

**OREGON BOARD OF DENTISTRY  
MINUTES  
October 25, 2019**

MEMBERS PRESENT: Amy B. Fine, D.M.D., President  
Yadira Martinez, R.D.H., Vice President  
Gary Underhill, D.M.D.  
Todd Beck, D.M.D.  
Hai Pham, D.M.D.  
Jose Javier, D.D.S.  
Reza Sharifi, D.M.D.  
Alicia Riedman, R.D.H.  
Chip Dunn

STAFF PRESENT: Stephen Prisby, Executive Director  
Daniel Blickestaff, D.D.S., Dental Director/ Chief Investigator  
Winthrop "Bernie" Carter, D.D.S., Dental Investigator  
Teresa Haynes, Office Manager (portion of meeting)  
Shane Rubio, Investigator (portion of meeting)  
Haley Robinson, Investigator (portion of meeting)  
Samantha VandeBerg, Office Specialist (portion of meeting)

ALSO PRESENT: Lori Lindley, Sr. Assistant Attorney General

VISITORS PRESENT: Jen Lewis-Goff, O.D.A.; Andrew J. Cohen, Department of Administrative Services (D.A.S.); Gail Aamodt, R.D.H., E.P.D.H., Pacific University; Ann Ossinger, R.D.H., E.P.D.H.; Wilber Ramirez, R.D.H., E.P.D.H., Pacific University; Cassie Leone, O.D.A.; Amy Coplen, R.D.H., E.P.D.H., Pacific University; Mary Harrison, O.D.A.A.; Phil Marucha, D.M.D., Ph.D., O.H.S.U.; Pamela Lynch, E.P.D.H.; Dr. Saulo L. Sousa Melo, O.H.S.U.; John Snyder, D.M.D., Permanente Dental Associates (P.D.A.); Stephen Bush, P.D.A.; Barry Taylor, D.M.D., O.D.A.; Dayna Steringer, Willamette Dental Group.

**Call to Order:** The meeting was called to order by the President at 7:30 a.m. at the Board office; 1500 SW 1<sup>st</sup> Ave., Suite 770, Portland, Oregon.

**NEW BUSINESS**

**Approval of Minutes**

Dr. Javier moved and Ms. Martinez seconded that the Board approve the minutes from the August 23, 2019 Board Meeting as amended. The motion passed unanimously.

## **ASSOCIATION REPORTS**

### **Oregon Dental Association (ODA)**

Dr. Barry Taylor thanked Stephen Prisby for his help with the flu vaccine clinic, and Haley Robinson for her participation at the ODA's Wellness Committee meeting.

### **Oregon Dental Hygienists' Association (ODHA)**

Nothing to report.

### **Oregon Dental Assistants Association (ODAA)**

Ms. Harrison reported that the ODAA has invited a representative from the Dental Assistant's Consortium to join their Board.

## **COMMITTEE AND LIAISON REPORTS**

### **WREB Liaison Report**

Dr. Fine reported that the Dental Examiner Review Board will take place on November 8, 2019.

### **AADB Liaison Report**

Dr. Fine reported that she, Ms. Martinez, Mr. Prisby and Dr. Beck attended the AADB meeting on October 19<sup>th</sup> & 20<sup>th</sup>, 2019. Dr. Fine reported that the Western Caucus elected her to represent the AADB on the ADA's JDEL, and that she would have more information in the future.

### **ADEX Liaison Report**

Dr. Pham reported that he attended the ADEX meeting in Chicago back in August.

### **CDCA Liaison Report**

Dr. Fine reported that the annual CDCA meeting will take place in January, 2020.

## **EXECUTIVE DIRECTOR'S REPORT**

### **OBD Budget Status Report**

Mr. Prisby presented the Month 13 report from the 2017 - 2019 Biennium which reconciled final transactions for the Biennium. Expense lines show that revenue came in slightly ahead of budget and expenses were slightly below budget as well. He also included the first report for the current 2019 - 2021 Budget Biennium, which is from July 1, 2019 through, August 31, 2019, and it shows \$540,333.07 of revenue and \$210,818.58 of expenses.

### **Customer Service Survey**

Mr. Prisby presented the legislatively mandated survey results from July 1, 2019 – September 30, 2019. The results of the survey show that the OBD continues to receive positive ratings from the majority of those that submit a survey.

### **Board and Staff Speaking Engagements**

Board President Dr. Amy B. Fine attended the Oregon Dental Associations' House of Delegates Meeting in Portland on Saturday, September 30, 2019.

Haley Robinson gave a HPSP presentation at the ODA for their Wellness Ambassador event in Wilsonville on Wednesday, October 9, 2019.

Stephen Prisby shared updates from Oregon and led a general discussion on common issues most states are facing in the regulatory environment at the AADA Annual Meeting in Las Vegas, Nevada on Thursday, October 17, 2019.

Lori Lindley led the Attorneys' Round Table discussion at the AADB Annual Meeting in Las Vegas, Nevada on Sunday, October 20, 2019.

### **AADA & AADB Annual Meetings**

The American Association of Dental Administrators (AADA) & the American Association of Dental Boards (AADB) Annual Meetings were scheduled October 17 – 20, 2019 in Las Vegas, Nevada.

Dr. Amy B. Fine, Dr. Todd Beck, Yadira Martinez, RDH, Lori Lindley and Stephen Prisby attended the AADB Meeting. Lori Lindley led the Attorneys' Roundtable as well. Mr. Prisby attended the AADA Meeting as Secretary of its organization, and provided a brief oral report to the Board. He reported that he was elected Vice-President of the AADA during the business session of the meeting.

### **Dental Hygiene License Renewal**

The renewal period started on July 17<sup>th</sup> and ended September 30<sup>th</sup>.

- Renewed: 1946
- Retired: 42
- Expired: 171
- Resigned: 1
- Deceased: 1

### **2019 Annual Performance Progress Report**

Mr. Prisby presented the OBD's FY 2019 Annual Performance Progress Report which was submitted to the Legislative Fiscal Office. Most state agencies are required to complete this report annually.

### **2019 Legislation with Statewide Impact**

Mr. Prisby presented a report on bills from the 2019 Legislative Session with statewide impact compiled by the Department of Administrative Services.

### **Liquidated & Delinquent Account Reporting**

Mr. Prisby presented slides from DAS training which he attended on August 28, 2019 in Salem. Every agency is required to report on any type of money owed to them at the conclusion of every fiscal year. He is sharing this with the Board to keep the Board up to date on the financial controls and processes the Board adheres to.

### **OSP 2019 CJIS Statewide Training**

Mr. Prisby presented the agenda from the Oregon State Police Criminal Justice Information Services Statewide Training that Teresa Haynes and Haley Robinson attended August 27-29, 2019 in Seaside, to keep the OBD up to date and in compliance with CJIS requirements.

### **All Agency Directors Meeting**

Mr. Prisby attended an all agency director meeting on October 1, 2019 in Salem which covered a lot of information that impacts most state agencies. Two presentations from the meeting were referenced.

### **Agency Authorized Telecom Coordinator (AATC) Meeting**

Teresa Haynes attended the AATC Meeting on October 2, 2019 in Salem.

### **Charitable Fund Drive**

The State of Oregon Employees' Charitable Fund Drive is an annual, combined charitable giving campaign tailored to meet the needs and wishes of employees of the State of Oregon.

### **Newsletter**

The OBD is planning to distribute the next Newsletter in December.

## **UNFINISHED BUSINESS & RULES**

### **Public Comment has been accepted since late August and Public Rulemaking Hearings were held September 17 & October 11 on the proposed rule changes.**

Mr. Prisby shared an overview of the proposed rule changes discussed at the last Board Meeting, including public comments and testimony that were in the Board Book.

Dr. Javier moved and Ms. Martinez seconded that the Board amend OAR 818-001-0002 – Definitions - as presented and make the rule effective January 1, 2020. The motion passed unanimously.

#### **818-001-0002**

##### **Definitions**

As used in OAR chapter 818:

- (1) "Board" means the Oregon Board of Dentistry, the members of the Board, its employees, its agents, and its consultants.
- (2) "Dental Practice Act" means ORS Chapter 679 and 680.010 to 680.170 and the rules adopted pursuant thereto.
- (3) "Dentist" means a person licensed pursuant to ORS Chapter 679 to practice dentistry.
- (4) "Direct Supervision" means supervision requiring that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.
- (5) "General Supervision" means supervision requiring that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.
- (6) "Hygienist" means a person licensed pursuant to ORS 680.010 to 680.170 to practice dental hygiene.
- (7) "Indirect Supervision" means supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.
- (8) "Informed Consent" means the consent obtained following a thorough and easily understood explanation to the patient, or patient's guardian, of the proposed procedures, any available alternative procedures and any risks associated with the procedures. Following the explanation, the licensee shall ask the patient, or the patient's guardian, if there are any questions. The licensee shall provide thorough and easily understood answers to all questions asked.
- (9) "Licensee" means a dentist or hygienist.
  - (a) "Volunteer Licensee" is a dentist or dental hygienist licensed according to rule to provide dental health care without receiving or expecting to receive compensation.
- (10) "Limited Access Patient" means a patient who, due to age, infirmity, or handicap is

unable to receive regular dental hygiene treatment in a dental office.

(11) "Specialty." The specialty definitions are added to more clearly define the scope of the practice as it pertains to the specialty areas of dentistry.

**(a) "Dental Anesthesiology" is the specialty of dentistry that deals with the management of pain through the use of advanced local and general anesthesia techniques.**

~~(a)~~ **(b)** "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.

~~(b)~~ **(c)** "Endodontics" is the branch of dentistry which is concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including biology of the normal pulp, the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

~~(c)~~ **(d)** "Oral and Maxillofacial Pathology" is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes, and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

~~(d)~~ **(e)** "Oral and Maxillofacial Radiology" is the specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.

~~(e)~~ **(f)** "Oral and Maxillofacial Surgery" is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

~~(f)~~ **(g)** "Orthodontics and Dentofacial Orthopedics" is the area of dentistry concerned with the supervision, guidance and correction of the growing or mature dentofacial structures, including those conditions that require movement of teeth or correction of malrelationships and malformations of their related structures and the adjustment of relationships between and among teeth and facial bones by the application of forces and/or the stimulation and redirection of functional forces within the craniofacial complex. Major responsibilities of orthodontic practice include the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures; the design, application and control of functional and corrective appliances; and the guidance of the dentition and its supporting structures to attain and maintain optimum occlusal relations in physiologic and esthetic harmony among facial and cranial structures.

~~(g)~~ **(h)** "Pediatric Dentistry" is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health care needs.

~~(h)~~ **(i)** "Periodontics" is the specialty of dentistry which encompasses the prevention, diagnosis and treatment of diseases of the supporting and surrounding tissues of the teeth or their substitutes and the maintenance of the health, function and esthetics of these structures and tissues.

~~(i)~~ **(j)** "Prosthodontics" is the branch of dentistry pertaining to the restoration and maintenance of oral functions, comfort, appearance and health of the patient by the restoration of natural teeth and/or the replacement of missing teeth and contiguous oral

and maxillofacial tissues with artificial substitutes.

(12) "Full-time" as used in ORS 679.025 and 680.020 is defined by the Board as any student who is enrolled in an institution accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency in a course of study for dentistry or dental hygiene.

(13) For purposes of ORS 679.020(4)(h) the term "dentist of record" means a dentist that either authorized treatment for, supervised treatment of or provided treatment for the patient in clinical settings of the institution described in 679.020(3).

(14) "Dental Study Group" as used in ORS 679.050, OAR 818-021-0060 and OAR 818-021-0070 is defined as a group of licensees who come together for clinical and non-clinical educational study for the purpose of maintaining or increasing their competence. This is not meant to be a replacement for residency requirements.

(15) "Physical Harm" as used in OAR 818-001-0083(2) is defined as any physical injury that caused, partial or total physical disability, incapacity or disfigurement. In no event shall physical harm include mental pain, anguish, or suffering, or fear of injury.

(16) "Teledentistry" is defined as the use of information technology and telecommunications to facilitate the providing of dental primary care, consultation, education, and public awareness in the same manner as telehealth and telemedicine.

**(17) "BLS for Healthcare Providers or its Equivalent" the CPR certification standard is the American Heart Association's BLS Healthcare Providers Course or its equivalent, as determined by the Board. This initial CPR course must be a hands-on course; online CPR courses will not be approved by the Board for initial CPR certification.**

**After the initial CPR certification, the Board will accept a Board-approved BLS for Healthcare Providers or its equivalent Online Renewal course for license renewal. A CPR certification card with an expiration date must be received from the CPR provider as documentation of CPR certification. The Board considers the CPR expiration date to be the last day of the month that the CPR instructor indicates that the certification expires.**

Ms. Martinez moved and Dr. Pham seconded that the Board amend OAR 818-012-0005 – Scope of Practice, adopt OAR 818-012-0007 – Procedures, amend Record Keeping and Reporting, and amend OAR 818-012-0070 – Patient Records - as presented and make the rule effective January 1, 2020. The motion passed unanimously.

#### **818-012-0005**

##### **Scope of Practice**

(1) No dentist may perform any of the procedures listed below:

- (a) Rhinoplasty;
- (b) Blepharoplasty;
- (c) Rhytidectomy;
- (d) Submental liposuction;
- (e) Laser resurfacing;
- (f) Browlift, either open or endoscopic technique;
- (g) Platysmal muscle plication;
- (h) Otoplasty;
- (i) Dermabrasion;
- (j) Hair transplantation, not as an isolated procedure for male pattern baldness; and
- (k) Harvesting bone extra orally for dental procedures, including oral and maxillofacial procedures.

(2) Unless the dentist:

- (a) Has successfully completed a residency in Oral and Maxillofacial Surgery accredited by the American Dental Association, Commission on Dental Accreditation (CODA), or

(b) Holds privileges either:

(A) Issued by a credentialing committee of a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to perform these procedures in a hospital setting; or

(B) Issued by a credentialing committee for an ambulatory surgical center licensed by the State of Oregon and accredited by either the JCAHO or the Accreditation Association for Ambulatory Health Care (AAAHC).

(3) A dentist may utilize Botulinum Toxin Type A and dermal fillers to treat a condition that is within the scope of the practice of dentistry after completing a minimum of 20 hours in a hands on clinical course(s), which includes both Botulinum Toxin Type A and dermal fillers, and the provider is approved by the Academy of General Dentistry Program Approval for Continuing Education (AGD PACE) or by the American Dental Association Continuing Education Recognition Program (ADA CERP).

### **818-012-0007 – Procedures, Record Keeping and Reporting**

**(1) Prior to administering a vaccine to a patient of record, the dentist must follow the “Model Standing Orders” approved by the Oregon Health Authority (OHA) for administration of vaccines and the treatment of severe adverse events following administration of a vaccine.**

**(2) The dentist must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.**

**(3) The dentist or designated staff must give the appropriate Vaccine Information Statement (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The dentist or designated must ensure that the patient or legal representative is available and has read, or has had read to them, the information provided and has had their questions answered prior to the dentist administering the vaccine. The VIS given to the patient must be the most current statement.**

**(4) The dentist or designated staff must document in the patient record:**

**(a) The date and site of the administration of the vaccine;**

**(b) The brand name, or NDC number, or other acceptable standardized vaccine code set, dose, manufacturer, lot number, and expiration date of the vaccine;**

**(c) The name or identifiable initials of the administering dentist;**

**(d) The address of the office where the vaccine(s) was administered unless automatically embedded in the electronic report provided to the OHA ALERT Immunization System;**

**(e) The date of publication of the VIS; and**

**(f) The date the VIS was provided and the date when the VIS was published.**

**(5) If providing state or federal vaccines, the vaccine eligibility code as specified by the OHA must be reported to the ALERT system.**

**(6) A dentist who administers any vaccine must report, the elements of Section (3), and Section (4) of this rule if applicable, to the OHA ALERT Immunization System within 14 days of administration.**

**(7) The dentist must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS), to the Oregon Board of Dentistry within 10 business days and to the primary care provider as identified by the patient.**

**(8) A dentist who administers any vaccine will follow storage and handling guidance from the vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).**

**(9) Dentists who do not follow this rule can be subject to discipline for failure to adhere to these requirements.**

## 818-012-0070

### Patient Records

(1) Each licensee shall have prepared and maintained an accurate **and legible** record for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the licensee rendering the service and include:

- (a) Name and address and, if a minor, name of guardian;
- (b) Date description of examination and diagnosis;
- (c) An entry that informed consent has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "SOAP" (Subjective Objective Assessment Plan) or their equivalent.
- (d) Date and description of treatment or services rendered;
- (e) Date, description and documentation of informing the patient of any recognized treatment complications;
- (f) Date and description of all radiographs, study models, and periodontal charting;
- (g) Health history; and
- (h) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.

(2) Each licensee shall have prepared and maintained an accurate record of all charges and payments for services including source of payments.

(3) Each licensee shall maintain patient records and radiographs for at least seven years from the date of last entry unless:

- (a) The patient requests the records, radiographs, and models be transferred to another licensee who shall maintain the records and radiographs;
- (b) The licensee gives the records, radiographs, or models to the patient; or
- (c) The licensee transfers the licensee's practice to another licensee who shall maintain the records and radiographs.

**(4) When a dental implant is placed the following information must be given to the patient in writing and maintained in the patient record:**

**(a) Manufacture brand;**

**(b) Design name of implant;**

**(c) Diameter and length;**

**(d) Lot number;**

**(e) Reference number;**

**(f) Expiration date;**

**(g) Product labeling containing the above information may be used in satisfying this requirement.**

~~(4)~~**(5)** When changing practice locations, closing a practice location or retiring, each licensee must retain patient records for the required amount of time or transfer the custody of patient records to another licensee licensed and practicing dentistry in Oregon. Transfer of patient records pursuant to this section of this rule must be reported to the Board in writing within 14 days of transfer, but not later than the effective date of the change in practice location, closure of the practice location or retirement. Failure to transfer the custody of patient records as required in this rule is unprofessional conduct.

~~(5)~~**(6)** Upon the death or permanent disability of a licensee, the administrator, executor, personal representative, guardian, conservator or receiver of the former licensee must notify the Board in writing of the management arrangement for the custody and transfer of patient records. This individual must ensure the security of and access to patient records by the patient or other authorized party, and must report arrangements for permanent custody of patient records to the Board in writing within 90 days of the death of the licensee.



Dr. Beck moved and Dr. Pham seconded that the Board adopt OAR 818-012-0006 – Qualifications – Administration of Vaccines – as amended, and make the rule effective January 1, 2020. The motion passed unanimously.

**818-012-0006 – Qualifications – Administration of Vaccines**

**(1) A dentist may administer vaccines to a patient of record.**

**(2) A dentist may administer vaccines under Section (1) of this rule only if:**

**(a) The dentist has completed a course of training approved by the Board; and**

**(b) The vaccines are administered in accordance with the “Model Standing Orders” approved by the Oregon Health Authority (OHA); and.**

~~(c) The dentist has a current copy of the CDC reference, “Epidemiology and Prevention of Vaccine-Preventable Diseases.”~~

~~(d) The dentist has an emergency kit that contains at a minimum;~~

~~(i) Epinephrine auto injector — Adult 0.3mg~~

~~(ii) Epinephrine auto injector — Pediatric 0.15mg~~

~~(i) — 1 multi-dose vial of 1:1000 epinephrine with appropriate syringes, or 3 adult-dose epinephrine auto-injectors and 3 pediatric-dose auto-injectors.~~

~~(iii) (ii) Diphenhydramine 50mg/mL~~

~~(iv) (iii) Ammonia Inhalants~~

~~(v) (iv) Appropriate syringes with needles~~

~~(vi) (v) CPR shield~~

**(3) The dentist may not delegate the administration of vaccines to another person.**

~~(4) The dentist may not self-administer a vaccine to themselves.~~

Dr. Beck moved and Dr. Pham seconded that the Board amend OAR 818-012-0030- Unprofessional Conduct – as amended, and make the rule effective January 1, 2020. The motion passed unanimously.

**818-012-0030**

**Unprofessional Conduct**

The Board finds that in addition to the conduct set forth in ORS 679.140(2), unprofessional conduct includes, but is not limited to, the following in which a licensee does or knowingly permits any person to:

(1) Attempt to obtain a fee by fraud, or misrepresentation.

(2) Obtain a fee by fraud, or misrepresentation.

(a) A licensee obtains a fee by fraud if the licensee knowingly makes, or permits any person to make, a material, false statement intending that a recipient, who is unaware of the truth, rely upon the statement.

(b) A licensee obtains a fee by misrepresentation if the licensee obtains a fee through making or permitting any person to make a material, false statement.

(c) Giving cash discounts and not disclosing them to third party payers is not fraud or misrepresentation.

(3) Offer rebates, split fees, or commissions for services rendered to a patient to any person other than a partner, employee, or employer.

(4) Accept rebates, split fees, or commissions for services rendered to a patient from any person other than a partner, employee, or employer.

(5) Initiate, or engage in, with a patient, any behavior with sexual connotations. The behavior can include but is not limited to, inappropriate physical touching; kissing of a sexual nature; gestures or expressions, any of which are sexualized or sexually demeaning to a patient; inappropriate procedures, including, but not limited to, disrobing and draping practices that reflect a lack of respect for the patient's privacy; or initiating inappropriate communication, verbal or written, including, but not limited to, references to a patient's body or clothing that are sexualized or sexually demeaning to a patient;

and inappropriate comments or queries about the professional's or patient's sexual orientation, sexual performance, sexual fantasies, sexual problems, or sexual preferences.

(6) Engage in an unlawful trade practice as defined in ORS 646.605 to 646.608.

(7) Fail to present a treatment plan with estimated costs to a patient upon request of the patient or to a patient's guardian upon request of the patient's guardian.

(8) Misrepresent any facts to a patient concerning treatment or fees.

(9)(a) Fail to provide a patient or patient's guardian within 14 days of written request:

(A) Legible copies of records; and

(B) Duplicates of study models, radiographs of the same quality as the originals, and photographs if they have been paid for.

(b) The licensee may require the patient or guardian to pay in advance a fee reasonably calculated to cover the costs of making the copies or duplicates. The licensee may charge a fee not to exceed \$30 for copying 10 or fewer pages of written material and no more than \$0.50 per page for pages 11 through 50 and no more than \$0.25 for each additional page (including records copied from microfilm), plus any postage costs to mail copies requested and actual costs of preparing an explanation or summary of information, if requested. The actual cost of duplicating radiographs may also be charged to the patient. Patient records or summaries may not be withheld from the patient because of any prior unpaid bills, except as provided in (9)(a)(B) of this rule.

(10) Fail to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders services.

(11) Use prescription forms pre-printed with any Drug Enforcement Administration number, name of controlled substances, or facsimile of a signature.

(12) Use a rubber stamp or like device to reproduce a signature on a prescription form or sign a blank prescription form.

(13) Order drugs listed on Schedule II of the Drug Abuse Prevention and Control Act, 21 U.S.C. Sec. 812, for office use on a prescription form.

(14) Violate any Federal or State law regarding controlled substances.

(15) Becomes addicted to, or dependent upon, or abuses alcohol, illegal or controlled drugs, or mind altering substances, or practice with an untreated substance use disorder diagnosis that renders the licensee unable to safely conduct the practice of dentistry or dental hygiene.

(16) Practice dentistry or dental hygiene in a dental office or clinic not owned by an Oregon licensed dentist(s), except for an entity described under ORS 679.020(3) and dental hygienists practicing pursuant to ORS 680.205(1)(2).

(17) Make an agreement with a patient or person, or any person or entity representing patients or persons, or provide any form of consideration that would prohibit, restrict, discourage or otherwise limit a person's ability to file a complaint with the Oregon Board of Dentistry; to truthfully and fully answer any questions posed by an agent or representative of the Board; or to participate as a witness in a Board proceeding.

(18) Fail to maintain at a minimum a current BLS for Healthcare Providers certificate or its equivalent. ~~(Effective January 2015).~~

(19) Conduct unbecoming a licensee or detrimental to the best interests of the public, including conduct contrary to the recognized standards of ethics of the licensee's profession or conduct that endangers the health, safety or welfare of a patient or the public.

(20) Knowingly deceiving or attempting to deceive the Board, an employee of the Board, or an agent of the Board in any application or renewal, or in reference to any matter under investigation by the Board. This includes but is not limited to the omission, alteration or destruction of any record in order to obstruct or delay an investigation by the Board, or to omit, alter or falsify any information in patient or business records.

(21) Knowingly practicing with a physical or mental impairment that renders the Licensee

unable to safely conduct the practice of dentistry or dental hygiene.

(22) Take any action which could reasonably be interpreted to constitute harassment or retaliation towards a person whom the licensee believes to be a complainant or witness.

**(23) Fail to register with the Prescription Drug Monitoring Program (PDMP) in order to have access to the Program's electronic system if the Licensee holds a Federal Drug Enforcement Administration (DEA) registration.**

Dr. Pham moved and Ms. Martinez seconded that the Board amend the changes to OAR 818-015-0007 – Specialty Advertising – as presented, and make the rule effective January 1, 2020. The motion passed unanimously.

#### **818-015-0007**

##### **Specialty Advertising**

(1) A dentist may only advertise as a specialist in an area of dentistry which is recognized by the Board and in which the dentist is licensed or certified by the Board.

(2) The Board recognizes the following specialties:

- (a) Endodontics;
- (b) Oral and Maxillofacial Surgery;
- (c) Oral and Maxillofacial Radiology;
- (d) Oral and Maxillofacial Pathology;
- (e) Orthodontics and Dentofacial Orthopedics;
- (f) Pediatric Dentistry;
- (g) Periodontics;
- (h) Prosthodontics;
- (i) Dental Public Health;

##### **(j) Dental Anesthesiology.**

(3) A dentist whose license is not limited to the practice of a specialty under OAR 818-021-0017 may advertise that the dentist performs or limits practice to specialty services even if the dentist is not a specialist in the advertised area of practice so long as the dentist clearly discloses that the dentist is a general dentist or a specialist in a different specialty. For example, the following disclosures would be in compliance with this rule for dentists except those licensed pursuant to 818-021-0017: "Jane Doe, DDS, General Dentist, practice limited to pediatric dentistry." "John Doe, DMD, Endodontist, practice includes prosthodontics."

Dr. Javier moved and Ms. Riedman seconded that the Board amend OAR 818-021-0010 – Application for License to Practice Dentistry, OAR 818-021-0011 – Application for License to Practice Dentistry Without Further Examination, OAR 818-021-0020 – Application for License to Practice Dental Hygiene, OAR 818-021-0025 – Application for License to Practice Dental Hygiene without Further Examination, OAR 818-021-0060 – Continuing Education – Dentists, OAR 818-021-0070 – Continuing Education – Dental Hygienists, and OAR 818-021-0088 – Volunteer License – as presented, and make the rule effective January 1, 2020. The motion passed unanimously.

#### **818-021-0010**

##### **Application for License to Practice Dentistry**

(1) An applicant to practice general dentistry, in addition to the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

- (a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American

- Dental Association, and proficiency in the English language; and
- (c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination.
- (2) An applicant who has not met the educational requirements for licensure may apply for examination if the Dean of an accredited school certifies the applicant will graduate.
- (3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, ~~or~~ regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years.
- ~~(4) An applicant who passes the clinical portion but not the jurisprudence portion of the examination may retake the jurisprudence examination without limit on the number of times. The applicant must pass the jurisprudence portion within five years of passing the clinical portion or must retake the clinical examination.~~
- ~~(5)~~ (4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association.

### **818-021-0011**

#### **Application for License to Practice Dentistry Without Further Examination**

- (1) The Oregon Board of Dentistry may grant a license without further examination to a dentist who holds a license to practice dentistry in another state or states if the dentist meets the requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory evidence of:
- (a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or completion of a postdoctoral General Dentistry Residency program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
- (c) Having passed the dental clinical examination conducted by a regional testing agency, ~~or~~ by a state dental licensing authority, by a national testing agency or other Board-recognized testing agency; and
- (d) Holding an active license to practice dentistry, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dentistry, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and
- (e) Having conducted licensed clinical practice in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dentists employed by a dental education program in a CODA accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry, and any adverse actions or restrictions; and
- (f) Having completed 40 hours of continuing education in accordance with the Board's

continuing education requirements contained in these rules within the two years immediately preceding application.

(2) Applicants must pass the Board's Jurisprudence Examination.

(3) A dental license granted under this rule will be the same as the license held in another state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty, the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds more than one license, the Oregon Board will issue a dental license which is least restrictive.

818-021-0017

### **Application to Practice as a Specialist**

(1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association and active licensure as a general dentist in another state. Licensure as a general dentist must have been obtained as a result of the passage of any clinical Board examination administered by any state, ~~or~~ regional testing agency, [national testing agency or other Board-recognized testing agency](#);

(b) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; ~~and~~

(c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association; ~~and~~

[\(d\) Passing the Board's jurisprudence examination.](#)

(1) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or

(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state or regional testing agency within the five years immediately preceding application; and

(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination;

[\(d\) Passing the Board's jurisprudence examination;](#) and

(3) An applicant who meets the above requirements shall be issued a specialty license upon:

(a) Passing a specialty examination approved by the Board [within the five years immediately preceding application;](#) or

[\(b\) Passing a specialty examination approved by the Board greater than five years prior to application; and](#)

[\(A\) Having conducted licensed clinical practice in the applicant's postdoctoral](#)

dental specialty in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry in the specialty applicant is applying for, and any adverse actions or restrictions; and;

(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

~~(b) Passing the Board's jurisprudence examination.~~

(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. The applicable fee and application for the reexamination shall be submitted to the Board at least 45 days before the scheduled examination. If the applicant fails to pass the third examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.

(5) Licenses issued under this rule shall be limited to the practice of the specialty only.

#### **818-021-0020**

##### **Application for License to Practice Dental Hygiene**

(1) An applicant to practice dental hygiene, in addition to the requirements set forth in ORS 680.040 and 680.050, shall submit to the Board satisfactory evidence of:

(a) Having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and

(c) Certification of having passed the dental hygiene examination administered by the Joint Commission on National Dental Examinations or the Canadian National Dental Hygiene Certificate Examination.

(2) An applicant who has not met the educational requirements for licensure may apply if the Director of an accredited program certifies the applicant will graduate.

(3) An applicant must pass a Board examination consisting of a clinical portion administered by the Board, or any clinical Board examination administered by any state, ~~or~~ regional testing agency, national testing agency or other Board-recognized testing agency and a jurisprudence portion administered by the Board. Clinical examination results will be recognized by the Board for five years.

~~(4) An applicant who passes the clinical portion but not the jurisprudence portion of the examination may retake the jurisprudence examination without limit on the number of times. The applicant must pass the jurisprudence portion within five years of passing the clinical portion or must retake the clinical examination.~~

~~(5)~~ (4) A person who fails any Board approved clinical examination three times must successfully complete the remedial training recommended by the testing agency. Such remedial training must be conducted by a dental hygiene program accredited by the

**818-021-0025**

**Application for License to Practice Dental Hygiene Without Further Examination**

(1) The Oregon Board of Dentistry may grant a license without further examination to a dental hygienist who holds a license to practice dental hygiene in another state or states if the dental hygienist meets the requirements set forth in ORS 680.040 and 680.050 and submits to the Board satisfactory evidence of:

(a) Having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and

(c) Having passed the clinical dental hygiene examination conducted by a regional testing agency or by a state dental or dental hygiene licensing authority, by a national testing agency or other Board-recognized testing agency; and

(d) Holding an active license to practice dental hygiene, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental hygiene, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and

(e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dental hygienists employed by a CODA accredited dental hygiene program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dental hygiene, and any adverse actions or restrictions; and

(f) Having completed 24 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.

(2) Applicants must pass the Board's Jurisprudence Examination.

**818-021-0060**

**Continuing Education — Dentists**

(1) Each dentist must complete 40 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.

(2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.

(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dentist passes the examination.

(d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.

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

(5) All dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.

(6) At least two (2) hours of continuing education must be related to infection control. ~~(Effective January 1, 2015.)~~

**(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021.)**

#### **818-021-0070**

##### **Continuing Education — Dental Hygienists**

(1) 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.

(2) Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

(a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.

(b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)

(c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental hygienist passes the examination.

(d) Continuing education credit can be given for volunteer pro bono dental hygiene services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Hygiene Examination, taken after initial licensure; or test development for clinical dental hygiene examinations. No more than 6 hours of credit



may be in these areas.

(4) 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.

(5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(~~4011~~) for renewal of the Nitrous Oxide Permit.

(6) At least two (2) hours of continuing education must be related to infection control.

~~(Effective January 1, 2015.)~~

(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021.)

#### **818-021-0088 - Volunteer License**

(1) An Oregon licensed dentist or dental hygienist who will be practicing for a supervised volunteer dental clinic, as defined in ORS 679.020(3)(f) and (g), may be granted a volunteer license provided licensee completes the following:

(a) Licensee must register with the Board as a health care professional and provide a statement as required by ORS 676.345.

(b) Licensee will be responsible to meet all the requirements set forth in ORS 676.345.

(c) Licensee must provide the health care service without compensation.

(d) Licensee shall not practice dentistry or dental hygiene for remuneration in any capacity under the volunteer license.

(e) Licensee must comply with all continuing education requirements for active licensed dentist or dental hygienist.

(f) Licensee must agree to volunteer for a minimum of ~~40 hours per calendar year~~ **80 hours per renewal cycle.**

(2) Licensee may surrender the volunteer license designation at anytime and request a return to an active license. The Board will grant an active license as long as all active license requirements have been met.

Dr. Javier moved and Ms. Riedman seconded that the Board amend OAR 818-021-0012 – Specialties Recognized, and OAR 818-021-0017 – Application to Practice as a Specialist as amended and make the rules effective January 1, 2020. The motion passed unanimously.

#### **818-021-0012**

##### **Specialties Recognized**

(1) A dentist may advertise that the dentist is a ~~a~~ dentist anesthesiologist, endodontist, oral and maxillofacial pathologist, oral and maxillofacial surgeon, oral and maxillofacial radiologist, orthodontist and dentofacial orthopedist, pediatric dentist, periodontist, prosthodontist or dental public health dentist, only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules. a

(2) A dentist may advertise that the dentist specializes in or is a specialist in dental anesthesiology, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, oral and maxillofacial radiology, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics or dental public health only if the dentist is licensed or certified by the Board in the specialty in accordance with Board rules.

#### **818-021-0017**

##### **Application to Practice as a Specialist**

(1) A dentist who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

(a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association and active licensure as a general

dentist in another state. Licensure as a general dentist must have been obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency;

(b) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination; and

(c) Proof of satisfactory completion of a post-graduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association-;

**(d) Passing the Board's jurisprudence examination.**

(2) A dentist who graduated from a dental school located outside the United States or Canada who wishes to practice as a specialist in Oregon, who does not have a current Oregon license, in addition to meeting the requirements set forth in ORS 679.060 and 679.065, shall submit to the Board satisfactory evidence of:

(a) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, proficiency in the English language, and evidence of active licensure as a general dentist in another state obtained as a result of the passage of any clinical Board examination administered by any state or regional testing agency; or

(b) Completion of a post-graduate specialty program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental, proficiency in the English language and certification of having successfully passed the clinical examination administered by any state, ~~or~~ regional testing agency, **national testing agency or other Board-recognized testing agency** within the five years immediately preceding application; and

(c) Certification of having passed the dental examination administered by the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination;

**(d) Passing the Board's jurisprudence examination;** and

(3) An applicant who meets the above requirements shall be issued a specialty license upon:

(a) Passing a specialty examination approved by the Board **within the five years immediately preceding application; or**

**(b) Passing a specialty examination approved by the Board greater than five years prior to application; and**

**(A) Having conducted licensed clinical practice in the applicant's postdoctoral dental specialty in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry in the specialty applicant is applying for, and any adverse actions or restrictions; and;**

**(B) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.**

~~(b) Passing the Board's jurisprudence examination.~~

(4) Any applicant who does not pass the first examination for a specialty license may apply for a second and third regularly scheduled specialty examination. ~~The applicable fee and application for the reexamination shall be submitted to the Board at least 45 days before the scheduled examination.~~ If the applicant fails to pass the third

examination for the practice of a recognized specialty, the applicant will not be permitted to retake the particular specialty examination until he/she has attended and successfully passed a remedial program prescribed by a dental school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.  
(5) Licenses issued under this rule shall be limited to the practice of the specialty only.

Dr. Beck moved and Dr. Javier seconded that the Board amend OAR 818-026-0030 – Requirements for Anesthesia Permits, Standards and Qualifications of an Anesthesia Monitor, OAR 818-026-0040 – Qualifications, Standards Applicable, and Continuing Education Requirement for Anesthesia Permits: Nitrous Oxide Permit, OAR 818-026-0050 – Minimal Sedation Permit, OAR 818-026-0055 – Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation, OAR 818-026-0060 – Moderate Sedation Permit, OAR 818-026-0065 – Deep Sedation Permit, OAR 818-026-0070 – General Anesthesia Permit, OAR 818-026-0080 – Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia – as presented, and make the rule effective January 1, 2020. The motion passed unanimously.

**818-026-0030 – Requirements for Anesthesia Permits, ~~Standards and Qualifications of an Anesthesia Monitor~~**

~~Requirement for Anesthesia Permit, Standards and Qualifications of an Anesthesia Monitor~~

(1) A permit holder who administers sedation shall assure that drugs, drug dosages, and/or techniques used to produce sedation shall carry a margin of safety wide enough to prevent unintended deeper levels of sedation.

(2) No licensee shall induce central nervous system sedation or general anesthesia without first having obtained a permit under these rules for the level of anesthesia being induced.

(3) A licensee may be granted a permit to administer sedation or general anesthesia with documentation of training/education and/or competency in the permit category for which the licensee is applying by any one the following:

(a) Initial training/education in the permit category for which the applicant is applying shall be completed no more than two years immediately prior to application for sedation or general anesthesia permit; or

(b) If greater than two years but less than five years since completion of initial training/education, an applicant must document completion of all continuing education that would have been required for that anesthesia/permit category during that five year period following initial training; or

(c) If greater than two years but less than five years since completion of initial training/education, immediately prior to application for sedation or general anesthesia permit, current competency or experience must be documented by completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50%) of the hours required by rule for Nitrous Oxide, Minimal Sedation, Moderate Sedation and General Anesthesia Permits. Deep Sedation and General Anesthesia Permits will require at least 120 hours of general anesthesia training.

(d) An applicant for sedation or general anesthesia permit whose completion of initial training/education is greater than five years immediately prior to application, may be granted a sedation or general anesthesia permit by submitting documentation of the requested permit level from another state or jurisdiction where the applicant is also licensed to practice dentistry or dental hygiene, and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application; or

(e) Demonstration of current competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

~~(4) Persons serving as anesthesia monitors in a dental office shall maintain current certification in Health Care Provider Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained in monitoring patient vital signs, and be competent in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. (The term "competent" as used in these rules means displaying special skill or knowledge derived from training and experience.)~~

~~(4)~~(5) A licensee holding a nitrous or minimal sedation permit, shall at all times maintain a current BLS for Health ~~care~~ Care Providers certificate or its equivalent.

~~(5)~~(6) A licensee holding an anesthesia permit for moderate sedation, deep sedation or general anesthesia at all times maintains a current BLS for Health ~~care~~ Care Providers certificate or its equivalent, and a current Advanced Cardiac Life Support (ACLS) Certificate or Pediatric Advanced Life Support (PALS) Certificate, whichever is appropriate for the patient being sedated. If a licensee permit holder sedates only patients under the age of 12, only PALS is required. If a licensee permit holder sedates only patients age 12 and older, only ACLS is required. If a licensee permit holder sedates patients younger than 12 years of age as well as older than 12 years of age, both ACLS and PALS are required. For licensees with a moderate sedation permit only, successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" at least every two years may be substituted for ACLS, but not for PALS.

~~(6)~~(7) Advanced Cardiac Life Support (ACLS) and or Pediatric Advanced Life Support (PALS) do not serve as a substitute for Health ~~C~~care Provider Basic Life Support (BLS).

~~(7)~~(8) When a dentist utilizes a single oral agent to achieve anxiolysis only, no anesthesia permit is required.

~~(8)~~(9) The applicant for an anesthesia permit must pay the appropriate permit fee, submit a completed Board-approved application and consent to an office evaluation.

~~(9)~~(10) Permits shall be issued to coincide with the applicant's licensing period.

### **818-026-0040 - Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit**

Qualifications, Standards Applicable, and Continuing Education Requirements for Anesthesia Permits: Nitrous Oxide Permit  
Nitrous Oxide Sedation.

(1) The Board shall issue a Nitrous Oxide Permit to an applicant who:

- (a) Is either a licensed dentist or licensed hygienist in the State of Oregon;
- (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
- (c) Has completed a training course of at least 14 hours of instruction in the use of nitrous oxide from a dental school or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association, or as a postgraduate.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow delivery of appropriate care in an emergency situation;
- (b) An operating table or chair which permits the patient to be positioned so that the patient's airway can be maintained, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
- (c) A lighting system which permits evaluation of the patient's skin and mucosal color

and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system; and

(g) Sphygmomanometer and stethoscope and/or automatic blood pressure cuff.

(3) Before inducing nitrous oxide sedation, a permit holder shall:

(a) Evaluate the patient;

(b) Give instruction to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for nitrous oxide sedation; and

(d) Obtain informed consent from the patient or patient's guardian for the anesthesia.

The obtaining of the informed consent shall be documented in the patient's record.

(4) If a patient chronically takes a medication which can have sedative side effects, including, but not limited to, a narcotic or benzodiazepine, the practitioner shall determine if the additive sedative effect of nitrous oxide would put the patient into a level of sedation deeper than nitrous oxide. If the practitioner determines it is possible that providing nitrous oxide to such a patient would result in minimal sedation, a minimal sedation permit would be required.

(5) A patient under nitrous oxide sedation shall be visually monitored by the permit holder or by an anesthesia monitor at all times. The patient shall be monitored as to response to verbal stimulation, oral mucosal color and preoperative and postoperative vital signs.

(6) The permit holder or anesthesia monitor shall record the patient's condition. The record must include documentation of all medications administered with dosages, time intervals and route of administration.

**(7) Persons serving as anesthesia monitors in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)**

**(8)(7)** The person administering the nitrous oxide sedation may leave the immediate area after initiating the administration of nitrous oxide sedation only if a qualified anesthesia monitor is continuously observing the patient.

**(9)(8)** The permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(b) The patient can talk and respond coherently to verbal questioning;

(c) The patient can sit up unaided or without assistance;

(d) The patient can ambulate with minimal assistance; and

(e) The patient does not have nausea, vomiting or dizziness.

**(10)(9)** The permit holder shall make a discharge entry in the patient's record indicating the patient's condition upon discharge.

**(11)(10)** Permit renewal. In order to renew a Nitrous Oxide Permit, the permit holder must provide proof of a current BLS for Healthcare Providers certificate or its equivalent.

In addition, Nitrous Oxide Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, nitrous oxide, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060 and 818-021-0070.

### **818-026-0050**

#### **Minimal Sedation Permit**

Minimal sedation and nitrous oxide sedation.

(1) The Board shall issue a Minimal Sedation Permit to an applicant who:

- (a) Is a licensed dentist in Oregon;
- (b) Maintains a current BLS for Healthcare Providers certificate or its equivalent; and
- (c) Completion of a comprehensive training program consisting of at least 16 hours of training and satisfies the requirements of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced or postgraduate instruction was completed, or the equivalent of that required in graduate training programs, in sedation, recognition and management of complications and emergency care; or
- (d) In lieu of these requirements, the Board may accept equivalent training or experience in minimal sedation anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

- (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;
- (b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
- (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
- (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
- (e) An oxygen delivery system with adequate full facemask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
- (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
- (g) Sphygmomanometer, stethoscope, pulse oximeter, and/or automatic blood pressure cuff; and
- (h) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) Before inducing minimal sedation, a dentist permit holder who induces minimal sedation shall:

- (a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for minimal sedation;
- (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian;

(c) Certify that the patient is an appropriate candidate for minimal sedation; and  
(d) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(4) No permit holder shall have more than one person under minimal sedation at the same time.

(5) While the patient is being treated under minimal sedation, an anesthesia monitor shall be present in the room in addition to the treatment provider. The anesthesia monitor may be the dental assistant. After training, a dental assistant, when directed by a dentist permit holder, may administer oral sedative agents or anxiolysis agents calculated and dispensed by a dentist permit holder under the direct supervision of a dentist permit holder.

(6) A patient under minimal sedation shall be visually monitored at all times, including recovery phase. **The record must include documentation of all medications administered with dosages, time intervals and route of administration.** The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

**(7) Persons serving as anesthesia monitors for minimal sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)**

**(8)(7)** The patient shall be monitored as follows:

(a) Color of mucosa, skin or blood must be evaluated continually. Patients must have continuous monitoring using pulse oximetry. The patient's response to verbal stimuli, blood pressure, heart rate, **pulse oximetry** and respiration shall be monitored and documented **every fifteen minutes**, if they can reasonably be obtained.

(b) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

**(9)(8)** The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

(g) A dentist permit holder shall not release a patient who has undergone minimal sedation except to the care of a responsible third party.

**(10)(9)** Permit renewal. In order to renew a Minimal Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent. In addition, Minimal Sedation Permit holders must also complete four (4) hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current BLS for Healthcare Providers certificate, or its equivalent, may not be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

### **818-026-0055**

#### **Dental Hygiene and Dental Assistant Procedures Performed Under Nitrous Oxide or Minimal Sedation**

- (1) Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions:
  - (a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
  - (b) The permit holder, or an anesthesia monitor, monitors the patient; or
  - (c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient.
  - (d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).
- (2) Under indirect supervision, a dental assistant may perform those procedures for which the dental assistant holds the appropriate certification for a patient who is under nitrous oxide or minimal sedation under the following conditions:
  - (a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents;
  - (b) The permit holder, or an anesthesia monitor, monitors the patient; and
  - (c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with 818-026-0050(7) and (8).

### **818-026-0060**

#### **Moderate Sedation Permit**

Moderate sedation, minimal sedation, and nitrous oxide sedation.

- (1) The Board shall issue or renew a Moderate Sedation Permit to an applicant who:
  - (a) Is a licensed dentist in Oregon;
  - (b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, either maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated; and
  - (c) Satisfies one of the following criteria:
    - (A) Completion of a comprehensive training program in enteral and/or parenteral sedation that satisfies the requirements described in Part V of the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students at the time training was commenced.
      - (i) Enteral Moderate Sedation requires a minimum of 24 hours of instruction plus management of at least 10 dental patient experiences by the enteral and/or enteral-nitrous oxide/oxygen route.
      - (ii) Parenteral Moderate Sedation requires a minimum of 60 hours of instruction plus management of at least 20 dental patients by the intravenous route.
    - (B) Completion of an ADA accredited postdoctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage parenteral sedation, commensurate with these Guidelines.
    - (C) In lieu of these requirements, the Board may accept equivalent training or experience in moderate sedation anesthesia.
- (2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:
  - (a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;



- (b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;
  - (c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;
  - (d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;
  - (e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;
  - (f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;
  - (g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;
  - (h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment, automated external defibrillator (AED); and
  - (i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.
- (3) No permit holder shall have more than one person under moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.
- (4) During the administration of moderate sedation, and at all times while the patient is under moderate sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.
- (5) Before inducing moderate sedation, a dentist permit holder who induces moderate sedation shall:
- (a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation;
  - (b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and
  - (c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.
- (6) A patient under moderate sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.
- (7) Persons serving as anesthesia monitors for moderate sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)**
- (8)**(7) The patient shall be monitored as follows:
- (a) Patients must have continuous monitoring using pulse oximetry, and End-tidal CO<sub>2</sub> monitors. Patients with cardiovascular disease shall have continuous electrocardiograph (ECG) monitoring. The patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 15 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of

preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under moderate sedation shall be continuously monitored and shall not be left alone while under sedation;

(b) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from moderate sedation.

**(9)(8)** A dentist permit holder shall not release a patient who has undergone moderate sedation except to the care of a responsible third party.

(a) When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

**(10)(9)** The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

**(11)(10)** A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

**(12)(11)** After adequate training, an assistant, when directed by a dentist permit holder, may dispense oral medications that have been prepared by the dentist permit holder for oral administration to a patient under direct supervision. Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents into an infusion line under the direct supervision of a dentist permit holder.

**(13)(12)** Permit renewal. In order to renew a Moderate Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; Successful completion of a board approved course on minimal/moderate sedation at least every two years may be substituted for ACLS, but not for PALS; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS or PALS certification or successful completion of the American Dental Association's course "Recognition and Management of Complications during Minimal and Moderate Sedation" may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

## **818-026-0065**

### **Deep Sedation Permit**

Deep sedation, moderate sedation, minimal sedation, and nitrous oxide sedation.

(1) The Board shall issue a Deep Sedation Permit to a licensee who holds a Class 3 Permit on or before July 1, 2010 who:

(a) Is a licensed dentist in Oregon; and

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent,

maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedures and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, antihistamines, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under deep sedation, moderate sedation, minimal sedation, or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation, and at all times while the patient is under deep sedation, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its equivalent, shall be present in the operatory, in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation, a dentist permit holder who induces deep sedation shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation shall be visually monitored at all times, including the recovery phase. The dentist permit holder or anesthesia monitor shall monitor and record the patient's condition.

**(7) Persons serving as anesthesia monitors for deep sedation in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of**

monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)

**(8)**(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO2 monitors. The patient's heart rhythm shall be continuously monitored and the patient's blood pressure, heart rate, and respiration shall be recorded at regular intervals but at least every 5 minutes, and these recordings shall be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons shall be documented in the patient's record. A patient under deep sedation shall be continuously monitored;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored by an individual trained to monitor patients recovering from deep sedation.

**(9)**(8) A dentist permit holder shall not release a patient who has undergone deep sedation except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

**(10)**(9) The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have uncontrollable nausea or vomiting and has minimal dizziness.

**(11)**(10) A discharge entry shall be made by the dentist permit holder in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

**(12)**(11) Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may administer oral sedative agents calculated by a dentist permit holder or introduce additional anesthetic agents into an infusion line under the direct visual supervision of a dentist

**(13)**(12) Permit renewal. In order to renew a Deep Sedation Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

**818-026-0070**

**General Anesthesia Permit**

General anesthesia, deep sedation, moderate sedation, minimal sedation and nitrous

oxide sedation.

(1) The Board shall issue a General Anesthesia Permit to an applicant who:

(a) Is a licensed dentist in Oregon;

(b) In addition to a current BLS for Healthcare Providers certificate or its equivalent, maintains a current Advanced Cardiac Life Support (ACLS) certificate and/or a Pediatric Advanced Life Support (PALS) certificate, whichever is appropriate for the patient being sedated, and

(c) Satisfies one of the following criteria:

(A) Completion of an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the current ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students consisting of a minimum of 2 years of a postgraduate anesthesia residency at the time training was commenced.

(B) Completion of any ADA accredited postdoctoral training program, including but not limited to Oral and Maxillofacial Surgery, which affords comprehensive and appropriate training necessary to administer and manage general anesthesia, commensurate with these Guidelines.

(C) In lieu of these requirements, the Board may accept equivalent training or experience in general anesthesia.

(2) The following facilities, equipment and drugs shall be on site and available for immediate use during the procedure and during recovery:

(a) An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least three individuals to freely move about the patient;

(b) An operating table or chair which permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support;

(c) A lighting system which permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure;

(d) Suction equipment which permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure;

(e) An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system;

(f) A nitrous oxide delivery system with a fail-safe mechanism that will insure appropriate continuous oxygen delivery and a scavenger system;

(g) A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room;

(h) Sphygmomanometer, precordial/pretracheal stethoscope, capnograph, pulse oximeter, electrocardiograph monitor (ECG), automated external defibrillator (AED), oral and nasopharyngeal airways, laryngeal mask airways, intravenous fluid administration equipment; and

(i) Emergency drugs including, but not limited to: pharmacologic antagonists appropriate to the drugs used, vasopressors, corticosteroids, bronchodilators, intravenous medications for treatment of cardiac arrest, narcotic antagonist, antihistaminic, antiarrhythmics, antihypertensives and anticonvulsants.

(3) No permit holder shall have more than one person under general anesthesia, deep sedation, moderate sedation, minimal sedation or nitrous oxide sedation at the same time.

(4) During the administration of deep sedation or general anesthesia, and at all times while the patient is under deep sedation or general anesthesia, an anesthesia monitor, and one other person holding a current BLS for Healthcare Providers certificate or its

equivalent, shall be present in the operatory in addition to the dentist permit holder performing the dental procedures.

(5) Before inducing deep sedation or general anesthesia the dentist permit holder who induces deep sedation or general anesthesia shall:

(a) Evaluate the patient and document, using the American Society of Anesthesiologists (ASA) Patient Physical Status Classifications, that the patient is an appropriate candidate for general anesthesia or deep sedation;

(b) Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; and

(c) Obtain written informed consent from the patient or patient's guardian for the anesthesia. The obtaining of the informed consent shall be documented in the patient's record.

(6) A patient under deep sedation or general anesthesia shall be visually monitored at all times, including recovery phase. A dentist permit holder who induces deep sedation or general anesthesia or anesthesia monitor trained in monitoring patients under deep sedation or general anesthesia shall monitor and record the patient's condition on a contemporaneous record.

**(7) Persons serving as anesthesia monitors for general anesthesia in a dental office shall maintain current certification in BLS for Healthcare Providers Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) training, or its equivalent, shall be trained and competent in monitoring patient vital signs, in the use of monitoring and emergency equipment appropriate for the level of sedation utilized. ("competent" means displaying special skill or knowledge derived from training and experience.)**

**(8)**(7) The patient shall be monitored as follows:

(a) Patients must have continuous monitoring of their heart rate, heart rhythm, oxygen saturation levels and respiration using pulse oximetry, electrocardiograph monitors (ECG) and End-tidal CO<sub>2</sub> monitors. The patient's blood pressure, heart rate and oxygen saturation shall be assessed every five minutes, and shall be contemporaneously documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. The person administering the anesthesia and the person monitoring the patient may not leave the patient while the patient is under deep sedation or general anesthesia;

(b) Once sedated, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(c) During the recovery phase, the patient must be monitored, including the use of pulse oximetry, by an individual trained to monitor patients recovering from general anesthesia.

**(9)**~~(8)~~ A dentist permit holder shall not release a patient who has undergone deep sedation or general anesthesia except to the care of a responsible third party. When a reversal agent is administered, the dentist permit holder shall document justification for its use and how the recovery plan was altered.

**(10)**~~(9)~~ The dentist permit holder shall assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met:

(a) Vital signs including blood pressure, pulse rate and respiratory rate are stable;

(b) The patient is alert and oriented to person, place and time as appropriate to age and preoperative psychological status;

(c) The patient can talk and respond coherently to verbal questioning;

(d) The patient can sit up unaided;

(e) The patient can ambulate with minimal assistance; and

(f) The patient does not have nausea or vomiting and has minimal dizziness.

~~(11)~~~~(10)~~ A discharge entry shall be made in the patient's record by the dentist permit holder indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged.

~~(12)~~~~(11)~~ Pursuant to OAR 818-042-0115 a Certified Anesthesia Dental Assistant, when directed by a dentist permit holder, may introduce additional anesthetic agents to an infusion line under the direct visual supervision of a dentist permit holder.

~~(13)~~~~(12)~~ Permit renewal. In order to renew a General Anesthesia Permit, the permit holder must provide documentation of a current BLS for Healthcare Providers certificate or its equivalent; a current Advanced Cardiac Life Support (ACLS) certificate and/or a current Pediatric Advanced Life Support (PALS) certificate; and must complete 14 hours of continuing education in one or more of the following areas every two years: sedation, physical evaluation, medical emergencies, monitoring and the use of monitoring equipment, or pharmacology of drugs and agents used in sedation. Training taken to maintain current ACLS and/or PALS certificates may be counted toward this requirement. Continuing education hours may be counted toward fulfilling the continuing education requirement set forth in OAR 818-021-0060.

### 818-026-0080

#### Standards Applicable When a Dentist Performs Dental Procedures and a Qualified Provider Induces Anesthesia

(1) A dentist who does not hold an anesthesia permit may perform dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist licensed by the Oregon Board of Medical Examiners, another Oregon licensed dentist holding an appropriate anesthesia permit, or a Certified Registered Nurse Anesthetist (CRNA) licensed by the Oregon Board of Nursing.

(2) A dentist who does not hold a Nitrous Oxide Permit for nitrous oxide sedation may perform dental procedures on a patient who receives nitrous oxide induced by an Oregon licensed dental hygienist holding a Nitrous Oxide Permit.

(3) A dentist who performs dental procedures on a patient who receives anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit, a CRNA, or a dental hygienist who induces nitrous oxide sedation, shall maintain a current BLS for Healthcare Providers certificate, or its equivalent, and have the same personnel, facilities, equipment and drugs available during the procedure and during recovery as required of a dentist who has a permit for the level of anesthesia being provided.

(4) A dentist, a dental hygienist or an Expanded Function Dental Assistant (EFDA) who performs procedures on a patient who is receiving anesthesia induced by a physician anesthesiologist, another dentist holding an anesthesia permit or a CRNA shall not schedule or treat patients for non emergent care during the period of time of the sedation procedure.

(5) Once anesthetized, a patient shall remain in the operatory for the duration of treatment until criteria for transportation to recovery have been met.

(6) The qualified anesthesia provider who induces moderate sedation, deep sedation or general anesthesia shall monitor the patient's condition ~~the patient is discharged~~ until easily arousable and can independently and continuously maintain their airway with stable vital signs. Once this has occurred the patient may be monitored by a qualified anesthesia monitor until discharge criteria is met. The patient's dental record shall document the patient's condition at discharge ~~in the patient's dental record~~ as required by the rules applicable to the level of anesthesia being induced. ~~The~~ A copy of the anesthesia record shall be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures.

(7) No qualified provider shall have more than one person under any form of sedation or general anesthesia at the same time exclusive of recovery.

~~(8)(7)~~ A dentist who intends to use the services of a qualified anesthesia provider as described in section 1 above, shall notify the Board in writing of his/her intent. Such notification need only be submitted once every licensing period.

Dr. Pham moved and Dr. Beck seconded that the Board amend OAR 818-042-0040 – Prohibited Acts, OAR 818-042-0050 – Taking of X-Rays – Exposing of Radiographs, OAR 818-042-0070 – Expanded Function Dental Assistants (EFDA), OAR 818-042-0080, OAR 818-042-0095 – Restorative Functions of Dental Assistants, OAR 818-042-0110 – Certification – Expanded Function Orthodontic Assistant (EFODA), OAR 818-042-0113 – Certification – Expanded Function Preventative Dental Assistants (EFPDA), and OAR 818-042-0116 – Certification – Anesthesia Dental Assistant – as presented, and make the rules effective January 1, 2020. The motion passed unanimously.

#### **818-042-0040 Prohibited Acts**

No licensee may authorize any dental assistant to perform the following acts:

- (1) Diagnose or plan treatment.
- (2) Cut hard or soft tissue.
- (3) Any Expanded Function duty ([OAR 818-042-0070](#) and [OAR 818-042-0090](#)) or Expanded Orthodontic Function duty ([OAR 818-042-0100](#)), or Restorative Functions ([OAR 818-042-0095](#) or Expanded Preventive Duty [OAR 818-042-0113](#) and [OAR 818-042-0114](#) or Expanded Function Anesthesia ([OAR 818-042-0115](#)) without holding the appropriate certification.
- (4) Correct or attempt to correct the malposition or malocclusion of teeth except as provided by [OAR 818-042-0100](#).
- (5) Adjust or attempt to adjust any orthodontic wire, fixed or removable appliance or other structure while it is in the patient's mouth.
- (6) Administer any drug except fluoride, topical anesthetic, desensitizing agents, over the counter medications per package instructions or drugs administered pursuant to ~~OAR 818-026-0030(6)~~, [OAR 818-026-0050\(5\)\(a\)](#), [OAR 818-026-0060\(11\)](#), [OAR 818-026-0065\(11\)](#), [OAR 818-026-0070\(11\)](#) and as provided in [OAR 818-042-0070](#), [OAR 818-042-0090](#) and [OAR 818-042-0115](#).
- (7) Prescribe any drug.
- (8) Place periodontal packs.
- (9) Start nitrous oxide.
- (10) Remove stains or deposits except as provided in [OAR 818-042-0070](#).
- (11) Use ultrasonic equipment intra-orally except as provided in [OAR 818-042-0100](#).
- (12) Use a high-speed handpiece or any device that is operated by a high-speed handpiece intra-orally except as provided in [OAR 818-042-0095](#), and only for the purpose of adjusting occlusion, contouring, and polishing restorations on the tooth or teeth that are being restored.
- (13) Use lasers, except laser-curing lights.
- (14) Use air abrasion or air polishing.
- (15) Remove teeth or parts of tooth structure.
- (16) Cement or bond any fixed ~~prosthetic~~ prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in [OAR 818-042-0100](#).
- (17) Condense and carve permanent restorative material except as provided in [OAR 818-042-0095](#).
- (18) Place any type of retraction material subgingivally except as provided in [OAR 818-042-0090](#).
- ~~(19) Take 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.~~

(~~20~~19) Apply denture relines except as provided in OAR 818-042-0090(2).

(~~21~~20) Expose radiographs without holding a current Certificate of Radiologic Proficiency issued by the Board ([OAR 818-042-0050](#) and [OAR 818-042-0060](#)) except while taking a course of instruction approved by the Oregon Health Authority, Oregon Public Health Division, Office of Environmental Public Health, Radiation Protection Services, or the Oregon Board of Dentistry.

(~~22~~21) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(~~23~~22) Perform periodontal probing.

(~~24~~23) Place or remove healing caps or healing abutments, except under direct supervision.

(~~25~~24) Place implant impression copings, except under direct supervision.

(~~26~~25) Any act in violation of Board statute or rules. ~~No licensee may authorize any dental assistant to perform the following acts:~~

### **818-042-0050**

#### **-Taking of X-Rays — Exposing of Radiographs Radiographic Images**

(1) A dentist may authorize the following persons to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under general supervision:

(a) A dental assistant certified by the Board in radiologic proficiency; or

(b) A radiologic technologist licensed by the Oregon Board of Medical Imaging and certified by the Oregon Board of Dentistry (OBD) who has completed ten (10) clock hours in a Board approved dental radiology course.

(2) A dentist or dental hygienist may authorize a dental assistant who has completed a course of instruction approved by the Oregon Board of Dentistry, and who has passed the written Dental Radiation Health and Safety Examination administered by the Dental Assisting National Board, or comparable exam administered by any other testing entity authorized by the Board, or other comparable requirements approved by the Oregon Board of Dentistry to place films/sensors, adjust equipment preparatory to exposing films/sensors, and expose the films and create the images under the indirect supervision of a dentist, dental hygienist, or dental assistant who holds an Oregon Radiologic Proficiency Certificate. The dental assistant must submit within six months, certification by an Oregon licensed dentist or dental hygienist that the assistant is proficient to take radiographics images.

### **818-042-0070**

#### **Expanded Function Dental Assistants (EFDA)**

The following duties are considered Expanded Function Duties and may be performed only after the dental assistant complies with the requirements of 818-042-0080:

(1) Polish the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains providing the patient is checked by a dentist or dental hygienist after the procedure is performed, prior to discharge;

(2) Remove temporary crowns for final cementation and clean teeth for final cementation;

(3) Preliminarily fit crowns to check contacts or to adjust occlusion outside the mouth;

(4) Place temporary restorative material (~~i.e., zinc oxide eugenol based material~~) in teeth providing that the patient is checked by a dentist before and after the procedure is performed;

(5) Place and remove matrix retainers for ~~alloy and composite~~ any type of direct restorations;

(6) Polish amalgam or composite surfaces with a slow speed hand piece;

- (7) Remove excess supragingival cement from crowns, bridges, bands or brackets with hand instruments providing that the patient is checked by a dentist after the procedure is performed;
- (8) Fabricate temporary crowns, and fixed partial dentures (bridges) and temporarily cement the temporary crown or fixed partial dentures (bridges) . The cemented crown or fixed partial dentures (bridge) must be examined and approved by the dentist prior to the patient being released;
- (9) Under general supervision, when the dentist is not available and the patient is in discomfort, an EFDA may recement a temporary crown or recement a permanent crown with temporary cement for a patient of record providing that the patient is rescheduled for follow-up care by a licensed dentist as soon as is reasonably appropriate; and
- ~~(10) Perform all aspects of teeth whitening procedures.~~

#### **818-042-0080**

##### **Certification — Expanded Function Dental Assistant (EFDA)**

The Board may certify a dental assistant as an expanded function assistant:

- (1) By credential in accordance with OAR 818-042-0120, or
- (2) If the assistant submits a completed application, pays the fee and provides evidence of;
- (a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic, Infection Control or Certified Dental Assisting (CDA) examination, and the Expanded Function Dental Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by a licensed dentist that the applicant has successfully polished ~~12~~ six (6) amalgam or composite surfaces, removed supra-gingival excess cement from ~~six (6)~~ four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material (~~i.e., zinc oxide-eugenol-based material~~) in ~~six (6)~~ three (3) teeth; preliminarily fitted ~~six (6)~~ four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed ~~six (6)~~ four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated ~~six (6)~~ four (4) temporary crowns and/or fixed partial dentures (bridges) and temporarily cemented the crowns and/or fixed partial dentures (bridges); polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis in six (6) patients; placed ~~two~~ matrix bands ~~in each quadrant~~ on four (4) teeth prepared for Class II restorations; ~~and complete six (6) teeth whitening or bleach procedures.~~

#### **818-042-0095**

##### **Restorative Functions of Dental Assistants**

##### ~~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 restorations, except gold foil, 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.

#### **818-042-0110**

##### **Certification — Expanded Function Orthodontic Assistant ([EFODA](#))**

The Board may certify a dental assistant as an expanded function orthodontic assistant

(1) By credential in accordance with OAR 818-042-0120, or

(2) Completion of an application, payment of fee and satisfactory evidence of;

(a) Completion of a course of instruction in a program in dental assisting accredited by the American Dental Association Commission on Dental Accreditation; or

(b) Passage of the [Oregon Basic](#), [Infection Control](#), [Certified Dental Assistant \(CDA\)](#) or [Certified Orthodontic Assistant \(COA\)](#) examination, and Expanded Function Orthodontic Assistant examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by a licensed dentist that the applicant has successfully placed and ligated orthodontic wires on ten (10) patients and removed bands/brackets and remaining adhesive using an ultrasonic, hand scaler or a slow speed handpiece from teeth on four (4) patients.

#### **818-042-0113**

##### **Certification — Expanded Function Preventive Dental Assistants ([EFPDA](#))**

The Board may certify a dental assistant as an expanded function preventive dental assistant:

(1) By credential in accordance with OAR 818-042-0120, or

(2) If the assistant submits a completed application, pays the fee and provides evidence of;

(a) Certification of Radiologic Proficiency (OAR 818-042-0060); and satisfactory completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association; or

(b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Basic or [Infection Control examination, and](#) Certified Preventive Functions Dental Assistant (CPFDA) examination, ~~and or~~ the Expanded Function Dental Assistant examination, or [the Coronal Polish \(CP\) examination, or](#) equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully polished the coronal surfaces of teeth with a brush or rubber cup as part of oral prophylaxis to remove stains on six patients.

#### **818-042-0116**

##### **Certification — Anesthesia Dental Assistant**

The Board may certify a person as an Anesthesia Dental Assistant if the applicant submits a completed application, pays the certification fee and shows satisfactory evidence of:

- (1) Successful completion of:
- (a) The "Oral and Maxillofacial Surgery Anesthesia Assistants Program" or successor program, conducted by the American Association of Oral and Maxillofacial Surgeons; or
  - (b) The "Oral and Maxillofacial Surgery Assistants Course" or successor course, conducted by the California Association of Oral and Maxillofacial Surgeons (CALAOMS), or a successor entity; or
  - (c) The "Certified Oral and Maxillofacial Surgery Assistant" examination, or successor examination, conducted by the Dental Assisting National Board or other Board approved examination; ~~and~~ or
  - (d) The Resuscitation Group – Anesthesia Dental Assistant course; or
  - (e) Other course approved by the Board; and
- (2) Holding valid and current documentation showing successful completion of a Health ~~care~~ Care Provider BLS/CPR course, or its equivalent.

Dr. Underhill moved and Mr. Dunn seconded that the Board adopt OAR 818-021-0018 – Temporary Dental License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon, and OAR 818-021-0019 – Temporary Dental Hygiene License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon – as presented and make the rules effective January 1, 2019. The motion passed unanimously.

**OAR 818-021-0018**  
**Temporary Dental License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon**

- (1) A temporary license to practice dentistry shall be issued to the spouse or domestic partner of an active duty armed forces personnel when the following requirements are met:
- (a) A completed application and payment of fee is received by the Board; and
  - (b) Satisfactory evidence of having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (c) Satisfactory evidence of having graduated from a dental school located outside the United States or Canada, completion of a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
  - (d) Submission of a copy of the military orders assigning the active duty member to an assignment in Oregon; and
  - (e) The spouse holds a current license in another state to practice dentistry at the level of application; and
  - (f) The license is unencumbered and verified as active and current through processes defined by the Board; and
- (g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency.
- (2) The temporary license shall expire on the following date, whichever occurs first:
- (1) Oregon is no longer the duty station of the active armed forces member; or
  - (2) The license in the state used to obtain a temporary license expires; or
  - (3) Two years after the issuance of the temporary license.
- (3) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using

the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.

**OAR 818-021-0019**

**Temporary Dental Hygiene License for Spouses or Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon**

- (4) A temporary license to practice dental hygiene shall be issued to the spouse or domestic partner of active duty armed forces personnel when the following requirements are met:
- (a) A completed application and payment of fee is received by the Board; and
  - (b) Satisfactory evidence of having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (c) Satisfactory evidence of having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
  - (d) Submission of a copy of the military orders assigning the active duty member to an assignment in Oregon; and
  - (e) The spouse holds a current license in another state to practice dentistry at the level of application; and
  - (f) The license is unencumbered and verified as active and current through processes defined by the Board; and
  - (g) Satisfactory evidence of successfully passing a clinical examination administered by any state, national testing agency or other Board-recognized testing agency.
- (5) The temporary license shall expire on the following date, whichever occurs first:
- (a) Oregon is no longer the duty station of the active armed forces member; or
  - (b) The license in the state used to obtain a temporary license expires; or
  - (c) Two years after the issuance of the temporary license.
  - (6) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. This license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.

**CORRESPONDENCE**

**Request from Stephen Bush, Kaiser Permanente Dental Care Program – for clarification on the definition of Teledentistry**

Mr. Bush and members of the Board discussed the definition and qualifications of “teledentistry”.

**Request from the Oregon Dental Association – regarding housekeeping changes to ORS 679.310 – Duty to Report Violations; Exceptions; Liability**

Dr. Beck moved and Dr. Underhill seconded that the Board move the Oregon Dental Association’s request to change the wording and recognition of “Well Being Committee” to

“Wellness Committee” to the Licensing, Standards & Competency Committee. The motion passed unanimously.

**679.310 Duty to report violations; exceptions; liability.**

(1)(a) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, any dentist or dental hygienist, or any person licensed by the Oregon Board of Dentistry, shall report to the board any suspected violation of this chapter or ORS 680.010 to 680.205 or any rule adopted by the board.

(b) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a dentist or dental hygienist, or any person licensed by the board, shall report any prohibited conduct as defined in ORS 676.150 in the manner provided in ORS 676.150.

(c) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, the Oregon Dental Association or any other organization representing dentists or dental hygienists shall report to the board any suspected violation of this chapter or ORS 680.010 to 680.205 or any rule adopted by the board.

(d) Any person may report to the board any suspected violation of this chapter or ORS 680.010 to 680.205 or any rule adopted by the board, association or other organization representing dentists or dental hygienists.

(2) This section is not intended to require any person working on or with the Oregon Dental Association’s Dentist Well Being Committee or Peer Review Committee or the Quality Assurance or Peer Review Committee of the Oregon Dental Hygienists’ Association to report to the board any confidential information received within the scope of duties with that committee.

(3) No person who has made a complaint as to the conduct of a licensee of the board or who has given information or testimony relative to a proposed or pending proceeding for misconduct against the licensee of the board, shall be answerable for any such act in any proceeding except for perjury. [1985 c.323 §11; 1999 c.578 §4; 2009 c.536 §7]

**OTHER ISSUES**

**Dr. Saulo L. Sousa Melo, OHSU – Discussion of Cone Beam Computed Tomography (CBCT)**

Dr. Sousa Melo provided information to the Board regarding CBCT scans, and answered any questions posed by the Board.

**ARTICLES AND NEWS (Informational Only)**

- HPSP Newsletter, August 2019
- HPSP Newsletter, September 2019
- ADEA Newsletter, August 2019
- ADEA Newsletter, September 2019
- California Assembly Bill 1519

**EXECUTIVE SESSION: The Board entered into Executive Session pursuant to ORS 192.606 (1)(2)(f), (h) and (L); 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**

**OPEN SESSION: The Board returned to Open Session.**

## **CONSENT AGENDA**

### **2020-0070, 2020-0056, 2020-0060, 2020-0050, 2020-0057, 2020-0061**

Ms. Martinez moved and Dr. Javier seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

## **COMPLETED CASES**

### **2020-0038, 2019-0103, 2020-0003, 2019-0219**

Ms. Martinez moved and Dr. Beck seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed unanimously.

### **2019-0275**

Ms. Riedman moved and Dr. Pham seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that all autoclaves are monitored on a weekly basis. The motion passed with Dr. Fine, Ms. Martinez, Dr. Beck, Dr. Underhill, Dr. Pham, Ms. Riedman, Mr. Dunn and Dr. Sharifi voting aye. Dr. Javier recused.

### **2020-0055**

Dr. Pham moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that a valid Healthcare Provider BLS/CPR certification is maintained while licensed. The motion passed unanimously.

### **2020-0053**

Mr. Dunn moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that a valid Healthcare Provider BLS/CPR certification is maintained while licensed. The motion passed unanimously.

### **DENSLEY, DIX C., D.D.S. 2019-0125**

Dr. Beck moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$5,000.00 civil penalty to be paid within two months, take a three-hour board approved course on record-keeping, and to pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of the Order. The motion passed unanimously.

### **2019-0180**

Dr. Sharifi moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to determine and document the dental justification prior to ordering a cone beam CT per OAR 818-012-0010. The motion passed unanimously.

### **GARDNER, YAN, D.D.S. 2019-0142**

Dr. Sharifi moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a refund to patient EU of \$9,794.00 within four months, pass the Oregon Board of Dentistry Jurisprudence Exam within 30 days of the effective date of the Order; within 30 days of the effective of the Order, apply for the Board-OAGD mentorship program; prohibition against preparing and seating any fixed bridges without the direct supervision of a Board approved mentor within the Board-OAGD mentor program until further order of the Board. The motion passed unanimously.

**2020-0045**

Dr. Underhill moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that a valid Healthcare Provider BLS/CPR certification is maintained while licensed. The motion passed unanimously.

**2020-0046**

Dr. Javier moved and Ms. Riedman seconded that the Board close the matter with a Letter of Concern reminding Licensee to maintain a valid Healthcare Provider BLS/CPR certification while licensed. The motion passed unanimously.

**2020-0067**

Ms. Riedman moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that a valid Healthcare Provider BLS/CPR certification is maintained while licensed. The motion passed unanimously.

**KUMAR, SAMIR K., D.D.S. 2019-0166**

Dr. Pham moved and Dr. Beck seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$2,000.00 civil penalty, take a Board approved continuing education course in documentation & record keeping, and pass the Oregon Board of Dentistry Jurisprudence Exam all within 30 days from the effective date of the Order. The motion passed unanimously.

**2007-0156**

Mr. Dunn moved and Dr. Javier seconded that the Board close the matter with No Further Action. The motion passed unanimously.

**2009-0263**

Dr. Beck moved and Dr. Javier seconded that the Board close the matter with No Further Action. The motion passed unanimously.

**2014-0114**

Dr. Sharifi moved and Dr. Underhill seconded that the Board close the matter with No Further Action. The motion passed unanimously.

**2018-0051**

Dr. Underhill moved and Dr. Javier seconded that the Board close the matter with No Further Action. The motion passed unanimously.

**2019-0160**

Dr. Javier moved and Ms. Riedman seconded that the Board close the matter with No Further Action. The motion passed unanimously.

**2019-0184**

Ms. Riedman moved and Mr. Dunn seconded that the Board close the matter with No Further Action. The motion passed unanimously.

**2020-0043**

Dr. Pham moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding Licensee to maintain a valid Healthcare Provider BLS/CPR certification while licensed. The motion passed unanimously.



**MCKEE, GEORGE A., D.D.S. 2019-0144**

Mr. Dunn moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand. The motion passed unanimously.

**2020-0047**

Dr. Beck moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that a valid Healthcare Provider BLS/CPR certification is maintained while licensed. The motion passed unanimously.

**PEARSON, JEFFREY J., D.M.D. 2020-0002**

Dr. Underhill moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a \$5,000.00 civil penalty. The motion passed with Dr. Fine, Ms. Martinez, Dr. Beck, Dr. Javier, Dr. Underhill, Dr. Pham, Ms. Riedman and Mr. Dunn voting aye. Dr. Sharifi recused.

**PFANNES, MARSHA A., R.D.H. 2020-0040**

Dr. Javier moved and Ms. Riedman seconded that the Board issue a Notice of Proposed Disciplinary Action and offer licensee a Consent Order incorporating a reprimand. The motion passed unanimously.

**2019-0202**

Ms. Riedman moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding the Licensee to assure biological monitoring testing of his sterilization devices is conducted on a weekly basis and that he complies with expected office Infection Control protocols and sanitary office hygiene processes while treating patients and during his daily conduct in the dental office.

**2020-0058**

Dr. Pham moved and Mr. Dunn seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that a valid Healthcare Provider BLS/CPR certification is maintained while licensed. The motion passed unanimously.

**2015-0094**

Mr. Dunn moved and Dr. Javier seconded that the Board close the matter with No Further Action. The motion passed unanimously.

**2019-0181**

Dr. Beck moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to determine and document the dental justification prior to ordering a cone beam CT per OAR 818-012-0010. The motion passed unanimously.

**2020-0059**

Dr. Sharifi moved and Dr. Javier seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure that a copy of a current and past Healthcare Provider BLS/CPR certification is retained. The motion passed unanimously.

**SURFACE, J. RYAN, D.M.D. 2019-0136**

Dr. Underhill moved and Dr. Javier seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a patient refund of \$4,000.00, a restitution payment to the patient of \$2,749.00, and Licensee is to take a three-hour course of Board approved CE in periodontal diagnosis within 90 days. The motion passed with Dr. Fine, Ms. Martinez, Dr. Javier, Dr. Beck, Dr. Underhill, Ms. Riedman, Mr. Dunn

and Dr. Sharifi voting aye. Dr. Pham recused.

**2019-0269**

Dr. Javier moved and Ms. Riedman seconded that the Board close this matter with a Letter of Concern, reminding Licensee to assure that biological testing of sterilization devices is conducted on a weekly basis. The motion passed unanimously.

**2019-0157**

Ms. Riedman moved and Dr. Javier seconded that the Board close the matter against Respondent #1 with No Violation, and close the matter against Respondent #2 with No Violation. The motion passed with Dr. Fine, Ms. Martinez, Dr. Beck, Dr. Underhill, Dr. Pham, Ms. Riedman, Mr. Dunn and Dr. Sharifi voting aye. Dr. Javier recused.

**2019-0220**

Dr. Pham moved and Dr. Sharifi seconded that the Board close the matter with a Letter of Concern reminding Licensee to assure conducting weekly biological testing of sterilization devices and to PARQ the patient prior to giving an anesthetic injection to start dental treatment. The motion passed unanimously.

**PREVIOUS CASES REQUIRING BOARD ACTION**

**2019-0074**

Mr. Dunn moved and Dr. Javier seconded that the Board issue an Order of Dismissal for Respondent #1, and to close the matter with a Letter of Concern reminding Licensee to assure that all of his autoclaves are tested with a biological system on a weekly basis. The motion passed unanimously.

**CHAMBERLAIN, HOLLY A., D.D.S. 2019-0119**

Dr. Beck moved and Dr. Sharifi seconded that the Board issue an Amended Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and 50 hours of community service to be completed within 15 months from the effective date of the Order. The motion passed unanimously.

**HALL, CHRISTY ANNA, R.D.H., 2019-0139**

Dr. Sharifi moved and Dr. Javier seconded that the Board issue an Order of Immediate Emergency License Suspension, suspending Licensee's dental hygiene license pending further order of the Board. The motion passed unanimously.

**2019-0126**

Dr. Underhill moved and Dr. Javier seconded that the Board issue an Order of Dismissal, and to close the matter with a Letter of Concern reminding Licensee to assure that his autoclave is tested with a biological system on a weekly basis. The motion passed unanimously.

**TRAN, KHIET M., D.D.S. 2014-0069**

Dr. Javier moved and Dr. Beck seconded that the Board provide Licensee with a letter excusing him from the requirement that he complete community service per his Consent Order, dated 1/12/14. The motion passed unanimously.

## **LICENSURE AND EXAMINATION**

### **Request for reinstatement of a retired license - Ora Lee Olson, R.D.H.**

Ms. Riedman moved and Dr. Javier seconded that the Board approve the reinstatement of the retired license of Ora Lee Olson, RDH. The motion passed unanimously.

### **Request for Nonresident Permit – Russell William Rogers, D.D.S.**

Dr. Pham moved and Dr. Javier seconded that the Board approve the issuance of a nonresident permit for Dr. Russell William Rogers. The motion passed unanimously.

### **Request for reconsideration of denied application for Dental Licensure Without Further Examination – James Sagawa, D.M.D.**

Mr. Dunn moved and Dr. Javier seconded that the Board deny the request for reconsideration. The motion passed unanimously.

### **ANGLE, DARRELL L., D.D.S., 2011-0184**

Dr. Beck moved and Ms. Riedman seconded that the Board accept the Proposed Order issued by the ALJ and issue an Amended Proposed Order including the costs of discipline excluding costs for appeal. The motion passed unanimously.

### **MILLER, DANIEL J., D.M.D. 2019-0118**

Dr. Sharifi moved and Dr. Beck seconded that the Board deny the Licensee's proposal, and reaffirm the Board's 4/19/19 decision to issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$1000.00 civil penalty and completion of the Ethics and Boundaries Essay Examination. The motion passed unanimously.

## **RATIFICATION OF LICENSES**

Dr. Underhill moved and Dr. Javier seconded that the Board ratify the licenses presented. The motion passed unanimously.

## **DENTAL HYGIENISTS**

H7906	JESSICA JANE ZIKE, R.D.H.	8/15/2019
H7907	GENEVE J SETTLE, R.D.H.	8/22/2019
H7908	MARISA LEIGH GAUTHIER, R.D.H.	8/22/2019
H7909	JACIE KAYE MOSLEY, R.D.H.	8/22/2019
H7910	MIKAYLA RENEE SPRAGG BARNES, R.D.H.	8/22/2019
H7911	HEATHER JOY POTTER, R.D.H.	8/22/2019
H7912	AMY ELIZABETH BALKINS, R.D.H.	8/22/2019
H7913	NICOLE SHEETS, R.D.H.	8/22/2019
H7914	GENEVIEVE BACCARO, R.D.H.	8/22/2019
H7915	PAYTON CUELLAR, R.D.H.	8/22/2019
H7916	VIOLA MISHCHUK, R.D.H.	8/22/2019
H7917	RHYN TARYN SOLANZO LENDIO, R.D.H.	8/22/2019
H7918	BRITTNEY HERMELIN, R.D.H.	8/22/2019
H7919	KRISTI ANN RONNING, R.D.H.	8/22/2019
H7920	NICOLE VALERIO, R.D.H.	8/22/2019
H7921	RACHEL MARIE ESPY, R.D.H.	8/22/2019
H7922	NATALIE K CARPENTER, R.D.H.	8/22/2019

H7923	ASHLI KAIT LOCKETT, R.D.H.	8/22/2019
H7924	DIANA GABRIELA BARAJAS LOPEZ, R.D.H.	9/6/2019
H7925	ALINA LYNN BRYANT, R.D.H.	9/6/2019
H7926	DAVID R SCHRAM, R.D.H.	9/6/2019
H7927	DIEM OLSEN, R.D.H.	9/6/2019
H7928	CASSIE L HAGENAUER, R.D.H.	9/6/2019
H7929	SUNISA GIFT THONGKAM, R.D.H.	9/6/2019
H7930	TORI ROSS, R.D.H.	9/6/2019
H7931	ALLYSON MARIE MASTRUDE, R.D.H.	9/16/2019
H7932	RIVA R GROSS, R.D.H.	9/16/2019
H7933	NICOLE ROMDUL KEM, R.D.H.	9/16/2019
H7934	MORGAN K KELLER, R.D.H.	9/16/2019
H7935	KAYLEE PERLICHEK, R.D.H.	9/16/2019
H7936	KARA MARIE ENGLAND, R.D.H.	9/16/2019
H7937	SHANNON CLAIRE ECKES, R.D.H.	9/16/2019
H7938	ASHLYN K. R. CHEE, R.D.H.	9/16/2019
H7939	HOPE VICTORIA WOODWARD LA LONDE, R.D.H.	9/16/2019
H7940	CECILIA CARDOSO-BUSTAMANTE, R.D.H.	9/16/2019
H7941	JEANNE M CUMMINGS, R.D.H.	9/16/2019
H7942	KELSI SUE DAHMEN, R.D.H.	9/16/2019
H7943	IGOR A SOTNIKOV, R.D.H.	9/17/2019
H7944	GISELA ZEPEDA, R.D.H.	9/17/2019
H7945	COURTNEY L ARMSTRONG, R.D.H.	9/17/2019
H7946	MA. CAMILLE ROSE DELAROSA RAMIREZ, R.D.H.	9/17/2019
H7947	MAKAYLA M BRINK, R.D.H.	9/17/2019
H7948	OLIVIA CLAIRE GARLAND, R.D.H.	9/18/2019
H7949	ANGELINA TKACHEVA, R.D.H.	9/18/2019
H7950	AMANDA MARIE CARLSON, R.D.H.	9/18/2019
H7951	EMILY BROWN, R.D.H.	9/18/2019
H7952	MICHELLE S WONG, R.D.H.	9/18/2019
H7953	KAYLYNN WALLS, R.D.H.	9/18/2019
H7954	NANCY MAY WORTH, R.D.H.	9/19/2019
H7955	CORRIE ANDERSON, R.D.H.	9/23/2019
H7956	ROBIN DEFAYETTE, R.D.H.	10/7/2019
H7957	TAMARA SANDRA HENDERSON, R.D.H.	10/7/2019
H7958	YELENA SOVA, R.D.H.	10/7/2019
H7959	ARYONNA M ELSTON, R.D.H.	10/7/2019
H7960	SALLY ANN COATES, R.D.H.	10/7/2019
H7961	KATELYNN SMITH, R.D.H.	10/7/2019
H7962	ALENA A VORONOVA, R.D.H.	10/7/2019
H7963	NOELLE MAIER, R.D.H.	10/7/2019
H7964	REBECCA M L AU, R.D.H.	10/7/2019
H7965	SANDRA LEE ADAMS, R.D.H.	10/7/2019
H7966	JAIME K FULLER, R.D.H.	10/7/2019
H7967	TAMARA ROSE ROBERTS, R.D.H.	10/7/2019
H7968	XAREEZ JOY R RAMOS, R.D.H.	10/8/2019

### DENTISTS

D11129	TYLER JAMES MADSEN, D.D.S.	8/15/2019
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