OREGON BOARD OF DENTISTRY

NEWS

Vol. 41 August 2026

President's Message

Sheena Kalia, D.D.S.

As I reflect on my years serving on the Oregon Board of Dentistry, I find myself thinking about the person who shaped my values more than anyone else-my father, the late Baldev Krishan Kalia.

Growing up in the small town of Moga, India, my father was known for his mischievous spirit. Family stories often recalled the trouble he managed to find, but beneath that playful nature was a young boy whose opportunities were limited. Because of childhood poverty, attending school simply was not an option.

In the late 1960s, my father immigrated to Canada through Edmonton International Airport without speaking English. He found work in a remote copper mining community off the coast of British Columbia, where he endured cultural isolation, prejudice, and physically demanding labor. Despite these hardships, he paid off his debts and devoted himself to supporting his family in India, helping provide for his widowed mother and siblings.

By the early 1980s, my parents were raising five children. Encouraged by my mother, my father earned his welder's certification and began working in the coal mining community of Sparwood, British Columbia. Although he had never received a formal education in India, he never stopped emphasizing the importance of education, hard work, discipline, and perseverance. When the mine declared bankruptcy in the early 1990s, my father once again started over. He moved our family to Calgary, found new work, built a new life, and ensured that his children would have opportunities he never had.

Years later, through resilience and determination, he became a successful entrepreneur. Yet life also brought unimaginable loss with the death of my brother. Even in grief, my father continued to greet others with warmth, generosity, and kindness, carrying himself with remarkable strength and grace.

In September 2019, my father was diagnosed with ALS. As the disease progressed, he chose medical assistance in dying and passed away in April 2020.

My father's life was defined not by the hardships he endured, but by the character with which he faced them. He was hardworking, honest, disciplined, wise, and blessed with a wonderful sense of humor. Above all, he taught me that adversity is not an excuse to give up-it is an opportunity to persevere with integrity. Those lessons continue to guide me every day. *(Continued on page 2)*

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What's Inside

Today, I feel fortunate to have practiced dentistry for nearly 30 years and to own Hollywood Children's Dentistry. The opportunities I have been given are, in large part, a testament to the sacrifices my parents made and the values my father instilled in me. Those same values have also shaped my approach to public service and given me the privilege of serving on the Oregon Board of Dentistry.

As I serve my sixth year on the Board and my term as Board President, I am more optimistic than ever about the future of our profession. I have had the privilege of working alongside dedicated Board members and an exceptional staff whose commitment to protecting the public is evident in every decision they make. Together, we are guided by our mission:

"To promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals."

That mission is more than a statement-it is a responsibility. It requires balancing public protection with fairness, transparency, thoughtful regulation, and accountability. As dentistry continues to evolve through advances in technology, changing workforce needs, and ongoing efforts to expand equitable access to care, the Board must continue to adapt while remaining steadfast in its commitment to the people of Oregon.

I am confident that the Oregon Board of Dentistry is well positioned to meet these challenges. By working collaboratively with licensees, educators, policymakers, professional associations, committees, and the public, we can strengthen trust in our profession while ensuring that Oregonians continue to receive safe, ethical, and high-quality oral health care.

Serving the people of Oregon and the profession that has given me so much has been one of the greatest honors of my career. As I look ahead, I remain inspired by the example my father set-to work hard, serve others with humility, and leave every community stronger than I found it. Those are the values I will continue to carry forward, and I know they will continue to guide the important work of the Oregon Board of Dentistry. ■

Board Members

Sheena Kalia, D.D.S.
President
Portland
Second term expires 2029

Sharity Ludwig, R.D.H.
Vice President
Bend
Second term expires 2030

Reza Sharifi, D.M.D.
Portland
Second term expires 2027

Kristen Simmons, R.D.H.
Hillsboro
First term expires 2028

Ginny Jorgensen
Wilsonville
First term expires 2028

Olesya Salathe, D.M.D.
Clackamas
First term expires 2028

Aarati Kalluri, D.D.S.
Hillsboro
Second term expires 2029

Kieshawn Lewis
Tigard
First term expires 2029

Jared Thompson, D.M.D.
Forest Grove
First term expires 2030

Aaron Tinkle, D.M.D.
Portland
First term expires 2030

Scheduled Board Meetings

2026 -27

- June 12, 2026
- August 21, 2026
- October 23, 2026
- December 11, 2026
- February 26, 2027
- April 23, 2027
- June 11, 2027
- August 20, 2027
- October 22, 2027
- December 10, 2027

A Word From the Executive Director

Haley Robinson

Outgoing Director Stephen Prisby
& Incoming Director Haley Robinson

A New Chapter: Building on a Strong Foundation

As we move through 2026, I want to take a moment to introduce myself as the new Executive Director of the Oregon Board of Dentistry and share a few updates on the work we've been doing over the past year.

Before anything else, I want to recognize Stephen Prisby for his leadership and mentorship throughout my time at the Oregon Board of Dentistry. Since I joined the OBD in June 2016, I have had the privilege of learning from Stephen's steady leadership, thoughtful approach to public service, and genuine commitment to this profession. His guidance has had a lasting impact on both the OBD and my own career. On behalf of the Board and staff, I want to thank Stephen for his many years of dedicated service to Oregon and wish him all the best in this next chapter.

It is an honor to step into the role of Executive Director, and I look forward to building on the strong foundation that has been established while continuing our mission of protecting the health, safety, and welfare of Oregonians through fair, consistent, and transparent regulation of the dental profession.

Board Leadership and Transitions

Our April Board meeting marked several important leadership transitions.

We recognized and thanked Dr. Aarati Kalluri for her dedicated service since joining the Board in 2021 and for her leadership as Board President. Her professionalism, insight, and commitment to public service have been invaluable to the Board.

We also said goodbye to Dr. Michelle Aldrich and Terrence Clark after four years of service. Both generously shared their time, expertise, and perspectives, and we are grateful for the contributions they made during their terms.

Finally, we are pleased to welcome Dr. Aaron Tinkle and Dr. Jared Thompson as our newest Board members. We are excited to have them join the Board and look forward to the experience and perspective they will bring as we continue serving the people of Oregon.

Incoming VP Sharity Ludwig, Dir. Haley Robinson, Outgoing President Dr. Kalluri & Incoming President Dr. Kalia

Looking Back on the Year

The past year has been a busy one for the Board, with several projects focused on improving our programs and supporting Oregon's dental workforce.

One of our biggest accomplishments was completing the Board's 2026–2029 Strategic Plan. The plan reflects input from licensees, stakeholders, Board members, and staff, and establishes priorities that will guide our work over the next several years. Thank you to everyone who participated in the process and shared ideas that helped shape the final plan.

We also made significant progress toward implementing a new Dental Assistant Registry. This project has involved extensive planning and collaboration and represents an important step in strengthening our understanding of Oregon's dental assisting workforce while creating a registration process.

To help guide future workforce initiatives, we recently launched a statewide Dental Assistant Workforce Survey. The information collected will help us *(Continued on page 4)*

better understand workforce trends, educational pathways, expanded function utilization, and practice needs throughout the state. If you have not already done so, I encourage you to participate. Your feedback will help inform future discussions and decisions.

License Renewal Reminder

License renewals for dental hygienists and dental therapists with a September 30, 2026 expiration date are now underway.

Renewing early helps avoid last-minute issues and ensures your license remains active without interruption. If you have questions during the renewal process, our staff are always happy to assist.

Looking Ahead

As the profession continues to evolve, so does the work of the Board. We remain committed to providing clear communication, responsive customer service, and practical guidance for licensees while carrying out our responsibility to protect the public.

I look forward to continuing our work with licensees, educators, professional organizations, and community partners as we address new opportunities and challenges together.

Thank You

To Oregon's dentists, dental hygienists, dental therapists, dental assistants, professional organizations, educators, and everyone who supports oral health across our state, thank you.

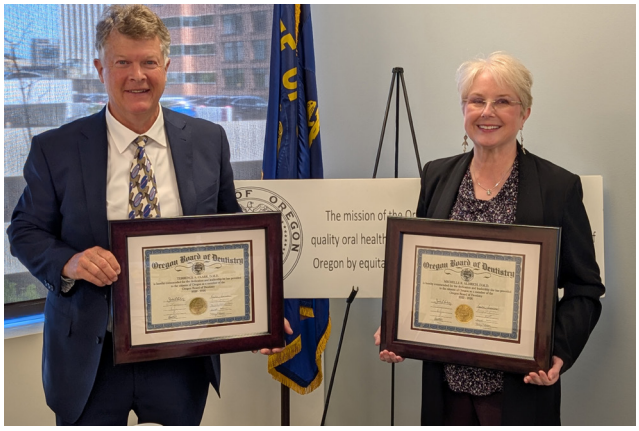
I am honored to serve as Executive Director and look forward to working alongside all of you as we continue building on the strong foundation established by those who came before us.

Thank you for your continued partnership and commitment to advancing oral health across Oregon. ■

Warm regards,

Haley Robinson
Executive Director
Oregon Board of Dentistry

Farewell & Thank You For Your Service



Farewell & Thank You for Your Service.
The OBD said farewell & thank you to two Board Members whose first terms of service concluded in spring of 2026.

Dr. Terrence Clark's service on the Board concluded on June 12, 2026. As a private practitioner and a licensed Oregon dentist for almost 40 years, Dr. Clark brought an important viewpoint, experience, and perspective to Board actions and proceedings.

Michelle Aldrich 's service on the Board concluded on June 12, 2026. As a private practitioner who started as a Registered Dental Hygienist, Dr. Aldrich brought an invaluable viewpoint, passion, and scrutiny to Board actions and proceedings. ■

Have you moved or changed work locations recently?

ORS. 679.120(4), 679.615(5), and 680.074(4) requires that licensees update the Board within 30 days of any change of address.

To update your contact info, please go to www.oregon.gov/dentistry and click "Licensee Portal" for instructions.

Welcome

Dr. Jared M. Thompson, DMD, MAGD is an Oregon native who studied at Portland State University before attending and graduating from Oregon Health Sciences University in 2005. In 2006, he completed a one year AEGD residency at the University of Michigan and then returned to Oregon to begin his career in private practice. Dr. Thompson has offices located in Forest Grove and Tillamook, and routinely volunteers for Medical Teams International. He is a past president of the Washington County Dental Society and served several years on the Oregon AGD board. Outside of his professional life, Jared is a father to two teenagers and husband of 21 years to his high school sweetheart. Together they enjoy boating, snowboarding, golfing and basically anything that involves being active and outdoors. ■

Dr. Aaron Tinkle, DMD, is a general dentist based in Portland, Oregon, with more than two decades of experience in clinical dentistry, dental education, and advanced restorative technology.

Dr. Tinkle earned his Doctor of Dental Medicine degree from Oregon Health & Science University in 2006, after completing an Honors Bachelor of Science in Zoology through the University Honors College at Oregon State University in 2002. During his dental training, he distinguished himself academically and clinically, receiving multiple competitive awards recognizing excellence in prosthodontics and endodontics, including the Pacific Coast Society for Prosthodontics and Journal of Prosthetic Dentistry Award for Excellence and the Larry Sorum Memorial Award.

After graduation, Dr. Tinkle joined the faculty at Oregon Health & Science University, where he served from 2006 to 2010 as an associate professor of operative and prosthodontic dentistry. In this role, he contributed to the education and clinical development of dental students while remaining actively engaged in restorative dentistry.

In 2009, Dr. Tinkle became the owner and lead dentist of Belmont Family Dentistry in Portland, where he continues to practice. His clinical focus emphasizes comprehensive, high-quality restorative care, with particular expertise in digital dentistry and CAD/CAM workflows.

Dr. Tinkle has been deeply involved in organized dentistry and professional leadership. He has served multiple terms on the board of the Oregon Academy of General Dentistry and was elected President of the organization in both 2012 and 2024. His commitment to professional development extends nationally through his long-standing involvement with CEREC education. Since 2013, he has worked as a mentor, trainer, and visiting faculty member for CEREC doctors in Scottsdale, Arizona, and as a CEREC trainer for Patterson Dental. He has also led and mentored CEREC study clubs at both Oregon Health & Science University School of Dentistry and in the Portland area. ■

Frequently Asked Questions

Q: May a hygienist apply SDF to treat caries on a patient that hasn't been examined by a dentist?

A: No. Under OAR 818-035-0025 (1) a dental hygienist is prohibited from diagnosing and treatment planning anything other than for dental hygiene services. Use of CDT Code D1354 (interim caries arresting medicament application) would require a dentist to diagnose active, non-symptomatic caries, and justify treatment. However, under OAR 818-035-0030 RDH's can determine the need for fluoride as a preventative measure, and some fluoride may include SDF in the formula. The RDH would bill using the appropriate CDT prevention code. The Board has noticed an uptick in complaints involving the use of SDF. At a minimum, documentation of PARQ, or its equivalent, is required under the Dental Practice Act. Review with your malpractice insurance, legal counsel, office policies, and dentist to determine how long after caries diagnosis standing orders for SDF are acceptable.

Q: I bought a new digital impression scanning system. May I have my dental assistant take the final digital impressions?

A: Dental Assistants with the proper training may take final impressions using traditional, or digital, impression materials. It is the dentist's responsibility to review all impressions to ensure accurate and clinically acceptable impressions are captured. Prior to January 1, 2020 the Dental Practice Act prohibited dental assistants from taking jaw registrations or oral impressions for supplying artificial teeth as substitutes for natural teeth, except diagnostic or opposing models or for the fabrication of temporary or provisional restorations or appliances. However, this rule has been struck.

Patient Medical Consultation

What is the fastest way for dentists to receive a patient medical consultation?

The answer to this question is not simplistic. Let's approach this question with the following iterations and by "titrating to effect."

1. The fastest response would be to activate your office medical emergency protocols for a dental patient in your office who is exhibiting a medical emergency involving a life-threatening event. A medical consultation is not needed. What is needed is immediate emergency medical intervention. No matter what the emergency is, your office team will need to keep the patient alive until medical emergency personnel arrive to take medical management of the patient from your team. Your office should run medical emergency drills periodically, actually involving a phone call for the emergency medical response team (EMTs) to come to your office and timing as to how fast that response will occur. The time it takes for the EMTs to get to your office is the time your office team will need to keep your patient alive. Your team needs to be totally aware of what that time interval is. BTW, this "titration" applies to any person in your office – patient or non-patient.

2. The next level of "the fastest response needed," would be if a patient of record is not in your office and called your office and said he/she had a dental emergency which he/she believes is life-threatening and he/she needed to come in to be evaluated in your office immediately. Your immediate response could be to instruct your patient to go to an emergency room of a hospital so that the medical emergency related to a dental problem would be evaluated in the best possible professional medical setting. Dental emergencies which would qualify include experienced trauma, infection, and swelling with or without pain involving the oral cavity. Most probably these emergencies could involve the head and neck excluding the cranium and its contents. If the person calling is not a patient of record and describes the previous scenario, that person could also be instructed to go to an emergency room of a hospital. It is reasonable to assume that a hospital emergency department will have an oral and maxillofacial surgeon on site or on call who can be contacted to come into the hospital.

3. The next "titration" of the subset of dentists to consider are the oral and maxillofacial surgeons, a number of them dual DDS, DMD/MD degreed, maxillofacial prosthodontists, pediatric dentists, dentists who practice in hospitals performing dental services privileged as professional hospital staff (VA, for example), and other dentists who have hospital privileges, who all should be able to access a patient's electronic medical record (EMR) directly and immediately. These dentists represent the group of currently existing dental healthcare providers with the quickest direct access to a patient's EMR.

4. The first three iterations involve action and direct access to patients' EMRs. The next question is, beyond the above what is the subset of dentists in the State of Oregon who would value direct access to patients' EMRs enough to have that access available to them during their daily practice of dentistry? That subset of dentists would most probably be those with hospital privileges and who treat patients in hospital settings. Typically, this scenario would be restorative dental care performed for patients with special needs and most probably geriatric patients.

If your patient is "in the chair" and you need an immediate medical consultation, prior to performing planned procedures, telephone the patient's PCP medical healthcare provider and complete the consult over the phone to be able to perform the procedures if the verbal consult will allow you to perform acceptable dental care without violating statutes or rules of the Dental Practice Act. Document the verbal consultation completed. A written medical consultation is preferred over a verbal consultation.

Recently, as requested by the Board of Dentistry, after being prompted by dentists who are finding it difficult to easily access important health information for patients, the following was sent to Dr. Jordana Gaumond, Medical Director for the Oregon Medical Board:

"Dear Dr. Gaumond,
The typical process, as far as I am aware after practicing dentistry for over 54 years, is for a dentist to receive medical information for a patient to whom he/she is performing dental procedures is to initially receive the patient's permission after informing the patient as to why the information is needed and to have the patient complete an informed consent prior to the request from the dentist to the medical doctor."

…..to which Dr. Gaumond replied:

"Dear Dr. Carter,
I agree that access to the patient's EMR would greatly expedite the access to necessary information for safe patient care, however

Attachment #6

that is not possible in today's healthcare system. Between HIPAA compliance, user license agreements, and the ongoing segregation that still exists (as you pointed out) there is no known system to access other EMR's for healthcare providers. Epic does have something called Care Everywhere, however having used Epic for many years, it still lacks in many regards and much of the information you might be looking for may not be uploaded into Care Everywhere."

The answer to this question will be determined by the value the dentist places on having direct medical consults for their daily practice of dentistry in their office.

5. From the above the next level of "titration to effect" was a Google (what else would you expect?) search. The question asked was "What is the fastest way for dentists to receive patient medical consultations?" The following response was received:

The most efficient and quickest way for dentists to receive patient medical consultations is to use a secure, digital patient portal or direct electronic exchange system that allows for immediate access to relevant medical history and treatment recommendations.

1. Use a secure patient portal. Many dental practices now integrate HIPPA-compliant patient portals where patients can submit medical records, lab results, and consultation notes directly to the dentist's secure inbox. This eliminates the need for physical mail or phone calls, which can cause delays. The portal should allow patients to upload documents, send messages, and even schedule follow-up appointments.

2. Leverage EHR or EMR integration. If your dental practice uses an Electronic Health Record (EHR) or Electronic Medical Record (EMR) system, ensure it can receive and display referral letters, consultation notes, and other medical documents from other providers. Many EHR platforms support secure file sharing with other healthcare providers, enabling instant viewing of the patient's medical history.

3. Establish direct electronic exchange with referring providers. If you have a regular network of referring physicians or specialists, set up direct secure messaging or file transfer between your office and theirs. This can be done through:

- HL7 or FHIR-based health information exchanges*
- Secure email with encrypted attachments
- Specialized dental-medical referral platforms that automate document routing

**Google HL7 and FHIR-based health information exchanges for more in-depth electronic sites with more emerging AI utilization.*

4. Provide clear instructions to patients and referring providers.

- Share a simple step-by-step guide for patients on how to submit their medical records via the portal.
- Provide referring providers with your secure contact method & any required forms.
- Confirm receipt of documents promptly to avoid delays.

5. Maintain HIPAA compliance. Even with digital methods, ensure all communication and storage are HIPAA-compliant. This includes verifying patient identity protection data with encryption, and avoiding unnecessary delays in access.

6. Automate reminders and follow-ups. Use automated reminders to patients and referring providers to ensure consultations are submitted on time. This can be integrated into your EHR or practice management software.

Lastly, but still important, the American Dental Association has provided Guidance on Dentists Requesting Medical Consultations noting When to Request a Medical Consultation, ADA Clinical Guidance, Documentation and Coding, and Best Practices. Professional colleagues are encouraged to contact the ADA for any of this information.

As always, the Oregon Board of Dentistry hopes the information and this "titration to effect" provided for our dentist licensees will be of some value when the need arises for medical consultations for our patients.

In as much as this newsletter is a forum for sharing information between all licensees of the Oregon Board of Dentistry, if anyone has more specific accurate information beyond the information presented regarding this topic please respond to the Board. Feedback from dentist licensees is always welcomed by the Board.

U*ntil next time please remember to "always do good work for your patients."* ■

Winthrop B. (Bernie) Carter, DDS, FICD, DABP

CE TIPS

- All CE, including BLS renewals, may be taken online.
- BLS for Healthcare Providers (**not CPR/AED**) is the required certification level.
- Upload **only** BLS/ACLS/PALS to licensee portal & renewal application.
- Print/Save Certificates of Completion for all courses for 4 years.

Attachment #6

Team Spotlight: Oral Cancer

Strengthening Our Oral Cancer Screening Efforts

Early detection of oral cancer can save lives — and our entire dental team plays a critical role in making that happen. Every patient visit is an opportunity for prevention, reassurance, and collaboration. Oral cancer often starts with subtle changes that patients may overlook. When we identify concerns early, treatment is more successful and far less complex. That's why consistent, team-based screening is essential.

Encouraging all team members to contribute to oral cancer screening strengthens both consistency and patient safety across the practice. Front office staff play an important role by promoting regular visits, explaining that screenings are part of standard care, and reinforcing the practice's preventive focus through scheduling and patient communication. Dental assistants support screening by noting visible abnormalities or reported symptoms, assisting with documentation and clinical handoffs, and helping prepare patients by briefly explaining what the exam involves. Hygienists contribute through thorough visual and tactile assessments during preventive care, asking patients about any changes they've noticed, and reinforcing the value of routine screenings. Dentists and Dental Therapists complete comprehensive clinical exams, evaluate suspicious findings, recommend appropriate follow-up or referral, and guide the team in maintaining a strong, unified screening culture. When each team member understands their role, oral cancer screening becomes a seamless, collaborative effort.

Our collective attention, teamwork, and communication bring value to our profession. By strengthening our oral cancer screening routine, we can make a meaningful difference in patient outcomes. Integrating screening into every adult appointment, speaking up when something looks unusual, and ensuring every team member understands their role in identifying and communicating concerns all help create consistency and confidence. Clear documentation, monthly skill refreshers, and supportive, unified language reinforce the value of screening for our patients. When we share observations and work together, we build a protective safety net that may facilitate the early detection of oral cancer. ■

Frequently Asked Questions

Q: Is an RDH allowed to use air abrasion in pits and fissures prior to sealant placement?

A: Make sure the abrasive you are using in the machine cannot cut hard tissue or operatively prepare teeth. The manufacturer should have guidelines on how to use the abrasive powder particles to be non-aggressive to healthy tooth enamel. The RDH should be trained on how to use the nozzle at the appropriate angle to avoid operatively preparing teeth, and know which structures to avoid (exposed roots, cementum, etc.) to avoid removing tooth structure.

Oregon Wellness Program

All licensees — dentists, dental therapists, and dental hygienists — have access to highly confidential mental health services through the Oregon Wellness Program (OWP). Self-referral is all that is required and the Board is not involved or aware of anyone accessing it.

Any Licensee may contact the OWP and receive up to three free visits per calendar year. Interested licensees can make a self-referral by visiting the OWP website to review available providers and contact providers directly to schedule an appointment. Visits are available in-person or via telehealth. There is no reporting to a primary health provider or billing of insurance.

The Oregon Board of Dentistry is committed to mental wellness and supportive of our licensees utilizing all available tools for success in their practice and in all aspects of life.
https://oregonwellnessprogram.org/

For program questions or help choosing a mental health provider, call 541-242-2805.

If you are experiencing a mental health crisis, call 9-1-1 or 9-8-8.

Tooth Whitening and Tooth Gem Position Statement Fall 2026

Providing teeth whitening and placing gems on teeth generally do not fall under the ORS 679.020(1) prohibition of unlicensed dentistry in Oregon as they are not listed in the definition of dentistry in ORS 679.010(6). When teeth whitening and tooth gem placement are purely cosmetic and not intended to treat medical conditions related to the oral cavity and maxillofacial region, they are generally not classified as the "practice of dentistry." The 2015 Supreme Court case North Carolina State Board of Dental Examiners vs. FTC established that market participants acting on state dental boards cannot use state licensing laws to ban non-dentists from providing cosmetic teeth-whitening services unless those services are specifically included in the Board's practice act by the legislature. If the Oregon legislature updates the statutes to include tooth whitening and tooth gem placement as the practice of dentistry, this 2026 position statement will be updated.

Consumers are encouraged to ensure they are obtaining cosmetic services that are safe and verify any potential cosmetic service provider is qualified and the right fit for the procedure they are interested in prior to obtaining any services. When consumers are researching tooth whitening procedures or tooth gem placement, they should ensure these procedures are performed with materials that are non-damaging and meet purity and safety standards. Consumers should be educated about the risks of sensitivity, pulp damage, enamel defects, dental decay, bond failure, aspiration risk, systemic effects, and the future removal of gems should be reviewed. Gems may act as traps for plaque and food debris, increasing the risk for dental decay, decalcification, and gum inflammation. Consumers are also encouraged to pay close attention to infection control practices, the credentials of service providers, and participate in a comprehensive informed consent process.

We also encourage consumers to consult with their dentist about safe removal of teeth gems and to utilize their licensed dental professional as a source of information about these cosmetic practices before obtaining a tooth gem. Dental professionals can discuss with patients the ramifications of tooth gems and whitening on their overall oral health. Having a licensed dentist remove the tooth gems will allow your dentist to evaluate the tooth structure to determine if damage has occurred. The dentist may treatment plan odontoplasty to cut and alter hard tooth structure to facilitate removal of tooth gems. Your dentist can recommend subsequent dental treatment for damaged tooth structure and discuss other remediation options if complications occur after tooth gem removal or tooth whitening procedures.

Currently, there is no specific CDT (Current Dental Terminology) code dedicated to tooth gem placement or removal. Because this is considered a cosmetic and elective procedure dental insurance is unlikely to cover the procedure. ■

Lorna Breene Award

The Oregon Board of Dentistry was Recognized as a 2025 Wellbeing First Champion

We are proud to share that the OBD has been named a 2025 Wellbeing First Champion by ALL IN: Wellbeing First for Healthcare! This annual distinction means that our license and renewal applications are free from intrusive and stigmatizing language around mental health care and treatment.

We have taken this step to ensure that our workforce can seek needed care without fear of losing their license or job. This accomplishment has been independently verified by ALL IN: Wellbeing First for Healthcare, a national coalition of leading healthcare organizations that works to remove barriers for health workers to access mental health care.

The OBD recognizes that supporting and protecting the mental health of our workers is paramount to their wellbeing and to the wellbeing of our entire community. We encourage you to share this information with your colleagues, so they know that it is safe to seek mental health care and that we support you. ■

Attachment #6

Dental Assisting

5 Ways Dentists Can Make Dental Assistants Feel Valued

May 13, 2026 (From DANB.org)

Behind every smooth procedure, calm patient, and efficient day at the practice, there's a dental assistant making it all happen. So why do many feel undervalued? Despite touching every area of the office, dental assistants often feel they are overlooked, underappreciated, and not fairly compensated for their work.

"I hope doctors and managers really realize what a dental assistant does on a daily basis," says Denys, a dental assistant in Washington. "They are the glue to the office and take on a lot that sometimes isn't recognized and appreciated! There's more to a dental assistant than many think. It's hard work that only the greatest can do!"

By taking intentional actions to recognize their impact, such as offering fair pay and encouraging career growth, dentists can ensure dental assistants feel respected and valued as essential members of the team. We talked to dental assistants from around the country about ways dentists can provide support for dental assistants.

A Simple Thank-You

Dental assistants contribute a lot to dental practices, and their position should never be taken for granted. They guide the patient experience, lead infection control processes, assist chairside, and much more. While it may seem like a small gesture, giving verbal recognition shows appreciation and boosts morale. Especially on busy days, dentists should take the time to thank their dental assistants for all they do to keep the schedule and procedures running smoothly. This recognition can help dental assistants feel valued, increase job satisfaction, and improve patient care.

Jeanne says, "Knowing I have a supervisor who recognizes our importance, how much we do behind the scenes, and is constantly letting us know how appreciative they are of our services helps me feel valued at work."

Invest in Career Development

From updated infection control protocols to new industry standards, there is always new information to learn. By investing in career development opportunities, such as certifications or continuing education(opens in a new window), dentists show they are confident in their dental assistants' careers and want them to grow within the profession.

"A well-trained dental assistant is a credit to the practice!" says Jenifer. "There are numerous duties a Certified Dental Assistant can do that take the pressure off the doctor, allowing the office to run more efficiently and helping other staff members keep the practice clean and stocked between patients."

Dental practices can benefit from dental assistants earning certifications, as shown in DANB's Dental Assistants Salary and Satisfaction Survey. The data shows that Certified Dental Assistants (CDAs) are less likely to change jobs and more likely to be leaders or trainers in the office. Investing in certification can demonstrate to dental assistants that their career growth is valued, helping practices improve staff retention and maintain a more stable, experienced workforce.

Offer Competitive Pay

Earning a fair wage is important to all dental assistants, and salary is the top factor that impacts their job satisfaction. Dentists should offer pay that reflects a dental assistant's experience and credentials to demonstrate that their contributions are valued within the practice. Competitive compensation sends a strong message of appreciation and acknowledges the work dental assistants do every day. Additionally, recognizing their value through fair pay helps build employer loyalty and increases job satisfaction. DANB's Financial Impact of Dental Assistants on the Dental Practice report explains how higher pay can increase dental assistant retention — resulting in increased productivity and higher revenues for practices.

Nicole shares, "Dental assistants deserve recognition, fair pay, and genuine respect — not as 'support staff,' but as critical professionals whose skill, dedication, and heart make quality dental care possible."

Dentists can use DANB's Salary and Satisfaction Survey or look at what other offices in the area are paying to gauge a fair wage based on factors such as location, experience, and credentials.

Honor Breaks and Time Off

Dentists can support dental assistants by ensuring they have opportunities to recharge during the day, such as encouraging short breaks. Dentists can also promote a healthy work-life balance by providing staff with reasonable paid time off. If a practice is experiencing staffing shortages and dental assistants are taking on more responsibilities, there should be an open dialogue between dental assistants and office leaders to strategize the best approach to scheduling and workload distribution.

Welcome Feedback

When dentists listen to feedback, dental assistants feel heard and more established in a professional space. Having an open line of communication between dentists and dental assistants creates a welcoming environment where staff members feel comfortable raising concerns, areas of improvement, and thoughts regarding patient care.

"Clear communication and being included in conversations about patient care matter a lot," says Courtney. "When my input is asked for or trusted — whether it's anticipating a procedure, suggesting a workflow improvement, or advocating for a patient — it reinforces that my role is seen as essential, not replaceable."

This mutual respect encourages collaboration, strengthens trust within the team, and can lead to better clinical outcomes. Over time, consistent communication builds confidence and reinforces a culture where every team member's perspective is valued. ■

TIPS FOR AVOIDING COMPLAINTS BEING FILED WITH THE BOARD

By law, the Board is required to conduct an investigation of every complaint received. Board investigations take up your valuable time and may have been avoided with clear communication and good patient relations. Following are a few tips that are worth reviewing regularly and should assist you in preventing complaints being filed by frustrated patients.

- Train front-office personnel in providing information to your patients and potential patients in a friendly and courteous manner. Also, any discussions about fees should include caveats about any additional services that may need to be performed. For instance, if a potential patient calls wanting to know the cost of an extraction, the caller should also be advised that there may be other services and fees required such as for examination and x-rays.

- Provide patients with a written copy of your office procedures including fees, payment expectations, insurance filings, management of pediatric patients, cancellations and patient responsibilities.

- Be specific with patients regarding the treatment plan and procedures that you will be following and the meaning of various terms.

- Pre-authorize treatment to be done with the patient's insurance company prior to performing the procedure and share the outcome of the prior authorization with the patient before beginning treatment.

- Document all procedures performed, anesthesia administered, x-rays taken, treatment complications, etc. in the patient record. If it isn't documented – it can be argued that it didn't happen! Documentation is your best defense. No one has ever been disciplined by the Board for over documenting.

- If in doubt about your diagnosis or treatment plan, consult with a colleague or a specialist.

- If a patient is dissatisfied with the treatment received, or the outcome, discuss their concerns with them personally and immediately. Do not be defensive, listen to the patient's concerns and work with them for a mutually acceptable outcome.

- Make sure that everyone in your practice/location that is required to have a license, permit or certificate has posted the license, permit or certificate where patients can see it and that the license, permit or certificate is current. If a license has expired, not only can the holder of the license be disciplined, the doctor can also be disciplined for allowing an unlicensed person to practice. ■

Attachment #6

OREGON BOARD OF DENTISTRY

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