

PUBLIC PACKET

**OREGON BOARD
OF
DENTISTRY**

**BOARD MEETING
AUGUST 3, 2012**

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APPROVAL OF MINUTES

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**OREGON BOARD OF DENTISTRY
MINUTES
June 1, 2012**

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

STAFF PRESENT: Patrick D. Braatz, Executive Director
Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator
Daryll Ross, Investigator (portion of meeting)
Harvey Wayson, Investigator (portion of meeting)
Michelle Lawrence, D.M.D., Consultant (portion of meeting)
Rodney Nichols, D.D.S., Consultant (portion of meeting)
Lisa Warwick, Office Specialist (portion of meeting)

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Lynn Ironside, RDH, ODHS; Beryl Fletcher, ODA; Sheri Billetter, ODAA, April Love, DDS; Eli Schwarz, PhD, OHSU; Judd Larson, DDS; Heidi Jo Grubbs, RDH, ODHA; Pamela Lynch, RDH, ODHA; Dana Shipley, RDH, ODHA; Lisa Rowley, RDH, Pacific University; Gregg Smith.

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

NEW BUSINESS

MINUTES

Ms. Mason moved and Dr. Magnuson seconded that the minutes of the April 6, 2012 Board meeting be approved as amended. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

ELI SCHWARZ, K.O.D., D.D.S., M.P.H., Ph.D., Professor & Chair of Community Dentistry, School of Dentistry, Oregon Health Science University

Ms. Mason stated that Dr. Schwarz is in attendance due to a lively discussion at the recent Dental Hygiene Committee meeting regarding continuing education as is it relates to dental public health and expanded practice permit holders. Dr. Schwarz is to present information regarding the content of Dental Public Health Practice courses and how they are different from Practice Management as well as the variety of subjects that they encompass.

Dr. Schwarz stated that the definition of dental public health today is, '*the science and art of preventing and controlling dental diseases and promoting dental health*'. He added that although it's one of the smallest specialties it is also one of the broadest in its reach as it establishes its science and its evidence from using multiple disciplines in science both from inside dentistry as well as outside. One example is how patient communication in the realm of psychology, public health and practice administration components of the course brings in a lot of science from business administration. Dr. Schwarz stated that this highlights how many realms come together into the specialty of public health. He continued saying that OHSU teaches a course in Public Health that includes a range of courses taught as part of 'dental public health' throughout the four years spent at OHSU's program. First and second year students are introduced to the concepts of public health dentistry and preventative dentistry.

Year One Students: Public Health and Preventative Dentistry course covers basic concepts and general public health. Dr. Schwarz stated that they took their guidance from an important report published by the Institute of Medicine. Three core components of public health today are Assessment, Policy Development and Assurance. Dental students are told that it's comparable to what they will be doing in a dental practice. They will be tested and assessed on the forms of examining, performing community assessments, and making proper diagnosis. In Assurance they will carry out treatment, monitoring and surveillance. The students will recognize the terms when they start working and make the connection that the public health dentistry is still within the realm of dentistry, it just looks a little different moving from the patient in the chair to the community. Also discussed are patients vs. population, oral disease prevention concepts and oral health disparities. This is where the subject matter delves into concepts such as social determinants, sociology, what differences in population groups mean in terms of dental programs, insurance issues, risk assessment, population statistics and inter-professional community health partnerships. The literature is discussed as well as models of administering and financing dental care services. Dr. Schwarz stated that the financial aspect was an especially important topic in Oregon, as Oregon is in the forefront of health care transformation in this country. OHSU believes that students need to be aware of the system that they work in and the components of that system, including alternative models of care. The first year of dental studies gives them a fairly full view of what it is like to work as a dentist.

Year Two Students and beyond: Dr. Schwarz stated that students go much further into social determinates of dental disease and use a variety of different methodologies to talk about health promotion, patient communication and cultural competence. He added that there were also courses the second year regarding health related behaviors, including addictions and the underlying causes of addiction. Dr. Schwarz stated that he was also leaving examples of the Practice Administration course for the Board's review which is at the end of the curriculum in the third and fourth years. It focuses on more practical issues in terms of how to run a practice, various legal requirements and other information so the students get a comprehensive view of legal issues with regard to both the community and society in general as well as running an independent dental practice.

Dr. Schwarz summarized by stating that when we think of continuing education when teaching such a program: public health dentistry continuing education courses can extend to nearly any of the content having to do with dental public health. It frequently reflects the very board range that dental public health encompasses. Dr Schwarz left a detailed syllabus from OHSU for the Board to review stating that although no clear cut answer may be evident as to where exactly the subjects covered fit into the guidelines, the courses taught are relevant in updating and maintaining knowledge of what's current in dental public health today.

The Board thanked Dr. Schwarz for his presentation.

ASSOCIATION REPORTS

Oregon Dental Association

Nothing to report

Oregon Dental Hygienists' Association

Nothing to report

Oregon Dental Assistants Association

Nothing to report

COMMITTEE AND LIAISON REPORTS

WREB Liaison Report

Dr. Magnuson stated that there was a WREB Board meeting about a month ago and that this was the first year of the new organizational structure. Topics at the meeting included:

- Remediation requirements for students – especially hygiene exam students. Currently the requirements are not clear as to what happens if a hygiene candidate doesn't pass the exam after three attempts. It's currently very clear for dental candidates.
- Exam Security – all exams in the country are having issues with cheating. WREB is adding security to try and avoid this.
- The director of CSW, which is the company that provides a large portion of the written exam and is owned by CRDTS, CERTA & WREB, has quit. Dr. Magnuson stated that they are working to get a replacement hired as well as working on updating the exam, reviewing content, adding new questions, and also reviewing the relevance of questions to current curriculum.
- The summer WREB meeting has always been held in conjunction with Western Conference of Dental Examiner and Dental School Deans. This is the last time that will be occurring as the Western Conferences is moving to January.

AADB Liaison Report

Ms. Mason had nothing to report.

ADEX Liaison Report

Nothing to Report

NERB

Dr. Parker stated that there is an upcoming meeting. Mr. Braatz stated that it was a Steering Committee Meeting and that Dr. Hongo, Dr. Parker and Ms. Davidson would all be attending. He added that he had included the new committee report from NERB and stated that a good number of Oregon Board members had been appointed to standing committees.

Licensing Standards and Competency Committee Meeting Report

Dr. Parker stated there was a meeting May 17. Restorative Functions of Dental Hygienists and Dental Assistance and posterior composite restoration were discussed. Dr. Parker stated that the License, Standards and Competency Committee recommended that the Board send both OAR June 1, 2012

Board Meeting

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818-035-0072 and OAR 818-042-0095 to Rules Oversight Committee for consideration of the addition of posterior composites restorations to restorative hygienists and restorative assistants.

OAR 818-035-0072 & OAR 818-042-0095

Mr. Harvey moved and Ms. Mason seconded that the Board refer both OAR 818-035-0072 and OAR 818-042-0095 to the Rules Committee to allow for placement of posterior composites for dental hygienists and assistants as presented. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Mr. Harvey, and Dr. Smith voting aye. Dr. Schwindt was opposed.

Dental Hygiene Committee Meeting Report

Ms. Mason stated that the Dental Hygiene Committee met May 21. There were two items requested to be sent to the Rules Oversight Committee. There was an update regarding the pilot project program under SB 738. The Survey required by the Board is in process, and ODHA asked to submit questions for the survey. Mr. Braatz had agreed indicating that due to timing, Board staff would need the questions by the end of June. Ms. Mason stated that there was also a discussion regarding public health dentistry and that there was a motion to have an expert in dental public health make a presentation to the Board clarifying what exactly dental public health is; Dr. Schwarz fulfilled that presentation request with his presentation earlier in the morning.

OAR 818-042-0090 – Additional functions of EFDAS

Ms. Mason stated that the Dental Hygiene Committee recommended the Board send OAR 818-042-0090 to the Rules Oversight Committee to allow for the addition of hygienists to the list of who can supervise EFDA assistants placing sealants. Dr. Schwindt moved and Mr. Harvey seconded that the Board send OAR 818-042-0090 to the Rules Oversight Committee as presented. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

OAR 818-035-0020 - Authorization to Practice

Ms. Mason stated that in the OAR, the definition of hygiene duties includes root planning but it was not included in the 'Authorization to Practice' as a procedure for dental hygiene. This rules change is meant to clarify the duties and functions of dental hygienists. She concluded that the Dental Hygiene Committee recommend the Board send OAR 818-035-0020 – Authorization to practice to the Rules Oversight Committee as presented. Dr. Smith moved and Dr. Schwindt seconded that the Board move OAR 818-035-0020 to the Rules Oversight Committee as presented. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

Committee Meeting Dates

No Dates to Report

EXECUTIVE DIRECTOR'S REPORT

Budget Status Report

Mr. Braatz state that he had attached the latest budget reports for the 2011-2013 Biennium and that the report, which is from July 1, 2011 through April 30, 2012, shows revenue of \$1,167,994.99 and expenditures of \$1,030,936.65. The Budget appears to be performing as expected. He added that with many licensing examinations being held later this year than in

previous years, the OBD has not seen the normal number of new applications: and that the Board staff will monitor this throughout the end of summer.

Customer Service Survey Report

Mr. Braatz stated that he had attached a chart which shows the OBD State Legislatively Mandated Customer Service Survey Results from July 1, 2011 through May 14, 2012. The results of the survey show that the OBD continues to receive positive comments from the majority of those that return the surveys.

Board and Staff Speaking Engagements

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

Thursday, April 26, 2012 - Licensing Manager Teresa Haynes and Mr. Braatz made a presentation to the graduating dental students at OHSU's School of Dentistry.

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

Monday, May 14, 2012 – Mr. Braatz made a presentation to the graduating dental assistant students at Portland Community College.

Friday, May 18, 2012 - Licensing Manager Teresa Haynes and Mr. Braatz made a presentation to the graduating dental hygiene students at Lane Community College in Eugene.

Friday, May 18, 2012 - Licensing Manager Teresa Haynes and Mr. Braatz made a presentation to the graduating dental hygiene students at Portland Community College.

Wednesday, May 23, 2012 - Licensing Manager Teresa Haynes and Mr. Braatz made a presentation to the graduating dental hygiene students at Mt. Hood Community College.

Minutes and Newsletter Disciplinary Information

Mr. Braatz stated that he was bringing the subject of naming disciplined licensees back to the Board for consideration, as requested at the April Board meeting. Mr. Braatz stated that he was asking the Board to revisit the issue regarding what disciplinary information should be reported in the Board Newsletter. In approximately 1989, the OBD stopped publishing the names of licensees that had been disciplined by the Board and just used the phrase, "a doctor or a licensee entered into a Consent Order regarding..." Starting in 1999, the case numbers were listed and that has continued through today. Mr. Braatz clarified that almost all of the other Health Care Regulatory Boards in Oregon, if they have a newsletter, list the names of the licensees along with a synopsis of the cases as well. Most dental boards in the United States also list the names of the licensees. He added that he believed it was time that the OBD develop the same process and as we see more and more efforts by groups to make all levels of government more transparent, the OBD needs to move forward.

Mr. Braatz explained that another issue has to do with the minutes for the Board meetings. He reiterated that most of the motions that are made following the executive session, list a case number if the cases are closed for No Violation, No Further Action or if a Letter of Concern is

issued. Some of the motions include when the OBD decides to issue a Notice of Proposed Disciplinary Action and may or may not offer the licensee a Consent Order. Mr. Braatz stated that most of the Health Care Regulatory Boards list the actual name, if in fact the motion did pass.

Dr. Magnuson moved and Dr. Schwindt seconded that the Board put the disciplined licensees' names in the newsletter. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

Dr. Magnuson moved and Dr. Smith seconded that the Board adjust the minutes to list names in them. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

Mr. Braatz asked the Board to begin using names today in public session voting.

Newsletter

Mr. Braatz reported that the next newsletter is due out this fall.

Oregon Temporary Volunteer License Form Review

Mr. Braatz presented the Board with the new Temporary Volunteer License Form for their review.

AADA & AADB

Mr. Braatz stated that Ms. Lindley, Dr. Hongo and Dr. Parker will be attending the AADB meeting upon his authorization but that he needed the Boards approval to attend himself. Ms. Davidson moved and Ms. Mason seconded that the Board send Mr. Braatz to the AADB/AADA conference. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

UNFINISHED BUSINESS

RULES

818-035-0066 – Additional Population of Expanded Practice Permit holders

Dr. Smith asked that if this wasn't passed that the rules and laws would stay more open. Mr. Braatz stated yes but that it would limit some current permit holders who had previously been approved by location vs. a population of people. Ms. Mason stated she believed that the Board still has the ability to declare those locations as underserved. Mr. Braatz stated that the problem was that no one could, as of yet, provide a definition of underserved. Ms. Lindley asked that if someone is not in one of those listed people in the law but lives in an underserved area, will an EPP be able to serve those people. Mr. Braatz stated yes and it was clarified that if anyone lived in that area, no matter income, that area was considered underserved and that person could see an EPP hygienist. Mr. Braatz stated that it's the reason he's asked for a definition to be decided so we could have some guidance on how to focus the rule. Dr. Magnuson stated that he didn't feel it was a business decision but rather a care issue and that cleaning isn't the access problem, it's an 'issue without pain' problem. He stated that cleanings will not solve the access to care problem because ultimately it a funding problem. Dr. Smith stated that using dental HPSA as guidance would be good because it takes the Board out of the process. She felt it would open up dental care. Mr. Braatz stated that the legislature intentionally did not include everyone for a reason and that Board could be potentially going against legislative intent. Dr. Huddleston asked who isn't covered under HPSA and how difficult would it be for people to get an additional population to be

approved, if possible by staff, to shorten the wait time to get those new locations approved. Mr. Braatz said it could happen.

Dr. Schwindt moved and Dr. Magnuson seconded that the Board adopt 818-035-0066 as published. Ms. Mason moved and Dr. Smith seconded to amend the motion to adopt without subs 1, 3, 4, and 5 which would leave in Sub 2, which increases the income limit up to 200% of federal poverty level. The amendment passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye. Dr. Magnuson was opposed.

Dr. Smith moved and Ms. Davidson seconded that the Rules Committee consider adding the definition of HPSA to 818-035-0066 in an upcoming meeting. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

818-012-0005 – Scope of Practice

Dr. Huddleston stated that Oregon is a progressive state and that he believes the proper use of botulinum type A and dermal fillers with proper training and follow-up be allowed by dentists.

Dr. Schwindt wondered if we could add a ‘therapeutic’ function for well-trained individuals, to allow dentists to do this for dental justification. Ms. Lindley stated that once it is decided it’s within the scope of dentistry, then the Board may define what the appropriate uses are.

Dr. Magnuson stated he’d rather see a rule added that allows for use by individuals with appropriate training and with use for treatment involving dental justification. Dr. Magnuson asked Dr. Schwindt why that had been excluded from the proposed rules. Dr. Schwindt, as Chair of the Rules Oversight committee, stated that it was incredibly difficult during rules committee to hammer out when it was and wasn’t ok to use botulinum type A and other fillers. It was too open and vague and they couldn’t come up with what a ‘dental justification’ was. Ms. Mason stated that it was not something taught in an undergraduate dental program and that maybe it should be considered as an additional permit vs. part of a dental license. Dr. Smith concurred that it wasn’t taught in a general undergraduate program, but it was taught in oral surgery specialty. She also stated that the line between general dentistry and ‘crow’s feet’ was going to be very blurry and if it wasn’t clarified there could be issues. Dr. Huddleston stated that not everything is taught in dental schools, such as invisalign or implant but that doesn’t mean we don’t allow dentists to do those procedures. It means we required education to be able to do it. He added that he does believe that this is something that should be allowed but with appropriate education. Dr. Schwindt stated that we should have standards. Ms. Mason stated that she believes that if we did decide to do this that it should be because we can do it safely and in a way to protect the public. Dr. Magnuson moved and Dr. Schwindt seconded that the Board adopt 818-012-0005 as published. The motion failed with Mr. Smyth, Dr. Huddleston, Dr. Magnuson, Ms. Davidson, and Mr. Harvey voting no. Ms. Mason, Dr. Schwindt, Dr. Smith voted aye.

Dr. Magnuson stated he wanted to send this back to Rules Committee to be hammered out to allow for use of botulinum type A with clear education guidelines, what kind of courses are available and research regulations from other states. Dr. Schwindt stated that there would be a Rules Committee meeting soon.

818-021-0085 – Reinstatement of Expired License

Dr. Magnuson moved and Ms. Mason seconded that the Board amend 818-021-0085 as published. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

818-026-0030 – Requirements for Anesthesia Permit

Ms. Mason moved and Ms. Davidson seconded that the Board amend 818-026-0030 as published. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

818-026-0055 – Dental Hygiene and Dental Assisting Procedures Performed

Ms. Mason moved and Dr. Smith seconded that the Board amend 818-026-0055 as published. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

818-035-0065 – Expanded Practice Dental Hygiene Permit

Ms. Mason moved and Mr. Harvey seconded that the Board amend 818-035-0065 as published. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

818-042-0020 – Dentist and Dental Hygienist Responsibility

Ms. Mason moved and Mr. Harvey seconded that the Board amend 818-042-0020 as published. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

818-042-0040 – Prohibited Acts

Dr. Smith moved and Dr. Magnuson seconded that the Board amend 818-042-0040 as published. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

818-042-0100 – Expanded Function Orthodontic Assistant

Dr. Magnuson moved and Ms. Davidson seconded that the Board amend 818-042-0100 as published. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

CORRESPONDENCE

The Board received a letter from the Leadership of Oregon Academy of Pediatric Dentistry

Mr. Braatz stated that the leadership of OAPD is asking the Board to allow the ABPD exam to stand in place of the OBD required exam. Dr. Schwindt stated that he felt the ABPD served a different purpose than the OBD clinical exams. He believed the current way is the best way to go. The Board directed Mr. Braatz to thank OAPD for their letter but that the Board had no interest in changing things at the moment.

Ms. Mason moved and Dr. Smith seconded to send the issue of specialty license exams to the Licensing, Standard and Competency Committee. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

The Board received a letter from Gregory B. Jones, D.M.D., President, Oregon Dental Association

Mr. Braatz stated that since the rule had been killed by the Board earlier, in essence this has already been resolved.

The Board received a letter from Molly Nadler, Executive Director, AADB

Mr. Braatz stated that a letter from Ms. Nadler was included for the Boards review.

OTHER BUSINESS

American Dental Hygienists' Association – EPP CE Provider Request

Mr. Braatz reminded everyone that the Board was approving the CE providing organization, not the CE courses that the organization provided. He added that approved organizations can still have courses that are not going to be counted as CE for OBD purposes.

Dr. Smith moved and Mr. Harvey seconded that the Board approve the American Dental Hygienists' Association as an approved provider for Expanded Practice Permit C.E. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye

Proctor & Gamble – EPP CE Provider Request

Dr. Smith moved and Ms. Davidson seconded that the Board approve Proctor & Gamble as an approved provider for Expanded Practice Permit C.E. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye

Discussion of Dental Radiographs

Mr. Jones reported to the Board that he was not currently receiving dental care because he had a medical condition and no dentist would be willing to work on him without routine x-rays. He was consistently told that he could not be seen for anything without x-rays. He is now not receiving dental care due to this. Dr. Parker stated that if dentists follow the ADA guidelines they can make exceptions to the requirements of x-rays due to medical conditions and it sounded like his dentist was not familiar with that scenario. She also acknowledged that it seems that some dentists have stopped considering radiographs as a diagnostic tool and now consider x-rays as routine. She felt that they need to make the move back to their use as a diagnostic tool.

Public Health Continuing Education Courses

After the presentation by Dr. Schwarz earlier in the morning Mr. Braatz stated that he would have Dr. Kleinstub evaluate the information further.

Committee Appointments

Ms. Mason moved and Dr. Smith Seconded that the Board approve the committees as revised. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye

ARTICLES AND NEWS OF INTEREST (NO ACTION NECESSARY)

Nothing to Present

Danna Shipley, R.D.H., ODHA – EPP Conference

Ms. Shipely thanked the members of the Board who sat on the panel at the EPP conference. Those members included Patrick Braatz, Paul Kleinstub, Teresa Haynes and Jill Mason. She stated that there was fantastic feedback from the panel portion the Board and staff participated in.

EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.606 (1)(f), (h) and (k); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review records exempt from public disclosure, to review confidential investigatory materials and investigatory information, and to consult with counsel.

PERSONAL APPEARANCES AND COMPLIANCE ISSUES

Licensees appeared pursuant to their Consent Orders in case numbers **2005-0117** and **2008-0013**.

LICENSING ISSUES

OPEN SESSION: The Board returned to Open Session.

CONSENT AGENDA

2012-0174, 2012-0185, 2012-0186, 2012-0163, 2012-0176, 2012-0187, 2012-0169, 2012-0174, 2012-0139, 2012-081 and 2012-0180 Ms. Davidson moved and Mr. Smyth seconded that the above referenced cases be closed with No Further Action per staff recommendations. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

COMPLETED CASES

2010-0176, 2012-0143, 2012-0015, 2012-0043, 2011-0227, 2012-0016, 2011-0107, 2012-0166, 2012-0006, 2012-0114 2012-0141, 2012-0128 and 2011-0235 Ms. Davidson moved and Mr. Smyth seconded that the above referenced cases be closed with a finding of No Violation of the Dental Practice Act or No Further Action per the Board recommendations. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye. Dr Huddleston and Dr. Schwindt recused themselves from cases 2012-0015 and 2012-0043. Dr. Parker recused herself from 2011-0227 and 2011-0235.

AN, BONGMIN D.D.S 2012-0155, 2012-0088, 2012-0122 and 2012-0127

Mr. Smyth moved and Ms. Davidson seconded that the Board accept the Consent Order in which the Licensee agreed to resign the Licensee's license to practice dentistry in Oregon and to never reapply for licensure in Oregon. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

BLODGETT, KELLY J., D.M.D 2011-0213

Mr. Harvey moved and Dr. Magnuson seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded and pay a \$1,000.00 civil penalty. The motion passed with Mr. Smyth, Ms. Mason, Dr. Magnuson, Ms. Davidson, Mr. Harvey, and Dr. Smith voting aye. Dr. Huddleston and Dr. Schwindt recused themselves.

BLODGETT, KRIS M., D.M.D. 2012-0113

Dr. Smith moved and Ms. Davidson seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded and to make a restitution payment to patient PL in the amount of \$2,738.00 within four months of the effective date of the Order. The motion passed with Mr. Smyth, Ms. Mason, Dr.

Magnuson, Ms. Davidson, Mr. Harvey, and Dr. Smith voting aye. Dr. Huddleston and Dr. Schwindt recused themselves.

2012-0101

Ms. Mason moved and Dr. Magnuson seconded that the Board close the matter and take no further action at this time. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

2011-0220

Dr. Schwindt moved and Dr. Smith seconded that the Board close the matter with a strongly worded Letter of Concern addressing the issue of ensuring that prior to providing treatment, informed consent is obtained from the patient or the patient's guardian, and the obtaining of informed consent is documented in the patient records. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

2012-0082

Dr. Magnuson moved and Mr. Harvey seconded that the Board for Respondent #2, close the matter with a finding of no violation; for Respondent #1, close the matter with a Letter of Concern addressing the issue of ensuring that when informed consent is obtained prior to providing treatment, PARQ or its equivalent is documented in the patient record, and a dental justification for treatment is documented in the patient record. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

FRYE, RAYMOND L., D.M.D. 2012-0064 and 2012-0117

Dr. Magnuson moved and Dr. Smith seconded that the Board cases 2012-0064 and 2012-0117, to issue a Notice of Proposed Disciplinary Action, and to offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded, to take a three hour continuing education record keeping course approved by the Board, and to pay a \$30,000.00 civil penalty. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

2011-0221

Mr. Smyth moved and Mr. Harvey seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that adequate radiographs are available prior to providing treatment. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

GARCIA, PETER, D.M.D. & GARCIA, ALRENE, R.D.H. 2012-0150

Mr. Harvey moved and Mr. Smyth seconded that the Board with regard to Respondent #1 issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimand, and a civil penalty in the amount of \$2,000.00; with regard to Respondent #2 issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimand, and a civil penalty in the amount of \$2,500.00 per Board protocol. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

2011-0233

Dr. Huddleston moved and Ms. Davidson seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that when patients document sensitivities to particular medications, every effort is made to verify that medications that are administered are medications

without any potential complications for the patients. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

2011-0225

Dr. Schwindt moved and Dr. Smith seconded that the Board close the matter with a strongly worded Letter of Concern addressing the issue of ensuring that when informed consent is obtained prior to providing treatment, PARQ or its equivalent is documented in the patient records and that a diagnosis is documented in the records showing that there was a dental justification for providing treatment. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

HERRERA, LILIA, D.D.S. 2011-0219

Dr. Smith moved and Mr. Harvey seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded and pay a civil penalty of \$2000.00. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

2011-0131

Ms. Mason moved and Dr. Smith seconded that the Board issue a strongly worded Letter of Concern reminding the licensee that referral to an appropriate practitioner or specialist should be considered whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

2012-0013

Dr. Magnuson moved and Ms. Davidson seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that a dental justification is documented prior to prescribing medication and providing treatment to a patient. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

KIM, KATHY S., D.D.S. 2012-0148

Mr. Smyth moved and Dr. Magnuson seconded that the Board issue a Notice of Proposed Disciplinary Action and offer a Consent Order incorporating a reprimand and a civil penalty in the amount of \$2,500.00. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

2011-0218

Mr. Harvey moved and Dr. Smith seconded that the Board close the matter with a Letter of Concern addressing the issue of ensuring that when informed consent is obtained prior to providing treatment, PARQ or its equivalent is documented in the patient record. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

OLIVER, BRADLEY C., D.M.D. 2012-0023

Dr. Huddleston moved and Dr. Smith seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a civil penalty of \$2500.00,

restitution payment in the amount of \$15,678.00 to patient JM, and completion of 21 hours of Board approved continuing education in implantology, of which seven hours must be hands-on, within 12 months of the effect of the Order. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

2011-0175

Dr. Schwindt moved and Dr. Magnuson seconded that the Board close the matter with a strongly worded Letter of Concern addressing the issue of ensuring that when treatment is provided, the treatment is documented in the patient records, and that when there is pathology evident on radiographs, the pathology is documented and the patient or the patient' guardian is informed. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

SHAMLOO, JAMSHEED J., D.M.D. 2012-0119

Dr. Smith moved and Dr. Magnuson seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order in which the Licensee would agree to be reprimanded and pay a \$5,000.00 civil penalty. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

2012-0151

Ms. Mason moved and Dr. Smith seconded that the Board close the matter with a strongly worded Letter of Concern reminding the Licensee that the Licensee has a responsibility to read, understand and comply with the Dental Practice Act and all rules of the Board and more specifically what is required for licensure renewal in the future. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

PREVIOUS CASES REQUIRING BOARD ACTION

STIFLE, RACHELE N., R.D.H. 2010-0085

Dr. Magnuson moved and Mr. Smyth seconded that the Board, with respect to respondent #3, offer Licensee an Amended Consent Order dismissing the Second Amended Notice of Proposed License Suspension, dated 11/4/11, providing Licensee agree to a reprimand, ten hours of community service to be completed within three months, and submission, with her license renewal applications, of documentation verifying completion of 24 hours of continuing education for the licensure periods 10/1/11 to 9/30/13 and 10/1/13 to 9/30/15. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

RAILTON, JANICE L., R.D.H. 2012-0072

Mr. Smyth moved and Dr. Smith seconded that the Board offer Licensee a re-worded Consent Order incorporating a reprimand and 40 hours of community service. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

HUSER, SHELLEY R., R.D.H. 2009-0108

Mr. Harvey moved and Mr. Davidson seconded that the Board issue and Order requiring Licensee to undergo a substance use disorder evaluation, and a mental evaluation, at a Board approved

facility within 30 days of the effective date of the Order, unless the Board grants an extension and informs Licensee in writing. Licensee shall provide the Board with the evaluation reports within seven days of receipt. The evaluations are to be at Licensee's expense. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

PAGE, STEPHEN W., D.M.D. 2002-0173, 2003-0215, 2004-0229 and 2005-0052

Dr. Huddleston moved and Mr. Harvey seconded that the Board move deny Licensee's request. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

TEASDALE, RUSSELL C., D.M.D. 2012-0066

Dr. Schwindt moved and Dr. Smith seconded that the Board move deny Licensee's request. The motion passed with Mr. Smyth, Dr. Huddleston, Dr. Magnuson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye. Ms. Mason and Ms. Davidson were opposed.

WALLE/KNOWLES 2010-0197

Dr. Smith moved and Dr. Schwindt seconded that the Board deny Licensee's request and offer Licensee a re-worded Consent Order incorporating a reprimand and a \$10,000.00 civil penalty; if Licensee did not accept the offer, the case should be referred to hearing. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

LICENSURE AND EXAMINATION

Ratification of Licenses Issued

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

Reinstatement of Expired License – A. Garcia, R.D.H

Ms. Mason moved and Dr. Magnuson seconded that the Board reinstate Ms. Garcia's license. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

Radiologic Proficiency Instructor Approval

Dr. Magnuson moved and Ms. Davidson seconded that the Board approve the radiology instructor application. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

Request for Release of Investigative File - Georgia

Dr. Magnuson moved and Ms. Mason seconded that the Board grant the request to release the investigative file. The motion passed with Mr. Smyth, Dr. Huddleston, Ms. Mason, Dr. Magnuson, Ms. Davidson, Dr. Schwindt, Mr. Harvey, and Dr. Smith voting aye.

Announcement

No announcements

ADJOURNMENT

The meeting was adjourned at 2:44 p.m. Dr. Parker stated that the next Board meeting would take place August 3, 2012.

Approved by the Board August 3, 2012.

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

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ASSOCIATION REPORTS

Nothing to report under this tab

COMMITTEE REPORTS

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DENTAL HYGIENE COMMITTEE

MINUTES July 20, 2012

The Oregon Board of Dentistry (OBD) Dental Hygiene Committee met at the office of the Board on Friday, July 20, 2012.

Committee members present: Jill Mason, M.P.H., R.D.H., E.P.P., Chair; Patricia Parker, D.M.D. via conference call (in for Brandon Schwindt, D.M.D who was unavailable); Mary Davidson, M.P.H., R.D.H., E.P.P.; and Kristen L. Simmons, R.D.H., M.H.A., ODHA Representative. The staff present included Paul Kleinstub, D.D.S., M.S., Dental Director/Chief Investigator; Lori Lindley, Senior Assistant Attorney General and Teresa Haynes, Licensing Manager.

Visitors present were Beryl Fletcher, ODA; Lisa J. Rowley, R.D.H., Pacific University; Lynn Ironside, R.D.H., ODHA; Heidi Jo Grubbs, R.D.H., ODHA; Paul Cosgrove, ODHA; April Love, D.D.S., ODA; and Katie Mullens, R.D.H., OHO.

Board Members Present: Alton Harvey, Sr.

Ms. Mason called the meeting to order at 1:30 p.m.

Ms. Simmons moved and Ms. Davidson seconded that the minutes of the May 21, 2012 Dental Hygiene Committee meeting be approved as amended. All members voted in favor.

Dr. Kleinstub reviewed with the Committee a memo from Patrick Braatz regarding the data that will be collected and reported to the Legislature pursuant SB 738 now Chapter 716 2011 Oregon Laws. The data and report will be public record and will be placed on the Oregon Board of Dentistry's Web site.

The Committee discussed Public Health continuing education (CE) courses and how to make it easier for Board Staff to determine if a course falls into the category of public health.

Ms. Simmons moved and Ms. Davidson seconded, to recommend to the Board that the presentation by Dr. Eli Schwarz on Public Health CE at the June 1, 2012 Board Meeting be used as a guideline and resource for evaluating Public Health CE credits. All members voted in favor.

The Committee reviewed Mr. Braatz' memo regarding Dr. Steven Duffin's request to the Board to allow dental hygienists and expanded function dental assistants to apply Silver Nitrate and fluoride varnish under general supervision of a dentist, after the dentist has made the diagnosis and documents a treatment plan for arresting caries.

Ms. Simmons moved and Ms. Davidson seconded, to recommend to the Board that the Board consider adding Silver Nitrate to the list of antimicrobials that dental hygienists are permitted to utilize while treating patients. All members voted in favor.

There being no further business, the meeting adjourned at 1:55 p.m.

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**Rules Oversight Committee Meeting
Minutes
July 25, 2012**

MEMBERS PRESENT: Brandon Schwindt, D.M.D., Chair
Jill Mason, M.P.H., R.D.H.
Alton Harvey, Sr.
Jill M. Price, D.M.D., O.D.A.
Lynn Ironside, R.D.H., O.D.H.A.
Ninette Lyon, R.D.A, E.F.D.A., O.D.A.A.

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

OTHERS PRESENT: Mary Davidson, R.D.H., Board Member; Jonna Hongo, D.M.D.,
Board Member; Beryl Fletcher, ODA; Lisa Rowley, R.D.H., Pacific
University; April Love, D.D.S., Sophia Tan-Dumitrescu, D.D.S.;
Aaron Tinkle, D.M.D., OAGD.

Call to Order: The meeting was called to order by the President at 7:09 p.m. at the Board office; 1600 SW 4th Ave., Suite 770, Portland, Oregon.

MINUTES

Ms. Ironside moved and Ms. Lyon seconded that the minutes of the April 3, 2012 Rules Oversight Committee Meeting be approved as amended. The motion passed with Dr. Schwindt, Ms. Mason, Mr. Harvey, Dr. Price, Ms. Ironside and Ms. Lyon voting aye.

OAR 818-042-0090 – Additional Functions of EFDAs

Dr. Schwindt stated that this change would allow a hygienist to authorize EFDA assistants to apply sealants and soft relines.

Ms. Mason moved and Ms. Lyon seconded that the Rules Oversight Committee recommend OAR 818-042-0090 to the Board as presented below. The motion passed with Dr. Schwindt, Ms. Mason, Mr. Harvey, Dr. Price, Ms. Ironside and Ms. Lyon voting aye.

OAR 818-042-0090

Additional Functions of EFDAs

Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a dentist or dental hygienist providing that the procedure is checked by the dentist or dental hygienist prior to the patient being dismissed.

Draft 1

- (1) Apply pit and fissure sealants providing the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist or dental hygienist.
- (2) Apply temporary soft relines to full dentures.

OAR 818-035-0020 – Authorization to Practice

There was some discussion on the need to remove the old sub (6) from the rules but after some background discussion as well as review of statute and prohibited acts it was agreed that allowable duties for hygienists were covered in statute as well as in prohibited acts so the old (6) was not required and just a redundancy, justifying its removal.

Ms. Ironside moved and Ms. Mason seconded that the Rules Oversight Committee recommend OAR 818-053-0020 to the Board as presented. The motion passed with Dr. Schwindt, Ms. Mason, Mr. Harvey, Dr. Price, Ms. Ironside and Ms. Lyon voting aye.

OAR 818-035-0020

Authorization to Practice

- (1) A dental hygienist may practice dental hygiene in the places specified by ORS 680.150 under general supervision upon authorization of a supervising dentist.
- (2) A dentist who authorizes a dental hygienist to practice dental hygiene on a limited access patient must review the hygienist's findings.
- (3) A supervising dentist, without first examining a new patient, may authorize a dental hygienist:
 - (a) To take a health history from a patient;
 - (b) To take dental radiographs;
 - (c) To perform periodontal probings and record findings;
 - (d) To gather data regarding the patient; and
 - ~~(e) To perform a prophylaxis.~~
 - (f e) To diagnose, ~~and~~ treatment plan **and provide for** dental hygiene services.
- (4) When hygiene services are provided pursuant to subsection (3), the supervising dentist need not be on the premises when the services are provided.
- (5) When hygiene services are provided pursuant to subsection (3), the patient must be scheduled to be examined by the supervising dentist within fifteen business days following the day the hygiene services are provided.
- ~~(6) A supervising dentist may not authorize a dental hygienist and a dental hygienist may not perform periodontal procedures unless the supervising dentist has examined the patient and diagnosed the condition to be treated.~~
- ~~(7 6)~~ If a new patient has not been examined by the supervising dentist subsequent to receiving dental hygiene services pursuant to subsection (3), no further dental hygiene services may be provided until an examination is done by the supervising dentist.

OAR 818-035-0072 – Restorative Functions of Dental Hygienists

Dr. Schwindt stated that the change to OAR 818-035-0072 would remove the word anterior and allow for placement of posterior composite restorations by dental hygienists who held the

July 25, 2012

Rules Oversight Committee Meeting

Page 2 of 4

Restorative Function endorsement.

Ms. Ironside moved and Ms. Mason seconded that the Rules Oversight Committee recommend OAR 818-035-0072 to the Board as presented. The motion passed with Ms. Mason, Mr. Harvey, Ms. Ironside and Ms. Lyon voting aye. Dr. Schwindt and Dr. Price were opposed.

OAR 818-035-0072

Restorative Functions of Dental Hygienists

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

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

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

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

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

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

OAR 818-042-0095 – Restorative Functions of Dental Assistants

Dr. Schwindt stated that this change is mirroring OAR 818-035-0072, removing the word anterior and allowing restorative function dental assistants to place posterior composite restorations.

Ms. Lyon moved and Ms. Mason seconded the Rules Oversight Committee recommend OAR 818-042-0095 to the Board as presented. The motion passed with Ms. Mason, Mr. Harvey, Ms. Ironside and Ms. Lyon voting aye. Dr. Schwindt and Dr. Price were opposed.

OAR 818-042-0095

Restorative Functions of Dental Assistants

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

(a) *A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of*

instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or

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

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

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

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

Meeting was adjourned at 8:30 p.m.

ADMIN WORKGROUP

This matter will be discussed in
Executive Session

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**EXECUTIVE
DIRECTORS
REPORT**

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EXECUTIVE DIRECTOR'S REPORT

August 3, 2012

New OBD Staff Member

Stephen Prisby joined the Oregon Board of Dentistry as our Office Manager in July 2012. He replaced Sharon Ingram who recently retired.

Stephen is from Chicago and has lived in Phoenix, AZ, before calling Portland home for the last 11 years. He graduated from Illinois State University and has had a career in higher education including stints as a Campus Director and Contract Director.

His broad and diverse work experience has been with for profit and not-for profit organizations. He has registrar experience and working with state and accrediting agencies. He has been accountable for sales teams and managing budgets. He has worked with Boards and Presidents of schools and corporations.

Stephen has a variety of outside interests. He is active with the Volunteers of America, enjoys raising his chickens for eggs, running and the occasional round of golf.

OBD Budget Status Report

Attached are the latest budget reports for the 2011-2013 Biennium. This report, which is from July 1, 2011 through June 30, 2012, shows revenue of \$1,260,897.53 and expenditures of \$1,117,345.22. This marks the technical end of the first fiscal year and it would appear that our revenues are on target and the expenditures to date are actually below what was budgeted. I would say the Budget appears to be performing as expected.

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

Attachment #1

Customer Service Survey

Attached is a chart which shows the OBD State Legislatively Mandated Customer Service Survey Results from July 1, 2011 through June 30, 2012.

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

Board and Staff Speaking Engagements

Dental Director/Chief Investigator Dr. Paul Kleinstub, made a presentation to the Dental Hygiene Students at Carrington College on Tuesday, July 17, 2012.

Licensing Manager Teresa Haynes and I made a presentation to the graduating Dental Hygiene students at Pacific University on Tuesday, July 10, 2012 in Hillsboro.

I made a presentation to the Advantage Dental Group on Friday, July 20, 2012 in Redmond, Oregon.

Public Health Continuing Education Courses

Dental Director/Chief Investigator Dr. Paul Kleinstub will report to the Board about his recommendation for the acceptance of continuing education courses in Dental Public Health that OBD staff were asked to review. **Attachment # 3**

Tri-Met Contract

I am asking the OBD to ratify my entering into a contract with TRIMET for the Universal Pass Program which will have the OBD provide transportation passes for employees that are eligible to receive such passes for transportation to and from work. **Attachment #4**

The Board approved the contract with TRIMET last year.

Best Practices Self Assessments

As a part of the legislatively approved Performance Measures, the Board needs to complete the attached Best Practices Self-Assessment so that it can be included as a part of the 2010 Performance Measures Report. **Attachment # 5**

Newsletter

The Newsletter was mailed out at the end of February. We would like to begin work on the next issue and have a targeted published date at the end of fall.



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

REVENUES

<u>Budget</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u>	<u>Monthly Avg to</u>
<u>Obj</u>			<u>Activity</u>			<u>Date</u>	<u>Spend</u>
0205	OTHER BUSINESS LICENSES	47,985.00	1,172,620.26	2,327,200.00	1,154,579.74	97,718.36	96,214.98
0210	OTHER NONBUSINESS LICENSES AND FEES	0.00	7,650.00	40,000.00	32,350.00	637.50	2,695.83
0410	CHARGES FOR SERVICES	0.00	0.00	5,000.00	5,000.00	0.00	416.67
0505	FINES AND FORFEITS	3,000.00	65,258.14	50,000.00	-15,258.14	5,438.18	-1,271.51
0605	INTEREST AND INVESTMENTS	335.31	3,685.57	10,000.00	6,314.43	307.13	526.20
0975	OTHER REVENUE	642.64	11,683.56	25,000.00	13,316.44	973.63	1,109.70
		51,962.95	1,260,897.53	2,457,200.00	1,196,302.47	105,074.79	99,691.87

TRANSFER OUT

<u>Budget</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u>	<u>Monthly Avg to</u>
<u>Obj</u>			<u>Activity</u>			<u>Date</u>	<u>Spend</u>
2100	TRANSFER OUT TO DEPT OF HUMAN	0.00	0.00	0.00	0.00	0.00	0.00
2443	TRANSFER OUT TO OREGON HEALTH	0.00	99,870.00	208,000.00	108,130.00	8,322.50	9,010.83
		0.00	99,870.00	208,000.00	108,130.00	8,322.50	9,010.83

PERSONAL SERVICES

<u>Budget</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u>	<u>Monthly Avg to</u>
<u>Obj</u>			<u>Activity</u>			<u>Date</u>	<u>Spend</u>
3110	CLASS/UNCLASS SALARY & PER DIEM	31,797.38	419,023.97	855,336.00	436,312.03	34,918.66	36,359.34
3160	TEMPORARY APPOINTMENTS	2,341.35	13,161.23	3,717.00	-9,444.23	1,096.77	-787.02
3170	OVERTIME PAYMENTS	639.09	9,121.54	3,575.00	-5,546.54	760.13	-462.21
3210	ERB ASSESSMENT	6.80	91.80	287.00	195.20	7.65	16.27
3220	PUBLIC EMPLOYEES' RETIREMENT SYSTEM	4,648.98	60,990.36	123,464.00	62,473.64	5,082.53	5,206.14
3221	PENSION BOND CONTRIBUTION	1,913.09	24,514.65	49,432.00	24,917.35	2,042.89	2,076.45
3230	SOCIAL SECURITY TAX	2,614.13	33,587.15	71,160.00	37,572.85	2,798.93	3,131.07
3250	WORKERS' COMPENSATION ASSESSMENT	14.28	193.45	413.00	219.55	16.12	18.30
3260	MASS TRANSIT	195.38	2,451.36	5,581.00	3,129.64	204.28	260.80
3270	FLEXIBLE BENEFITS	6,904.41	91,233.19	201,638.00	110,404.81	7,602.77	9,200.40
		51,074.89	654,368.70	1,314,603.00	660,234.30	54,530.73	55,019.53

SERVICES and SUPPLIES

<u>Budget</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u>	<u>Monthly Avg to</u>
<u>Obj</u>			<u>Activity</u>			<u>Date</u>	<u>Spend</u>
4100	INSTATE TRAVEL	2,322.67	23,481.99	46,655.00	23,173.01	1,956.83	1,931.08

<u>Budget</u> <u>Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u> <u>Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u> <u>Date</u>	<u>Monthly Avg to</u> <u>Spend</u>
4125	OUT-OF-STATE TRAVEL	739.87	14,392.61	24,672.00	10,279.39	1,199.38	856.62
4150	EMPLOYEE TRAINING	300.00	4,345.00	6,617.00	2,272.00	362.08	189.33
4175	OFFICE EXPENSES	6,402.47	41,163.10	78,445.00	37,281.90	3,430.26	3,106.83
4200	TELECOMM/TECH SVC AND SUPPLIES	1,059.73	12,287.58	25,757.00	13,469.42	1,023.97	1,122.45
4225	STATE GOVERNMENT SERVICE CHARGES	29.35	37,979.22	78,170.00	40,190.78	3,164.94	3,349.23
4250	DATA PROCESSING	295.00	2,313.75	5,400.00	3,086.25	192.81	257.19
4275	PUBLICITY & PUBLICATIONS	0.00	9,323.83	13,084.00	3,760.17	776.99	313.35
4300	PROFESSIONAL SERVICES	5,536.08	47,604.27	79,219.00	31,614.73	3,967.02	2,634.56
4315	IT PROFESSIONAL SERVICES	0.00	6,800.00	50,000.00	43,200.00	566.67	3,600.00
4325	ATTORNEY GENERAL LEGAL FEES	9,620.70	86,710.16	188,592.00	101,881.84	7,225.85	8,490.15
4375	EMPLOYEE RECRUITMENT AND	0.00	0.00	621.00	621.00	0.00	51.75
4400	DUES AND SUBSCRIPTIONS	0.00	4,923.90	8,276.00	3,352.10	410.33	279.34
4425	FACILITIES RENT & TAXES	5,645.33	68,326.13	139,571.00	71,244.87	5,693.84	5,937.07
4475	FACILITIES MAINTENANCE	0.00	0.00	514.00	514.00	0.00	42.83
4575	AGENCY PROGRAM RELATED SVCS & SUPP	4,087.00	16,781.00	164,976.00	148,195.00	1,398.42	12,349.58
4650	OTHER SERVICES AND SUPPLIES	441.31	19,815.44	40,300.00	20,484.56	1,651.29	1,707.05
4700	EXPENDABLE PROPERTY \$250-\$5000	0.00	0.00	5,140.00	5,140.00	0.00	428.33
4715	IT EXPENDABLE PROPERTY	62.54	62.54	5,140.00	5,077.46	5.21	423.12
		36,542.05	396,310.52	961,149.00	564,838.48	33,025.88	47,069.87

SPECIAL PAYMENTS

<u>Budget</u> <u>Obj</u>	<u>Budget Obj Title</u>	<u>Monthly Activity</u>	<u>Biennium to Date</u> <u>Activity</u>	<u>Financial Plan</u>	<u>Unobligated Plan</u>	<u>Monthly Avg to</u> <u>Date</u>	<u>Monthly Avg to</u> <u>Spend</u>
6100	DISTRIBUTION TO DEPT OF HUMAN	0.00	0.00	0.00	0.00	0.00	0.00
6443	DIST TO OREGON HEALTH AUTHORITY	0.00	66,666.00	226,292.00	159,626.00	5,555.50	13,302.17
		0.00	66,666.00	226,292.00	159,626.00	5,555.50	13,302.17

SUMMARY TOTALS

		<u>Month Activity</u>	<u>Biennium Activity</u>
		3400	
		BOARD OF DENTISTRY	
REVENUES	REVENUE	51,962.95	1,260,897.53
	Total	51,962.95	1,260,897.53
EXPENDITURES	PERSONAL SERVICES	51,074.89	654,368.70
	SERVICES AND SUPPLIES	36,542.05	396,310.52
	Total	87,616.94	1,050,679.22
TRANSFER OUT	TRANSFER OUT	0.00	99,870.00
	Total	0.00	99,870.00
SPECIAL PAYMENTS	SPECIAL PAYMENTS	0.00	66,666.00

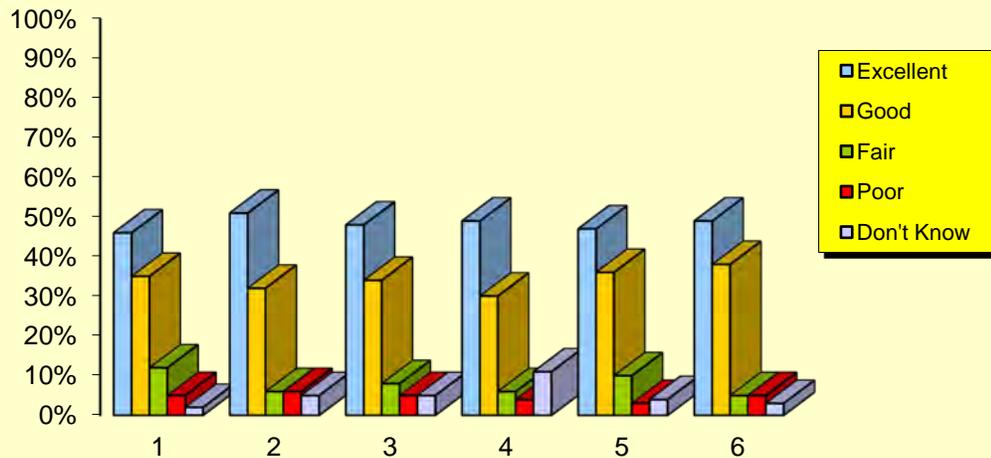
3400
BOARD OF DENTISTRY

	<u>Month Activity</u>	<u>Biennium Activity</u>
Total	0.00	66,666.00

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Oregon Board of Dentistry Customer Service Survey July 1, 2011 - June 30, 2012



- 1 How do you rate the timeliness of the services provided by the OBD?
E= 46% G= 35% F= 12% P= 5% DK= 2%
- 2 How do you rate the ability of the OBD to provide services correctly the first time?
E= 51% G= 32% F= 6% P= 6% DK= 5%
- 3 How do you rate the helpfulness of the OBD?
E= 48% G= 34% F= 8% P= 5% DK= 5%
- 4 How do you rate the knowledge and expertise of the OBD?
E= 49% G= 30% F= 6% P= 4% DK= 11%
- 5 How do you rate the availability of information at the OBD?
E= 47% G= 36% F= 10% P= 3% DK= 4%
- 6 How do you rate the overall quality of services provided by the OBD?
E= 49% G= 38% F= 5% P= 5% DK= 3%

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Memorandum

DATE: MAY 22, 2012
TO: PATRICK D. BRAATZ, EXECUTIVE DIRECTOR
FROM: PAUL KLEINSTUB, D.D.S.,
CHIEF INVESTIGATOR/DENTAL DIRECTOR 
SUBJECT: 2012 EXPANDED PRACTICE DENTAL HYGIENE CONFERENCE

On May 4–5, 2012, the Oregon Dental Hygienists' Association held an Expanded Practice Permit holder conference during which a number of CE courses were presented. I then evaluated the content in each course, based on the course descriptions, to see if the material presented could be used to satisfy the Board's CE requirements for dental hygienists. I did the evaluation based on the Board's rules and the course content descriptions. Since the format for the CE presentations was basically in the form lectures or panel discussions, there would be three basic categories this conference's presentations appear to fall into: (1) Clinical patient care, (2) The practice of dental public health, or (3) Practice management and patient relations. The category that I determined the individual CE courses fell into follows the course number and whether or not the course, as described, could be used.

OAR 818-021-0070(1) states: Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

OAR 818-021-0070(4) states: At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.

OAR 818-001-0002(a) states: "Dental Public Health" is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts. It is that form of dental practice which serves the community as a patient rather than the individual. It is concerned with the dental health education of the public, with applied dental research, and with the administration of group dental care programs as well as the prevention and control of dental diseases on a community basis.

**Opening Session Yes – Practice Management and Patient Relations.
Regulation of Expanded Practice Dental Hygiene in Oregon (3 CEU)**

Friday, May 4th, 9:00 AM - 12:00 PM

This course will provide an overview of the Oregon Dental Practice Act (law) and Oregon Administrative Rules which regulate expanded practice dental hygienists in Oregon. Topics will include requirements for obtaining an expanded practice permit, services rendered under permit, collaborative agreements, recordkeeping and referral of patients. The process for pursuing regulatory change will be discussed.

CE #1 Yes – Practice Management and Patient Relations.

Choice, Challenge, Change: The Alternative Dental Hygiene Experience (3 CEU) Friday,
May 4th, 2:00PM-5:00PM

This course will provide information on the current status of alternate practice throughout the United States, including which states allow direct access care, various supervision requirements, practice settings, services, reimbursement, and business structures. The course will also assist dental hygienists decide if they are ready to make the choice and accept the challenges and changes that come with practice ownership. Key personal abilities necessary for success will be discussed. Examples of practice models will be presented.

CE #2 Yes – Practice Management and Patient Relations.

Untangling the Maze: DCO - Friend or Foe? (3 CEU)

Friday, May 4th, 2:00PM-5:00PM

The world of the Dental Care Organization (DCC) is often shrouded in mystery and misperceptions. In fact, the DCO can be confusing and frustrating to both our patients and to us as providers. Like mice running through a maze, it can seem full of never-ending twists of policy and roadblocks of red tape. However, in reality the DCO is one of organized dental hygiene's most avid supporters. Their mission statements often echo the ODHA mission of ensuring access to quality oral health care and the cost effective benefits of prevention. This course will answer the questions, "What exactly is a DCO?" "Who is covered?" "What is covered?" "How do I get paid?" "How can an EPDH work with a DCO to provide care?" Come be encouraged by one dental hygienist's history in working independently through a DCO and untangle the maze regarding new practice opportunities.

CE #3 Yes – Practice Management and Patient Relations.

Ready, Set to Go? Business Planning for a Dental Hygiene Practice (3 CEU)

Saturday, May 5th, 9:00AM -12:00 PM

This course will discuss the importance of developing a business plan for start-up and ongoing success of a dental hygiene business. Elements of a business plan such as organizational structure, licensing, taxes, record keeping, insurance, contracts, competition, marketing, pricing, equipment and supplies will be discussed. Personal business worksheets and a business plans format will be presented. Interaction with participants will be encouraged.

CE #4 Yes – Practice Management and Patient Relations.

Understanding Dental Reimbursement (3 CEU)

Saturday, May 5th, 9:00AM -12:00 PM

This course will provide an overview of the various options that are available to patients and providers to pay for dental services. Patient payment, third party payment and financing plans will be discussed. Emphasis will be placed on dental insurance programs including private, managed care and government funded plans.

CE #5 Yes – Clinical Patient Care.

The ICDAS System for Detection & Management of Dental Caries (3 CEU)

Saturday, May 5th, 2:00PM-5:00PM

Rapid changes are taking place within the dental profession regarding how we view caries as a disease. This includes the way we search for the signs of the disease process, how we interpret the various signals involved, the risk factors, and how we synthesize all this information into a meaningful chair-side approach. The ICDAS system (International Caries Detection and Assessment System) integrates current knowledge of the disease with how we make clinical decisions, how we go about deciphering the clinical signs, the differential diagnosis, and leads us to a more targeted approach to preventive treatment planning based on individual needs. As our knowledge of caries management expands, so does the role and importance of each member of the dental team.

CE #6 Yes – Dental Public Health.

Navigating Transformation: Back to the Future of Healthcare Reform (3 CEU)

Saturday, May 5th, 2:00PM-5:00PM

The healthcare industry is going through a paradigm shift in the methods of delivery and understanding of the "whole" person. From the federal level down to the individual states,

significant healthcare delivery changes are on the horizon or in some states such as Oregon, already here. Understanding the nuances of the changes and how they affect the delivery of care can be a challenging task. Oregon is at the forefront of the changes through the state's transformation efforts. Operating as a transformation tour guide, he will describe the changes from a macro level and then delve into the micro level changes that pertain directly to the dental community. The future of healthcare will eminently be changing and change can be scary, yet through all adversity comes opportunity. It's time that the rest of the healthcare community appreciates the role oral health has in the holistic treatment plans of every patient.



2012 Expanded Practice Dental Hygiene Conference

Friday-Saturday, May 4-5, 2012
Holiday Inn Eugene/Springfield
Springfield, Oregon

Continuing Education Courses

Opening Session

Regulation of Expanded Practice Dental Hygiene in Oregon (3 CEU)

Friday, May 4th, 9:00 AM – 12:00 PM

This course will provide an overview of the Oregon Dental Practice Act (law) and Oregon Administrative Rules which regulate expanded practice dental hygienists in Oregon. Topics will include requirements for obtaining an expanded practice permit, services rendered under permit, collaborative agreements, recordkeeping and referral of patients. The process for pursuing regulatory change will be discussed.

Panel Presentation will include representatives from the Oregon Board of Dentistry and the Oregon Dental Hygienists' Association.

CE #1

Choice, Challenge, Change: The Alternative Dental Hygiene Experience (3 CEU)

Friday, May 4th, 2:00 PM – 5:00 PM

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Doreen Naughton, RDH, BSDH, has been licensed in dental hygiene in Washington State since 1980. She has been in private practice as the sole proprietor of Dental Hygiene Health Services for twenty-three years. She has provided preventive and therapeutic dental hygiene care for over 4,000 people in nursing homes, adult boarding homes and at ECEAP school sites. Doreen has taught dental assisting at Highline Community College and dental hygiene at Pierce Community College. She has been an affiliate faculty member at the University of Washington, Department of Oral Health Sciences since 1992. She has presented numerous continuing education classes on a variety of topics in the United States and Canada. She is a co-author of the text "Local Anesthesia for Dental Professionals," published by Pearson/Prentice Hall in September 2009. Doreen served as president of the Washington State Dental Hygienists' Association (1988-1989) and as District XII Trustee to the American Dental Hygienists' Association (1995-1998). She received the Washington State Dental Hygienists' Association – Martha Fales Award in 1994; the American Dental Hygienists' Association – Excellence in Dental Hygiene Award in 2000; and was named a Mentor of the Year runner-up by RDH Magazine in 2004.

CE #2

Untangling the Maze: DCO – Friend or Foe? (3 CEU)

Friday, May 4th, 2:00 PM – 5:00 PM

The world of the Dental Care Organization (DCO) is often shrouded in mystery and misperceptions. In fact, the DCO can be confusing and frustrating to both our patients and to us as providers. Like mice running through a maze, it can seem full of never-ending twists of policy and roadblocks of red tape. However, in reality the DCO is one of organized dental hygiene's most avid supporters. Their mission statements often echo the ODHA mission of ensuring access to quality oral health care and the cost-effective benefits of prevention. This course will answer the questions, "What exactly is a DCO?" "Who is

covered?" "What is covered?" "How do I get paid?" "How can an EPDH work with a DCO to provide care?" Come be encouraged by one dental hygienist's history in working independently through a DCO and untangle the maze regarding new practice opportunities.

Linda Mann, RDH, BSDH, EPDH, graduated in 1986 from the University of Colorado, Health Science Center. She spent 18 years working for the Confederated Tribes of Grand Ronde. This experience led her to explore other public health dental hygiene practices. Linda obtained a Limited Access Permit early on after its inception. She has a heart for working with children that has led her to develop and implement fluoride varnish programs in several Head Start sites. In 2009, Linda joined forces with Capitol Dental Care and now functions as a Community Outreach Coordinator, developing and implementing dental prevention programs in five counties. She is involved with Head Start, Seal Salem Now (a school-based sealant program in Salem-Keizer schools), and Marion county WIC.

Kristi Jacobo is a Policy Analyst with the Oregon Health Authority's Division of Medical Assistance Programs (DMAP). She has worked for the State of Oregon for 28 years, including the past five years as the Dental Policy Analyst with DMAP. This work involves serving as a key policy advisor for the Division, developing regulatory policy and procedures for Oregon Health Plan coverage, analyzing Federal and State laws and coordinating Legislative changes to policy. Kristi collaborates with the Dental Care Organizations, Head Start, Public Health and others for management of policies for OHP clients. She also participates on the Medicaid/CHIP State Dental Association (MSDA) Communications Committee. At this time, she is also doing policy analyst work for the Medical Transportation Program for DMAP.

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CE #3

Ready, Set to Go? Business Planning for a Dental Hygiene Practice (3 CEU)

Saturday, May 5th, 9:00 AM – 12:00 PM

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CE #4

Understanding Dental Reimbursement (3 CEU)

Saturday, May 5th, 9:00 AM – 12:00 PM

This course will provide an overview of the various options that are available to patients and providers to pay for dental services. Patient payment, third party payment and financing plans will be discussed. Emphasis will be placed on dental insurance programs including private, managed care and government-funded plans.

Kristen Simmons, RDH, BSDH, MHA, is currently Vice President of Strategy and Professional Development for Willamette Dental Group, Oregon. She oversees corporate strategy, as well as training,

education, research and quality management for 200 general and specialty dentists and 150 dental hygienists in 54 offices throughout three states. Kristen earned her dental hygiene license in 1984, her Bachelor's degree in Dental Hygiene from Eastern Washington University in 2001 and her Master's degree in Healthcare Administration (MHA) from Pacific University in 2010. Kristen is a member of the American College of Healthcare Executives, American Public Health Association, American Dental Education Association and the American Dental Hygienists' Association. She is a past president of the Oregon Dental Hygienists' Association and currently serves as Chair of the ADHA Council on State Regulation and Practice. Kristen received the 2006 Mentor of the Year Award presented by RDH Magazine and Philips Sonicare.

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CE #5

The ICDAS System for Detection & Management of Dental Caries (3 CEU)

Saturday, May 5th, 2:00 PM – 5:00 PM

Rapid changes are taking place within the dental profession regarding how we view caries as a disease. This includes the way we search for the signs of the disease process, how we interpret the various signals involved, the risk factors, and how we synthesize all this information into a meaningful chair-side approach. The ICDAS system (International Caries Detection and Assessment System) integrates current knowledge of the disease with how we make clinical decisions, how we go about deciphering the clinical signs, the differential diagnosis, and leads us to a more targeted approach to preventive treatment planning based on individual needs. As our knowledge of caries management expands, so does the role and importance of each member of the dental team.

Hafsteinn Eggertsson, DDS, MSD, PhD, currently holds a position in Research and Professional Development, along with patient practice with Willamette Dental Group, Oregon. His area of expertise is in caries detection, methods for early detection of caries, and in caries management. He is an affiliate assistant professor at University of Washington, and an honorary research fellow at University of Iceland. Dr. Eggertsson has a DDS degree from the University of Iceland, Master's degree in Operative Dentistry, and PhD in Preventive Dentistry from Indiana University. He served on faculty in Indiana for 10 years, while gaining vast experience in clinical caries research. He served as President of the Cariology Research Group of AADR/IADR, and on the Advisory Board for the European Organization for Caries Research (ORCA). He is a member of the ICDAS coordination committee.

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CE #6

Navigating Transformation: Back to the Future of Healthcare Reform (3 CEU)

Saturday, May 5th, 2:00 PM – 5:00 PM

The healthcare industry is going through a paradigm shift in the methods of delivery and understanding of the "whole" person. From the federal level down to the individual states, significant healthcare delivery changes are on the horizon or in some states such as Oregon, already here. Understanding the nuances of the changes and how they affect the delivery of care can be a challenging task. Oregon is at the forefront of the changes through the state's transformation efforts. Operating as a transformation tour guide, he will describe the changes from a macro level and then delve into the micro level changes that pertain directly to the dental community. The future of healthcare will eminently be changing and change can be scary, yet through all adversity comes opportunity. It's time that the rest of the healthcare community appreciates the role oral health has in the holistic treatment plans of every patient.

Matthew Sinnott, MHA, currently holds a Government Relations Coordinator position at Willamette Dental Group, Oregon. He is also an adjunct professor at Pacific University, teaching Healthcare Policy and Healthcare Research and Methodology. Graduating from Oregon State University with a Bachelors of Business Administration with options in Marketing and Management, Matt spent 8 years in both domestic and international business before pursuing his master's degree. Matt attended Pacific University's Master of Healthcare Administration (MHA) program and graduated in August 2011. His area of expertise is translating healthcare policy into business strategy and he firmly believes in the positive impacts wellness and prevention can have on our healthcare delivery system when properly integrated.



Oregon Board of Dentistry
Patrick Braatz
1600 SW 4th Ave #770
Portland, OR 97201

To make an electronic payment for your annual TriMet pass program, please contact your bank to schedule an electronic funds transfer and provide them with the following TriMet account information:

Name on Account: Tri-County Metropolitan Transportation District of Oregon
Account Type: Checking
Account Owner Type: Business
ABA Number: 121000248
Account Number: 4121883805
Bank Name: Wells Fargo Bank
Bank City: Portland
Bank State: OR
Bank Zip: 97208

In the description assigned to your payment, please reference your account number, which is **P4700000**.

To make a payment by check, you may send the check to:

TriMet
M/S 02
P.O. Box 4300
Portland, OR 97208-4300

Your total contract amount is **\$3,041.57**. A discount of 3% may be taken if your payment is received within net 30 days of the invoice date.

Please contact TriMet's Accounting Department at 503-962-5873 or wilmott@trimet.org if you have any questions regarding making your payment.



**TRI-COUNTY METROPOLITAN TRANSPORTATION
DISTRICT OF OREGON**

**EMPLOYER CONTRACT
FOR**

TRIMET UNIVERSAL ANNUAL PASS FARE PROGRAM

This Contract is entered into September 1st, 2012 by and between the Tri-County Metropolitan Transportation District of Oregon ("TriMet") and **THE OREGON BOARD OF DENTISTRY** ("Employer") located at 1600 SW 4th Avenue, Suite 770, Portland, OR 97201.

1. Universal Annual Pass Program
Employer shall implement the Universal Annual Pass Program at Employer's work site(s) in accordance with the Administrative Program Requirements, attached and incorporated as Exhibit A, which may be amended by TriMet. By signature hereto, Employer certifies that it has read and agrees to be bound by all of the Administrative Program Requirements set forth in Exhibit A, including but not limited to the Requirements initialed by Employer.
2. Term
This Contract shall be in effect from the date listed above through August 31st, 2013, unless terminated sooner by TriMet as provided in the Program Requirements. TriMet also may terminate this Contract upon 30 days advance written notice to Employer, and in such event where Employer is in compliance with this Contract, TriMet will reimburse Employer for all returned Universal Annual Pass validation stickers based on the number of days remaining in the Contract term.
3. Employer Payment
Employer's total payment due under this Contract is **\$3,041.57**. Refer to Exhibit C for calculation of Universal Annual Pass price. Employer's Universal Annual Pass price per employee per year under this Contract is **\$608.31**. Additional stickers purchased during the contract year will be prorated based on this price, as set forth in section E.2) of Exhibit A of this contract.
4. Universal Annual Pass Qualified Employees
The total number of Employer's qualified employees, as defined in Exhibit A, Paragraph B, is **5**. The Employee Commute Options survey was performed 6/1/2012, the results of which are contained in the attached and incorporated Exhibit B.
5. Correspondence/Communications
TriMet's Marketing Representative and Employer's Transportation Coordinator shall be responsible for routine, day-to-day correspondence regarding Employer's implementation of the Universal Annual Pass program. Upon commencement of this Contract, TriMet and Employer shall provide written notice to each other of the name and address of their respective designated

Marketing Representative and Transportation Coordinator, and shall provide prompt written notice of any change thereto. All other correspondence and communications pertaining to this Contract shall be provided to the individuals signing on behalf of the parties at the addresses indicated below the signature line.

6. No Third Party Beneficiary

Employer and TriMet are the only parties to this Contract and as such are the only parties entitled to enforce its terms. Nothing in this Agreement gives or shall be construed to create or provide any legal right or benefit, direct, indirect or otherwise to any other party unless that party is individually identified by name herein with the express and stated designation as an intended beneficiary of the terms of this Agreement.

7. Authority

Employer agrees to comply with the requirements set forth in this Contract. The representatives signing on behalf of the parties certify that they are duly authorized by the party for which they sign to make this Contract.

8. Execution of Contract

This Contract and any written modifications thereto, may be executed in two or more counterparts, each of which together shall be deemed an original, but all of which together shall constitute one and the same instrument. In the event that any signature is delivered by facsimile transmission or by e-mail delivery of a "pdf" format data file, such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or "pdf" signature page were an original thereof.

THE OREGON BOARD OF DENTISTRY

**THE TRI-COUNTY METROPOLITAN
TRANSPORTATION DISTRICT OF OREGON**

By: _____
signature

By: _____
signature

Date: _____

Date: _____

Name: _____
please print

Name: Drew Blevins

Title: _____

Title: Director
Customer Information Services

Address: _____

Telephone Number: _____

Federal Employer ID Number: _____

Exhibit A

TriMet Universal Annual Pass Fare Program
ADMINISTRATIVE PROGRAM REQUIREMENTS
Effective September 1, 2012

As part of a regional employer transportation program, TriMet offers the Universal Annual Pass Program (Program) to employers within the TriMet service district. Employers shall implement and maintain the Program at their worksite(s) according to the following program requirements:

A. Definition Of A Worksite

- 1) A "worksite" is a building or group of buildings located at one physical location within the TriMet service district and under the control of an employer.
- 2) An employer with multiple worksites in the district may include out-of-district worksites, provided that the out-of-district worksite represents less than 25% of the employer's total number of enrolled employees within the TriMet district.

B. Definition Of A Qualified Employee

initial here

- 1) Participating employers must purchase a pass (validation sticker) for each qualified employee (100% participation) at each participating worksite regardless of whether the employee uses transit at the time of purchase.
- 2) For the purposes of the Program, a "qualified" employee is defined as any person on, or expected to be on, the employer's payroll, full or part-time, for at least six consecutive months, including business owners, associates, partners, and partners classified as professional corporations. Part-time is defined as 80 or more hours per 28-day period.
- 3) An employee who works at multiple worksites is considered a qualified employee at the worksite of his/her cost center. A cost center is the department through which the employee's salary is paid.
- 4) Contract employees, per-diem employees, and/or temporary employees are considered qualified employees only if they are covered under the employer's benefits package and have been included in the employee commute options survey.
- 5) Exempted from the Program are:
 - Part-time volunteers (defined as less than 80 hours per 28-day period);
 - Full-time volunteers (defined as 80 or more hours per 28-day period);
 - Employees working less than part-time (less than 80 hours per 28-day period);
 - Field personnel required to use their personal vehicle as a condition of their job;
 - Employees whose regular work commute has either a start or an end time outside of TriMet's service hours (service hours are 5:00 A.M through 1:00 A.M.);
 - Residents of the State of Washington;
 - Independent contractors;
 - Temporary or seasonal employees hired for a term of less than six (6) months;
 - Employees exempted by the Department of Environmental Quality (DEQ) for Employee Commute Option (ECO) rule purposes;
 - Regularly sworn officers of local law enforcement agencies within the TriMet boundaries, including the Oregon State Police; and
 - Employees who have an annual transit pass from another source (i.e., employee is a TriMet dependent or works for two employers and has received a validation sticker through the other employer).
- 6) Subject to the following subparagraph (7), categories of employees and volunteers who are exempted from the Program, as defined in B.5) above, also must be excluded from the employee commute options survey. The total number of employee exemptions shall not exceed 50% of the employer's total employee population.
- 7) If an employer wishes to include categories of exempted employees and/or volunteers in the Program, as defined in B.5) above, the exempted personnel to be included must have photo identification issued by the contracting employer and must be included in the employee commute options survey.
 - An employer must purchase a validation sticker for 100% of the category(s) of exempted personnel.
 - The exempted personnel must be surveyed prior to receiving validation stickers.

- If the category(s) of exempted personnel has been surveyed after the original survey, the company mode split will be recalculated based on the new, additional survey results, and the employer's price per employee for the remainder of the contract year will be based on the new transit mode split.

C. Definition of Transit Mode Split

- 1) The transit mode split is defined as follows:
(Total number of transit trips to the worksite by qualified employees) divided by (Total number of trips to the worksite by qualified employees).
- 2) If more than one commute mode is used to travel to a worksite, the commute mode for the longest portion of the trip constitutes the commute mode for the purposes of the Program.
- 3) Employers with a zero percent (0%) transit mode split for two consecutive surveys will not be allowed to participate in the Program.

D. Survey Requirements

- 1) The Program's pricing structure is dependent on an accurate determination of the employer's transit mode split. To determine the transit mode split, employers must survey their qualified employees (and categories of exempted employees, if included in the Program) at each worksite separately using an employee commute options survey or similar survey approved by TriMet (hereinafter "survey").
- 2) Surveys must be conducted for each participating worksite on the following schedule:
 - a. For the first year of participation:
 - i. A pre-program survey, within twelve months prior to the start date of the first year contract, of all qualified employees to determine transit mode split and first year contract pricing; and
 - ii. A follow-up survey before the date on which the next year's contract will take effect, to determine the next year's contract pricing and the effectiveness of the program; and
 - b. For all subsequent years:
 - i. A follow-up survey at least every other year after the first follow-up survey. Each subsequent follow-up survey must be conducted within twelve months prior to the date on which the next contract will take effect.
 - ii. The most recent survey data available will be used to determine the pass price, even if the survey conducted is for reasons other than to meet the minimum survey requirements for the Program, provided that it is performed in accordance with these Program Requirements.
 - c. Surveys shall not be conducted more than once within the period of three months, without prior approval from TriMet.
- 3) The survey instrument must be approved by TriMet; and
 - a. The survey must be distributed to all qualified employees and achieve a return rate of a minimum of 75%; or
 - b. Companies with 400 or more employees at a worksite may use a statistically valid sampling methodology approved by TriMet with the prior approval of DEQ or TriMet and achieve a return rate of a minimum of 75%.
 - c. Companies with 15 employees or less must survey 100% of their eligible employees.
- 4) Surveys must be distributed during the week following a typical workweek for the worksite and not bordering on a holiday.
- 5) If an employer moves a worksite to a different location during a contract year, the original contract price remains valid until the expiration of the contract. In the event that the new location results in a significant change in transit service from the previous location, the employer must re-survey its qualified employees before the date on which the next contract will take effect to identify the transit mode split at the new worksite. The next contract price will be calculated according to the transit mode split at the new worksite location. The survey schedule for subsequent contract years will be determined as set forth above in D.2)b. Employers that move to a new location with a significant decrease in transit service shall not be subject to a limit to a maximum annual price decrease.
- 6) An employer may participate at individual worksites, or all worksites. If an employer wishes to participate in the Program at more than one worksite, the employer must survey qualified employees at each worksite separately to determine the transit mode split at each worksite. Each worksite's price per pass is based on the transit mode split at that site.

- a. If an employer adds a worksite(s) during the term of a contract, the new worksite(s) must survey as specified in D.2)a. above and the contract price will be amended to reflect the additional worksite. After the first full contract term, the survey schedule for the new worksite(s) will follow according to the schedule established by the contract that is in effect.
- b. If an employer wishes to purchase the Program for employees at an out-of-district worksite, it is not necessary to survey those employees and if they are surveyed, the resulting information cannot be used to determine overall transit mode split.

E. Fare Requirements; General

- 1) The price of the fare shall be calculated based on an annual contract term of September 1 through August 31 in accordance with Paragraph F below. For employers joining the Program mid-year, the price of the fare shall be prorated based on the number of months remaining in the annual term (September 1 through August 31).
- 2) TriMet will issue validation stickers for all qualified employees at the employer's contract price. If the employer hires additional qualified employees during the contract term, the employer shall purchase additional validation stickers, at a prorated cost based on the number of months remaining in the contract term (September 1 through August 31) for these additional new hires. Additional stickers are intended for new hires only. Employers must sign a statement verifying that additional stickers are for new hires.
- 3) TriMet does not prohibit employers from re-selling the validation stickers to their employees; however, the validation sticker price shall not exceed the employer's per employee sticker purchase price.
- 4) TriMet will not provide refunds for terminated employees. Replacement validation stickers will be provided for replacement employees only in accordance with paragraph G.8) below.

F. Contract Pricing

- 1) Employer's per pass (validation sticker) pricing calculation formula is based on the fare in effect during the contract period as set forth at TriMet Code Sections 19.15(C)(8)(a), (c) and (d) (*a copy of TMC Section 19.15(C)(8)(a), (c) and (d)* is available at www.TriMet.org or on request from TriMet).
- 2) Employer's Total Contract Pricing shall be calculated as follows:
 - a. $(\# \text{ of qualified employees}) \times (\text{per pass price}) = \text{total contract amount.}$
 - b. The minimum annual contract price shall be the amount of the Annual Adult pass price in effect at the beginning of the contract year. This amount is subject to pro-rating for less than a contract term year, as outlined in these Program Requirements.

G. Fare Instrument; Use of Stickers; Remedies

- 1) Employer shall provide qualified employees with a photo identification (ID) card which shall be affixed with the validation sticker provided by TriMet. Only the employer's designated program administrator, or the program administrator's designee, may affix the validation sticker to employee photo ID cards. The sticker must be placed on the ID card near the employee's photo. The employee's ID card with the affixed sticker shall constitute the fare instrument and must be carried by the employee as proof of fare payment. The validation sticker remains the property of TriMet, the use of which is subject to the terms of the contract between employer and TriMet. Employer shall keep validation stickers in secure locked storage, accessible only to the employer's designated program administrator(s).
initial here

- 2) The employer shall verify qualified employee status before providing an employee with a validation sticker. Only one validation sticker may be distributed per qualified employee.
initial here

- 3) The fare instrument may not be provided to or used by anyone other than the qualified employee to whom it is issued, and is a valid fare instrument only for the person whose name and photo appear on the identification card.
initial here

- 4) At the request of employer, TriMet may create a standard photo ID card template for the purpose of creating photo ID cards for the Program. TriMet may charge a reasonable administrative fee for this service.
- 5) Employee photo ID cards already provided by the employer, may be used as the fare instrument when affixed with a validation sticker if approved by TriMet as an acceptable fare instrument prior to use. The ID card must display the following:
 - a. A photo of the employee;

- b. The employee's name; and
 - c. The company's name.
- 6) The employee's photo ID card with an affixed validation sticker is valid as the fare instrument through the month and year shown on the validation sticker, and shall allow travel for TriMet services within the TriMet service district, including regular bus and MAX service, Streetcar and LIFT service.
 - 7) Any alteration of the validation sticker, including removal of the serial number, shall render the fare instrument invalid, and may result in fines to the individual using the fare instrument of up to \$250 according to TriMet Code.
 - 8) TriMet is not responsible for replacing lost or stolen validation stickers. TriMet, in its sole discretion, may replace damaged or destroyed validation stickers; TriMet reserves the right to require employers to provide adequate documentation of the damaged or destroyed sticker(s). If the employer cannot provide documentation of damaged or destroyed sticker(s), the employer may purchase replacement stickers at a prorated price based on the number of months remaining in the contract year (September 1 through August 31).
 - 9) TriMet may provide replacement stickers for replacement employees. Employer must collect employee validation sticker upon an employee's separation from employment. TriMet reserves the right, in its sole discretion, to require employer to provide upon request the separated employee's validation sticker or other written documentation approved by TriMet evidencing that employer has disabled the effectiveness of the separated employee's fare instrument. Replacement stickers shall be provided only in accordance with the requirements set forth in this paragraph G.8).
 - 10) In the event that TriMet reasonably believes that any of an employer's employees has duplicated, altered, or otherwise used the validation sticker in a manner not authorized by the contract, upon notice from TriMet, employer shall conduct a reasonable investigation of the matter, including notice to the employee and an opportunity for the employee to respond. Employer shall submit written findings of its investigation to TriMet. TriMet reserves the right to make its own independent investigation and determinations as to whether the misuse occurred. If, based on the results of an investigation, TriMet determines that the misuse occurred, TriMet reserves the right to require employer to return the employee's validation sticker or provide written assurance to TriMet that employer has disabled the effectiveness of the employee's fare instrument. Employer shall not forward any employer-generated photo ID cards to TriMet. In addition, TriMet reserves all rights and remedies available under law.
 - 11) If TriMet reasonably determines that employer has provided falsified information, intentionally provided validation stickers to non-qualified employees or other ineligible persons, or that employer is otherwise in breach of the contract including but not limited to failure to make a contract payment when due, TriMet reserves the right in its sole discretion to demand within the timelines specified by TriMet, that employer return any or all validation stickers, or that employer provide other written assurance that employer has disabled the effectiveness of any fare instruments, and may also immediately terminate the contract. In addition, TriMet reserves all rights and remedies available under law. In the event of termination by TriMet, employer's sole remedy shall be reimbursement for any undistributed validation stickers returned to TriMet so long as employer's failure to distribute the stickers did not constitute a breach of the contract and employer is otherwise not in default of the contract terms; any reimbursement to employer may be prorated by TriMet based on the number of days remaining in the contract term.
 - 12) In any action or suit based upon any of the rights and obligations of the parties contained in the contract where TriMet is the prevailing party, employer shall be liable for TriMet's reasonable attorneys fees and its costs and disbursements.
 - 13) In no event shall TriMet be liable for any consequential, special, incidental or punitive damages, whether under theory of tort, contract, statute or otherwise.
 - 14) The terms and conditions of the Oregon Tort Claims Act, ORS 30.260 through ORS 30.300, and to the extent applicable, Article XI, Section 7, of the Oregon Constitution shall apply to employer's and TriMet's performance of this Agreement.

H. Payment Options; Issuance of Validation Stickers; and Contract Remedies

- 1) The employer shall be required to enter into a written contract based on the annual term of September 1 through August 31, in a minimum annual amount of the Annual Adult pass. The contract amount may be prorated for less than one year, as provided for in these program requirements. An employer signed

- contract must be received by TriMet before the contract start date.
- 2) Employers with a total contract amount of \$6,050 or greater may elect to submit the total payment amount in full, or shall pay the total payment in equal quarterly installments.
 - a. Payment in Full: A discount of 3% off the entire contract balance may be taken if the employer elects to submit full payment within net 30 days of the invoice date. If full payment is not received within net 30 days of the invoice date, the 3% discount will be void. No validation stickers will be issued until the first payment is received by TriMet. Employers renewing their participation in the Program by executing a new contract, with prior credit approval from TriMet, will be invoiced with payment due net 30 days from the invoice date.
 - b. Quarterly Payments: Employers making quarterly payments are required to submit payment for the first quarter in advance, with subsequent quarterly payments due net 30 days from the invoice date. No validation stickers will be issued until the first payment is received by TriMet. Employers renewing their participation in the Program by executing a new contract, with prior credit approval from TriMet, will be invoiced for the first quarter with payments due net 30 days from the invoice date.
 - 3) Employers with a total contract amount of less than \$6,050 must pay the contract amount in full before the contract start date. No validation stickers will be issued until the payment or a purchase order is received by TriMet. Employers renewing their participation in the Program by executing a new contract, with prior credit approval from TriMet, will be invoiced with payment due net 30 days from the invoice date. A discount of 3% off the entire contract balance may be taken if full payment is received within net 30 days of the invoice date.
 - 4) Payment for additional validation stickers purchased throughout the contract year must be paid in one lump sum, and will not be calculated into remaining quarterly payments. Payment for additional validation stickers is due net 30 days from the date of the invoice. If employer is an entity for which applicable law specifies a maximum time period for payment, that maximum time period shall apply.
 - 5) Payments not received by the due date will accrue interest at an annual rate of 18%. If employer is an entity for which applicable law specifies a maximum interest rate that the entity may pay, that maximum interest rate shall apply.
 - 6) In the event an employer fails to make a payment as scheduled in the contract, TriMet reserves all its rights and remedies under law, including but not limited to the right to suspend future issuance of validation stickers and as otherwise provided in Paragraph G above.
 - 7) Invoices past due over 90 days will be forwarded to TriMet's Legal Department for further action.
 - 8) Payment(s) shall be submitted to TriMet's Finance Department, Attn: Accounts Receivable-FN4, at 4012 SE 17th, Portland, Oregon, 97202.
 - 9) Validation stickers will be provided to the employer, normally within ten (10) business days of TriMet's receipt of an employer's total payment or first quarterly installment due as described above. For employers renewing their participation in the Program by executing a new contract, and with prior credit approval from TriMet, validation stickers will be provided normally within ten (10) business days of receipt of an employer's signed contract. TriMet is not responsible for late deliveries. A designated representative of the employer must sign for receipt of the validation stickers. TriMet reserves the right to limit the number of validation stickers provided at any one time, or to determine the distribution schedule thereof.

I. Employer Designated Agents

- 1) Employer may elect to participate in the Program through their designated agent ("Employer Designated Agent"). Employer Designated Agent will enter into a contract with TriMet for implementation of the Program in accordance with these Program requirements, including the purchase of and payment for validation stickers.
- 2) Employer Designated Agent must be an incorporated entity, established for the purpose of providing administrative services to facilitate employer transportation options or other employer related services, including commercial or industrial property management and/or other transportation related services.
- 3) Upon TriMet's request, Employer Designated Agent shall provide TriMet with written authorization from employer on employer's official letterhead evidencing employer's designation of Employer Designated Agent.

J. Information Required of Employers

- 1) Prior to contract approval, TriMet must receive the survey data form, or an equivalent document with the

following information:

- a. the total number of employees, in all work groups;
 - b. the total number of qualified employees, according to these Program requirements;
 - c. the total number of employees in other employee work groups included in the Program; and
 - d. a copy of the employer's survey results and data. A participating employer must conduct follow-up surveys as defined above, with results and data provided to TriMet. The survey instruments must be in conformance with the survey requirements as described in these program requirements.
- 2) TriMet, at its sole discretion, may require an employer to verify the number of qualified employees and to confirm employee status at any time during the term of the contract. TriMet may also require an employer to demonstrate that validation stickers are kept in secure locked storage, accessible only to the employer's designated program administrator(s).
- initial here*

- 3) Employees must sign a statement (Employee Agreement Form) verifying receipt of a validation sticker. The statement includes a signed acknowledgement by the employee that the validation sticker and the photo ID card affixed with the validation sticker (fare instrument) are non-transferable and may only be used by the employee to whom it was issued, and that the sticker must be returned to the employer upon separation from employment. Employees determined to knowingly violate these terms may face criminal prosecution for theft of services.
- 4) Each validation sticker includes a unique serial number for the purposes of tracking and control. For each employee that receives a validation sticker, the employer's designated program administrator, or the program administrator's designee, shall record the validation sticker's serial number on the Employee Agreement Form, along with the employees' signed statement agreeing to the terms and conditions of receiving the fare instrument.
- initial here*

- 5) All fields of the Employee Agreement Form must be completed in full. The employer must return a copy of the Employee Agreement Form to TriMet by October 1st, and make the form available for TriMet's review upon request by TriMet. The employer shall retain a copy of the Employee Agreement Form through the end of the contract period.


EMPLOYEE COMMUTE OPTIONS - Third Follow-up Survey Results

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

Employee population (Eco-affected) 7
Questionnaires returned (Out of 4) 4
Response rate 100%

<u>Survey</u>	<u>Date</u>	<u>Auto Trip Rate</u>
Baseline	Jun-07	42%
Non ECO Survey # 2	May-08	20%
Second Follow-up	May-10	43%
Third Follow-up	Jun-12	61%

Three year ECO goal (10% reduction in Baseline auto trip rate)

Auto trip rate goal 38%
Weekly auto trips to reduce 7

This report summarizes your employees' responses to the Employee Commute Options survey. The results identify the modes of transportation your employees use to commute to your worksite and the number of weekly auto trips their choices generate. This report assumes that your company will need to comply with the Department of Environmental Quality's Employee Commute Options (ECO) Rule that targets a 10% reduction in auto trips taken to the worksite.

Weekly Employee Trips

The table below shows the number of employee trips TO this worksite during the week prior to the survey.

Number of trips	Total Weekly Trips	Drive Alone	Carpool/Vanpool (by # of people in Carpool)						Transit	Bike	Walk	Bike + Walk	Tele-commute	Compressed Work
			2	3	4	5	6+	Total						
Reported	18	11	0	0	0	0	0	0	7	0	0	0	0	0
Total*	32	19	0	0	0	0	0	0	12	0	0	0	0	0
Total Auto Trips*	19	19	0	0	0	0	0	0	0	0	0	0	0	0
Percentage of Total Trips														
Baseline	42%	0%	0%	0%	0%	0%	0%	0%	58.3%	0%	0%	0%	0%	0%
Non ECO Survey # 2	15%	10%	0%	0%	0%	0%	10%	75.0%	0%	0%	0%	0%	0%	0%
Second Follow-up	30%	25%	0%	0%	0%	0%	25%	45.0%	0%	0%	0%	0%	0%	0%
Third Follow-up	61%	0%	0%	0%	0%	0%	0%	38.9%	0%	0%	0%	0%	0%	0%
Change from baseline**	19%	0%	0%	0%	0%	0%	0%	-19.4%	0%	0%	0%	0%	0%	0%

*Adjusted to ECO-affected employees, N= 7.

**In percentage points, (Current Survey - Baseline). Figures may not add up due to rounding.

Note: Your company's baseline survey establishes a 10% auto trip reduction target as a three year goal. This report shows the status of your company's progress towards meeting its auto trip reduction goal for ECO. Subsequent surveys are required by the ECO rule.

Additional details regarding survey results can be found on the pages to follow. Specific information regarding trips are provided as well as responses to supplemental questions that may have been included in the survey.

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Best Practices Self-Assessment Guide: Information in Support of Best Practices

Best Practices Criteria
<p>1. Executive Director's performance expectations are current.</p> <ul style="list-style-type: none"> • Goals and expectations for the Executive Director are reviewed annually.
<p>2. Executive Director receives annual performance feedback.</p> <ul style="list-style-type: none"> • The Administrative Workgroup reviews the Executive Director's performance annually and makes recommendations to the Board
<p>3. The agency's mission and high-level goals are current and applicable.</p> <ul style="list-style-type: none"> • The OBD's strategic plan is reviewed each biennium as the budget document is developed. Agency performance measures, as well as short and long term goals, are reviewed annually.
<p>4. The Board reviews the Annual Performance Progress Report.</p> <ul style="list-style-type: none"> • Performance measures are reviewed as a part of the budget.
<p>5. The Board is appropriately involved in review of agency's key communications.</p> <ul style="list-style-type: none"> • Board members prepare articles for inclusion in the newsletter
<p>6. The Board is appropriately involved in policy-making activities.</p> <ul style="list-style-type: none"> • The Board's committees review policy making issues. • The Board reviews all legislative proposals that could impact the Board.
<p>7. The agency's policy option budget packages are aligned with their mission and goals.</p> <ul style="list-style-type: none"> • The Board reviews agency's proposed policy option packages. • The Board reviews the Agency Request Budget.
<p>8. The Board reviews all proposed budgets.</p> <ul style="list-style-type: none"> • The Board reviews the Agency Request Budget.
<p>9. The Board periodically reviews key financial information and audit findings.</p> <ul style="list-style-type: none"> • The Board reviews agency head financial and payroll transactions annually at a Board Meeting. • The Board reviews agency performance audits.
<p>10. The Board is appropriately accounting for resources.</p> <ul style="list-style-type: none"> • All Board revenue and expenditures are reviewed by the Board. • All Board expenditures are reviewed and approved by the Executive Director and Executive Assistant. • Physical inventory of all agency property is conducted annually.
<p>11. The agency adheres to accounting rules and other relevant financial controls.</p> <ul style="list-style-type: none"> • Board staff prepares all transaction entries in accordance with Oregon Statute, Oregon Administrative Rules, Oregon Accounting Manual and Generally Accepted Accounting principles. • The Board has annually received the Department of Administrative Services Comprehensive Annual Financial Report Gold Star Award for timely and complete financial data.

<p>12. Board members act in accordance with their roles as public representatives.</p> <ul style="list-style-type: none"> • Board members appropriately recuse themselves from cases which create an actual or potential conflict of interest. • The Board follows public meetings and records laws. • The Board uses good judgment in upholding the Board's Mission Statement of Protecting the Citizens of Oregon.
<p>13. The Board coordinates with others where responsibilities and interest overlap.</p> <ul style="list-style-type: none"> • Board members and staff participate in appropriate professional associations. • The OBD works with the OHSU School of Dentistry on certain issues. • The OBD works with the ODA, ODHA and ODAA and DBIC to present important practice related issues to members. • The OBD is actively involved in the American Association of Dental Board (AADB) and regional testing agencies.
<p>14. The Board members identify and attend appropriate training sessions.</p> <ul style="list-style-type: none"> • New Board members attend new Board member orientation presented by OBD Staff. • Board members utilize the Governor's Board Training. • Board Members attend AADE training workshops.
<p>15. The Board reviews its management practices to ensure best practices are utilized.</p> <ul style="list-style-type: none"> • The Board underwent a Secretary of State's Audit in September of 2008 and have implemented suggested process improvements.

Best Practices Self-Assessment

Annually, Board members are to self-evaluate their adherence to a set of best practices and report the percent total best practices met by the Board (percent of yes responses in the table below) in the Annual Performance Progress Report as specified in the agency Budget instructions.

Best Practices Assessment Score Card

Best Practices Criteria	Yes	No
1. Executive Director's performance expectations are current.		
2. Executive Director receives annual performance feedback.		
3. The agency's mission and high-level goals are current and applicable.		
4. The Board reviews the Annual Performance Progress Report.		
5. The Board is appropriately involved in review of agency's key communications.		
6. The Board is appropriately involved in policy-making activities.		
7. The agency's policy option budget packages are aligned with their mission and goals.		
8. The Board reviews all proposed budgets.		
9. The Board periodically reviews key financial information and audit findings.		
10. The Board is appropriately accounting for resources.		
11. The agency adheres to accounting rules and other relevant financial controls.		
12. Board members act in accordance with their roles as public representatives.		
13. The Board coordinates with others where responsibilities and interest overlap.		
14. The Board members identify and attend appropriate training sessions.		
15. The Board reviews its management practices to ensure best practices are utilized.		
Total Number		
Percentage of total:		

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UNFINISHED
BUSINESS
&
RULES

Nothing to report under this tab

CORRESPONDENCE

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Steven Duffin, D.D.S.

11631 Lausanne St.

Wilsonville OR 97070



July 5, 2012

To: Patrick Bratz

From: Steven Duffin

Regarding: Please include this letter in the materials for the upcoming Board of Dentistry meeting on August 3rd.

Thank you

Steven Duffin, D.D.S.

Shoreview Dental, LLC

5885 Shoreview Lane N.

Keizer, OR 97070

July 1, 2012

Board of Dentistry

Dear ladies and gentlemen:

During the past seven years I have gained considerable experience utilizing silver nitrate followed by fluoride varnish to arrest active caries in my patients. My inspiration for developing this protocol comes from the early writing of doctors WD Miller, GV Black and Percy Howe. Recently, I co-sponsored a seminar on the "Medical Management of Caries" with Dee Robertson, M.D. held at the ODA headquarters building (June 15, 2012). I have delivered to Dr. Kleinstaub a copy of our handout materials and references together with a copy of the full 2 hour seminar on a computer travel drive.

It is well established in the literature and it has become apparent to me that the application of silver nitrate followed by fluoride varnish is safe, effective and will be of great value to those populations that are suffering from increasing rates of caries. Principally children in lower socioeconomic circumstances, special needs patients and seniors in long term care facilities. In order to maximize the opportunity to deliver this therapy, it will be beneficial if, after a dentist diagnoses the presence of caries, the application of silver nitrate and fluoride varnish may be delegated to dental hygienists and expanded function assistants. My protocol advocates for the application of silver nitrate and fluoride varnish to lesions at the examination visit and then at 2,4,8 and 12 weeks. At the final visit, the determination of caries activity either active or arrested is made by a dentist and a treatment plan is developed for all restorative needs. A video titled silver nitrate setup is included on the Travel drive that demonstrates the preparation and application of silver nitrate and fluoride varnish.

I am requesting that the board issue a decision regarding the specific issue of delegation of the application of silver nitrate and fluoride varnish under general supervision of the dentist who makes the diagnosis and outlines the treatment plan for caries arrest.

If current rules do not allow for this function, then I would ask that this be moved on to rules making to resolve the issue as soon as possible. Given the recent attention to increasing caries rates and the urgency of introducing effective caries management protocols and maximizing the existing dental workforce, I have received considerable interest in this protocol from researchers, providers, advocates and legislators.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steven Duffin', with a long horizontal stroke extending to the right.

Steven Duffin

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From: [Patrick Braatz](mailto:Patrick.Braatz@state.or.us)
To: [Lisa Warwick](mailto:Lisa.Warwick@state.or.us)
Subject: FW: board results
Date: Wednesday, July 18, 2012 8:07:08 AM

From: David Fuller [<mailto:dafuller@bendbroadband.com>]
Sent: Monday, July 16, 2012 5:28 PM
To: Patrick Braatz
Subject: Re: board results

Thank you for the reply.

This is a very disappointing situation for myself as well as anyone else that falls under these to circumstances. What this means is that an applicant to Arizona by credentials with the same history as myself but had taken the Western regional boards in 1982 can apply without taking the clinical exam. Seems a discrimination to me since I was not aware of the Oregon boards policy in 1982 nor it's impact 30 years later.

What I would hope from my board would be to pressure the Arizona board to change their policy on our behalf. I should not be asked to take a test that the same applicant with appropriate board records not be required.

I will continue to follow up this unfortunate turn of events.

Thanks again

David A Fuller DMD

Sent from my iPad

On Jul 16, 2012, at 3:54 PM, Patrick Braatz <Patrick.Braatz@state.or.us> wrote:

Thanks for your e-mail.

You are correct that this issue has come up in the past and the situation is the same.

The OBD did not keep score records from 1982 and there is no place to locate them, which is unfortunate for licensees like you who only want to go to states like Arizona, many other states would accept the fact that you passed the examination and that you have been practicing ever since.

I was not involved at that time as I would have made a decision that these records be kept or the information be transferred to the individual licensee files and then later to the computerized data base.

I am sorry that I cannot be of more assistance to you.

Patrick D. Braatz

Patrick D. Braatz, Executive Director
Oregon Board of Dentistry
1600 SW 4th Ave., Suite 770
Portland, OR 97201-5519
PH. 971-673-3200
FAX 971-673-3202

"Our Constitution works; our great Republic is a government of laws and not of men. Here the people rule." President Gerald R. Ford

"The Mission of the Oregon Board of Dentistry is to protect the public by assuring that the citizens of Oregon receive the highest possible quality oral health care."

From: David Fuller [<mailto:dafuller@bendbroadband.com>]
Sent: Monday, July 16, 2012 3:07 PM
To: Patrick Braatz
Subject: board results

Dear Patrick

I have been in practice since 1982. I graduated from OHSU and passed the Oregon boards in 1982 as well.

I am reaching retirement age and planning for my future. One of my options was to move to Arizona. My plan was to seek out employment as a clinical instructor at a dental school/hygiene school, work P/T as a fill in Dentist or seek P/T employment with Indian Health Services or other clinics.

Upon my research, the Arizona Board of Dentistry, for credential licensing, requires proof from Oregon that I am a licensed Dentist. Along with verification that I am licensed, they need to know the components of the examination and how it was graded.

In speaking with Teresa, I found out that records of our examination back in 1982 were not kept. The only info that the Board has is who took the test and who passed.

So in order for me to obtain a license in Arizona, I would, according to their law, be required to take a clinical examination as well.

As you well know, taking a clinical exam is not a joy ride. It is not something I wish not to do in my mid 60's.

In conclusion, I am writing you to express my frustration in finding all of this to be true. The fact that the board cannot provide the necessary documentation

is the root of my concern.

I understand that this has happened in the past with other dentists seeking to do the same as myself.

Any help on the matter would be greatly appreciated.

Thank you

David A Fuller, DMD

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OTHER ISSUES

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7. Request for Approval to become a Board Approved Provider for Expanded Practice Permit.

ORS 680.200 (1)(ii) Expanded Practice permit; requirements.

(1) Upon application accompanied by the fee established by the Oregon Board of Dentistry, the board shall grant a permit to practice as an expanded practice dental hygienist to an applicant who:

- (a) Holds a valid, unrestricted Oregon dental hygiene license;
- (b) Presents proof of current professional liability insurance coverage;
- (c) Presents documentation satisfactory to the board of successful completion of an emergency life support course for health professionals, including cardiopulmonary resuscitation, from an agency or educational institution approved by the board; and
- (d) Presents documentation satisfactory to the board that the applicant has:
 - (A)(i) Completed 2,500 hours of supervised dental hygiene practice; and
 - (ii) After licensure as a dental hygienist, completed 40 hours of courses, chosen by the applicant, in clinical dental hygiene or public health sponsored by continuing education providers approved by the board.**

Advantage Dental Plan Inc. has submitted an Expanded Practice Dental Hygiene Continuing Education (CE) Provider Application (Attachment 1). Advantage Dental Plan is requesting that the Board approve them as a Provider and that all their past, current and future courses be accepted.

Board Approved:

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

Expanded Practice Dental Hygiene
Continuing Education (CE) Provider Application

Provider Name (name of individual or facility):
Advantage Dental Plan Inc. Business Phone No.:
866.268.9616

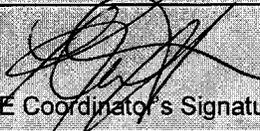
Mailing Address (street address, city, state, zip):
442 SW Umatilla Ave. Redmond, OR 97756

Email or Web site (optional): Taxpayer ID Number: Will Offer On-line Courses:
www.advantagedental.com 931156986 No Yes

Organization Type (select one):
 Association 2 or 4 yr Institution of Higher Learning Non-Profit Corporation
 Licensed Health Facility Other education organization Individual Government Agency
 Corporation Other (please specify):

CE Coordinator Name: CE Coordinator Phone No.:
Kimberly Krueger (541) 323-4654

Instructor's Education/Training (attach Instructor(s) resume or curriculum vitae (CV)):
Past, present & future courses.

CE Coordinator's Signature: Date:
 5/17/2012

Title	Instructor(s)	Type	# of Credits
Practice Transitions	Randy Wadsworth	L	1
Medical Management of Caries	Steven Duffin, DDS	L	4
Safety Training	Darcie Davis	L	1
Caries Prevention	R. Mike Shirtcliff, DMD	L	2
The Future of Dentistry	R. Mike Shirtcliff, DMD	L	1
Placement of OCO Biomedical Implant Systems Medical Emergencies & Local Anesthetics in the Dental Office	Dr. David Dalise; Dane Smith, DDS	L/P	8
Update on Nitrous Oxide & Oregon Board Rules	Dane Smith, DDS	L	4
International & Donated Dental Services	Dane Smith, DDS	L	2
Introduction to Motivational Interviewing	Denise Ernst, PhD	L	3
Medical Management of Caries	Steven Duffin, DDS	L	2
Safety Training	Darcie Davis	L	1
Creating a Caries Free World	R. Mike Shirtcliff, DMD; Steven Duffin, DDS; Dane Smith, DDS; Sharity Ludwig, RDH, L&AP; Kent Achterhof; Cecille Schull	L	4
Embezzlement Prevention	Randy Wadsworth	L	2

OSHA	Health Care Compliance Associates	L	2
Health Information You and Your Patients Can Trust	Linda Milgrom, MLS	L	1
Management of Young Children in the Dental Office	Peter Milgrom, DDS	L	2
Medical Management of Caries	Steven Duffin, DDS	L	3
Nitrous Oxide Use in Dentistry	John Smith, PhD	L	4
Risk Management	Watkinson, Laird, Rubenstein, Baldwin, & Burgess	L	3
Medical Emergencies	Doug Smith, DMD	L	4
Prevention Science, Triple Aim, History of Cariology, & Global Budgeting	R. Mike Shirtcliff, DMD; J. Kyle House, DDS; Peter Milgrom, DDS;	L	6
Safety Training	Steven Duffin, DDS Darcie Davis	L	1
Use of Silver Nitrate & Prevention Protocols	Steven Duffin, DDS; Sharity Ludwig, RDH, LAP	L	2

7. SOFT RELINE COURSE- MEGAN DEAN, EFDA

The Board has received a request for approval of a Soft Reline Course. This course would be provided so the EFDA Dental Assistants could qualify to apply soft relines in accordance with OAR 818-042-0090.

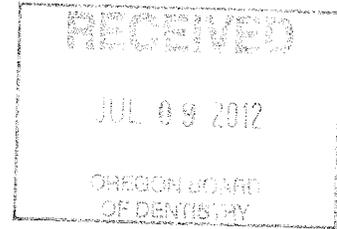
"818-042-0090

Additional Functions of EFDAs

Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a dentist providing that the procedure is checked by the dentist prior to the patient being dismissed:

- (1) Apply pit and fissure sealants providing the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist.
- (2) Apply temporary soft relines to full dentures."

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



July 3, 2012

To Whom It May Concern:

I am submitting to you my proposal for a six hour course on soft reline. I hope to become certified to teach this class in order to further my career as a dental assistant and in hopes of offering an affordable, local class.

I live in a rural area and feel that it would be a nice resource to our community to have a certified course instructor in town. I made a five hour trip to take my soft reline class and feel that others in my area would be more likely to take a class that is local.

I began working for Dr. Kathryn E. Nicholson in December 2005. I became x-ray and EFDA certified in March 2007. I then took a soft reline class in Portland in January 2008. I was certified to teach Radiation Health and Safety in January 2009. I have taught several students and am now looking to teach a course on soft reline.

I believe that my job experience, as well as my previous teaching experience will lend to a positive experience for students who may take this course in the future.

Thank you for your consideration of my proposal.

Sincerely,

A handwritten signature in cursive script that reads "Megan Dean".

Megan Dean, EFDA
10039 Westbrook Dr.
Klamath Falls, OR 97603

OREGON BOARD OF DENTISTRY
Dental Assistant

.117566 .
CERTIFICATE NUMBER

Megan Dean

Expanded Functions Dental Assistant
Radiological Proficiency

Issued: March 26, 2007

THIS CERTIFICATE MUST BE POSSEDED IN A CONSPICUOUS PLACE IN PLAIN SIGHT OF PATIENTS

CERTIFICATE OF INSTRUCTOR APPROVAL

The OREGON BOARD OF DENTISTRY certifies that:

16140
UCI/UCNSE: NUMBER

Megan Dean

has met the requirements
to teach courses in
Radiological Proficiency

Issued: 01/07/2009
Expires: 01/07/2013

Certificate of Instructor Approval

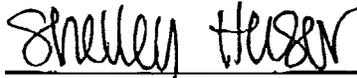
Presented to

MEGAN DEAN

For meeting the requirements to place
Soft-Relines for Dentures. Instructor approval given by Shelley Huser,
an Oregon Board of Dentistry Certified Instructor

January 1st, 2008

Oregon Dental
Education Services


Shelley Huser, RDH

COURSE OVERVIEW

- Introductions-introduce myself. Allow students to introduce themselves, tell which office they are with etc.
- Pass out course materials
- Definition of procedure/material overview. Show samples.
- Review of several types of soft reline materials-non comprehensive list provided to students
- Overview of procedure
- How to prep a pt for the apt.
- Materials with samples
- Step by step process for Coe-Soft material
- Demonstration of one arch
- Quick version of step by step process as a review
- Pt care instructions
- Most common mistakes
- Administer test
- Grade/review tests as a group. Answer all questions.
- Pair students up.
- Teacher demonstration of the second arch
- Student hands on portion
- Pass out certificates

DEFINITION OF PROCEDURE /MATERIAL OVERVIEW

A soft reline is a temporary material that is placed in dentures to fill in the space where the bone has shrunk. When the bone shrinks the denture becomes loose. Loose dentures move during talking, eating etc. Movement of dentures can cause discomfort and embarrassment to patients. Soft relines fill in the spaces and create a tighter fit. Soft relines do not affect the look of the denture. That is, the pt's smile will look the same before and after a soft reline is placed.

It takes approximately six months for the bone to stabilize after extractions and delivery of an immediate denture. These denture patients will often require a soft reline during this six month period to help insure proper fit and comfort until a hard reline can be placed, or a complete denture can be fabricated.

Hard relines are fabricated by a dental lab. Generally, dentist recommend that pt's have hard relines redone every three years (on average). If a denture is ill fitting, uneven pressure can cause the denture to fracture. Pt's should be instructed that hard relines are an important piece of the maintenance of the denture. They should be encouraged to have hard relines done in a timely fashion in order to reduce the chance of a damaged denture. Ill fitting dentures also cause overgrowth of reactive tissue, which is referred to as epulis fissuratum.

Although soft relines improve the fit of the denture they are only temporary. Time periods vary by manufacturer from several weeks to several months. Soft relines are not meant as a long term solution to ill fitting dentures.

Soft relines may reduce or eliminate a patient's need for adhesive, but there are no guarantees. It may be better to instruct pts that adhesive will likely still be needed. In doing so, we do not set pts up to be disappointed if they require the use of adhesive after the soft reline.

The materials used in soft reline can vary based on the manufacture that is used. Coe-Soft is a two part plastic material: A powder and liquid are combined and cure over the course of approximately eight minutes. Other manufacturers offer silicone based products that involve adhesive and a cartridge system of delivery-similar to a PVS impression system. These materials vary in price. It is important to consider the cost in terms of how many applications the system will provide. A non comprehensive list of

materials is included in the course materials as a reference. The prices on the provided list are based on those listed in the Sullivan Schein catalogue.

Today's class will focus on the Coe-Soft material, as this is what is used in my office and is the material that I am most comfortable with.

OVERVIEW OF PROCEDURE

It is recommended that any previous soft reline be removed from the denture before a new soft reline is applied. A curved hemostat and cotton pliers can be used to remove the previous material. Be sure to hold the denture firmly and position yourself over a counter top to avoid dropping the denture.

Coe-Soft powder and liquid are mixed together to form a runny, gel like material. This material is loaded into the denture and spread using a tiny spatula. The denture is then placed in the patient's mouth. Proper seating is extremely important. The denture needs to be fully seated and occlusion should be checked. The material is then given approximately three minutes to harden. At that point the pt's lips and cheeks should be manipulated to account for the soft tissue and musculature. Remove the denture and rinse with cold water. Remove excess material. Reseat the denture and have the pt bite for an additional five minutes. Remove and rinse again. A final trim should be done.

It is important to remember when loading the denture, that the material should be concentrated in the area of the extraction sites. Very little material is needed in areas where no teeth have been removed or on the palate. You must however, place some material in these areas. The entire denture needs to be coated to ensure that the material is fluid when it cures. A gap or ledge from the material to the acrylic denture base would prove to be uncomfortable to the patient.

THE APPOINTMENT

When a pt presents to the office for a soft reline of their denture it is important to prepare them for the procedure. Explain in simple terms the process. "Mrs. Jones, Dr. Smith has recommended a soft reline for you today. This reline will help your denture to fit more snugly and should be very comfortable. I will be placing a material in your denture and then placing the denture in your mouth.

It will take several minutes to harden. It is important that you bite down on the denture with steady pressure during that time. I will then need to remove any excess material after it has set. Do you have any questions?"

I find it helpful to prep patients and then to repeat myself as we actually go through the steps. Pts seem more at ease when they know what you are doing and why. Being clear also ensures proper patient cooperation.

I recommend gathering all the needed materials prior to the appointment to reduce pt wait time.

LIST OF MATERIALS

- Coe soft liquid and powder
- Measuring cup/ measuring glass
- Spatula
- Mixing bowl
- Blade and bard **OR** heat pen

*Optional-Coe-Lubricant

If removing an existent soft reline, you will also need the following:

- Soft reline tool
- Cotton pliers
- Hemostat

STEP BY STEP PROCESS FOR COE-SOFT MATERIAL

1) Seat the pt in an upright position and raise the chair. Adjust the pt's head rest so that it is upright and forward. (Show students). You do not want the pt to be able to move their head away from you when you are seating the denture. If the headrest is forward then the head will remain stable.

2) All denture adhesive should be removed from the patients gingiva and from the denture. If possible, instruct pts ahead of time not to use adhesive the day of their soft reline apt. If there is an existent soft reline in the denture, it is recommended that it be removed prior to the placement of a new reline.

3) The denture should be dried completely.

4) Optional-use the Coe-Lubricant to coat the areas where you do not want the material to adhere to the denture.

5) Mix the powder and liquid for no more than 30 seconds. Manufacturer recommendations are that 11g of powder be used for every 8ml of liquid. The powder should be incorporated into the liquid to help reduce the occurrence of bubbles. The material should be stirred until all of the powder is incorporated. The material should not be whipped. Whipping also increases the occurrence of bubbles.

6) Load the material into the denture. Be sure to coat the entire denture. Concentrate the bulk of the material in the area of the extractions.

7) Seat the denture in the patient's mouth. Be sure that pt's bite is correct and that the denture is fully seated on the roof of the mouth. Also be sure that the midline is correct.

8) If the pt has posterior teeth in the opposing arch, then the pt should be instructed to bite down with steady pressure for the next three minutes. If there are not enough posterior teeth present in the opposing arch the dental assistant must create steady pressure by holding the denture with thumbs in the area of the premolars.

*If the pt's headrest is not in the proper position applying the pressure with your thumb will be difficult because the pt's head will be moving away from you and their head will be at an awkward angle.

9) At three minutes have pt move his/her lips and cheeks to account for the soft tissue and musculature. (Squinch and smile technique)

*The dental assistant can manually manipulate the cheeks and lips instead of asking the pt to do so.

10) Remove the denture and rinse with cold water.

11) Remove excess material. Some offices use a hot pen. Our office uses a blade.

12) Place the denture back in pt's mouth and have pt bite with steady pressure for an additional five minutes.

- 13) Remove the denture and rinse with cold water.
- 14) Remove excess material.
- 15) Give pt care instructions.

CARE INSTRUCTIONS

Assistants should review the care instructions specific to the type of material that is used for soft relines.

Coe-Soft manufacturers recommend that pts clean the soft relines with damp cotton. This particular material should not be brushed and abrasives should not be used. Toothpaste is classified as an abrasive.

Be sure to accurately and clearly explain to the pt when the dentist recommends that they return to the office for the next soft relines or for a hard relines.

MOST COMMON MISTAKES

- Thick palate- The soft relines material should be very thin on the palate. Teeth were not removed from this area, so there will be no bone shrinkage in this area.' This mistake can be avoided by fully seating the denture.
- Voids in the soft relines-If not enough material is placed in the denture, or if the material is whipped, voids/bubbles will be present in the soft relines. Substantial voids and bubbles will make it necessary to remove the soft relines and begin again. Very small voids can be repaired. More material must be mixed and added to the void. The denture is then placed back in the pt's mouth for several minutes.
- Buck teeth-If the denture is not seated correctly the denture can make pts look as though their front teeth extrude out of the mouth. It is important to seat the denture correctly in order to avoid this mistake.

MATERIAL OPTIONS FOR SOFT RELINE

Coe-Soft

- Manufactured by: GC America
- Cost: \$142.99
- Liquid/Powder

GC Reline

- Manufactured by: GC America
- Cost: \$273.99
- Cartridge Style

Softreliner

- Manufactured by: Tokuyama America
- Cost: \$159.99
- Cartridge Style

TruSoft

- Manufactured by: Bosworth
- Cost: \$68.99
- Liquid/Powder

Soft Reline Test

- 1) How often should soft relines be replaced?

- 2) How many minutes does Coe-Soft material take to set?

- 3) Why are soft relines recommended?

- 4) At what point should a patient have a hard reline?

- 5) Where should the soft reline material be thickest?

- 6) Should the denture be moist or dry before placing the soft reline material?

- 7) What type of material is Coe-Soft?

8) What is to be done if **apt** is missing posterior teeth in the opposing arch?

9) How is Coe-Soft material best cleaned by patients at home?

10) How should the powder and liquid materials be mixed?

11) Do soft relines eliminate the need for adhesive?

12) Does the soft reline change the look of the denture?

13) Name one mistake that can be made and how to avoid it.

Soft Reline Answer Key

- 1) Recommendations vary from several weeks to several months, depending on the brand of material used.
- 2) Approximately 8 minutes.
- 3) Recommended for **ill** fitting dentures to increase comfort and improve fit.
- 4) Recommended 6 months post extractions, when bone has stabilized.
- 5) In the area of the extracted teeth.
- 6) Dry
- 7) Plastic
- 8) The dental assistant must apply finger pressure to the premolar area of the denture being relined.
- 9) The manufacturer recommends that pt clean the soft relined portion with wet cotton. Pt's should rinse the material with cold water after meals.
- 10) Do not whip the material as it will cause bubbles to appear. Stir.
- 11) No. Pt's may still require denture adhesive.
- 12) No
- 13) Buck teeth-seat the denture properly
Thick palate-seat the denture properly
Voids-use enough material, don't whip the material

COE-SOFT™

RESILIENT DENTURE LINER

Prior to use, carefully read the instructions. For use only by a dental professional in the recommended indications.

CONTRAINDICATIONS:

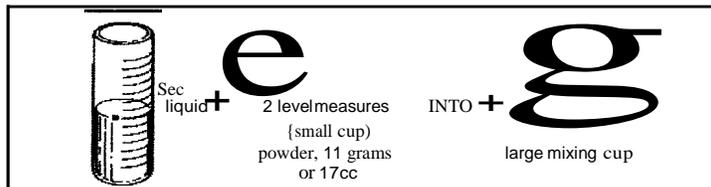
Patients who have shown sensitivity to the material. In case of allergy refer to a physician.

RECOMMENDED INDICATIONS:

A temporary lining for acrylic dentures. For use in chairside procedures.

DIRECTIONS FOR USE:

- 1. Preparation of the denture:** Relieve and roughen the area of the denture to be relined. Clean and dry the denture thoroughly. Coat labial and buccal surfaces of the denture with COE LUBRICANT. Do not apply coating within 3mm (1/8 inch) of the peripheral border. If the denture has plastic teeth also protect them with COE LUBRICANT. Note: COE-SOFT will not adhere to surfaces coated with COE LUBRICANT.
- 2. Preparation of COE-SOFT:** Recommended powder /liquid ratio is 11g powder to 8ml liquid. Pour the liquid into the large mixing cup. Then add the powder slowly. Stir mixture thoroughly for 30 seconds. A suitable spatula is provided for this purpose. To avoid introducing bubbles into the mixture, do not spatulate for more than 30 seconds. Do not whip.



- 3. Application:** Spread the mixture of COE-SOFT over the area to be relined. Seat the denture in the manner of taking an impression and instruct the patient to close lightly into occlusion. After 3 minutes instruct the patient to move lips and cheeks so that a muscle trimmed periphery is obtained. Remove the denture and rinse under cold water. Trim away excess material. Re-seat the denture and instruct the patient to close FIRMLY into occlusion, and to hold this position for 5 minutes. Remove the denture and rinse again in cold water.
- 4. Finishing:** When curing is complete, trim away excess. For smoothing the edges use a hot spatula.
- 5. Patient Advice:** Advise the patient NOT to use a brush or abrasive (such as toothpaste) on the lining. Cleaning is best achieved by holding it under cold running water and wiping with wet cotton.

STORAGE:

Store in a dry location at room temperature (70° to 77°F; 21° to 25°C). (3 year shelf-life guarantee).

PACKAGES:

344001 COE-SOFT Professional Package	344003 COE-soFT Economy Package
344002 COE-soFT Powder, 6oz (170g)	344004 COE-soFT Powder, 5lb (2.27kg)
344091 COE-SOFT Liquid, 6oz (177ml)	344092 COE-soFT Liquid, 32oz (946ml)

7. SOFT RELINE COURSE- STEPHANIE BOBBITT, CDA, EFDA. EFODA

The Board has received a request for approval of a Soft Reline Course. This course would be provided so the EFDA Dental Assistants could qualify to apply soft relines in accordance with OAR 818-042-0090.

"818-042-0090

Additional Functions of EFDAs

Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a dentist providing that the procedure is checked by the dentist prior to the patient being dismissed:

(1) Apply pit and fissure sealants providing the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist.

(2) Apply temporary soft relines to full dentures."



Stephanie Bobbitt
4547 SW Master's Loop #314
Aloha, OR 97007
Stephanie6424@yahoo.com
503-753-3258

To members of the Oregon Board of Dentistry:

My name is Stephanie Bobbitt. I am the Dental Assistant Development Specialist for Willamette Dental Group, and am responsible for training and credentialing of Dental Assistants in the company. I am new to this role, and am in the process of receiving clearance from the board to instruct courses resulting in certification in pit and fissure sealant placement, intraoral radiography, and temporary soft relines placement.

I graduated from Portland Community College's C.O.D.A. Accredited Dental Assisting Program in 2005, during which time I acquired my certification to perform temporary soft relines. (attached)

Prior to February, I was a chair side assistant for seven years with Kaiser Permanente. I worked in general practice for the first five years, and then rotated in specialty for the last two years. These specialties included Pedodontics, Endodontics, Periodontics, Oral Surgery, and Prosthodontics which included assisting a Denturist.

I have submitted a syllabus and course materials for a proposed course resulting in certification to perform temporary soft relines.

If everything is in order, I would love to move forward with approval to hold this course.

I look forward to hearing back from the board.

Best regards,

Stephanie Bobbitt CDA EFDA EFODA

Oregon Board of Dentistry Approved Course in Placement of Temporary Soft Relines

INTRODUCTION

Board of Dentistry Administrative Rule 818-042-0090 allows Expanded Function Dental Assistants (EFDAs) to place temporary soft relines under the following circumstances:

"Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a dentist providing that the procedure is checked by the dentist prior to the patient being dismissed:...

(2) Apply temporary soft relines to full dentures."

"Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed. (ORS 679.010 (9))

This Board approved course should offer instruction on the purpose, techniques and safety considerations of soft reline placement and the Expanded Function Dental Assistant's role as the operator under indirect supervision of the dentist.

PREREQUISITES

1. The attendee must be an Oregon Expanded Function Dental Assistant.
2. The attendee must provide a copy of their EFDA certification with course registration.

SUGGESTED TEXTS

1. Phillips & Moore, Elements of Dental Materials for Dental Hygienists and Dental Assistants, 5th edition.
2. Robinson & Bird, Modern Dental Assisting, 10th edition.

COURSE FORMAT

The course will be presented in a 2 part lecture/lab format for a total of 3 hours

Lecture: To include the following in regards to purpose, techniques and safety issues for placement of soft relines:

1. Review syllabus and Dental Practice Act

2. Introduction
3. Denture rebase
4. Denture reline (hard)
5. Denture reline (soft)
6. Tissue conditioner and three approaches
7. Medical and dental history
8. Indications and contraindications of each
9. Main ingredients
10. Polymerization
11. Health hazards, first aid, and precautions
12. Armamentarium
13. Procedure steps
14. Patient instructions
15. Over the counter products
16. Chart documentation

Written Exam: Class participants must take a 25 question, multiple choice exam with a minimum passing score of 80% prior to commencing the lab portion of the course.

Lab: Attendees should be provided with knowledge and skills to perform a soft reline on a model. This laboratory work must be evaluated by the instructor as successfully accomplished.

Stephanie Bobbitt
4547 SW Master's Loop #314
Aloha, OR 97007
Stephanie6424@yahoo.com
503-753-3258

June 25, 2012

Stephanie Bobbitt

Skills

Excellent customer service and interpersonal communication
AxiUm, Microsoft Word, Powerpoint, Excel proficiency
Thorough knowledge and familiarity with dental office procedures/protocols
Intimate knowledge and experience with Pedodontics, Periodontics, Oral Surgery, and Endodontics

Certificates and Licenses

Cardiopulmonary Resuscitation (CPR)
Certified Dental Assistant (CDA)
Expanded Functions Dental Assistant (EFDA, OR and ID)
Expanded Functions Orthodontic Assistant (OR)
Sealant Certificate (OR)
Soft Reline Certificate (OR)

Education

Certificate of Dental Assisting, Portland Community College , 2005
Radiological Health and Safety Series, Oregon Health and Science University (OHSU)
2004

Experience

Dental Assistant Development Specialist-Willamette Dental Group 2/2012-present
Dental Assistant- Kaiser Permanente Dental Services 2005-2012
Volunteer Assistant- Medical Teams International 2007-present
Chairside Assistant- Dr. Micheal Cary, Canby, 2007-2008
Receptionist- Cascade Park Retirement Center 2004-2005

References

Jan Landis, North Interstate 503-240-4051
Dr. Charles Row (Chuck) 503-661-5210
Virginia 'Ginny' Jorgensen 971-722-4909

This certifies that

STJ:PHANIE BOB81TI

has successfully completed



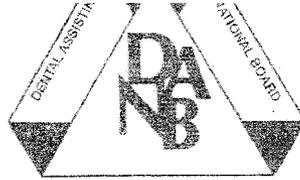
A.OFT - RELENFoburse;

Bonnie L. Marshall

Bonnie Marshall
CDA, EFDA, EFODA, FADAA

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Certification Number: 212847

Expiration Date: 04/11/2013

91/.ary Harrison OD.Jl,P.<F{)}.JL/F/FOO}l.<F.JL@.JL.JL

(l)j!N{3Secretary

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7. PIT AND FISSURE SEALANT COURSE

The Board has received a request for approval of a Pit and Fissure Sealant Course. This course would be provided so the EFDA Dental Assistants could qualify to apply pit and fissure sealants in accordance with OAR 818-042-0090.

Besides asking for their pit and fissure course to be approved, Heald College is also asking the Board to allow them to give this course to their students, prior to their students receiving their EFDA certification. The students would be required to show proof of their EFDA certification before the college would issue their certificate of completion.

When OAR 818-042-0090 was implemented back in 1999 the Board at that time allowed CODA accredited programs to teach this course within their program because once their students graduated, they were automatically eligible to apply and receive their EFDA certification for Oregon without having to take any examination. That is not so with on-the-job trained assistants or non CODA accredited programs. These assistants must first take and pass two written examinations and complete an in-office sign off sheet on EFDA duties before they can receive their EFDA certification.

The Board needs to take action on both of Heald College's request:

- Request for approval of their Pit and Fissure Course.
- Request that their students be allowed to take and complete the Pit and Sealant Course, once approved by the Board, prior to receiving their EFDA Certification.

"818-042-0090

Additional Functions of EFDAs

Upon successful completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board, a certified Expanded Function Dental Assistant may perform the following functions under the indirect supervision of a dentist providing that the procedure is checked by the dentist prior to the patient being dismissed:

(1) Apply pit and fissure sealants providing the patient is examined before the sealants are placed. The sealants must be placed within 45 days of the procedure being authorized by a dentist.

(2) Apply temporary soft relines to full dentures."

Teresa Haynes

From: Sandlin, Jan [Jan_Sandlin@heald.edu]
Sent: Friday, July 06, 2012 3:01 PM
To: Teresa Haynes
Cc: Garetz, Lynnette
Subject: Sealant course approval
Attachments: DENTASST_225_Syllabus_V9.1_06262012[1].docx; DENTASST_225_Finai_V2.0_03202012[1].docx; DENTASST_225_Benchmark_Assignment_Instructor_Handout_Clinicai_Finai_Product_Evaluation_V2.0_03202012[1].docx; DENTASST_225_Benchmark_Assignment_Clinicai_Finai_Product_Evaluation_V2.0_03202012[1].docx

We are in the process of setting up a CODA accredited dental assisting program at Heald College's Portland campus. Portland is one of 7 Heald campuses which have dental assisting programs of which 4 have been established for sometime and are CODA accredited. The remaining 3, Portland included, have been initiated in the past year. The basic facility design is similar throughout the campuses and the curriculum is standard throughout, with State specific adjustments made.

One of the courses taught is Sealants, curriculum documents for which I have attached. The changes to this curriculum, for application in Oregon, will be to have a licensed dentist on site to perform the exam, authorize the procedure and check placement prior to dismissal of the patient.

Because we do not yet have our CODA accreditation it is possible to have our course approved by the Board so we are able to issue our students Sealant Certificates upon successful completion of their progress through pathway III and receipt of their EFDA.

If you need any additional documents, please advise. Thank you. js

Jan Sandlin

Program Director of Dental Assisting
Heald College- Portland
6035 NE 78th Ct.
Portland, OR 97218-2852
503.505.5487



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SYLLABUS

DENTASST 225 Pit and Fissure Sealants

Course Description

Students learn the proper use of pit and fissure sealants on early erupted primary and permanent bicuspid and molars as an effective adjunct to a caries preventative program. Students learn to perform pit and fissure sealant application to clinical proficiency. 3 Units.

Prerequisites/Co-Requisites

DENTASST 205 Chairside Assisting
DENTASST 216 Coronal Polishing

Student Learning Outcomes

Upon completion of this course, students should be able to:

- Explain pit and fissure sealant application procedures to the patient
- Utilize proper armamentaria in an organized sequence
- Use proper techniques when applying sealant materials
- Complete a pit and fissure sealant application procedure on four patients to clinical proficiency

Instructor Information

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Topics Covered

- Infection Control
- Saliva and Salivary Gland Structures and Processes
- Tooth Morphology And Anatomy
- Plaque Formation
- De-Mineralization and Re-Mineralization Of Enamel
- Ages for Tooth Eruption for Primary And Permanent Dentition
- Abnormal Anatomical and Physiological Conditions Related to Teeth
- Dental Caries
- Pit and Fissure Sealant Terminology
- History of Pit And Fissure Sealants and Early Sealant Materials
- Legal Requirements of Pit and Fissure Sealant Application
- Goals of Using Sealants
- Precautions to Protect the Operator And Patient
- Criteria for Pit and Fissure Sealants Placement
- Access and Acceptability of Pit and Fissure Sealants Application
- Characteristics of Etchant and Sealant Materials
- Armamentaria for Preparation, Placement and Finishing Pit and Fissure Sealants

- Acid Etching
- Preparing, Placing and Finishing Typodont Teeth for Pit And Fissure Sealants
- Preparing, Placing and Finishing Patient Teeth for Pit and Fissure Sealants
- Clinical Proficiency In The Application of Pit And Fissure Sealants
- Improperly Placed Sealants
- Improving or Modifying Faulty Sealant Placement
- Sealant Retention
- Emergency Procedures
- Clinical Recall/Re-Evaluation Protocol
- Medical Health History
- Charting
- Augmenting Sealant Placement
- Pharmacology Related to Pit and Fissure Sealants
- Coronal Polishing
- Ethics

Textbook(s)

Bird, D.L., and Robinson, D.S. (2012) Torres and Ehrlich Modern Dental Assisting (10th ed.) with Student Workbook, St. Louis: Saunders Elsevier. Bundle ISBN 978-1-4377-2734-0

This bundle consists of the following:

- Bird, D.L., and Robinson, D.S.(2012). Torres and Ehrlich Modern Dental Assisting (10th ed.), St. Louis: Saunders Elsevier. ISBN 978-1-4377-1729-7
- Bird, D.L., and Robinson, D.S.(2012). Torres and Ehrlich Modern Dental Assisting (10th ed.)Student Workbook, St. Louis: Saunders Elsevier. ISBN 978-1-4377-2728-9

Grading

Instructors: Campuses may modify the grade weights shown below. Check with your Program Director on the process followed on your campus.

Exams	20%
Projects and Assignments	70%
Participation	10%

A grade of 90% or higher earns an A grade; 80% to 89% earns a B grade; 70% to 79% earns a C grade; 60% to 69% earns a D grade; 59% and below earns an F grade. A minimum grade of C is required as designated in the Heald catalog in courses that are prerequisites for advanced courses. Please note that Heald does not grant extra credit points.

Course at a Glance

Instructor: Indicate the readings, assignments, and assessments you will use each week. Delete these instructions prior to distributing to students.

COURSE AT A GLANCE	
Week 1	• List readings, assignments, and assessments
Week 2	• _____
Week 3	• _____
Week 4	• _____

Week 6
Week 7	.
Week 8	!o.
Week 9	•
Week 10	•
Week 11	-

Instructor's Biography

Instructor: Insert your brief biography here. All biographies must be reviewed by your Director of Academic Affairs. Delete these instructions after distribution to students.

Heald Policy Reminders

Heald College policies can be found in the Heald Academic Catalog. Please review the reminders below and, if needed, refer to the Academic Catalog for complete policy details.

• **Attendance Standards**

Students are expected to attend all classes as scheduled, to arrive on time, and to remain until the end of each class. Absences should occur only in the event of illness or unforeseen and unavoidable situations or emergencies. Students should inform their instructors of planned absences in advance via email and/or telephone. Students may be subject to additional attendance monitoring requirements and conditions as needed to promote good attendance and academic success. A student must attend 50% of a scheduled class session to be counted present. It is the responsibility of the instructor to make this determination, and students who believe there was an error made in posting attendance must speak directly with the instructor to resolve the issue.

This section applies only to residential courses offered on campus. The attendance standards for online courses are comparable to traditional, classroom based attendance standards; however, the means of measuring attendance have been adjusted for the modality of the course.

All students are expected to attend classes beginning with the first day of each quarter. Students who have not posted attendance in any class by their first class meeting after the Add/Drop period will be unscheduled from their courses and withdrawn from school and will need to apply for re-entry if they wish to return in another term.

Students who attend some, but not all, of their scheduled courses and do not notify Academic Affairs in writing of their desire to be removed from scheduled but unattended courses during the Add/Drop period will be withdrawn from those courses after the first scheduled meeting after the Add/Drop period. A grade of W will be assigned.

Students who have posted attendance in a term and then stop attending and fail to withdraw from one or more, but not all, courses will receive the earned grade in each course.

Students who miss excessive classes in individual courses must meet with their instructors to determine the possibility of future success in the courses and may be

advised to drop the courses rather than fail them. The last day to drop a course and receive a W grade is 11:59 pm on Thursday of the 10th week of the term.

Students who have posted attendance in a term but then fail to post attendance in any of their classes for 14 consecutive calendar days will be withdrawn from school. W grades will be assigned in all registered courses. In instances where the 14th consecutive calendar day is not a scheduled class meeting for that student, the student will be allowed the opportunity to post attendance at his/her next regularly scheduled class meeting.

Saturdays and Sundays are included in the consecutive absence count. Holiday and break days are excluded. The 14 consecutive calendar day count restarts on the first day of each term in which the student is enrolled.

- **Tardy or Early Departure from Class**

There may be occasions when students enter after a class has started or may have reason to leave before the end of a class. Students are expected to inform their instructor in advance and enter or leave class quietly, minimizing any disruption.

- **Makeup Policy**

Each student has the opportunity to make up one missed major in-class graded event. Your instructor will inform you of which graded events fall into this category in this course.

- **Out-of-Class Activities**

One credit hour is equivalent to approximately 30 hours of academic activities over the duration of an academic quarter. Such academic activities include class time, homework, other assignments, lab activities, and/or internship/externship hours. Generally, students should expect to spend two hours on class related activities for every one hour spent in class.

- **Grading**

Some courses require a minimum grade of C because they are prerequisites to other courses or are considered "major" courses. When a D grade is earned in one of these courses, it needs to be retaken and passed with a minimum C grade. Only a single repetition of the course may be counted toward qualifying enrollment status for Title IV Financial Aid funding eligibility.

- **Professional Appearance**

At Heald College, student appearance standards have been established to be at or above those normally required in a professional business, industry, or healthcare workplace. The dress standard helps prepare a student for the workplace and fosters a professional appearance, which is a positive factor in job placement. The professional appearance policy is discussed in the enrollment process and is available in the Academic Affairs office. Following medical or dental professional dress practices, healthcare students are required to wear appropriate medical or dental uniforms.

- **Academic Integrity**

True learning can take place only when students do their own work honestly, without copying from other students or other sources. Heald College enforces the highest

standards of academic integrity, both to preserve the value of the education offered and to prepare students to become productive members of the workforce and society. At Heald, it is considered a breach of academic honesty for students to employ any form of deception in the completion of academic work.

When a violation of this policy occurs, disciplinary action will be taken. Subject to the severity of the violation or repeated/multiple occurrences, academic dishonesty may result in an "F" grade for an assignment, project, assessment, or the course itself, or may result in dismissal from the College. All violations of the Academic Integrity Policy are documented and made a permanent part of a student's record. Further information is available from the Academic Affairs Department.

- **Students with Disabilities**

It is the student's responsibility to make his/her disability known and to present certified documentation of the disability. A student who chooses to make his/her disability known and seeks accommodation should contact the Academic Affairs Department immediately upon recognizing the need for an accommodation. The Director of Academic Affairs (DAA) or DAA Designee will discuss the recommended accommodations with the student to determine a reasonable means for delivering a specific accommodation. Documentation of recommended accommodations from a physician or other healthcare professional will be required prior to provision of the accommodation.

Instructor's Classroom Policies

The classroom policies described below must be followed and are in addition to Heald's standard policies (please refer to the Heald Academic Catalog).

Instructor: Indicate any unique classroom policies here that are not covered by Heald's standard policies. Delete these instructions prior to distributing to students. Note: Classroom policies MUST be approved by the Director of Academic Affairs prior to distribution. Examples of additional classroom policies include:

- Late assignment policies
- Use of cell phones/pagers
- Food, drink, and gum chewing
- Professional behavior
- Homework

Portfolio

A portfolio represents the assembly of- and reflection upon – the depth and breadth of learning that has taken place at Heald College during your program of study. It can be used during the job interview process to highlight the skills and knowledge gained throughout your education.

You should start saving key assignments from each class in your first quarter at Heald College. You will select those documents that best highlight your skill development throughout your time at Heald. In general, the portfolio should contain evidence of learning related to your program's outcomes including written communication, business, computer and keyboarding skills, as well as interpersonal skills and teamwork. Consult with your instructor on strategies for collecting evidence.

We recommend creating both an electronic and paper storage system and storing evidence as you complete each course in your program. You can create a folder in your P: drive titled "Portfolio" in which to place portfolio documents. You can also buy a two-inch binder and start saving paper copies of your work.

Turnitin

Students agree that by taking this course all required papers may be subject to submission for textual similarity review to Turnitin.com for the detection of plagiarism. All submitted papers will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. Use of the Turnitin.com service is subject to the Terms and Conditions of Use posted on the Turnitin.com site.

DENTAL BOARD OF CALIFORNIA REQUIREMENTS:

Introduction

Recent studies have shown that the proper use of pit and fissure sealants on early erupted primary and permanent bicuspid and molars on children can function as an effective adjunct to a caries preventative program. The RDA may place pit and fissure sealants after completing a Board approved course in this procedure.

Lecture hours = 10

Lab hours = 22

Clinical hours = 8

Instructor ratio:

Lecture and Laboratory – 14 students to 1 instructor

Clinical – 6 students per 1 instructor

General course objectives

After completing the following areas of didactic, laboratory, and clinical instruction in pit and fissure sealants, the student will be able to:

1. Identify basic pit and fissure sealant terminology and historical contributions.
2. Identify the characteristics of pit and fissure sealant dental science, morphology, microbiology, dental materials, and pharmacology.
3. Identify the legal requirements associated with pit and fissure sealants application.
4. Explain the description and goals of dental sealants.
5. Identify the precautions taken to protect the operator and patient related to sealant use.
6. Describe the role of sealants in preventative dentistry.
7. Identify the characteristics of etchant and sealant material according to composition, manipulation and storage.
8. Describe and identify the armamentaria used for preparation, placement, and finishing of a pit and fissure sealant.
9. Describe the steps involved in the appropriate preparation, acid etching, sealant application and finishing on at least five assimilated typodont teeth according to the stated criteria.
10. Prepare, etch, apply, and finish pit and fissure sealants on a minimum of five typodont teeth to a 75% minimum proficiency level.
11. Prepare, etch, apply, and finish a minimum of four patients which have four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained to a 75% minimum proficiency level. Each patient shall include a minimum of one (1) tooth in all four quadrants.
12. Student, partner, and instructor will evaluate all sealant placements according to the stated criteria. Identify the techniques to improve and/or modify faulty sealant placement.
13. Maintain infection control protocol, to include operator protection, operator, surface disinfection/or barrier placement and instrument processing/sterilization related to pit and fissure sealant application according to standards defined by OSHA and DBC.
14. Identify the emergency procedures for the dental training facility which includes classroom, laboratory and clinical training areas.
15. Discuss the clinical recall re-evaluation protocol followed after pit and fissure sealant application.

Specific objectives

After completing this course, the student will be able to:

1. Explain the legal aspects including limitations, responsibilities, and ramifications of misuse related to sealant application.
2. Identify who may legally diagnose or evaluate the need for sealant placement and who may legally place pit and fissure sealants.
3. Identify the principles of tooth morphology, anatomy, and abnormalities of the oral cavity as they relate to application of pit and fissure sealants.

Review the following saliva and salivary gland structures and processes:

1. Identify the major and minor salivary glands and their serous and mucous qualities.
2. Locate of the major salivary ducts.
3. Identify the most efficient methods of saliva control for all four quadrants of the mouth.
4. Identify saliva's contributions to the physical, chemical, and antibacterial protection or defense as they relate to sealant application.

Review the following normal tooth morphology and anatomy:

1. Identify tooth tissues.
2. Utilizing the universal numbering system, identify all teeth in the primary and permanent dentition.
3. Identify and locate the following anatomical landmarks of a tooth: grooves, pits, ridges, fissures, inclined planes, cusps, fossae, and lobes.
4. Explain the process of plaque formation and define the development of pellicle and its role in the placement of sealants.
5. Explain the role of acquired pellicle in de-mineralization or re-mineralization of enamel.
6. Explain the patterns and ages for tooth eruption for the primary and permanent dentition.
7. Define the following anatomical structures related to the tooth and related structures:
 - a. Contact area or point
 - b. Embrasure
 - c. Proximal contact
 - d. Interproximal space
 - e. Anatomical and clinical crown
 - f. Free gingival line
 - g. Height of contour
 - h. Occlusal stops
 - i. Vestibule
 - j. Oral cavity proper

Review the abnormal anatomical and physiological conditions related to teeth:

1. Define the following irregularities on tooth structure.
2. Fracture lines.
3. Rough or exposed cementum.
4. Erosion.
5. Carious lesions.
6. Hypoplastic enamel.
7. Fissures.
8. Define the following theories related to abnormal occlusion.
 - a. Edward Angle's classifications of malocclusion

- i. Class 1
 - ii. Class 2
 - iii. Class 3
 - b. Buccoversion, linguoversion, infraversion, torsoversion
9. Identify the factors of dental caries, related theories, and process
 - a. Acidogenic theory
 - b. Proteteolytic theory
 - c. Factors of caries process
 - i. Anatomy and morphology of teeth
 - ii. Saliva quality and quantity
 - iii. Chewing factors and food abrasion
 - iv. Teeth eruption stages
 - v. Patient age factors
 - vi. History of preventative education
 - vii. Familial factors
 - d. Lines of fractures
 - e. Areas of erosion
10. Relate the general characteristics of early sealant material
11. Describe the criteria for appropriate sealant placement, including the indications and contraindications.
12. Discuss the sealant access and acceptability factors as they relate to: socioeconomics, familial influences and preventative education provided by dental office staff and other sources.
13. Discuss the result of an improperly placed sealant placement over live bacteria.
14. Define the four requisites for sealant retention.
15. Identify and record appropriate medical health history.
16. Review the major components of a preventive dental program that augments sealant placement.
17. List the different classifications of sealant including benefits and disadvantages.
18. Identify the characteristics, composition, storage, and handling protocol of various types of etchant and sealant materials.
19. Differentiate the application techniques for self-curing and light-cured sealant materials.
20. Discuss the differences between application of sealants using the traditional etch-sealant techniques versus the etch-bond plus sealant technique.
21. Explain the basic concepts of bonding as it relates to sealant application.
22. Describe how the pre-treatment of enamel with etchant is related to adhesion and micro-mechanical bonding.
23. Identify the problem solving techniques associated with etchants and sealants.
24. Identify proper patient selection and other indication factors for appropriate use of sealants.
25. Explain the principles of proper moisture control protocol used before and during etchant and sealant application, which includes the criteria for patient management and maintaining the operating field.
26. Characterize the principles of application of etchant and sealant material (i.e. selection and care of the armamentarium, instrumentation techniques, and precautions)
27. Define the principles of selecting, applying and evaluating self-cure and light-cure sealant materials and precautions in their use.
28. List and explain the function of each component of the armamentaria required for etchant and sealant use.
29. Define the proper sequential steps in the application of etchant and sealants.

30. Identify the clinical appearance of a properly applied etchant and sealant.
31. Identify the steps for appropriate infection control protocol for the operator, dental operator, barrier placement surface disinfection and sterilization as it relates to pit and fissure sealants according to OSHA and DBC.
32. Identify from a MSDS sheet which factors may cause a health hazard to the operator and their preventative measures.
33. Define the major components of a clinical recall re-evaluation.
34. List the major factors associated with sealant failure and how to avoid these factors.
35. Explain the pros and cons of the cost-effectiveness of sealants.
36. Define the major factors of the use of sealant as preventive-dentistry restorations.
37. Explain the controversial aspect of polishing versus non-polishing techniques performed prior to sealant application.

Psychomotor objectives

On a typodont teeth and patients, the student will be able to:

1. Determine the teeth and surfaces that require the application of pit and fissure sealants.
2. Assemble appropriate armamentaria for sealant application.
3. Perform a coronal polish to those teeth that require sealant application.
4. Isolate and dry teeth in all four quadrants where sealant application will be performed.
5. Prepare etchant and sealant material according to manufacturer's directions.
6. Apply etchant and sealant material to five typodont teeth according to the specified criteria with 75% accuracy.
7. Apply etchant and sealant material to four clinical patients according to the specified criteria with 75% accuracy. Each clinical patient will have a minimum of four (4) virgin, non-restored, sufficiently erupted so that a dry field can be maintained. In addition, each patient will have a minimum of one tooth in all four quadrants.
8. Evaluate and assess appropriate etchant and sealant material placement for laboratory and clinical patient experiences with 75% accuracy.
9. Provide appropriate patient education on sealant application and recall requirements.
10. Maintain appropriate infection control protocol throughout all procedures.
11. Protect herself/himself and the patient from any hazardous situations as defined in the MSDS forms for etchant and sealant material.

Criteria

1. Prior to treating a patient, review the medical/dental health history, general assessment and oral inspection on performance of procedure.
2. Will set up the required armamentaria for coronal polish, etching, and sealant application.
3. Will use aseptic techniques according to OSHA and DBC throughout performance on all patients.
4. Will seat and position patient, and place protective barriers.
5. Will evaluate the teeth scheduled to be sealed.
6. Will explain to patient the treatment plan and recall requirements for pit and fissure sealants.
7. Will perform coronal polish on teeth, assuring that the occlusal surface is completely cleaned.
8. Will isolate, thoroughly clean, and dry teeth to be sealed in all four quadrants prior to application of etchant and sealant material.

9. Will apply acid etchant according to the manufacturer's directions on the entire occlusal surface of each tooth requiring sealant application. Application begins with the most posterior tooth and works forward; continually dabbing the permanent tooth/teeth. Trace the fissures and pits with explorer to insure adequate coverage and penetration of the acid etchant. Etchant will remain for 15 seconds.
10. For buccal or lingual pit or fissures that appear deep enough to retain a sealant, will cover 2 to 3 millimeters of the surrounding tooth surface. Etchant will not extend onto inclines of ridges.
11. Will rinse thoroughly etched area for approximately 20-30 seconds with a steady stream of water.
12. Will dry thoroughly for at least 20 seconds.
13. Will ensure that the etched enamel appears white, opaque, and frosty.
14. If saliva contacts the etched tooth, it will be re-etched, regardless of its appearance, for 10 seconds.
15. Isolated and etched teeth will be rechecked before sealant material is applied.
16. Sealant material will be prepared/dispensed according to manufacturer's directions.
17. Sealant material will be applied by slowly moving the tip/applicator along the pit/fissures dispensing the sealant material; continue with gentle scrubbing motion.
18. To complete penetration of the sealant and eliminate air bubbles, an explorer may be used to carefully trace the material along the fissures.
19. Holding the light as close as possible (1-2mm) expose sealant to light source for 20 seconds (standard curing light) and 10 seconds (high density).
20. The sealant will be checked for polymerization after 60 seconds.
21. After the sealant has set, the occlusal surface will be wiped with a moistened cotton roll to remove the inhibition layer and checked with an explorer for complete coverage, retention and freedom of voids.
21. The isolation materials will be removed.
22. The occlusal stops will be checked with articulating paper.
23. If excess sealant material is present, it will be removed with a composite stone or other appropriate device.
24. If insufficient coverage occurs, the following steps will be instituted:
 - a. No saliva contamination, add additional sealant to area and cure.
 - b. Saliva contamination, etch for 10 seconds and follow remainder procedures.
 - c. Recall visit, perform entire procedure over.
25. Will evaluate etchant and sealant placement according to the stated criteria; identify problem solving methods to improve or modify procedures.
26. Will provide pertinent and individualized patient education.
27. Will provide recall visit to evaluate sealant placement retention and needs assessment.
28. Will meet ethical and legal requirements for this procedure.
29. Will provide accurate chart entries for this procedure.
30. Will utilize OSHA and DBC guidelines to process instruments, remove waste and clean treatment area.

; Exhibits 3, 8, 9 COMDA application

Benchmark Assignment Instructor Handout

Final Product Evaluation

General Procedures - Using Pit and Fissure Sealant Worksheets

Laboratory-Clinical Patient Worksheets for Pit and Fissure Sealants

An important part of the learning experience in the application of pit and fissure sealants is to identify technique errors, their causes, and solutions. Equally important is to determine the degree of error and when it constitutes a need to replace an inadequately placed sealant. The first step in this process is to identify the error(s). This is done by using the Pit and Fissure Sealant Laboratory and Clinical Patient Worksheets. "The worksheets are not grade sheets" but documents used to assist students in learning to identify common technique errors related to the procedures associated with the application of pit and fissure sealants. It also will assist the student to identify those critical errors that could cause harm to the patient or contribute to failure of the sealant.

The student uses this form in the following manner:

The worksheet consists of a column titled Procedure-Laboratory and Procedure-Clinical, which are a step-by-step procedural oriented description of the procedures associated with pit and fissure sealant application. The procedures are subdivided into the following categories:

- Infection control/patient safety
- Assemble armamentaria
- Tooth preparation
- Etchant placement
- Sealant placement and curing
- Patient education
- Infection control/patient safety clean-up

General Information on Worksheets

These forms are used by the student operator, student assistant, and instructor. Each of these individuals will watch the performance of the specified steps of the given procedure and then identify if any of these steps are not followed and/or inadequately performed. During the learning process, errors can and will occur. Worksheets are utilized by students and clinical instructors to identify common errors encountered during each step of the entire procedure. Worksheets are not grade sheets, but are utilized to assist the student identify his or her own errors during performance of these steps. They are used for measuring student's progress toward attainment of clinical proficiency.

How Worksheets Are Used by Student Operator and Student Assistant

1. When performing multiple procedures either in the laboratory or on clinical patients, all of the errors from these series are placed on one worksheet.
2. Each laboratory/clinical experience is graded in a different column.
3. When an error occurs in any of the individual steps described in the Procedure column, a check is placed in the box corresponding to the laboratory/clinical experience.

For example, on the clinical patient worksheet there would be a box for each step of the clinical practice patients. For the laboratory worksheet, there would be a box for the

typodont teeth. With worksheet check-offs, the student can identify a clustering pattern of errors in any particular step. For example, the student can see that he/she routinely etches outside the confines of the occlusal surface on a cusp ridge. When an instructor evaluates the student's performance, he/she cannot only see how a student performs, but whether or not the student can identify errors that he/she makes.

How Student Identifies Cause and Correction of Errors

After the student identifies the error/s performed, he/she writes the cause of this error and how to rectify it. The student then identifies whether the error is significant enough to require replacing the sealant. During this entire process, the student reviews the criteria for successful sealant placement.

How Worksheets Are Used by Instructor

The instructor observes the student operator during the application of acid etch and sealants. The instructor with a different color pen or pencil places a check on the same worksheet used by the student operator and student assistant. The instructor reviews both the student operator and student assistant's scoring on the worksheet and determines the accuracy of the grading of both individuals. Then the instructor reviews the written information related to: cause, solution, and whether the sealant should be redone. The instructor can then provide additional assistance where needed. This process where students identify their errors, causes and solutions, followed by the instructor evaluation, will ensure that the student is progressing towards clinical competency and meeting the course objectives. These processes continue throughout all laboratory and clinical requirements.

Product Evaluation Forms and Grading for Clinical Patients

Product Evaluation Forms for Pit and Fissure Sealant

Product evaluation evaluates the end result of any performance, not the steps. Heald College utilizes the behaviorally anchored rating scale (BARS) system. This 10 point system clusters the critical incidents into categories. The instructor can score objectively the end result of both etchant and sealant placement by choosing the criteria specified in each point level. Performance is assessed according to established criteria for each of these two independent procedures. The point is then converted to a pass or fail grade. The student must pass both aspects of the procedure: preparation/etchant placement and sealant placement on all four teeth on each clinical patient.

How Product Evaluation Form is Used by Student for Self-Evaluation

A product evaluation form will be used for each patient. In the "scores" area on the form you will note that an open box allows the student to place a numerical grade for each tooth. The student observes the completed procedure (4 sealed teeth per patient) and determines what criteria best describes each of the four sealed teeth. The student then enters the appropriate numerical score for each of the four teeth sealed. For any score lower than a 7.5 (passing score), the student should then describe under the Comment section why a failure grade was given.

Product Evaluation Form Use By Instructor

The instructor utilizes the same process as the student in grading each aspect of sealant placement:

- Preparation and Etchant
- Sealant Placement

The student must maintain a minimum point value of **3** on all clustered critical incidences "**per tooth**". He/ she must receive this **minimum score for all four clinical pit and fissure patients in order to pass this course**. A grade of **3** represents a passing score.

PRODUCT EVALUATION

Student's Name: _____

POINT	GRADE
4	Pass- Excellent
3	Pass
2	Fail - Critical Errors
1	Fail- Critical Errors No concept

A 3 must be received for each of the four teeth per patient in order to pass the product competency evaluation

PREPARATION AND ETCHANT

Date: _____ **Grade Received:** _____ **Pass** _____ **Fail** _____ **Faculty:** _____

The following areas reflect the errors made that indicate a reduction in the grade. Instructor evaluations are to be completed in red ink.

AREAS	SCORES	COMMENTS
Preparation of Field and Etching	Tooth #1	
(A) Teeth are free of stains/plaque	Tooth #2	
(B) Coronal polish/teeth pre-cleaning	Tooth #3	
(C) Isolation of selected area	Tooth #4	
(D) Etching solution application (E) Etching solution removal		

SEALANT PLACEMENT

Date _____ **Grade Received** _____ **Pass** _____ **Fail** _____ **Faculty** _____

The following areas reflect the errors made that indicate a reduction in the grade. Instructor evaluations are to be completed in red ink.

AREAS	SCORES	COMMENTS
Sealant Application	Tooth #1	
(A) Mixing/ preparation of sealant dispensing procedure	Tooth #2	
(B) Application	Tooth #3	
(C) Occlusal coverage	Tooth #4	
(D) Occlusal thickness		
(E) Polymerization time (F) Occlusal adjustment		

Student Signature: _____

Instructor Signature: _____ **Date:** _____

**PIT AND FISSURE SEALANT PLACEMENT
ETCHANT DOCUMENTED CRITERIA**

Points	Description
4	<p><i>Preparation and Etching</i> Teeth are clean and coronally polished. Field is totally isolated and maintained dry throughout procedure. Etching solution is carefully applied and time is precisely monitored. Etch solution is carefully flushed away. Enamel surface appears white, opaque, and frosty</p>
3	<p><i>Preparation and Etching</i> Teeth are relatively clean and coronal polish is acceptable. Field is isolated and maintained dry during procedure. Etching solution timing and placement vary slightly from ideal. Etch solution removal is adequate. Enamel surface appears adequately white, opaque and frosty.</p>
2	<p><i>Preparation and Etching</i> Teeth have not been cleaned. Isolation of tooth is faulty and saliva penetrates area. Etching solution placement and timing are careless. Gingival areas are involved in etching process. Removal of etching solution is careless and inadequate. Enamel surface appears either smooth, tooth-colored, or normal color. Gingival areas are involved in etching process.</p>
1	<p><i>Preparation and Etching</i> Teeth have not been cleaned and stain remains. Debris and plaque are plainly visible. Saliva washes over field during etching. Isolation fails. No attempt is made to time etching solution application. No attempt is made to confine etching solution to application area. Removal of solution is very poor. Enamel surface appears grossly mottled, pitted, or irregular. Gingival areas are grossly affected by etching material.</p>

**PIT AND FISSURE SEALANT PLACEMENT
SEALANT DOCUMENTED CRITERIA**

Points	Description
4	<p><i>Sealant Placement</i> Material is carefully prepared according to manufacturer's directions. Material is evenly applied without air bubbles/voids. Occlusal height is appropriate. Polymerization time is carefully monitored. No occlusal adjustment is required. Confinement of material into pit and fissure areas is ideal.</p>
3	<p><i>Sealant Placement</i> Material is prepared to manufacturer's direction with slight deviations, but does not contain irregularities that could cause sealant failure. Minor air bubbles may occur during loading and/or application. Thickness may vary slightly from ideal. Polymerization time is adequate. Occlusion is slightly high and requires minimal adjustment. Confinement of material into pit and fissure areas is complete.</p>
2	<p><i>Sealant Placement</i> Material is carelessly prepared; applied with incorporated air bubbles. Thickness either is uneven, irregular, or in excess. Polymerization time is not monitored; surface not completely hardened. Occlusion is high and left to wear down. Confinement of material into pit and fissure areas is lacking.</p>
1	<p><i>Sealant Placement</i> Material is crudely manipulated and dispensed. Many air bubbles/voids occur during syringe loading and/or application. Surface is highly uneven as to thickness and large voids occur. The coverage area is insufficient and pits/fissures are exposed. Material flows well beyond boundaries or is missing/occlusal adjustment is lacking.</p>

The following is an overview of the course requirements and the protocol followed for laboratory and clinical practice, the written and clinical examination.

Minimum Number of Satisfactory Performances

All students will perform at a minimum, the following procedures in order to achieve minimum competence in the various protocols used in the application of pit and fissure sealants:

On a typodont and patients, the student will perform the following under OSHA and DBC guidelines:

- Apply etchant and sealant material to five typodont teeth according to the specified criteria.
- Apply etchant and sealant material to four clinical patients according to the specified criteria with 75% accuracy. Each clinical patient will have a minimum of four (4) virgin, non-restored, sufficiently erupted so that a dry field can be maintained. In addition, each patient will have a minimum of one tooth in all four quadrants.
- Two of the four clinical patients will be utilized as the clinical final examination.

Students are required to meet the specified minimal number of satisfactory performances as indicated above. The student operator grades his/her own performance, the student assistant grades the performance of the student operator and the instructor will critique the student operator's performance and the grading technique of both students.

When the student reaches the 75% minimum performance for etchant and sealant application and 100% performance on all infection control protocol, the instructor checks off the procedure required for the minimal number of satisfactory performance. If a student does not fulfill the minimum grade for the number of satisfactory performances, the student will be assigned additional laboratory and/or clinical practice procedures.

Objective Evaluation Criteria

Objective evaluation criteria shall be provided to each student prior to the performance of any procedure. Prior to the performance of any laboratory or clinical procedures, the student will be oriented by the instructor. He/she shall provide the student with general program, individualized cognitive and psychomotor objectives and criteria for evaluation. Objective criteria will be used in the performance of all laboratory and clinical requirements.

Preparation Prior to Etching

1. Will review the medical/dental health history, general assessment, and oral inspection on each patient prior to treatment, checking for information which may contraindicate the performance of procedure.
 - a. Criteria for selecting teeth for sealant placement
 - i. Indications for sealant placement
 1. Pit and fissure considerations
 2. Newly erupted teeth
 3. Conjunction with preventive program (i.e. fluoride)
 4. Use with conservative preventive resin restoration
 - b. Contraindications
 - i. Ideal pit and fissure anatomy
 - ii. Caries
 - c. Other considerations
 - i. School age caries rate
 - ii. Statistics on untreated caries rate in children and adults

2. Will set up the required armamentaria for coronal polish, etching and sealant application
3. Will use aseptic techniques according to OSHA and DBC throughout performance on all patients
4. Will seat, position patient, place protective barriers
5. Will evaluate the teeth scheduled to be sealed
6. Will explain to patient the treatment plan and recall requirements for pit and fissure sealants
7. Will perform coronal polish on teeth, ensuring that the occlusal surface is completely cleaned
8. Will isolate, thoroughly clean and dry teeth to be sealed in all four quadrants prior to application of etchant and sealant material

Etching Criteria

1. Will apply acid etchant according to the manufacturer's directions on the entire occlusal surface of each tooth requiring sealant application. Application begins with the most posterior tooth and works forward; continually dabbing the permanent tooth/teeth. Trace the fissures and pits with explorer to insure adequate coverage and penetration of the acid etchant. The etchant will remain for 15 seconds.
2. For buccal or lingual pit or fissures that appear deep enough to retain a sealant, will cover 2 to 3 millimeters of the surrounding tooth surface. The etchant will not extend onto the inclines of the ridges.
3. Will rinse thoroughly etched area for approximately 20-30 seconds with a steady stream of water
4. Will dry thoroughly for at least 20 seconds
5. Will ensure that the etched enamel appears white, opaque, and frosty

Sealant Criteria

1. Isolated and etched teeth will be rechecked before sealant material is applied.
2. Will be prepared/dispensed according to manufacturer's directions.
3. Will be applied by slowly moving the tip/applicator along the pit/fissures dispensing the sealant material, while gently scrubbing motion the surface.
4. To completely penetrate the sealant material and eliminate air bubbles, an explorer may be used to carefully trace the material along the fissures.
5. Holding the light as close as possible (1-2 mm) expose sealant to light source for 20 seconds (standard curing light) and 10 seconds (high density).
6. Will be checked for polymerization after 60 seconds.
7. After the sealant has set, the occlusal surface will be wiped with a moistened cotton roll to remove the inhibition layer and checked with an explorer for complete coverage, retention and freedom from voids.
8. The isolation materials will be removed.
9. The occlusal stops will be checked with articulating paper.
10. If excess sealant material is present, it will be removed with a composite stone or other appropriate device.
11. If insufficient coverage occurs, the following steps will be followed:
 - a. No saliva contamination, add additional sealant to area and cure.
 - b. Saliva contamination, etch for 10 seconds and follow remainder procedures.
 - c. At the recall visit, perform the entire procedure over.
12. Will evaluate etchant and sealant placement according to the stated criteria; identify problem solving methods to improve or modify procedures.
- 13.

14. Follow-Up and General Criteria

- a. Will provide pertinent and individualized patient education
- b. Will provide recall visit to evaluate sealant placement retention and needs assessment
- c. Will meet ethical and legal requirements for this procedure
- d. Will provide accurate chart entries for this procedure
- e. Will utilize OSHA and DBC guidelines for instrument processing, removing waste and cleaning treatment area

Evaluate and access appropriate etchant and sealant material placement for laboratory and clinical patient following the above stated criteria with a minimum of 75% accuracy.

General Clinical Practice Protocol

Clinical Practice

The first two clinical patients will function as clinical practice. Two hours have been allocated per patient. The following general procedures will occur:

Patient Selection Criteria

The following criteria must apply for each patient:

- Patient must be 18 years of age or older.
- Patient must be in good health. (A medical history form will be completed prior to treatment and approved by the instructor.)
- Each patient will have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained. In addition, each patient will have a minimum of one tooth in all four quadrants.

Patient will complete medical health history and patient release form. Student performs preliminary mouth mirror inspection; reviews medical health history. Instructor first reviews medical health history and then conducts mouth mirror inspection. He/she then determines that the patient meets the appropriate criteria. Instructor signs the acceptance form.

Working with a partner, each student functions as an operator and applies pit and fissure sealants to two (2) clinical practice patients. Each patient will have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained, for application of the etching and sealant materials. In addition, each patient will have a minimum of one tooth in all four quadrants. Student will then function as an assistant, observe, and evaluate sealant placement with partner on two additional patient sessions.

The following general procedures will occur for each patient:

1. Operatory will be set up following the infection control guidelines.
2. Medical health history will be completed by patient prior to seating.
3. Equipment and supplies will be checked by student.
4. Patient will be seated and prepared for treatment.
5. Student operator will review medical health history and perform a visual inspection; instructor will follow-up with same procedures.
6. Instructor will accept sealant patient for treatment.

7. Student operator will perform the following according to the stated criteria:
 - a. Perform coronal polish
 - b. Isolate one quadrant and dry
 - c. Perform etchant application procedures
 - d. Rinse and dry etched tooth/teeth
 - e. Apply drying agent
 - f. Apply sealant material
 - g. Cure sealant
 - h. Evaluate sealant according to coverage, adhesion, surface integrity
 - i. Check occlusion
 - j. Provide patient education instructions
 - k. Dismiss patient
 - l. Perform operatory clean-up according to infection control guidelines

After etchant and sealant application procedures, evaluation using worksheet and product evaluation will be conducted by student operator, assistant operator and instructor.

During this time period, the following procedures will occur:

1. Student as an operator will evaluate his/her own work according to stated criteria using worksheet and product evaluation forms.
2. Student as an assistant will assist, observe and evaluate operator's performance according to stated criteria using worksheet and product evaluation forms.
3. Instructor will evaluate both students' work according to stated criteria using worksheet and product evaluation forms. Discussion on results will be conducted.

A 75% passage rate must be attained for the application of pit and fissure sealants on the two clinical practice patients.

General Examination Protocol

Written Examination

A comprehensive written examination of 50 questions on the entire curriculum will be administered. A 75% passage rate is required for this examination.

Examination Time Frame

One hour has been allocated for the written examination.

Clinical Final Examination Time Frame

Four hours have been allocated for the clinical examination. The student will be given 2 hours per patient. Within this timeframe, the following activities will occur: operatory set-up, medical health history completed, patient acceptance (instructor), perform coronal polish, apply acid etch, completion of worksheet and product evaluation by operator, assistant and instructor, apply sealant, completion of worksheet and product evaluation by operator and assistant.

A 75% passage rate must be attained for the application of pit and fissure sealants on the two clinical final examination patients.

Final

Student Learning Outcomes

The purpose of this assignment is to allow you to demonstrate mastery of the following course level outcomes:

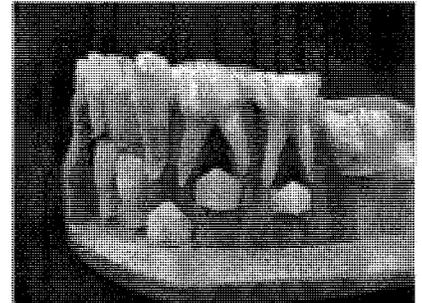
- Explain pit and fissure sealant application procedures to the patient
- Utilize proper armamentaria in an organized sequence
- Use proper techniques when applying sealant materials

Assignment Description

- The instructor will assign students 50 questions from the list below.

Please select the best answer for each of the following questions.

1. What is the approximate age of the child represented by this model?
- a. 5 years old
 - b. 3 years old
 - c. 10 years old

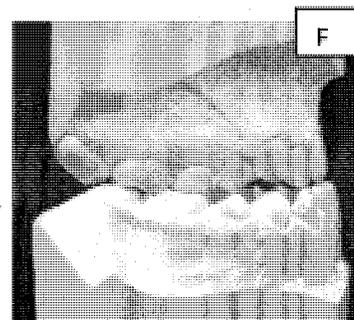
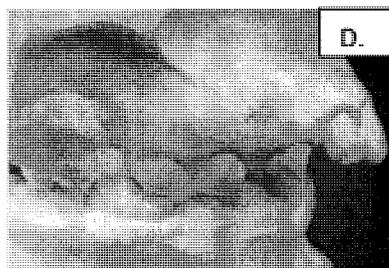
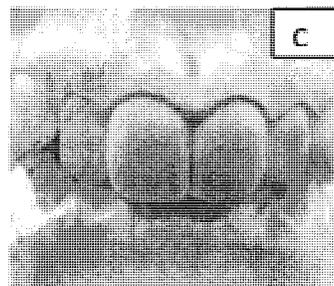
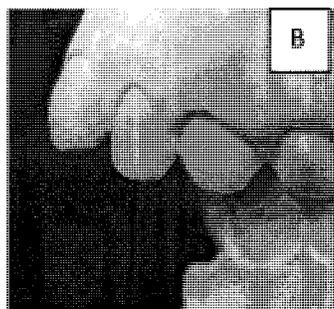
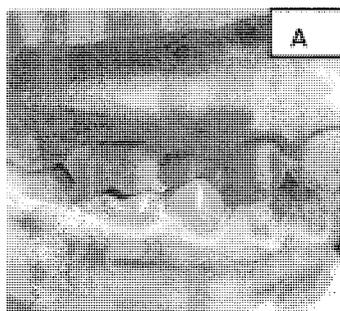


2. At what age does the first permanent molar generally erupt?
- a. 9 years
 - b. 7 years
 - c. 6 years
 - d. 4 years
3. Average primary teeth begin to erupt:
- a. at birth
 - b. at age six
 - c. 6 months after birth
 - d. 6 weeks after birth
4. The Wharton's duct opens:
- a. adjacent to the maxillary second molars
 - b. next to the palatine tonsils
 - c. at the floor of the mouth
 - d. at the junction of the hard and soft palate
5. The Stenson's duct opens:
- a. on the buccal mucosa opposite the maxillary second molars

- b. adjacent to the palatine tonsils
 - c. on the lateral border of the soft palate
 - d. under the tongue
6. The following are major salivary gland EXCEPT the:
- a. sublingual gland
 - b. parotid gland
 - c. submandibular gland
 - d. lachrymal gland
7. The vestibule lies between the:
- a. buccal gingiva and the cheek
 - b. coronoid process and condyle
 - c. tongue and the mandible
 - d. maxillary teeth and the hard palate
8. A triangular prominence on the chewing surfaces of posterior teeth:
- a. ridge
 - b. margin
 - c. cingulum
 - d. cusp
9. A pit can be best described as:
- a. a tiny hole or depression in the enamel
 - b. a hereditary abnormality
 - c. a narrow linear depression
 - d. a large indentation at the base of the occlusal surface
10. A fissure can be best described as:
- 1. main composition is enamel rods
 - 2. occurs because there is an imperfect joining of enamel
 - 3. will occur with dental caries
 - 4. narrow linear depression along the developmental groove on the occlusal surface of posterior teeth
- a. 1, 3
 - b. 2, 3, 4
 - c. 2, 4
 - d. 4 only
11. The molars each have a lobe for each:
- a. fissure
 - b. cusp
 - c. marginal ridge
 - d. groove

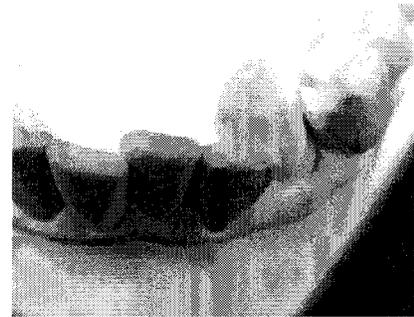
Match the following terms to the correct photographs.

- 12. Overbite
- 13. Overjet
- 14. Class 1 occlusion
- 15. Class 2 malocclusion
- 16. Crossbite
- 17. Lingoversion
- 18. Class 3 malocclusion



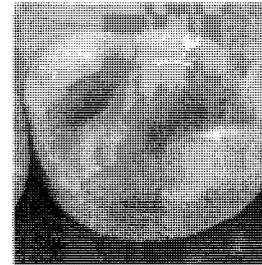
19. The cuspid in this photo is malpositioned.. Which term describes its location.

- a. Buccoversion
- b. Linguoversion
- c. Torsoversion
- d. Infraversion



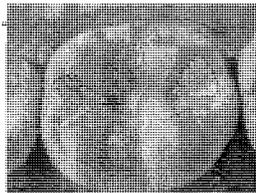
20. The photograph to the right is a picture of which tooth?

- a. maxillary second molar
- b. mandibular second premolar
- c. mandibular first molar
- d. maxillary first molar
- e. mandibular second molar



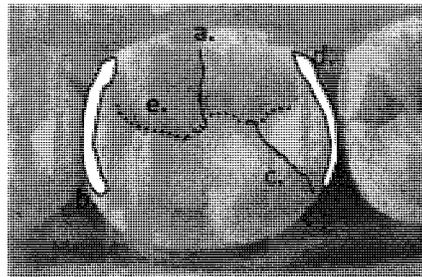
21. What do the shaded areas represent?

- a. grooves
- b. cusp inclines
- c. fossae
- d. fissures
- e. marginal ridges



Using the photograph to the right, locate the following:

- 22. disto-buccal groove
- 23. central groove
- 24. mesio-marginal ridge
- 25. lingual groove



26. The parotid gland is more of an isolation concern when placing a sealant in tooth number:

- a. 3
- b. 10
- c. 25
- d. 18

27. The general production theory of caries deals with the following factor/s:
- Eruption stages
 - Surface morphology
 - Familial influences
 - All of the above
28. Of the following foods, which are the **MOST** likely to produce caries because of their content and retention in the oral cavity?
- cereals, nuts, grains
 - dairy products
 - dried fruit, syrup, honey, sticky fruit rolls
 - chocolate bars, marshmallows, graham crackers (yummy)
29. Which substance forms within minutes after teeth are cleaned?
- pellicle
 - plaque
 - material alba
 - calculus
30. What is thought to be the primary cause of dental caries?
- fermentable carbohydrates and bacteria
 - calculus
 - plaque
 - material alba
31. Of the following nutrients, which is thought to be the leading cause of plaque and caries development?
- proteins
 - vitamins
 - carbohydrates
 - trace minerals
32. When saliva touches a tooth surface, what occurs within seconds?
- pellicle formation
 - demineralization
 - destruction of enamel
 - decalcification
33. Criteria for selecting teeth for sealant placement is based on the following:
- Deep occlusal fissure, fossa or lingual pit
 - Large occlusal restoration
 - Should be placed on adult teeth where there is evidence of caries susceptibility
 - a and c are correct
34. Caries is a disease that results from the following:
- Interaction of bacteria
 - Susceptible host
 - Cariogenic diet
 - All of the above

35. Legally the following individuals can make the diagnosis that a sealant is indicated:
- an RDAEF
 - an RDA
 - an RDH or DDS
 - a DDS
36. Legally the following individual can apply pit and fissure sealants:
- an RDAEF
 - an RDA
 - a RDH
 - an RDA after completing a Board approved course
 - a DDS
 - 1,2,3,4,5
 - 1,3,5
 - 2,3,5
 - 1,3,4,5
37. Sealant materials were first introduced in the:-
- 50's
 - 60's
 - 70's
 - 80's
38. When sealant materials were first introduced, which of the following problems was the most pronounced?
- retention
 - irritant to tooth structure
 - lack of strength
 - material difficult to manipulate
39. Which type of sealant is most likely to require occlusal adjustment?
- filled sealant
 - unfilled sealant
 - both are the same
40. The RDA certified in the application of pit and fissure sealants may prepare the tooth surface for sealants by using all of the following methods to clean a tooth EXCEPT:
- prophy paste and rubber cup/brush
 - dry brush
 - prophy jet polishing device
 - Y4 round bur and highspeed handpiece
41. Identify the preventive aid/s that is/are **not** thoroughly effective in cleaning the pit and fissures of a tooth:
- toothbrushing
 - fluoride
 - flossing
 - all of the above

42. Fissure sealants are designed to accomplish the following:
- enhance the strength of enamel
 - prevent caries on the proximal tooth surfaces
 - prevent caries mainly on the occlusal surfaces of teeth
 - all of the above
43. Sealant application must be performed under what supervision level?
- general
 - indirect
 - direct
 - supervision level determined by dentist
44. The indication/s for sealant use include:
- render pits and fissures more cleansable
 - arrest incipient caries
 - mechanically fills the pits and fissures
 - prevent caries in newly erupted teeth
- 1, 3
 - 2, 4
 - 3, 4
 - All of the above
45. The requisites for ideal sealant retention include:
- tooth dryness and cleanliness
 - application of material to excess and then trim down to appropriate occlusion
 - chemically uniting with enamel
 - shallow pits and fissures
46. Sealants are placed:
- in deciduous teeth
 - in permanent teeth
 - in children only
 - on both children and adults
 - whenever requested by the patient
- 1, 2, ,4
 - 1, 3, 5
 - 3, 5
 - 4, 5
47. A proper patient history is mandatory before coronal polishing for sealant patients because patients might have:
- heart or kidney disease
 - diabetes
 - allergies
 - all the above

48. The following ingredient **should not** be used when performing a coronal polish prior to acid etch:
- fluoride
 - silex
 - glycerin
 - fine pumice
49. Which one of the following teeth would **NOT** be indicated for treatment with a pit and fissure sealant?
- newly erupted molar tooth on 7 year old patient
 - molar tooth with mesial caries on a caries active adult.
 - molar tooth on an adolescent patient receiving topical fluoride treatments and still active
 - second molar tooth with deep, retentive and narrow pits and fissures on a 13 year old patient who has occlusal amalgam restorations on all first molars
 - lingual pit of a maxillary lateral incisor on a caries active 9 year old patient
50. Which tooth surface benefits the least from topical fluoride?
- root
 - proximal
 - pits and fissures
 - smooth

Indicate in the following seven statements, whether they are True or False.

- Avoid exposure to uncured resin.
 - Use protective gloves and a no-touch technique
 - If acid etch solution contacts skin, wash skin with only water.
 - Acrylates cannot penetrate commonly used gloves
 - If sealant material contacts glove, remove and discard glove, wash hands immediately with soap and water then re-glove
 - If accidental contact with eyes or prolonged contact with oral soft tissue occurs, flush with large amounts of water.
 - If drying agent is ingested, induce vomiting immediately
58. Which of the following techniques are helpful in the placement of pit and fissure sealants?
- enamel conditioning is accomplished with a 35%-50% gel of phosphoric acid
 - saliva contamination of etched surfaces requires thorough redrying prior to the immediate placement of sealant resin
 - teeth selected for sealant should be isolated one quadrant at a time
 - retention is enhanced by rubbing the tooth with etchant
 - surfaces which do not appear white and frosted should be re-etched
- 1, 2, 3, & 5
 - 1, 3, 4, & 5
 - 2, 3 & 5
 - 1, 3 & 5
 - 1, 3, & 5
 - 3&5

59. Small amounts of enamel that are etched, but not covered with sealant will likely:
- demineralize
 - deremineralize
 - dec;: y
 - discolor
 - remain etched
60. According to many studies, what will happen if a small caries is sealed underneath a sealant?
- the tooth will decay and possibly abscess
 - the caries process will stop
 - no one knows
 - the area will re-mineralize
61. A photopolymerizing sealant material:
- is chemically cured
 - always has fluoride releasing properties
 - is light cured
 - requires mixing of a base and catalyst
62. An autopolymerizing sealant material:
- is light cured
 - is chemically cured
 - requires mixing of a base and catalyst
 - generally includes fluoride
 - does not require acid etching
- 1, 3, 4
 - 2, 3
 - 2, 3, 4
 - 2, 3, 4, 5
63. Sealant material handling include:
- refrigerate when not in use
 - discarding after expiration date
 - is generally not flammable
 - a & b are correct
64. Methods of isolation prior to sealant include **all but**:
- rubber dam and saliva ejector
 - cotton rolls, buccal isolation seal and saliva ejector
 - saliva ejector and bite block only
 - cotton rolls, dri-aids in vestibule and saliva ejector
65. When you are placing sealants on the maxillary teeth, the most effective device other than a rubber dam to reduce saliva from the Stenson's duct is:
- cotton rolls
 - cotton rolls with holder
 - Dri-aid or dri tip
 - high volume evacuation (HVE) only

66. The optimum combination of etching and water rinsing for sealants on permanent teeth is:
- etch 20-30 seconds, rinse 10 seconds
 - etch 15-20 seconds, rinse 20 seconds
 - etch 20-30 seconds, rinse 20 seconds
 - etch 50-60 seconds, rinse 20 seconds
 - etch 50-60 seconds, rinse 30 seconds
67. Optimal curing of sealants with visible light requires the light tip to be positioned:
- 10 mm from the occlusal surface
 - 5 mm from the occlusal surface
 - 3-5 mm from the occlusal surface
 - 1-2 mm from the occlusal surface
 - slightly in contact with the sealant material
68. The appearance of a tooth after the acid etching stage has been completed should be:
- chalky
 - glossy
 - dull
 - frosty
 - smooth
- 1 only
 - 1, 3
 - 1, 3, 4
 - 2, 5
69. If a tooth becomes contaminated after etchant removal, but before sealant placement, what should you do?
- proceed with the sealant, a little saliva won't hurt anything
 - start over, beginning with the prophylaxis paste/rubber cup or prophylaxis jet
 - place the sealant, but cure it longer
 - re-etch, rinse, dry and place sealant
70. If a drying and priming agent is used:
- it is applied before etching and allowed to remain for 5 seconds.
 - it is applied before etching and allowed to remain for 15 seconds.
 - it is applied after etching and allowed to remain for 5 seconds.
 - it is applied after etching and allowed to remain for 15 seconds.

71. You have just placed a light cured sealant on the occlusal surface of tooth # 19, and upon inspection of the sealant with an explorer, you discover that it dislodges from the tooth. Which of the following are possible causes for the apparent lack of retention?
1. saliva contamination occurred after the etching procedure.
 2. the sealant was used immediately after removing from the refrigerator.
 3. the pumice used to clean the tooth contained fluoride.
 4. the etchant was rubbed aggressively on the occlusal surface.
 5. the light curing unit was not emitting enough light.
- a. 1, 3, & 5
 - b. 1, 2, & 4
 - c. 1, 2, 3, 4, & 5
 - d. 1, 2, 4, & 5
 - e. 1, 2, 3, 4, & 5
72. Light cured sealants using the high energy curing light should have each covered surface cured for:
- a. 10 seconds
 - b. 20 seconds
 - c. 30 seconds
 - d. 40 seconds
 - e. 60 seconds
73. When using UltraSeal XT plus sealant material:
- a. apply a small amount of material on the brush and dab into the pits and fissures
 - b. apply a small amount of material on the brush and drag the material across the pits and fissures
 - c. apply a small amount of material on the brush, using a scrubbing motion apply to the pits and fissures
 - d. apply a small amount of material on the brush, using a sweeping motion apply to the pits and fissures
74. When using UltraSeal XT plus sealant material:
- a. after application the sealant will appear thick
 - b. after application the sealant will appear thin
 - c. after application the sealant will appear insufficient
 - d. after application the sealant will appear excessive

75. The following are uses for the explorer in the placement of sealants:
1. placement of the etchant into the fissures.
 2. removal of bubbles in the sealant.
 3. inspection for voids.
 4. testing of adequate retention.
 5. verifying properly etched surface
 - a. 1, 2, 3, & 5
 - b. 1, 2, 3, & 4
 - c. 2, 3, 4, & 5
 - d. 1, 3, 4, & 5
 - e. all of the above
76. After the sealant has been placed, you should:
- a. check for premature occlusal contact
 - b. floss contacts for possible material
 - c. evaluate for bubbles, voids, or incomplete coverage
 - d. all of the above
77. Using a moistened cotton roll after the sealant has set on the occlusal surface does what?
- a. removes the excess sealant material
 - b. shines the surface of the sealant
 - c. removes the inhibition layer
 - d. removes air bubbles
78. If there appears to be saliva contamination after etching, the following should be instituted:
- a. dry with cotton roll and continue
 - b. etch for 10 seconds and then follow sealant application procedures
 - c. repeat coronal polishing, then re-etch for 20-30 seconds
 - d. rinse, dry and then re-etch for 20-30 seconds
79. The general treatment for a sealant that exhibits a partial loss after three months:
- a. re-seal only the portion that is lost
 - b. re-seal over the entire existing sealant
 - c. replace sealant
80. Most sealant failures result in:
- a. fractures
 - b. splintering
 - c. complete loss
 - d. irregular appearance to sealant
81. A reevaluation of sealants should occur at what time period as sealant failure generally occurs::
- a. at three months
 - b. at six months
 - c. at one year
 - d. at eighteen months

82. If hardened excess sealant material is evident:
- you remove it with a composite stone
 - you must have the dentist remove it
 - it will abrade through normal chewing
 - a carver can be used to remove it
83. Biological contaminants stay suspended in ____ for long periods of time.
- water
 - air
 - aerosol mist
 - saliva
84. ADA recommendations state the following is best for surface disinfecting:
- biocide
 - glutaraldehyde
 - wesodtne
 - iodine base disinfectant
85. Characteristic/s of overglove protocol is/are:
- Overgloves can never replace examination gloves in treating patients.
 - When leaving operatory or touching unprotected surfaces, wear overgloves over gloved hands.
 - Overgloves are discarded after a single use.
 - All of the above
86. Characteristic/s of curing light is/are:
- shield should be surface disinfected after use
 - operator and/or patient should never look directly at curing light when in use
 - shield should be removed and sterilized
 - a & bare correct

; Exhibit 13 COMDA application

Benchmark Assignment
Clinical Final Product Evaluation Competency

Student Learning Outcomes

The purpose of this assignment is to allow you to demonstrate mastery of the following course level outcomes:

Upon completion of this course, students should be able to:

1. Explain pit and fissure sealant application procedures to the patient
2. Utilize proper armamentaria in an organized sequence
3. Use proper techniques when applying sealant materials
4. Complete a pit and fissure sealant application procedure on four patients to clinical proficiency

Student's Name: _____ . P , a = t i = e = n = t ' , s : N = a = m = e = = = = =

POINT	GRADE
4	Pass- Excellent
3	Pass
2	Fail – Critical Errors
1	Fail- Critical Errors No concept

A 3 must be received for each of the four teeth per patient in order to pass the product competency evaluation.

Student must indicate which tooth was used in this evaluation on the form below. Each patient will have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained, for application of the etching and sealant materials. In addition, each patient will have a minimum of one tooth in all four quadrants.

PREPARATION AND ETCHANT

Date: _____ Grade Received: _____ Pass _____ Fail _____ Faculty: _____

The following areas reflect the errors made that indicate a reduction in the grade. Instructor evaluations are to be completed in red ink.

AREAS	SCORES	COMMENTS
Preparation of Field and Etching	Tooth#	
(A) Teeth are free of stains/plaque	Score	
(B) Coronal polish/teeth pre-cleaning	Tooth#	
	Score	
(C) Isolation of selected area	Tooth#	
	Score	
(D) Etching solution application	Tooth#	
	Score	
(E) Etching solution removal	Tooth#	
	Score	

SEALANT PLACEMENT

Date _____ Grade Received _____ Pass _____ Fail _____ Faculty _____

The following areas reflect the errors made that indicate a reduction in the grade. Instructor evaluations are to be completed in red ink.

AREAS	SCORES	COMMENTS
Sealant Application	Tooth#	
(A) Mixing/ preparation of sealant dispensing procedure	Score	
(B) Application	Tooth#	
	Score	
(C) Occlusal coverage	Tooth#	
(D) Occlusal thickness	Score	
(E) Polymerization time	Tooth#	
(F) Occlusal adjustment		

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

**PIT AND FISSURE SEALANT PLACEMENT
ETCHANT DOCUMENTED CRITERIA**

Points	Description
4	<p><i>Preparation and Etching</i> Teeth are clean and coronally polished. Field is totally isolated and maintained dry throughout procedure. Etching solution is carefully applied and time is precisely monitored. Etch solution is carefully flushed away. Enamel surface appears white, opaque, and frosty</p>
3	<p><i>Preparation and Etching</i> Teeth are relatively clean and coronal polish is acceptable. Field is isolated and maintained dry during procedure. Etching solution timing and placement vary slightly from ideal. Etch solution removal is adequate. Enamel surface appears adequately white, opaque and frosty.</p>
2	<p><i>Preparation and Etching</i> Teeth have not been cleaned. Isolation of tooth is faulty and saliva penetrates area. Etching solution placement and timing are careless. Gingival areas are involved in etching process. Removal of etching solution is careless and inadequate. Enamel surface appears either smooth, tooth-colored, or normal color. Gingival areas are involved in etching process.</p>
1	<p><i>Preparation and Etching</i> Teeth have not been cleaned and stain remains. Debris and plaque are plainly visible. Saliva washes over field during etching. Isolation fails. No attempt is made to time etching solution application. No attempt is made to confine etching solution to application area. Removal of solution is very poor. Enamel surface appears grossly mottled, pitted, or irregular. Gingival areas are grossly affected by etching material.</p>

**PIT AND FISSURE SEALANT PLACEMENT
SEALANT DOCUMENTED CRITERIA**

Points	Description
4	<p><i>Sealant Placement</i> Material is carefully prepared according to manufacturer's directions. Material is evenly applied without air bubbles/voids. Occlusal height is appropriate. Polymerization time is carefully monitored. No occlusal adjustment is required. Confinement of material into pit and fissure areas is ideal.</p>
3	<p><i>Sealant Placement</i> Material is prepared to manufacturer's direction with slight deviations, but does not contain irregularities that could cause sealant failure. Minor air bubbles may occur during loading and/or application. Thickness may vary slightly from ideal. Polymerization time is adequate. Occlusion is slightly high and requires minimal adjustment. Confinement of material into pit and fissure areas is complete.</p>
2	<p><i>Sealant Placement</i> Material is carelessly prepared; applied with incorporated air bubbles. Thickness either is uneven, irregular, or in excess. Polymerization time is not monitored; surface not completely hardened. Occlusion is high and left to wear down. Confinement of material into pit and fissure areas is lacking.</p>
1	<p><i>Sealant Placement</i> Material is crudely manipulated and dispensed. Many air bubbles/voids occur during syringe loading and/or application. Surface is highly uneven as to thickness and large voids occur. The coverage area is insufficient and pits/fissures are exposed. Material flows well beyond boundaries or is missing/occlusal adjustment is lacking.</p>

NEWSLETTERS
&
ARTICLES OF
INTEREST

Nothing to report under this tab

LICENSE RATIFICATION

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16. RATIFICATION OF LICENSES

As authorized by the Board, licenses to practice dentistry and dental hygiene were issued to applicants who fulfilled all routine licensure requirements. It is recommended the Board ratify issuance of the following licenses. Complete application files will be available for review during the Board meeting.

Dental Hygiene

H6222	KAREN L LANG, R.D.H.	6/4/2012
H6223	ESTHER RIOS, R.D.H.	6/4/2012
H6224	SHEENA DENEICE VELA, R.D.H.	6/7/2012
H6225	JESENIA ASHLEY CISNEROS, R.D.H.	6/7/2012
H6226	SHELBY MORGAN PRINCE, R.D.H.	6/7/2012
H6227	BRITTNEY R POTTER, R.D.H.	6/7/2012
H6228	JENNIFER JOHANNA LYMAN, R.D.H.	6/7/2012
H6229	MICHELLE J LANE, R.D.H.	6/7/2012
H6230	MAKAYLA M CULLEY, R.D.H.	6/14/2012
H6231	MICHELLE V CHINDAVONG, R.D.H.	6/14/2012
H6232	CHELSIE ANN NOTE, R.D.H.	6/14/2012
H6233	GIANG Q NGO, R.D.H.	6/14/2012
H6234	KOURTNI PRUITT, R.D.H.	6/19/2012
H6235	CARINNE KAY MUNSON, R.D.H.	6/28/2012
H6236	LISA DEANNE GLAZIER, R.D.H.	6/28/2012
H6237	LINDA MEE-YOUNG LEE, R.D.H.	6/28/2012
H6238	TERI LYNN DOUGLAS, R.D.H.	7/11/2012
H6239	DELIA V CERBU, R.D.H.	7/11/2012
H6240	YI-CHIN YANG, R.D.H.	7/11/2012
H6241	SARA HOURANPAY, R.D.H.	7/11/2012
H6242	SON T NGUYEN, R.D.H.	7/11/2012
H6243	BRITTANY N GREEN, R.D.H.	7/11/2012
H6244	KAYLEE E JOHNSON, R.D.H.	7/11/2012
H6245	SYLVIA ANN GALBASINI, R.D.H.	7/11/2012
H6246	SARA MARIE BENZ, R.D.H.	7/11/2012
H6247	TESSA REBECCA LOWE, R.D.H.	7/11/2012
H6248	WHITNEY PAIGE ROBINSON, R.D.H.	7/20/2012
H6249	DIANNA S THIEN, R.D.H.	7/20/2012
H6250	ANNA A DOROSHENKO, R.D.H.	7/20/2012
H6251	CAITLIN DEE ROTH, R.D.H.	7/20/2012
H6252	EMILY YOUNG CHOO POPP, R.D.H.	7/20/2012
H6253	DANIEL MARTINEZ, R.D.H.	7/20/2012
H6254	CHRISTIE M COBB, R.D.H.	7/20/2012
H6255	ALEKSANDR YANCHUK, R.D.H.	7/20/2012
H6256	EVELIN N JAMES, R.D.H.	7/20/2012
H6258	LAUREN GWEN BARKER, R.D.H.	7/20/2012
H6259	SARAH ANN PEARSON, R.D.H.	7/20/2012
H6260	MEGAN VAN NOY, R.D.H.	7/20/2012
H6261	ROSEBELINDA S NELSON, R.D.H.	7/20/2012

DENTISTS

D9719	REID J KETCHER, D.M.D.	4/27/2012
D9720	CHRISTINE A WOODWARD, D.D.S.	5/2/2012
D9721	SUZAN NGUYEN, D.M.D.	5/17/2012
D9722	MATTHEW D EPPERSON, D.M.D.	6/7/2012
D9723	MICHAEL LOREN MATSUDA, D.D.S.	6/7/2012
D9724	JASON S ELLIS, D.D.S.	6/7/2012
D9725	CHRISTOPHER TERRELL BAILEY, D.D.S.	6/14/2012
D9726	RICHARD K NEHRING, D.D.S.	6/14/2012
D9727	HALLIE LEE MC NAUGHTON, D.M.D.	6/14/2012
D9728	RYAN SMITH, D.D.S.	6/14/2012
D9729	JANE M ESPESETH, D.D.S.	6/19/2012
D9730	LAWRENCE H JACOBY, D.M.D.	6/19/2012
D9731	VIDHI SHETH, D.D.S.	6/19/2012
D9732	DAVID RICHMAN-RAPHAEL, D.D.S.	6/19/2012
D9733	PETER J MORSE, D.M.D.	6/28/2012
D9734	SOOKYUNG JUN, D.M.D.	6/28/2012
D9735	KALA SAGAR MADUGULA, D.M.D.	6/28/2012
D9736	JAE EUN LEE, D.D.S.	6/28/2012
D9737	BRETT M SULLIVAN, D.M.D.	7/11/2012
D9738	JESSICA C RICE, D.D.S.	7/11/2012
D9739	BREN DANIEL DIXON, D.M.D.	7/11/2012
D9740	TYLER RYAN MACK, D.M.D.	7/11/2012
D9741	TYLER REED BENDIXSEN, D.M.D.	7/11/2012
D9742	SARAH F ELRABAA, D.D.S.	7/11/2012
D9743	JENNIFER TAN HEAHLKE, D.D.S.	7/11/2012
D9744	DOUGLAS WILLIAM SHAFER, D.D.S.	7/11/2012
D9745	RICHARD PAUL BARRETT, D.M.D.	7/11/2012
D9746	NICHOLAS GEORGE DOSE, D.M.D.	7/11/2012
D9747	TYLER JOHN FINLAYSON, D.M.D.	7/11/2012
D9748	TYLER LAFRENAIS SCOTT, D.M.D.	7/11/2012
D9749	SARAH PATRICIA POST, D.M.D.	7/11/2012
D9750	BRITTANY L FOX, D.M.D.	7/11/2012
D9751	STEVENSON SMITH, D.M.D.	7/20/2012
D9752	ALEX HUY VO, D.M.D.	7/20/2012
D9753	MICHAEL BLINDHEIM, D.M.D.	7/20/2012