



## PRESIDENT'S MESSAGE

by Ronald Short, DMD

**O**n March 31, 2004 I complete my first four-year term as a Board member and my term as President of the Board. It has been an interesting experience so far and will continue to be equally interesting in the future. My thanks to the Board staff and Board members for the help and support I have received. They have been very understanding in regards to the distance I live from Portland and have been personally helpful to me during my convalescence from the three surgeries I have undergone during the past two years. They are a wonderful group of people. The Oregon Board of Dentistry is in good hands!

This past year saw the retirement of our Executive Director, Jo Ann Bones, and her replacement by Patrick Braatz. Transitions such as this are time consuming and stressful to all involved. As licensees we owe a big thanks to Jo Ann, Patrick, and staff for working hard and going the "extra mile" to make a smooth transition happen. Cheers to all!

The Oregon Board of Dentistry News, June 2001, Vol. 16, No. 2, page 7, has an excellent article titled, "Tips For Avoiding Complaints Being Filed With The Board." This is also available as a brochure from OBD. I urge every licensee to review the article or brochure.

Following is a list of additional suggestions that I think would be helpful in avoiding complaints.

1. Communicate, communicate, communicate with patients, staff and colleagues!! You must take the time to talk with patients, staff and

colleagues. Attend local and state dental meetings. Establish a network of colleagues. Do not depend upon staff to do your communicating for you. Only you know what should be said and what has been said. If you are uncomfortable with your communication skills, classes are available to help you.

2. Listen to patients and staff and their concerns and problems. Always give them the benefit of the doubt.
3. Listen and learn! You probably don't know as much as you think you know!
4. Never hesitate to refund fees to a dissatisfied patient.
5. If you have a problem with another licensee's treatment, respectfully discuss the problem with the licensee.
6. If you are asked to discuss a possible problem with treatment you have rendered, do it respectfully and with an open mind. You may learn something that will keep you out of trouble.
7. If you recognize that you have created a treatment problem, correct it or find someone who can.
8. It is better to prevent problems than to "cure" problems. "Cures" often do not work!

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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*



**I**t is an honor to have been selected by the Board as the new Executive Director.

I have met many of the members of the dental community since arriving in Oregon in August. Everyone has been very friendly and helpful in bringing me up to speed as

to what is going on with dental care here in Oregon.

I am very impressed with how the Board handles discipline and licensing matters and the Board staff is to be applauded for its technological innovations as well as the professional handling of matters and providing top-notch public service. It was an extreme pleasure for me to have the opportunity to work with the Board's past Executive Director, Jo Ann Bones. She did a tremendous job for the Board and left things in good shape for me.

I told the Board when they officially offered me the position that I was excited and honored by the opportunity to serve the Board and the citizens of Oregon in this position and my first six months here have proven to be correct.

Since I am not a native Oregonian, I am sure that you might like to know a little bit about me.

I was born and raised in Central Wisconsin in Schofield, population 2,226. I am the fourth generation of my family to have lived in Schofield.

I graduated from D.C. Everest Senior High School in 1979 and after 12 years in that school system I did not have enough and I was elected to the Board of Education in 1980 at the ripe old age of 18. I was re-elected three times and served four different terms as President during my 11 years on the Board. I also served as a member and Chairman of two different Cooperative Educational Service Agencies as well as being active on many statewide committees of the Wisconsin Association of School Boards.

I graduated from the University of Wisconsin – Stevens Point in 1984 with a Bachelor of Science Degree in Business Administration with a Minor in

Economics. Following graduation I became a Commercial Insurance Agent. I am currently the Vice-President of the UW-Stevens Point Alumni Association.

In 1989, then Wisconsin Governor Tommy Thompson, now Secretary of the U.S. Department of Health and Human Services, appointed me as the Marathon County Register of Deeds.

In 1991 Governor Thompson tapped me to be the Director of the Bureau of Health Profession for the Wisconsin Department of Regulation and Licensing. In 1992 I was named the Administrator of the Division of Health. As Administrator I had the overall responsibility for 23 Boards/Councils that were responsible for the regulation and licensing of all the health professionals in the State of Wisconsin, which included the Wisconsin Dentistry Examining Board.

In December of 2001 I accepted a special assignment from the Governor to work on developing solutions to the Health Care Worker shortage that was facing Wisconsin, as well as our nation, and completed that report in November of 2002.

During my tenure at the Department of Regulation and Licensing I had the opportunity to serve as a member of many national regulatory board organizations and have served on committees and special commissions for those groups. I currently serve as the public member of the Board of Directors of the Foreign Commission on Credentialing of Physical Therapists located in Alexandria, VA.

I am truly looking forward to my tenure here with the Board and hope that if you have any questions or issues that you feel I need to know about, that you will contact me by telephone at 503-229-5520 or by e-mail at [Patrick.Braatz@state.or.us](mailto:Patrick.Braatz@state.or.us). I look forward to hearing from you. ■

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

## So You're Going To Retire!!

By George McCully, DMD

**C**ongratulations! But have you considered what to do concerning your dental or dental hygiene license with the Oregon Board of Dentistry? Do you want to maintain your license, retire it, or perhaps just let it expire?

First, let's examine why you would want to maintain your license in good standing. It won't be cheap because besides the license fee, you will need to maintain your CE by attending at least 40 (or 24 for dental hygienists) hours of continuing education every two years. So why continue? Perhaps you might want to go on a medical mission to a third-world country. If so, you will probably need to have a current license, an occurrence that has been dealt with by the OBD more than once in the last year. Perhaps you have sold your practice and have taken part of the sales price on as a receivable asset. You might worry that if the buyer defaults on the obligation, that you will have to re-enter the practice and work again to preserve whatever assets remain — again a situation that has been posed to the OBD a couple of times in the last year. Or as we have witnessed recently, perhaps you retire and find that your investments are not sufficient to allow you to live and you need to return to work. I'm sure there are other scenarios that might influence you to want to keep your license, including the desire to continue your chosen profession. But whatever they are, you will need to continue to do all that is required for renewal of your license.

If you do surrender, retire, or allow your license to expire and then decide that you would like it back you must do certain things and pay certain fees within a specified period of time; otherwise you will need to retake a licensure examination. The Board's administrative rules on reinstatement are found in 818-021-0085 (Reinstatement of an Expired License), 818-021-0090 (Reinstatement of a Retired License) and 818-021-0095 (Resignation of a License).

A copy of the Board's rules may be requested directly from the OBD office, or on our website at [www.oregondentistry.org](http://www.oregondentistry.org).

Again, congratulations for a job well done and we at the OBD wish you well wherever your life may take you. ■

## PRESIDENT'S MESSAGE

(Continued from page 2)

9. Do "evidence based," mainstream dentistry. Do not be the first or the last to use a new technique or material. Carefully research what you intend to do or use and do not rely solely upon a manufacturer's or "guru's" claims.
10. Remember and use the "KISS" principle—"KEEP IT SIMPLE, STUPID"
11. Do not overtreat!! Often, that old amalgam restoration will outlast by many times the porcelain crown that you just sold the patient because you need to make a payment on your new Cerac machine. The patient's pocket is not a bottomless pit. Be reasonable with treatment plans and fees.
12. Make sure that new "Practice Management" philosophies and techniques comply with the Dental Practice Act.
13. The Board does not tolerate dishonesty. Read and understand before you sign any Board documents and do not alter records for your or the Board's benefit.
14. Multiple solutions for a problem usually mean none of the solutions work well.
15. Take care of your patients and they will take care of you.
16. Your personal life reflects into your practice. You cannot properly perform your dental duties if your personal life is a mess.
17. The "Cardinal Rule" of any health care is to "First, do no harm."
18. If you think you must advertise, make sure it is accurate and not misleading. I believe the best advertising is word of mouth from satisfied patients.
19. If you are in the Dental Profession only for the money and status, then, in my opinion, you should be in a different occupation.
20. Remember the "Three R's."  
Do it **RIGHT**  
Keep good **RECORDS**  
If in doubt, **REFER**

"The only certain means of success is to render more and better service than is expected of you, no matter what your task may be." — OG MANDINO ■

## ANESTHESIA CONTINUING EDUCATION – DENTISTS

### Continuing Education for Anesthesia Permit Holders

In order to renew a Class 1 or Class 2 anesthesia permit, the permit holder must submit documentation of having a current Healthcare Provider BLS/CPR or its equivalent certification. In order to renew a Class 3 or Class 4 anesthesia permit, the permit holder must submit documentation of having a current ACLS or PALS certification. **Failure to submit documentation will result in non-renewal of an anesthesia permit.**

#### **OAR 818-026-0040(9) - Class 1 (Nitrous Oxide)**

Four (4) hours of continuing education in one or more of the following areas every two years:

- Sedation,
- Nitrous oxide,
- Physical evaluation,
- Medical emergencies,
- Monitoring and the use of monitoring equipment, or
- Pharmacology of drugs and agents used in sedation.

Training taken to maintain current Health Care Provider BLS/CPR certification, or its equivalent, may not be counted toward this requirement.

Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060(1).

#### **OAR 818-026-0050(9) - Class 2 Permit**

Four (4) hours of continuing education in one or more of the following areas every two years:

- Sedation,
- Physical evaluation,
- Medical emergencies,
- Monitoring and the use of monitoring equipment, or
- Pharmacology of drugs and agents used in sedation.

Training taken to maintain current Health Care Provider BLS/CPR certification, or its equivalent, may not be counted toward this requirement.

Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060(1).

#### **OAR 818-026-0060(12) - Class 3 Permit**

Fourteen (14) hours of continuing education in one or more of the following areas every two years:

- Sedation,
- Physical evaluation,
- Medical emergencies,
- Monitoring and the use of monitoring equipment,
- Pharmacology of drugs and agents used in sedation, or
- Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS).

Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060(1).

#### **OAR 818-026-0070(12) - Class 4 Permit**

Fourteen (14) hours of continuing education in one or more of the following areas every two years:

- General anesthesia,
- Physical evaluation,
- Medical emergencies,
- Monitoring and the use of monitoring equipment,
- Pharmacology of drugs and agents used in anesthesia, or
- Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS).

Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060(1). ■

### BOARD MEMBERS

**Ronald Short, DMD,**  
President  
*Klamath Falls*  
Term expires 2004

**George McCully, DMD,**  
Vice-President  
*Eugene*  
Term expires 2004

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

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

**Linda Lee, RDH, MBA**  
*Lake Oswego*  
Term expires 2005

**Jean Martin, DDS, MPH**  
*Canby*  
Term expires 2006

**Rodney Nichols, DMD**  
*Milwaukie*  
Term expires 2007

**Ellen Potts, RDH, BS**  
*Portland*  
Term expires 2006

**Vacant**  
Public Member

## ENFORCEMENT REFRESHER

One of the statutory duties of the Board is to conduct investigations, based “upon its own motion or any complaint...on all matters related to the practice of dentistry...” In fulfilling its duties, the Board relies upon the cooperation of licensees to provide information (and often, records) to the Board. While most complaints are dismissed, the statutes provide an objective forum in which citizens can air their concerns, and assure quality in the practice of dentistry.

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## ANESTHESIA CONTINUING EDUCATION - DENTAL HYGIENISTS

### Continuing Education for Class 1 (Nitrous Oxide) Permit Holders

In order to renew a Class 1 or Class 2 anesthesia permit, the permit holder must submit documentation of having a current Healthcare Provider BLS/CPR or its equivalent certification. In order to renew a Class 3 or Class 4 anesthesia permit, the permit holder must submit documentation of having a current ACLS or PALS certification. **Failure to submit documentation will result in non-renewal of an anesthesia permit.**

### **OAR 818-026-0040(9) - Class 1 Permit**

Four (4) hours of continuing education in one or more of the following areas every two years:

- Sedation,
- Nitrous oxide,
- Physical evaluation,
- Medical emergencies,
- Monitoring and the use of monitoring equipment, or
- Pharmacology of drugs and agents used in sedation.

Training taken to maintain current Health Care Provider BLS/CPR certification, or its equivalent, may not be counted toward this requirement.

Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0070(1). ■

Based upon recent complaints, the following reminders are provided to assist in your compliance with the Dental Practice Act, Administrative Rules and related statutes. Please note that an underlying problem with many complaints is patient communication; clarity in communication before, during and after providing services is essential.

### **1. Copies of Patient Records, Radiographs, Models**

Under OAR 818-012-0030(8) a dentist must provide a patient or patient’s guardian within 14 days of written request, legible copies of records, radiographs and duplicates of study models, if the radiographs or study models have been paid for. The dentist may, however, require the patient to pay in advance the cost of making copies or duplicates. The dentist must provide copies of radiographs, even if the patient still owes money for services provided subsequent to the appointment when the radiographs were taken, and it is the Board’s position that any payment made on a bill is presumed to cover radiographs.

### **2. Fees**

Under OAR 818-012-0030(7) a dentist engages in unprofessional conduct if the dentist does or permits any person to misrepresent any facts to a patient concerning treatment or fees. When a patient requests fees for individual procedures, and these procedures would necessitate accompanying procedures such as the placement of implants (which would be accompanied by restorations) or cleanings (which would be accompanied by exams and radiographs), the dentist must indicate to the patient the charges for the accompanying procedures.

The underlying cause for the greatest number of patient complaints appears to be centered around disagreements with or misunderstanding of the “front office” staff in dental offices, and the inability of the patient to communicate directly with the dentist. Other common complaints are misunderstandings about amounts which will be paid by insurance, or that subsequent treatment will be required at additional cost. ■

## DISCIPLINARY ACTIONS TAKEN BETWEEN JUNE 19, 2003 AND DECEMBER 31, 2003

**Note:** *In the July 2003 issue of the Board's newsletter, Case #2002-0176 on page 8 should have read Case #2002-0179. We regret the error.*

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

**Case #2003-0079** Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to have patients complete health histories, failed to document with "PARQ" or its equivalent that informed consent had been obtained prior to providing treatment, initiated endodontic therapy without dental justification, and failed to take dental radiographs for the purpose of diagnosing dental caries. Aware of her right to a hearing, the Licensee voluntarily entered into a Consent Order in which the Licensee agreed to be reprimanded, to pay a civil penalty in the amount of \$2,000.00, to appear before the Board at least two times per year, and to allow designated Board staff to review the Licensee's office four times a year for at least two years.

**Case #2003-0126** Based on 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 to justify initiating endodontic therapy, failed to document a diagnosis to justify preparing a tooth for a crown, and failed to complete endodontic therapy in a tooth prior to seating a crown on a tooth. Aware of his right to a hearing, the Licensee entered into a Consent Order in which the Licensee agreed to be reprimanded, to make a restitution payment to the patient in the amount of \$1050.00 within 60 days, and to complete a Board approved course in record keeping within one year.

**Case #2000-0205** Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document the use of local anesthetic, prepared a tooth for a crown without a dental justification, placed a crown with a

defective margin, initiated endodontic therapy without a dental justification, provided unacceptable care when performing endodontic therapy, placed restorations without dental justification, failed to document diagnosis of periodontal disease, submitted bills to insurance companies for services that were not provided on the date billed for, and misrepresented facts and made aware of his right to a hearing, the Licensee voluntarily entered into a Consent Order with the Board in which the Licensee agreed to be reprimanded, to pay restitution of \$1,755.00 to a patient, to pay a civil penalty in the amount of \$1,000.00, to provide 360 hours of community service in the form of unremunerated direct dental care within three years, and to complete the 40 hours of continuing education required for the 2001 licensing period within three months.

**Case #2001-0221** Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document all prescriptions written or called in to pharmacies, prescribed controlled substances in amounts beyond which would be considered acceptable, failed to document a dental justification for all medications that were prescribed, failed to document all treatment that was provided, failed to document with "PARQ" or its equivalent that informed consent had been obtained prior to providing treatment, and provided minimal conscious sedation without first obtaining a Class 2 anesthesia permit from the Board. 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 and to pay a civil penalty of \$2,000.00 within 30 days.

**Case #2003-0146** Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to maintain accurate current and constant inventories for controlled drugs, allowed a person without a license or permit to take dental radiographs on numerous

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patients, failed to document the lateral perforation of a tooth, and failed to document taking a periapical radiograph. Aware of his right to a hearing and wishing to resolve the matter, the Board and Licensee entered into a Consent Order in which the Licensee agreed to be reprimanded, to pay a civil penalty of \$2,000.00 within 30 days, and to complete a Board approved course in record keeping within one year.

**Case #2003-0071** Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist undertook orthodontic treatment on a patient without considering the possible ankylosis of two previously endodontically treated teeth, and falsely certified that all continuing education requirements for licensure were met when submitting the Board's 2002 licensure renewal application. Aware of his right to a hearing, in order to resolve this matter, the Licensee voluntarily signed a Consent Order in which he agreed to be reprimanded, pay a civil penalty of \$500.00 within 30 days, to make a restitution payment to the patient in the amount of \$1500.00 within 60 days, to complete the balance of continuing education required for the 2002 licensure period within six months, and to complete a Board approved course in record keeping within one year.

**Case #2003-0028** Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document diagnoses to justify restoring three teeth, failed to document with "PARQ" or its equivalent that informed consent had been obtained prior to providing treatment, prepared a tooth for a crown without a dental justification, and placed a crown with a defective margin. Aware of his right to a hearing, in order to resolve this matter the Licensee voluntarily signed a Consent Order in which the Licensee agreed to make a restitution payment to the patient in the amount of \$1,800.00 within 60 days and to complete a Board approved course in record keeping within one year.

**Case #2003-0120** Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist extracted

a tooth but failed to document a dental justification for the extraction and also failed to document the extraction in the patient record, administered nitrous oxide without first obtaining a nitrous oxide permit, failed to document with "PARQ" or its equivalent that informed consent had been obtained prior to providing treatment, failed to document treatment that was provided, prepared teeth for crowns without documenting a dental justification, placed direct pulp caps without documenting a dental justification, initiated endodontic therapy without documenting a dental justification, provided treatment without identifying the teeth that were treated, failed to document the use of local anesthetic, failed to diagnose periodontal disease, and over prepared teeth for bridge abutments. The licensee failed to request a hearing and the Board issued a Default Order in which the Licensee was ordered to be reprimanded, to make a restitution payment to the patient in the amount of \$15,000.00 within 45 days, and to complete a Board approved course in record keeping within one year.

**Case #2004-0022** Based on an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist failed to document treatment that was provided, failed to document diagnoses to justify placing crowns, failed to document with "PARQ" or its equivalent that informed consent had been obtained prior to providing treatment, fabricated alterations to treatment notes in the patient's dental records, and then attempted to deceive the Board in a letter submitted to the Board. Aware of his right to a hearing, in order to resolve this matter, the Licensee voluntarily signed a Consent Order in which he agreed to be reprimanded and to pay a civil penalty of \$5000.00 within 60 days.

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

**Case #s1999-0114, 1990-0124, 1990-0195, 1990-0225, 1991-0037, 1991-0173, 1993-0174, 1995-0151, and 2002-0024** Based on an investigation, the Board issued a Notice of Proposed License Revocation, an Amended Notice of License Revocation,

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

and a Notice of Proposed Order of Permit Suspension alleging that a dentist violated a previously issued Board Order when the Licensee performed endodontic therapy, other than emergency pulpotomies, for multiple patients; failed to take final fill radiographs when completing endodontic therapy for multiple patients; failed to monitor a large periapical lesion over a period of time; seated a crown with a short margin; failed to document diagnoses to justify initiating endodontic treatment for multiple patients; failed to document the completion of endodontic therapy; failed to document a diagnosis to justify restoring a tooth; failed to document with "PARQ" or its equivalent that informed consent had been obtained prior to providing treatment; falsely certified on a dental license renewal application that the Board's 40-hour continuing education requirement for license renewal had been met; and failed to complete and maintain the specific continuing education required for a Class 3 Anesthesia Permit. Aware of his right to a hearing, and wishing to resolve these matters, the Licensee voluntarily signed a Consent Order with the Board in which the Licensee agreed to be reprimanded, to cease performing endodontic procedures except for emergency pulpotomies for the remainder of his dental career, to have his license suspended for three months, for a period of three years of license reinstatement to practice only in a group practice setting under the supervision of a licensed dentist who reports to the Board, to appear before the Board every six months, to provide the Board with yearly proof of continuing education course completion, to relinquish his Class 3 Anesthesia Permit in exchange for a Class 2 Anesthesia Permit, and to comply with the Dental Practice Act and rules of the Board.

**Unprofessional Conduct ORS 679.140(1)(e)**

**Case #2002-0273** Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist's license to practice dentistry in the State of Washington was revoked for conduct similar to conduct prohibited under the Oregon Dental Practice Act. Aware of her right to a hearing, the Licensee voluntarily entered

into a Consent Order in which the Licensee agreed to be reprimanded, to be placed on indefinite probation, to be prohibited from engaging in a solo dental practice, to complete a Board approved course in record keeping within six months from the date she begins practicing in Oregon, and to personally appear before the Board or its designated representative at a frequency to be determined by the Board but initially three times per year from the date she begins practicing in Oregon.

**Case #2000-0179** Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist self abused prescription drugs, wrote prescriptions outside the scope of the practice of dentistry to various patients, and made an untrue statement on an application submitted to the Board. 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 not use controlled substances or mood altering drugs at any time unless prescribed by a licensed practitioner for a bona fide medical condition, to submit to a Board approved, random, supervised urinalysis testing program at Licensee's expense with a frequency of testing initially at a minimum of 24 tests per year, to appear before the Board or its designated representative at a frequency to be determined by the Board but initially at least three times per year, to advise the Board within 72 hours of any drug related relapse, to not order, dispense or store any controlled substance other than those needed for providing sedation for his patients, and to immediately start using pre-numbered triplicate prescriptions for prescribing controlled substances.

**Case #2002-0095** A dentist voluntarily signed a Consent Order with the Board in which the dentist agreed to be reprimanded and the Board accepted the Licensee's resignation of her dental license, based on allegations that the dentist falsified the Board's August 1998 Application for Licensure when she denied using controlled substances in violation of law; was addicted to, dependent upon, or abused marijuana from 1985 to 2001, falsely

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certified on her 2002-2004 License and Renewal Application that she had met the Board's continuing education requirements for licensure; and was addicted to, dependent upon, or abused alcohol.

#### **Applicant Issues 679.060(4)**

**Case #2004-0002** Based on information provided on an application for a license to practice dental hygiene in which the Applicant admitted to having been convicted of an offense, misdemeanor or felony which could have resulted in imprisonment, the Board conducted an investigation and determined that the Applicant pled guilty to felony theft. Based on the results of the investigation, the Board determined that legal cause existed to deny the Applicant's application for licensure. In order to resolve the matter, Applicant and Board entered into a Consent Order in which the Board agreed to issue a dental hygiene license to the Applicant on the condition that the Applicant agree to be placed on indefinite probation and to appear before the Board or its designated representative at a frequency to be determined by the Board but initially at a frequency of once a year throughout his probation.

**Case #2003-0208** A dentist submitted an application for licensure in Oregon. With the application, the Applicant submitted information related to abuse and addiction to a controlled prescription drug, his treatment and recovery program for that addiction and the probationary status of his dental licenses in three other states. Based on the results of the investigation, the Board determined that legal cause existed to deny the Applicant's application for licensure. In order to resolve the matter, the Board and Applicant entered into a Consent Order in which the Board agreed to issue the Applicant a license to practice dentistry on the condition that he agree to be placed on indefinite probation for not less than five years; to not use controlled substances or mood altering drugs at any time unless prescribed by a licensed practitioner for a bona fide medical condition; to participate in a Board approved care and recovery program, to submit to a Board approved urinalysis program, to advise the Board within 72 hours of any drug

related relapse or any substantial failure to participate in any recommended recovery program, and to appear before the Board or its designated representative at a frequency to be determined by the Board but initially at least three times per year.

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

**Case #2003-0095** A hygienist entered into a Consent Order with the Board in which the hygienist agreed to be reprimanded, to pay a \$250 civil penalty, to provide the Board with documentation verifying completion of 24 hours of continuing education for the 2004 and 2006 licensing periods, 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 hygienist failed to renew her Dental Hygiene license and practiced dental hygiene without a license for approximately one and one half months.

**Case #2003-0096** A 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 hygienist practiced dental hygiene without a license for one and one half months.

#### **Practicing Dentistry Without a License ORS 679.020**

**Case #2003-0116** A dentist entered into a Consent Order with the Board in which the dentist agreed to be reprimanded, to pay a \$2000.00 civil penalty, to provide the Board with documentation verifying completion of the balance of 33 hours of continuing education for the 2002 licensing period within six months, and to provide 40 hours of community service in the form of direct dental care within 18 months based on an allegation that the hygienist failed to renew her Dental Hygiene license and practiced dental hygiene without a license for approximately one and one half months.

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**DISCIPLINARY ACTIONS** (Continued from page 9)**Failure to Complete Continuing Education Required for License Renewal OAR 818-021-0070(1)**

**Case #2003-0186** Based on the results of an investigation, the Board issued a Notice of Proposed Disciplinary Action alleging that a dentist falsely certified that all continuing education requirements for licensure were met when submitting two successive license renewal applications. 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, to pay a \$1,000.00 civil penalty, to complete 40 hours of Board approved continuing education within one year and another 40 hours within two years, and to provide 40 hours of community service in the form of direct dental care within one year. ■

**BOARD STAFF**

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 Phone: 503-229-5520 Fax: 503-229-6606

**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. ■

**SCHEDULED BOARD MEETINGS****2004**

- March 12, 2004
- May 14, 2004
- July 9, 2004
- September 17, 2004
- November 19, 2004

# Oregon Law Recognizes These Types of Abuse:

## As a Mandatory Reporter ...

### You Must Report Child Abuse and Neglect



Department of Human Services  
500 Summer Street NE  
Salem, OR 97301  
PAM 9010 04/02

For additional information on child protective services, visit our Web site at:

<http://www.scf.hr.state.or.us/cps/index.htm>

DHS practices nondiscrimination and provides reasonable accommodation for persons with disabilities. If you have questions or need a document in an alternate format, talk to your caseworker.

#### Physical Injury

- Bruises, welts, burns, cuts, broken bones, sprains, bites, etc., which are deliberately inflicted.
- Injuries may:
  - Be in the shape of the article used (electric cord, belt buckle, etc.).
  - Not match children's description of how they occurred (fracture from falling off sofa, etc.).

#### Neglect

- Failure to provide food, shelter, medicine, etc. to such a degree that a child's health and safety are endangered.
- Children often:
  - Don't want to leave school.
  - Are constantly tired.
  - Are left alone with no supervision.
  - Have unmet physical, emotional or medical needs.

#### Sexual Abuse and Sexual Exploitation

- Any sexual contact in which a child or teen under 18 years is used to sexually stimulate another person is illegal. This may be anything from rape to fondling to involving a child in pornography:
- Children often have:
  - Poor peer relationships, fantasy or infantile behavior, fear of being left with someone.
  - Inappropriate interest in, knowledge of or acting out of sexual matters.
  - Any of the behavioral problems listed under "Mental Injury."

#### Threat of Harm

- Threat of harm is subjecting a child to a substantial risk of harm to the child's health or welfare.
- The presence of domestic violence is a risk for children.
- Children may exhibit any of the behaviors listed on this page.

**If you think a child is being abused, you must report it to the Department of Human Services child welfare or a law enforcement agency. Nearly three-quarters of children are referred to DHS by mandatory reporters. You may be their best hope.**

#### Mental Injury

- A continuing pattern of rejecting, terrorizing, ignoring, isolating or corrupting a child, resulting in serious damage to the child.
- Children often:
  - Have speech or sleep disorders.
  - Fail to grow normally.
  - Are very aggressive or withdrawn.
  - Show an abnormal need for emotional support.

#### Child Selling

- Buying, selling or trading for legal or physical custody of a child.
- Does not apply to legitimate adoption or domestic relations planning.

#### What does reporting mean?

- You must report any "reasonable suspicion" of child abuse according to Oregon law.
- DHS child protective services will assess the information you give us and take further action, if necessary.
- Your name will be kept confidential. Only a court of law can order a reporter's name released.
- More comprehensive information on the symptoms of abuse and the law is available from DHS.

**Each year in Oregon more than 30,000 reports of child abuse and neglect are made. Nearly 15 children die from abuse. You can help these kids.**

### DHS Child Welfare Offices

Baker	(TOLL FREE)	800-646-5430	Lane	(TOLL FREE)	866-300-2782
Benton	-----	541-757-4121	Lincoln	(TOLL FREE)	800-305-2850
Clackamas	(TOLL FREE)	800-628-7876	Linn	(TOLL FREE)	800-358-2208
Clatsop	(TOLL FREE)	800-643-4606	Malheur	(TOLL FREE)	800-445-4273
Columbia	(TOLL FREE)	800-428-1546	Marion	(TOLL FREE)	800-854-3508
Coos	(TOLL FREE)	800-500-2730	Woodburn	(TOLL FREE)	800-358-2571
Crook	-----	541-447-6207	Morrow	-----	541-481-9482
Curry	(TOLL FREE)	800-510-0000	Multnomah Hotline	-----	503-731-3100
Deschutes	-----	541-388-6161	Polk	-----	503-623-8118
Douglas	(TOLL FREE)	800-305-2903	Tillamook	(TOLL FREE)	877-317-9911
Gilliam-Wheeler	-----	541-384-4252	Umatilla		
Grant	-----	541-575-0728	Pendleton	(TOLL FREE)	800-547-3897
Harney	-----	541-573-2086	Hermiston	(TOLL FREE)	877-488-4939
Hood River	-----	541-386-2962	Union	-----	541-963-8571 x270
Jackson	-----	541-776-6120	Wallowa	-----	541-426-4558
Jefferson	-----	541-475-2292 x310	Wasco-Sherman	-----	541-298-5136
Josephine	(TOLL FREE)	800-930-4364	Washington	(TOLL FREE)	800-275-8952
Klamath	-----	541-883-5570	Yamhill	(TOLL FREE)	800-822-3903
Lake	(TOLL FREE)	888-811-4201			



*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

**Mail or Fax to:** **OREGON BOARD OF DENTISTRY**  
1515 SW 5th Avenue, Suite 602  
Portland, OR 97201-5446  
Phone: (503) 229-5520  
Fax: (503) 229-6606