ray Steed, the former public member, asking if I would be interested in serving on the Board. He obviously did not know about my clenching of dental chair armrests. After moments of laughter and discussions with the Governor's office, I decided to submit my application. I'm glad I did for this has been a wonderful experience and I've learned so much about dentistry. My dentist says I'm a better patient and my stomach doesn't become knotted before each appointment.

I've met many thoughtful, caring professionals who want the best possible dental care for Oregonians. They bend over backwards to be fair not only to the patients but also to the licensees. The people who comprise the Board (dentists, hygienists, public member, staff and attorney) all participate as a team in the discussions and all contribute valuable insights. This discussion, I believe, leads to fair decisions.

Education is one of my greatest concerns. With the closing of the Dental Hygiene Program at OHSU we will lose over one third of the dental hygienists trained in the state each year. Will we need to look to other states to train our hygienists? I hope not.

I cannot end without saying something about our wonderful staff. They always bend over backwards to help. I am amazed that they almost always have an answer for every question and if they don't, they research it and come back to us in short order. The staff not only serves the Board, but also the entire state. So use them. If you have a question, don't hesitate to call or email. The Board and staff are superb and I feel it has been an honor to serve with them these many years.

2002

SCHEDULED BOARD MEETINGS

January 18, 2002
 March 8, 2002
 May 3, 2002
 June 28, 2002
 August 23, 2002
 October 11, 2002
 December 13, 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. ■

Staff

Jo Ann Bones
Executive Director

Teresa Haynes
Licensing and Examination Manager

Sharon Ingram
Executive Assistant

Paul Kleinstub, DDS
Dental Director/Chief Investigator

Jeannette Nelson/Tony Jones
Office Specialist

Daryll Ross
Investigator

Harvey Wayson
 Investigator

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 between the hours of 7:30 a.m. and 4:30 p.m.

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BOARD MEMBERS

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President
Lake Oswego
- Jean Martin, DDS,**
MPH,
Vice President
Wilsonville
- Melissa Grant, DMD**
Lake Oswego
- Kris Hudson,**
Public Member
Portland
- Eugene Kelley, DMD**
Portland
- Kenneth Johnson,**
DMD
Corvallis
- Ronald Short, DMD**
Klamath Falls
- Ellen Young, RDH**
Astoria



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: _____

Mail or Fax to: **OREGON BOARD OF DENTISTRY**
1515 SW 5th Avenue, Suite 602
Portland, OR 97201-5451
Phone: (503) 229-5520
FAX: (503) 229-6606