

PUBLIC PACKET

# **OREGON BOARD OF DENTISTRY**

**BOARD MEETING  
DECEMBER 12, 2025**





# Oregon

Tina Kotek, Governor

**Board of Dentistry**  
1500 SW 1<sup>st</sup> Ave, Ste 770  
Portland, OR 97201-5837  
(971) 673-3200

## NOTICE OF REGULAR MEETING

[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

**PLACE:** BOARD OFFICE & VIRTUAL VIA ZOOM  
**DATE:** December 12, 2025  
**TIME:** 8:00 a.m. – 2:00 p.m.

**Call to Order** – Aarati Kalluri, D.D.S. – President

**8:00 a.m.**

### **OPEN SESSION (Zoom option available)**

<https://us02web.zoom.us/j/89967903603?pwd=iWkLU9baz8XEOn4jdR5AP0W9SIKavm.1>

**Phone # 1-253-205-0468      Meeting ID: 899 6790 3603      Passcode: 717664**

### **Confirm Quorum & Review Agenda**

1. Approval of October 24, 2025, Board Meeting Minutes

### **NEW BUSINESS**

2. Association Reports
  - Oregon Dental Association
  - Oregon Dental Hygienists' Association
    - December 12, 2025 Report & DHLOSCE Quick Facts
  - Oregon Dental Assistants Association
3. Committee and Liaison Reports
  - 2025-2026 Committee & Liaison Assignments
  - DAWSAC Meeting held 12.9.2025 – The draft meeting minutes were not available when this meeting packet was finalized. They will be included in the February 27, 2026, board meeting packet.
  - ADEX Council on Examinations Appointments
  - Dr. Salathe Overview of Healthy Hearts, Healthy Smiles
4. Interim Executive Director's Report
  - Board/Staff Updates
  - Recognition to Outgoing Executive Director, Stephen Prisby
  - OBD Budget Report
  - OHA Fee Increase
  - Customer Service Survey
  - American Board of Dental Examiners Letter
  - Strategic Planning Update
5. Unfinished Business and Rules
  - Public Rulemaking
    - Permanent Rules Effective December 1, 2025
6. Correspondence
  - OHA - OBD Letter
  - Letter from ODHA Recognizing Stephen
  - Letter from ODAA Recognizing Stephen
  - American Dental Association and American Board of Dental Examiners Announce Collaborative Discussions to Advance Clinical Licensure Competency Examinations

#### **Notes:**

(1) The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Haley Robinson at (971) 673-3200.

(2) The Board may from time to time throughout the meeting enter into Executive Session to discuss matters on the agenda for any of the reasons specified in ORS 192.660. Prior to entering into Executive Session, the Board President will announce the nature of and authority for holding the Executive Session. No final action will be taken in Executive Session.

## 7. Other

- CODA - State Board Participation in 2026 Accreditation Site Visits
- Immunization-Counseling OHA Memo
- Tribes – Open Comment Period
- Open Public Comment Period - Public comment is limited to matters on the public meeting agenda or otherwise relevant to matters that may come before the OBD. Comments will not be allowed that are longer than the time allotted by the President or are disruptive to the agency's conduct of its business.
- Strategic Planning – Introduction and overview with our facilitator (Jen Coyne, Peak Fleet Facilitator Presentation)
  - Possible 2026-29 Strategic Plan Priorities
  - Draft Strategic Planning Survey

## 8. Articles & Newsletters (No Action Necessary)

- DANB Summit – AI & the Future of Dental Assisting
- Dental Assisting Professional Model
- FDA Letter to Health Care Professionals

## EXECUTIVE SESSION

**10:15 a.m.**

The Board will meet in Executive Session pursuant to ORS 192.345(4); ORS 192.660(2)(f), ORS 192.660(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 materials and investigatory information, consider legal advice in regards to the Executive Director recruitment process, and to consult with counsel. No final action will be taken in Executive Session.

9. Review New Cases Placed on Consent Agenda
10. Review New Case Summary Reports
11. Review Completed Investigative Reports
12. Previous Cases Requiring Further Board Consideration
13. Compliance and Monitoring Reports
14. Licensing and Examination Issues
15. Consult with Counsel

## OPEN SESSION (Zoom option available)

**12:00 p.m.**

<https://us02web.zoom.us/j/89967903603?pwd=iWkLU9baz8XEOn4jdR5AP0W9SlKavm.1>

Phone # 1-253-205-0468 Meeting ID: 899 6790 3603 Passcode: 717664

- **Executive Recruitment Overview:** John Paschal, DAS CHRO Executive Recruiter will join the meeting to offer general insights into executive recruitment processes, estimated timelines, and to answer any questions the Board may have.

## Enforcement Actions (vote on cases reviewed in Executive Session)

### LICENSURE AND EXAMINATION

16. Ratification of Licenses Issued
17. License and Examination Issues
  - Request for Approval of Interim Therapeutic Restorative (ITR) Course – Capitol Dental Care
  - Request for Reinstatement of an Expired License for Colette Rose Graham, R.D.H.

Next Board Meeting is scheduled for February 27, 2026

## ADJOURN

**2:00 p.m.**

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# APPROVAL OF MINUTES

**OREGON BOARD OF DENTISTRY  
MINUTES  
OCTOBER 24, 2025**

**MEMBERS PRESENT:** Aarati Kalluri, D.D.S., President  
Sheena Kalia, D.D.S., Vice President  
Reza Sharifi, D.M.D. (departed meeting at 1:30 p.m.)  
Terrence Clark, D.M.D. (via Zoom and departed meeting at 3:00 p.m.)  
Michelle Aldrich, D.M.D.  
Olesya Salathe, D.M.D.  
Kristen Simmons, R.D.H., E.P.P. (via Zoom)  
Sharity Ludwig, R.D.H., E.P.P.  
Kieshawn Lewis

**STAFF PRESENT:** Stephen Prisby, Executive Director  
Angela Smorra, D.M.D., Dental Director/ Chief Investigator  
Winthrop “Bernie” Carter, D.D.S., Dental Investigator  
Haley Robinson, Office Manager  
Kathleen McNeal, Licensing Manager  
Gabriel Kubik, Investigator  
Dawn Dreasher, Office Specialist

**ALSO PRESENT:** Joanna Tucker-Davis, Sr. Assistant Attorney General

**VISITORS ALSO PRESENT:** Brett Hamilton, Director of Government and Regulatory Affairs (ODA); Lisa Rowley, Advocacy & Membership Director (ODHA); Mary Harrison, Vice President, Oregon Dental Assistants Association (ODAA)

**VIA ZOOM\*:** Jeffrey Kobernik, D.M.D.; Sarah Kowalski, R.D.H., Operations & Policy Analyst, Oregon Health Authority (OHA); Ahmed Farag, D.D.S., Dental Director, OHA, Alicia Riedman, R.D.H., E.P.P., Amy Coplen, R.D.H., D.T., Jeannie Bopp, R.D.H., Richael Cobler, CRDTS, Rocky Dallum, Emily McCadden, R.D.H., Jenna Shanks, R.D.H., Stacie Neely, R.D.H.

\*This list is not exhaustive, as it was not possible to verify all participants on the Zoom.

**Call to Order:** The meeting was called to order by the President at 8:02 a.m.

President Aarati Kalluri welcomed everyone to the meeting and had the Board Members, Joanna Tucker-Davis, and Stephen Prisby introduce themselves. Dr. Kalluri announced that Board member Ms. Ginny Jorgensen had an excused absence.

Dr. Kalluri announced that the Board had a quorum and then read the Mission Statement as follows:

The mission of the Oregon Board of Dentistry is to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

## **NEW BUSINESS**

### **Approval of August 22, 2025 Minutes**

Dr. Kalluri moved and Dr. Aldrich seconded that the Board approve the minutes from the August 22, 2025, Board Meeting as presented. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

## **ASSOCIATION REPORTS**

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

Brett Hamilton, Director of Government and Regulatory Affairs at the ODA, acknowledged that we indeed live in extraordinary times, and that the ODA continues to monitor the potential impact on dentistry and oral health both nationally and here, in Oregon. Mr. Hamilton reported that earlier this month the ODA held its House of Delegates where it had a Mega Issue Discussion on Workforce Development, which is everyone's top priority. He announced that Dr. Fairlee was introduced as the new President of ODA. Mr. Hamilton stated that Dr. Fairlee is a practicing dentist in Bend, and that one of her main ODA policy priorities during her tenure will be alleviating workforce shortages among assistants, hygienists, and providers in rural areas overall. Mr. Hamilton added that Dr. Fairlee is a member of the Dental Assisting Workforce Shortage Advisory Committee (DAWSAC) and an ADA Workforce Ambassador.

Mr. Hamilton shared that the ADA was convening in Washington, D.C. for its annual meeting, Smile Con. Mr. Hamilton reported that Drs. Fairlee and Taylor and other ODA leadership were in attendance. Mr. Hamilton said the ODA could provide updates at the next Board meeting.

Mr. Hamilton announced that the ODA will be holding its Regional Event on November 7<sup>th</sup> and 8<sup>th</sup> in Lincoln City, where it will have quality education from leading experts, team building with the dental community, and strengthening relationships with industry suppliers. Mr. Hamilton invited people to go to the ODA website to register for the event.

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

Lisa Rowley, Advocacy & Membership Director of ODHA, pointed out to the Board the Dental Hygiene Education Programs contact list. Ms. Rowley announced that there is a new director for OIT in Salem, and that Concord Career College is currently looking for a director. Ms. Rowley added that Concord Career College will be graduating its first class this month, adding 31 dental hygienists to the workforce. Ms. Rowley invited providers who are looking to hire dental hygienists to contact program directors.

Ms. Rowley announced that the ODHA is sponsoring a Fall Education Series that is free for members and available to non-members with a fee. Ms. Rowley added that Fall courses include medical emergencies, complications of local anesthesia, cultural competency, and infection control. Ms. Rowley clarified that these courses are presented in-person with a Zoom option and recorded for later viewing. Ms. Rowley noted that Dr. Steven Beadnell presented their medical emergencies course on September 26, 2025.

Ms. Rowley reminded that Board that October is National Dental Hygiene Month. Ms. Rowley shared that this year's theme is The Power of Us and celebrates how dental hygienists create lasting changes for our profession and the communities we serve through collaboration and creating opportunity. Ms. Rowley explained that each week will highlight a different aspect of this theme: the Power of You, the Power of your Practice, the Power of Partnerships, and the Power of our Profession.

Ms. Rowley announced that the American Dental Hygienists' Association has released a white paper titled "Missed Potential: How Expanding Dental Hygienists' Role Can Bridge America's Oral Health Gaps." Ms. Rowley explained that the paper discusses systemic barriers to oral healthcare and demonstrates how dental hygienist autonomy can improve access to preventive care, especially for underserved patients. Ms. Rowley pointed out that Oregon has been a national leader in implementing the policy changes that are recommended in the paper. Ms. Rowley stated that the paper is available for review in the packet.

Ms. Rowley stated that the Coalition for Modernizing Dental Licensure (CMDL [www.dentallicensure.org](http://www.dentallicensure.org)) held their annual meeting on September 18, 2025. Ms. Rowley explained that CDML is a coalition of over 130 national and state organizations, institutions, and programs representing dentistry, dental education, dental specialties, dental hygiene, and nonprofit groups working to improve public access to oral health care. Ms. Rowley explained that the goals of the coalition are to eliminate single-encounter, procedure-based patient examinations, replacing them with clinical assessments that have stronger validity and reliability evidence and to increase licensure portability to allow for professional mobility and improved access to care. Ms. Rowley informed that Board that the Oregon Dental Association, Oregon Dental Hygienists' Association, Oregon Health & Science University, Pacific University and Portland Community College are partner organizations.

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

Mary Harrison, Vice President of ODAA, said that the fall season brings back to school beautiful colors and opportunities to sign up for continuing education courses. Ms. Harrison stated that the ODAA continues to see excitement and interest in the Local Anesthesia courses for assistants. Ms. Harrison shared that assistants using this new function in their offices report how pleased the entire staff and patients are with the convenience and quality of it and how it adds comfort and ease to their dental appointments.

Ms. Harrison reported that the ODAA held its planning session and will continue to present educational offerings and updates to their correspondence through the addresses they have and through their website. Ms. Harrison pointed out how nice it would be to have some type of registration of dental assistants for communication with dental teams. Ms. Harrison reiterated that the ODAA supports that effort. Ms. Harrison offered the ODAA's appreciation to DAWSAC and the variety of representatives and their discussions and recommendations, adding that ODAA supports their thoughts and recommendations to the Board.

Ms. Harrison reported that, since meeting with the Lab Association, ODAA wants to support HB 2594 and the changes it will bring to the lab and dental office regarding lab materials and prescriptions. Ms. Harrison assured the Board that ODAA will share future information in their publications.

Ms. Harrison thanked the ODHA and Ms. Rowley for their support and the status of the OPA and probing regarding dental assistants. Ms. Harrison jokingly reminded everyone to have a big bowl of candy out in their offices to promote future dental appointments – Happy Halloween!

### **COMMITTEE AND LIAISON REPORTS**

#### **Dental Assistant Workforce Shortage Advisory Committee (DAWSAC)**

Dr. Clark provided an overview of the September 23, 2025, DAWSAC meeting and stated the committee's recommendations to the Board. Dr. Clark stated that the first recommendation was that the Board consider allowing dental assistants to administer nitrous oxide under direct supervision of someone who is certified to administer nitrous oxide. The second recommendation was that the Board allow dental assistants who are radiologic proficiency instructors to sign off on proficiency.

Dr. Clark stated that the third recommendation was that the Board consider registering dental assistants. The fourth recommendation was that the Board consider adopting a rule change to OAR 818-042-0040 clarifying that a dental assistant is prohibited from subgingival scaling and periodontal probing. The fifth recommendation was that the Board



consider conducting another survey regarding dental assistants, similar to the one done in 2019, including questions about wages and certifications. The sixth recommendation was that the Board consider a proposed rule change to OAR 818-042-0117 allowing dental assistants to become certified to perform phlebotomy services after successfully completing a board-approved phlebotomy training course, without the requirement that the assistant be a Certified Anesthesia Dental Assistant. The seventh and final recommendation was that the Board include dental assisting wages and levels of certification in an upcoming Board newsletter.

The Board discussed issues regarding dental assistants initiating/adjusting nitrous oxide administration.

Dr. Aldrich moved and Dr. Kalia seconded that the Board refer the issue of Nitrous Oxide Sedation by Dental Assistants under Direct Supervision to the Licensing, Standards and Competency Committee. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

The Board discussed a request at the DAWSAC meeting to allow dental assistants who are Radiologic Proficiency Instructors to sign off on proficiency. Mr. Prisby suggested the Board make a motion to refer the issue to the Licensing, Standards and Competency Committee. Mr. Prisby offered that OBD staff would reach out to Radiation Protective Services regarding their rules about which providers may sign off on proficiency, including Dental Therapists.

Ms. Ludwig moved and Dr. Kalluri seconded that the Board refer the issue of allowing dental assistants who are Radiologic Proficiency Instructors to sign off on proficiency to the Licensing, Standards and Competency Committee. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

The Board discussed a request from the DAWSAC meeting to create a dental assistant registry. The Board asked OBD staff to consult with the Dental Assisting National Board (DANB) regarding creating a volunteer Dental Assistant Registry.

The Board discussed survey items and OBD Newsletter articles, including wage information on dental assistants. The Board instructed OBD staff to include dental assistant wage information in the next Newsletter.

The Board discussed issues related to dental assistants performing phlebotomy services and reviewed draft language provided by OBD staff.

Dr. Sharifi moved and Dr. Kalluri seconded that the Board refer Proposed Amendment to OAR 818-042-0117 as presented in Option #1 to the Licensing, Standards and Competency Committee. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and

KL voting Aye.

### **Dental Therapy Rules Oversight (DTRO) Committee**

Ms. Simmons provided an overview of the October 8, 2025, DTRO Committee meeting. Ms. Simmons stated that the two important items were recommending that the Board allow dental therapists to deliver unilateral space maintainers under indirect supervision and update the collaborative agreement.

Ms. Ludwig moved and Dr. Aldrich seconded that the Board refer language updating rules and the Collaborative Agreement to Allow Dental Therapists to Deliver Unilateral Space Maintainers under Indirect Supervision to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

## **EXECUTIVE DIRECTOR'S REPORT**

### **Board Updates**

Mr. Prisby reported that the OBD sent out its first Gov Delivery email communications in September, adding that this new method of delivering important news, license reminders, and updates should significantly enhance the OBD's ability to connect with its licensees and stakeholders.

### **OBD Budget Report & Governor's Letter**

Mr. Prisby presented the attached budget report for the 2025 – 2027 Biennium. Mr. Prisby highlighted that this report, which is from July 1, 2025, through July 31, 2025, shows revenue of \$85,812.87 and expenditures of \$178,895.25. Mr. Prisby also directed the Board's attention to the attached Governor's letter dated September 16, 2025, to agency leaders regarding the state's challenging budget situation. All state agencies have been directed to submit 5% proposed reductions to current budget, to make up for reduced funding. The OBD is in excellent shape fiscally but still must submit reductions as directed.

### **Customer Service Survey**

Mr. Prisby presented the attached legislatively mandated survey results from July 1, 2025 – September 30, 2025, which is the start of FY 2026. Mr. Prisby reported that the results of the survey show that the OBD received positive ratings from the majority of those that chose to submit a survey.

### **Staff Speaking Engagements**

Mr. Prisby reported that Haley Robinson gave a presentation entitled "Board Updates and Dental Assisting Hot Topics" at the ODAA conference September 12, 2025, in Portland.

### **Dental Hygiene & Dental Therapy License Renewal**

Mr. Prisby reported the following results from the license renewal period that started in mid-July and ended September 30<sup>th</sup>.

- Preliminary Dental Therapy license renewal shows 9 renewed for 2025.
- Preliminary Dental Hygiene license renewal shows 1906 renewed for 2025.

Past Years DH License Renewals:

- In 2024 1918
- In 2023 1908
- In 2022 1884
- In 2021 1888
- In 2020 1948
- In 2019 1946
- In 2018 1954

### **FY 2025 Annual Performance Progress Report**

Mr. Prisby presented the attached OBD FY 2025 Annual Performance Progress Report, which was submitted to DAS and the Legislative Fiscal Office as required each year. Mr. Prisby shared that the OBD reported excellent results for the fiscal year.

### **Dental Testing and Regulatory Summit**

Mr. Prisby reported that, in September, agency directors were advised not to travel out of state due to the state's deteriorating budget outlook, so he did not attend the AADA or other scheduled meetings. Mr. Prisby stated that the American Association of Dental Administrators (AADA) and the American Association of Dental Boards (AADB), ADEX, CDCA-WREB-CITA and educators multi-day meeting, was held in Grapevine, Texas, October 16 – 19, 2025. Mr. Prisby reported that Kristen Simmons, RDH attended the educators conference & AADB Meeting and that her flight was booked back in August. Mr. Prisby indicated that all information and meeting agendas can be found at this web link [2025 Dental Testing & Regulatory Summit and Educators Conference](#).

Ms. Simmons provided the Board with her report below:

American Board of Dental Examiners Annual Meeting  
Report provided by Kristen Simmons PhD, ROH

"You don't deviate to protect the public."

### **Highlights**

- As of 2022 ABDE is the largest testing agency in healthcare
- A 2024 National survey of public sentiment
  - 82% believe that hand skills are important
- Only two states do not recognize ADEX exams, Delaware and New York.
- Radiation Safety in Dental Office
  - Provided useful web link for patient education materials for the knowledge about the use of lead aprons in the dental office (AAOM R). I have reached

out to Dr. Juan Yepes for his slides as useful information board members may want to review.

- 82 dental candidates failed the ADEX exam, the speaker illustrated: 12 pts per day X 200 days= approx. 186 K potential patients that were protected from potential harm.
- **Data from Sept 30th, 2025 examinations - National**
  - Dental Hygiene 99.45% pass rate
    - calculus detection and removal (top conditions of failures)
  - Dental Therapy 100 % pass rate
  - Auxiliary EFDA 95% pass rate
  - Dentists
    - Diagnostic 99.46% Diagnostic pass rate
    - Endodontics 87.89% pass rate
      - Overfills, pulp horn removal (top conditions of failures)
    - Periodontics 99.21% pass rate
      - Calculus removal 4 or more errors (top conditions of failures)
    - Anterior Restoration 93.79% pass rate
      - Caries removal (top conditions of failures)
    - Posterior Restoration 99.46% pass rate
      - Caries Removal (top conditions of failures)
  - Local Anesthesia 91.2% pass rate
- ADEX exams moving forward.
  - Amalgams are falling off the exams; composites are the favored choice.
  - PFM's are falling off the exams, Zirconia crowns are the favored choice.
- **Changes in the ADEX Examination**
  - Dental Hygiene- None
  - Dentists
    - Changes in effect January 1, 2026, to July 2026
      - Diagnosis of lesions -completely paperless for candidate
      - Discontinuing Indirect pulp cap process -candidate required to remove all caries (complexity of grading for this process evaluation)
      - Direct Pulp cap process -identify direct pulp exposure, no longer required to place a direct pulp cap for evaluation.
    - **Biggest Change coming - August 2026**
      - **Periodontics**
        - **Periodontal Probing of an entire arch and calculus detection**
  - 15 new dental schools will be expanded or added between 2027-2028 and 11 dental hygiene programs are expanding or added.
  - ABDE Council on Examinations

- With the merger - Dental Hygiene will have more representation on the council of examinations for dental hygienists. This has expanded to one member from every state. ABDE recommended the State Boards actively invest in member participation on the committee. A motion was made to the Bylaws committee to change the rules from "must" be a member of a State Board to "may". The committee will consider this.

### **Oregon Agency Expectations – Progress Report**

Mr. Prisby reminded the Board that in January 2023, Oregon Governor Tina Kotek outlined 11 expectations for state agency operations. Mr. Prisby explained that this report updates progress made in meeting expectations. Mr. Prisby clarified that this report updates eight of the 11 measures and details the actions agencies have taken to meet expectations and reports on performance data. Mr. Prisby shared that the OBD continues to meet all requirements and expectations.

### **2026 Board Meeting Dates**

Mr. Prisby reported that the Board approved the 2026 board meeting dates at its last board meeting.

### **UNFINISHED BUSINESS AND RULES**

Mr. Prisby offered a brief overview of the recent public rulemaking hearing and process. Mr. Prisby highlighted that the Public Comment period on the rule changes was open from September 2, 2025, through Oct 10, 2025. Mr. Prisby reported that the OBD held a public rulemaking hearing on September 30, 2025, at 12:00 p.m. via Zoom, with Haley Robinson serving as the Hearings Officer. Mr. Prisby recounted that attendees included Ms. Simmons, Ms. Jorgensen, most OBD staff, and the professional associations. Mr. Prisby suggested the Board consider incorporating the public rulemaking hearing into the regularly scheduled Board meeting for future rule changes.

Mr. Prisby directed the Board's attention to his memo with attached public comments included in the Board meeting packet. The Board reviewed the assembled public comments.

Ms. Ludwig moved and Dr. Clark seconded that the Board refer proposed rule changes to OAR 818-042-0040 to the Rules Oversight Committee. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

### **OAR 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 as allowed under the indirect supervision of a Licensee, such as fluoride, topical anesthetic, desensitizing agents, topical tooth whitening agents, over the counter medications per package instructions or drugs administered pursuant to OAR 818-026-0050(5), OAR 818-026-0060(12), OAR 818-026-0065(12), OAR 818-026-0070(12) 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 hand instruments, air polishers, ultrasonic equipment or other devices to remove supragingival and subgingival stains and deposits from tooth surfaces.
- (1~~2~~3) 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.
- (1~~3~~4) Use lasers, except laser-curing lights.
- (1~~4~~5) Use air abrasion or air polishing.
- (1~~5~~6) Remove teeth or parts of tooth structure.
- (1~~6~~7) Cement or bond any fixed prosthesis or orthodontic appliance including bands, brackets, retainers, tooth moving devices, or orthopedic appliances except as provided in OAR 818-042- 0100.
- (1~~7~~8) Condense and carve permanent restorative material except as provided in OAR 818-042- 0095.
- (1~~8~~9) Place any type of retraction material subgingivally except as provided in OAR 818-042-0090.
- (1~~2~~20) Apply denture relines except as provided in OAR 818-042-0090(2).
- (20~~1~~) 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.

(2~~4~~2) Use the behavior management techniques known as Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(2~~2~~3) Perform periodontal assessment and periodontal probing.

(2~~3~~4) Place or remove healing caps or healing abutments, except under indirect supervision.

(2~~4~~5) Place implant impression copings, except under indirect supervision.

(2~~5~~6) Perform intraoral adjustment of fixed and removable prosthesis or appliances.

(27) ~~Any a~~Act in violation of Board statute or rules.

Mr. Prisby offered that OBD staff would clarify that the current Dental Practice Act rules and statutes prohibit dental assistants from scaling, with exceptions as stated in the rules.

Ms. Ludwig moved and Dr. Kalluri seconded that the Board make permanent rule changes to OAR 818-001-0087 as presented, with the effective date of December 1, 2025. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

## **OAR 818-001-0087**

### **Fees**

(1) The Board adopts the following fees:

(a) Biennial License Fees:

(A) Dental — \$~~4~~490;

(B) Dental — retired — \$0;

(C) Dental Faculty — \$~~4~~385;

(D) Volunteer Dentist — \$0;

(E) Dental Hygiene — \$~~2~~5579;

(F) Dental Hygiene — retired — \$0;

(G) Volunteer Dental Hygienist — \$0;

(H) Dental Therapy - \$~~2~~5579;

(I) Dental Therapy - retired - \$0;

(b) Biennial Permits, Endorsements or Certificates:

(A) Nitrous Oxide Permit — \$40;

(B) Minimal Sedation Permit — \$75;

(C) Moderate Sedation Permit — \$~~75~~200;

(D) Deep Sedation Permit — \$~~75~~400;

(E) General Anesthesia Permit — \$~~1~~400;

(F) Radiology — \$75;

(G) Expanded Function Dental Assistant — \$50;

(H) Expanded Function Orthodontic Assistant — \$50;

(I) Instructor Permits — \$40;

(J) Dental Hygiene Restorative Functions Endorsement — \$50;

- (K) Restorative Functions Dental Assistant — \$50;
- (L) Anesthesia Dental Assistant — \$50;
- (M) Dental Hygiene, Expanded Practice Permit — \$75;
- (N) Non-Resident Dental Background Check - \$100.00;
- (c) Applications for Licensure:
  - (A) Dental — General and Specialty — \$445;
  - (B) Dental Faculty — \$405;
  - (C) Dental Hygiene — \$210;
  - (D) Dental Therapy - \$210;
  - (E) Licensure Without Further Examination — Dental — \$890.
  - (F) Licensure Without Further Examination — Dental Hygiene and Dental Therapy — \$820
- (d) Examinations:
- (e) Jurisprudence — \$0;
- (f) Duplicate Wall Certificates — \$50.
- (2) Fees must be paid at the time of application and are not refundable.
- (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to which the Board has no legal interest unless the person who made the payment or the person's legal representative requests a refund in writing within one year of payment to the Board.

Dr. Aldrich moved and Dr. Kalia seconded that the Board make permanent rule changes to OAR 818-042-0080 as presented, with the effective date of December 1, 2025. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

### **OAR 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; 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,~~ Oregon Expanded Functions with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant examination or Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam, or equivalent successor examinations, administered by DANB or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the



applicant has successfully removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated 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 matrix bands on four (4) teeth prepared for Class II restorations. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.

Dr. Aldrich moved and Dr. Salathe seconded that the Board make permanent rule changes to OAR 818-042-0110 as presented, with the effective date of December 1, 2025. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

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

##### **Certification - Expanded Function Orthodontic Dental 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,~~ Oregon Orthodontic Expanded Functions with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assisting exam, or equivalent successor examinations, administered by DANB, or any other testing entity authorized by the Board; and certification by an Oregon 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 hand piece from teeth on four (4) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function orthodontic certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded orthodontic function duties until EFODA certification is achieved.

Dr. Kalia moved and Dr. Kalluri seconded that the Board make permanent rule changes to OAR 818-042-0113 as presented, with the effective date of December 1, 2025. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

### **OAR 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, or the Expanded Function Dental Assistant examination, or the Coronal Polishing (CP) examination,~~ Oregon Expanded Functions with Infection Control examination; or passage of the Coronal Polishing with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam or Coronal Polishing exam, or equivalent successor examinations, administered by 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 (6) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.

Dr. Kalia moved and Dr. Kalluri seconded that the Board approve the proposed rule changes to OAR 818-012-0010 as presented to be effective December 1, 2025. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

## **OAR 818-012-0010**

### **Unacceptable Patient Care**

The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:

- (1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.
- (2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.
- (3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.
- (4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.
- (5) Fail to ensure radiographic and other imaging are of diagnostic quality.
- (6) Render services which the licensee is not licensed to provide.
- (7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.
- (8) Fail to maintain patient records in accordance with OAR 818-012-0070.
- (9) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.
- (10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.
- (11) Perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.
- (12) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.
- (13) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (14) Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.

(15) Fail to advise a patient of any recognized treatment complications.

(16) Fail to maintain proper storage or handling of medications, including injectables, according federal regulations, guidelines, standards, and manufacturer recommendations.

(17) Fail to obtain and maintain a written informed consent prior to administering Botulinum Toxin Type A or dermal fillers.

Dr. Kalia moved and Dr. Kalluri seconded that the Board approve the proposed rule changes to OAR 818-035-0025 as presented to be effective December 1, 2025. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

### **OAR 818-035-0025**

#### **Prohibited Acts**

A dental hygienist may not:

(1) Diagnose and treatment plan other than for dental hygiene services;

(2) Cut hard or soft tissue with the exception of root planing, except as provided in OAR 818-035- 0065;

(3) Extract any tooth;

~~(4) Fit or adjust any correctional or prosthetic appliance except as provided by OAR 818- 035-0030(1)(h);~~

(4) Perform intraoral adjustment of fixed and removable prosthesis or appliances.

(5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, OAR 818-035-0040, OAR 818-026-0060(12), OAR 818-026-0065(12) and 818-026-0070 (12);

(6) Place, condense, carve or cement permanent restorations except as provided in OAR 818- 035-0072, or operatively prepare teeth;

(7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;

(8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.

(9) Place or remove healing caps or healing abutments, except under indirect supervision.

(10) Place implant impression copings, except under indirect supervision.

(11) ~~Any~~ Act in violation of Board statute or rules.

Dr. Kalluri moved and Dr. Kalia seconded that the Board approve the proposed rule changes to OAR 818-035-0030 as presented to be effective December 1, 2025. The motion failed with AK, RS, TC, MA, OS, KS, SL, and KL voting Nay, and SK voting Aye.

Ms. Ludwig moved and Dr. Aldrich seconded that the Board approve the proposed rule change to OAR 818-035-0030(1)(h) and (4) as presented to be effective December 1, 2025. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

Ms. Ludwig moved and Dr. Sharifi seconded that the Board refer the issue of dental hygienists' scope of practice, including Botox administration, to be discussed at Strategic Planning. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

### **OAR 818-035-0030**

#### **Additional Functions of Dental Hygienists**

(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:

- (a) Make preliminary intra-oral and extra-oral examinations and record findings;
- (b) Place periodontal dressings;
- (c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
- (d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
- (e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
- (f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
- (g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
- (h) Apply temporary soft relines [after manufacturer required denture preparation](#) to complete dentures for the purpose of tissue conditioning.
- (i) Perform all aspects of teeth whitening procedures.

(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:

- (a) Determine the need for and appropriateness of sealants or fluoride; and
- (b) Apply sealants or fluoride.

(3) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the indirect supervision of a licensed dentist:

- (a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.
- (b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.

#### **(4) Perform extraoral adjustment of fixed and removable prosthesis or appliances.**

(5) A dental hygienist with a local anesthesia endorsement may utilize Botulinum Toxin Type A to treat conditions that are within the oral and maxillofacial region after completing a minimum of 10 hours in a hands on clinical course(s) in Botulinum Toxin Type A, 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). Alternatively, a dental hygienist with a local anesthesia endorsement may meet the requirements of subsection (4) by successfully completing training in Botulinum Toxin Type A as part of a CODA accredited program.

Dr. Kalia moved and Dr. Kalluri seconded that the Board approve the proposed rule changes to OAR 818-042-0096 as presented to be effective December 1, 2025. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

#### **OAR 818-042-0096**

##### **Local Anesthesia Functions of Dental Assistants**

(1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed 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.

(2) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon Certified Anesthesia Dental Assistant Certificate, and has successfully completed 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.

(23) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

Dr. Kalia moved and Dr. Kalluri seconded that the Board approve the proposed rule changes to OAR 818-042-0115 as presented to be effective December 1, 2025. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

#### **OAR 818-042-0115**

##### **Expanded Functions — Certified Anesthesia Dental Assistant**

(1) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant, who possesses a Certified Anesthesia Dental Assistant certificate from the Oregon Board of Dentistry to:

(a) Administer medications into an existing intravenous (IV) line of a patient under sedation or anesthesia under direct visual supervision.

(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.

(c) Perform phlebotomy for dental procedures [in accordance with OAR 818-042-0117](#).

(2) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant to dispense to a patient, oral medications that have been prepared by the dentist and given to the anesthesia dental assistant by the supervising dentist for oral administration to a patient under Indirect Supervision.

Mr. Prisby announced that the approved rule changes will be finalized with the Secretary of State and the changes will be effective December 1, 2025.

### **CORRESPONDENCE**

- August 18, 2025, Email from Dr. Jeffrey Kobernik requesting the Board review the issue of supervision of certified registered nurse anesthetists.

The Board discussed issues related to sedation in dental offices and using the services of nurse anesthetists (CRNAs). Dr. Sharifi stated that the Anesthesia Committee will meet early first quarter of 2026.

Dr. Sharifi moved and Ms. Ludwig seconded that the Board refer Dr. Kobernik's request and the issue of Supervision of Nurse Anesthetists to the Anesthesia Committee. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

### **OTHER**

**Items were in the Board meeting packet for informational purposes.**

- Other Public Comment (no comments)
- Tribes (no comments)
- SG D-DH License Compact Commission Overview
- OHA Information – Dental Hygienists Providing Immunization Education & Counseling

Sarah Kowalski and Dr. Ahmed Farag presented information about vaccination counseling in general and HPV vaccination in particular. The Board discussed the issues of vaccination education, counseling, and administration.

Dr. Kalluri moved and Dr. Kalia seconded that the Board recognizes that Immunization Counseling is within the Scope of Practice for Dental Hygienists and Dental Therapists under General Supervision of a Dentist. The Board notes: such counseling is not presumed to be the standard of care; and all licensees must refer patients to the dentist or appropriate medical professionals for further instructions and guidance. The motion passed with AK, SK, RS, TC, MA, OS, KS, SL, and KL voting Aye.

## **ARTICLES AND NEWS**

- CDCA-WREB-CITA & ADEX Finalize Merger
- CRDTS Letter from the Executive Director
- CRDTS Executive Committee – 2025-2026

**EXECUTIVE SESSION:** The Board entered into Executive Session pursuant to ORS 192.606 (2)(f)(L); ORS 676.165; ORS 676.175 (1), and ORS 679.320 to review confidential investigations, consider exempt records and to consult with legal counsel.

**OPEN SESSION:** The Board returned to Open Session at 1:48 p.m. President Kalluri took roll call and announced the Board had a quorum.

**\*Note the Board Members' votes are identified by their initials.**

## **LICENSE, PERMIT & CERTIFICATION**

Ms. Ludwig moved and Dr. Aldrich seconded that the Board approve Local Anesthesia course for Ashley Leavitt, R.D.H. and Tammy Maahs, R.D.H. as long as the course meets the required 50 hours set forth by the Board in the December 2024 Board Meeting. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

Ms. Ludwig moved and Dr. Kalia seconded that the Board approve the reinstatement of expired license for Carly Jean Bull, R.D.H. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

Ms. Ludwig moved and Dr. Kalluri seconded that the Board approve the reinstatement of retired license for Yvonne Adams, R.D.H. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

Ms. Ludwig moved and Dr. Kalluri seconded that the Board approve the reinstatement of expired license for Jacqueline Palmer, R.D.H. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

The Board discussed Dr. Alshafei's request that the Board accept his CODA programs.

Ms. Ludwig moved and Dr. Kalluri seconded that the Board move OAR 818-021-0011, the reference requiring completion of a two-year CODA Accredited Program for dental licensure to the Licensing, Standards and Competency Committee to determine if it meets current standards. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

Ms. Ludwig moved and Dr. Aldrich seconded that the Board deny applicant Dr. Osama Alshafei's request to accept two one-year CODA accredited programs as they do not



meet the licensing requirements. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

### **RATIFICATION OF LICENSES**

Mr. Lewis moved and Ms. Ludwig seconded that the Board ratify the licenses presented in Tab 16. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

### **CONSENT AGENDA**

**2026-0048, 2026-0035, 2026-0025, 2026-0021, 2026-0032, 2026-0045, 2026-0053, 2025-0212, 2026-0046, 2026-0037, 2026-0020, 2026-0055, 2026-0039, 2026-0041, 2026-0047, 2026-0033, 2026-0036**

Dr. Kalia moved and Dr. Aldrich seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

### **COMPLETED CASES**

**2026-0018, 2025-0193, 2025-0116, 2025-0164, 2026-0015, 2026-0019, 2025-0129, 2026-0023, 2025-0184, 2026-0049, 2025-0189, 2026-0026**

Dr. Kalia moved and Dr. Kalluri seconded that the Board close the matters with a finding of No Violation or No Further Action. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

### **2026-0040**

Dr. Aldrich moved and Dr. Kalia seconded that the Board close the matter with a Letter of Concern. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

### **2025-0115**

Ms. Ludwig moved and Dr. Kalia seconded that the Board close the matter with a Letter of Concern. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

### **2026-0016**

Mr. Lewis moved and Dr. Salathe seconded that the Board close the matter with a Letter of Concern. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

### **2025-0149**

Dr. Salathe moved and Dr. Kalia seconded that the Board close the matter with a Letter of Concern. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

### **STEVEN J. LITTLE, D.M.D.; 2025-0171**

Dr. Aldrich moved and Ms. Ludwig seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a

\$2,000 civil penalty be paid within 30 days of the effective date of the order. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

**YULIANA P. MARTINEZ, R.D.H.; 2026-0039**

Ms. Ludwig moved and Mr. Lewis seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a \$1,000.00 civil penalty to be paid within 30 days of the effective date of the order. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

**2025-0190**

Mr. Lewis moved and Dr. Salathe seconded that the Board close the matter with a Letter of Concern. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

**MULLANEY; 2025-0160**

Dr. Salathe moved and Dr. Kalia seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a \$2,000 civil penalty be paid within 30 days of the effective date of the order. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

**2026-0051**

Dr. Aldrich moved and Ms. Ludwig seconded that the Board close the matter with a Letter of Concern. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

**TARIM S. SONG, D.D.S.; 2025-0207**

Ms. Ludwig moved and Mr. Lewis seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a \$2,000 civil penalty be paid within 30 days of the effective date of the order. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

**2025-0195**

Mr. Lewis moved and Dr. Salathe seconded that the Board close the matter with a Letter of Concern. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

**JOHN O. TURNER, D.M.D.; 2025-0080**

Dr. Salathe moved and Dr. Kalluri seconded that the Board issue a Notice of Proposed Disciplinary Action and offer the Licensee a Consent Order incorporating a reprimand, a \$3,000.00 civil penalty payable within 60 days of the effective date of the Order, \$4,501.00 restitution payable to patient MO within 60 days of the effective date of the Order, and a \$36,198.00 refund payable to patient MO within 450 days of the effective date of the Order. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

**ERIN E. WAID, D.M.D.; 2025-0203**

Dr. Aldrich moved and Ms. Ludwig seconded that the Board issue a Notice of Proposed

Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand, a \$1,000 civil penalty payable within 30 days, and payment of a \$903.90 refund to patient JL within 30 days of the effective date of the Order. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

**KIRSTEN C. WALDEN, R.D.H., E.P.P.; 2026-0044**

Ms. Ludwig moved and Mr. Lewis seconded that the Board issue a Notice of Proposed Disciplinary Action and offer Licensee a Consent Order incorporating a reprimand and a \$250 civil penalty be paid within 30 days of the effective date of the order. The motion passed with AK, SK, TC, MA, OS, KS, SL, and KL voting Aye.

**STRATEGIC PLANNING**

President Kalluri initiated a discussion with the Board regarding Strategic Planning for 2026-2029. Mr. Prisby gave an overview of the previous strategic planning process. The Board discussed various topics that might be included in the planning. The Board discussed the format of a planning session and whether to use a facilitator. The Board discussed the draft survey of licensees presented by Mr. Prisby. Mr. Prisby offered that OBD staff would look into scheduling a facilitator and revising the licensee survey.

Mr. Prisby announced his resignation as Executive Director of the OBD effective November 30, 2025. Mr. Prisby discussed the transition plan. He shared how much he enjoyed the work and will miss all his colleagues on the Board and appreciated all the support through the 13 plus years working for the OBD. He outlined the future for the OBD with his proposal and acceptance from the Governor's Office that Haley Robinson be named OBD Interim Executive Director. Ms. Robinson has been with the OBD for over nine years and has served as an Office Specialist, Investigator and as the Office Manager.

Dr. Kalluri moved and Dr. Kalia seconded that Haley Robinson be named the Interim Executive Director for the Oregon Board of Dentistry with the Governor's approval, effective November 21, 2025, and that she work closely with the current Executive Director, Stephen Prisby, DAS and the Governor's Office during this leadership transition period at the OBD. The motion passed with AK, SK, MA, OS, KS, SL, and KL voting Aye.

Dr. Kalia moved and Dr. Kalluri seconded that the Board recognize and thank Stephen Prisby on behalf of the OBD and the State of Oregon for his more than 13 years' service, and over 10 years as the OBD's Executive Director: We acknowledge his last day is November 30, 2025. The motion passed with AK, SK, MA, OS, KS, SL, and KL voting Aye.

**ADJOURNMENT**

Dr. Kalluri announced that the next Board Meeting was scheduled for December 12, 2025, at 8:00 a.m.

The meeting was adjourned at 3:11 p.m.

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Aarati Kalluri, D.D.S., President

# ASSOCIATION REPORTS

## **Oregon Board of Dentistry Meeting December 12, 2025**

### **Oregon Dental Hygienists' Association**

This year's **ODHA Annual Membership Meeting** will be held on Tuesday, December 11, 2025. Agenda items will include a message from ADHA President Lancette Van Guilder, a report from our ADHA District XI Director Laura Vanderwerf, 2025 ODHA accomplishments & annual reports, introduction of 2026 ODHA board members and a preview of ODHA 2026 events.

The Joint Commission on National Dental Examinations (JCND E), the same agency that develops and administers the National Board Dental Hygiene Exam (NBDHE), has launched a new clinical board examination for dental hygiene licensure. The **Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE)** is a computer-based exam that uses three-dimensional models, clinical cases, and real-world scenarios to fairly and accurately evaluate if candidates have the level of clinical judgement and skills necessary to safely practice dental hygiene. This new clinical board examination will help states move away from requiring live patient or manikin-based clinical board examinations for dental hygiene licensure. The Oregon Board of Dentistry currently accepts the Dental Licensure Objective Structured Clinical Examination (DLOSCE) for dental licensure and will accept the DHLOSCE for dental hygiene licensure. The DLOSCE and the DHLOSCE are both offered at Prometric Test Centers. The JCND E has approved a special offer for candidates who are currently enrolled in a dental hygiene program in Oregon. These candidates will be able to take the DHLOSCE once at no cost (a \$575 savings) in 2025 and 2026. If these candidates do attempt the DHLOSCE in 2025 or 2026, they will also receive a \$525 refund on their NBDHE fee. The ODHA has scheduled a DHLOSCE Webinar for Oregon Dental Hygiene Educators to be held on Monday, December 8<sup>th</sup>. For more information about the DHLOSCE. click on <https://jcnde.ada.org/dhlosce>.

# Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE™) QUICK FACTS



The **Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE)** is a clinical licensure examination designed to fulfill US jurisdictional clinical dental hygiene licensure requirements and protect public health. The DHLOSCE uses sophisticated three-dimensional models, clinical cases, and real-world scenarios to fairly and accurately evaluate candidates' clinical competence and ability to treat patients safely and effectively. The DHLOSCE incorporates vital subject matter expertise — dental, dental hygiene, and psychometric — to provide a valid, reliable, and fair assessment that protects the public and maintains high standards for the profession. The DHLOSCE is also considerate of aspiring dental hygienists by providing them with a fair and reasonable opportunity to demonstrate their clinical skills and judgment. The DHLOSCE is the future of dental hygiene clinical licensure assessment. **The DHLOSCE will be available for administration in the 4th quarter of 2025.**

## DHLOSCE Topic Outline

### **I. Assessment, Interpretation, Evaluation, & Reevaluation**

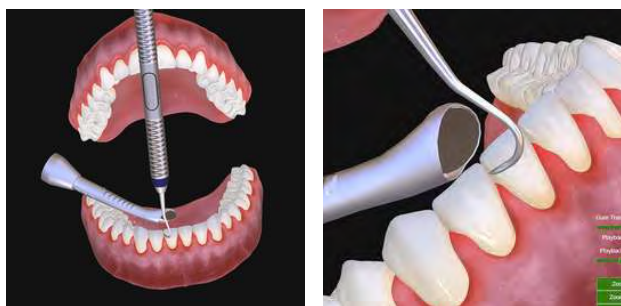
45%

Medical, Dental, & Psychosocial History  
Soft Tissue Evaluation  
Hard Tissue Evaluation  
Periodontal Assessment  
Hard and Soft Deposits  
Radiographic Technique

### **II. Dental Hygiene Care Planning & Evidence Based Treatment**

55%

Infection Control  
Dental Hygiene Care Planning  
Pain Control  
Nonsurgical Periodontal Therapy &  
Adjunctive Therapy  
Medical Emergencies



## Patient Considerations Assessed Throughout DHLOSCE

- Oral and facial abnormalities (congenital or acquired)
- Pregnant or nursing
- Cardiovascular disease
- Respiratory disease
- Autoimmune disease
- Cancer
- Gastrointestinal disorders
- Feeding and eating disorders
- Substance related disorders (e.g., nicotine, alcohol, cannabis, prescription and non-prescription drugs)
- Neurological disorders (not including stroke)
- Stroke
- Neurodevelopmental disorders
- Mental health disorders
- Orthodontic
- Physical disabilities
- Prosthetic joint and/or limb
- Dental prosthesis and implants
- Endocrine conditions (not including diabetes mellitus)
- Diabetes mellitus
- Blood disorders
- Sleep disorders
- Infectious diseases
- Organ transplants

Documentation is implicitly assessed in all relevant content areas, through candidate responses.

The DHLOSCE represents a historic and significant milestone in oral health licensure examinations. It is designed to significantly enhance public protection while providing candidates with a more equitable platform to demonstrate their clinical knowledge and skills.



## FAQs

### **What is an Objective Structured Clinical Examination (OSCE)?**

#### **Where and how are OSCEs used?**

OSCEs are widely used in the health sciences, since their inception in the 1970s. OSCEs were developed to help accurately assess the complex notion of clinical competence in the medical field. More specifically, Harden, Stevenson, Downie, and Wilson (1975) indicated that they introduced the OSCE format to avoid many weaknesses and disadvantages of traditional clinical examinations.

OSCEs are part of the U.S. Medical Licensing Examination for all medical graduates. The OSCE format often includes stimulus materials such as radiographs, photographs, models, and prescription writing. Standardized patients (actors) have been used in medical OSCEs. The National Dental Examining Board (NDEB) of Canada uses an OSCE for dental licensure throughout Canada.

#### **How is DHLOSCE content determined?**

DHLOSCE content is determined by subject matter experts in dentistry and dental hygiene, based on practice analysis findings and in accordance with industry best practices and professional standards such as the Standards for Educational and Psychological Testing (AERA, APA, & NCME, 2014). The JCNDE and the Department of Testing Services follow rigorous development procedures rooted in psychometrics.

#### **Is the DHLOSCE a regional examination?**

No. The DHLOSCE is a national examination measuring the clinical judgment and skills required to perform clinical dental hygiene tasks identified through a national dental hygiene practice analysis.

#### **Which states accept the DHLOSCE?**

The Dental Hygiene Licensure Objective Structured Clinical Examination (DHLOSCE) is now accepted in Arizona, Kentucky, and Oregon, in fulfillment of board clinical licensure examination requirements. Please refer to each state board's website for specific details, clarifications, and updated policies.

#### **How do candidates apply to take the DHLOSCE?**

Application procedures mirror procedures currently in place for the National Board Dental Hygiene Examination (NBDHE). Candidates register for the examination online via the JCNDE website. The examination is offered during specific testing windows.





# COMMITTEE REPORTS

**Oregon Board of Dentistry Committee and Liaison Assignments**  
**May 2025 - April 2026**  
**STANDING COMMITTEES**

**Dental Assistant Workforce Shortage Advisory Committee (DAWSAC)**

**Purpose: To review, discuss and make recommendations to the Board on addressing workforce shortages in accordance with HB 3223 (2023).**

*Committee:*

Terrence Clark, D.M.D., Co-Chair	Lynn Murray
Ginny Jorgensen, Co-Chair	Alexandria Case
Amberena Fairlee, D.M.D., ODA Rep.	Jessica Andrews
Laura Vanderwerf R.D.H., ODHA Rep.	Amanda Nash
Kari Hiatt, ODAA Rep.	Carmen Mons
Kari Kuntzelman, DT, DT Rep.	Cassie Gilbert
Alyssa Kobylinsky	Megan Barron

**Licensing, Standards and Competency**

**Purpose: To improve licensing programs and assure competency of licensees and applicants.**

*Committee:*

Sheena Kansal, D.D.S., Chair  
Michelle Aldrich, D.M.D.  
Sharity Ludwig, R.D.H.  
Kieshawn Lewis  
Julie Spaniel, D.D.S., ODA Rep.  
Heidi Klobes, R.D.H., ODHA Rep.  
Jill Lomax, ODAA Rep.  
Kristen Moses, R.D.H., DT, DT Rep.

**Rules Oversight**

**Purpose: To review and refine OBD rules.**

*Committee:*

Aarati Kalluri, D.D.S., Chair  
Olesya Salathe, D.M.D.  
Kristen Simmons, R.D.H.  
Ginny Jorgensen  
Phillip Marucha, D.M.D., ODA Rep.  
Alicia Riedman, R.D.H., ODHA Rep.  
Mary Harrison, ODAA Rep.  
Raelene Cabrera, R.D.H., DT, DT Rep

**Dental Therapy Rules Oversight**

**Purpose: To draft, refine and update dental therapy rules.**

*Committee:*

Kristen Simmons, R.D.H. Chair  
Terrence Clark, D.M.D.  
Ginny Jorgensen  
Sarah Kowalski, R.D.H., OHA Rep.  
Brandon Schwindt, D.M.D., ODA Rep.

Amy Coplen, R.D.H., DT, ODHA Rep.  
Alexandria Case, ODAA Rep.  
Wilbur Ramirez-Rodriguez, R.D.H., DT, DT Rep.  
Kari Kuntzelman, DT, DT Rep.  
Miranda Davis, D.D.S., DT Rep.

### **Communications**

**Purpose: To enhance communications to all constituencies.**

*Committee:*

Michelle Aldrich, D.M.D., Chair  
Sharity Ludwig, R.D.H.  
Olesya Salathe, D.M.D.  
Kieshawn Lewis  
Alayna Schoblaske, D.M.D., ODA Rep.  
Alicia Riedman, R.D.H., ODHA Rep.  
Christina Becker, ODAA Rep.  
Jason Mecum, DT, DT Rep.

### **Dental Hygiene**

**Purpose: To review issues related to Dental Hygiene.**

*Committee:*

Sharity Ludwig, R.D.H., Chair  
Kristen Simmons, R.D.H.  
Michelle Aldrich, D.M.D.  
David J. Dowsett, D.M.D., ODA Rep.  
Daniel Martinenez Tovar, R.D.H., ODHA Rep.  
Lynn Murray, ODAA Rep.  
Mark Kobylinsky, R.D.H., DT, DT Rep.

### **Enforcement and Discipline**

**Purpose: To improve the discipline process.**

*Committee:*

Terrence Clark, D.M.D., Chair  
Kristen Simmons, R.D.H.  
Kieshawn Lewis  
Jason Bajuscak, D.M.D., ODA Rep.  
Jill Mason R.D.H., ODHA Rep.  
Mary Harrison, ODAA Rep.  
Yadira Martinez, R.D.H., DT, DT Rep.

### **Anesthesia**

**Purpose: To review and make recommendations on the Board's rules regulating the administration of sedation in dental offices.**

*Committee:*

Reza Sharifi, D.M.D., Chair  
Sheena Kansal, D.D.S.  
Julie Ann Smith, D.D.S., M.D.

Brandon Schwindt, D.M.D.  
Mark Mutschler, D.D.S.  
Normund Auzins, D.D.S  
Ryan Allred, D.M.D.  
Jay Wylam, D.M.D.  
Michael Doherty, D.D.S.  
Eric Downey, D.D.S  
Jeffrey Kobernik, D.M.D.

### **LIAISONS**

Haley Robinson, Interim Executive Director and current OBD Board Members choose assignments and interest in other entities as they arise.

American Assoc. of Dental Administrators (AADA)

American Assoc. of Dental Boards (AADB)

American Board of Dental Examiners (ADEX)

CDCA WREB CITA

CRDTS-SRTA



## AMERICAN BOARD<sup>of</sup> DENTAL EXAMINERS

### *Oregon: Member Jurisdiction since 2011*

Dear Executive Director:

On September 1st, CDCA-WREB-CITA and ADEX merged to become the American Board of Dental Examiners. This combination was designed to further enhance and simplify our nonprofit, public protection efforts supporting your licensing board's needs.

As part of these changes, the American Board of Dental Examiners (ADEX) is pleased to announce added opportunities aimed at enhancing comprehensive participation by each of our member licensing boards.

All board members are automatically eligible to become examiners for ADEX examinations. In addition, as one of ADEX's 52 member jurisdictions, Oregon is entitled to appoint one dentist and one dental hygienist to serve as part of ADEX's new Council on Examinations. With the sunseting of the previous district structure, every licensing board has an ongoing voice in determining national exam standards and further exam development. Most notably, this change also increases dental hygienist representation threefold.

Based on this, we are asking for Oregon's appointment(s) to the American Board of Dental Examiners Council on Examinations. (Name & Email will be blank if no appointee has been named.)

### **Oregon- current appointments are as follows:**

**Dental Member** Aarati Kalluri; Aaratic1975@gmail.com; Term ended 2024

**Dental Hygiene Member** Kristen Simmions, RDH;  
Kristen.Simmons@obd.oregon.gov; Term ends 2027

We ask that newly appointed representatives be:

- current, active members of your Board
- or have previously served in this role within the past 5 years.

\*Current appointees who do not meet these criteria can remain.

**\*\*Appointees serve a term of three years, but can be replaced earlier at your discretion.**

Thank you in advance for considering this and future appointments.

Oregon's voice and representative efforts have helped ADEX examinations become the National Exam Standard for clinical, psychomotor performance examinations. ADEX Dental and Dental Hygiene examinations are currently accepted for initial licensure in 53 jurisdictions.

*Please respond with your state's appointments and contact information for appointees. If you have any questions, please contact our offices by emailing Stephanie Beeler, Director of Communications, Board Affairs & Events at [sbeeler@adextesting.org](mailto:sbeeler@adextesting.org).*

Sincerely,

Conrad McVea III, DDS and Renee McCoy-Collins, DDS

Chair and Vice Chair, Council on Examinations

**INTERIM  
EXECUTIVE  
DIRECTOR'S  
REPORT**

## **INTERIM EXECUTIVE DIRECTOR'S REPORT**

### **December 12, 2025**

#### **Staff Updates**

The OBD will be closed for the holidays on Thursday, Dec. 25 and Thursday, Jan. 1. Most OBD Staff will be taking time off throughout December, but emails and calls will still be responded to promptly when the OBD is open during regular business hours.

Dr. Carter presented to OHSU third and fourth year dental students on November 3<sup>rd</sup>.

Kathleen McNeal celebrated her 4-year Work Anniversary on November 29<sup>th</sup>.

#### **Recognition for Stephen Prisby**

The OBD recognized Stephen Prisby for his 13 years of service to the Board and wished him well as he leaves state service. **Attachment #1**

#### **OBD Budget Status Report**

Attached is the budget report for the 2025 – 2027 Biennium. This report, which is from October, 2025, through November 16, 2025, shows revenue of \$103,560.10 and expenditures of \$172,940.01. **Attachment #2**

#### **OHA Fee Increase**

The Oregon Health Authority submitted a fee increase request that, if approved by DAS, would go into effect January 1, 2026. OHA is proposing a \$2 increase to the existing fees that the health licensing boards collect and transfer to OHA to support Health Workforce Reporting Program (HWRP) operations. **Attachment #3**

#### **Customer Service Survey**

The customer service surveys received from July 1, 2025 – November 30, 2025 are attached and a majority rate their experience with us positively. **Attachment #4**

#### **American Board of Dental Examiners (ADEX) Letter**

A recap of the annual meeting was submitted to the OBD memorializing important work and actions from that October meeting. **Attachment #5**

#### **Strategic Planning Update**

A reminder that the OBD will undertake strategic planning in-person in February 2026 (dates TBD). The facilitator has been selected, and preparations are right on track. I will have an update at the meeting. Thank you for making arrangements to attend and participate in this important activity.





# OREGON BOARD OF DENTISTRY NEWS

**October 27, 2025**

## **OBD Executive Director Stephen Prisby to Step Down; Haley Robinson Appointed Interim Executive Director**

At the October 24, 2025, Oregon Board of Dentistry (OBD) Board Meeting, OBD Executive Director Stephen Prisby announced his plans to leave state service and resign from his role at the OBD effective November 30, 2025.

The Board expressed its sincere gratitude to Director Prisby for his over 13 years of dedicated service, including more than a decade as Executive Director. His leadership and commitment have significantly shaped the positive direction, progress and success of the agency.

To ensure a smooth transition, the Board has appointed OBD Office Manager Haley Robinson as Interim Executive Director, effective November 21, 2025.

The Governor's Office will collaborate with the Board to develop and implement a recruitment strategy for the permanent Executive Director position and also discuss the direct appointment option as well. Discussions and planning will continue in public during upcoming Board meetings.

Mr. Prisby thanked the Board and the Governor for the opportunity to serve Oregon as the OBD's Executive Director.

*"This has been an incredible experience. I sincerely appreciated the opportunity to join the Board back in 2012 when Executive Director Patrick Braatz hired me as the office manager. The Board elevated me to interim then "permanent" Executive Director in 2015. I really enjoyed that the Board's President served a one-year term, so I was able to work with a wide range of styles and personalities through the years. Also, the Board regularly attracts high quality people to serve on it, who sincerely care about the work we do and understand its significance in the lives of our Licensees and the public. I believe the Board's collaboration with our valued*

*Associations and engaged Licensees has also benefited Oregon in many ways from dental implant safety requirements to expansion of scope and many other positive changes. Our Board is one of the most pragmatic and progressive in the country.*

*I was able to work with exceptional, dedicated and funny staff like Dr. Paul Kleinstub, Teresa Haynes and more recently Dr. Bernie Carter, Dr. Angela Smorra, Kathleen McNeal, Gabriel Kubik, Dawn Dreasher and I need to single out Haley Robinson. I proposed to the Governor and the Board that they name Haley as the Interim Executive Director. She has been with the OBD for over 9 years and has served in administrative and investigative positions, along with being my right-hand person & trusted advisor. The OBD will be in great & competent hands during the Interim period.*

*My wife and I look forward to our next adventure in Boise, Idaho to be closer to family and explore new opportunities. Most Sincerely, Stephen Prisby”*

If you have any questions, please contact the Executive Director, Stephen Prisby at 971-673-3200 or [Stephen.Prisby@obd.oregon.gov](mailto:Stephen.Prisby@obd.oregon.gov)

[Reply to Stephen Prisby](#)



## Oregon Board of Dentistry

Date run: 11/16/2025

For the Month of **OCTOBER 2025** AY 2027 FY 2026

### 3400 BOARD OF DENTISTRY **REVENUE**

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien To Date	Financial Plan	Unobligated Balance
0205	OTHER BUSINESS LICENSES	93,834.00	780,320.00	4,174,320.00	3,394,000.00
0210	OTHER NONBUSINESS LICENSES AND FEES	1,750.00	4,800.00	14,000.00	9,200.00
0410	CHARGES FOR SERVICES	724.50	7,073.50	146,000.00	138,926.50
0505	FINES AND FORFEITS	1,799.73	11,133.32	240,000.00	228,866.68
0605	INTEREST AND INVESTMENTS	5,411.87	19,818.44	60,000.00	40,181.56
0975	OTHER REVENUE	40.00	220.00	9,000.00	8,780.00
<b>Grand Total</b>		<b>103,560.10</b>	<b>823,365.26</b>	<b>4,643,320.00</b>	<b>3,819,954.74</b>

### 3400 BOARD OF DENTISTRY **TRANSFER OUT**

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien To Date	Financial Plan	Unobligated Balance
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	1,755.00	1,755.00	200,000.00	198,245.00
<b>Grand Total</b>		<b>1,755.00</b>	<b>1,755.00</b>	<b>200,000.00</b>	<b>198,245.00</b>

### 3400 BOARD OF DENTISTRY **PERSONAL SERVICES**

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien To Date	Financial Plan	Unobligated Balance
3110	CLASS/UNCLASS SALARY & PER DIEM	59,989.45	239,405.85	1,444,488.00	1,205,082.15
3115	BOARD MEMBER STIPENDS	0.00	3,560.00	0.00	(3,560.00)
3160	TEMPORARY APPOINTMENTS	0.00	0.00	4,778.00	4,778.00
3170	OVERTIME PAYMENTS	0.00	0.00	6,949.00	6,949.00
3190	ALL OTHER DIFFERENTIAL	738.69	2,954.76	43,252.00	40,297.24
3210	ERB ASSESSMENT	18.00	72.00	504.00	432.00
3220	PUBLIC EMPLOYEES' RETIREMENT SYSTEM	13,524.46	53,976.72	296,742.00	242,765.28
3221	PENSION BOND CONTRIBUTION	2,914.97	11,633.41	67,187.00	55,553.59
3230	SOCIAL SECURITY TAX	4,603.35	18,643.48	113,690.00	95,046.52
3241	PAID FAMILY MEDICAL LEAVE INSURANCE	240.69	974.80	5,572.00	4,597.20
3250	WORKERS' COMPENSATION ASSESSMENT	10.84	42.21	294.00	251.79
3260	MASS TRANSIT	364.35	1,454.10	10,321.00	8,866.90
3270	FLEXIBLE BENEFITS	11,507.09	46,028.36	296,856.00	250,827.64
<b>Grand Total</b>		<b>93,911.89</b>	<b>378,745.69</b>	<b>2,290,633.00</b>	<b>1,911,887.31</b>

### 3400 BOARD OF DENTISTRY **SERVICES AND SUPPLIES**

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien To Date	Financial Plan	Unobligated Balance
4100	INSTATE TRAVEL	1,035.48	1,244.08	57,512.00	56,267.92
4125	OUT-OF-STATE TRAVEL	0.00	0.00	8,564.00	8,564.00
4150	EMPLOYEE TRAINING	0.00	1,126.97	61,404.00	60,277.03
4175	OFFICE EXPENSES	10,157.30	12,201.48	103,313.00	91,111.52
4200	TELECOMM/TECH SVC AND SUPPLIES	951.38	2,597.92	28,227.00	25,629.08
4225	STATE GOVERNMENT SERVICE CHARGES	2,412.01	129,155.47	266,545.00	137,389.53
4250	DATA PROCESSING	31,261.77	34,786.07	170,267.00	135,480.93
4275	PUBLICITY & PUBLICATIONS	0.00	88.71	37,519.00	37,430.29
4300	PROFESSIONAL SERVICES	8,825.00	33,467.75	557,636.00	524,168.25
4315	IT PROFESSIONAL SERVICES	788.00	788.00	176,116.00	175,328.00
4325	ATTORNEY GENERAL LEGAL FEES	2,936.65	18,178.25	459,308.00	441,129.75

D10 Compt Srce Grp	D10 Compt Srce Grp Ttl	Current Month	Bien To Date	Financial Plan	Unobligated Balance
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	0.00	0.00	798.00	798.00
4400	DUES AND SUBSCRIPTIONS	0.00	600.00	11,807.00	11,207.00
4425	LEASE PAYMENTS & TAXES	6,917.50	26,672.00	215,252.00	188,580.00
4475	FACILITIES MAINTENANCE	711.00	2,844.00	661.00	(2,183.00)
4575	AGENCY PROGRAM RELATED SVCS & SUPP	696.00	5,821.23	148,652.00	142,830.77
4650	OTHER SERVICES AND SUPPLIES	8,934.07	93,688.87	97,723.00	4,034.13
4700	EXPENDABLE PROPERTY \$250-\$10000	0.00	0.00	6,609.00	6,609.00
4715	IT EXPENDABLE PROPERTY	1,646.96	1,646.96	26,593.00	24,946.04
<b>Grand Total</b>		<b>77,273.12</b>	<b>364,907.76</b>	<b>2,434,506.00</b>	<b>2,069,598.24</b>

				Current Month	Bien_To_Date	Rpt Mm Bal Ytd Avg
3400	<b>BOARD OF DENTISTRY</b>	Revenue	<b>REVENUE</b>	103,560.10	823,365.26	1,366,671.32
		<b>Revenue Total</b>		<b>103,560.10</b>	<b>823,365.26</b>	<b>1,366,671.32</b>
		Expenditures	<b>PERSONAL SERVICES</b>	93,911.89	378,745.69	667,344.67
			<b>SERVICES AND SUPPLIES</b>	77,273.12	364,907.76	699,853.50
			<b>TRANSFER OUT</b>	1,755.00	1,755.00	50,438.75
		<b>Expenditures Total</b>		<b>172,940.01</b>	<b>745,408.45</b>	<b>1,417,636.92</b>

**From:** [PATTON Jealinda \\* DAS](#)  
**To:** [ROBINSON Haley \\* OBD](#); [PRISBY Stephen \\* OBD](#); [SCHUBERG Nancy \\* OTLB](#); [RUNYON Gary \\* BOP](#); [MCLEOD-SKINNER Cass \\* BCE](#); [MILLER Ray \\* BLSW](#); [BAPTISTA Mary Beth \\* OBNM](#); [HAAG Erin \\* BSPA](#); [DIERINGER Josh \\* OBMI](#); [KATLER Stacy \\* OBMI](#)  
**Subject:** Notice Re: OHA Proposed Fee Increase  
**Date:** Friday, November 21, 2025 9:06:10 AM  
**Attachments:** [image001.png](#)  
[Post RAC Fee Notice Draft \(004\).docx](#)

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Hello,

I am sending this informational notice to all of you regarding a proposed fee increase. I have attached the fee notice draft for your reference.

OHA has submitted a fee increase request that, if approved by DAS, would go into effect January 1, 2026. OHA is proposing a \$2 increase to the existing fees that the health licensing boards collect and transfer to OHA to support Health Workforce Reporting Program (HWRP) operations.

Please reply to me with acknowledgment that you have received this notice so that we can verify you have been alerted of the fee change.

Thank you,

Jealinda Patton



**Jealinda Patton**  
Assistant Policy and Budget Analyst  
[DAS Chief Financial Office](#)  
971-446-0918  
*Pronouns: she, her, hers*

OFFICE OF THE SECRETARY OF STATE  
TOBIAS READ  
SECRETARY OF STATE  
  
MICHAEL KAPLAN  
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION  
STEPHANIE CLARK  
DIRECTOR  
  
800 SUMMER STREET NE  
SALEM, OR 97310  
503-373-0701

## NOTICE OF PROPOSED RULEMAKING INCLUDING STATEMENT OF NEED & FISCAL IMPACT

### CHAPTER 409 OREGON HEALTH AUTHORITY HEALTH POLICY AND ANALYTICS

**FILED**

09/29/2025 1:53 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: OHA is raising the fee for the Health Care Workforce Reporting Survey and Database.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 10/21/2025 5:00 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

CONTACT: Andy Davis  
503-586-9957  
andy.davis@oha.oregon.gov

421 SW Oak St  
Ste 850  
Portland, OR 97204

Filed By:  
Pete Edlund  
Rules Coordinator

#### HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 10/15/2025

TIME: 2:05 PM - 2:55 PM

OFFICER: Pete Edlund

#### REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 669-254-5252

CONFERENCE ID: 1601390442

#### SPECIAL INSTRUCTIONS:

The meeting location is accessible to persons with disabilities. A request for an interpreter for the hearing impaired or for other accommodations for persons with disabilities should be made at least 48 hours before the meeting to Andy Davis at (503) 586-9957 or by email at andy.davis@oha.oregon.gov.

Topic: 409-026 HCWF public rules hearing

Time: Oct 15, 2025 02:00 PM Pacific Time (US and Canada)

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1601390442?pwd=EUwEINiB0kfX3XrkSJGTLh7WtI1TJm.1>

Meeting ID: 160 139 0442

Passcode: 908675

---

Dial by your location

- +1 669 254 5252 US (San Jose)
- +1 646 828 7666 US (New York)

Meeting ID: 160 139 0442

Find your local number: <https://www.zoomgov.com/join/ac8RyNvfoL>

---

Join by SIP

- 1601390442@sip.zoomgov.com

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Join by H.323

- 161.199.138.10 (US West)
- 161.199.136.10 (US East)

Meeting ID: 160 139 0442

Passcode: 908675

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#### NEED FOR THE RULE(S)

OHA is updating rule 409-026-0130 to amend the maximum fees to be paid by individuals applying to renew a license with a health care workforce regulatory board. ORS 676.410 specifies that these fees are reasonably calculated to reimburse program expenses for the Health Care Workforce Reporting Survey and Database. Program revenue has not fully covered expenses since 2021 and the gap between expenses and revenue continues to widen. OHA proposes to increase the fee from \$2 per license year to \$4 per license year to allow enough revenue to cover program costs for database.

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#### DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Internal financial analysis from OHA Health Policy and Analytics Office of Business Operations

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#### STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The information collected and analyzed by HWRP includes a variety of demographic data elements that provide awareness into who may be impacted by changes to the fees associated with health profession license renewal in Oregon.

Based on analysis of the existing licensed health profession workforce, as published in The Diversity of Oregon's Licensed Health Care Workforce, 2024, there are several segments of the workforce that may experience disproportionate impact from this change. For example, there are several profession groups that have higher or lower levels of race/ethnicity representation than the general Oregon population. Chiropractic Assistants, Certified Nursing Assistants, and Clinical Social Work Associates all have higher representation of Latino/a/x professionals than the general population. Respondents who identified as American Indian are represented at a lower rate across the licensed health profession workforce (1.7%) than in Oregon (2.8%). However, there is not a universal trend across professions for race/ethnicity.

The licensed health profession workforce does have significantly higher representation from those identifying as female than the Oregon population.

While there is measurable difference between the Oregon population and some of the professional populations in this program, there is minimal total impact on the Oregon population or any specific group.

Additionally, because of the minimal financial impact per person in this rule change, the impact on any group is expected to be minimal. Licensed professions with relatively lower income levels will be more impacted by this change as a proportion of their income. Because some demographic groups, such as women and people of color, are more likely to work in lower wage professions, they are likely to be relatively more impacted by this rule change.

This rule has been identified as Tier 3 per the tribal consultation policy, so no Dear Tribal Leader Letter was sent and no consultation meeting with tribal partners was held.

OHA plans to engage the populations that are impacted by the rules to raise awareness of the proposed changes and allow them to provide feedback and suggestions through partnership with professional organizations that directly work with and represent the impacted workforce. OHA will issue a public invitation to submit testimony in the public comment period.

OHA will respond to public testimony or RAC feedback that identifies equity impacts not foreseen to date by outreach to partner agencies and professional associations to plan mitigation strategies and to address any significant negative equity impacts.

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#### FISCAL AND ECONOMIC IMPACT:

This rule change will impact renewing holders of health care professional licenses in Oregon. There will be a cost increase of \$2 per year for individual license holders.

This rule change will also impact the available budget for the Oregon Health Care Workforce Reporting Program within Oregon Health Authority. For the 2026-27 biennium, the program is estimated to have a carryover of \$384,555, which will decline in future biennia as program costs increase.

This rule change will necessitate a parallel rule change process for several health profession regulatory boards in Oregon and will cause administrative burden related to that process and any processes associated with fee collection by the regulatory boards.

The rule change will not have an impact on the general population of Oregon.

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#### COST OF COMPLIANCE:

*(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

(1) Current staff at OHA will implement the changes including updates to contracts and invoicing as part of routine services. Health profession regulatory boards will similarly implement the change as part of existing fee collection. No change to staff or payroll in state agencies is anticipated as a result of this rule change.

Current license holders renewing a health profession license in Oregon will pay \$2 per year more for renewing their license.

(2) No small businesses should be directly impacted by this rule change. Indirect impacts to small businesses who



employ licensed healthcare providers will be minimal (\$2 per provider per year, paid by the provider).

(a) None.

(b) There should be no additional reporting, recordkeeping or administrative activities associated with this rule change.

(c) There should be no additional administrative cost associated with this rule change.

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DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not involved in the development of this rule.

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WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

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AMEND: 409-026-0130

RULE SUMMARY: Fee amount changed. Implementation year changed.

CHANGES TO RULE:

409-026-0130

Fees ¶¶

(1) The Authority shall establish a per-license fee to cover the cost of collecting and reporting health care workforce information. The fee shall be calculated by adding the costs necessary to compile, maintain, and analyze the health care workforce information and dividing that cost by the approximate number of individuals licensed in Oregon.¶¶

(2) Each health care licensing board shall submit, in a format agreed to by the Authority and each Board, the total number of individuals renewed in accordance with the schedule set forth in OAR 409-026-0120 for use in determination of fee calculation for the previous license period.¶¶

(3) The fee may not exceed ~~\$48.00~~ per individual licensed for two years and ~~\$24.00~~ per individual licensed for one year for individuals renewing on or after January 1, 201~~2~~26. If the per-license fee calculation results in a figure above ~~\$48.00~~, the Authority shall review the process for calculating the fee with a stakeholder group with representation from each health care workforce regulatory board.¶¶

(4) The health care workforce information fees collected by health care workforce regulatory boards shall be paid to the Authority on a schedule agreed to by the Authority and each health care workforce regulatory board.¶¶

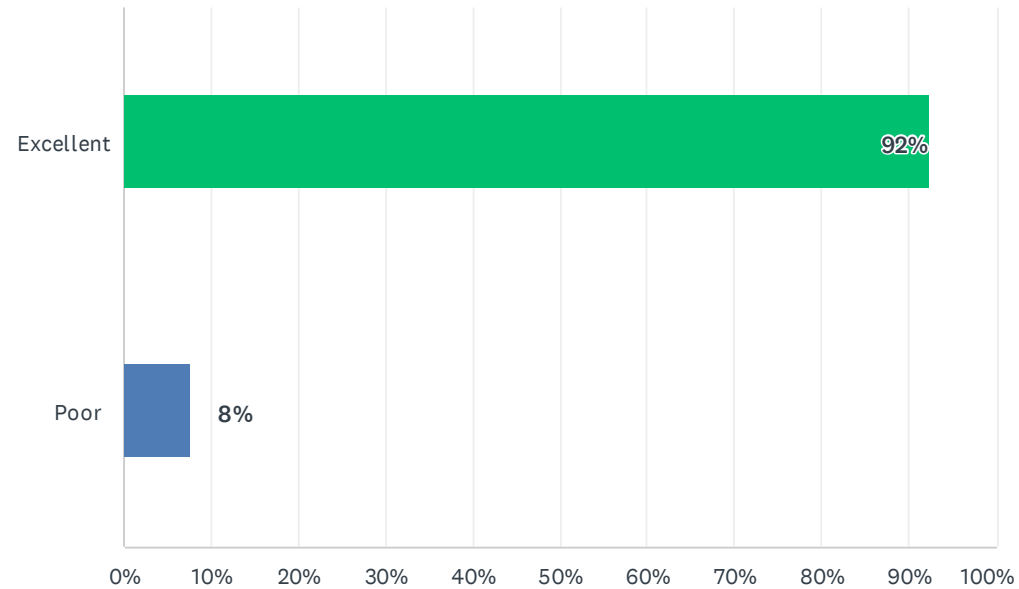
(5) Late payments are subject to recovery in accordance with the laws of the State of Oregon.

Statutory/Other Authority: ORS 676.410

Statutes/Other Implemented: ORS 676.410

## Q1 How would you rate the timeliness of services provided by the Oregon Board of Dentistry?

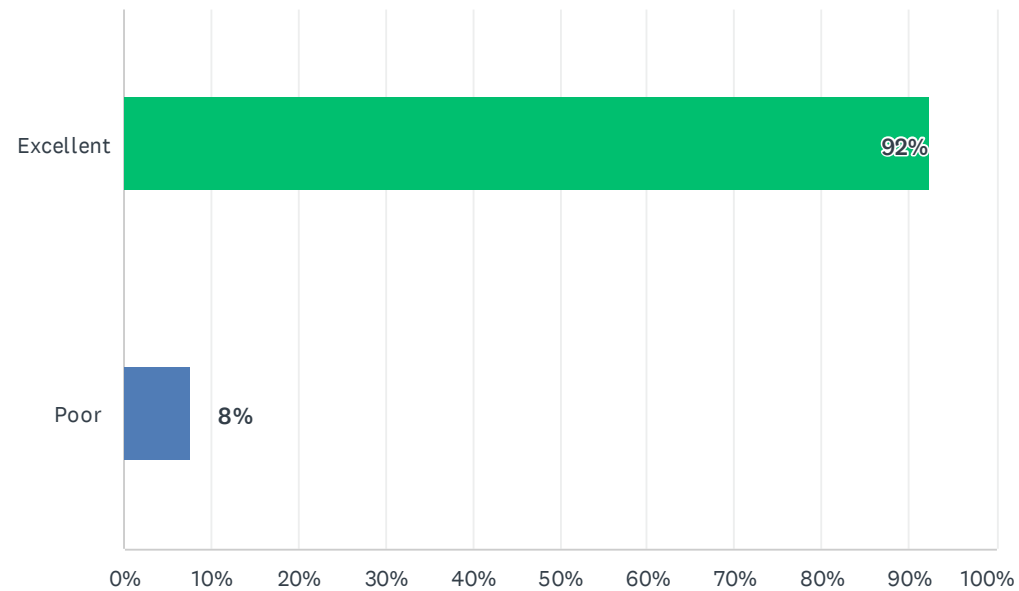
Answered: 13 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	92%	12
Poor	8%	1
TOTAL		13

## Q2 How do you rate the ability of the Oregon Board of Dentistry to provide services correctly the first time?

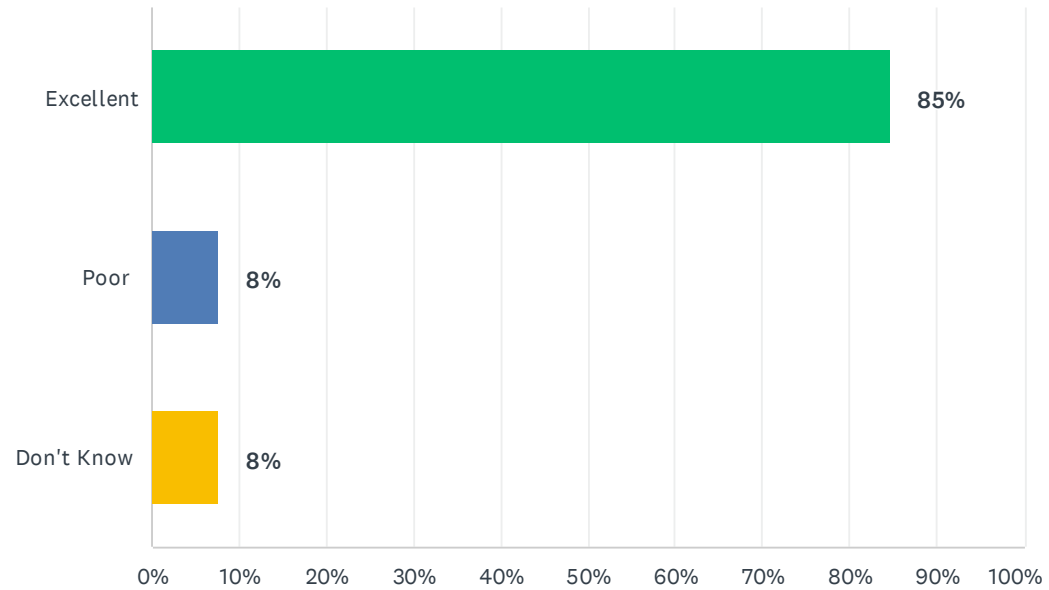
Answered: 13 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	92%	12
Poor	8%	1
TOTAL		13

## Q3 How do you rate the helpfulness of the Oregon Board of Dentistry employees?

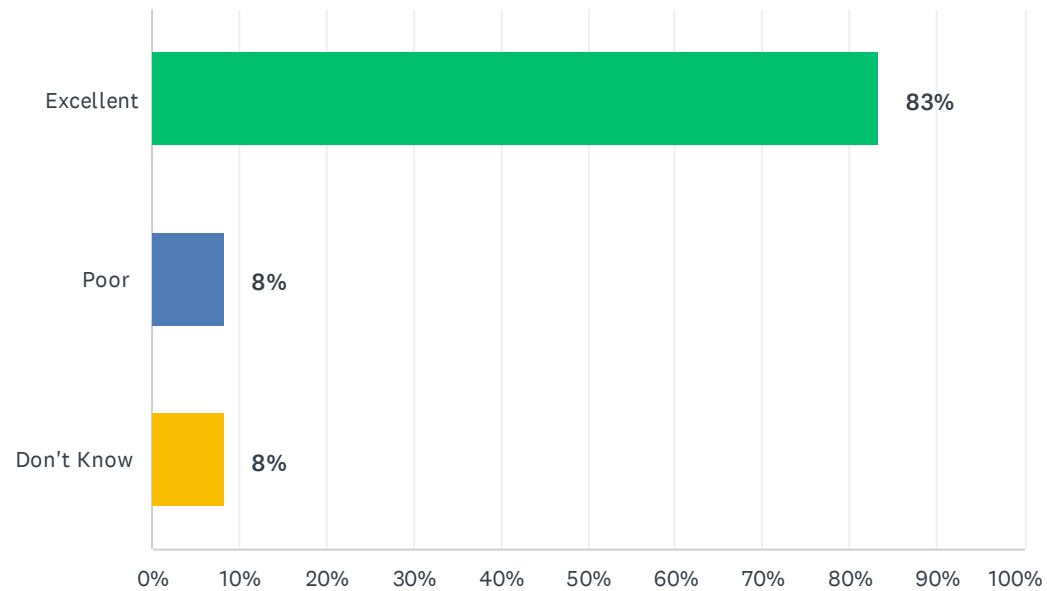
Answered: 13 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	85%	11
Poor	8%	1
Don't Know	8%	1
TOTAL		13

## Q4 How do you rate the knowledge and expertise of the Oregon Board of Dentistry employees?

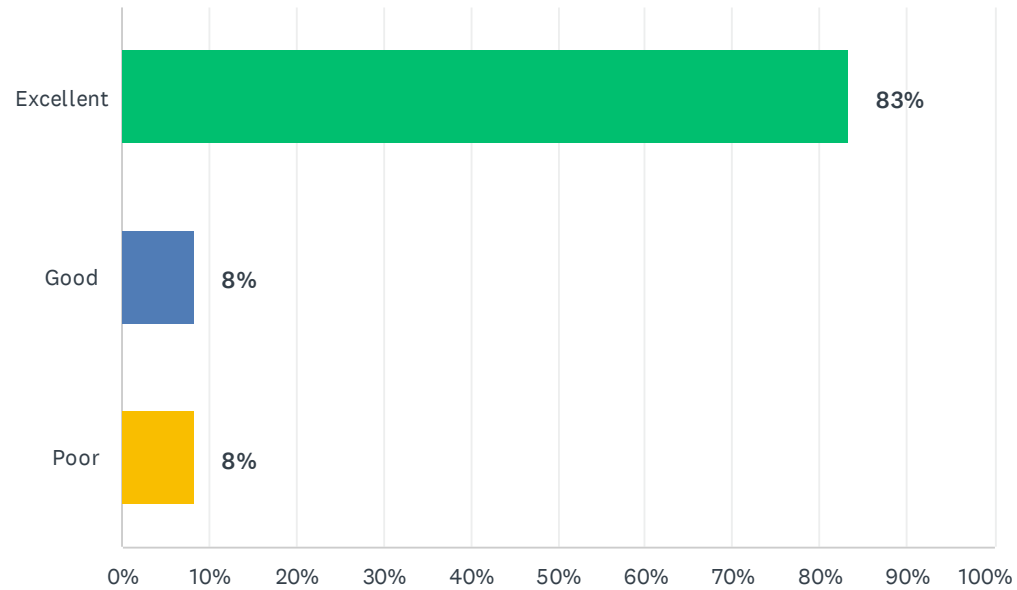
Answered: 12 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	83%	10
Poor	8%	1
Don't Know	8%	1
TOTAL		12

## Q5 How do you rate the availability of information at the Oregon Board of Dentistry?

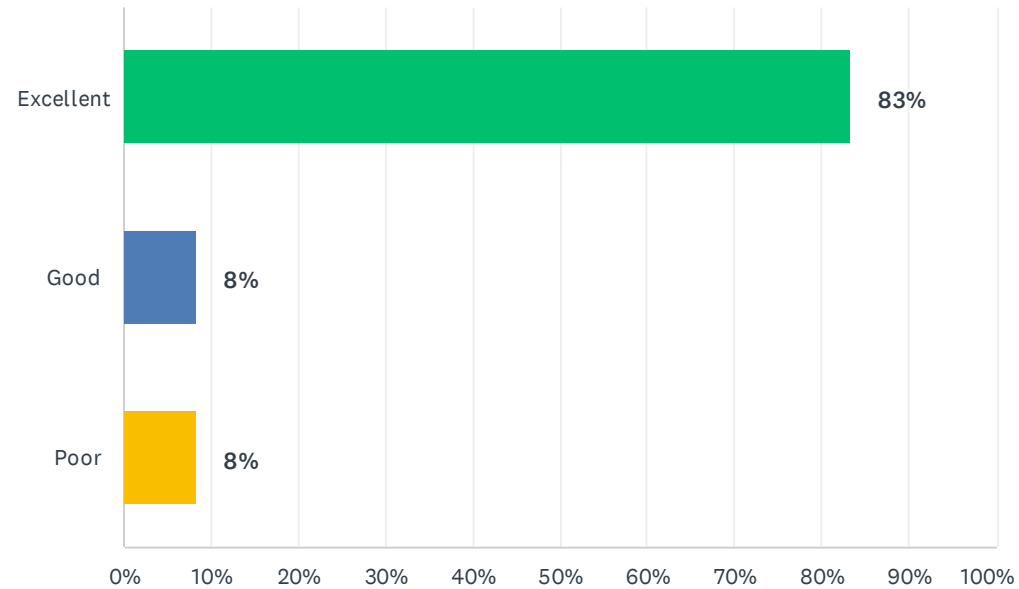
Answered: 12 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	83%	10
Good	8%	1
Poor	8%	1
TOTAL		12

## Q6 How do you rate the overall quality of service provided by the Oregon Board of Dentistry?

Answered: 12 Skipped: 1



ANSWER CHOICES	RESPONSES	
Excellent	83%	10
Good	8%	1
Poor	8%	1
TOTAL		12

## Q7 Do you have any additional comments?

Answered: 5   Skipped: 8

#	RESPONSES	DATE
1	Ms. Robinson was clear and concise in answering my question, and it was easy to get in touch with the Board. Keep up the great work!	11/26/2025 1:53 PM
2	Clarifying info on what precisely qualifies as "cultural awareness" CE's was hard to obtain. I just kept being referred to the section that is in writing, which s not very clear in real life. Otherwise, have always had great experiences for the business I've needed to do with the OBD	11/10/2025 5:39 PM
3	Kathleen McNeal is tops and Dawn who answered the phones so very polite and helpful too!	10/27/2025 12:18 PM
4	Useful, precise, and timely info provided with a wonderful attitude.	8/12/2025 10:41 AM
5	Office Specialist Dawn Dreasher has processed my data request so fast, really appreciate this!	7/7/2025 12:03 PM





It was wonderful to see so many of you at the 2025 Dental Testing and Regulatory Summit and Educators Conference, held October 16 - 18 at the Gaylord Texan Resort in Grapevine, Texas. Now in its second year, this event brought together more than 700 attendees and 100 guests, serving as the site of Annual Meetings for three organizations (the American Association of Dental Administrators (AADA), American Board of Dental Examiners (ADEX), and the American Association of Dental Boards (AADB)) as well as the ADEX Educators Conference.

The energy throughout the weekend reflected a shared commitment to advancing public protection and licensure standards. We are pleased to share the following highlights from this year's ADEX Annual Meeting with those who were unable to attend.

### **State Board Presidents, Vice Presidents & Executive Directors Forum**

Always a popular session, Executive Directors, Presidents, and Vice Presidents from 29 jurisdictions participated in a special forum dedicated to issues facing boards of dentistry today. Conversations focused on the licensure of internationally trained providers, the practice of non-licensed dentistry, and dental and dental hygiene licensure compacts.

Participants also discussed opportunities for each state to appoint both a dentist and a dental hygienist to serve on the **ADEX** Council on Examinations, ensuring direct board involvement in the ongoing development of licensure assessments. In the past year, 21 new board members from 13 jurisdictions have become ADEX licensure examiners. An additional communication regarding this opportunity will be shared with you very soon.

### **General Assembly**

The General Assembly featured an annual update from Chair Dr. Mark Armstrong. He emphasized that the recent merger of CDCA-WREB-CITA and ADEX has strengthened relationships with state boards, candidates, and dental education programs while reinforcing fairness, reliability, and board oversight. A panel discussion titled *"Becoming the American Board of Dental Examiners"* brought together leaders from the Board of Directors and the Council on Examinations to reflect on two decades of organizational advancements and the milestones that shaped ADEX's national impact.

An insightful report from the Assignment Committee detailed the scope of operations across the ADEX network as it stands in 2025:

- **607 total sites:** 292 Dental (48%) and 315 Dental Hygiene (52%)
- **5,609 individual examiner assignments**
- **1,281 active Examiners**
  - Dentist: 813 | Hygienist: 456 | Public Member: 12

ADEX Dental and Dental Hygiene exams are accepted or required by law for initial licensure in 51 US jurisdictions. Due to its accessibility and nationwide portability, the ADEX examination standard serves 98% of dental licensure candidates and 85% of dental hygiene licensure candidates in the U.S.. During his address, Dr. Benjamin Wall, Director of Examinations, noted that from January to September 2022, more than **6,700 dental** and **5,300 dental hygiene** candidates challenged ADEX examinations. Additional results for Dental Therapy, Local Anesthesia, EFDA, and Dental Hygiene Restorative exams were presented. Dr. Wall also offered detailed exam performance statistics that demonstrated and validated the importance of standardized assessments in confirming readiness for safe and competent practice. Key technological developments in testing administration were also shared.

Elections for Treasurer, Secretary, and seven At-Large board positions took place. Dr. Mark Armstrong (OH) and Dr. Rudy Ramos (TX) began their last year as chair and vice chair, respectively. For Bios and more details of all board members, please visit our [website](#). *(Italics indicate first-time members of the Board)*

**Chair: Dr. Mark Armstrong (OH)**

**Vice Chair: Dr. Rudy Ramos (TX)**

**Treasurer:** Dr. Wesley Thomas (DC)

**Secretary:** Diane Klemann, RDH (MT)

**Dental Members At Large:**

Dr. Kevin Collins (NC)

Dr. Robert Lauf (ND)

*Dr. Jonna Hongo (OR)*

*Dr. Melodie Jones (AL)*

*Dr. Merlin Young (NC)*

**Dental Hygiene Members At Large:**

Heather Hardy, RDH (AZ)

*Susan Johnston, RDH (OH)*

**Council on Examinations:**

Dr. Conrad McVea (LA)

Dr. Renee McCoy-Collins (DC)

### **ADEX Educators Conference**

ADEX Examinations are available to every graduating dentist and dental hygienist, and the American Board of Dental Examiners is committed to preparing faculty supporting these individuals. On Saturday, October 19<sup>th</sup>, educators from across the country also gathered for a series of sessions focused on calibrating and preparing candidates to challenge the 2025-26 examinations. Attendees in the dental hygiene track heard from peer panelists who discussed trends in the dental hygiene landscape.

### **Looking Ahead**

The American Board of Dental Examiners invites all members of state boards interested in becoming examiners to reach out regarding onboarding opportunities. Your state's involvement continues to shape the national standard for dental and dental hygiene licensure, upholding our shared mission of protecting the public through fair, valid, and reliable assessments.

We deeply appreciate the ongoing partnership and input of every board across the country and look forward to continued collaboration in the year ahead.

UNFINISHED  
BUSINESS  
&  
RULES



## PERMANENT ADMINISTRATIVE ORDER

**OBD 2-2025**

CHAPTER 818

**OREGON BOARD OF DENTISTRY**

**FILED**

10/27/2025 11:14 AM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

FILING CAPTION: The Board is amending nine rules in the Dental Practice Act.

EFFECTIVE DATE: 12/01/2025

AGENCY APPROVED DATE: 10/24/2025

CONTACT: Haley Robinson  
971-673-3200  
Haley.Robinson@obd.oregon.gov

1500 SW 1st Ave  
Suite #770  
Portland, OR 97201

Filed By:  
Haley Robinson  
Rules Coordinator

### RULES:

818-001-0087, 818-012-0010, 818-035-0025, 818-035-0030, 818-042-0080, 818-042-0096, 818-042-0110, 818-042-0113, 818-042-0115

AMEND: 818-001-0087

REPEAL: Temporary 818-001-0087 from OBD 1-2025

RULE TITLE: Fees

NOTICE FILED DATE: 08/25/2025

RULE SUMMARY: The Legislature approved the fee increases with approval of the OBD's 2025-2027 Budget.

### RULE TEXT:

(1) The Board adopts the following fees:

(a) Biennial License Fees:

(A) Dental — \$490;

(B) Dental — retired — \$0;

(C) Dental Faculty — \$435;

(D) Volunteer Dentist — \$0;

(E) Dental Hygiene — \$279;

(F) Dental Hygiene — retired — \$0;

(G) Volunteer Dental Hygienist — \$0;

(H) Dental Therapy - \$279;

(I) Dental Therapy - retired - \$0;

(b) Biennial Permits, Endorsements or Certificates:

(A) Nitrous Oxide Permit — \$40;

(B) Minimal Sedation Permit — \$75;

(C) Moderate Sedation Permit — \$200;

(D) Deep Sedation Permit — \$400;

(E) General Anesthesia Permit — \$400;

- (F) Radiology — \$75;
- (G) Expanded Function Dental Assistant — \$50;
- (H) Expanded Function Orthodontic Assistant — \$50;
- (I) Instructor Permits — \$40;
- (J) Dental Hygiene Restorative Functions Endorsement — \$50;
- (K) Restorative Functions Dental Assistant — \$50;
- (L) Anesthesia Dental Assistant — \$50;
- (M) Dental Hygiene, Expanded Practice Permit — \$75;
- (N) Non-Resident Dental Background Check - \$100.00;
- (c) Applications for Licensure:
  - (A) Dental — General and Specialty — \$445;
  - (B) Dental Faculty — \$405;
  - (C) Dental Hygiene — \$210;
  - (D) Dental Therapy - \$210;
  - (E) Licensure Without Further Examination — Dental — \$890.
  - (F) Licensure Without Further Examination — Dental Hygiene and Dental Therapy — \$820
- (d) Examinations:
  - (e) Jurisprudence — \$0;
  - (f) Duplicate Wall Certificates — \$50.
- (2) Fees must be paid at the time of application and are not refundable.
- (3) The Board shall not refund moneys under \$5.01 received in excess of amounts due or to which the Board has no legal interest unless the person who made the payment or the person's legal representative requests a refund in writing within one year of payment to the Board.

STATUTORY/OTHER AUTHORITY: ORS 679, 680

STATUTES/OTHER IMPLEMENTED: ORS 293.445, 679.060, 679.115, 679.120, 679.250, 680.050, 680.075, 680.200, 680.205, 679.615

AMEND: 818-012-0010

RULE TITLE: Unacceptable Patient Care

NOTICE FILED DATE: 08/25/2025

RULE SUMMARY: The rule is being expanded to include reference to storage of medications, injectables and written informed consent prior to administering botox products or dermal fillers.

RULE TEXT:

The Board finds, using the criteria set forth in ORS 679.140(4), that a licensee engages in or permits the performance of unacceptable patient care if the licensee does or permits any person to:

- (1) Provide treatment which exposes a patient to risk of harm when equivalent or better treatment with less risk to the patient is available.
- (2) Fail to seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience; provided, however, that it is not a violation of this section to omit to seek consultation if other competent licensees in the same locality and in similar circumstances would not have sought such consultation.
- (3) Fail to provide or arrange for emergency treatment for a patient currently receiving treatment.
- (4) Fail to exercise supervision required by the Dental Practice Act over any person or permit any person to perform duties for which the person is not licensed or certified.
- (5) Fail to ensure radiographic and other imaging are of diagnostic quality.
- (6) Render services which the licensee is not licensed to provide.
- (7) Fail to comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines.
- (8) Fail to maintain patient records in accordance with OAR 818-012-0070.
- (9) Fail to provide goods or services in a reasonable period of time which are due to a patient pursuant to a contract with the patient or a third party.
- (10) Attempt to perform procedures which the licensee is not capable of performing due to physical or mental disability.
- (11) Perform any procedure for which the patient or patient's guardian has not previously given informed consent provided, however, that in an emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a licensee may render treatment in a reasonable manner according to community standards.
- (12) Use the behavior management technique of Hand Over Mouth (HOM) without first obtaining informed consent for the use of the technique.
- (13) Use the behavior management technique of Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (14) Fail to determine and document a dental justification prior to ordering a Cone Beam CT series with field greater than 10x10 cm for patients under 20 years of age where pathology, anatomical variation or potential treatment complications would not be otherwise visible with a Full Mouth Series, Panoramic or Cephalometric radiographs.
- (15) Fail to advise a patient of any recognized treatment complications.
- (16) Fail to maintain proper storage or handling of medications, including injectables, according to federal regulations, guidelines, standards, and manufacturer recommendations.
- (17) Fail to obtain and maintain a written informed consent prior to administering Botulinum Toxin Type A or dermal fillers.

STATUTORY/OTHER AUTHORITY: ORS 679, 680

STATUTES/OTHER IMPLEMENTED: ORS 679.140(1)(e), 679.140(4), 680.100

AMEND: 818-035-0025

RULE TITLE: Prohibited Acts

NOTICE FILED DATE: 08/25/2025

RULE SUMMARY: The rule is being amended to include procedures and define prohibited practices.

RULE TEXT:

A dental hygienist may not:

- (1) Diagnose and treatment plan other than for dental hygiene services;
- (2) Cut hard or soft tissue with the exception of root planing, except as provided in OAR 818-035- 0065;
- (3) Extract any tooth;
- (4) Perform intraoral adjustment of fixed and removable prosthesis or appliances.
- (5) Prescribe, administer or dispense any drugs except as provided by OAR 818-035-0030, OAR 818-035-0040, OAR 818-026-0060(12), OAR 818-026-0065(12) and 818-026-0070 (12);
- (6) Place, condense, carve or cement permanent restorations except as provided in OAR 818- 035-0072, or operatively prepare teeth;
- (7) Irrigate or medicate canals; try in cones, or ream, file or fill canals;
- (8) Use the behavior management techniques of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient.
- (9) Place or remove healing caps or healing abutments, except under indirect supervision.
- (10) Place implant impression copings, except under indirect supervision.
- (11) Act in violation of Board statute or rules.

STATUTORY/OTHER AUTHORITY: ORS 679, 680

STATUTES/OTHER IMPLEMENTED: ORS 679.020(1)

AMEND: 818-035-0030

RULE TITLE: Additional Functions of Dental Hygienists

NOTICE FILED DATE: 08/25/2025

RULE SUMMARY: The rule is being amended to expand the scope of practice to include extraoral procedures.

RULE TEXT:

(1) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the general supervision of a licensed dentist:

- (a) Make preliminary intra-oral and extra-oral examinations and record findings;
- (b) Place periodontal dressings;
- (c) Remove periodontal dressings or direct a dental assistant to remove periodontal dressings;
- (d) Perform all functions delegable to dental assistants and expanded function dental assistants providing that the dental hygienist is appropriately trained;
- (e) Administer and dispense antimicrobial solutions or other antimicrobial agents in the performance of dental hygiene functions.
- (f) Prescribe, administer and dispense fluoride, fluoride varnish, antimicrobial solutions for mouth rinsing or other non-systemic antimicrobial agents.
- (g) Use high-speed handpieces to polish restorations and to remove cement and adhesive material.
- (h) Apply temporary soft relines after manufacturer required denture preparation to complete dentures for the purpose of tissue conditioning.
- (i) Perform all aspects of teeth whitening procedures.

(2) A dental hygienist may perform the following functions at the locations and for the persons described in ORS 680.205(1) and (2) without the supervision of a dentist:

- (a) Determine the need for and appropriateness of sealants or fluoride; and
- (b) Apply sealants or fluoride.

(3) In addition to functions set forth in ORS 679.010, a dental hygienist may perform the following functions under the indirect supervision of a licensed dentist:

- (a) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may initiate an intravenous (IV) infusion line for a patient being prepared for IV medications, sedation, or general anesthesia under the indirect supervision of a dentist holding the appropriate anesthesia permit.
  - (b) Upon successful completion of a course in intravenous access or phlebotomy approved by the Board, a dental hygienist may perform a phlebotomy blood draw under the indirect supervision of a dentist. Products obtained through a phlebotomy blood draw may only be used by the dentist, to treat a condition that is within the scope of the practice of dentistry.
- (4) Perform extraoral adjustment of fixed and removable prosthesis or appliances.

STATUTORY/OTHER AUTHORITY: ORS 679, 680

STATUTES/OTHER IMPLEMENTED: ORS 679.025(2)(j)



AMEND: 818-042-0080

REPEAL: Temporary 818-042-0080 from OBD 1-2025

RULE TITLE: Certification — Expanded Function Dental Assistant (EFDA)

NOTICE FILED DATE: 08/25/2025

RULE SUMMARY: The rule is being amended to clarify criteria for certification.

RULE TEXT:

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; or
  - (b) Certification of Radiologic Proficiency (OAR 818-042-0060); and passage of the Oregon Expanded Functions with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant examination or Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam, or equivalent successor examinations, administered by DANB or any other testing entity authorized by the Board; and certification by an Oregon licensed dentist that the applicant has successfully removed supra-gingival excess cement from four (4) crowns and/or fixed partial dentures (bridges) with hand instruments; placed temporary restorative material in three (3) teeth; preliminarily fitted four (4) crowns to check contacts or to adjust occlusion outside the mouth; removed four (4) temporary crowns for final cementation and cleaned teeth for final cementation; fabricated 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 matrix bands on four (4) teeth prepared for Class II restorations. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function duties until EFDA certification is achieved.

STATUTORY/OTHER AUTHORITY: ORS 679

STATUTES/OTHER IMPLEMENTED: ORS 679.250(7)

AMEND: 818-042-0096

RULE TITLE: Local Anesthesia Functions of Dental Assistants

NOTICE FILED DATE: 08/25/2025

RULE SUMMARY: The rule is being amended to clarify and expand the criteria to earn this certificate.

RULE TEXT:

- (1) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed 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.
- (2) The Board shall issue a Local Anesthesia Functions Certificate (LAFC) to a dental assistant who holds an Oregon Certified Anesthesia Dental Assistant Certificate, and has successfully completed 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.
- (3) A dental assistant may administer local anesthetic agents and local anesthetic reversal agents under the indirect supervision of a licensed dentist. Local anesthetic reversal agents shall not be used on children less than 6 years of age or weighing less than 33 pounds.

STATUTORY/OTHER AUTHORITY: ORS 679, ORS 679.500

STATUTES/OTHER IMPLEMENTED: ORS 679.500

AMEND: 818-042-0110

REPEAL: Temporary 818-042-0110 from OBD 1-2025

RULE TITLE: Certification — Expanded Function Orthodontic Dental Assistant (EFODA)

NOTICE FILED DATE: 08/25/2025

RULE SUMMARY: The rule is being amended to clarify the criteria needed to earn the certificate.

RULE TEXT:

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 Orthodontic Expanded Functions with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Certified Dental Assistant, Certified Orthodontic Assistant or Infection Control Examination administered by DANB and passage of the Oregon Expanded Functions Orthodontic Assisting exam, or equivalent successor examinations, administered by DANB, or any other testing entity authorized by the Board; and certification by an Oregon 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 hand piece from teeth on four (4) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function duties in subsection (b). If no expanded function orthodontic certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded orthodontic function duties until EFODA certification is achieved.

STATUTORY/OTHER AUTHORITY: ORS 679

STATUTES/OTHER IMPLEMENTED: ORS 679.250(7)

AMEND: 818-042-0113

REPEAL: Temporary 818-042-0113 from OBD 1-2025

RULE TITLE: Certification — Expanded Function Preventive Dental Assistants (EFPDA)

NOTICE FILED DATE: 08/25/2025

RULE SUMMARY: The rule is being amended to clarify the criteria needed to earn the certificate.

RULE TEXT:

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 Expanded Functions with Infection Control examination; or passage of the Coronal Polishing with Infection Control examination, or equivalent successor examinations, administered by the Dental Assisting National Board, Inc. (DANB), or any other testing entity authorized by the Board, or prior passage of the Infection Control Examination and passage of the Oregon Expanded Functions General Dental Assisting exam or Coronal Polishing exam, or equivalent successor examinations, administered by 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 (6) patients. The dental assistant must submit within six months' certification by a licensed dentist that the dental assistant is proficient to perform all the expanded function preventive duties in subsection (b). If no expanded function preventive certificate is issued within the six months, the dental assistant is no longer able to continue to perform expanded function preventive duties until EFPDA certification is achieved.

STATUTORY/OTHER AUTHORITY: ORS 679

STATUTES/OTHER IMPLEMENTED: ORS 679

AMEND: 818-042-0115

RULE TITLE: Expanded Functions – Certified Anesthesia Dental Assistant

NOTICE FILED DATE: 08/25/2025

RULE SUMMARY: The rule is being amended to clarify the criteria needed to earn the certificate.

RULE TEXT:

(1) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant, who possesses a Certified Anesthesia Dental Assistant certificate from the Oregon Board of Dentistry to:

(a) Administer medications into an existing intravenous (IV) line of a patient under sedation or anesthesia under direct visual supervision.

(b) Administer emergency medications to a patient in order to assist the licensee in an emergent situation under direct visual supervision.

(c) Perform phlebotomy for dental procedures in accordance with OAR 818-042-0117.

(2) A dentist holding the appropriate anesthesia permit may verbally authorize a Certified Anesthesia Dental Assistant to dispense to a patient, oral medications that have been prepared by the dentist and given to the anesthesia dental assistant by the supervising dentist for oral administration to a patient under Indirect Supervision.

STATUTORY/OTHER AUTHORITY: ORS 679

STATUTES/OTHER IMPLEMENTED: ORS 679.020(1), 679.025(1), 679.250(7)

# CORRESPONDENCE

**October 14, 2025**

**Oregon Board of Dentistry**

1500 SW 1<sup>st</sup> Ave #770

Portland, Oregon 97201

Dear Members of the Oregon Board of Dentistry,

**Subject: Support for Expanded Scope of Practice**

The Oregon Health Authority (OHA) supports the Oregon Board of Dentistry's commitment to expanding the scope of practice for dental hygienists and dental therapists to include vaccination. As reflected in your June 25, 2025, letter to Governor Tina Kotek, the Board's intent to explore legislation that would permit dental hygienists to administer vaccinations under the supervision of a licensed dentist demonstrates important leadership and alignment with broader public health goals.

Dental hygienists are preventive health experts whose education and clinical training emphasize disease prevention, patient education, and oral–systemic health promotion. Their curriculum includes coursework in pathology, microbiology, immunology, pharmacology, and public health, as well as competencies in head and neck cancer screening, and patient counseling. We encourage consideration of a phased approach that begins by strengthening oral health providers' education and engagement around immunizations. Allowing dental hygienists and dental therapists to provide immunization counseling is a practical first step.

In 2024, the American Dental Association (ADA) introduced CDT Code D1301, "immunization counseling," recognizing the essential contribution of dental professionals to vaccine education. Because human papillomavirus (HPV) is a leading cause of oropharyngeal cancers, dental hygienists are uniquely positioned to educate patients and families about HPV risk factors and the benefits of vaccination as part of comprehensive oral cancer prevention. OHA has developed the "Oropharyngeal Cancer Prevention and HPV Vaccination Initiative" to

increase HPV vaccination rates among all eligible individuals in Oregon through evidence-based practices. Oral health professionals play a vital role in achieving this public health goal by engaging patients in prevention and education efforts.

We look forward to continued collaboration with the Board of Dentistry to advance access, awareness, and integration across medical and dental care. Together, we can help make vaccine discussions a routine and trusted part of comprehensive dental care.

Sincerely,



**Ahmed Farag, DDS, DHSc, MBA, FACHE**

Oral Health & Dental Director

[Ahmed.Farag@oha.oregon.gov](mailto:Ahmed.Farag@oha.oregon.gov)

Cell: (503) 979-8903





November 20, 2025

Stephen Prisby, Executive Director  
Oregon Board of Dentistry  
1500 SW First Street, Suite 770  
Portland, OR 97201

On behalf of the Oregon Dental Hygienists' Association, it is my pleasure to congratulate you as you end your 10 years of service as Executive Director of the Oregon Board of Dentistry.

Your outstanding leadership has left a lasting impact on the dental profession in Oregon. You have been instrumental in advancing the Board mission to promote quality oral health care and protect all communities in the State of Oregon by equitably and ethically regulating dental professionals.

During your time in this position, you have led the Board through many significant changes including:

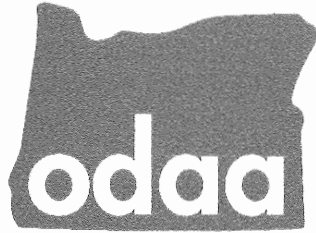
- Dentists being allowed to administer vaccines
- Accepting alternative clinical board examinations
- Response to COVID-19 pandemic
- Dental therapists authorized to practice in Oregon
- Removing stigmatizing questions from licensure
- Dental assistants being allowed to administer local anesthesia

And through all of this you have successfully led an office staff that supports the Board mission, maintains a high level of productivity and provides timely, accurate and helpful customer service.

Our very best wishes to you in all of your future endeavors!

Sincerely,

Lisa J. Rowley, Advocacy Director  
Oregon Dental Hygienists' Association  
[lisajrowley.rdh@outlook.com](mailto:lisajrowley.rdh@outlook.com)



RECEIVED

NOV 21 2025

Oregon Board  
of Dentistry

Stephen Prisby, OBD Executive Director  
c/o Oregon Board of Dentistry  
1500 SW 1st Ave. Suite 770  
Portland, OR 97201

November 10, 2025

Dear Mr. Prisby:

The Oregon Dental Assistants Association Executive Board received the announcement of your plans to resign as the Oregon Board of Dentistry (OBD) Executive Director. It was received with some sadness as well as excitement for you.

You will be sorely missed and we thank you for your 13 years of service and dedication given to the Oregon Dental Assistants Association (ODAA) and to the dental community as a whole. We appreciated being able to work with you, having questions answered and the open communication you always made possible.

As you look forward to your move to Boise, Idaho and begin new opportunities and adventures with family ~ we wish you well.

You will not be forgotten.

Sincerely,

ODAA Director and Executive Board members,

*Ginny Jorgensen*

*Christina Becker*

*Linda Kihs*

*Mary Harrison*

*Alyssa Kobylinsky*

*Lynn Murray*

*Bonnie Marshall*

*Alexandria Case*

*Amanda Nash*

## **American Dental Association and American Board of Dental Examiners Announce Collaborative Discussions to Advance Clinical Licensure Competency Examinations**

The American Dental Association (ADA), the Joint Commission on National Dental Examinations (JCNDE) and the American Board of Dental Examiners (ADEX) have begun a series of collaborative discussions focused on enhancing the standards and delivery of clinical licensure competency examinations for dental professionals.

The discussions reflect a shared commitment by these organizations to ensure that dental licensure assessments continue to evolve alongside advancements in clinical education, technology, and patient care. Through this collaboration, the ADA and ADEX aim to identify opportunities for alignment in examination content, evaluation methods, and candidate experience—ultimately strengthening the process by which new dentists demonstrate their readiness for practice.

“By working together, we are advancing our mutual goal of ensuring every licensed dentist enters the profession with proven competence and the highest standards of patient safety,” said Dr. Richard Rosato, President, ADA.

ADEX Chair Dr. Mark Armstrong added, “Our dialogue with the ADA highlights our commitment to a modern, equitable licensure standard—grounded in rigorous clinical hand skills assessment and reflective of today’s dental practice.”

The ADA and ADEX anticipate continued engagement over the coming months as both organizations explore best practices and potential innovations to further the dental licensure examination standards nationwide.

### **About the American Dental Association**

The not-for-profit ADA is the nation's largest dental association, representing 154,000 dentist members. The premier source of oral health information, the ADA has advocated for the public's health and promoted the art and science of dentistry since 1859. The ADA's state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive. The ADA Seal of Acceptance has long been a valuable and respected guide to consumer dental care products. The [Journal of the American Dental Association \(JADA\)](#), published monthly, is the ADA's flagship publication and the best-read scientific journal in dentistry. For more information about the ADA, visit [ADA.org](#). For more information on oral health, including prevention, care and treatment of dental disease, visit the ADA's consumer website [MouthHealthy.org](#).

### **About the American Board of Dental Examiners (ADEX)**

The American Board of Dental Examiners (ADEX) is a not-for-profit organization dedicated to supporting dental boards in their mission to protect the public through the licensure of qualified oral health professionals. Established in 1969, ADEX administers independent competency

examinations developed and approved by representatives of state dental boards. ADEX examinations are accepted or required by law in 51 U.S. jurisdictions and serve as the initial licensure pathway for 98% of dental and 85% of dental hygiene candidates nationwide. Through ongoing collaboration with dental boards and educators, ADEX continues to advance innovative, evidence-based assessment methods that uphold the highest standards of fairness, clinical competence, and public protection. Learn more at [adextesting.org](https://adextesting.org).

# OTHER ISSUES

**From:** Molina, Bernadette <[molinab@ada.org](mailto:molinab@ada.org)>  
**Sent:** Wednesday, November 5, 2025 12:38 PM  
**To:** PRISBY Stephen \* OBD <[stephen.prisby@obd.oregon.gov](mailto:stephen.prisby@obd.oregon.gov)>  
**Cc:** Molina, Bernadette <[molinab@ada.org](mailto:molinab@ada.org)>  
**Subject:** State Board Participation on 2026 Accreditation Site Visits - OR

Dear Mr. Stephen Prisby:

We're now starting to plan for 2026 Commission on Dental Accreditation (CODA) site visits.

CODA would like to extend an invitation to your State Board for participation in the upcoming 2026 site evaluation. To aid the Commission in preparing for the site visit evaluation, please complete the attached "**Confirmation of State Board Participation**" form and return it by **December 15, 2025**. **If additional time is needed, please let me know.**

The institution listed below has indicated a willingness to have a representative of your state board participate in CODA's 2026 on-site evaluations of the following dental education program:

**Dental Hygiene Education Accreditation Site Visit:**

Rogue Community College, Grants Pass, 4/15/2026 to 4/16/2026

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**Appointment Process:** In accordance with the attached policy statement for state board participation on site visit teams, the state board of dentistry is requested to submit the names of **two** representatives who are **current members** of the board for each site visit listed. The Commission will then ask the institution to select **one** individual to participate on the visit. You will be notified when the institution has selected a representative. Prior to the visit, the representative will receive an informational packet from the Commission and the self-study document from the institution.

-

**Confirmation of State Board Participation Form (to be returned):** The board of dentistry is requested to complete this form for each program identified above. It must be returned by the due date, regardless of whether the response from the State Board is yes or no.

Once the completed form is received, we will notify the institution of your availability to participate. **Please note, the state board reimburses its members for ALL expenses incurred during the site visit.**

**Conflicts of Interest:** When selecting its representatives, the state board should consider possible conflicts of interest. These conflicts may arise when the representative has a family member employed by or affiliated with the institution; or has served as a current or former faculty member, consultant, or in some other official

capacity at the institution. Please refer to the enclosed policy statements for additional information on conflicts of interest.

**Time Commitment:** It is important that the selected representative be fully informed regarding the time commitment required. In addition to time spent reviewing program documentation in advance of the visit, the representative **should be available the evening before the visit to meet with the Commission's site visit team.** Only one state board representative may attend each site visit to ensure that continuity is maintained; the representative is expected to be present for the entire visit.

**Confidentiality and Distribution of Site Visit Reports:** Please note that, as described in the enclosed documents, state board representatives attending CODA site visits must consider the program's self-study, site visit report, and all related accreditation materials confidential. Release of the self-study, report, or other accreditation materials to the public, including the state board, is the prerogative of the institution sponsoring the program. **State Board representatives who attend a site visit will be requested to sign a confidentiality agreement. If the confidentiality agreement is not signed, the individual will not be allowed to attend the site visit.**

If the Commission can provide further information regarding its site visit evaluation process, please feel free to contact me. Thank you in advance for your efforts to facilitate the board's participation in the accreditation process.

Attachment: *(to be returned by December 15, 2025)*

- *Confirmation of State Board Participation Form*

Additional Informational Documents:

- *Policy on State Board Participation and Role During a Site Visit*
- *Policy on Conflict of Interest*
- *Policy on Public Disclosure and Confidentiality*
- *Name or Contact Information Change Form*

Thank you,  
Bernadette

**Bernadette Molina** [molinab@ada.org](mailto:molinab@ada.org)  
Site Visit Coordinator  
Commission on Dental Accreditation (CODA)  
312-440-2668 Office

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Commission on Dental Accreditation 401 N. Michigan Ave. Suite 3300, Chicago, IL 60611 <https://coda.ada.org>

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**Commission on Dental Accreditation  
Confirmation of State Board Participation  
on Dental Education Site Visits**

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**Name of Institution:** \_\_\_\_\_

**Program(s) to be Evaluated:** \_\_\_\_\_

**Dates of Site Evaluation:** \_\_\_\_\_

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To aid the Commission in preparing for the site evaluation noted above, please promptly check the appropriate statements and complete the information requested **or call if additional time is needed.**

\_\_\_\_\_ The State Board is unable to participate in the site evaluation.  
\_\_\_\_\_ The State Board wishes to participate in the site evaluation and submits the following names of current  
\_\_\_\_\_ Board members for the institution's consideration.

Name: _____	Name: _____
Home Address: _____	Home Address: _____
City: _____	City: _____
State/Zip: _____	State/Zip: _____
Cell /Phone: _____	Cell/Phone: _____
Fax: _____	Fax: _____
E-Mail: _____	E-Mail: _____

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Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Return by email to [molinab@ada.org](mailto:molinab@ada.org)**

Attn: Ms. Bernadette Molina  
Commission on Dental Accreditation  
211 East Chicago Avenue  
Chicago, Illinois 60611

## EXECUTIVE DIRECTOR CHANGES

If the Executive Director of your State Board has changed, or if the contact information for your current Executive Director has changed, please indicate as such below:

Contact Information for **New** Executive Directors (add new contact information below):

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Name of State Board: \_\_\_\_\_

Name of New Exec Director: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Information Updates for **Current** Executive Directors (update as appropriate):

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Name of State Board: \_\_\_\_\_

Name of Current Exec Director: \_\_\_\_\_

Updated Address: \_\_\_\_\_

Updated City, State, Zip: \_\_\_\_\_

Updated Phone: \_\_\_\_\_

Updated Email: \_\_\_\_\_

Return by email to Bernadette Molina at [molinab@ada.org](mailto:molinab@ada.org)



## L. POLICY ON STATE BOARD PARTICIPATION DURING SITE VISITS

It is the policy of the Commission on Dental Accreditation that the state board of dentistry is notified when an accreditation visit will be conducted in its jurisdiction. The Commission believes that state boards of dentistry have a legitimate interest in the accreditation process and, therefore, strongly urges institutions to invite a current member of the state board of dentistry to participate in Commission site visits. The Commission also encourages state boards of dentistry to accept invitations to participate in the site visit process.

If a state has a separate dental hygiene examining board, that board will be contacted when a dental hygiene program located in that state is site visited. In addition, the dental examining board for that state will be notified.

The following procedures are used in implementing this policy:

1. Correspondence will be directed to an institution notifying it of a pending accreditation visit and will include a copy of Commission policy on state board participation. The institution is urged to invite the state board to send a current member. The Commission copies the state board on this correspondence.
2. The institution notifies the Commission of its decision to invite/not invite a current member of the state board. If a current member of the state board is to be present, s/he will receive the same background information as other team members.
3. If it is the decision of the institution to invite a member of the state board, Commission staff will contact the state board and request the names of at least two of its current members to be representatives to the Commission.
4. The Commission provides the names of the two state board members, to the institution. The institution will be able to choose one of the state board members. If any board member is unacceptable to the institution, the Commission must be informed in writing.
5. The state board member, if authorized to participate in the site visit by the institution, receives the self-study document from the institution and background information from the Commission prior to the site visit.
6. The state board member must participate in all days of the site visit, including all site visit conferences and executive sessions.
7. The state board member serves as a silent observer in all sessions except executive sessions with the site visit team.
8. In the event the chair of the site visit committee determines that a vote is necessary to make a recommendation to the Commission, only team members representing the Commission will be allowed to vote.
9. The state board reimburses its member for expenses incurred during the site visit.

The following statement was developed to assist state board members by clearly indicating their role while on-site with an accreditation team and what they may and may not report following a site visit. The statement is used on dental education, advanced dental education and allied dental education site visits. The state board member participates in an accreditation site visit in order to develop a better understanding of the accreditation site visit process and its role in ensuring the competence of graduates for the protection of the public. The dental, advanced dental and allied dental education programs are evaluated utilizing the Commission's approved accreditation standards for each respective discipline.

The state board member is expected to be in attendance for the entire site visit, including all scheduled conferences and during executive sessions of the visiting committee. While on site the state board member:

- provides assistance in interpreting the state's dental practice act and/or provides background on other issues related to dental practice and licensure within the state.
- on allied dental education visits: assists the team in assessing the practice needs of employer-dentists in the community and in reviewing those aspects of the program which may involve the delegation of expanded functions.
- on dental school visits: functions primarily as a clinical site visitor working closely with the clinical specialist member(s) who evaluate the adequacy of the preclinical and clinical program(s) and the

clinical competency of students.

Following the site visit, state board members may be asked to provide either a written or oral report to their boards. Questions frequently arise regarding what information can be included in those reports while honoring the Agreement of Confidentiality that was signed before the site visit. The following are some general guidelines:

- What You May Share:
  - Information about the Commission's accreditation standards, process and policies.
- What You May Not Share:
  - The school's self-study;
  - Previous site visit reports and correspondence provided to you as background information;
  - Information revealed by faculty or students/residents during interviews and conferences;
  - The verbal or written findings and recommendations of the visiting committee; and
  - Any other information provided in confidence during the conduct of an accreditation visit.

The Commission staff is available to answer any questions you may have before, during or after a site visit.

Revised: 2/24; 7/09, 1/00; Reaffirmed: 8/24; 8/19; 8/10, 7/07, 7/04, 7/01, 12/82, 5/81, 12/78, 12/75;  
Adopted: 8/86

## CONFLICT OF INTEREST POLICY

Evaluation policies and procedures used in the accreditation process provide a system of checks and balances regarding the fairness and impartiality in all aspects of the accreditation process. Central to the fairness of the procedural aspects of the Commission's operations and the impartiality of its decision making process is an organizational and personal duty to avoid real or perceived conflicts of interest. The potential for a conflict of interest arises when one's duty to make decisions in the public's interest is compromised by competing interests of a personal or private nature, including but not limited to pecuniary interests.

Conflict of interest is considered to be: 1) any relationship with an institution or program, or 2) a partiality or bias, either of which might interfere with objectivity in the accreditation review process. Procedures for selection of representatives of the Commission who participate in the evaluation process reinforce impartiality. These representatives include: Commissioners, Review Committee members, site visitors, and Commission staff.

In addition, procedures for institutional due process, as well as strict guidelines for all written documents and accreditation decisions, further reinforce adherence to fair accreditation practices. Every effort is made to avoid conflict of interest, either from the point of view of an institution/program being reviewed or from the point of view of any person representing the Commission.

On occasion, current and former volunteers involved in the Commission's accreditation process (site visitors, review committee members, commissioners) are requested to make presentations related to the Commission and its accreditation process at various meetings. In these cases, the volunteer must make it clear that the services are neither supported nor endorsed by the Commission on Dental Accreditation.

Further, it must be made clear that the information provided is based only on experiences of the individual and not being provided on behalf of the Commission.

Revised: 8/15; 8/14; Reaffirmed: 8/23; 8/18; 2/18; 8/12, 8/10

**1. Visiting Committee Members:** Conflicts of interest may be identified by either an institution/program, Commissioner, site visitor or Commission staff. An institution/program has the right to reject the assignment of any Commissioner, site visitor or Commission staff because of a possible or perceived conflict of interest. The Commission expects all programs, Commissioners and/or site visitors to notify the Commission office immediately if, for any reason, there may be a conflict of interest or the appearance of such a conflict.

All active site visitors who independently consult with educational programs accredited by CODA or applying for accreditation must identify all consulting roles to the Commission and must file with the

Commission a letter of conflict acknowledgement signed by themselves and the institution/program with whom they consulted. Following service on the site visit team, an active site visitor is prohibited from independently consulting with the program that they evaluated within the past ten (10) years. All conflict of interest policies as noted elsewhere in this document apply. Contact the CODA office for the appropriate conflict of interest declaration form.

Conflicts of interest include, but are not limited to, a site visitor who:

- is a graduate of the institution;
- has served on the program's visiting committee within the last seven (7) years;
- has served as an independent consultant, or appointee of the institution within the past ten (10) years;
- has a family member who is employed or affiliated with the institution;
- has a close professional or personal relationship with the institution/program or key personnel in the institution/program which would, from the standpoint of a reasonable person, create the appearance of a conflict;
- manifests a partiality that prevents objective consideration of a program for accreditation;
- is a former employee of the institution or program;
- previously applied for a position at the institution within the last five (5) years;
- is affiliated with an institution/program in the same state as the program's primary location;
- is a resident of the state; and/or
- is in the process of considering, interviewing and/or hiring key personnel at the institution.

Note: Because of the nature of their positions, a state board representative will be a resident of the state in which a program is located and may be a graduate of the institution/program being visited. These components of the policy do not apply for state board representatives, although the program retains the right to reject an individual's assignment for other reasons.

If an institutional administrator, faculty member or site visitor has doubt as to whether or not a conflict of interest could exist, Commission staff should be consulted prior to the site visit. The Chair, Vice-Chair and a public member of the Commission, in consultation with Commission staff and legal counsel, may make a final determination about such conflicts.

Revised: 8/25; 8/24; 2/24; 2/21; 8/18; 2/18; 2/16; 8/14; 1/14; 2/13; 8/10; Reaffirmed: 8/23; 8/12

## **2. Commissioners, Review Committee Members And Members Of The Appeal Board:**

The Commission firmly believes that conflict of interest or the appearance of a conflict of interest must be avoided in all situations in which accreditation recommendations or decisions are being made by Commissioners, Review Committee members, or members of the Appeal Board. No Commissioner, Review Committee member, or member of the Appeal Board should participate in any way in accrediting decisions in which he or she has a financial or personal interest or, because of an institutional or program association, has divided loyalties and/or has a conflict of interest on the outcome of the decision.

During the term of service as a Review Committee member, these individuals should not serve as site visitors for an actual accreditation site visit to an accredited or developing program, unless deemed necessary. Two instances when a review committee member could serve on a site visit include: 1) an inability to find a site visitor from the comprehensive site visitor list, or 2) when the review committee believes a member should attend a visit for consistency in the review process. This applies only to site visits that would be considered by the same review committee on which the site visitor is serving. Review committee members may not independently consult with a CODA-accredited program or a program applying for CODA accreditation. In

addition, review committee members may not serve as a site visitor for mock accreditation purposes. These policies help avoid conflict of interest in the decision making process and minimize the need for recusals.

During the term of service as a commissioner or appeal board member, these individuals may not independently consult with a CODA-accredited program or a program applying for CODA accreditation. In addition, Commissioners or appeal board may not serve on a site visit team during

their terms.

Areas of conflict of interest for Commissioners, Review Committee members and/or members of the Appeal Board include, but are not limited to:

- close professional or personal relationships or affiliation with the institution/program or key personnel in the institution/program which may create the appearance of a conflict;
- serving as an independent consultant or mock site visitor to the institution/program;
- being a graduate of the institution/program;
- being a current employee or appointee of the institution/program;
- previously applied for a position at the institution within the last five (5) years;
- being a current student at the institution/program;
- having a family member who is employed by or affiliated with the institution;
- manifesting a professional or personal interest at odds with the institution or program;
- key personnel of the institution/program having graduated from the program of the Commissioner, Review Committee member, or member of the Appeal Board;
- having served on the program's visiting committee within the last seven (7) years; and/or
- no longer a current employee of the institution or program but having been employed there within the past ten (10) years.

To safeguard the objectivity of the Review Committees, conflict of interest determinations shall be made by the Chair of the Review Committee. If the Chair, in consultation with a public member, staff and legal counsel, determines that a Review Committee member has a conflict of interest in connection with a particular program, the Review Committee member will be instructed to not access the report either in advance of or at the time of the meeting. Further, the individual must leave the room when they have any of the above conflicts. In cases in which the existence of a conflict of interest is less obvious, it is the responsibility of any committee member who feels that a potential conflict of interest exists to absent himself/herself from the room during the discussion of the particular accreditation report.

To safeguard the objectivity of the Commission, conflict of interest determinations shall be made by the Chair of the Commission. If the Chair, in consultation with a public member, staff and legal counsel, determines that a Commissioner has a conflict of interest in connection with a particular program, the Commissioner will be instructed to not access the report either in advance of or at the time of the meeting. Further, the individual must leave the room when they have any of the above conflicts. In cases in which the existence of a conflict of interest is less obvious, it is the responsibility of any Commissioner who feels that a potential conflict of interest exists to absent himself/herself from the room during the discussion of the particular accreditation report.

To safeguard the objectivity of the Appeal Board, any member who has a conflict of interest in connection with a program filing an appeal must inform the Director of the Commission. The Appeal Board member will be instructed to not access the report for that program either in advance of or at the time of the meeting, and the individual must leave the room when the program is being discussed. If necessary, the respective representative organization will be contacted to identify a temporary replacement Appeal Board member. Conflicts of interest for Commissioners, Review Committee members and members of the Appeal Board may also include being from the same state, but not the same program. The Commission is aware that being from the same state may not itself be a conflict; however, when residence within the same state is in addition to any of the items listed above, a conflict would exist.

This provision refers to the concept of conflict of interest in the context of accreditation decisions. The prohibitions and limitations are not intended to exclude participation and decision-making in other areas, such as policy development and standard setting.

Commissioners are expected to evaluate each accreditation action, policy decision or standard adoption for the overall good of the public. The American Dental Association (ADA) Constitution and Bylaws limits the involvement of the members of the ADA, the American Dental Education Association and the American Association of Dental Boards in areas beyond the organization that appointed them. Although Commissioners are appointed by designated communities of interest, their duty of loyalty is first and foremost to the Commission. A conflict of interest exists when a Commissioner holds appointment as an officer in another organization within the Commission's communities of interest. Therefore, a conflict of interest exists when a Commissioner or a Commissioner-designee provides simultaneous service to the Commission and an organization within the communities of interest. (Refer to Policy on Simultaneous Service)

Revised: 2/21; 8/16; 2/16; 2/15; 8/14; 1/14, 8/10; Reaffirmed: 8/23; 8/18; 8/12

**3. Commission Staff Members:** Although Commission on Dental Accreditation staff does not participate directly in decisions by volunteers regarding accreditation, they are in a position to influence the outcomes of the process. On the other hand, staff provides equity and consistency among site visits and guidance interpreting the Commission's policies and procedures.

For these reasons, Commission staff adheres to the guidelines for site visitors, within the time limitations listed and with the exception of the state residency, including:

- graduation from a dental program at the institution within the last five (5) years;
- service as a site visitor, employee or appointee of the institution within the last five (5) years; and/or
- close personal or familial relationships with key personnel in the institution/program which would from the standpoint of a reasonable person, create the appearance of a conflict.

Revised: 2/24; 8/14; 8/10, 7/09, 7/07, 7/00, 7/96, 1/95, 12/92; Reaffirmed: 8/23; 8/18; 8/12, 1/03; Adopted: 1982



## CONFLICT OF INTEREST POLICY

Evaluation policies and procedures used in the accreditation process provide a system of checks and balances regarding the fairness and impartiality in all aspects of the accreditation process. Central to the fairness of the procedural aspects of the Commission's operations and the impartiality of its decision making process is an organizational and personal duty to avoid real or perceived conflicts of interest. The potential for a conflict of interest arises when one's duty to make decisions in the public's interest is compromised by competing interests of a personal or private nature, including but not limited to pecuniary interests.

Conflict of interest is considered to be: 1) any relationship with an institution or program, or 2) a partiality or bias, either of which might interfere with objectivity in the accreditation review process. Procedures for selection of representatives of the Commission who participate in the evaluation process reinforce impartiality. These representatives include: Commissioners, Review Committee members, site visitors, and Commission staff.

In addition, procedures for institutional due process, as well as strict guidelines for all written documents and accreditation decisions, further reinforce adherence to fair accreditation practices. Every effort is made to avoid conflict of interest, either from the point of view of an institution/program being reviewed or from the point of view of any person representing the Commission.

On occasion, current and former volunteers involved in the Commission's accreditation process (site visitors, review committee members, commissioners) are requested to make presentations related to the Commission and its accreditation process at various meetings. In these cases, the volunteer must make it clear that the services are neither supported nor endorsed by the Commission on Dental Accreditation.

Further, it must be made clear that the information provided is based only on experiences of the individual and not being provided on behalf of the Commission.

Revised: 8/15; 8/14; Reaffirmed: 8/23; 8/18; 2/18; 8/12, 8/10

**1. Visiting Committee Members:** Conflicts of interest may be identified by either an institution/program, Commissioner, site visitor or Commission staff. An institution/program has the right to reject the assignment of any Commissioner, site visitor or Commission staff because of a possible or perceived conflict of interest. The Commission expects all programs, Commissioners and/or site visitors to notify the Commission office immediately if, for any reason, there may be a conflict of interest or the appearance of such a conflict.

All active site visitors who independently consult with educational programs accredited by CODA or applying for accreditation must identify all consulting roles to the Commission and must file with the

Commission a letter of conflict acknowledgement signed by themselves and the institution/program with whom they consulted. Following service on the site visit team, an active site visitor is prohibited from independently consulting with the program that they evaluated within the past ten (10) years. All conflict of interest policies as noted elsewhere in this document apply. Contact the CODA office for the appropriate conflict of interest declaration form.

Conflicts of interest include, but are not limited to, a site visitor who:

- is a graduate of the institution;
- has served on the program's visiting committee within the last seven (7) years;
- has served as an independent consultant, or appointee of the institution within the past ten (10) years;
- has a family member who is employed or affiliated with the institution;
- has a close professional or personal relationship with the institution/program or key personnel in the institution/program which would, from the standpoint of a reasonable person, create the appearance of a conflict;
- manifests a partiality that prevents objective consideration of a program for accreditation;
- is a former employee of the institution or program;
- previously applied for a position at the institution within the last five (5) years;
- is affiliated with an institution/program in the same state as the program's primary location;
- is a resident of the state; and/or
- is in the process of considering, interviewing and/or hiring key personnel at the institution.

Note: Because of the nature of their positions, a state board representative will be a resident of the state in which a program is located and may be a graduate of the institution/program being visited. These components of the policy do not apply for state board representatives, although the program retains the right to reject an individual's assignment for other reasons.

If an institutional administrator, faculty member or site visitor has doubt as to whether or not a conflict of interest could exist, Commission staff should be consulted prior to the site visit. The Chair, Vice-Chair and a public member of the Commission, in consultation with Commission staff and legal counsel, may make a final determination about such conflicts.

Revised: 8/25; 8/24; 2/24; 2/21; 8/18; 2/18; 2/16; 8/14; 1/14; 2/13; 8/10; Reaffirmed: 8/23; 8/12

## **2. Commissioners, Review Committee Members And Members Of The Appeal Board:**

The Commission firmly believes that conflict of interest or the appearance of a conflict of interest must be avoided in all situations in which accreditation recommendations or decisions are being made by Commissioners, Review Committee members, or members of the Appeal Board. No Commissioner, Review Committee member, or member of the Appeal Board should participate in any way in accrediting decisions in which he or she has a financial or personal interest or, because of an institutional or program association, has divided loyalties and/or has a conflict of interest on the outcome of the decision.

During the term of service as a Review Committee member, these individuals should not serve as site visitors for an actual accreditation site visit to an accredited or developing program, unless deemed necessary. Two instances when a review committee member could serve on a site visit include: 1) an inability to find a site visitor from the comprehensive site visitor list, or 2) when the review committee believes a member should attend a visit for consistency in the review process. This applies only to site visits that would be considered by the same review committee on which the site visitor is serving. Review committee members may not independently consult with a CODA-accredited program or a program applying for CODA accreditation. In

addition, review committee members may not serve as a site visitor for mock accreditation purposes. These policies help avoid conflict of interest in the decision making process and minimize the need for recusals.

During the term of service as a commissioner or appeal board member, these individuals may not independently consult with a CODA-accredited program or a program applying for CODA accreditation. In addition, Commissioners or appeal board may not serve on a site visit team during

their terms.

Areas of conflict of interest for Commissioners, Review Committee members and/or members of the Appeal Board include, but are not limited to:

- close professional or personal relationships or affiliation with the institution/program or key personnel in the institution/program which may create the appearance of a conflict;
- serving as an independent consultant or mock site visitor to the institution/program;
- being a graduate of the institution/program;
- being a current employee or appointee of the institution/program;
- previously applied for a position at the institution within the last five (5) years;
- being a current student at the institution/program;
- having a family member who is employed by or affiliated with the institution;
- manifesting a professional or personal interest at odds with the institution or program;
- key personnel of the institution/program having graduated from the program of the Commissioner, Review Committee member, or member of the Appeal Board;
- having served on the program's visiting committee within the last seven (7) years; and/or
- no longer a current employee of the institution or program but having been employed there within the past ten (10) years.

To safeguard the objectivity of the Review Committees, conflict of interest determinations shall be made by the Chair of the Review Committee. If the Chair, in consultation with a public member, staff and legal counsel, determines that a Review Committee member has a conflict of interest in connection with a particular program, the Review Committee member will be instructed to not access the report either in advance of or at the time of the meeting. Further, the individual must leave the room when they have any of the above conflicts. In cases in which the existence of a conflict of interest is less obvious, it is the responsibility of any committee member who feels that a potential conflict of interest exists to absent himself/herself from the room during the discussion of the particular accreditation report.

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Revised: 2/24; 8/14; 8/10, 7/09, 7/07, 7/00, 7/96, 1/95, 12/92; Reaffirmed: 8/23; 8/18; 8/12, 1/03; Adopted: 1982

# Memorandum

**To:** Medicaid dental providers

**From:** Jessica Dusek, Medicaid Dental Policy Analyst

**Date:** Nov. 21, 2025

**Subject:** Fee-for-service billing criteria for immunization counseling, effective Jan. 1, 2026

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Oregon Health Authority (OHA) reimburses Immunization Counseling (D1301) as a service to educate patients on the importance of immunizations in preventing oral and systemic diseases. This counseling is essential to mitigate the risk of disease transmission and to maintain overall oral health, particularly in immunocompromised patients or those at high risk for specific infections. OHA allows reimbursement for D1301 only when the immunization is **not** administered on the same date of service.

## Who can bill for D1301?

Licensed dental providers eligible to bill for D1301 are Dentists, Dental Therapists, and Dental Hygienists.

## What are the criteria for billing?

### 1) ALERT IIS Registration:

Register with the [ALERT Immunization Information System \(IIS\)](#) at a minimum as a query user. “Query-Only” user access allows providers to look up members’ immunization status.

## 2) Necessity criterion:

Immunization Counseling (D1301) is reimbursable only when the patient's ALERT IIS record indicates they are not up to date on one or more vaccinations recommended for their age or risk profile. OHA may conduct audits of ALERT IIS to ensure the system is being accessed and utilized in compliance with program requirements.

## 3) Maintain knowledge of immunization protocols, including:

- Recommended vaccine schedules
- Risks, benefits, contraindications, and potential adverse effects
- Communication strategies for addressing patient or caregiver concerns
- Referral processes and locations where patients may receive vaccines

## What does providing immunization counseling involve?

- Providing a face-to-face discussion with the patient or caregiver.
- Reviewing the patient's immunization status using available records in the ALERT Immunization Information System (IIS).
- Educating the patient or caregiver on the benefits and risks of vaccines in preventing oral and systemic diseases.
- Addressing questions and concerns to support informed decision-making.
- Providing guidance on how and where to receive recommended vaccines or providing a referral for vaccination.
- Documenting in the patient's record a summary of topics discussed to reflect the substance of the counseling session. Generic templates or note shortcuts are not sufficient.

## Referrals and follow-up

**Dentists** meeting requirements under ORS 679.552 may prescribe and administer vaccines. Dentists who have not met these requirements must refer the patient to an authorized provider for vaccine administration.

**Dental Therapists** and **Dental Hygienists** are not permitted to prescribe or administer vaccines under ORS 679.552. They must refer the patient to an authorized provider for vaccine administration.

Providers are encouraged to follow up at the patient's next preventive appointment to confirm vaccine completion.

## Additional information

The [OHA Immunization Provider Information For Dentists](#) web page provides best practices, educational resources, and additional information.

Visit the [OHP Fee-for-Services Fee Schedule](#) page to find reimbursement rates for covered services.

OHP provider guidance with claims and helpful billing resources are found by visiting the [Resources for Providers](#) website.

## Questions?

If you have any questions about this announcement, please email [Medicaid.Programs@odhsoha.oregon.gov](mailto:Medicaid.Programs@odhsoha.oregon.gov).

# Intro / Project Kickoff

## *Strategic Plan 2026-2029*



Oregon Board of Dentistry  
December 12, 2025

## The PEAK Fleet

*Creating an engaged workforce that thrives together*



# Purpose of Today's Session

- *The PEAK Fleet Intro*
- *Introductions*
- *Approach to Strategy*
- *High-level plans*
- *Inputs from OBD Team*
- *Next Steps*



Dedicated to creating a new renaissance where  
creative, inclusive environments abound.

We believe the Future of Work begins with People.

*For purpose, not just profit.*

PERSISTENCE

AUTHENTICITY



EMPATHY

KINDNESS

PEAK Values®

# About Us:



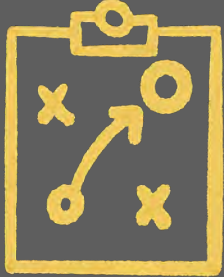
Jen Coyne  
CEO & Co-Founder



Brian Stinson  
Co-Founder

# Our Focus Areas:

Strategy  
Development



Team & Leadership  
Development



Individual &  
Organizational Values

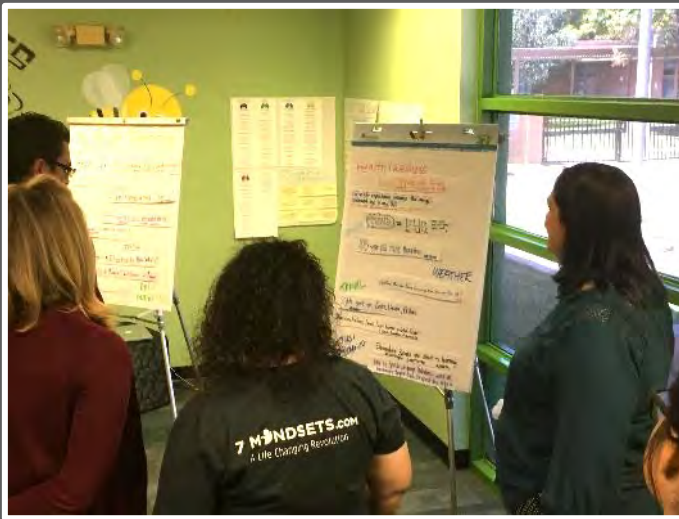


Problem Solving &  
Innovation



# Our Formats:

## Workshops



## Leadership Retreats



## Consulting



We also offer:  
Speakerships +  
Events





# Introduction & Sharing

Name & role + time on board

What's a tradition (holiday-related or not) that is super meaningful to you?

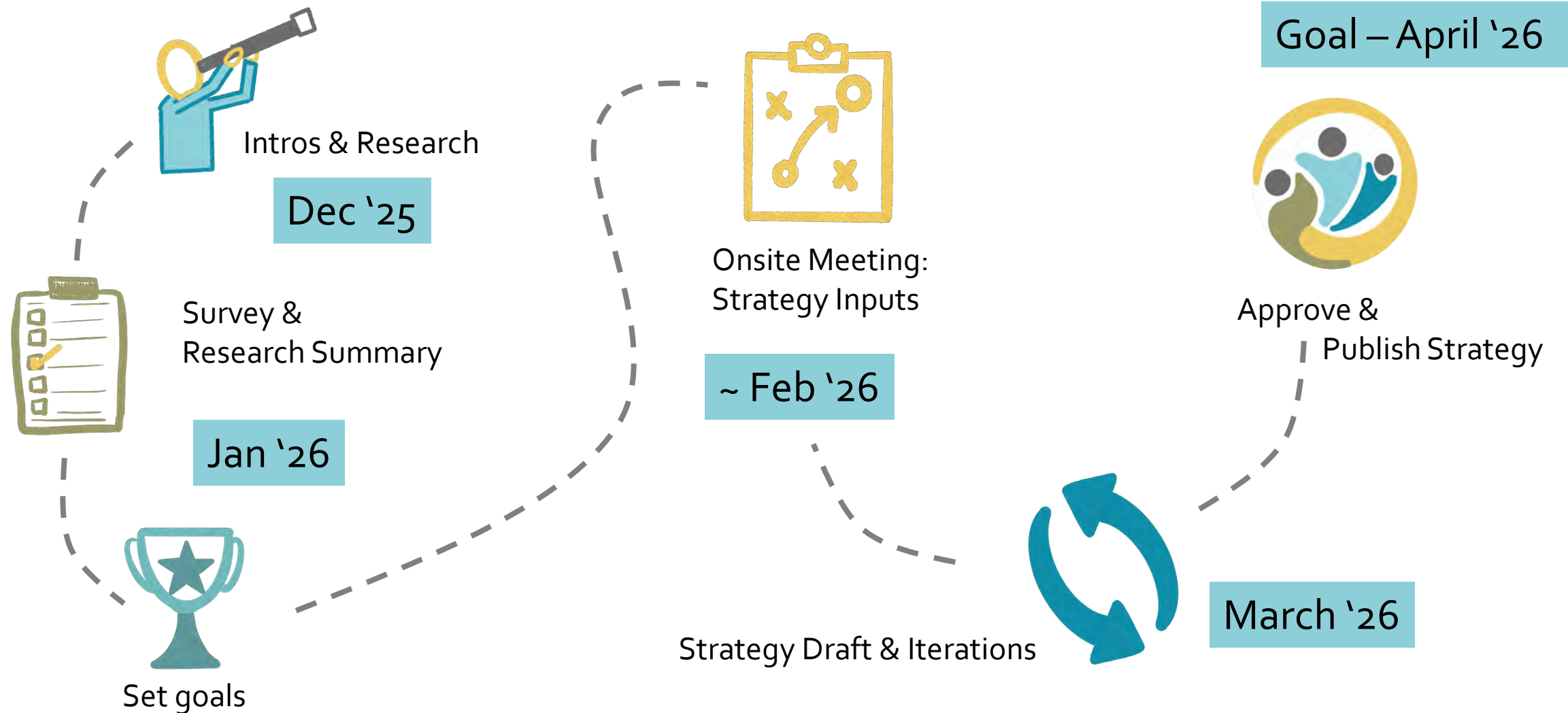
Why is it meaningful to you?



# Our Approach to Strategy

- Set a pace for OBD's Strategy Process
- Empathy & Listening at the forefront
- Incorporate additional research and perspective
- Evaluate the data – quantitative & qualitative
- Facilitation to maximize participation and use of staff and board member time

# OBD Strategic Plan Journey





# On-site Meeting Plans

- Currently looking at early February special in-person meeting
- Goals for the Meeting:
  - Trust-building amongst Board Members
  - Validation of OBD Mission & Values
  - Review inputs from external environmental scan + member survey
  - Review & finalize emerging Strategic Themes
  - Set Goals / Vision for Strategic Time Horizon
  - Discuss & Prioritize Strategic Tactics to achieve Goals

# Inputs from OBD + Questions

# Next Steps

- Conduct Member Survey
- Schedule upcoming Strategy Meetings / Agenda Items
- Review relevant external strategic trends
- Plan upcoming in-person meeting

# DRAFT

## Possible 2026 – 2029 OBD Strategic Plan Priorities

- Review and update the Protocols
- Simplify Dental Assistant Rules and eliminate pathways and rules (cut the red tape)
- At the Feb 2025 Board Meeting, Board Member Dr. Clark expressed his concerns and brought a proposal forward to add that at least one (1) hour of continuing education must be related to alcohol and substance abuse by oral health care providers, current treatment modalities, and legal and ethical obligations to report abuse.
- Schedule more board member training – Workday, accessing Board confidential documents, etc...
- Annual Public Meetings Law Training for Board
- Prioritize community engagement to protect/educate public
- RDH Scope of Practice in regards to Botox and Dermal Fillers
- Transparency and value of licensing fees for providers

- **Feedback from Chip Dunn Board Member 2017-2025**

Looking ahead, I believe one of the most pressing challenge remains improving access to dental care for low-income patients. While the board has made significant strides over the years I've been involved, there is always more work to be done in this area.

Looking at the 2026-2029 plan topics, I would like to see the board prioritize refining the Dental Assistant Rules and Regulations. Streamlining these regulations and eliminating unnecessary red tape could ease the burdens for dental providers, particularly when participating in Medicaid or other public health assistance programs, thereby encouraging more dentists to serve low-income patients. Furthermore, creating clearer pathways into the profession for dental assistants could attract new providers from underserved communities, ultimately elevating the standard of care across Oregon.

# DRAFT

## Oregon Board of Dentistry: Strategic Planning Survey

### Survey Description:

Welcome! Your feedback is crucial in shaping the Oregon Board of Dentistry's next strategic plan. This survey should take 5–10 minutes to complete. Your responses are confidential and will help guide priorities for public protection, licensure, education, access to care, and more.

---

### 1. Professional Role *(Single Choice)*

- Dentist
  - Dental Hygienist
  - Dental Hygienist & Dental Therapist
  - Dental Therapist (single license)
  - Dental Assistant
  - None of the above
- 

### 2. Years of Practice in Oregon *(Single Choice)*

- 0–2 years
  - 3–7 years
  - 8–15 years
  - 16+ years
- 

### 3. Primary Practice Setting *(Single Choice or Multiple Selection, based on your preference)*

- Private Practice
- Community Health Center

- Academic/Education
  - Corporate Dentistry
  - Government/Military
  - Other (please specify): **[Text Field]**
- 

#### **4. Satisfaction with Current OBD Communication & Transparency (*Likert Scale*)**

How satisfied are you with current communication and transparency from the Oregon Board of Dentistry?

- Very Satisfied
  - Somewhat Satisfied
  - Neutral
  - Somewhat Dissatisfied
  - Very Dissatisfied
- 

#### **5. Strategic Priorities – Rate Importance (*Matrix – Likert Scale 1–5*)**

Please rate how important each of the following areas is for the Board to prioritize in the next 3 – 5 years (1 = Not Important; 5 = Very Important).

- Public Protection and Safety
- Licensure and Credentialing Efficiency
- Continuing Education Requirements
- Diversity, Equity & Inclusion
- Workforce Shortages & Access to Care
- Technological Advancement in Dental Practice
- Enforcement & Disciplinary Procedures

**[Set up as a matrix question with rows = areas and columns = 1 to 5]**

---

#### **6. Critical Issue (*Open-Ended*)**

In your opinion, what is the **most critical issue** the Oregon Board of Dentistry should address in the next 3–5 years?

[Text Field, single line or paragraph]

---

### **7. Representation (*Single Choice + Optional Comment Field*)**

Do you feel your voice is adequately represented by the Oregon Board of Dentistry?

- Yes
- No
- Not Sure

(Optional) Please elaborate: [Text Field]

---

### **8. Frequency of Checking OBD Updates (*Single Choice*)**

How often do you consult the OBD website or communications for updates?

- Weekly
  - Monthly
  - A few times a year
  - Rarely/Never
- 

### **9. Preferred Communication Methods (*Multiple Choice*)**

Which of the following communication channels would you prefer from the Oregon Board of Dentistry? (Select all that apply.)

- Email newsletters
  - Webinars / Virtual Town Halls
  - Other (please specify): [Text Field]
- 

### **10. Operational Improvements (*Open-Ended*)**

What changes or improvements would you like to see in how the Oregon Board of Dentistry operates?

[Text Field, paragraph response]

---

**11. Barriers to Compliance (*Single Choice + Open Comment If "Yes"*)**

Are there any barriers that hinder your ability to comply with Board rules or regulations?

- Yes (If yes, please explain): [Text Field]
  - No
- 

**12. Future Participation (*Single Choice + Optional Contact Field*)**

Would you be willing to participate in future focus groups, advisory panels, or additional surveys to inform the Board's strategic planning?

- Yes (If yes, please leave your email): [Text Field]
- No
- Maybe



NEWSLETTERS  
&  
ARTICLES OF  
INTEREST

**From:** Dental Assisting National Board <[communications@danb.org](mailto:communications@danb.org)>  
**Sent:** Wednesday, October 15, 2025 1:34 PM  
**To:** PRISBY Stephen \* OBD <[Stephen.PRISBY@obd.oregon.gov](mailto:Stephen.PRISBY@obd.oregon.gov)>  
**Subject:** Summit attendees envision the future of AI and dental assisting



## Summit attendees envision the future of AI and dental assisting

As AI's impact and reach expands, the Dental Assisting National Board (DANB) convened a summit to explore future applications of AI across dentistry and to understand the impact AI could have on the dental assistant role.

Held in Chicago, the AI & the Future of Dental Assisting Summit was an invitation-only event featuring dynamic discussions and a panel session with executives from Bola AI, Heartland Dental, Overjet, PDS Health, and Viva AI. Attendees included dental team members, educators, association and industry leaders, consultants, and strategists.

"AI's influence on healthcare is accelerating, including its impact on dentistry," said DANB CEO Laura Skarnulis. "Dental assistants are integral to the dental practice, and their understanding, skill and support of AI are central to its adoption and success."

One of the summit's key themes was that dental assistants need to be part of the conversations and training when practices and clinics incorporate AI tools.

[Download the report](#)

[View the panel session](#)

## **Summit insights**

- AI's influence is growing and impacting dental practices of all sizes, although some practices and practitioners are slower to adopt. Training for dental assistants will be critical for adoption success.
- Practices that are incorporating AI report new efficiencies and more staff time for clinical and business functions. As AI becomes part of dental practices, clinical expertise and sound judgment are more essential than ever.
- AI tools can boost dental assistants' confidence when speaking with patients and providing post-appointment information.
- There are opportunities for training and education in formal settings and on the job.
- Dental assistants will be on the front lines explaining how AI supports patient care, so communication and reassurance skills are vital.
- AI may allow assistants to take on new and expanded responsibilities, in addition to augmenting their current role.

## **Assistant perspectives**

In anticipation of the summit, DANB conducted a survey of dental assistants to better understand the ways in which they and their practices are using AI.

## Survey findings:

- 1 in 3 dental assistants said their workplace was using AI tools, most commonly in dental radiography, scheduling and communications, and charting and documentation.
- The top reasons cited for not using AI in the dental practice were the doctor not being interested, no perceived benefits, cost, and security or HIPAA concerns.
- Dental assistants most commonly believed AI will have a moderate impact on dentistry but were not sure how it would augment the dental assistants' responsibilities.

"As AI becomes part of more dental practices, assistants have an important role not only to have the skills to use it with confidence and impact but to bring the critical thinking essential for patient care," Skarnulis said. "Our summit and research show how practices, the profession, and organizations can prepare for what's ahead — and DANB is committed to being a trusted partner in this evolving space."

This email was sent to [Stephen.PRISBY@obd.oregon.gov](mailto:Stephen.PRISBY@obd.oregon.gov). You are receiving this email because you are subscribed to the DANB News email list. If you wish to no longer receive these emails from us, you can [unsubscribe](#).

Dental Assisting National Board, 444 N. Michigan Ave. Suite 900, Chicago, IL 60611, United States



# AI & the Future of Dental Assisting

Key findings from the summit and survey

On Sept. 19, 2025, the Dental Assisting National Board (DANB) hosted a summit for leaders in dentistry to discuss artificial intelligence (AI) and the future of the dental assisting profession.

Held in Chicago, the AI & the Future of Dental Assisting Summit was an invitation-only event, which brought together leaders in AI and dentistry to share their perspectives and predictions about where AI in dentistry is headed and how the dental assistant workforce can be prepared for the future.

The summit featured dynamic discussions and a panel session with executives from Bola AI, Heartland Dental, Overjet, PDS Health, and Viva AI. Attendees included dentists, assistants, hygienists, office managers, educators, association and industry leaders, consultants, and strategists.



## Summit Insights



- AI's influence is growing and impacting dental practices of all sizes, although some practices and practitioners are slower to adopt. Training for dental assistants will be critical for adoption success.

- AI tools can boost dental assistants' confidence when speaking with patients and providing post-appointment information.



- There are opportunities for training and education in formal settings and on the job.
- Dental assistants will be on the front lines explaining how AI supports patient care, so communication and reassurance skills are vital.

- AI may allow assistants to take on new and expanded responsibilities, in addition to augmenting their current role.
- Dental assistants need to be part of the conversations and training when practices and clinics incorporate AI tools.



- As AI becomes part of more dental practices, assistants have an important role to develop the skills and critical thinking to use it effectively.
- Practices that are incorporating AI report new efficiencies and more staff time for clinical and business functions.



## What dental assistants do that AI could never replace



Patient comfort and reassurance



Passion and commitment to patient care



Empathy, compassion



Building patient relationships and trust



Creating a human connection



Responding to patient needs and body language



Providing a personal touch

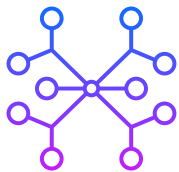


Standing with the dentist and making sure the procedure runs smoothly



# Survey Findings

In May 2025, in anticipation of the summit, DANB surveyed dental assistants and educators about their experiences and thoughts on AI. These are some of the key findings.



## 1 in 3

assistants said their workplace is using AI tools

### Most common uses for AI in the dental practice:

- Dental radiography (60%)
- Scheduling and communications (28%)
- Charting and documentation (24%)
- Treatment planning (17%)

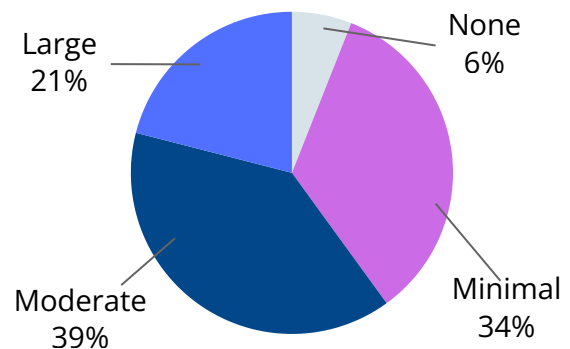


### Top reasons for not using AI in the dental practice:

- Doctor not interested (41%)
- No perceived benefits (19%)
- Too expensive (18%)
- Security or HIPAA concerns (16%)

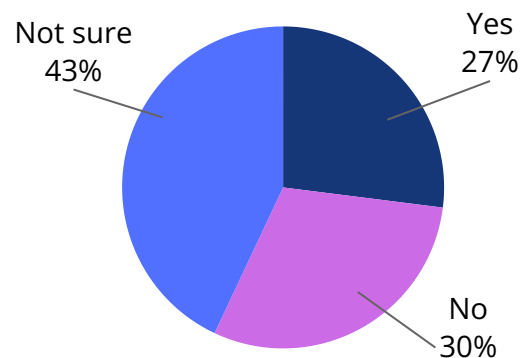
## Future perspectives

### What impact will AI have on dentistry?



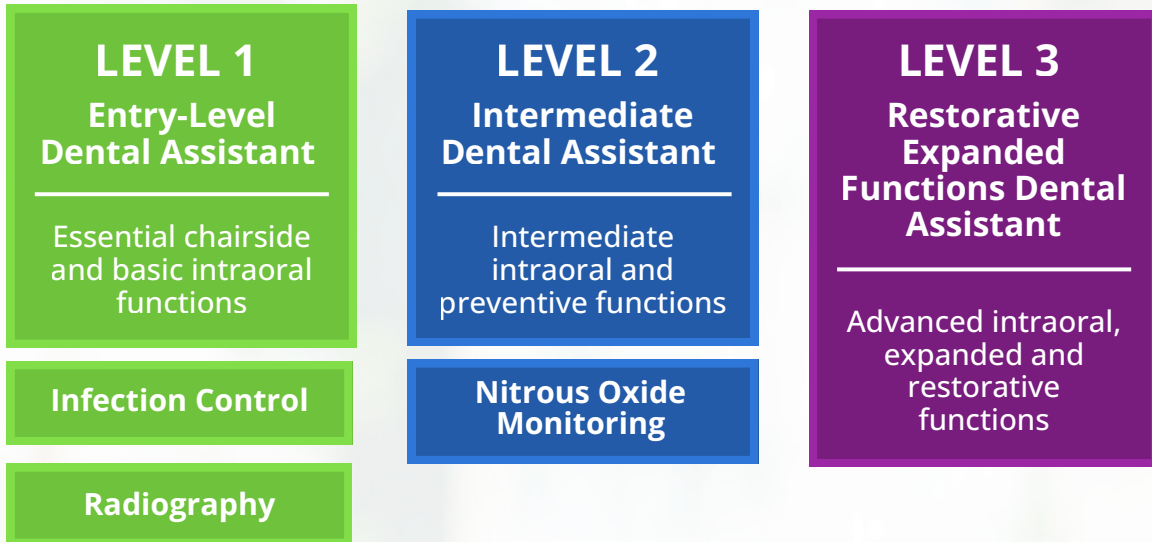
### Will AI augment dental assistants' responsibilities?

Many dental assistants were not sure.



## What is the Dental Assisting Professional Model?

Dentistry is experiencing challenges related to the workforce, including an insufficient number of qualified dental assistants and varying state requirements. The Dental Assisting Professional Model addresses these issues by proposing a framework that states can adopt across levels, descriptions, tasks, education, and credentials.



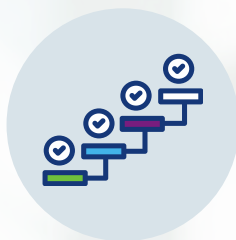
## How to use the Dental Assisting Professional Model

The model is a framework that can be used by states and employers in many ways.

### States

Use the model to ...

- Create a new EFDA level
- Update or modify existing levels
- Adjust the functions that are allowed in each level



### Employers

Use the model to ...

- Create training guides for dental assistants
- Develop pathways for promotion for assistants in your practice or clinic



Want to endorse the model, learn more, or talk to a consultant about how the model can work for you? Contact us.





# Recommendations for a Dental Assisting Professional Model



**Dental Assisting**  
Professional Model

# Recommendations for a Dental Assisting Professional Model

JULY 18, 2025

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## A Path Forward for the Dental Assisting Profession

Dentistry is experiencing significant challenges related to the workforce, including an insufficient number of qualified dental assistants. The workforce shortage impacts practice capacity, efficiency, productivity, patient access, and quality of care.

The dental assisting workforce shortage was already a problem before the start of the COVID-19 pandemic, but the pandemic both exacerbated the shortage and delayed progress on solutions. In a 2022 stakeholder forum that included executives and strategists from more than 20 organizations, participants consistently returned to the observation that the lack of uniformity in the dental assisting profession across states was an important factor impeding meaningful progress in alleviating the shortage. Increasing uniformity and establishing standards was a key theme underlying the most important initiatives identified by forum participants.

A shared understanding of what dental assistants do and how they can advance will greatly improve dentistry's ability to recruit and retain qualified personnel, as well as to develop pipelines for the future workforce. Without a shared understanding, dentistry will continue to see:

- Challenges in attracting and educating dental assisting candidates
- Loss of qualified dental assisting personnel from the field
- Reduced capacity of the oral healthcare infrastructure and diminished access to care
- Unclear understanding of minimum requirements for patient safety
- Duplication of effort in developing mid- and long-term solutions to address the workforce shortage
- Inefficiency, frustration, and confusion

Whether intended or not, state legislation and regulation of the dental assisting profession shape the careers of dental assistants because they determine the frameworks within which dental assistants may advance. Significant differences in these frameworks have prevented the formation of a shared national understanding of the dental assisting profession. Bringing uniformity to dental assistants' scope of practice and exam, education, and credential requirements can help lay out a consistent path for the profession that offers a long-term career journey. Providing a clear road map for that journey will assist with both recruitment and retention of assistants. And those who move between states or work in multiple states over the course of their careers will be able to continue to work without significant pause.

There is overwhelming support in dentistry for uniform national standards. A 2023 survey of dental assistants, dentists and employers, and educators showed 83% supported this idea.

The Dental Assisting Professional Model Workgroup was established to address the wide variation in how states regulate dental assisting, with a focus on recommending a model that could be used as the basis for state-to-state uniformity. The Workgroup developed a model that offers multiple pathways into the profession and a framework for professional advancement, supporting the recruitment and retention of dental assistants.

## About the Dental Assisting Professional Model Workgroup

The Dental Assisting Professional Model Workgroup consists of 20 members, including dental assistants, dentists, educators, dental hygienists, and regulators. The Workgroup, formed in early 2024, sought to help address the shortage by creating a national model that:

- Elevates the dental assisting profession and attracts more candidates to the field
- Provides a road map for career growth that can support recruitment and retention of dental assistants over the long term
- Improves professional mobility of dental assistants from state to state
- Increases practice efficiency and enhances access to care
- Provides states with a straightforward framework for regulation that reflects the needs of dentistry

Nominating organizations included:

- American Association of Dental Administrators
- American Association of Dental Boards
- American Dental Assistants Association
- American Dental Association
- American Dental Education Association
- American Dental Hygienists' Association
- Association of Dental Support Organizations
- Dental Assisting National Board
- Hispanic Dental Association
- National Network for Oral Health Access

Six additional members were invited to participate for their expertise and perspective gained in specific roles and to broaden geographic diversity.

Two co-chairs provided leadership to the Workgroup:

- Dolores Cottrell, D.D.S., Executive Secretary, New York State Board for Dentistry (New York)
- Helen Sublette, B.S., CDA, COA, CDIPC, FADAA, Owner, Coastal Dental Professionals Consulting (North Carolina)

Workgroup meetings were led by third-party facilitators, with the Dental Assisting National Board (DANB) staff leading workgroup coordination and contributing subject matter expertise. A full list of Workgroup members, including credentials, affiliation, and nominating organization, can be found in Appendix A.

The framework outlined in this document is the product of 12 months' work by the Dental Assisting Professional Model Workgroup, reflecting the Workgroup's consensus and incorporating the Workgroup's response to feedback from external stakeholders received during the stakeholder comment period.

## Guiding Principles & Approach

The Workgroup prioritized a national model that supports:

- **Public protection**, including patient safety and occupational safety
- **Uniformity**, with an effort to build upon existing commonalities among states' scopes of practice and requirements
- **Road map for advancement**, which sets a clear path for dental assistants to grow
- **Implementation feasibility**, for a model embraced nationwide



To support these priorities, the Workgroup's deliberations were informed by the following sources of data:

- Survey research revealing broad stakeholder perspectives
- Clinical data, derived from a job task analysis survey, about frequency of tasks performed by dental assistants
- Data about commonalities among states related to dental assisting regulation
- Subject matter expertise provided by Workgroup members themselves

In the spirit of the guiding principles, the recommendations that follow are for national minimum standards. Each dental assistant level offers multiple pathways that are as equivalent as possible, ensuring they do not create further barriers for states, employers, or dental assistants. The levels consist of both on-the-job and formal education options that offer third-party validation.

The Workgroup's approach has been informed by the following factors:

- Dental assisting education that is accredited by the Commission on Dental Accreditation (CODA) provides excellent preparation for dental assistants, but programs collectively do not have the capacity to supply all the dental assistants that are needed, and their capacity is declining; the collective annual enrollment of CODA-accredited dental assistant programs has decreased by almost half in the last decade
- There are other sources of high-quality education for dental assistants, including some community college programs and public career and technical education (CTE) programs, and some for-profit education sources might also provide quality instruction; uniform objective criteria are needed for states to evaluate offerings from all of these sources
- In many states, hiring individuals with no dental assisting experience and training them on the job is the predominant mode of entry into the dental assisting profession; however, this trend is associated with poor retention, inconsistencies in training, high turnover, and frequent vacancies that diminish the capacity of dental offices to see patients

The Workgroup's recommendations seek to balance the need to train some dental assistants on the job with the need to protect the public. The recommendations also seek to provide adequate training and education at each level to provide a foundation for advancement to the next level and enhance the ability of employers to recruit and retain dental assistants; elevating dental assisting as a rewarding career will also help dental assisting education programs recruit students.



# The Recommended Model

## Model Snapshot

The Workgroup’s recommendations for a professional model for dental assisting is summarized in brief in the following graphic. Additional details for each element of the model are contained in the sections that follow.

Dental Assisting Professional Model Snapshot		
Entry Level Dental Assistant	Level 1 Functions Essential chairside and basic intraoral functions	Complete infection control and safety orientation prior to or on first day of work as a DA Earn CPR/BLS within 3 months Within 12 months: Complete on-the-job training + pass a standardized national exam <b>or</b> Complete a board-approved course or program that includes a final exam
	Infection Control	Complete on-the-job training + pass a standardized national exam <b>or</b> Complete a board-approved course or program that includes a final exam
	Radiography	Complete on-the-job training + pass a standardized national exam <b>or</b> Complete a board-approved course + pass a standardized national exam <b>or</b> Pass a course through or graduate from a CODA-accredited program
Intermediate Level Dental Assistant	Level 2 Functions Intermediate intraoral and preventive functions	Meet Level 1 requirements, complete a board-approved course, and pass a national standardized exam <b>or</b> Graduate from a CODA-accredited program*
	Nitrous Oxide Monitoring	Complete Level 1 Hold BLS certification Complete a board-approved course that includes a final exam <b>or</b> Graduate from a CODA-accredited program*
Restorative Expanded Functions Dental Assistant	Level 3 Functions Advanced intraoral, expanded and restorative functions	Meet Level 2 requirements, hold national dental assistant certification, complete a board-approved program, and pass a national standardized exam <b>or</b> Graduate from a CODA-accredited program* that included instruction in the functions

*\*A note about completion of CODA-accredited dental assisting programs: A dental assistant who has completed a dental assisting program accredited by CODA will have met educational requirements for both Level 1 and Level 2.*

*If a CODA-accredited dental assisting program included the required instruction in restorative functions, a dental assistant completing such a program will also have met educational requirements for Level 3.*

## Level 1: Entry Level

### Overview

Level 1 dental assistants have foundational dental knowledge and perform essential chairside and basic intraoral functions.

### Supervision

Tasks are performed under the dentist’s personal and direct supervision, until the dental assistant has met established requirements. Then, the dental assistant may work under indirect supervision.

*Personal Supervision: The dentist is personally operating on a patient and authorizes the dental assistant to aid in treatment by concurrently performing supportive procedures.*

*Direct Supervision: The dentist is on the premises while work is performed by dental assistants; the dentist directs dental assistants' activities and verifies that functions have been performed correctly.*

*Indirect Supervision: The dentist is in the office, authorizes the procedures, and remains in the office while the procedures are being performed.*

## **Description**

Level 1 dental assistants support the dentist, the dental team, and the dental office's clinical operations. Their primary role is to assist dentists as they perform dental procedures on patients, under the dentist's personal supervision, and to execute supportive tasks before, during and after such procedures. Level 1 dental assistants also perform duties under the direct supervision of dentists.

## **Delegable Tasks**

- Administrative, non-clinical tasks
- Clinical extraoral tasks
- Fundamental patient appointment support tasks
- Tasks that support diagnosis of the patient's condition
- Tasks that are reversible and pose a minimal risk of patient pain, injury or long-term ill effects
- Tasks that address or assist in addressing dental and medical emergencies

Examples of Level 1 tasks are:

- Maintain field of operation during dental procedures by retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
- Provide patient preventive education and oral hygiene instruction
- Take and record vital signs
- Apply topical anesthetic
- Apply topical fluoride
- Make impressions for study models and fabrication of such appliances as allowed under state regulations, including digital impressions
- Place and remove dental dam
- Remove temporary crowns and cements

Other tasks appropriate for Level 1 are listed in Appendix B.

Note on radiography and infection control: Radiography and infection control tasks, such as sterilizing instruments, are fundamental to the job of dental assistants and are performed by dental assistants at all levels. However, incorrect performance of these tasks carries the risk of irreversible harm to patients and personnel; therefore, special consideration has been given to addressing patient and occupational safety concerns related to these functions. Accordingly, apart from a first-day orientation required to begin working as a Level 1 dental assistant, these functions will be addressed separately.

## **Entry-Level Orientation**

Prior to beginning work in a dental setting, a dental assistant should be provided with an infection control and safety orientation that covers essential topics, including the following:

- Fundamentals of Infection Prevention and Control: Personnel role in preventing infections; standard and transmission-based precautions; CDC resources
- Patient Protection and Occupational Safety: Hand hygiene; PPE; respiratory illness precautions; sharps safety and percutaneous injury response; work practice and engineering controls; safe injection practices; hepatitis B immunization
- Sterilization and Disinfection: Sterilization of a variety of patient care items; instrument sterilization process; sterilizer monitoring; disinfecting environmental surfaces; waste disposal; dental unit water quality monitoring/management
- Basic Radiation Safety: Occupational safety for those working in a setting where x-rays are used

The first-day safety orientation is an important element in the model that allows a dental office to bring dental assistants on board quickly while ensuring they have received critical information to perform assigned duties safely while working under personal or direct supervision.

### Training Period

A dental assistant may work in a dental office while receiving training in Level 1 functions for up to 12 months prior to meeting the pathway requirements.

Allowing 12 months for completion of requirements provides employers with time to determine if a new dental assistant is likely to succeed and continue in their role and to deploy training resources appropriately.

### CPR/BLS

A dental assistant must hold current CPR/BLS certification within three months of beginning work in a dental office and keep CPR/BLS certification current during employment. CPR/BLS certification must meet either American Heart Association or American Red Cross guidelines.

### Pathways

	Training/Education	Assessment
Pathway 1	<b>On-the-job training</b> Receive in-office training that follows a standardized content outline or training manual <i>(See required training/course content outline below.)</i>	Standardized nationally recognized exam approved by the dental board
Pathway 2	<b>Course or program</b> Complete a course or dental assisting program that is either approved by the state dental board or CODA accredited	End-of-course exam

These pathways provide flexibility when dental offices must hire individuals with no prior experience to work as dental assistants, in that they give the employer time and multiple options for providing structured training and education to dental assistants.

In each pathway, one element of the pathway — either the education or the exam — is verified against a set of objective criteria, which supports uniformity and consistency of quality. At the same time, structured and standardized training provides the foundation for advancement to higher levels, which fosters long-term retention and promotes increased productivity for dental offices.



## **Required training or course content**

The training or course should cover:

### **Foundational Knowledge**

- Principles of four-handed dentistry
- Treatment documentation and charting
- Universal tooth numbering system
- Tooth names, anatomy and morphology
- Oral anatomical landmarks
- Dental terminology
- Management of hazardous waste (transport, disposal, documentation)
- Patient privacy laws (HIPAA)
- Recognition of and response to dental and medical emergencies
- Any occupational safety training required under state or federal law, including but not limited to training in hazard communication and respiratory protection

### **Essential Chairside Functions**

- Review and update patient medical history, including identifying contraindications for treatment
- Perform preliminary patient examination
- Prepare patients and operator for treatment
- Assisting in explaining and obtaining patient consent for procedure
- Discuss risks, benefits and alternative treatments with patient
- Set up instrument trays
- Set up anesthetic syringe
- Prepare and deliver dental materials for procedure
- Maintain field of operation during dental procedures by retraction, suction, irrigation, drying, placing and removing cotton rolls, etc.
- Observe patient during procedure
- Provide patient preventive education and oral hygiene instruction
- Take and record vital signs

### **Basic Intraoral Functions**

- Apply topical anesthetic
- Apply topical fluoride
- Remove temporary crowns and cements
- Take impressions for study models and fabrication of appliances, including digital impressions
- Place and remove dental dam

## **Board approval criteria**

For board approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or ADA CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

(PACE or Program Approval for Continuing Education is a continuing education provider approval program operated by the Academy for General Dentistry. ADA CERP or Continuing Education Recognition Program is a continuing education provider recognition program operated by the American Dental Association.)

Increasing approved education channels expands avenues into the profession, which increases the number of educated dental assistants for the workforce. At the same time, ensuring that such education is verified against an objective set of criteria in accordance with agreed standards supports both uniformity and advancement to higher levels of responsibility, fostering long-term retention.

## Infection Control

### Description

The dental assistant performs infection prevention and control tasks, including processing instruments and devices, preventing cross-contamination, and following OSHA protocols.

### Training Period

After orientation, a dental assistant may work in a dental office for a training period of up to 90 days before completing infection control requirements. During the training period, the dental assistant should receive instruction and training in infection control and should be monitored by a team member who has demonstrated knowledge of infection control through licensure, registration, or assessment and who maintains infection control knowledge through continuing education.

The first-day orientation for entry-level dental assistants allows employers flexibility to begin training dental assistants right away and to provide the necessary infection control training to ensure public protection and provider safety over a longer, 90-day training period. The Workgroup's first priority was public and provider safety, but Workgroup members remained cognizant of and concerned about introducing requirements that would make it more difficult to hire and onboard dental assistants. The combination of these two elements — the first-day safety orientation and the 90-day infection control training period — accounts for both the operational need to allow newly hired dental assistants to begin working immediately and the employer's obligation to ensure all staff have the knowledge they need to protect themselves and patients from infection.

### Pathways

	Training/Education	Assessment
Pathway 1	<b>On-the-job training</b> Receive in-office training that follows a standardized content outline or training manual <i>(See required training/course content outline below.)</i>	Standardized nationally recognized exam approved by the dental board
Pathway 2	<b>Course or program</b> Complete an infection control course or dental assisting program that is either approved by the state dental board or CODA accredited	End-of-course exam

These pathways for infection control preparation reflect the principles noted earlier: There are multiple options for a dental assistant to meet requirements, providing flexibility for onboarding of candidates; and, one element in each pathway — either the education or the exam — is verified against a set of objective criteria, supporting uniformity and consistency of quality.

### **Required training or course content**

The training or course should cover:

- CDC's [Guidelines for Infection Control in Dental Health-Care Settings](#)
- CDC's [Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care](#)
  - Transmission and prevention of infectious diseases
  - Overview of laws and guidelines applicable to oral healthcare settings
  - Personnel health elements of an infection control program
  - Preventing transmission of bloodborne pathogens
  - Hand hygiene
  - Personal protective equipment (PPE)
  - Respiratory hygiene/cough etiquette
  - Contact dermatitis and latex hypersensitivity
  - Sharps Safety and the Needlestick Prevention Act
  - Safe injection practices
  - Sterilization and disinfection of patient-care items and devices
  - Environmental infection control
  - Dental unit waterlines, biofilm and water quality
- [OSHA Bloodborne Pathogens Standards](#)
  - Exposure control
  - Methods of compliance
  - Special practices
  - Hepatitis B vaccination and post-exposure evaluation and follow-up
  - Communication of hazards to employees
  - Recordkeeping

### **Board approval criteria**

For board approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

## Radiography

### Description

The dental assistant performs dental radiography tasks, including seating and positioning the patient, positioning the x-ray equipment, and taking images.

### Pathways

A dental assistant must meet radiography training and assessment requirements before exposing radiographs.

	Training/Education	Assessment
Pathway 1	<b>On-the-job training</b> Receive in-office training from a dentist, registered dental hygienist, dental therapist, or a dental assistant who has completed the state's radiography requirements (See required training/course content outline below.)	Standardized nationally recognized exam approved by the dental board
Pathway 2	<b>Board-approved course</b> Complete a course or CTE program approved by the state dental board or other state agency regulating use of x-rays	Standardized nationally recognized exam approved by the dental board
Pathway 3	<b>CODA-accredited course or program</b> Complete a dental radiography course or graduate from a CODA-accredited program	End-of-course exam

As with every element of the model, dental assistants have multiple options to qualify in radiography, and those options provide flexibility in hiring and training along with assurance of quality and support for uniformity.

### Training and course content criteria

The training or course should cover:

#### Radiography Technique

- Review health and dental history for indications/contraindications for exposure to radiation
- How to seat patient based on technique
- Purpose of dental images
- Techniques to acquire dental images
- Identify anatomical variations that require a technique modification to acquire images
- Identify and correct technique errors to obtain a diagnostic image
- Identify what should appear in a diagnostic dental image
- Identify orientation landmarks in a dental image
- Identify dental materials in dental images
- Identify, understand purpose of and how to handle radiographic equipment
- Legal requirements

## Radiation Protection

- Factors affecting x-ray production
- Protocols to ensure minimum radiation dose
- Monitor for x-ray unit malfunctions
- Potential negative health effects of radiation
- Operator safety
- Patient safety
- Addressing patient concerns regarding risks associated with exposure to radiation
- State regulatory requirements for radiation exposure

## Board approval criteria

For board approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

## Level 2: Intermediate Intraoral Functions

### Overview

Level 2 dental assistants perform intermediate intraoral and preventive functions.

### Supervision

Tasks are performed under the dentist's direct and indirect supervision.

### Description

Level 2 dental assistants perform intraoral functions of intermediate complexity that carry a higher level of risk for injury or pain for the patient than those included in Level 1. These functions are reversible intraoral functions delegated by the dentist under direct or indirect supervision. Safe and effective performance of these functions requires knowledge of oral anatomy, hand skills, and mastery of specific operational techniques beyond those required for Level 1.

The purpose of delegating Level 2 functions to dental assistants is to improve efficiency of the dental office and allow dental hygienists and dentists to spend more time on procedures requiring the professional skill and judgment commensurate with their education and training.

### Delegable Tasks

- Intermediate tasks that are reversible
- May carry an increased risk of pain or injury for the patient
- Can be delegated to a dental assistant while a dentist is on the premises but may be working in another operatory

Examples of Level 2 tasks are:

- Coronal polishing
- Place sealants

- Place and remove retraction materials
- Fabricate and place temporary crowns
- Cement temporary crowns
- Place and remove matrix band and wedge
- Remove periodontal dressings
- Place post-extraction dressings
- Remove sutures

Other tasks appropriate for Level 2 are listed in Appendix B.

## Pathways

	Education	Assessment
Pathway 1	<b>Board-approved course</b> Meet Level 1 requirements. Then, complete a course approved by the state dental board that addresses Level 2 functions	Standardized nationally recognized exam approved by the dental board
Pathway 2	<b>CODA-accredited program</b> Graduate from a CODA-accredited program that covers Level 2 functions	End-of-course exam

Pathway 1 for Level 2 allows any person who has met Level 1 requirements, including those who received in-office training, to grow their career and advance to Level 2 by receiving additional training in Level 2 functions. Advancement opportunities are a key element in mitigating workforce shortages: they support retention of qualified and experienced personnel over the long term, which will reduce the recurrent vacancies that hinder dental office productivity, and they make the profession more attractive to those considering entering the profession at the first level, which supports recruitment of new candidates.

Pathway 2 for Level 2 takes advantage of the high-quality education provided by CODA-accredited dental assisting programs by allowing graduates of those programs to enter the field as Level 2 dental assistants and to begin contributing to the dental office productivity and efficiency immediately upon completion of their education.

## Required course content

The course should cover Level 2 functions:

- Coronal polishing
- Place sealants
- Place and remove retraction materials
- Fabricate and place temporary crowns
- Cement temporary crowns
- Place and remove matrix band and wedge
- Remove periodontal dressings
- Place post-extraction dressings

## Board approval criteria

For board approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

### **Note in Response to Stakeholder Feedback**

The Workgroup received questions from stakeholders related to flexibility in education requirements for Level 2. The Workgroup believes that the recommended course approval criteria are appropriately flexible to allow for the development of structured training experiences. Examples include hybrid programs that could potentially include remote or asynchronous didactic education coupled with work-based learning for which the supervising dentist serves as preceptor, in situations or areas where traditional courses are scarce or insufficiently available. The workgroup encourages stakeholders to commit resources to the development of solutions that meet the recommended content requirements and ensure patient protection.

## **Level 3: Expanded Restorative Functions**

### **Overview**

Level 3 dental assistants perform advanced intraoral restorative functions.

### **Supervision**

Tasks are performed under the dentist's direct and indirect supervision.

### **Description**

Level 3 dental assistants perform intraoral restorative functions of advanced complexity that carry a higher level of risk for injury or pain for the patient than those included in Level 2. These functions are reversible intraoral restorative functions delegated by the dentist under direct or indirect supervision. Safe and effective performance of these functions requires more advanced knowledge of oral anatomy, hand skills, and mastery of specific operational techniques beyond those required for Level 2.

The purpose of delegating Level 3 functions to dental assistants is to improve efficiency of the dental office and allow dental hygienists and dentists to spend more time on procedures requiring the professional skill and judgment commensurate with their education and training, which helps increase the capacity of dental offices to see patients and improves access to dental care.

### **Delegable Tasks**

- Expanded restorative functions that are reversible, not including cavity or crown preparation or the cutting or removal of hard or soft tissue
- May carry an increased risk of pain or injury for the patient
- Can be delegated to a dental assistant while a dentist is on the premises but may be working in another operatory

Examples of Level 3 tasks are:

- Place liners and bases

- Place, contour, finish, and adjust direct restorations in a cavity prepared by the dentist or dental therapist
- Final impressions
- Place and cement prefabricated crowns (such as stainless steel crowns) on a tooth prepared by the dentist or dental therapist
- Interim therapeutic restorations
- Cementation of a permanent indirect restoration (crown) on a tooth prepared by the dentist or dental therapist

Other tasks appropriate for Level 1 are listed in Appendix B.

## Pathways

	Education	Assessment
Pathway 1	<p><b>Board-approved Restorative EFDA program</b> Meet Level 2 requirements and earn national accredited dental assistant certification recognized by the state board.</p> <p>Then, complete a restorative EFDA program approved by the state dental board that addresses Level 3 functions</p>	Standardized nationally recognized written and/or hands-on exam approved by the dental board
Pathway 2	<p><b>CODA-accredited program</b> Graduate from a CODA-accredited program that covers Level 3 functions</p>	Standardized nationally recognized written and/or hands-on exam approved by the dental board

The pathways for Level 3 continue to conform to the Workgroup's principles of providing multiple options to qualify while also supporting uniform standards, allowing dental assistants to grow their careers by building on training, education, and experience acquired at earlier levels, and taking advantage of the high-quality education available in CODA-accredited programs.

## Program criteria

The program should cover:

- Dental anatomy and physiology
- Place, contour, finish, and adjust direct restoration
- Final impressions
- Place and cement fabricated crowns
- Interim therapeutic restorations
- Cementation of permanent indirect restorations

For board approval, the course must be offered by a provider that is accredited by an agency recognized by the U.S. Department of Education, including CODA.



## Nitrous Oxide Monitoring

### Pathway

Prerequisite	Education	Assessment
Meet Level 1 requirements  Hold BLS certification	<b>Course or program</b> Complete a board-approved course or graduate from a CODA-accredited program that covers nitrous oxide monitoring	End-of-course exam

### Required course content

The course should cover:

- Advantages and contraindications of nitrous oxide
  - Advantages: Discuss the safety, rapid recovery, minimal side effects, and suitability for various patients.
  - Contraindications: Cover conditions such as COPD, pregnancy, psychiatric conditions, and immune disorders. Focus on pre-sedation patient screening and ensuring proper patient selection.
- Inhalation sedation equipment
  - Overview of equipment: Review nitrous oxide delivery systems, how to adjust concentrations, and ensure proper equipment function.
  - Hands-on training: Practice setting up and operating the equipment, including how to monitor oxygen levels.
- Sedation procedure and patient monitoring
  - Chemical makeup of nitrous oxide: Overview of nitrous oxide pharmacology and how it works in the body.
  - Patient education: Train dental assistants on how to explain the procedure, effects, and what patients should expect before and after sedation.
  - Steps of sedation:
    - Patient positioning
    - Administration of nitrous oxide/oxygen
    - Monitoring patient response and adjusting gas flow
    - Pediatric sedation considerations
    - Patient Monitoring: Focus on continuous monitoring of respiration, responsiveness, and any signs of oversedation.
- Emergencies and complications
  - Common complications:
    - Oversedation
    - Nausea and vomiting
    - Airway obstruction
    - Vertigo or disorientation
  - Emergency management: Apply BLS skills in case of respiratory depression or unconsciousness. Briefly review the recognition of these emergencies, but rely on participants' existing knowledge of CPR, airway management, and AED use.
- Post-sedation care and documentation

- Post-sedation recovery: Emphasize how to monitor patients during recovery from nitrous oxide sedation, focusing on re-establishing full awareness and checking for any delayed reactions.
- Patient communication: Train on discussing post-sedation instructions with patients or caregivers, including any risks of driving or returning to regular activities.
- Documentation: Review the legal and procedural documentation for sedation events, focusing on how to record sedation dosages, patient reactions, and any interventions performed.

### **Board approval criteria**

For board approval, the course must address the required content shown above and meet one of these criteria:

- Offered by a provider that is either PACE- or CERP-approved
- Offered by a provider accredited by an agency recognized by the U.S. Department of Education
- A public high school or adult CTE program approved by the state department of education

Note: There are 13 states that allow dental assistants who have met specified requirements to administer nitrous oxide in addition to monitoring. The Workgroup's recommendations do not address administration of nitrous oxide by dental assistants and also do not recommend against allowing dental assistants who have met appropriate requirements conforming to sound public protection principles from performing this function.

## **Designations for Each Dental Assisting Level**

One of the factors contributing to the lack of uniformity across states affecting the dental assisting profession is the inconsistent use of designations and titles in different states. The meaning of the term “registered dental assistant” varies greatly in the states that use it; it may mean:

- An entry-level dental assistant
- An assistant who has met radiography requirements or requirements to perform other individual functions (like coronal polishing)
- An intermediate level between the entry level and the restorative expanded functions level
- The highest level of dental assistant in the state, but not authorized to perform restorative functions
- A restorative expanded functions assistant

Similarly, in some states, the term “EFDA” or “EDDA” is roughly equivalent to the intermediate level in other states, and a different designation is used for the restorative expanded functions level.

The most uniformity of titles is seen at the entry level, where 30 states simply call this level “dental assistant.” However, there are still 20 states and DC that use a different term to refer to these assistants.

While it is not essential for states to use the same terms to achieve greater uniformity of scope of practice and requirements for dental assistants, the Workgroup believes that adopting more uniform designations for dental assistants at each tier will reduce confusion and support the objective of achieving an understandable road map for dental assistants to navigate their careers.

The Workgroup recommends these designations for dental assistants at each level described in the model:

Level as Outlined Above	Recommended Designation
Level 1	Dental Assistant 1
Level 2	Dental Assistant 2
Level 3: Restorative EFDA	Dental Assistant 3 — Restorative EFDA

### ***Rationale***

These designations:

- Help demonstrate a clear progression from the first tier to the highest tier
- Are easy to understand and do not use terms that are new or unfamiliar in the dental field
- Provide flexibility for states to credential or not credential each of the levels

We recognize that in states that are already using these designations, the adoption of different meanings for these terms could cause temporary confusion during a transition period, or states could continue to use these terms in a way that is out of alignment with the model. To completely avoid creating conflict with any existing state designations, it would be necessary to recommend terms that are not currently in use in any state, and doing so would introduce a different set of drawbacks, in that the terms would likely be unfamiliar, unintuitive, and not aligned with general naming conventions for allied health personnel.

While there is no perfect solution, the Workgroup has determined that recommending terms that are clear, easy to understand, and familiar will support the goal of uniformity more than inventing new, unfamiliar terms.

## **Emerging Functions**

How states choose to address new dental assisting functions that emerge over time, because of new technology or efforts to expand dental assisting scope of practice, is an area where the best efforts to move toward a more uniform model for the dental assisting profession may encounter challenges.

Our intention has been to describe each level using objective criteria, including the underlying principles that govern decision-making for each level, to create a framework that will allow states and employers to determine whether a function may be delegated to dental assistants meeting the requirements of one of the defined levels or whether additional new knowledge and skills are required.

New or “emerging” functions may come under discussion when new technology creates new functions or alters the skill level needed to perform existing functions — for example, digital imaging technology has changed the skill level needed for making impressions. In addition, stakeholders may propose expanding the scope of practice for dental assistants to include functions not previously performed by assistants, such as administration of local anesthetic, blood draws (phlebotomy), application of silver diamine fluoride, scaling/prophylaxis, or periodontal probing.

Because one of our guiding principles has been to build on commonalities that already exist among states, we have not included in the model functions that have only recently come under discussion but have not been authorized or addressed in more than a few states. However, we believe that the model provides a framework for consideration of how to treat these functions and encourages states, as they engage in these discussions, to ask the following questions:

- What is the rationale for considering adding a new function to dental assistants' scope or recategorizing an existing function?
- Is adoption of new technology occurring rapidly, and are employers seeking guidance around delegation?
- Will the public benefit from authorization of new functions for dental assistants, such as through increases in access to care?
- Will dental offices benefit through increasing their capacity to see patients?
- Will the addition of new functions support retention and recruitment of dental assistants?

If the function is worth additional consideration, the following questions can provide a framework for categorizing the function into an existing level or developing pathways for a separate new level or category:

- Is the function intraoral?
- Is the function reversible?
- Is the function invasive? Does it penetrate hard or soft tissue?
- Will the function result in the placement of a permanent restoration or appliance?
- What is the risk of pain or injury to the patient?
- Does the function require advanced hand skills or mastery of advanced operational techniques?
- Does any existing level have the knowledge needed, or is new knowledge required?

It may also be important to consider whether the function overlaps with any other healthcare professions' scope of practice and whether laws and regulations governing those professions address the performance of that function by those outside the profession. For example, is starting IV lines or doing blood draws prohibited for those not licensed as a nurse or phlebotomist?

If new knowledge is required, developing a set of requirements that includes education from an accredited source and/or assessment from a national organization offering accredited exams/certifications would support future uniformity as the function is adopted in additional states.

## Registration

An important question that states must consider when determining how best to regulate dental assistants is whether to require registration for some or all levels of assistant.

“Registration” is a broad term signifying varying levels of rigor and continued oversight over a profession, depending on the state. For our purposes, “registration” encompasses any issuance of a state credential to a dental assistant who has met competence requirements set forth by the state.

The Workgroup notes that there are many practical benefits to requiring registration for dental assistants at all levels, including these:

- Accurate and up-to-date rosters of employed dental assistants in every state will greatly assist the dental community in monitoring trends in dental assisting employment and measuring the success of steps taken to mitigate the shortage.
- Information collected through registration will allow for additional research into factors influencing successful recruitment and retention that could provide valuable insights to those seeking solutions to the workforce shortage.

For these reasons alone, we encourage state policymakers to require registration for all dental assistants.

Registering dental assistants will also bring these public protection benefits:

- Regulators report that in states where dental assistants are not registered, a dental hygienist whose license is revoked for disciplinary reasons may legally work in a dental setting as a dental assistant, which may pose a risk to patient health and safety; giving the state board of dentistry regulatory authority over dental assistants will eliminate this problem.
- Registration allows the state to revoke an authorization to work in cases where dental assistants have demonstrated that they are a danger to patients.
- Registration removes the burden from employers to verify that dental assistants have met requirements.
- Registration enables the state to require and verify that dental assistants complete continuing education requirements, which fosters a more competent workforce and supports delivery of high-quality patient care.
- Registered or licensed dental assistants may be required to complete education required of other health professionals, such as child abuse recognition and reporting, identifying victims of human trafficking, cultural competency, and similar topics that benefit the public; these requirements support public safety and the provision of a higher level of care to patients.
- Registration facilitates the process of verifying credentials when a dental assistant moves to a new state.

Despite these considerable benefits, the Workgroup recognizes that it may be unfeasible in some states, for administrative or political reasons, to adopt a model calling for registration of all dental assistants. With this in mind, we have sought to propose a model founded on objective criteria that are straightforward for an employer to verify so that, if registration cannot be implemented in a state, the state can nonetheless participate in the benefits brought about by adopting uniform descriptions, scopes of practice, and requirements for each level of dental assistant.

We also make note of the strong trend among states to require registration for the restorative EFDA level (Level 3 in the model). Of the 25 states that expressly allow some level of dental assistant to perform expanded restorative functions, 21 require registration or licensure for that level. Functions performed at this level hold the highest risk of injury or harm to the patient, and registration of this level aligns with each state's public protection interests. We therefore recommend registration for the restorative EFDA level.

## **Continuing Education**

We encourage states to require continuing education (CE) for dental assistants. For Level 1, at a minimum, CE in infection prevention and control should be required. For Level 2 and Level 3, we encourage states to adopt similar CE requirements to include, at a minimum, infection control and patient safety CE.

While CE requirements in the 24 states that require CE for dental assistants vary from one hour/unit per year to 15 hours/units per year, we encourage states to adopt requirements for Level 2 and Level 3 that are no less than the average number of units across all the states that have a CE requirement for dental assistants — approximately 8 hours/units per year. We also note that 12 hours/units per year is the most common quantity of CE units required, and this higher number may be a more appropriate requirement for Level 3.

As long as CE requirements are within reasonable ranges, we don't believe a state that has adopted the model should view moderate differences in approaches to CE as a reason for not recognizing the status of a dental assistant from another state that has also adopted the model.

## **Jurisprudence Education or Exam**

The Workgroup supports verification of dental assistants' knowledge of state laws, rules, and regulation through a required course or examination. However, for the foreseeable future, we expect the content of such courses or exams to continue to be state-specific, and for any jurisprudence requirements to be determined and administered at the state level.

## **Guidance for Implementation**

### **Flexibility and Adaptability**

The Workgroup emphasizes and is committed to enhancing uniformity for the dental assisting profession. The Workgroup also recognizes that all healthcare professions are regulated at the state level, allowing states to make policies that address the unique conditions and circumstances

affecting their residents. The Dental Assisting Professional Model is a set of recommendations for the dental community to use as a resource and guide in planning and making decisions about the structure of the dental assisting profession. It is intended to be specific enough to create a shared national understanding about the scope of practice of dental assistants and the knowledge and skills required for them to support high-quality, consistent and safe patient care, but also to be flexible enough to allow for adaptations that address the unique realities in particular states.

As stakeholders consider how to use the Dental Assisting Professional Model as a resource in their own state or setting, the Workgroup encourages inclusion of a wide range of perspectives, including those of dentists, dental assistants, other dental team members, educators, regulators and the public.

## **Maintaining the Model**

The recommendations described in this document were developed in collaboration and with representation and input from key dental and dental assisting organizations. The Workgroup believes there may be value in forming a more permanent coalition to continue considering questions that affect the uniformity of the dental assisting profession, including providing guidance on incorporating emerging functions into practice and regulations and how the model can be adjusted to accommodate different states' needs without undermining the goal of enhancing uniformity. Additional information about the formation of such a coalition will be shared with stakeholders as those plans develop.

## **Approaches to Transition**

As states consider adopting the recommended model, we expect stakeholders to express concerns about how the new framework will affect dental assistants who have already been employed and working before the introduction of the new model.

To facilitate the transition to a new model, we recommend establishing an alternative pathway for dental assistants who are already working to qualify for the appropriate equivalent level in the new model.

Each state may handle the transition differently, because the current variations in state regulation of dental assistant do not allow for a uniform solution to transition these dental assistants.

Broadly speaking, a state's options for transitioning existing participants in the workforce to equivalent levels in the new model consist of:

- Allow dental assistants who were working prior to adoption of the model to continue performing those duties they have already been performing; provide a grace period for them to meet requirements outlined in the model for qualifying to perform new functions.
- Require dental assistants who were working prior to adoption of the model to meet all requirements under the new model within a reasonably generous timeframe.
- Require dental assistants who were working prior to adoption of the model to meet modified requirements that take into account their existing level of knowledge gained

through prior training, education and experience; an example of a modified requirement is allowing work experience and a dentist's attestation of competence to substitute for all or part of an education or exam requirement.

In some states, it might be appropriate to deploy some combination of the above approaches, if prior requirements create different considerations for different levels.

## **Resources and Support**

Certain aspects of the Workgroup's recommendations will require resources and support materials that may not be currently available. In some cases, existing materials, such as training manuals, course curricula, and exams, may need to be adapted to bring them into alignment with the recommended model. In other cases, new materials may need to be developed to support successful implementation. Identifying and evaluating existing resources and developing plans for the creation of new resources has been outside the scope of the Workgroup's current 12-month endeavor. It has been the Workgroup's intention to provide enough detail to allow relevant organizations and providers of services to begin to identify what work will be needed to help advance and support the model.

We call upon all stakeholders in dentistry to support and participate in the development of the tools that states, employers, and dental assistants will need to ensure that adoption of the model by a state will bring about real changes that support a high quality of care and provide the foundation for attractive career prospects for potential dental assistants, enhanced recruitment and retention, and improvements in dental offices' capacity to serve patients.

## **Model Statutory and Regulatory Language**

A future version of this document will include model legal language for statutes (laws) and rules/regulations for state policymakers and regulators who wish to implement the model in their states to use as a template.

## **Phase 2: Orthodontic and Anesthesia Functions**

The foregoing model is the product of 12 months' intensive analysis and deliberation by the Workgroup. Most of our discussion centered around tasks that dental assistants perform in a general dentistry setting. As we deliberated, we understood that there are several subsets of dental assisting tasks that require deeper analysis and engagement with the dentist specialists in whose practices those dental assisting functions are performed, and that the close consideration required would be outside the scope of what the Workgroup would be able to address in its proposed 12-month timeframe. Specifically, orthodontic functions and anesthesia functions are two critical areas that warrant detailed attention.

### *Orthodontic Functions*

In some states, orthodontic duties are included in a dental assistant's scope of practice along with general dental assisting functions and specialty functions. In four states, the state has carved out a separate specialty designation for orthodontic assistants, with accompanying specialized scope and requirements. While there is much overlap among the orthodontic functions addressed across



states, as with general duties, no two states have the same scope of practice with respect to orthodontic dental assisting and no two states have the same requirements for assistants who perform orthodontic expanded functions. However, identifying a common orthodontic assisting scope of practice and set of requirements will bring these benefits:

- Protect the public in orthodontic settings, where there is a significant trend toward delegating intraoral functions to dental assistants
- Establish a clear way for dental assistants to train and qualify to perform orthodontic expanded functions
- Identify and define an attractive option for dental assistants to pursue career advancement

### *Anesthesia Functions*

Administration of anesthesia is the dental office procedure that carries the greatest risk for immediate adverse outcomes. Many states have adopted or amended rules addressing requirements for dentists to administer anesthesia in their offices to conform with the 2016 *ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists* in the last eight years, and these requirements frequently also address the role of auxiliaries in assisting in anesthesia procedures. There are currently seven states that have defined requirements for a “dental anesthesia assistant,” an “oral maxillofacial surgery assistant” or similarly titled role. Unsurprisingly, there are variations in the scope of practice and requirements for these anesthesia assistants across states.

Establishing recommendations for a uniform scope of practice and requirements for anesthesia assistants will help states regulate this critical area with more certainty that they are following best practices and providing the safest patient care.

In a second phase to this project, DANB intends to convene two smaller sets of stakeholders and subject matter experts to collaborate on developing recommendations for uniform regulation of orthodontic assistants and anesthesia assistants, following the same guiding principles centered on protecting the public, building on existing commonalities among states, providing and clearly defining a career road map for dental assistants, and supporting feasible implementation.

## **Stakeholder Feedback**

The Workgroup completed a draft of this document at the end of January 2025. In February and March 2025, the staff supporting the Workgroup circulated the draft document to organizations representing key stakeholder groups, including national dental associations and organizations, state dental associations, state dental boards, and dental support organizations (DSOs), and made a survey form available for those that wished to provide feedback. Support staff also conducted a survey of dental assistants and dental assisting educators. The stakeholder comment period remained open through May 2025.

In soliciting comments from stakeholders, the Workgroup received significant supportive feedback for the project as whole, with many stakeholders expressing that an effort to improve uniformity for the dental assisting profession was long overdue. There was also broad support for the proposed three-tier structure and scope of practice for each level. When it came to proposed education, training, and exam requirements for each level, there were some differences of opinion among important stakeholder groups, with some dentists tending to favor fewer requirements and

reductions in onboarding costs, and dental assistants and educators tending to favor formal requirements at each level.

During the yearlong development of the model, the views of dentists, dental assistants, educators, and regulators were well represented on the Workgroup, and all participants strove to work through differences to develop a balanced set of recommendations that would protect the public, provide career growth opportunities for dental assistants, promote recruitment and retention of personnel, increase practice efficiency and improve access to and consistency in the quality of patient care. The Workgroup is grateful to the stakeholders who provided feedback and hopes to continue the conversation as we educate the dental community about the Dental Assisting Professional Model and work with stakeholders on additional resources to support dentistry in its efforts to develop the dental assisting workforce.

## Appendix A: Dental Assisting Professional Model Workgroup Members

Workgroup Member (State)	Affiliation	Nominating Organization
Dolores A. Cottrell, DDS, MSHA (NY) — Workgroup Co-Chair	Executive Secretary, New York State Board for Dentistry	Invited participant
Helen Sublette, BS, CDA, COA, CDIPC, FADAA (NC) — Workgroup Co-Chair	Owner, Coastal Dental Professionals Consulting	American Dental Assistants Association
Bridgett Anderson, LDA, MBA (MN)	Executive Director, Minnesota Board of Dentistry	American Association of Dental Administrators
Christian Avelar, CDA, RDA (NJ)	Dental Assistant, Mountain Lakes Premier Dental	Hispanic Dental Association
Bobby Carmen, DDS, MAGD (OK)	Owner, Bobby J Carmen DDS; President, Oklahoma Board of Dentistry	American Association of Dental Boards
Tracy Cramer (OR)	State Representative (District-22), Oregon House of Representatives	Invited participant
Megen Elliott, MS, CDA, RDH (WI)	Dental Assistant Program Director, Northwood Technical College	American Dental Hygienists' Association
Rebecca Erwin, CDA, RDH (WV)	Dental Assisting Instructor, Putnam Career & Technical Center	Invited participant
Nabil Fehmi, DDS (AZ)	Founder and Chief Clinical Officer, Westwind Integrated Health	Association of Dental Support Organizations
David Fried, DMD (CT)	Co-Chair, Council on Government Affairs and Past President, Connecticut State Dental Association; Faculty, General Dentistry, University of Connecticut	ADA Council on Dental Practice
Sandra Garcia-Young, CDA, CDIPC, RDA, FADAA, FAADOM (TX)	Practice Administrator, CentroMed; Trustee, The DALE Foundation	DALE Foundation
Margaret Gingrich, DDS (MI)	Owner and General Dentist, Gingrich Dental PC	ADA Council on Dental Practice
Sarah Holland, MS (VA) — Public Representative	Founding CEO, Virginia Health Catalyst; Co-Founder, American Network of Oral Health Coalitions	Invited participant
Kay Jukes, BS, CDA, RDA (TX)	Dental Assisting Program Director, Houston Community College	American Dental Education Association

<b>Workgroup Member (State)</b>	<b>Affiliation</b>	<b>Nominating Organization</b>
Lenny Mayorga, DDS (CA)	Pediatric Dentist, AltaMed Health Services	Hispanic Dental Association
Julie Muhle, M.Ed., BOE, CDA, CRFDA (NV)	Academic Program Director for Dental Assisting, Truckee Meadows Community College	Invited participant
Jamie Sacksteder, Ph.D. (VA)	Executive Director, Virginia Board of Dentistry	American Association of Dental Administrators
Enrique Sanchez-Castillo, CDA, EFDA (IN)	Expanded Function Dental Assistant, Meridian Health Services	Invited participant
Leah Schulz, DDS (CO)	Director of Dental Projects, Salud Family Health; President, Colorado Dental Association	National Network for Oral Health Access
Janée Tamayo, CDA, CPFDA (NC)	Dental Flight Chief, U.S. Air Force; Chair, Dental Assisting National Board	Dental Assisting National Board

Kerri Friel, CDA, COA, RDH, MA (RI), a professor in the Dental Health Department at the Community College of Rhode Island, participated in select Workgroup meetings as part of her role on a dental assistant workforce coalition.

## Appendix B: Supplemental List of Functions

Dental assistants perform an extraordinary number of functions and tasks, and it would not be possible to consider and address all of them in these recommendations. The functions presented above in each level are representative of that level and are also the most commonly addressed in state dental practice acts and regulations. To supplement these selected functions and provide additional guidance, the Workgroup makes the following recommendations for levels of delegation of functions that are not addressed above:

### **Level 1:**

1. Transfer dental instruments
2. Record dental screenings
3. Record charting of the oral cavity and surrounding structures
4. Chart existing restorations or conditions
5. Recognize basic dental emergencies
6. Instructing in the use and care of dental appliances
7. Remove debris created in the course of treatment
8. Application of disclosing solutions
9. Recording patient treatment
10. Perform mouth mirror inspection of the oral cavity
11. Assist with basic restorative procedures, including prosthodontics and restorative dentistry
12. Recognize basic medical emergencies
13. Perform intra/extraoral photography
14. Apply hot/cold packs
15. Provide pre- and post-operative instructions
16. Monitor vital signs
17. Clean and polish removable appliances and prostheses
18. Assist with basic intraoral surgical procedures, including extractions, periodontics, endodontics, and implants
19. Respond to basic medical emergencies
20. Instruct patients on bleaching procedures
21. Review medical/dental history
22. Complete laboratory authorization forms for provider review/approval
23. Respond to basic dental emergencies
24. Prepare a patient for nitrous oxide analgesia administration
25. Use light curing device
26. Pour and trim diagnostic casts for evaluation by the provider

### **Level 2:**

1. Monitor and respond to post-surgical bleeding
2. Polish assigned teeth with a slow-speed rotary handpiece immediately before an acid etch procedure
3. Remove excess temporary cement from supragingival surfaces of a tooth with hand instruments only
4. Cleanse/polish teeth in preparation for a procedure
5. Place periodontal dressings

**Level 3:**

1. Place temporary fillings
2. Remove temporary fillings
3. Before cementation by the dentist, adjusting and polishing contacts and occlusion of indirect restorations
4. Etch, wash and dry dentin
5. Extraorally adjust dentures



## **Ingestible fluoride drug products: What health care professionals should know**

October 31, 2025

Dear Colleagues,

I am writing to draw your attention to FDA's recommendation that ingestible fluoride drug products – typically available as tablets and drops – should not be given to children under age three or any child at low or moderate risk for tooth decay.

Some epidemiological studies suggest possible associations between fluoride exposure and decreased IQ scores, thyroid function changes, and weight gain. Research has also shown that fluoride alters gut microbiome development. Microbiome alterations are of magnified concern given the early development of the gut microbiome in childhood.

Ingestible fluoride drug products lack proven benefit on primary teeth. Minimal to mild dental fluorosis is a well-established adverse effect of fluoride exposure documented in the literature and the FDA Adverse Event Reporting System. Very mild fluorosis (barely perceptible white spots or lines on the teeth) is most common, whereas mild fluorosis (more pronounced white areas) can occur with cumulative exposure. This recommendation avoids the highest risk window for moderate to severe dental fluorosis at age two for permanent incisors and molar teeth.

In rare cases, moderate to severe dental fluorosis – a discoloration or staining of the teeth – may result when children are exposed to excessive amounts of fluoride. Severe fluorosis results in a failure of the tooth enamel to properly crystallize and may lead to defects that range from barely discernable markings to brown stains and surface pitting.

### **What are ingestible fluoride drug products?**

Although ingestible fluoride drug products have been used since the 1940s, FDA has not reviewed or approved these products for safety, effectiveness or quality. Based on the [scientific evaluation](#) published today, FDA concluded that it should not be used in children under age three or older children who are not at risk of tooth decay. For the same reason fluoride may work to kill bacteria on teeth, it also alters the gut microbiome, which may have broader health implications. While some believe fluoride reduces the risk of dental caries in older children, a Cochrane review of the medical literature concluded that fluoride did not reduce dental caries in developing teeth.

Currently, ingestible single-ingredient unapproved prescription sodium fluoride products are marketed as oral chewable tablets and oral drops with products dosed in the range of 0.25 mg to 1.0 mg per day.


**What can health care professionals consider?**

Deficiencies in diet and dental hygiene should be addressed with families as a first step to maintain dental health. Topical application is an effective fluoride delivery system, and daily tooth brushing with an appropriate amount of fluoride toothpaste should be recommended.

Thank you for your attention to this important matter.

Sincerely,

Marty

A handwritten signature in black ink, appearing to read "Martin Makary", with a stylized flourish at the end.

Martin A. Makary, M.D., M.P.H.  
Commissioner of Food and Drugs



# LICENSE RATIFICATION

## **16. RATIFICATION OF LICENSES**

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

### **DENTAL HYGIENISTS**

H9136	Truong, Wendy	2025-10-07
H9137	Ginther-Reboja, Madison Ryann	2025-10-13
H9138	Orobio, Ashley	2025-10-15
H9139	Garcia Avila, Jordy Ruben	2025-10-16
H9140	De Jesus Acevedo, Kimberly	2025-10-16
H9141	Blanchard, Andrew Paul	2025-10-22
H9142	Gibson, Skylee Hannah	2025-10-22
H9143	Alvarez, Ana Paula	2025-10-23
H9144	White, Lindsey	2025-10-28
H9145	Drury, Breonna	2025-10-28
H9146	Phemayotin, Isabel	2025-11-05
H9147	Billman, Rhiannon Melissa	2025-11-06
H9148	Najeeb, Dalal	2025-11-07
H9149	Magana, Kimberly	2025-11-17
H9150	Davies, Nicole	2025-11-21
H9151	Mayfield, Hailey	2025-11-21
H9152	Henderson, Mackenzie	2025-11-21
H9153	Kama-Jaramillo, Taytumn Joy Leialoha	2025-11-21
H9154	Porter, Grace Mairi	2025-11-21
H9155	Moore, Morgan Marie	2025-11-21
H9156	Dakin, Patrick Henry	2025-11-24
H9157	Byers, Brandy Ann	2025-12-01
H9158	Morales, Iliana Beatriz	2025-12-01
H9159	Reyes, Mark Anthony	2025-12-02

### **DENTISTS**

D12271	Ramanna, Thanuja	2025-10-23	DMD
D12272	Fulk, Caitlin	2025-10-24	DMD
D12273	Diggs, Taylor L	2025-10-28	DMD
D12274	Charania, Rubbiya	2025-10-28	DDS
D12275	Patel, Sheetal Shah	2025-11-05	DMD
D12276	Wu, Brendan	2025-11-05	DDS
D12277	Allen, Nathan	2025-11-05	DDS
D12278	Nanda, Ashwin	2025-11-06	DDS
D12279	Take, Aki	2025-11-18	DMD
D12280	Heaton, Justin Anthony	2025-11-18	DMD
D12281	Tarr, Emily	2025-11-18	DDS
D12282	Chou, Katie	2025-11-21	DDS
D12283	Lorbert, Kaylin	2025-11-24	DDS
D12284	Johnson, Derrick	2025-11-24	DMD
D12285	Banjo-Awopegba, Oluwaseun Perosola	2025-12-01	DMD
D12286	Coburn, Grace Elizabeth Beck	2025-12-02	DMD

# LICENSE, PERMIT & CERTIFICATION

## **Request for Approval of Interim Therapeutic Restorative (ITR) Course – Capitol Dental Care**

Dr. Roxane Kotzin D9629, Dental Director for Community Outreach, and Lead Teledentist for Capitol Dental Care is requesting that the Board approve Capitol Dental Care's Interim Therapeutic Restoration (ITR) training course for Expanded Practice Dental Hygienists (EPDHs).

### **Relevant Rule:**

#### **818-035-0065**

#### **Expanded Practice Dental Hygiene Permit**

The Board shall issue an Expanded Practice Permit to a Dental Hygienist who holds an unrestricted Oregon license, and completes an application approved by the Board, pays the permit fee, and

(1) Certifies on the application that the dental hygienist has completed at least 2,500 hours of supervised dental hygiene clinical practice, or clinical teaching hours, and also completes 40 hours of courses chosen by the applicant in clinical dental hygiene or public health sponsored by continuing education providers approved by the Board; or

(2) Certifies on the application that the dental hygienist has completed a course of study, before or after graduation from a dental hygiene program, that includes at least 500 hours of dental hygiene practice on patients described in ORS 680.205; and

(3) Provides the Board with a copy of the applicant's current professional liability policy or declaration page which will include, the policy number and expiration date of the policy.

(4) Notwithstanding OAR 818-035-0025(1), prior to performing any dental hygiene services an Expanded Practice Dental Hygienist shall examine the patient, gather data, interpret the data to determine the patient's dental hygiene treatment needs and formulate a patient care plan.

(5) An Expanded Practice Dental Hygienist may render the services described in paragraphs (6), (7)(a) to (e) of this rule to the patients described in ORS 680.205(1) if the Expanded Practice Dental Hygienist has entered into a written collaborative agreement in a format approved by the Board with a dentist licensed under ORS Chapter 679.

(6) Upon completion of a Board-approved curriculum, an Expanded Practice Permit Dental Hygienist may perform interim therapeutic restorations as allowed by ORS 680.205.

(7) The collaborative agreement must set forth the agreed upon scope of the dental hygienist's practice with regard to:

(a) Administering local anesthesia;

(b) Administering temporary restorations with or without excavation;

(c) Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs; and

(d) Performing interim therapeutic restorations after diagnosis by a dentist; and

(e) Referral parameters.

(8) The collaborative agreement must comply with ORS 679.010 to 680.990

**From:** Kotzin, Roxane <KotzinR@interdent.com>  
**Sent:** Tuesday, October 28, 2025 4:35 PM  
**To:** OBD Info \* OBD <information@obd.oregon.gov>  
**Cc:** Mann, Linda <MannL@InterDent.com>  
**Subject:** Request for Approval of ITR Training Course

Dear Members of the Oregon Board of Dentistry,

On behalf of Capitol Dental Care, I am writing to formally request approval of an Interim Therapeutic Restoration (ITR) training course for Expanded Practice Dental Hygienists (EPDHs). This course is designed to equip EPDHs with the knowledge and clinical skills necessary to safely and effectively place interim therapeutic restorations in accordance with Oregon regulations and to help expand access to care for underserved populations.

The didactic portion of this program is hosted in a Learning Management System (LMS), Canvas. Within Canvas, you can access all course materials, including narrated PowerPoint presentations, quizzes with answer keys, and all related educational handouts. The Oregon Board of Dentistry has been added as an "observer" using the email address [information@obd.oregon.gov](mailto:information@obd.oregon.gov), which should generate a link to access the course directly.

Please let me know if there is a different email address you would prefer for course viewing access. Because the audio content is embedded within the presentations, viewing through Canvas is recommended rather than printed materials.

Attached are the course outline, ITR performance check-off sheet, a copy of my dental license and the CVs of the four instructors who present the didactic course modules.

Please advise if any additional information or documentation would be helpful for your review.

Thank you for your time and consideration.

Sincerely,



**Roxane Kotzin, DMD (she/her)**  
Dental Director, Community Outreach



(541) 521-6038 | work cell: (541) 480-0974

[KotzinR@InterDent.com](mailto:KotzinR@InterDent.com)

610 Hawthorne Ave SE, Suite #200 - Salem, OR 97301

[www.interdent.com/capitoldentalcare](http://www.interdent.com/capitoldentalcare)



## Interim Therapeutic Restoration (ITR) Training Outline

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# Course Structure and Completion Requirements

## 1. Purpose

The purpose of this course is to equip Expanded Practice Dental Hygienists (EPDHs) with the knowledge and clinical skills to safely place Interim Therapeutic Restorations (ITRs) in Oregon. Through a blend of didactic instruction and hands-on training, participants will learn about case selection and clinical techniques for ITR placement. The course emphasizes building clinical proficiency while enhancing access to minimally invasive care for underserved patient populations. The course aligns with Oregon statutes and administrative rules governing ITR placement by Expanded Practice Dental Hygienists.

## 2. Course Structure (Overview)

### Didactic Component

Both the EPDH and the dentist must complete all didactic work prior to the in-person training. The online/self-paced portion of the course includes 5 content-based modules, with supplemental materials in 2 additional modules (Course Structure and ITR Forms and Resources) and will take approximately 2 hours to complete. The didactic coursework is sequential and builds directly on previous coursework. It consists of the following modules:

- Module 1: History, Policy, and Practice of ITRs
- Module 2: The Science of Partial Caries Removal and Interim Therapeutic Restorations
- Module 3: Minimally Invasive Dentistry Related to Interim Therapeutic Restorations
- Module 4: ITR Placement Criteria
- Module 5: ITR Placement Techniques
- Module 6: Course Structure and Completion Requirements
- Module 7: ITR Forms and Resources

After completing the didactic modules 1-5, EPDHs should complete the accompanying quizzes with a score of 100%, with multiple attempts allowed.

All didactic modules must be completed prior to any lab or clinical work.

### Independent Lab Work

- Location: [varies; EPDH clinic locations]
- Format: hands-on practice on typodonts
- Faculty/Instructors: Collaborating DDS
- Competency expectations:
  - Margins are sealed with no voids present
  - Minimal excess material beyond margins
  - Occlusion in light or no contact

Each typodont restoration will be evaluated by the supervising dentist using a calibrated scoring sheet (Appendix A).

## Clinical Session

**Location:** [CDC partner clinics]

**Patient selection:** Patients will be identified through outreach co-locations and school-based programs and must have informed consent and suitable lesions for ITR placement per guidelines in the *ITR Criteria and Placement Criteria* handout (see Module 4) .

**Consent:** Written informed consent is required for ITR placement. For teledentistry encounters, verbal consent may be obtained if it is clearly documented in the patient record. Parent/guardian consent is required for minors, and consent must include risks, benefits, and the need for ongoing monitoring of the treatment.

**Supervision:** On-site instructors with calibrated evaluation rubric.

**Instructor-to-student ratio:** No greater than 1:5 during clinical sessions to allow direct oversight of patient care and competency evaluation.

All cases will be pre-diagnosed by an Oregon-licensed dentist prior to ITR placement.

## 3. Completion Requirements

### Didactic

Both the EPDH and the dentist must complete all on-line didactic modules and pass the accompanying quizzes before attending the in-person Clinical Session. Completion of the didactic portion is also required prior to beginning the independent lab work.

### Independent Lab Work

Following instructions on ITR Placement Techniques in didactic modules, the EPDH should practice placing ITRs on 10 prepared teeth prior to attending the in-person training.

The purpose of the independent lab work is to familiarize the EPDH with the handling and placement characteristics of glass ionomer materials.

## **Placement Practice**

Following didactic instruction, the collaborating dentist will prepare 10 typodont teeth in accordance with ITR placement criteria (see Module 4: ITR Placement Criteria). Preparations will include a combination of Class I and Class V lesions to allow the EPDH to practice placing ITRs on a variety of teeth and surfaces.

Each EPDH will be provided with the necessary laboratory materials and is responsible for completing the assigned lab exercises prior to the in-person portion of the program. With guided assistance from the collaborating dentist, the EPDH should place a minimum of 10 ITRs on the typodont teeth.

Additional ITR placements are encouraged to strengthen familiarity and clinical confidence with the material prior to performing the procedure on patients.

## **ITR Evaluation**

Using the ITR Scoring Sheet provided (see Appendix A), the dentist should evaluate each ITR based on three criteria:

1. Margins are sealed (no voids present)
2. Occlusion is in light contact or not in contact
3. Minimal Excess material beyond the margins

An ITR is considered acceptable if the material is not in hyper-occlusion, there are no marginal voids, and there is no or minimal excess material beyond preparation margins.

The dentist should document the evaluation of each ITR on the Evaluation Form (see Appendix A).

The EPDH will bring the typodont with 10 completed restorations to the in-person session for review. The ITR scoring sheet will be completed by the supervising dentist during the in-person session.

## **In-person Training Day**

### **Purpose**

The in-person clinical component of the program is designed to reinforce the EPDHs knowledge and skills through supervised patient care.

Under the guidance of an experienced clinical mentor, each EPDH will place five ITRs on pre-screened patients with informed consent. This session provides an opportunity to apply didactic instruction and laboratory practice in a clinical setting with patients.

### **Agenda**

<b>Time</b>	<b>Agenda</b>
8:00 – 8:30	Review of typodont placements
8:30 – 9:00	Prep for patients
9:00 – 2:00	Clinical Training
2:00 – 2:30	Break
2:30 – 3:45	Technique Critique and Self-Evaluation
3:45 – 4:00	Conclusion and Next steps

### **Clinical Training Requirements**

- Each EPDH will place a minimum of 5 ITRs on patients under guided supervision
- Each placement will be reviewed and evaluated by a dentist using the ITR Evaluation Form (Appendix A)
- Any placements evaluated as not acceptable will be redone

### **Materials to Bring**

- Typodonts with 10 previously completed ITRs
- Fuji GC Capsule applicator

### **Additional Practice**

Following the in-person training, the EPDH may be required to place additional ITRs independently.

If required, for each placement, the EPDHs must submit the following documents:

- A completed consent form
- X-rays
- Three photographic images:
  1. Pre-op with occlusion marked with articulating paper (prior to any treatment)
  2. The tooth after the cavity has been cleaned and prepared for restoration (using hand instrumentation only)
  3. Post-op (after completion, also showing occlusal contacts marked using articulating paper)
- A completed ITR Evaluation form (Appendix A)

## **Appendices**

### **A. ITR Evaluation Form**

## APPENDIX A: ITR Evaluation Scoring Sheet

### Interim Therapeutic Restorations Evaluation of Scoring Sheet

Training Type: \_\_\_\_\_ Laboratory, \_\_\_\_\_ Clinical

Location: \_\_\_\_\_ Date: \_\_\_\_\_

EPDH's Name: \_\_\_\_\_

Supervising Dentist Name/Signature: \_\_\_\_\_

Certifying Faculty Name/Signature: \_\_\_\_\_

<b>Restoration #1: Patient Name #:</b> _____ <b>Tooth #:</b> ____ <b>Surface :</b> ____				
<b>Criteria</b>	<b>Not Acceptable</b>	<b>Acceptable</b>	<b>Supervising DDS Initials</b>	<b>Certifying DDS Initials</b>
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #2: Patient Name #:</b> _____ <b>Tooth #:</b> ____ <b>Surface :</b> ____				
<b>Criteria</b>	<b>Not Acceptable</b>	<b>Acceptable</b>	<b>Supervising DDS Initials</b>	<b>Certifying DDS Initials</b>
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #3: Patient Name #:</b> _____ <b>Tooth #:</b> ____ <b>Surface :</b> ____				
<b>Criteria</b>	<b>Not Acceptable</b>	<b>Acceptable</b>	<b>Supervising DDS Initials</b>	<b>Certifying DDS Initials</b>

Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #4: Patient Name #:</b> _____ <b>Tooth #:</b> ____ <b>Surface :</b> ____				
<b>Criteria</b>	<b>Not Acceptable</b>	<b>Acceptable</b>	<b>Supervising DDS Initials</b>	<b>Certifying DDS Initials</b>
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #5: Patient Name #:</b> _____ <b>Tooth #:</b> ____ <b>Surface :</b> ____				
<b>Criteria</b>	<b>Not Acceptable</b>	<b>Acceptable</b>	<b>Supervising DDS Initials</b>	<b>Certifying DDS Initials</b>
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				

<b>Restoration #6: Patient Name #:</b> _____ <b>Tooth #:</b> ____ <b>Surface :</b> ____				
<b>Criteria</b>	<b>Not Acceptable</b>	<b>Acceptable</b>	<b>Supervising DDS Initials</b>	<b>Certifying DDS Initials</b>
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #7: Patient Name #:</b> _____ <b>Tooth #:</b> ____ <b>Surface :</b> ____				
<b>Criteria</b>	<b>Not Acceptable</b>	<b>Acceptable</b>	<b>Supervising DDS Initials</b>	<b>Certifying DDS Initials</b>
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				

<b>Restoration #8: Patient Name #:</b> _____ <b>Tooth #:</b> ____ <b>Surface :</b> ____				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #9: Patient Name #:</b> _____ <b>Tooth #:</b> ____ <b>Surface :</b> ____				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #10: Patient Name #:</b> _____ <b>Tooth #:</b> ____ <b>Surface :</b> ____				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				



**Interim Therapeutic Restorations Evaluation of Scoring Sheet**  
**Training Type: \_\_\_\_\_ Laboratory, \_\_\_\_\_ Clinical**

Location: \_\_\_\_\_ Date: \_\_\_\_\_

EPDH's Name: \_\_\_\_\_

Supervising Dentist Name/Signature: \_\_\_\_\_

Certifying Faculty Name/Signature: \_\_\_\_\_

<b>Restoration #1: Patient Name #: _____ Tooth #: _____ Surface : _____</b>				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #2: Patient Name #: _____ Tooth #: _____ Surface : _____</b>				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #3: Patient Name #: _____ Tooth #: _____ Surface : _____</b>				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #4: Patient Name #: _____ Tooth #: _____ Surface : _____</b>				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #5: Patient Name #: _____ Tooth #: _____ Surface : _____</b>				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				

<b>Restoration #6: Patient Name #:</b> _____ <b>Tooth #:</b> _____ <b>Surface :</b> _____				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #7: Patient Name #:</b> _____ <b>Tooth #:</b> _____ <b>Surface :</b> _____				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #8: Patient Name #:</b> _____ <b>Tooth #:</b> _____ <b>Surface :</b> _____				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #9: Patient Name #:</b> _____ <b>Tooth #:</b> _____ <b>Surface :</b> _____				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #10: Patient Name #:</b> _____ <b>Tooth #:</b> _____ <b>Surface :</b> _____				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				
<b>Restoration #11: Patient Name #:</b> _____ <b>Tooth #:</b> _____ <b>Surface :</b> _____				
<b>Criteria</b>	Not Acceptable	Acceptable	Supervising DDS Initials	Certifying DDS Initials
Occlusion (in light contact or not in contact)				
Margins (sealed)				
Material (minimal excess material)				

# Roxane Kotzin, DMD

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610 Hawthorne Ave SE, Ste 200 | Salem, OR 97301  
Cell: (541) 521-6038 | Email: kotzinr@interdent.com

## Professional Summary

General dentist with 14 years of experience in public health and private practice, currently serving as Dental Director for Community Outreach, and Lead Teledentist for Capitol Dental Care. Providing clinical leadership and support for outreach programs serving underserved populations across Oregon. Skilled in general dentistry, teledentistry, developing clinical protocols, training materials, and quality assurance processes to enhance care delivery. Regional and national speaker and presenter on teledentistry and oral health equity.

## Professional Experience

### Dental Director, Community Outreach

Capitol Dental Care — Bend, OR | 03/2023–Present

- Provide clinical leadership for Community Outreach programs across Oregon.
- Develop and support risk-based preventive protocols, interim restoration protocols, and SDF/PVP-I workflows.
- Develop and support front- and back-office teledentistry workflows.
- Conduct chart audits to support quality assurance and continuous improvement.
- Provide ongoing coaching and support to clinical team members to enhance quality of care.

### General Dentist / Teledentist

Capitol Dental Care — Bend, OR | 11/2021–Present

- Provide direct patient care through teledentistry, integrating technology to reduce barriers to access.
- Support teledentistry workflow design for front and back-office teams to improve care coordination and patient experience.

### Associate Dentist

Bend Family Dentistry — Bend, OR | 2017–2021; Gentle Dental – Bend, OR | 2017-2018

- Delivered comprehensive general dentistry services to patients of all ages.

### General Dentist / Emergency Dentist

Willamette Dental Group — 2013–2017

### General Dentist

Affordable Dental Care (Capitol Dental)— Salem, OR | 2011–2012

## Education

Oregon Health & Science University School of Dentistry — DMD, 2011

University of Oregon — B.S. Anthropology, 2006

MIT xPRO — Certificate in Full Stack Coding (32 weeks), 2022

## Selected Advanced Continuing Dental Education

Misch Implant Institute — Surgical Implant Program, Orlando, FL, 2020

Spear Education — Restorative Design Workshop, Phoenix, AZ, 2019

Spear Education — Art of Treatment Planning & Case Presentation, Phoenix, AZ, 2018

## Professional Engagement

-Speaker, National Network for Oral Health Access (NNOHA) Annual Conference — Baltimore, MD (2024)

- “Enhancing Dental Care for Patients with Intellectual and Developmental Disabilities”
- “Advancing Oral Healthcare Equity: Leveraging Teledentistry and Community Collaborations”

-Poster Presenter, Northwest Regional Telehealth Resource Center Conference — Seattle, WA (2024)

- “Teledentistry and Bridging Gaps in Dental Healthcare”

## Selected Accomplishments

-Presented at national and regional conferences on teledentistry and oral health equity (2024)

-Contribution to Outreach policies and quality assurance practices for EPDH treatment workflows and teledentistry, impacting state-wide Outreach initiatives (2023-present).

-Completed Harvard Business School “Leadership Principles” program (2023).

-Completed MIT xPRO’s 32-week Full Stack Coding program, expanding technical knowledge and demonstrating commitment to professional growth and interdisciplinary learning (2022).

## References

Available upon request

# PAUL GLASSMAN, BA, DDS, MA, MBA

## CONTACT INFORMATION

### Home

70 Corte De Sabla  
Greenbrae, CA 94904  
415-925-1132  
[pglassman@live.com](mailto:pglassman@live.com)

### Work

Professor and Associate Dean for Research and Community Engagement  
College of Dental Medicine  
California Northstate University  
2200 X Street  
Sacramento, CA 95818  
916-378-3510  
[Paul.Glassman@cnsu.edu](mailto:Paul.Glassman@cnsu.edu)

Professor Emeritus  
University of the Pacific School of Dentistry  
[pglassman@pacific.edu](mailto:pglassman@pacific.edu)

## EDUCATION

1964-1968	University of California at Los Angeles - <b>B.A. in Zoology</b>
1968-1972	University of California San Francisco Medical Center, School of Dentistry - <b>D.D.S.</b>
1973-1975	Mount Zion Hospital and Medical Center - <b>Certificate of Completion of Two Year General Practice Residency</b>
1991-1994	University of the Pacific, School of Education - <b>M.A. in Educational and Counseling Psychology</b>
1995-1999	University of the Pacific, School of Business - <b>Masters in Business Administration</b>

## POSITIONS HELD

1972-1973:	Associate in private practice in San Francisco
1973-1975:	General Practice Resident, Mount Zion Hospital and Medical Center
1975-1989:	Staff Dentist and Coordinator of Special Programs at Mount Zion Hospital and Medical Center
1976-1989:	Assistant Chief of the Dental Department at Mount Zion Hospital
1980-1989:	Director of the General Practice Residency program at Mount Zion Hospital
1980-1995:	Consultant for General Practice Residency Programs, American Dental Association Commission on Accreditation
1982-1992:	Assistant Clinical Professor, Department of Oral Medicine and Hospital

Dentistry, Division of Oral and Maxillofacial Surgery, University of California, San Francisco

1983-1984: Acting Chief of the Dental Service, Mount Zion Hospital

1984-1989: Director of the "Center for the Treatment of Dental Fear" at Mount Zion Hospital

1986-1992: Consultant in Hospital Dentistry, Council on Dental Research and Developments, California Dental Association

1989-1997: Associate Professor of Community Dentistry, University of the Pacific School of Dentistry

1989-2007: Director of the Special Needs Program, University of the Pacific School of Dentistry

1989-2007: Director, Advanced Education Program in General Dentistry, University of the Pacific School of Dentistry

1989-2019: Course Director of pre-doctoral courses on Geriatric Dentistry, Hospital Dentistry, Dental Care for People with Special Needs, Clinical Care for People with Complex Needs, Computers in Dentistry and Dental Imaging, University of the Pacific School of Dentistry

1990-2005: Editorial Review Board, California Dental Association Journal

1993-1994: Director, International Dental Studies Program, University of the Pacific School of Dentistry

1994-2000: Director, Information and Educational Technology, University of the Pacific School of Dentistry

1996-1997: Chairman, Section of Postdoctoral General Dentistry Programs, American Association of Dental Schools

1996-1997: Member, American Dental Association, Commission on Dental Accreditation, AEGD Advisory Committee

1996-1997: Member, American Dental Association, Commission on Dental Accreditation, Special Committee to Evaluate Competency-Based Accreditation Standards for Postdoctoral General Dentistry Programs

1997-2019: Professor of Community Dentistry, University of the Pacific School of Dentistry

1998-2004: Member, American Dental Association, Commission on Dental Accreditation, Postdoctoral General Dentistry Review Committee

1998-2004: Councilor, Section of Postdoctoral General Dentistry Programs, American Association of Dental Schools

2000-2001: President, American Association of Hospital Dentists

2000-2001: Assistant Dean for Information and Educational Technology, University of the Pacific School of Dentistry

2001-2002: Chairman of the Board, American Association of Hospital Dentists

2001-2007: Associate Dean for Information and Educational Technology, University of the Pacific School of Dentistry

2002-2004: President, the Special Care Dentistry Association

2007-2020: Director of Community Oral Health, University of the Pacific School of Dentistry

2008-2010: Chair of the American Dental Associations Elder Care Advisory Committee on Advocacy

2010-2018: Chair of the American Dental Association's National Elder Care Advisory Committee.

2010-2011: Member of the National Research Council and the Institute of Medicine's

Committee on Oral Health Access to Services.

2010-2015 Member of the Board of Directors of the California Center for Oral Health

2010-present Member of the California Center for Connected Health's Telehealth Coalition.

2010-2011 Member of the California Managed Risk Medical Insurance Board (MRMIB)  
Advisory Committee on Healthy Families Managed Care Dental Programs

2011-2016 Member, DentaQuest Institute Board of Directors

2011-2012 Member, Agency for Healthcare Research and Quality (AHRQ) Children's Health  
Insurance Program Reauthorization Act of 2009 (CHIPRA) Pediatric  
Quality Measures Program (PQMP) Expert Panel

2012-2012 Co-Chair, National Quality Forum Expert Panel on Oral Health

2012-2014 Chair, DentaQuest Institute National Quality Improvement Committee

2014-2015 Member of the Administration on Community Living Expert Panel Group on Oral  
Health for Older Adults

2019–Present: Professor Emeritus, University of the Pacific School of Dentistry

2019–Present: Professor and Associate Dean for Research and Community Engagement,  
California Northstate University College of Dental Medicine

2021-Present Chair, American Dental Association Standards Committee on Dental Informatics,  
Teledentistry Workgroup

2023-Present Chair, California Department of Public Health, Partnership for Oral Health.

2024-Present Member of the Board of Directors of the National Association of Dental Plans  
Foundation

## **PUBLICATIONS**

1. "A Manual of Hospital Dentistry" by Paul Glassman, B.A., D.D.S., 1978
2. "A Manual of Hospital Dentistry", 2<sup>nd</sup> Ed., by Paul Glassman, B.A., D.D.S., 1980
3. "A Manual of Hospital Dentistry", 3<sup>rd</sup> Ed., by Paul Glassman, B.A., D.D.S., 1982
4. "A Manual of Hospital Dentistry", 4<sup>th</sup> Ed., by Paul Glassman, B.A., D.D.S., 1983
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10. Rappoport A, Glassman P. Psychological treatment for dental fear. *J. Calif. Dent Assoc.* 13(9):47-52 Sept. 1985.
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12. "A Manual of Hospital Dentistry", 5<sup>th</sup> Ed., by Paul Glassman B.A., D.D.S., 1987

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22. Glassman P, Miller C, Wozniak T. "Overcoming Obstacles To Dental Health - A Training Program For Caregivers Of People With Disabilities". A training package consisting of a videotape, workbook, trainers manual and pre and post-tests. 1992.
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## **NIDCR STUDY SECTION GRANT REVIEWS**

June 2005	Grant Review Study Section: R03 and R 21 Proposals
Feb 2006	Grant Review Study Section: R03 and R 21 Proposals
Oct 2006	Grant Review Study Section: R03 and R 21 Proposals
May 2007	Chair, Grant Review Study Section: R03 and R 21 Proposals
Nov 2007	Grant Review Study Section: R03 and R 21 Proposals
Feb 2008	Grant Review Study Section: U54 Proposals

Feb 2009	Grant Review Study Section: K08 Mentored Clinical Scientist Development Award
Mar 2012	Grant Review Study Section: R 01 and R03 Proposals
Mar 2015	Grant Review Study Section: R 21 Proposals

## **ORGANIZATIONS**

American College of Dentists - Fellow  
 Attending Staff, Mount Zion Hospital and Medical Center  
 Attending Staff, California Pacific Medical Center  
 American Association of Hospital Dentists - Fellow  
 American Academy of Dentistry for Persons with Disabilities - Fellow  
 American Society for Geriatric Dentistry  
 San Francisco Dental Society  
 California Dental Association  
 American Dental Association  
 American Dental Education Association  
 Special Care Dentistry – Diplomate of the American Board of Special Care Dentistry with proficiency in Hospital Dentistry and Oral Health for People with Disabilities

## **COURSES AND PRESENTATIONS – Last 5 Years**

Jan 2020	“Improving School Attendance and Performance Using Telehealth-Connected Oral Health Teams And Virtual Dental Homes” at the Fresno School-based Health Alliance in Fresno, CA on January 23, 2020.
Jan 2020	“Advancing Health Equity Using New Delivery Systems and Prevention and Behavior Support Science” at the Oral Health Progress and Equity Network meeting in Nashville, TN on January 30, 2020
Jan 2020	“Disruptive Innovation: On the Road to Value in Health Care and Oral Health Care” at the California Northstate University Translational Research Symposium in Elk Grove, CA on January 31, 2020
Feb 2020	“The Problem of the Line” at the UCSF Special Needs Summit in San Francisco, CA on February 12, 2020.
Feb 2020	“Teledentistry: A New Era for Oral Health” at the Greater Tampa Bay Oral Health Coalition meeting in St. Petersburg, FL on February 21, 2020.
Feb 2020	“Bringing Care to Where People are: A New Era for Oral Health” at the National Mobile and Portable Dentistry Conference in Orlando, FL on February 28, 2020.
Feb 2020	“State and Local Grant Funding” at the California Northstate University Grant Workshop in Elk Grove, CA on January 31, 2020
Mar 2020	“Bringing Care to Where People Are: A new Era for oral Health” on an Align Technologies Webinar on March 30, 2020.
Mar 2020	“Bringing Care to Where People Are: A new Era for oral Health” on an Elevate Oral Health Webinar on March 31, 2020.
Apr 2020	“Oral Health in the Time of COVID-19” on a CPCA Webinar on April 1, 2020.

Apr 2020	“Oral Health in the Time of COVID-19” on a Children Now Webinar in April 28, 2020.
Apr 2020	“Clinical Care After the Crisis” on an Elevate Oral Care Webinar on April 28, 2020.
May 2020	“Oral Health in the Time of COVID” on a NNOHA Webinar on May 12, 2020.
May 2020	“How can Teledentistry be used in today's COVID-19 world and beyond?” on a Sacramento District Dental Society Webinar on May 12, 2020.
May 2020	“School Learning and Teledentistry” on a National School-based Health Alliance Webinar on May 13, 2020.
May 2020	“Dental Coordinators” on an Association of Regional Center Agencies Webinar on May 31, 2020.
Jun 2020	“Oral Health in the Time of COVID” on a University of Pennsylvania School of Dentistry Webinar on June 3, 2020.
Jun 2020	“Oral Health, Telehealth and Rural Populations” at the National Rural Health Equity Conference on June 16, 2020.
Jun 2020	“School Learning and Teledentistry” on a California School-based Health Alliance Webinar on June 17, 2020.
Jul 2020	“Mastering Teledentistry for Communication with Patients and Multi-Disciplinary Health Providers” at the National Dental Association National Meeting Webinar on July 10, 2020.
Jul 2020	“Teledentistry and Minimally Invasive Dentistry” on a Sacramento District Dental Society Webinar on July 14, 2020.
Jul 2020	“Oral Health Care in the COVID and Post-COVID World” on a Virtual Dental Care Webinar on July 17, 2020.
Aug 2020	“Bringing Care to Where People Are: A new Era for oral Health” on a Maine Primary Care Association Webinar on August 20, 2020.
Aug 2020	“Advancing Health Equity Using New Payment and Delivery Systems and Prevention and Behavior Support Science” on a Great Lakes Tribal Health Webinar on August 27, 2020.
Sep 2020	“Bringing Care to Where People Are: A new Era for oral Health” on a Oklahoma Oral Health Coalition Webinar on September 11, 2020.
Sep 2020	“Teledentistry in Dental Practice and Education” at a Tufts University School of Dentistry Webinar on September 23, 2020.
Sep 2020	“Oral Health and Teledentistry in Safety-Net Settings” on Maine Primary Care Association Webinar on September 23, 2020.
Sep 2020	“Teledentistry and Oral Health” on an Elevate Oral Care Webinar on September 25, 2020.
Oct 2020	“Improving School Attendance and Performance Using Telehealth-Connected Oral Health Teams and Virtual Dental Homes” at the California School-based Health Alliance Annual Session Webinar on October 5, 2020.
Oct 2020	“Community-Engaged Oral Health Systems” at the Virginia Oral Health Coalition Annual Session Webinar on October 7, 2020.
Oct 2020	“Teledentistry: Bringing Care to Where People Are” at the Iowa Dental Association Annual Session Webinar on October 9, 2020.
Oct 2020	“Teledentistry: Bringing Care to Where People Are” at the North Carolina Oral Health Coalition Annual Session Webinar on October 23, 2020.

Oct 2020	“Teledentistry Policy” at the National Network for Oral Health Access (NNOHA) Annual Session Webinar on October 25, 2020.
Nov 2020	“Expanding Oral Health Access Using Telehealth-Connected Teams” at the Health 4.0: Management and Technologies for Improving Health Services in Developing Countries Conference of the Faculty of Medicine, Public Health and Nursing at the Universitas Gadjah Mada, Indonesia Webinar on November 15, 2020.
Dec 2020	“Delivering Children’s Oral Preventive and Primary Care Services During a Pandemic” at the National Conference of State Legislatures (NCSL) Conference Webinar on December 3, 2020.
Dec 2020	“Community Engaged Oral Health Systems and Virtual Dental Homes at the Community-Engaged Oral Health Symposium sponsored by California Northstate University College of Dental Medicine on December 18, 2021.
Jan 2021	“Oral Health in the time of COVID” at the Kauai Oral Health Coalition Webinar on January 11, 2021.
Jan 2021	“Moving to Value in Oral Health” at the Idaho Health Transformation Council Webinar on January 12, 2021.
Feb 2021	“Improving Oral Health Using an Early Childhood Oral Health Assessment (ECOHA) System” at the California Department of Public Health Oral Health Assistance Center Webinar on February 18, 2021.
Mar 2021	“Improving Oral Health for People with Disabilities Using Telehealth-Connected Teams” at the University of Texas, Houston Transitional Medicine Conference on March 20, 2021.
Apr 2021	“The New Era in Oral Health: Opportunities for the Oral Health Professional” at the Western Regional Dental Experience Annual Session Webinar on April 9, 2021.
Apr 2021	“Opportunities to Expand the Reach of Dental Practices using Virtual Dental Homes and Telehealth-connected Teams” at the Sierra Study Club on April 29, 2021.
May 2021	“Opportunities to Expand the Reach of Dental Practices using Virtual Dental Homes and Telehealth-connected Teams” at the Pennsylvania Dental Association’s New Dentist webinar on May 13, 2021.
June 2021	“Improving Oral Health Equity through Community-engaged Oral Health Systems: at the OPEN network Take 60 Webinar on June 16, 2021.
July 2021	“Improving Oral Health for People with Disabilities Using Telehealth-Connected Teams” at the National Association of State Directors of Developmental Disabilities Services meeting on July 15, 2021.
July 2021	“Improving Oral Health Using Virtual Dental Homes” at the Florida Medical-Dental Integration Symposium on September 17, 2021.
Sept 2021	“Moving Oral Health to Value-Based Care” at the Idaho Oral Health Program Summit on September 25, 2021.
Oct 2021	“Teledentistry: An Evolving Industry” at the Elevate Oral Health Webinar on October 14, 2021.
Oct 2021	“Bringing Care to Where People Are: A New Era for Oral Health” at the Hawaii Oral Health Coalition meeting on October 26, 2021.



Nov 2021	“Improving Oral Health Using Telehealth-Connected Teams and Virtual Dental Homes” at the Vermont Oral Health Advisory Panel (VOHAP) meeting on November 12, 2021.
Dec 2021	“Update on Oral Health for People with Disabilities” at the California Statewide Taskforce on Oral Health for People with Disabilities and Aging Californians” virtual meeting on December 10, 2021.
Jan 2022	“Shorten the Line for People with Disabilities” at the Tauro University Symposium on Oral Health for People with Disabilities at Tauro University on January 26, 2022.
Feb 2022	“Teledentistry: Historical and National Perspective” at the Georgia Dental Hygienists Association Webinar on Oral Health and Teledentistry on February 11, 2022.
Mar 2022	“Teledentistry and Mobile Practice in an Evolving Health Care System” at the National and Mobile Teledentistry Alliance Meeting in Las Vegas Nevada on March 4, 2022.
Mar 2022	“Bringing Care to Where People are: The Virtual Dental Home” at the Alameda County Office of Dental Health Program on Special Care for Special People virtual meeting on March 26, 2022.
Apr 2022	“Moving the Oral Health System to Value-Based Care” at the National Oral Health Conference in Ft. Worth Tx, on April 10, 2023.
Apr 2022	“Shortening-the-Line” for Sedation and General Anesthesia for People with Disabilities” at the National Oral Health Conference in Ft. Worth Tx, on April 11, 2023.
Apr 2022	“Teledentistry and Care Coordination in California's \$750 Million Dental Transformation Initiative” at the National Oral Health Conference in Ft. Worth Tx, on April 12, 2023.
Apr 2022	“Community-Engaged Oral Health Systems: A Vision for the Oral Health Industry” as the John Green Lecture at the UCSF Alumni Association Meeting in San Francisco on April 29, 2022.
May 2022	“Shortening-the-Line for Sedation and General Anesthesia for People with Disabilities” at the virtual webinar of the Alameda County Campaign for Exceptional Smiles on May 7, 2022.
May 2022	“Community-Engaged Oral Health Systems: A Vision for the Oral Health Industry” at the Maine Partnership for Children's Oral Health Annual Meeting in Halowell, ME on May 10, 2022.
Jun 2022	“Bringing Care to Where People are: A New Era for Oral Health” at the Kauai County Dental Association Meeting in Lihue, HI on June 17, 2022.
Jul 2022	“Community-Engaged Oral Health Systems: A Vision for the Oral Health Industry” at the Oral Health Progress and Equity Network meeting in St. Louis, MO on July 12, 2022
Aug 2022	“Community-Engaged Oral Health Systems: A Vision for the Oral Health Industry” at the Rhode Island Mini-Residency in Warwick, Rhode Island on June 13, 2022.
Aug 2022	“Teledentistry and Community-Engaged Oral Health Systems” at the West Virginia Oral Health Coalition virtual meeting on August 16, 2022.

Aug 2022	“Community-Engaged Oral Health Systems – A Vision for the Oral Health Industry” at the Annual Los Angeles County Oral Health Summit on August 25, 2022.
Oct 2022	“Oral Health for People with Disabilities” at the Capitol Dental Summit on Oral Health for People with Disabilities in Salem Oregon on October 20, 2022.
Oct 2022	“Creating Virtual Dental Homes for Children in Head Start” at the California Head Start Association Head Start Institute Convention in Santa Ana California on October 25, 2022.
Mar 2023	“Shortening-the-Line” for Sedation and General Anesthesia for People with Disabilities” at the California Family Voices virtual conference on March 3, 2023.
Mar 2023	“Home Visitors at the Front End of the Healthcare System at the CNU Research Symposium virtual meeting on March 9, 2023.
May 2023	“Expanding Fee for Service and Managed Care Dental Practices Using Telehealth Systems” at the California Dental Association’s CDA Presents meeting in Anaheim California on May 20, 2023.
May 2023	“Expanding Health Center Dental Practices Using Community-Engaged Telehealth Systems” at the California Dental Association’s CDA Presents meeting in Anaheim California on May 20, 2023.
Jun 2023	“Expanding Dental Practices Using Telehealth Connected Teams: for Health Center Dental Practices” at the California Primary Care Association’s 2023 Region IX Clinical Leadership and Excellence Conference in San Diego, California on June 27, 2023.
Aug 2023	“How to Implement Teledentistry Using Updated Policies” at the Community Health Association of the Inland Southern Region Webinar on August 18, 2023.
Sept 2023	“Expanding Fee for Service and Managed Care Dental Practices Using Telehealth Systems” at the California Dental Association’s CDA Presents meeting in San Jose on September 9, 2023.
October 2023	“Community-Engaged Oral Health Systems at the Oral Health Progress and Equity Network virtual annual conference meeting on October 25, 2023.
Oct 2023	“Teledentistry Regulation and Policy” at a virtual presentation for the American Association of Dental Administrators and CareQuest Institute for Oral Health on October 25, 2023.
Dec 2023	“A National Perspective on the Virtual Dental Home System of Care” at the Kauai County Mayor’s Proclamation in Lihue, Hawaii on December 7, 2023.
Jan 2024	“Teledentistry Practice and Payment Policy: An analysis of the Massachusetts Policy Environment” at a virtual meeting of government and community stakeholders on January 19, 2024.
Feb 2024	“Expanding Oral Health Equity with Teledentistry: Impact on Research and Community Engagement” at the 2nd National Health Equity Symposium: Building Equity and Inclusion Capacity for Resilience, Service, and Sustainability in the Future sponsored by Howard University College of Dentistry on February 13, 2024.

Feb 2024	“Creating Value in Oral Health Care for People with Disabilities Through Community-Engaged Oral Health Systems” at the National Academies Workshop on Exploring Holistic Oral Health Value Proposition Frameworks Embedded Within a Whole Health Home: A Workshop Global Forum on Innovation in Health Professional Education on February 15, 2024.
Mar 2024	“Teledentistry Practice and Policy: An Analysis of the Texas Policy Environment.” At the National Mobile and Telentistry Alliance Meeting in Dallas, Tx on March 1, 2024.
Mar 2024	“Teledentistry Practice and Policy: Updates and Opportunities.” At the National Mobile and Telentistry Alliance Meeting in Dallas, Tx on March 2, 2024.
Apr 2024	“Key Findings & Current Educational Opportunities: Dentists, Dental Hygienists, & RDAs” at the Rural California’s Health Care Workforce CMSP Stakeholder Convening in Sacramento, California on April 3, 2024.
Apr 2024	“Teledentistry Practice and Policy: Updates and Opportunities” at the National Oral Health Conference” in St; Louis, MO, on April 15, 2024.
Apr 2024	“Dental Care for Children and Youth with Special Healthcare Needs” at the Family Voices of California Health Summit” on April 24, 2024.
Jun 2024	“Population Oral Health: Policy and Practice Considerations.” at the University of New England College of Dentistry in Portland, Maine on June 18, 2024.
Jun 2024	“Population Oral Health: Optimizing Oral Health Systems” at the Children’s Partnership for Oral Health of Maine Annual Meeting in Augusta, Maine on June 19, 2024.
Jun 2024	“Population Oral Health: Policy Considerations” at the Children’s Partnership for Oral Health of Maine Annual Meeting in Augusta, Maine on June 19, 2024.
Jun 2024	“Population Oral Health: Minimally Invasive Dental Care” at the Children’s Partnership for Oral Health of Maine Annual Meeting in Augusta, Maine on June 20, 2024.
Aug 2024	“Concentric Circles of Care in Community Engaged Oral Health System” at the Idaho Department of Health Annual Advisory Committee Meeting on August 19, 2024.
Nov 2024	“Oral Health Care for People with Developmental Disabilities” at the continuing education course on “Oral Health Care for People with Developmental Disabilities” for the Alta California and Valley Mountain Regional Centers in Elk Grove California on November 13, 2024.
Nov 2024	“Concentric Circles of Care in Community Engaged Oral Health Systems” at the National Academies of Science Workshop on “Oral Health Across the Lifespan” in Washington DC on November 18-19, 2024.
Feb 2025	“Building the Oral Health System of the Future through Advancing Mobile and Teledentistry Policy” At the annual meeting of the American Mobile and Teledentistry Alliance in Portland Oregon on February 28-March 1, 2025.
Apr 2025	“Concentric Circles of Care in Community Engaged Oral Health Systems” at the annual meeting of the American Association for Public Health Dentistry in Orlando, Florida on April 8, 2025.
Apr 2025	“The Problem with Oral Health Literacy” at the annual meeting of the American Association for Public Health Dentistry in Orlando, Florida on April 8, 2025.

- April 2025 “Concentric Circles of Care in Community Engaged Oral Health Systems ay a Webinar for the Center for Evidence-based Policy at Oregon Health Sciences University on April 20, 2025.
- April 2025 “Improving Oral Health Access and Health: Concentric Circles of Care in Community Engaged Oral Health Systems.” at the California Dental Hygienists Association Special Needs Symposium on April 26, 2025.

## **AWARDS**

- March 1978 Fellowship of the American Association of Hospital Dentists
- June 1990 Outstanding Faculty Award for Teaching Excellence in the Advanced Education in General Dentistry Program.
- December 1990 Deans Incentive Award for Outstanding Performance and Service to the School of Dentistry.
- October, 1993 Selected to attend the AADS Legislative Workshop in Washington, D.C. as the University of the Pacific representative.
- February 1994 "Freddie" Award for the Dentistry-Professional Category of the International Health and Medical Film Festival for videotape - "Overcoming Obstacles To Dental Health - A Training Program For Caregivers Of People With Disabilities".
- December 1994 Deans Incentive Award for Outstanding Performance and Service to the School of Dentistry.
- July 1995 Selected to attend the AADS sponsored workshop on “Career Development for Innovative Dental Educators: An Immersion Workshop” in Ogunquit, Maine from July 8-14, 1995 as one of two representatives from the University of the Pacific.
- October 1998 Fellowship of the American College of Dentists
- June 1999 Faculty inductee into the Delta Delta Chapter of the Omicron Kappa Upsilon Honor Society
- October 1999 Member of the Pacific Chapter of the Beta Gamma Sigma Honor Society for AACSB Accredited Business Programs.
- April 2002 Member of the University of the Pacific Phi Kappa Phi Honor Society.
- March 2003 Fellowship of the Academy of Dentistry for Persons with Disabilities
- March 2004 Medallion of Distinction by the University of the Pacific School of Dentistry Alumni Association
- August 2004 Diplomate of the American Board of Special Care Dentistry with proficiency in Hospital Dentistry and Oral Health for People with Disabilities at the Special Care Dentistry 16TH Annual International Conference On Special Care Issues in Dentistry in Calgary, Alberta, Canada on August 25, 2004
- May 2005 Honorary faculty inductee in TKO honor society awarded at the TKO annual convocation on May 10, 2005.
- May 2007 Saul Kamen Award, named in honor of the Special Care Dentistry Association’s founding father Dr. Saul Kamen. This award recognizes one individual annually for exemplary leadership and contributions to the advancement of oral healthcare for persons with special needs.

Apr 2009	The Lawrence Chasco Award from the American Association of Hospital Dentists. This is the highest award from this organization presented to an individual who has made outstanding contributions to the field of hospital dentistry.
Sep 2009	Elected to the Board of Directors of the Dental Health Foundation.
Oct 2009	Presented with the 2009 "Community Champions" award at the California Primary Care Association meeting on October 1, 2009.
Mar 2010	Appointed to the Advisory Committee for the National Research Council and the Institute of Medicine's Study on Oral Health Access to Services. This is one of two parallel committee's funded by the U.S. Department of Health and Human Services (DHHS) and the California HealthCare Foundation.
Apr 2010	Elected as Chair of the American Dental Association's National Elder Care Advisory Committee.
May 2010	Appointed to the California Center for Connected Health's Model Telehealth Legislation Workgroup.
Apr 2014	Awarded the Myron Aleukian Lifetime Achievement Award at the meeting of the American Association of Community Dental Programs in Fort Worth, Tx on April 27, 2014.
Sept 2016	Faculty Service Award of the Pierre Fauchard Academy – Northern California Chapter.
Mar 2017	Geis Award to Innovation for the Pacific Center for Special Care at the annual session of the American Dental Education Association meeting in Long Beach California.
Nov 2017	Outstanding Innovation Award at the annual meeting of the National Network for Oral Health Access (NNOHA) meeting in San Diego.
Jan 2020	Teledentistry Pioneer at the Greater New York Dental Meeting in New York City on December 2, 2019

### **GRANTS and CONTRACTS**

July 1990 - June 1993	Primary Author and Project Director of Training Grant from Bureau of Health Manpower, Department of HHS for start up of AEGD Program at the University of the Pacific. Total award \$850,000.
July 1990 - June 1991	Primary Author and Project Director of State of California, Program Development Fund grant from the Department of Developmental Services for establishment of the "Northern California Dental Program for Persons with Developmental Disabilities". Total award \$127,000.
July 1991 - June 1992	Primary Author and Project Director of State of California, Program Development Fund grant from the Department of Developmental Services for continuation and expansion of the "Northern California Dental Program". Total award \$145,000.
July 1992 - June 1993	Primary Author and Project Director of Redwood Coast Regional Center and North Bay Regional Center Program Development

	funds for development of a preventive dentistry study with persons with developmental disabilities. Total award \$34,000.
July 1993 - June 1995	Project Director for two contracts with the Redwood Coast Regional Center to provide consulting services to improve access for people with developmental disabilities. Total award \$5,000.
July 1995 - June 1996	Project Director for a contract with the Far Northern Regional Center to provide consulting services to establish hospital and preventive dental services for developmentally disabled residents of Chico, California. Total award \$41,000.
October, 1995	Consultant to Ohio State University School of Dentistry in a review of the role of the Postdoctoral General Dentistry Programs in the reorganization of primary care activities within the dental school.
July 1996 - June 1997	Project Director for a contract with the Redwood Coast Regional Center to provide consulting services to increase access to dental care and establish hospital and preventive dental services for developmentally disabled residents of Eureka, California. Total award \$46,000.
July 1996 - June 1997	Primary Author and Project Director of a contract awarded to the American Association of Dental School's Section on Postdoctoral General Dentistry from the Public Health Service's Health Manpower and Resources Administration. This grant was awarded to continue the work of the Section in developing and disseminating competencies for postdoctoral general dentistry programs nationally. Total award \$23,000. Additional funding for this project of \$5,000 was received from the Academy of General Dentistry Foundation.
July 1997 - June 1998	Primary Author and Project Director of a contract awarded to the American Association of Dental School's Section on Postdoctoral General Dentistry from the Public Health Service's Health Manpower and Resources Administration. This grant was awarded to continue the work of the Section in developing and disseminating competencies for postdoctoral general dentistry programs nationally. Total award \$15,000. Additional funding for this project of \$5,000 was received from the Academy of General Dentistry Foundation.
July 1997 - June 1998	Project Co-Director for a contract with the Redwood Coast Regional Center to provide consulting services to increase access to dental care and establish hospital and preventive dental services for developmentally disabled residents of Eureka, California. Total award \$27,000.
July 1997 - June 1998	Project Co-Director for a contract with the Redwood Coast Regional Center to provide consulting services to set up a video-conferencing network between dental professionals in rural Northern California sites and the Dental School at UOP and the California Pacific Medical Center. Total award \$50,000.

July 1997 - June 1998	Project Co-Director for a contract with the Redwood Coast Regional Center to train Directors of Dental Hygiene programs in California to use oral health training materials and to supply copies of those materials to all dental hygiene training programs in California. Total award \$11,000.
July 1997 - June 1998	Project Co-Director for a contract with the Redwood Coast Regional Center to provide hospital dental equipment to St. Joseph's Hospital in Eureka, California. Total award \$27,000.
June 1997 - July 1998	Project Co-Director for a contract with the North Los Angeles Regional Center to develop multi-language translations of dental disease prevention educational materials. Total award \$77,500.
July 1998 - June 1999	Project Co-Director for a contract from the State Department of Developmental Services for \$206,811 to establish a "Statewide Task Force on Oral Health for Persons with Special Needs". The first year's activities of this Task Force will focus on an assessment of the oral health needs and resources available for persons with developmental disabilities in California.
June 1999 – July 1999	Project Co-Director for a \$19,102 contract from the ALTA California Regional Center to direct and facilitate a preventive dentistry training program for caregivers of people with developmental disabilities in the Sacramento area.
June 1999 - June 2000	Project Co-Director for a \$13,000 contract from the South Central Los Angeles Regional Center to provide consultation and educational programs for dental and social service professionals concerning oral health care for people with developmental disabilities.
July 1999 – June 2000	Project Co-Director for a \$50,160 contract from the Redwood Coast Regional Center to enhance the regional center/UOP/CPMC videoconference network and to provide educational programs for dental professionals concerning oral health care for people with developmental disabilities.
July 1999 – June 2000	Project Co-Director for a \$25,455 contract from the East Bay Regional Center to provide consultation and education to facilitate the development of a community-based system to improve oral health for persons with disabilities in the East Bay.
July 1999 – June 2000	Project Co-Director for a \$17,512 contract from the San Andreas Regional Center to provide education and consultation for dental and social service professionals concerning oral health care for people with developmental disabilities.
July 1999 – June 2000	Project Co-Director for a \$42,313 contract from the Central Valley Regional Center to provide consultation and education to facilitate the development of a community-based system to improve oral health for persons with disabilities in the East Bay.

July 1999 – June 2000	Project Co-Director for a \$18,480 contract from the North Bay Regional Center to provide consultation and education to facilitate the development of a community-based system to improve oral health for persons with disabilities in the North Bay.
July 2000-June 2003	Project Co-director for a three year, \$2,027,986, grant from The California Endowment for a Community-Based Oral Health Program for Person with Special Needs in California.
January 2000-June 2001	Project Co-director for a contract from the State Department of Developmental Services for \$10,000 to host two meetings of the Statewide Task Force on Oral Health for People with Developmental Disabilities.
July 2000 – June 2002	Project Co-director for a contract from the State Department of Developmental Services for \$50,000 to provide clinical hands-on training for 20-30 licensed dentists.
July 2000 – June 2002	Project Co-director for a contract from the State Department of Developmental Services for \$38,760 to work with four Regional Centers in the development of caregiver training programs in their areas.
July 2000 – June 2002	Project Co-director for a contract from the State Department of Developmental Services for \$27,468 to develop and maintain an oral health resource educational catalogue and internet web site. The focus of this project is to provide resource listings for the developmentally disabled, families, Regional Centers, caregivers and dental health professionals.
July 2000 – June 2002	Project Co-director for a contract from the State Department of Developmental Services for \$21,915 to develop a dental hygiene curriculum and collaborate with four dental hygiene programs.
July 2000 – June 2002	Project Co-director for a contract from the State Department of Developmental Services for \$81,533 to implement a dental hygiene training program in four two-year community college dental hygiene programs.
July 2001 - June 2002	Project Co-Director for a contract with the Far Northern Regional Center for \$20,378 to develop an in-home preventive dentistry project.
Nov 2001 – May 2004	Project Co-Director for a contract with the Redwood Coast Regional Center for \$34,100 to develop Community Oral Health Prevention Protocols for Special Patient Populations.
July 2002 – June 2005	Project Director for a grant from the Bureau of Health Professions of HRSA for expansion of the Advanced Education in General Dentistry Program for \$378,837.
July 2002 – June 2003	Project Co-Director for a grant from Delta Dental of California to train dentists in the care of people with special needs for \$10,000.
Feb 2003 – June 2003	Project Co-Director for a grant from West Ed to develop training materials for direct service providers for people with developmental disabilities for \$10,000.



July 2003 – June 2004	Project Co-Director for a grant from the Colgate-Palmolive Company to publish the results of the Conference on Community Oral Health Prevention Protocols for Special Patient Populations.
July 2003 – June 2005	Project Co-Director for a grant from the California Dental Hygienist's Association to support creation of an on-line curriculum for dental hygienists preparing for the RDHAP license for \$25,000.
July 2003 – June 2007	Project Director for a grant of \$1,106,400 from The California Endowment for the California Pipeline Program, a part of the National Pipeline Program.
Jan 2003 – June 2007	Project Director for a grant of \$100,000 from the Kellogg Foundation for an American Dental Education Association Access to Dental Careers Grant.
Feb 2004 – July 2005	Project Co-Director for a grant of \$324,073 from The California Children and Families Commission in conjunction with Delta Dental to integrate oral health screening and prevention education into the Department of Developmental Services early Start program.
Feb 2004 – Feb 2008	Project Co-Director for a grant of \$25,000 from the California Dental Association to provide input on oral health for people with special needs on the First5 Oral Health Education Program.
Apr 2004 – Sep 2004	Project Co-Director for a grant of \$30,000 from The California Endowment to document the Community-based system developed under previous Endowment funded projects.
Apr 2004 – Sep 2004	Project Co-Director for a grant of \$150,000 from the California Wellness Foundation to develop methodology to implement a community-based prevention program for people with special needs residing in community settings.
July 2004 – June 2005	Project Director for a grant of \$98,464 from The California Endowment for a "Community Capacity Assessment and Development" program to determine how community clinic and dental schools in California can best work together.
July 2005 – June 2006	Project Co-Director for a grant of \$162,037 from The California Children and Families Commission in conjunction with Delta Dental to extend their previous grant to integrate oral health screening and prevention education into the Department of Developmental Services early Start program.
April 2006- March 2009	Project Co-director for a grant for \$90,000 from the San Francisco Foundation for a Policy Initiative to Improve Oral health for People with Special Needs.
March 2006- February 2009.	Project Co-Director for a grant for \$900,000 from the Golden Gate, East Bay, and San Andreas Regional Centers for Oral Health Support for the Closure of the Agnews Development Center.
June 2006 – December 2007	Project Co-Director for a grant for \$39,500 from the State Department of Developmental Services for A Wellness Project to Support the Closure of the Agnews Developmental Center.

July 2007 - June 2008	Project Co-Director for a grant for \$50,000 from the Golden Gate, East Bay, and San Andreas Regional Centers for supplemental funding for a Prevention Products Grant for support for the Closure of the Agnews Development Center.
July 2007 – June 2010	Project Co-Director for a \$6.8 million grant from The California Endowment for a Phase II of the California Pipeline Grant.
March 2008 – June 2009	Project Director on a grant for \$35,000 from the Regional Center of the East Bay for Hospital Equipment to Support the Closure of the Agnews Developmental Center.
July 2008 – June 2009	Project Director on a grant for \$72,666 from the American Dental Hygienists Association to support a Distance Collaboration/Virtual Dental Home Demonstration project.
Nov 2008 – Dec 2009	Project Director on a grant for \$297,847 from the California Health Care Foundation to support a Distance Collaboration/Virtual Dental Home Demonstration project.
Nov 2008 – Dec 2009	Project Director on a grant for \$100,000 from the Verizon Foundation to support a Distance Collaboration/Virtual Dental Home Demonstration project.
Oct 2008 – Mar 2010:	Project Director on a \$45,000 grant from the CDC to support 1) incorporating training on oral health for people with disabilities into nursing education and creating and 2) creating on-line education programs on oral health for people with disabilities for oral health professionals.
Jan 2009 – Jan 2010	Project Director on a \$50,000 grant from the California Dental Association to develop and disseminate oral health training materials for use in long term care facilities.
Aug 2009 – 2/28/10	Project Director on a \$29,726 grant from the California Health Care Foundation to develop an oral health policy framework report for California policymakers.
Dec 2009 - 11/30/2010	Project Director on a \$40,000 grant from The San Francisco Foundation to support planning for an oral health re-design project.
Jan 2010 – Dec 2013	Project Director on a \$313,779 grant from the California Dental Association Foundation to support work on the Virtual Dental Home project.
Apr 2010 – Mar 2011	Project Director on a \$45,000 grant from The California Endowment to support planning for an oral health re-design project.
Mar 2010 – Mar 2011	Project Director on a \$25,000 grant from the CDC contracted through UCLA for training of oral health professionals on oral health for people with disabilities.
July 2010 – June 2013	Project Director on a \$209,836 grant from the San Bernardino First5 Commission contracted through the Inland Regional Center to training nurses and social workers to perform oral health assessment and interventions.
Jan 2011 – Aug 2012	Project Director on a \$767,042 grant from HRSA contracted through the California Department of Public Health for expansion

	of the Virtual Dental Home project and studies on the impact of the elimination of adult benefits from the California Denti-Cal program.
Jan 2011 – Dec 2011	Project Director on a \$7,500 grant from the California Dental Association Foundation for Senior Oral Health training program.
Mar 2011 – August 2011	Project Director on a \$50,000 grant from the Kellogg Foundation for a grant to produce a policy brief on “Oral Health Quality Measurement and Improvement in the Era of Accountability”.
May 2011 – April 2012	Project Director on a \$36,510 grant from the San Francisco Foundation to produce a “Policy Toolkit on Community Oral Health for California Policymakers”
July 2011 – Nov 2011	Project Director on a \$15,000 grant from the DentaQuest institute to support the Kellogg Foundation policy brief on “Oral Health Quality Measurement and Improvement in the Era of Accountability”.
Apr 2011 – Mar 2012	Project Director on a \$25,000 grant from the CDC contracted through UCLA for training of oral health professionals on oral health for people with disabilities.
Dec 2011 – June 2013	Project Director on a \$650,000 grant from the Robert Wood Johnson Foundation for development and testing of a National Dental Pipeline Learning Institute.
Nov 2011 – Oct 2014	Project Director on a \$2,100,000 grant from the California Department of Public Health for a HRSA sponsored State Oral Health Workforce project.
April 2012 – Dec 2012	Project Director on a \$88,933 grant from the California Health Care Foundation for Development of a Cost Analysis of the Virtual Dental Home Project and comparison to the Cost of Neglect of Dental Disease.
April 2012 – June 2013	Project Director on a \$171,430 grant from the San Mateo First5 Commission for a demonstration of the Virtual Dental Home.
June 2012 – May 2014	Project Director on an \$85,000 grant from the National Network for Oral Health Access (NNOHA) to establish a NNOHA National Learning Institute.
July 2012 – June 2015	Project Director on a \$1,000,000 grant from the LA First5 Commission for a demonstration of the Virtual Dental Home.
Nov 2012 – October 2013	Project Director of \$100,000 grant from the DentaQuest Foundation to analyze the outcomes of the Virtual Dental Home Project.
Jun 2013 - December 2014	Project Director of \$782,141 grant from the Robert Wood Johnson Foundation for continue and expand the National Dental Pipeline Learning Institute.
Oct 2013 – Sept 2014	Project Director of \$20,000 grant from the American Dental Association to develop an on-line training program for oral health professionals working in long term care institutions.
Feb 2014 – Aug 2014	Project Director of a \$20,000 grant from the Delta Dental Foundation of South Dakota for training in tele-dentistry.

Mar 2014 – Feb 2015	Project Director of a \$10,000 grant from the Children’s Dental Health Project for consultation on innovative oral health delivery models.
June 2014 – May 2015	Project Director of a \$200,000 grant from the DentaQuest Foundation to support development of a Value-based Purchasing Pilot Program.
Sept 2014 – Dec 2020	Project Director of a \$20,000 grant from the American Dental Association to produce an on-line program on “Oral Health in Long-Term Care Facilities”.
Sept 2014 – Dec 2020	Project Director of a \$10,000 grant from the Special Care Dentistry Association to produce an on-line program on “Oral Health for People with Special Needs”
Jan 2015 – Dec 2017.	Project Director of a \$275,000 grant from the California Wellness Foundation to improve oral health of seniors using Virtual Dental Homes.
Jan 2015 – October 2015	Project Director of a \$45,348 grant from the Oregon Health Sciences University to support development of a pilot project to test new duties for dental hygienists and the deployment of Virtual Dental Homes.
Jan 2015 – Dec 2015	Project Director of a \$20,000 grant to support the National Network for Oral Health Access National Learning Institute.
Mar 2015 – Sept 2015	Project Director of a \$15,000 grant from the Caring for Colorado Foundation to support the replication of a Virtual Dental Home system in Colorado
Jun 2015 – Sept 2016	Project Director of a \$54,524 grant from Capitol Dental of Oregon to support the development of a Virtual Dental Home demonstration site in Colorado.
Jun 2015 – May 2016	Project Director of a \$250,920 grant from the DentaQuest Foundation to develop methods to expand the Virtual Dental Home system in California and nationally and develop payment models based on the value of health outcome measures.
Jun 2015 – May 2020	Project Director of a \$10,000 grant from the Special Care Dentistry Association to support development of a series of on-line education modules on oral health care for people with special needs.
July 2015 – June 2020	Project Director of a \$1,712,122 grant from the federal Health Resources and Services Administration to develop and implement a Virtual Dental Home system in the San Francisco Bay Area with the University of the Pacific School of Dentistry as the center of a “hub-and-spoke” system.
July 2015 – June 2016.	Project Director of a \$44,999 grant from the San Mateo First 5 Association to support the Ravenswood Health Center’s expansion of the Virtual Dental Home system.
July 2015 – June 2016.	Project Director of a \$95,000 grant from the Western University School of Dentistry for training and technical assistance to develop a Virtual Dental Home system in San Bernardino.

August 2015 – June 2016.	Project Director of a \$20,000 grant from Oral Health America for planning expansion of the Virtual Dental Home system.
Octo 2015 – March 2016.	Project Director of a \$15,000 grant from the DentaQuest Foundation to develop a “Teledentistry White Paper.”
Oct 2015 – Sept 2016.	Project Director of a \$15,000 grant from the Caring for Colorado Foundation to support Colorado’s Smiles Project.
Nov 2015 – Oct 2016.	Project Director of a \$30,000 grant from Healthy Smiles for Kids of Orange County for consultation and technical assistance to develop a Virtual Dental Home system in Orange County.
Dec 2015 – Dec 2016.	Project Director of a \$30,000 grant from Kaiser Permanente Community Benefits of San Joaquin County for training and technical assistance in developing a Virtual Dental Home system in San Joaquin County.
Jan 2016 – Dec 2016.	Project Director of a \$20,000 grant from the Sutter Tracy Community Hospital Foundation for training and technical assistance in developing a Virtual Dental Home system in San Joaquin County.
Jan 2016 – March 2016.	Project Director of a \$13,200 grant from Kaiser Permanente Southern California Community Benefits to prepare an Oral Health Environmental Scan report.
Jan 2016 – Sep 2016.	Project Director of a \$155,922 grant from the Hawaii Dental Service to support development of a Virtual Dental Home system in West Hawaii.
Jan 2016 – Dec 2016.	Project director of a \$20,000 grant from the National Network for Oral Health Access (NNOHA) to support NNOHA’s National Oral Health Learning Institute
Feb 2016 – Jan 2017	Project director of a \$10,000 grant to support the DentaQuest National Oral Health Connections Team.
Jun 2016 – Nov 2016	Project director of a \$49,999 grant from the California Department of State Hospitals to support a consultation on the dental care system at Napa State Hospital.
Jun 2016 – March 2018	Project director of a \$400,000 grant from the North Bay Regional Center to design and create a dental care system for developmentally disabled clients of the North Bay Regional Center.
July 2016 – Aug 2018	Project Director of a \$800,504 grant from the CA Department of Public Health for expansion of the Virtual Dental Home with addition of value-based incentives.
July 2016 – June 2017.	Project Director of a \$40,000 grant from the San Mateo First 5 Association to support the Ravenswood Health Center’s expansion of the Virtual Dental Home system.
Sept 2016 – Aug 2017	Project Director of a \$30,000 grant from the Caring for Colorado Foundation to support Colorado’s Smiles Project.
Sept 2016 – Jun 2018.	Project Director of a \$150,511 HRSA grant subcontract from the Los Angeles Christian Health Center for support in the development of a Virtual Dental Home system in central Los

	Angeles.
Dec 2016 – Nov 2017.	Project Director of a \$30,000 grant from Kaiser Permanente Community Benefits of San Joaquin County for training and technical assistance in developing a Virtual Dental Home system in San Joaquin County.
Feb 2017 – Dec 2017.	Project Director of a \$15,000 grant from the Sutter Tracy Community Hospital Foundation for training and technical assistance in developing a Virtual Dental Home system in San Joaquin County.
Feb 2017 – Jan 2018	Project Director of a \$30,000 grant from the Kaiser Foundation San Joaquin County for support of a Virtual Dental Home project in San Joaquin County.
Jan 2016 – Dec 2017.	Project Director of a \$158,867 grant from the Hawaii Dental Service to support development of a Virtual Dental Home system in West Hawaii.
Jan 2017 – Dec 2017.	Project director of a \$20,000 grant from the National Network for Oral Health Access (NNOHA) to support NNOHA's National Oral Health Learning Institute
Jan 2017 – Dec 2018.	Project Director of a \$384,675 grant from the DentaQuest Institute for a Virtual Dental Home California Learning Collaborative.
Feb 2017 – Dec 2017.	Project Director of a \$15,000 grant from the Sutter Tracy Hospital for support of a Virtual Dental Home project in Tracy, CA
Feb 2017 – Jan 2018	Project Director of a \$30,000 grant from the Kaiser Foundation San Joaquin County for support of a Virtual Dental Home project in San Joaquin County.
July 2017 – June 2018:	Project Director of a \$125,000 grant from the Delta Dental Foundation for support of a Virtual Dental Home project in Tehama County, CA.
July 2017 – March 2019:	Project Director of a \$150,000 grant from the Alta California Regional Center for support of a Virtual Dental Home project focused on people with disabilities in Sacramento County, CA.
July 2017 – Dec 2017:	Project Director of a \$140,235 grant from the San Joaquin County First 5 Association as part of the California Dental Transformation Initiative for the 1st year of a 4 year grant in support of a Virtual Dental Home project in San Joaquin County.
July 2017 – Dec 2020:	Project Director of a \$684,243 grant from the Sacramento County Department of Health as part of the California Dental Transformation Initiative for a 4 year grant in support of a Virtual Dental Home project in Sacramento County.
Sept 2017 – Dec 2020:	Project Director of a \$650,202 grant from the Orange County First 5 Association as part of the California Dental Transformation Initiative for a 4 year grant in support of a Virtual Dental Home project in Sacramento County.
Sept 2017 – Sept 2018:	Project Director of a \$125,000 grant from the Hawaii Medical Service Association (HMSA) Foundation to expand the Hawaii Virtual Home Demonstration to the Island of Maui.

Oct 2017 – June 2018:	Project Director of a \$30,000 grant from Western University to train dental hygienists to place Interim Therapeutic Restorations.
Oct 2017 – June 2018:	Project Director of a \$53,813 grant to develop a web-based version of Pacific's Overcoming Obstacles to Oral Health training program for caregivers of people with disabilities.
Nov 2017 – June 2020:	Project Director of a \$130,018 grant from the Oregon Health Sciences University to consult on an Oregon Virtual Dental Home Pilot project.
Dec 2017 – Dec 2020:	Project Director of a \$625,509 grant from the Riverside County First 5 Association as part of the California Dental Transformation Initiative for a 4 year grant in support of a Virtual Dental Home project in San Bernardino/Riverside Counties.
Jan 2018 – Dec 2018:	Project Director of a \$319,235 grant from the Hawaii Dental Service to continue the Hawaii Virtual Home Demonstration on the Island of Hawaii and expand it to the Island of Maui.
Jan 2018 – Dec 2020:	Project Director of a \$235,717 grant from the San Louis Obispo County as part of the California Dental Transformation Initiative for a 4 year grant in support of a Virtual Dental Home project in San Louis Obispo Counties.
Feb 2018 – Dec 2018.	Project Director of a \$15,000 grant from the Sutter Tracy Hospital for support of a Virtual Dental Home project in Tracy, CA
Feb 2018 – Dec 2018	Project Director of a \$30,000 grant from the Kaiser Foundation San Joaquin County for support of a Virtual Dental Home project in San Joaquin County.
Apr 2018 – Mar 2019:	Project Director of a \$10,600 grant from the DentaQuest Foundation to participate in and support the DentaQuest 2020 National Network Connections Team.
Dec 2018-Dec 2019	Project Director of a \$38,000 grant from the Rhode Island Department of Health to establish a Virtual Dental Home system in Rhode Island
Apr 2019- Mar 2020	Project Director of a \$25,000 grant from the Valley Mountain Regional Center to plan a project to improve oral health for people with disabilities
Apr 2019 – Aug 2019	Project Director of a \$38,000 grant from the Idaho Department of Health to establish a Virtual Dental Home system in Idaho
Sep 2019 – Aug 2020	Project Director of a \$35,000 grant from the Idaho Department of Health to establish a Virtual Dental Home system in Idaho
Dec 2019 – Dec 2020	Project Director of a \$37,338 grant from the Rhode Island Department of Health to establish a Virtual Dental Home system in Rhode Island
Jan 2020 – Dec 2020	Project Director of a \$33,250 grant subcontract from the No Ko Ola Pono Health Center as part of their Hawaii Dental Service grant to continue the Hawaii Virtual Home Demonstration on the Island of Hawaii and expand it to the Island of Maui.
Jul 2020-Jun 2025	Project Director of a \$163,080 contract from UCSF Department of Public Health for a subcontract for consultation on their Virtual

Sep 2021 – Apr 2024	Dental Home project. Project Director of a \$25,300 grant from the Idaho Department of Health as part of their HRSA grant to support development of teledentistry systems in Idaho.
Jan 2021 – Dec 2021	Project Director of a \$90,000 grant from First 5 Riverside for an Early Childhood Oral Health Assessment Project.
Jan 2022 – Dec 2023	Project Director of a grant for \$356,200 from Na Lei Wili as part of their Hawaii Dental Service grant for training and consultation for a Virtual Dental Home project on Kauai, Hawaii.
Nov 2022-October 2023	Project Director of a \$30,000 grant from the Idaho Department of Health for an Evaluation of an Idaho HRSA grant.
Jan 2023 – Dec 2023	Project Director of a \$140,212 grant from First 5 Riverside for an Early Childhood Oral Health Assessment Project.
Mar 2023 – Jul 2023	Project Director of a \$25,000 grant from the Maine Childrens Oral Health Network for training and consultation for a Virtual Dental Home project in the state of Maine.
Sept 2023 – Sept 2025	Project Director of a \$500,000 grant from the California Dental Association Foundation for a Community-Based Dental Education Program,
Jul 2024 – Jun 2025	Project Director of a \$82,085 grant from First 5 Riverside for continuation and expansion of the Early Childhood Oral Health Assessment Project.
June 2025 – Sept 2027	Project Director of a \$255,265 extension to the grant from the California Dental Association Foundation for a Community-Based Dental Education Program,
July 2025 – June	Project Director of a \$100,000 grant from the Alta California Regional Center to develop a desensitization App for people with developmental disabilities.
July 2025 – June	Project Director of a \$75,000 grant from the Alta California Regional Center to test and deploy a desensitization App for people with developmental disabilities.

Updated: June 15, 2025



## **Douglas Young DDS, MS EdD**

Douglas Young serves as the Minimally Invasive Dentistry Program Director at Sea Mar Community Health Centers since August 2020 and holds the title of Professor Emeritus at the University of the Pacific, where active contributions to education in minimally invasive dentistry and cariology have been made since 1995. Additionally, Douglas Young has experience as a Professional Speaker, sharing expertise in the field since 1995. Previous roles include serving as a Dental Specialist in Oral Health Promotion at the Alaska Native Tribal Health Consortium from September 2019 to June 2020 and practicing as a dentist from July 1982 to July 1995. Educational credentials include a Doctor of Education (EdD) in Leadership and Education from the University of the Pacific, a Master's Degree in Oral Biology from the University of California, San Francisco, and a Master's Degree in Business Administration from the University of the Pacific, among others.

## CURRICULUM VITAE

**NAME** Alan Wythe Budenz

**ADDRESS** Home 9977 Flyrod Drive Tel (805) 221-5113; Cell: (650) 740-3115  
Paso Robles, CA Zip 93446-7715 Email [awbudenz@gmail.com](mailto:awbudenz@gmail.com)

Office University of the Pacific, Arthur A. Dugoni School of Dentistry  
155 Fifth Street Tel (415) 929-6574  
San Francisco, CA Zip 94103-2919 Email [abudenz@pacific.edu](mailto:abudenz@pacific.edu)

Currently: Professor, Department of Biomedical Sciences and Department of Diagnostic Sciences

<b>EDUCATION</b>	<b><u>Institution</u></b>	<b><u>Dates Attended</u></b>	<b><u>Degree/Date</u></b>
	University of Redlands Redlands, CA	1968-1970	
	Oregon State University Corvallis, Oregon	1970-1972	B.S. 1972 (Zoology)
	UCLA School of Medicine Graduate Division Los Angeles, California	1974-1977	M.S. 1977 (Anatomy)
	UCSF School of Dentistry San Francisco, California	1978-1982	B.S. (Dental Sciences), D.D.S. 1982
	UOP School of Business Stockton, California	1995-2000	M.B.A. 2000

### **Honors and Awards Received**

- 1980 Willard C. Fleming Scholar, UCSF School of Dentistry - For outstanding humanitarianism and active concern for the welfare of others
- 1982 Dean's Citation Award for University & Community Service, UCSF School of Dentistry - For outstanding contribution to student organizations
- 1993 Dean's Incentive Award, UOP School of Dentistry - For excellence in the workplace
- 1994 Tau Kappa Omega Dental Honor Society, UOP School of Dentistry - Honorary faculty inductee
- 1995 Lucien Szymd Memorial Award for Outstanding Faculty Member, UOP School of Dentistry - For excellence in didactic and clinical instruction throughout the three-year curriculum and commitment to student education, this is the highest award given by the student body (recipient's are ineligible to receive this award again for 10 years)
- 1996 Associated Student Body Award for Excellence in Teaching, Outstanding First Year Faculty Member, UOP School of Dentistry

- 1997 Associated Student Body Award for Excellence in Teaching, Outstanding First Year Faculty Member, UOP School of Dentistry
- 1997 Dean's Incentive Award, UOP School of Dentistry - For excellence in the workplace
- 1998 Pierre Fauchard Academy Fellowship, Northern California Chapter - International dental service honorary society
- 1998 Employee Recognition Award, UOP School of Dentistry - For excellence in the workplace
- 2000 Omega Kappa Upsilon National Dental Honor Society, Delta Chapter, UOP School of Dentistry - Honorary faculty inductee
- 2001 American College of Dentists Fellowship, Northern California Section - National dental service honorary society
- 2001 Inaugural Faculty of the Month, Class of 2003, UOP School of Dentistry - Student recognition of outstanding clinical teaching
- 2003 Faculty of the Quarter, Summer, Class of 2006, UOP School of Dentistry - Student recognition of outstanding teaching in the first year DDS program
- 2003 Faculty of the Quarter, Fall, Class of 2005, UOP School of Dentistry - Student recognition of outstanding teaching in the second year DDS program
- 2005 Lucien Szymd Memorial Award for Outstanding Faculty Member, Pacific School of Dentistry - For excellence in didactic and clinical instruction throughout the three-year curriculum and commitment to student education, this is the highest award given by the student body (recipient's are ineligible to receive this award again for 10 years)
- 2005 Recognized as one of the top 100 Dental Continuing Education Lecturers in the December 2005 issue of Dentistry Today
- 2006 Associated Student Body Award for Excellence in Teaching, Outstanding First Year Faculty Member, Pacific School of Dentistry
- 2006 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2006 issue of Dentistry Today
- 2007 World Congress of Minimally Invasive Dentistry Academician Award for contributions to dental education and to the dental profession
- 2007 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2007 issue of Dentistry Today
- 2008 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2008 issue of Dentistry Today
- 2009 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2009 issue of Dentistry Today

- 2010 World Congress of Minimally Invasive Dentistry Past President Award for outstanding leadership and for outstanding contributions to the advancement of the art and science of Minimally Invasive Dentistry
- 2010 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2010 issue of Dentistry Today
- 2011 Medal of Honor, University of California, San Francisco School of Dentistry Alumni Association's highest honor in recognition of superlative service to the school, the profession, and the community
- 2011 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2011 issue of Dentistry Today
- 2012 Distinguished Faculty Award, University of the Pacific, Arthur A. Dugoni School of Dentistry, presented by the Dental Faculty Council for educational excellence and service to the school
- 2012 World Congress of Minimally Invasive Dentistry Academician Award for contributions to dental education, to WCMID, and to the dental profession
- 2012 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2012 issue of Dentistry Today
- 2013 American Dental Education Association Presidential Citation for significant contributions to dental education and to ADEA
- 2013 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2013 issue of Dentistry Today
- 2014 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2014 issue of Dentistry Today
- 2015 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2015 issue of Dentistry Today
- 2016 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2016 issue of Dentistry Today
- 2017 International College of Dentists Fellowship, USA Section - International dental service honorary society
- 2017 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2017 issue of Dentistry Today
- 2018 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2018 issue of Dentistry Today
- 2019 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2019 issue of Dentistry Today
- 2020 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2020 issue of Dentistry Today

- 2021 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2021 issue of Dentistry Today
- 2022 University of the Pacific Distinguished Faculty Award – The University-wide top faculty recognition
- 2022 American College of Dentists, University of the Pacific Distinguished Faculty Award
- 2022 Recognized as one of the top Dental Clinicians in Continuing Education Presentations in the December 2022 issue of Dentistry Today

## TEACHING EXPERIENCE

Chronological Dates	Institution(s)	Academic Rank	Subject areas Lect/Lab/Clinic	F/PT
1975-1976	UCLA Schools of Medicine & Dentistry	Teaching Asst.	Medical Gross Anatomy, Dental Micro- & Neuroanatomy (lecture, lab & seminar)	PT
1978-1979	UCSF School of Dentistry	Laboratory Teaching Asst.	Gross & Microanatomy (lab only)	PT
1979-1981	UCSF School of Dentistry, Recruitment & Retention Summer Program	Instructor, Course Director, & Course Co-Director	Gross Anatomy (lecture & lab)	PT
1984-1989	University of the Pacific School of Dentistry	Clinical Instructor	Gross Anatomy, Micro- & Neuroanatomy, Oral Histology, Clinically Applied Anatomy (lecture & lab)	PT
1989-1992	University of the Pacific School of Dentistry	Clinical Asst. Prof.	Gross Anatomy, Micro- & Neuroanatomy, Oral Histology, Orthodontic Grad Anatomy, (lecture & lab)	PT
1988-1994	Oaknoll Naval Hospital (Navy & Air Force personnel)	Lecturer, Dept. of Oral & Maxillofacial Surgery	Surgical Review of Head and Neck Anatomy (lecture & lab)	PT
1988-2016	Highland General Hospital	Lecturer, Dept. of Oral & Maxillofacial Surgery	Surgical Review of Head and Neck Anatomy (lecture & lab)	PT
1992-present	University of the Pacific	Asst. Professor	Gross Anatomy, Gross	FT

School of Dentistry

2000: Assoc. Prof.  
2005: Professor

Anatomy Remedial, Adv. Head & Neck Anatomy, Gen & Oral Histology, Orthodontic Grad Anatomy, Local Anesthesia, Clinical Applications of the Basic Sciences, Introduction to Comprehensive Patient Care (lecture, lab & seminar), Radiology, Preclinical Operative and Fixed Pros, Clinic: Oral Diagnosis & Treatment Planning, 2nd Year Clinic Group Practice Administrator, 3rd Year Group Practice Mentor, Generalist Faculty

## RESEARCH ACTIVITY

Chronological Dates	Institution(s)	Subjects	Co-Investigator(s)
1974-1977	UCLA School of Medicine & Jules Stein Eye Institute	Retinitis Pigmentosa	Richard Young, Dean Bok
1977-1978	UCLA School of Medicine	Hearing & Visual Abnormalities	
1986-2010	University of the Pacific School of Dentistry	Anatomical Plastination of dissected human cadaver specimens	(Attended initial training workshop in 1986, and technique update workshops in 1997 & 1999)
1994-2000	University of the Pacific School of Dentistry	Acoustic Myography	Cas Leknius, et.al.
1994-present	University of the Pacific School of Dentistry	Dental local anesthesia literature review and projects	Numerous students
1996	University of the Pacific School of Dentistry	Mandibular cortical bone graft harvest sites	Edmond Bedrossian, Unes Nabipour

## RESEARCH GRANTS AND CONTRACTS

<u>Chronological dates</u>	<u>Agency</u>	<u>Title</u>	<u>Role</u>	<u>Amount</u>
9/01 – 11/01	Safety Syringes, Inc.	Safety Device Evaluation Project: Safety Syringes Bench Test	Co-PI w. R. Fredekind, E. Cuny	\$10,850
1/02 - 4/02	Protecs Medical Corp.	Evaluation of the Dentalogic Safety Engineered Dental Injection Device in Simulated Clinical Trials	PI w. R. Fredekind, E. Cuny	\$10,850

2/02 – 5/02	Med-Design Corp.	Evaluation of the Safety Dental Prefilled Cartridge Injector Device in a Simulated, Comparative Clinical Trial	Co-PI w. R. Fredekind, E. Cuny	\$37,500
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# ADMINISTRATIVE ACTIVITY

Chronological Dates	Institution(s)	Title	Description of administrative responsibility, authority
1980	UCSF School of Dentistry,	Chairman of Anatomy Recruitment & Retention Summer Program	Plan and organize all course materials and schedules, recruit fellow dental students as "faculty" and assist them in preparing their course presentations, prepare and administer all quizzes and examinations, evaluate student performance
1981	UCSF School of Dentistry,	Co-Chairman of Anatomy Recruitment & Retention Summer Program	Plan and organize all course materials and schedules, recruit fellow dental students as "faculty" and assist them in preparing their course presentations, prepare and administer all quizzes and examinations, evaluate student performance
1985-1986	University of the Pacific School of Dentistry	Course Director (Clinically Applied Anatomy)	Plan and organize all course materials and schedules, recruit faculty and assist them in preparing their course preparations, prepare and administer examinations, evaluate student performance and assign grades
1992-present	University of the Pacific School of Dentistry	Course Director (Gross Anatomy 1992-1994, Gross Anatomy Supplemental, Clinical Applications of Basic Science, Adv. Head & Neck Anatomy Selective)	Plan and organize all course materials and schedules, recruit faculty and assist them in preparing their course presentations, prepare and administer all quizzes and examinations, organize in-course remediation, evaluate student performance and assign grades
1993-present	University of the Pacific School of Dentistry	Faculty Member (Histology, Local Anesthesia, Grad Anatomy Review, Oral Diag. &	Prepare and present lectures, write quiz and examination questions, demonstrate and supervise clinical techniques,

		Treatment Planning, Introduction to Comprehensive Patient Care)	evaluate student performance (both clinical and didactic)
1994-1998	University of the Pacific School of Dentistry	Clinic Group Practice Administrator, 2nd Year Student Clinic	Administer clinic operations, assist students and faculty with clinical procedures, monitor patient management and case progress, advise students, supervise clinic faculty and staff, evaluate student performance and assign patient management grades, handle patient complaints
1994- present	Highland General Hospital Dept. of Oral & Maxillo-Facial Surgery	Lecturer	Surgically-oriented review of gross anatomy of the head and neck region for OMFS Residents
1998 - 2007	University of the Pacific School of Dentistry	Chair, Department of Diagnosis & Management; 2004: Emergency Services added to department: became Department of Diagnostic and Emergency Services (dept. consolidated into Dept. of Dental Practice; became Director of Oral Diagnosis and Patient Intake 2/1/07); Director of Oral Diagnosis 7/2010	Create vision for this new department, design and implement a new clinical patient intake system, design and implement a new didactic and clinical curriculum in oral diagnosis and treatment planning, formalize the curriculum in patient management, recruit & train new faculty and retain existing faculty, aid faculty with prep time and professional development, delegate assignments and supervise faculty and staff, set dept. budget
2012 – June 30, 2017	University of the Pacific, Arthur A. Dugoni School of Dentistry	Vice Chair, Diagnostic Sciences and Services, Dept. of Dental Practice	Direct oral diagnosis curriculum and delivery of clinical services for Radiology, Oral Pathology/ Oral Medicine, Facial Pain, Oral Diagnosis & Treatment Planning, and Cariology; Manage didactic and clinical faculty and related staff
July 1 – Dec. 31, 2017	University of the Pacific, Arthur A. Dugoni School	Interim Chair, Dept. of Diagnostic Sciences	Manage all department faculty, budgets, courses,



	of Dentistry		and activities
January 1, 2017 – June 30, 2022	University of the Pacific, Arthur A. Dugoni School of Dentistry	Vice Chair, Dept. of Diagnostic Sciences	Direct oral diagnosis curriculum and delivery of clinical services for Radiology, Oral Diagnosis & Treatment Planning, and Cariology; Manage didactic; and clinical faculty and related staff
July 1, 2022 – present	University of the Pacific,	Emeritus Professor	Adjunct Lecturer

## **PROFESSIONAL ACTIVITIES**

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### **PRIVATE PRACTICE**

1983-1985	Associateship in private practice with Frank T. Beavers, DDS, Richmond, CA, General Dentistry
1984-1993	Sole-proprietorship private practice, San Francisco, CA, General Dentistry
1993-1994	Ryan White funded Faculty C.A.R.E. HIV <sup>+</sup> Clinic, University of the Pacific School of Dentistry, General Dentistry, lead clinician

### **INVITED PRESENTATIONS**

Anatomy of a Local Anesthesia, CE course with hands-on workshop, with Dr. P. Jacobsen, University of the Pacific, San Francisco, CA, December 1993

Anatomy of a Local Anesthesia, Staff CE course, University of the Pacific, San Francisco, CA, January 1994 x 2

Restorative Dentistry Update, CE course, California Youth Authority Annual Meeting, Stockton, CA, March 1994

Clinical Applications of Basic Sciences Course for Dental Students, Poster Presentation, American Association of Dental Schools Annual Meeting, Seattle, WA, April 1994

Anatomy of Accessory Oral Innervations, CE course, UOP School of Dentistry Oral & Maxillofacial Surgery Study Club, San Francisco, CA, January 1995

Are You Numb Yet? Anatomy of an Oral Anesthesia, CE course, Fresno-Madera Dental Foundation, Fresno, CA, January 1995

Are You Numb Yet? Anatomy of an Oral Anesthesia, CE course, UCSF Dental Alumni Association Meeting, San Francisco, CA, January 1995

Motor and Sensory Components of the Trigeminal Nerve in Man, Frogs, and Fish, Poster Presentation, UOP Asilomar Retreat, with Drs. H. Asadi, D. Burk, P. Kushner, & Mr. G. Richards, Monterey, CA, February 1995

Solving Local Anesthesia Problems, CE course, Alameda Dental Study Club, Alameda, CA, February 1995

Teaching the Anatomical Sciences in the 1990's and Beyond, Presentation, American Association of Dental Schools Annual Meeting, Section on Anatomical Sciences, San Antonio, Texas, March 1995

A Simple Chairside Method of Measuring Salivary pH Buffering Capacity, Table Clinic, UOP School of Dentistry Research Conference, San Francisco, CA, May 1995

Are You Numb Yet? Anatomy of an Oral Anesthesia, CE course, UCSF School of Dentistry, San Francisco, CA, May 1995

Wait! I Still Feel That! Problem-Solving the Delivery of Local Anesthetics, CE course, Fresno-Madera Dental Foundation, Fresno, CA, February 1996

Clinical Application of Basic Sciences Course for Dental Students, Poster Presentation, American Association of Dental Schools Annual Meeting, San Francisco, CA, March 1996

A Simple Chairside Method for Measuring Saliva pH Buffer Capacity, Poster Presentation, University of the Pacific School of Dentistry, San Francisco, CA, April 1996

Are You Numb Yet? Anatomy of Local Anesthesia, CE course, California Dental Association Spring Scientific Session Symposium, Anaheim, CA, April 1996

Are You Numb Yet? Anatomy of Local Anesthesia, CE course with hands-on workshop, Hawaii State Dental Association Annual Session, Honolulu, HI, April 1996

A Review of Inferior Alveolar Nerve Block Anesthesia Techniques, CE course, California Dental Association Fall Scientific Session Symposium, San Francisco, CA, August 1996

Are You Numb Yet? A Review of Inferior Alveolar Nerve Block Anesthesia Techniques, CE course, San Joaquin Dental Society, Sonoma, CA, October 1996

Are You Numb Yet? Anatomy of Local Anesthesia, CE course, University of the Pacific Dental Alumni Meeting, San Francisco, CA, January 1997

Survey Results of Anatomical Sciences Teaching, Presentation, American Association of Dental Schools Annual Meeting, Section on Anatomical Sciences, with Dr. D. Burk, Orlando, FL, January 1997

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course with hands-on workshop, University of the Pacific School of Dentistry, San Francisco, CA, March 1997

Are You Numb Yet? Anatomy of Local Anesthesia, CE course, San Joaquin Valley Dental Association, Fresno, CA, March 1997

A Review of Inferior Alveolar Nerve Block Anesthesia Techniques, CE course, Medico-Dental Study Guild of California, San Francisco, CA, September 1997

Trouble Shooting the Delivery of Local Anesthesia, CE course, Nova Center, Berkeley, CA, September 1997

Uh-Oh! Trouble Shooting the Delivery of Local Anesthesia, CE course, Fresno-Madera Dental Foundation, Fresno, CA, November 1997

Trouble Shooting the Delivery of Local Anesthesia, CE course, UCSF School of Dentistry, San Francisco, CA, November 1997

Survey of Anatomical Teaching in North American Dental Schools, Poster Presentation, American Association of Dental Schools Annual Meeting, with Dr. D. Burk, Minneapolis, MN, January 1998

Teaching and Policy Changes Resulting from Evaluation of Blood Exposure Incidents, Poster Presentation, American Association of Dental Schools Annual Meeting, with Dr. R. Fredekind and Ms. E. Cuny, Minneapolis, MN, January 1998

Competency in Diagnosis and Clinical Judgement: Evolution of Curriculum, Test Cases, and Remediation, Poster Presentation, American Association of Dental Schools Annual Meeting, with Drs. R. Fredekind, F. Whitman, R. Woodson, & C. Yarborough, Minneapolis, MN, January 1998

Bell's Palsy, Table Clinic, Medico-Dental Study Guild of California, with Drs. H. Asadi, D. Burk, & Mr. G. Richards, San Francisco, CA, February 1998

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course; a panel discussion of Pain Control with Drs. Stanley Malamed & Stanton Wolfe; and "Lunch with an Expert", Chicago Dental Society Mid-Winter Meeting, Chicago, IL, February 1998

Bell's Palsy, Table Clinic, UOP School of Dentistry Asilomar Retreat, with Drs. H. Asadi, D. Burk, & Mr. G. Richards, Monterey, CA, February 1998

Uh-Oh! Trouble Shooting the Delivery of Local Anesthesia, CE course, San Mateo Dental Society, Burlingame, CA, April 1998

Competency in Diagnosis and Clinical Judgement: Evolution of Curriculum, Test Cases, and Remediation, Poster Presentation, UOP School of Dentistry Asilomar Retreat, with Drs. R. Fredekind, F. Whitman, R. Woodson, & C. Yarborough, Monterey, CA, February 1999

Teaching and Policy Changes Resulting from Evaluation of Blood Exposure Incidents, Poster Presentation, UOP School of Dentistry Asilomar Retreat, with Dr. R. Fredekind and Ms. E. Cuny, Monterey, CA, February 1999

Trouble Shooting the Delivery of Local Anesthesia, CE course, University of the Pacific School of Dentistry, June/July 1998

Applications of Dental Local Anesthesia, Presentation, Dentsply Board of Directors meeting, San Francisco, CA, March 1999

Uh-Oh! Trouble Shooting the Delivery of Local Anesthesia, CE course, Mid-Peninsula Dental Society, Palo Alto, CA, April 1999

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Fresno-Madera Dental Foundation, Fresno, CA, April 1999

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, California Dental Association Spring Scientific Session, Anaheim, CA, April 1999

Teaching and Policy Changes Resulting from Evaluation of Blood Exposure Incidents, Poster Presentation, UOP School of Dentistry Pacific Pride Open House, with Dr. R. Fredekind and Ms. E. Cuny, San Francisco, CA, May 1999

Competency in Diagnosis and Clinical Judgement: Evolution of Curriculum, Test Cases, and Remediation, Poster Presentation, UOP School of Dentistry Pacific Pride Open House, with Drs. R. Fredekind, F. Whitman, R. Woodson, & C. Yarborough, San Francisco, CA, May 1999

Wait! I Still Feel That! Trouble Shooting the Delivery of Local Anesthesia, CE course, Spokane District Dental Society, Spokane, WA, May 1999

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, California Dental Association Fall Scientific Session, San Francisco, CA, September 1999

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Yankee Dental Congress, Boston, MA, January 2000

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Wichita District Dental Society, Wichita, KS, February 2000

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Marin County Dental Society Ski Week Seminar, Big Sky, MT, February 2000

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, International Dental Institute, Irvine & Fullerton, CA, March 2000 x2

Anatomy of Local Anesthesia, CE course, Santa Rosa Dental Hygiene Study Club, Santa Rosa, CA, April 2000

Head & Neck Local Anesthesia: New Regulations of 'Safe Needle' Laws, CE course, Fresno-Madera Dental Foundation, Fresno, CA, April 2000

Safety Needles: Current Legislation, Product Evaluation, and Methods for Incorporation into a Dental School Curriculum, Poster Presentation, American Association of Dental Schools Annual Meeting, with Dr. R. Fredekind & Ms. E. Cuny, Washington, DC, April 2000

Markov Analysis of Professional Activities During the First Twelve Years Following Graduation, Poster Presentation, American Association of Dental Schools Annual Meeting, with Drs. D. Chambers, R. Fredekind, & N. Nadershahi, Washington, DC, April 2000

Does Educational Debt Lead to "Risky" Practice Profiles?, Poster Presentation, American Association of Dental Schools Annual Meeting, with Drs. D. Chambers, R. Fredekind, & N. Nadershahi, Washington, DC, April 2000

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Stanislaus Dental Society, Stanislaus, CA, May 2000

Wait! I Still Feel That! Trouble Shooting the Delivery of Local Anesthesia, CE course, Hollister Dental Study Club, Hollister, CA, August 2000

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, American Dental Association Annual Session, Chicago, IL, October 2000

Local Anesthesia Technique and Technology Review, CE course, Redwood Dental Hygiene Society, Ukiah, CA, November 2000

Wait! I Still Feel That! Trouble Shooting the Delivery of Local Anesthesia, CE course, UCSF-Fresno Continuing Education Program, Fresno, CA, November 2000

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Denver Midwinter Dental Conference, Denver, CO, January 2001

Uh-Oh! Trouble Shooting the Delivery of Local Anesthesia, CE course, UCSF Dental Alumni Association Meeting, San Francisco, CA, January 2001

Are You Numb Yet? Anatomy of Oral Anesthesia and Wait! I Still Feel That! Trouble Shooting the Delivery of Local Anesthesia, CE courses, Harbor Dental Society, Long Beach, CA, March 2001

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Monterey Bay Dental Society, Monterey, CA, March 2001

The Good, The Bad, and The Generalist Model, Panel Presentation Planner and Moderator, American Dental Education Association Annual Session, Chicago, IL, March 2001

Structured Active Learning for Large “Small” Groups in a Traditional Gross Anatomy Course, Poster Presentation, American Dental Education Association Annual Session, with Drs. H. Asadi, D. Burk, & S. Turner, Chicago, IL, March 2001

Wait! I Still Feel That! Local Anesthesia Trouble Shooting and Technology Update, CE course, Northern California Asian Dental Association, San Mateo, CA, April 2001

The Anatomy of Oral Anesthesia, CE lecture and cadaver lab prosection course, UOP School of Dentistry, San Francisco, CA, May 2001

Wait! I Still Feel That! Local Anesthesia Trouble Shooting and Technology Update, CE course, Santa Clara County Dental Society, Santa Clara, CA, May 2001

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Orange County Dental Society, Orange, CA, May 2001

Wait! I Still Feel That! Local Anesthesia Trouble Shooting and Technology Update, CE course, U.S. Naval Corp., Pearl Harbor, HI, June 2001

Wait! I Still Feel That! Local Anesthesia Trouble Shooting and Technology Update, CE course, Leeward Prosthodontics Study Club, Pearl City, HI, June 2001

Wait! I Still Feel That! Trouble Shooting the Delivery of Local Anesthesia, CE course, Fresno-Madera Dental Foundation, Fresno, CA, November 2001

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Academy of General Dentistry, Sacramento, CA, November 2001

Uh-Oh! Trouble Shooting the Delivery of Local Anesthesia, CE course, UCSF Dental Alumni Association Meeting, San Francisco, CA, January 2002

Are You Numb Yet? Anatomy of Oral Anesthesia and It's Alive! The Anatomical Basis of Dentistry, CE courses, Sacramento District Dental Society, Sacramento, CA, February 2002

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Kern County Dental Society, Bakersfield, CA, February 2002

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, San Luis Obispo Dental Society, San Luis Obispo, CA, March 2002

Wait! I Still Feel That! Trouble Shooting the Delivery of Local Anesthesia, CE course, San Mateo Dental Society, Burlingame, CA, April 2002

Are You Numb Yet? Trouble Shooting the Delivery of Local Anesthesia, CE course, Contra Costa Dental Society, Concord, CA, April 2002

It's Alive! The Anatomical Basis of Dentistry, CE lecture and cadaver lab prosection course, with Drs. H. Asadi & D. Burk, UOP School of Dentistry, San Francisco, CA, May 2002

Are You Numb Yet? Trouble Shooting the Delivery of Local Anesthesia, CE course, UCSF School of Dentistry, San Francisco, CA, May 2002

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Wyoming Dental Association, Jackson, Wyoming, June 2002

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, UCSF-Fresno Continuing Dental Education Program, Fresno, CA, November 2002

Trouble Shooting the Delivery of Local Anesthesia, CE course, Berkeley Dental Society, Berkeley, CA, February 2003

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Academy of General Dentistry, San Diego, CA, March 2003

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Tulare-Kings Dental Society, Visalia, CA, March 2003

Wait! I Still Feel That! Trouble Shooting the Delivery of Local Anesthesia, CE course, Fresno City College Dental Hygiene Program faculty and student forum, Fresno, CA, April 2003

Are You Numb Yet? Anatomy of Oral Anesthesia; Wait! I Still Feel That! Trouble Shooting the Delivery of Local Anesthesia; and It's Alive! The Anatomical Basis of Dentistry, CE courses, California Dental Association Spring Scientific Session, Anaheim, CA, April 2003

Wait! I Still Feel That! Trouble Shooting the Delivery of Local Anesthesia, CE course; and An Update on Local Anesthesia Techniques and Technology, hands-on study club program, Fresno-Madera Dental Foundation, Fresno, CA, May 2003

Wait! I Still Feel That! Trouble Shooting the Delivery of Local Anesthesia, CE course, UOP School of Dentistry, San Francisco, CA, May 2003

Caries Management by Risk Assessment (CAMBRA) Implementation in Dental School Curricula, panelist, World Congress of Minimally Invasive Dentistry, Vancouver, BC, Canada, August 2003

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, California Dental Institute, Monrovia, CA, September 2003

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, California Academy of General Dentistry MasterTrack Program, Oakland, CA, November 2003

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course, Academy of General Dentistry, Jackson, TN, December 2003

Oral Anesthesia: Intraosseous and Beyond – Or How to Get Numb Sometime Today!!, CE course, Visalia Endodontics, Visalia, CA, December 2003

Infection Control Update, CE course, UOP School of Dentistry, San Francisco, CA, January 2004

Patient Management for Optimum Outcomes, TOUCH CE seminar, UOP School of Dentistry, San Francisco, CA, February 2004

Open Wide! The Art and Science of Oral Diagnosis, CE course, Marin County Dental Society Ski Week Seminar, Big Mountain, Whitefish, MT, March 2004

Are You Numb Yet? Anatomy of Oral Anesthesia, CE course; and An Update on Local Anesthesia Techniques and Technology, study club program, Fresno-Madera Dental Foundation, Fresno, CA, April 2004

Local Anesthesia Research and Troubleshooting Seminars, CE course, California Academy of General Dentistry MasterTrack Program, Oakland, CA, April 2004

Open Wide! The Art and Science of Oral Diagnosis, CE course, California Academy of General Dentistry MasterTrack Program, Oakland, CA, with Dr. Fred Fendler, May 2004

It's Alive! The Anatomical Basis of Dentistry, CE lecture and cadaver lab prosection course, with Drs. H. Asadi & D. Burk, UOP School of Dentistry, San Francisco, CA, May 2004

Caries Management by Risk Assessment (CAMBRA) Implementation in Dental School Curricula (Year 2 Progress Report), panelist, World Congress of Minimally Invasive Dentistry, San Francisco, CA, August 2004

The Anatomy of Local Anesthesia: Controversies and Solutions, CE course, Fresno Madera Dental Society, Fresno, CA, September 2004

The Anatomy of Local Anesthesia: Techniques and Problem Solving, student training and faculty CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 2004

Are You Numb Yet? The Anatomy of Oral Anesthesia, CE course, UCSF School of Dentistry Continuing Education Program, San Francisco, CA, October 2004

Local Anesthetic Nerve Injuries: Controversies and Solutions, CE course, San Mateo County Dental Society, CA, November 2004

Open Wide! The Art and Science of Oral Diagnosis, CE course; and Dental Management of Medically Complex Patients, study club program, Fresno-Madera Dental Foundation, Fresno, CA, December 2004  
Are You Numb Yet? The Anatomy of Oral Anesthesia, CE course, Oregon Health Sciences Center School of Dentistry Continuing Education Program, Portland, Oregon, December 2004

Troubleshooting the Delivery of Local Anesthesia: Controversies and Solutions, CE course, Northern Nevada Dental Society, Reno, Nevada, January 2005

The Anatomy of Local Anesthesia: Techniques and Problem Solving, half day CE course, California Dental Institute, Monrovia, CA, January 2005

Are You Numb Yet? The Anatomy of Oral Anesthesia, full day CE course, Third District Dental Society of New York State, Albany, New York, February 2005

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, full day CE course; and Infection Control Update, half day CE course, UOP/UCSF Hawaiian Dental Colloquium, Maui, Hawaii, February 2005

Are You Numb Yet? The Anatomy of Oral Anesthesia, full day CE course; and Wait! I Still Feel That! Troubleshooting the Delivery of Local Anesthesia, half day CE course, Chicago Dental Society Midwinter Meeting, Chicago, IL, February 2005

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, full day CE course, San Diego County Dental Hygienists' Society, San Diego, CA, March 2005

Open Wide! The Art and Science of Oral Diagnosis, full day CE course, UOP School of Dentistry, San Francisco, CA, April 2005

Problem Solving the Delivery of Local Anesthesia, study club program, Fresno-Madera Dental Foundation, Fresno, CA, May 2005

All You Ever Wanted To Know About Local Anesthesia...And Then Some!, full day CE course, Fresno-Madera Dental Foundation, Fresno, CA, May 2005

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, full day CE course, Center for Enhanced Training, Portland, OR, August 2005

The Anatomy of Local Anesthesia: Techniques and Problem Solving, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 2005

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, full day CE course, Macomb Dental Society, Detroit, MI, October 2005

Troubleshooting the Delivery of Local Anesthesia: Controversies and Solutions, CE course, Delta Dental of California CE course, San Francisco, CA, November 2005



Troubleshooting the Delivery of Local Anesthesia: Controversies and Solutions, Evening CE course, Southern Alameda County Dental Society, Pleasanton, CA, January 2006

Problem Solving the Delivery of Local Anesthesia or “Why are Some Teeth so Darn Hard to Anesthetize?”, half day CE course, Wyoming Dental Association, Jackson Hole, WY, February 2006

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, UOP School of Dentistry, San Francisco, CA, May 2006

Problem Solving the Delivery of Local Anesthesia, study club program, Gilroy Study Club, Gilroy, CA, May 2006

Are You Numb Yet? Anatomy of Local Anesthesia, full day CE course, Pacific Northwest Dental Conference, Seattle, Washington, July 2006

The Anatomy of Local Anesthesia: Techniques and Problem Solving, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 2006

Dental Local Anesthesia: The Trials and Tribulations of a Caring Practitioner, full day CE course, and Local Anesthesia for Periodontal (and More) Efficiency: Tips for the Dentist and Hygienist, evening study club program, Fresno-Madera Dental Foundation, Fresno, CA, October 2006

The Anatomy of Local Anesthesia: Techniques and Problem Solving, Evening CE course, University of the Pacific Dental Hygiene Program, Stockton, CA, October 2006

The Anatomy of Local Anesthesia: Techniques and Problem Solving, half day CE course, California Dental Institute, Burlingame, CA, October 2006

Are You Numb Yet? Anatomy of Local Anesthesia, CE course, California Academy of General Dentistry MasterTrack Program, San Jose, CA, November 2006

The Anatomy of Local Anesthesia: Techniques and Problem Solving, senior DDS student training course, UCSF School of Dentistry, San Francisco, CA, November 2006

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, full day CE course, Central Coast Dental Society, San Luis Obispo, CA, January 2007

Are You Numb Yet? Anatomy of Local Anesthesia, CE course, North Coast Dental Study Club, Ashtabula, Ohio, February 2007

Are You Numb Yet? Anatomy of Local Anesthesia, CE course, UCSF Dental Alumni Association Scientific Session, San Francisco, CA, March 2007

Local Anesthesia Research and Troubleshooting Seminars, CE course, California Academy of General Dentistry MasterTrack Program, San Jose, CA, April 2007

Open Wide! The Art and Science of Oral Medicine and Oral Diagnosis, full day CE course, California Academy of General Dentistry MasterTrack Program, San Jose, CA, April 2007

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, full day CE course, Oregon Health Sciences Center School of Dentistry Continuing Education Program, Portland, Oregon, April 2007

Demonstration and Head Dissection – Anatomy of Local Anesthesia and TMJ, full day Workshop with Drs. Henry Gremillion and Mel Hawkins, California Dental Association Scientific Session, Anaheim, CA, May 2007

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, California Dental Association Scientific Session, Anaheim, CA, May 2007

Open Wide! The Art and Science of Oral Medicine and Oral Diagnosis, full day CE course, Fresno-Madera Dental Foundation, Fresno, CA, May 2007

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, May 2007

The Anatomy of Local Anesthesia: Techniques and Problem Solving, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 2007

Are You Numb Yet? Problem Solving the Delivery of Local Anesthesia: Controversies and Solutions, evening CE program, Exploring Excellence Dental Study Club, Eugene, OR, October 2007

Oral Medicine and Oral Diagnosis Research and Protocols Seminars, full day CE course, California Academy of General Dentistry Master Track Program, San Jose, CA, November 2007

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course; Open Wide! The Art and Science of Oral Medicine and Oral Diagnosis, half day CE course, Greater New York Dental Meeting, New York, NY, November 2007

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, full day CE course, Tulare-Kings Dental Society, Visalia, CA, November 2007

Problem Solving the Delivery of Local Anesthesia: Controversies and Solutions, full day CE course, Fresno-Madera Dental Foundation, Fresno, CA, December 2007

Problem Solving the Delivery of Local Anesthesia: Controversies and Solutions, half day CE course, and Open Wide! The Art and Science of Oral Medicine and Oral Diagnosis, half day CE course, Western Pedodontic and Odontic Society, Mammoth Lakes, CA, January 2008

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, Pacific Dental Conference, Vancouver, British Columbia, Canada, March 2008

Curricular Change: How Not to throw the Baby Out with the Bath Water, Symposium presentation with Drs. Fred Fendler and Nader Nadershahi and Ms. Christine Miller, American Dental Education Association Annual Session, Dallas, Texas, March 2008

Caries Disease: What It Is and What To Do About It, full day CE course, Fresno-Madera Dental Foundation, Fresno, CA, May 2008

It's Alive! The Anatomical Basis of Dentistry, with Drs. Homer Asadi & Dorothy Burk, full day CE course, University of the Pacific School of Dentistry Continuing Education Program, San Francisco, CA, May 2008

Numb, Numb-er, Numb-est: An Update on Local Anesthesia Techniques and Technology, half day CE course, 43<sup>rd</sup> Annual Colonel Allyn D. Burke Dental Symposium, Naval Postgraduate School, Monterey, CA, June 2008

The Anatomy of Local Anesthesia: Techniques and Problem Solving, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 2008

Local Anesthesia Hands-On Workshop, x3, half day CE course, with Dr. Mel Hawkins, American Dental Association, San Antonio, TX, October 2008

CAMBRA: What It Is and Why It Matters To You, CE lecture, University of the Pacific School of Dentistry Continuing Education Program, San Francisco, CA, October 2008

The Good, The Bad, and The Truth – Are 4% Local Anesthetics Safe?, evening CE program, San Francisco Dental Society, San Francisco, CA, December 2008

Open Wide! The Art and Science of Oral Diagnosis and Oral Medicine, half day CE course, Wyoming Dental Association, Jackson Hole, WY, February 2009

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, Utah Dental Association Scientific Session, Salt Lake City, Utah, February 2009

The Good, The Bad, and The Facts – Are 4% Local Anesthetics Safe?, evening CE program, Santa Clara County Dental Society, Campbell, CA, April 2009

Are You Numb Yet? The Anatomy of Local Anesthesia, half day, and It's Alive! The Anatomical Basis of Dentistry, half day, CE courses, University of Medicine and Dentistry, New Jersey Continuing Education Program, April 2009

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, Kern County Dental Society, Bakersfield, CA, April 2009

A Review of the Gow-Gates Injection Technique & Update on Management of Patients on Bisphosphonate Therapy, evening CE program, Fresno-Madera Dental Foundation Study Club, Fresno, CA, May 2009

Numb, Numb-er, Numb-est: An Update on Local Anesthesia Techniques and Technology, full day CE course, Fresno-Madera Dental Foundation, Fresno, CA, May 2009

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry Continuing Education Program, May 2009

Local Anesthesia Hands-On Workshop, x2, half day CE course, with Dr. Mel Hawkins, California Dental Association Scientific Session, Anaheim, CA, May 2009

Numb, Numb-er, Numb-est: An Update on Local Anesthesia Techniques and Technology, evening CE program, Berkeley Dental Society, Emeryville, CA, September 2009

Dental Anesthesia Techniques: Anatomy, Delivery, and Troubleshooting, evening CE program, Gilroy Study Club, Gilroy, CA, September 2009

Numb, Numb-er, Numb-est: An Update on Local Anesthesia Techniques, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 2009

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, University of Medicine and Dentistry, New Jersey Continuing Education Program, October 2009

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, Northern California Dental Society, Red Bluff, CA, November 2009

Problem-Solving the Delivery of Local Anesthesia, x2, half day CE course; Local Anesthesia Techniques Hands-On Workshop, x2, half day CE course, Yankee Dental Congress, Boston, MA, January 2010

The Ultimate Anesthetic Experience, with Dr. Mic Falkel, half day CE course, Alumni Association Annual Meeting, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, March 2010

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, Butte Sierra Dental Society, Yuba City, CA, April 2010

It's Alive! The Anatomical Basis of Dentistry, with Drs. Homer Asadi & Dorothy Burk, full day CE course, University of the Pacific School of Dentistry Continuing Education Program, San Francisco, CA, May 2010

The Ultimate Anesthetic Experience, with Dr. Mic Falkel, half day CE course, and Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, 2 half day CE courses, California Dental Association Annual Scientific Session, Anaheim, CA, May 2010

Head and Neck Anatomy Dissection Workshop, with Dr. Henry A. Gremillion, full day CE course, California Dental Association Annual Scientific Session, San Francisco, CA, September 2010

Numb, Numb-er, Numb-est: An Update on Local Anesthesia Techniques, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 2010

Are You Numb Yet? The Pharmacology of Local Anesthesia, half day CE course, and Wait! I Still Feel That! Problem Solving the Delivery Techniques of Local Anesthesia, half day CE course, American Dental Association 2010 Annual Session, Orlando, Florida, October 2010

Are You Numb Yet? Anatomy of Local Anesthesia, full day CE course, California Academy of General Dentistry Master Track Program, San Jose, CA, October 2010

Are You Numb Yet? The Form and Function of Local Anesthesia, half day CE course, Bahamas Dental Association 2010 Scientific Session, Nassau, Bahamas, November 2010

Numb, Numb-er, Numb-est: An Update on Local Anesthesia, full day CE course, Fresno Dental Foundation, Fresno, CA, January 2011

The Pharmacology of Local Anesthesia: a Review for Dental Hygienists, half day CE course, and Problem Solving Techniques of Local Anesthesia: a Review for Dental Hygienists, half day CE course, Rocky Mountain Dental Convention, Denver, CO, January 2011

Numb, Numb-er, Numb-est: An Update on Local Anesthesia, full day CE course, Central Coast Dental Society, San Luis Obispo, CA, January 2011

Numb, Numb-er, Numb-est: An Update on Local Anesthesia Techniques, half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, January 2011

Open Wide! The Art and Science of Oral Diagnosis and Oral Medicine, full day CE course, Western Regional Dental Convention, Phoenix, AZ, March 2011

Local Anesthesia Research and Troubleshooting Seminars, full day CE course, California Academy of General Dentistry MasterTrack Program, Oakland, CA, March 2011

An Update on Oral Medicine and Oral Diagnosis, full day CE course, California Academy of General Dentistry MasterTrack Program, Oakland, CA, March 2011

Hands-on Dissection Workshop focused on Local Anesthesia with Dr. Mel Hawkins, full day CE course, Nation's Capital Dental Conference, Washington, DC, April 2011

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, California Dental Institute, Arcadia, CA, April 2011

Turn It On and Off: What's New in Local Anesthesia, evening CE course, Sacramento District Dental Society, Sacramento, CA, April 2011

Are You Numb Yet? The Pharmacology of Local Anesthesia; Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia; Numb, Numb-er, Numb-est: Understanding Local Anesthesia, 3 half day CE courses, Texas Dental Association Annual Session, San Antonio, TX, May 2011

It's Alive! The Anatomical Basis of Dentistry, full day CE course, and The Anatomical Basis of Local Anesthesia, half day CE course, California Dental Association Annual Scientific Session, Anaheim, CA, May 2011

Numb, Numb-er, Numb-est: An Update on Local Anesthesia Techniques and Technology, half day CE course, Peninsula Dental Hygienists' Association, Millbrae, CA, May 2011

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry Continuing Education Program, San Francisco, CA, June 2011

Turn It On and Off: What's New in Local Anesthesia, quarter day CE course, Delta Dental of California, San Francisco, CA, June 2011

Numb, Numb-er, Numb-est: An Update on Local Anesthesia Techniques and Technology, half day CE course, and Open Wide! An Update on Oral Medicine and Oral Diagnosis, half day CE course, University of Medicine and Dentistry of New Jersey Continuing Education Program, Newark, NJ, September 2011

An Update on Local Anesthesia Pharmacology and Techniques, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 2011

It's Alive! The Anatomical Basis of Dentistry, full day CE course, part of multi-day implant maxi-course, University of Medicine and Dentistry of New Jersey Continuing Education Program, Newark, NJ, September 2011

Numb, Numb-er, Numb-est: Success with Local Anesthesia, full day CE course, California Dental Association Annual Scientific Session, San Francisco, CA, September 2011

Numb, Numb-er, Numb-est: An Update on Local Anesthesia, half day CE course, InterDent/Gentle Dental 2011 Regional Doctor's Meetings, Portland, OR; Las Vegas, NV; Bakersfield, CA; Corona, CA; Oakland, CA; Carlsbad, CA; Kapolei, HI, October 2011; Lynwood, WA; Phoenix, AZ, November 2011; Oklahoma City, OK, December 2011

Oral Medicine and Oral Diagnosis Research Reporting, full day CE course, California Academy of General Dentistry Master Track Program, Oakland, CA, October 2011

Turn It On and Off: What's New in Local Anesthesia, 2 hour CE course, Central Valley Study Club, Stockton, CA, November 2011

Are You Numb Yet? The Pharmacology of Local Anesthesia, half day CE course, and You Have What? Management of Medically Complex Patients, half day CE course, Hawaii Dental Association, Honolulu, HI, January 2012

Neck of the Condyle Directed Gow-Gates Injection Technique, with Dr. Karen Edwards, Poster Presentation, American Dental Education Association Annual Session, Orlando, Florida, March 2012

Numb, Numb-er, Numb-est: Problem-Solving Techniques of Local Anesthesia and Wait! I Still Feel That! The Pharmacology of Local Anesthesia, half day CE lectures, and Local Anesthesia Workshops, 2 half day hands-on CE courses, The 100<sup>th</sup> Thomas P. Hinman Dental Meeting, Atlanta, GA, March 2012

Numb, Numb-er, Numb-est: An Update on Local Anesthesia, half day CE lecture, and It's Alive! The Anatomical Basis of Dentistry, full day dissection workshop, Star of the South Dental Meeting, Houston, TX, March 2012

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, full day CE course, Sacramento District Dental Society, Sacramento, CA, April 2012

Are You Numb Yet? The Pharmacology of Local Anesthesia, half day CE course, and Wait! I Still Feel That! Problem Solving the Delivery Techniques of Local Anesthesia, half day CE course, Star of the North Dental Meeting, Saint Paul, MN, April 2012

Turn It On and Off: What's New in Local Anesthesia, evening CE course, Alameda County Dental Society, Oakland, CA, May 2012

Are You Numb Yet? The Pharmacology of Local Anesthesia, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, May 2012

Numb, Numb-er, Numb-est: An Update on Anesthesia and Technology, half day CE course, California Dental Hygienists Association, San Mateo, CA, August 2012

An Update on Local Anesthesia Pharmacology and Techniques, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 2012

It's Alive! The Anatomical Basis of Dentistry, full day CE course, part of multi-day implant maxi-course, University of Medicine and Dentistry of New Jersey Continuing Education Program, Newark, NJ, September 2012

Turn It On and Off: What's New in Local Anesthesia, 90 minute CE course, National Network for Oral Health Access, La Jolla, CA, October 2012

Local Anesthesia Human Cadaver Dissection Workshop, half day CE hands on course, with Dr. J. Mel Hawkins, and On-Site Coordinator for all 7 Dissection workshops, American Dental Association Annual Scientific Session, San Francisco, CA, October 2012

Don't Just Inject, Add some Finesse: Local Anesthesia Hands-on Workshop, with Dr. Bernadette Alvear-Fa, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, December 2012

It's Alive! The Anatomical Basis of Dentistry, full day CE course, Western Pedodontic and Odontic Society, Mammoth Lakes, CA, January 2013

Are You Numb Yet? The Pharmacology of Local Anesthesia; Wait! I Still Feel That! Problem-Solving the Delivery of Local Anesthesia, half day CE lectures; Ready, Steady, Go! Hands-On Local Anesthesia Techniques, 2 half day CE workshops, Yankee Dental Congress, Boston, MA, January – February 2013

Are You Numb Yet? The Pharmacology of Local Anesthesia; Wait! I Still Feel That! Problem-Solving the Delivery of Local Anesthesia; Numb, Numb-er, Numb-est: An Update on Local Anesthesia, 3 half day CE courses, Chicago Midwinter Meeting, Chicago, IL, February 2013

Local Anesthesia: Hits, Misses, and Everything in Between, full day CE lecture, and Local Anesthesia Hands-on Dissection Workshop, full day CE session, both with Dr. Mel Hawkins, Nation's Capital Dental Conference, Washington, DC, March 2013

The Science of Oral Diagnosis and Oral Medicine, full day CE course, Corydon Palmer Dental Society, Youngstown, Ohio as part of the ADA Seminar Series, April 2013

You Have What?! The Art and Science of Oral Diagnosis and Oral Medicine, full day CE course, Central Coast Dental Society, San Luis Obispo, CA, April 2013

It's Alive! The Anatomical Basis of Dentistry, full day dissection CE course with Dr. Homer Asadi, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, April 2013

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, May 2013

Don't Just Inject, Add some Finesse: Local Anesthesia Hands-on Workshop, with Dr. Bernadette Alvear-Fa, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, July 2013

It's Alive! The Anatomical Basis of Dentistry, full day CE course, part of multi-day Implant MaxiCourse, Rutgers University School of Dentistry Continuing Education Program, Newark, NJ, September 2013

An Update on Local Anesthesia Pharmacology and Techniques, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 2013

Options for Mandibular Anesthesia, national CE webinar sponsored by Septodont Inc., October 2013

Sedation: Clinical Concepts, Current Controversies, half day CE lecture, and Local Anesthesia Human Cadaver Dissection Workshop, half day CE hands on course, both with Dr. J. Mel Hawkins, American Dental Association 2013 Annual Session, New Orleans, Louisiana, November 2013

Don't Just Inject, Add some Finesse: Local Anesthesia Hands-on Workshop, with Dr. Bernadette Alvear-Fa, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, December 2013

Tips and Tricks for Maxillary Anesthesia, national CE webinar sponsored by Septodont Inc., December 2013

Local Anesthesia Human Cadaver Dissection Workshop, half day CE hands on course x2 with Dr. J. Mel Hawkins, Yankee Dental Congress, Boston, MA, January 2014

Caries: To Remove or Not To Remove – That Is The Question, 1 hour CE lecture, Marin County Dental Society Ski Week Seminar, Telluride, CO, February 2014

Is There Such A Thing As Minimally Invasive Local Anesthesia?, CE webinar for the World Congress of Minimally Invasive Dentistry membership, March 2014

Are You Numb Yet? Anatomy of Local Anesthesia, Parts 1: Pharmacology and 2: Techniques, full day CE course, and Caries Disease: What It Is and What To Do About It, half day CE course, Kentucky Dental Association Scientific Session, Louisville, KY, March 2014

Are You Numb Yet? Problem Solving the Delivery of Local Anesthesia, full day CE course, Loma Linda University School of Dentistry, Loma Linda, CA, March 2014

Are You Numb Yet? Problem Solving the Delivery of Local Anesthesia, full day CE course, Midwest Dental Conference, Kansas City, MO, April 2014

Are You Numb Yet? Anatomy of Local Anesthesia, full day CE course, California Academy of General Dentistry Master Track Program, Newport Beach, CA, April 2014

Are You Numb Yet? The Pharmacology of Local Anesthesia, and Numb, Numb-er, Numb-est: An Update on Local Anesthesia, two half day CE courses, Ontario Dental Association, Toronto, Ontario, Canada, May 2014

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, May 17, 2014

Options for Mandibular Anesthesia, national CE webinar sponsored by Septodont Inc., June 4, 2014

Is There Such A Thing As Minimally Invasive Local Anesthesia?, noontime CE course, Mission Dental Study Club, San Francisco, CA, June 18, 2014

It's Alive! The Anatomical Basis of Dentistry: Hands-on Head and Neck Dissection Workshop, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, July 19, 2014

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, full day CE course, California Dental Institute, Arcadia, CA, July 20, 2014



Local Anesthesia Human Cadaver Dissection Workshop, half day CE hands on course with Dr. J. Mel Hawkins, California Dental Association 2014 Annual Session, San Francisco, CA, September 4, 2014

Tips and Tricks for Maxillary Anesthesia, national CE webinar sponsored by Septodont Inc., September 18, 2014

An Update on Local Anesthesia Pharmacology and Techniques, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 19, 2014

It's Alive! The Anatomical Basis of Dentistry, full day CE course, part of multi-day Implant MaxiCourse, Rutgers University School of Dentistry Continuing Education Program, Newark, NJ, September 21, 2014

Sedation: Pharmacology and Clinical Applications, half day CE lecture, Local Anesthesia: Pharmacology and Technique Updates, half day CE lecture, and Local Anesthesia Human Cadaver Dissection Workshop, half day CE hands-on course, all with Dr. J. Mel Hawkins, American Dental Association 2014 Annual Session, San Antonio, TX, October 11, 2014

Local Anesthesia Research and Troubleshooting Seminars, full day CE course, and An Update on Oral Medicine and Oral Diagnosis, full day CE course, California Academy of General Dentistry Master Track Program, Newport Beach, CA, October 18 & 19, 2014

Let's See What You Have! Lesions of the Oral Cavity, half day CE course, and Numb, Numb-er, Numb-est: An Update on Local Anesthesia, half day CE course, Awareness Continuing Education Program, Pewaukee, WI, November 1, 2014

Are You Numb Yet? Anatomy of Local Anesthesia, full day CE course, Greater St. Louis Dental Society's Mid-Continent Dental Congress, St. Louis, MO, November 13, 2014

Don't Just Inject, Add some Finesse: Local Anesthesia Hands-on Workshop, with Dr. Bernadette Alvear-Fa, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, December 6, 2014

Let's See What You Have! Lesions of the Oral Cavity, half day CE course, and Numb, Numb-er, Numb-est: An Update on Local Anesthesia, half day CE course, Utah Dental Association, Salt Lake City, UT, April 9, 2015

Oral Medicine and Oral Diagnosis Research Reporting, full day CE course, California Academy of General Dentistry Master Track Program, Newport Beach, CA, April 18, 2015

Don't Just Inject, Add some Finesse: Local Anesthesia Hands-on Workshop, with Dr. Bernadette Alvear-Fa, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, April 24, 2015

Are You Numb Yet? The Pharmacology of Local Anesthesia; Wait! I Still Feel That! Problem-Solving the Delivery of Local Anesthesia; Numb, Numb-er, Numb-est: An Update on Local Anesthesia, 3 half day CE courses, Texas Dental Association, San Antonio, TX, May 7 & 8, 2015

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, June 6, 2015

Numb, Numb-er, Numb-est: An Update on Local Anesthesia, 2 Hour CE course, Modesto Mini-Convention, Modesto, CA, June 12, 2015

Numb, Numb-er, Numb-est: An Update on Local Anesthesia, half day CE course, and Local Anesthesia Human Cadaver Dissection Workshop, half day CE hands-on course, Academy of General Dentistry National Meeting, San Francisco, CA, June 19 & 20, 2015

Placement of Interim Therapeutic Restorations, presentation and 2 day clinical training for Train The Trainer: ITR Techniques for Dental Hygiene Educators program, University of the Pacific, Arthur A. Dugoni School of Dentistry, Pacific Center for Special Care, Virtual Dental Home Project, at University of the Pacific Dental Hygiene Clinic, Stockton, CA, June 26 & 27, 2015

Placement of Interim Therapeutic Restorations, presentation and 2 day clinical training for Train The Trainer: ITR Techniques for Dental Hygiene Educators program, University of the Pacific, Arthur A. Dugoni School of Dentistry, Pacific Center for Special Care, Virtual Dental Home Project, at West Coast University Dental Hygiene Clinic, Anaheim, CA, August 8 & 9, 2015

Local Anesthesia Human Cadaver Dissection Workshop, half day CE hands on course with Dr. J. Mel Hawkins, California Dental Association 2015 Annual Session, San Francisco, CA, August 22, 2015

An Update on Local Anesthesia Pharmacology and Techniques, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 25, 2015

Is There Such A Thing As Minimally Invasive Local Anesthesia?, evening CE course, Santa Clara County Dental Society, Campbell, CA, October 8, 2015

It's Alive! The Anatomical Basis of Dentistry, full day CE course, part of multi-day Implant MaxiCourse, Rutgers University School of Dentistry Continuing Education Program, Newark, NJ, October 18, 2015

Local Anesthesia Human Cadaver Dissection Workshop, half day CE hands-on course; Pharmacology, What's New and Case Reports, half day CE lecture; and Local Anesthesia: Block and Infiltration Technique Updates, half day CE lecture; all with Dr. J. Mel Hawkins, American Dental Association 2015 Annual Session, Washington, DC, November 5 – 8, 2015

Local Anesthesia Human Cadaver Dissection Workshop, half day CE hands-on course with Dr. J. Mel Hawkins, Maryland Academy of General Dentistry MasterTrack Program, Baltimore, MD, December 4, 2015

Don't Just Inject, Add some Finesse: Local Anesthesia Hands-on Workshop, with Dr. Bernadette Alvear-Fa, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, December 12, 2015

Are You Numb Yet? The Pharmacology of Local Anesthesia, and Wait! I Still Feel That! Problem-Solving the Delivery of Local Anesthesia, two half day CE lectures and The Anatomical Basis of Local Anesthesia Technique, two half day hands-on CE courses, Yankee Dental Congress, Boston, MA, Jan. 28 & 29, 2016

Are You Numb Yet? Problem Solving the Delivery of Local Anesthesia, full day CE course, Loma Linda University School of Dentistry, Loma Linda, CA, January 31, 2016

Update: Dental Caries, CE lecture, Marin County Dental Society Ski Week Seminar, Vail, CO, February 29, 2016

Are You Numb Yet? Problem Solving the Delivery of Local Anesthesia, full day CE course, Stanislaus Dental Society, Modesto, CA, April 8, 2016

Are You Numb Yet? The Anatomy of Local Anesthesia, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, May 7, 2016

Update: Dental Caries, evening CE lecture, Newark Dental Study Club, Newark, NJ, May 19, 2016

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, full day CE course, Rutgers University School of Dentistry, Newark, NJ, May 20, 2016

Innovation Through Collaboration – An Overview of the University of the Pacific, Arthur A. Dugoni School of Dentistry Virtual Dental Home Program, a poster presentation competition (placed third overall) with Paul E. Subar, American Dental Education Association Commission for Change and Innovation Liaisons Summer Meeting, New Orleans, LA, June 7 & 8, 2016

Problem Solving the Delivery of Local Anesthesia: Controversies and Solutions, half day CE course, 51<sup>st</sup> Annual Burke Memorial Dental Symposium, Naval Postgraduate School, Monterey, CA, June 25, 2016

Placement of Interim Therapeutic Restorations, presentation and 2 day clinical training for Train The Trainer: ITR Techniques for Dental Hygiene Educators program, University of the Pacific, Arthur A. Dugoni School of Dentistry, Pacific Center for Special Care, Virtual Dental Home Project, San Francisco, CA, August 20 & 21, 2016

An Update on Local Anesthesia Pharmacology and Techniques, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 16, 2016

It's Alive! The Anatomical Basis of Dentistry, full day CE course, part of multi-day Implant MaxiCourse, Rutgers University School of Dentistry Continuing Education Program, Newark, NJ, October 16, 2016

Local Anesthesia Human Cadaver Dissection Workshop, half day CE hands-on workshop; Local Anesthesia: Clinical Pharmacology and Case Reports, half day CE lecture; and Local Anesthesia: Block and Infiltration Technique Updates, American Dental Association 2016 Annual Session, Denver, CO, October 20 & 21, 2016

Don't Just Inject, Add some Finesse: Local Anesthesia Hands-on Workshop, with Dr. Bernadette Alvear-Fa, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, October 29, 2016

Open Wide! The Anatomical World of the Oral Cavity, noontime CE course, Mission Dental Study Club, San Francisco, CA, January 25, 2017

Are Your Patients Getting Comfortably Numb? Local Anesthesia Pharmacology Updates; Are Your Patients Getting Comfortably Numb? Local Anesthesia Technique Updates; and It's Alive! Head & Neck Anatomy Review for Dentistry, 3 half day CE lectures, Star of the South Dental Meeting, Houston, TX, March 2 & 3, 2017

Placement of Interim Therapeutic Restorations, presentation and 2 day clinical training for Train The Trainer: ITR Techniques for Dental Hygiene Educators program, Santa Rosa, CA Dental Hygiene Program,, Virtual Dental Home Project, Santa Rosa, CA, March 25 & 26, 2017

Are You Numb Yet? Anatomy of Local Anesthesia, full day CE course, California Academy of General Dentistry Master Track Program, Newport Beach, CA, April 9, 2017

Are Your Patients Getting Comfortably Numb? The Pharmacology of Local Anesthesia, and Are You Numb Yet? Problem-Solving the Delivery of Local Anesthesia, 2 half day CE lectures, Star of the North Dental Meeting, Saint Paul, MN, April 27, 2017

Dental Caries: A Global Perspective, CE lecture, Surfer's Medical Association, Tavarua, Fiji, June 28, 2017

An Update on Local Anesthesia Pharmacology and Techniques, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 15, 2017

Local Anesthesia for Pediatric Dentistry, 2 half day CE lectures, Bruin in the Woods, UCLA Conference Center, Lake Arrowhead, CA, September 22 & 23, 2017

Local Anesthesia Research and Troubleshooting Seminars, full day CE course, and An Update on Oral Medicine and Oral Diagnosis, full day CE course, California Academy of General Dentistry Master Track Program, Newport Beach, CA, October 14 & 15, 2017

Better Anesthesia Through Chemistry: Local Anesthesia Pharmacology Update; Technique Matters: Local Anesthesia Techniques Update, 2 half day CE lectures; and Cut to the Chase: Cadaver Dissection for Local Anesthesia Workshop, half day CE hands-on workshop with Dr. J. Mel Hawkins, American Dental Association 2017 Annual Session, Atlanta, GA, October 19 & 20, 2017

It's Alive! The Anatomical Basis of Dentistry, full day CE course, part of multi-day Implant MaxiCourse, Rutgers University School of Dentistry Continuing Education Program, Newark, NJ, October 29, 2017

Advanced Local Anesthesia Technique – A lecture/workshop experience, full day CE course with Dr. Mel Hawkins, Loma Linda University School of Dentistry, Loma Linda, CA, November 5, 2017

The Science of Prevention and Minimally Invasive Dentistry: The Diminishing Role of the Dental Drill, presentation to the California Statewide Taskforce for People with Special Need and Aging Californians, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, November 10, 2017

Local Anesthesia Cadaver Dissection Workshop, full day CE course with Dr. Mel Hawkins tailored for dental hygienists, Pierce College, Lakewood, WA, November 18, 2017

Are Your Patients Getting Comfortably Numb? The Pharmacology of Local Anesthesia, and Wait! I Still Feel That! Problem-Solving the Delivery of Local Anesthesia, two half day CE lectures, Hawaii Dental Convention, Honolulu, HI, Jan. 18 & 19, 2018

Are Your Patients Getting Comfortably Numb? An Update on Local Anesthesia, CE webinar for Dental ED for Hygienists, February 22, 2018

Updates on Minimally Invasive Dentistry: Silver Diamine Fluoride (Lecture 1) and Caries Removal and Restoration (Lecture 2), two CE lectures, Marin County Dental Society Annual Ski Conference, Telluride, CO, March 1 & 2, 2018

Are Your Patients Getting Comfortably Numb? An Update and Review of Local Anesthesia Techniques and Pharmacology, full day CE course, Loma Linda University School of Dentistry, Loma Linda, CA, March 18, 2018

Wait! I Still Feel That! The Anatomy of Local Anesthesia Techniques, and It's Alive! The Anatomical Basis of Dentistry, two half day CE lectures, and X Marks the Spot – Local Anesthesia Techniques Hands-On Workshop x2, two half day CE participation workshops, 2018 Thomas P. Hinman Meeting, Atlanta, GA, March 22 – 24, 2018

The Science of Prevention and Minimally Invasive Dentistry: The Diminishing Role of the Dental Drill, and Placement of Interim Therapeutic Restorations, presentations for Train The Trainer: ITR Techniques for Dental Hygiene Educators program, via WebEx, March 27, 2018

Oral Medicine and Oral Diagnosis Research Reporting, full day CE course, California Academy of General Dentistry Master Track Program, Newport Beach, CA, April 7, 2018

Anesthesia Myth Busters: A Hands-on Course, full day CE course, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, April 14, 2018

Are Your Patients Getting Comfortably Numb? An Update and Review of Local Anesthesia Techniques and Pharmacology, full day CE course, Marquette University School of Dentistry, Milwaukee, WI, April 20, 2018

Local Anesthesia – Hands-On Workshop; It's Alive! Head & Neck Anatomy Review for Dentistry; Are Your Patients Getting Comfortably Numb? Local Anesthesia Pharmacology Update; Wait! I Still Feel That! Problem-Solving the Delivery of Local Anesthesia; 4 half-day CE programs, 2018 Texas Dental Association Meeting, San Antonio, TX, May 3 – 5, 2018

Placement of Interim Therapeutic Restorations, presentation for Train the Trainer: ITR Techniques for Dental Hygiene Educators program, via WebEx, May 15, 2018

CAMBRA In Action: Case Presentations, CE lecture, National CAMBRA Coalition, Denver, CO, August 17, 2018

It's Alive! The Anatomical Basis of Dentistry, full day CE course, part of multi-day Implant MaxiCourse, Rutgers University School of Dentistry Continuing Education Program, Newark, NJ, September 16, 2018

An Update on Local Anesthesia Pharmacology and Techniques, student training and faculty half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 21, 2018

Let's Cut to the Chase: Local Anesthesia Cadaver Dissection Workshop, full day CE course with Dr. Mel Hawkins, Alaska Dental Hygiene Association, Anchorage, AK, October 13, 2018

The Science of Prevention and Minimally Invasive Dentistry: The Diminishing Role of the Dental Drill, presentation to Public Health workers and dental hygiene students, University of Hawaii, Maui Campus, Kahului, Hawaii, October 15, 2018

Technique Matters: Local Anesthesia Techniques Update, half day CE lecture and Local Anesthesia Simulation Hands-on Workshop x3, half day CE workshop, with Dr. J. Mel Hawkins, American Dental Association 2018 Annual Session, Honolulu, HI, October 17 – 20, 2018

Getting Comfortably Numb? The Anatomy of Local Anesthesia, full day CE lecture, DKU – Dentists Keeping Up CE Lecture Series, The Dental Society of Chester County and Delaware County, Springfield, PA, November 1, 2018

Better Anesthesia Through Chemistry: Local Anesthesia Pharmacology, half day CE lecture; Technique Matters: Local Anesthesia Techniques Update, half day CE lecture; and Let's Cut to the Chase: Human Cadaver Dissection for Local Anesthesia, 2 half day hands-on dissection workshops, all with Dr. J. Mel Hawkins, Yankee Dental Congress, Boston, MA, January 30 – February 3, 2019

It's New, But Is It Any Better? An Update on Local Anesthesia, and It's Alive! Head & Neck Anatomy Review for Dentistry, two half day CE lectures, Chicago Midwinter Dental Meeting, February 21, 2019

The Cutting Edge: A Human Cadaver Dissection for Local Anesthesia, full day hands-on CE workshop with Dr. J. Mel Hawkins, and Location, Location, Location: Local Anesthesia Simulation Hands-on Workshop, half day CE workshop x2, American Dental Association and FDI 2019 World Dental Congress, San Francisco, CA, September 4 & 5, 2019

Numb, Numb-er, Numb-est: An Update on Local Anesthesia, half day CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, September 13, 2019

It's Alive! The Anatomical Basis of Dentistry, full day CE course, part of multi-day Implant MaxiCourse, Rutgers University School of Dentistry Continuing Education Program, Newark, NJ, September 22, 2019

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia; Numb, Numb-er, Numb-est: The Pharmacology of Local Anesthesia; and It's Alive! A Clinical Anatomy Review for the Dental Team, three half day CE lectures, Southwest Dental Conference, Dallas, TX October 10 and 11, 2019

It's Alive! The Anatomical Basis of Dentistry, full day CE course, part of multi-day Implant MaxiCourse, Nova Southeastern University School of Dentistry Continuing Education Program, Ft. Lauderdale, FL, October 13, 2019

It's New, But Is It Any Better? Local Anesthesia Update, 2.5 hour CE course, Redding Advanced Dental studies Forum, Redding, CA, November 7, 2019

The Science of Prevention and Minimally Invasive Dentistry: The Diminishing Role of the Dental Drill, 3 hour CE course, California Dental Hygiene Association, San Ramon, CA, November 9, 2019

It's New, But Is It Any Better? Local Anesthesia Update, 2 hour CE course, part of Dental Hygiene Symposium, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA, November 16, 2019

Numb, Number, Numbest: Local Anesthesia Pharmacology, half day CE lecture; "X" Marks The Spot: Hands-On Local Anesthesia Simulation, half day CE workshop; and Are You Numb Yet? Local Anesthesia Technique, half day CE lecture, Greater New York Dental Meeting, New York, New York, December 2 & 3, 2019

It's New, But Is It Better? An Update on Local Anesthesia, evening CE program, Santa Clara County Dental Society, Campbell, CA, December 12, 2019

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, half day CE lecture; and It's Alive! A Clinical Anatomy Review for the Dental Team, half day CE lecture, Star of the South Dental Meeting, Houston, TX, February 20 & 21, 2020

Numb, Numb-er, Numb-est: Maximizing Local Anesthesia Success Through Pharmacology, half day CE lecture, and Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, half day CE lecture, Pacific Dental Conference, Vancouver, British Columbia, Canada, March 5 & 6, 2020

It's New, But Is It Better? An Update on Local Anesthesia, evening online CE program, Western Los Angeles Dental Society, El Segundo, CA, June 18, 2020

Update on Caries Disease: What It Is And What To Do About It; and It's New, But Is It Any Better? An Update on Local Anesthesia Pharmacology and Techniques, two hour online CE lectures, Star of the North Dental Meeting, Minneapolis, MN, July 31, 2020

What's New: Updates on Local Anesthesia, one hour online CE lecture, Berkeley Dental Society, Emeryville, CA, September 8, 2020

It's Alive! The Anatomical Basis of Dentistry, full day online CE course, part of multi-day Implant MaxiCourse, Rutgers University School of Dentistry Continuing Education Program, Newark, NJ, September 13, 2020

It's Alive! The Anatomical Basis of Dentistry, full day CE course, part of multi-day Implant MaxiCourse, Nova Southeastern University School of Dentistry Continuing Education Program, Ft. Lauderdale, FL, October 10, 2020

Are Your Patients Getting Comfortably Numb? An Update and Review of Local Anesthesia Techniques and Pharmacology, full day online CE course, Loma Linda University School of Dentistry, Loma Linda, CA, November 1, 2020

Numb, Numb-er, Numb-est: An Update on Local Anesthesia, two hour online CE course, Cabrillo College Dental Hygiene Program, Aptos, CA, February 19, 2021

It's New, But Is It Any Better? An Update on Local Anesthesia Pharmacology and Techniques, half day online CE course, Western Regional Dental Experience (Arizona Dental Association), April 9, 2021

Are Your Patients Getting Comfortably Numb? An Update and Review of Local Anesthesia Techniques and Pharmacology, full day online CE course, California Academy of General Dentistry Master Track Program, Irvine, CA, April 11, 2021

It's New, But Is It Any Better? An Update on Local Anesthesia, two hour evening online CE course, San Mateo Dental Society (CA), April 15, 2021

Myth Busters: The Local Anesthesia Episode, 1.5 hour online course, California Student Academy of General Dentistry Clubs sponsored by the Loma Linda University School of Dentistry student group, May 5, 2021

Numb, Numb-er, Numb-est: The Latest Local Anesthesia Pearls, 1.5 hour online CE course, Sacramento District Dental Society (CA), May 11, 2021

Wait! I Still Feel That! Solving the Delivery of Local Anesthesia, half day CE lecture, and “X” Marks The Spot: Hands-On Technique Simulation for Local Anesthesia, half day CE workshop, Florida Dental Convention (Florida Dental Association), Orlando, Florida, June 26, 2021

Numb, Numb-er, Numb-est: An Update on Local Anesthesia, half day CE lecture, and “X” Marks The Spot: Local Anesthesia Simulation Hands-On Workshop, half day CE workshop, Southwest Dental Conference, Dallas, TX, August 20, 2021

Local Anesthesia Research and Troubleshooting Seminars, full day CE course, and Open Wide! The Art and Science of Oral Diagnosis and Oral Medicine, full day CE course, California Academy of General Dentistry Master Track Program, Irvine, CA, October 9 & 10, 2021

Problem Solving the Delivery of Local Anesthesia Techniques, 1.5 hour CE lecture, and The Anatomy of Local Anesthesia: Human Cadaver Dissection, half day CE workshop, Smile-Con, American Dental Association Annual Session, Las Vegas, NV, October 12, 2021

Are Your Patients Getting Comfortably Numb? An Update and Review of Local Anesthesia Techniques and Pharmacology, full day online CE lecture, San Fernando Valley Dental Society, Chatsworth, CA, October 20, 2021

Numb, Numb-er, Numb-est: Update on Local Anesthesia Pharmacology and Techniques, 1.5 hour online CE lecture, Thompson Okanagan Dental Society, Kelowna, British Columbia, Canada, October 22, 2021

Numb, Numb-er, Numb-est: Maximizing Local Anesthesia Success through Pharmacology and Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, half day CE lectures, Chicago Midwinter Dental Meeting, Chicago, IL, February 25, 2022

Numb, Numb-er, Numb-est: Updates on Local Anesthesia, half day CE lecture; "X" Marks The Spot: Local Anesthesia Techniques Hands-On Workshop, half day CE workshop; Are Your Patients Getting Comfortably Numb? Maximizing the Pharmacology of Local Anesthetics, half day CE lecture, Thomas P. Hinman Dental Meeting, Atlanta, GA., March 17 & 18, 2022

It's New, But Is It Any Better? An Update on Local Anesthesia Pharmacology and Technique, half day CE lecture; It's Alive! A Clinical Anatomy Review for the Dental Team, half day CE lecture; Prevention and Minimally Invasive Dentistry: Diminishing the Role of the Dental Drill, half day CE lecture; and “X” Marks the Spot: Hands-On Technique Simulation for Local Anesthesia Workshop, half day CE workshop, Star of the North Dental Meeting, Minneapolis, MN, April 28 & 29, 2022

It's New, But Is It Any Better? An Update on Local Anesthesia, 1.5 hour online evening CE lecture, Maimonides Dental Study Club, Baltimore, MD, May 9, 2022

It's Alive! Anatomical Considerations for Site Development, 1 hour CE lecture, American Academy of Implant Dentistry Western District Meeting, San Francisco, CA, June 10, 2022

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, half day CE lecture; Preventive and Minimally Invasive Dentistry: Diminishing the Role of the Dental Drill, half day CE lecture; It's Alive! A Clinical Anatomy Review for the Dental Team, half day CE lecture; and Are Your Patients Getting Comfortably Numb: Maximizing the Pharmacology of Local Anesthesia, half day CE lecture; University of the Pacific, Arthur A. Dugoni School of Dentistry Continuing Education Department Land Tour Program, Sacred Valley of the Incas, Peru, August 6 – 14, 2022



Numb, Numb-er, Numb-est: An Update on Local Anesthesia, evening CE program, Nu Image Dental Continuing Education Program, Raleigh, NC, September 15, 2022

“X” Marks the Spot! Technique Simulation Workshop for Local Anesthesia, half day CE workshop; It’s Alive! The Anatomical Basis of Dentistry: A Hands-On Workshop Using Plastinated Head and Neck Specimens, full day CE workshop; and Wait! I Still Feel That! Problem Solving Local Anesthesia, half day CE lecture, American Dental Association, Houston, TX, October 13 – 15, 2022

Are Your Patients Getting Comfortably Numb? An Update and Review of Local Anesthesia Techniques and Pharmacology, full day CE lecture, Gundersen Health System Dental Continuing Education Conference, La Crosse, WI, October 28, 2022

Are You Numb Yet? Pharmacology of Local Anesthesia, 3 hour CE lecture; Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia, 3 hour CE lecture; “X” Marks The Spot: Hands-On Technique Simulation for Local Anesthesia Workshop, 3 hour CE workshop, Chicago Midwinter Dental Meeting, Chicago, IL, February 23 & 24, 2023

Are Your Patients Getting Comfortably Numb? An Update and Review of Local Anesthesia Techniques and Pharmacology, full day CE lecture, Cincinnati Dental Society, Sharonville, OH, March 3, 2023

Numb, Numb-er, Numb-est: Updates on Local Anesthesia, 3 hour CE lecture; Wait! I Still Feel That! The Anatomy of Local Anesthesia Techniques, 1.5 hour CE lecture; "X" Marks the Spot: Local Anesthesia Techniques Simulation Hands-On Workshop, 3 hour CE workshop x2; Hinman Dental Meeting, Atlanta, GA, March 16 – 18, 2023

It’s Alive! A Clinical Anatomy Review for the Dental Team, 3 hour CE lecture, and Numb, Numb-er, Numb-est: An Update on Local Anesthesia Pharmacology and Techniques, 3 hour CE lecture, Central Coast Dental Society, San Luis Obispo, CA, April 28, 2023

Numb, Numb-er, Numb-est: The Pharmacology of Local Anesthesia, 3 hour CE lecture, and Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia Techniques, 3 hour CE lecture, Colorado Dental Association, Snowmass, CO, June 10, 2023

Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia Techniques, 3 hour CE lecture and "X" Marks the Spot: Local Anesthesia Techniques Simulation Hands-On Workshop, 3 hour CE workshop, Florida Dental Association, Kissimmee, FL, June 29, 2023

It’s Alive! Anatomical Basis of Dentistry, 3 hour CE lecture; Wait! I Still Feel That! Problem Solving the Delivery of Local Anesthesia Techniques, 3 hour CE lecture; What’s New? Update on Local Anesthesia Pharmacology and Safety, 3 hour CE lecture; and "X" Marks the Spot: Local Anesthesia Techniques Simulation Hands-On Workshop, 3 hour CE workshop, National Academy of General Dentistry Meeting, Las Vegas, NV, July 20 & 21, 2023

Numb, Numb-er, Numb-est: Update on Local Anesthesia, 3 hour CE lecture and "X" Marks the Spot: Local Anesthesia Techniques Simulation Hands-On Workshop, 3 hour CE workshop, Southwest Dental Conference, Dallas, TX, August 25, 2023

Numb, Numb-er, Numb-est: Update on Local Anesthesia, 3 hour CE lecture and "X" Marks the Spot: Hands-On Local Anesthesia Techniques Simulation Workshop, 3 hour CE workshop, Mid-Continent Dental Conference, St. Louis, MO, October 27, 2023

"X" Marks the Spot: Hands-On Local Anesthesia Techniques Simulation Workshop, 4 hour CE workshop, West Los Angeles Dental Society, Lawndale, CA, November 11, 2023

## **PUBLICATIONS**

### **BOOKS**

Budenz, Alan W, & Hall, Walter B, Chapter 1: Medical History, and Chapter 62: Local Anesthesia Considerations for Periodontal Treatment, Hall's Critical Decisions in Periodontology & Dental Implantology, 5<sup>th</sup> Edition, Lisa A. Harpenau, Richard T. Kao, William P. Lundergan, & Mariano Sanz, ed., People's Medical Publishing House – USA, Shelton, CN, 2013, pp. 3-5 and 173-174.

Budenz, Alan W, & Young, Douglas A, Chapter 15: Intraoral Examination, Dental Hygiene: Concepts, Cases, and Competencies, 2<sup>nd</sup> Edition, Susan J. Daniel & Sherry A. Harfst, ed., Mosby Inc., St. Louis, MO, 2008, pp. 291-306.

Budenz, Alan W, & Young, Douglas A, Chapter 12: Intraoral Examination, and Chapter 15: Hard Tissue Examination, Dental Hygiene: Concepts, Cases, and Competencies, Susan J. Daniel & Sherry A. Harfst, ed., Mosby Inc., St. Louis, MO, 2002, pp. 245-266 and 309-332.

### **JOURNAL ARTICLES – Peer Reviewed**

Giusti, Lola, **Budenz, Alan W.**, Mushiana, Swapandee S., Steinborn, Cathrine, Caring for Patients Who Abuse Methamphetamine, *Decisions in Dentistry*, Vol. 2 No. 11, November 2016, pp. 36-39.

Giusti, Lola, **Budenz, Alan W.**, Mushiana, Swapandee S., Steinborn, Cathrine, Caring for Patients Who Abuse Methamphetamine, *Dimensions in Dental Hygiene*, November 2016, pp. 36-39.

Alvear Fa, Bernadette, Speaker, Steven R., and **Budenz, Alan W.**, Temporary Diplopia After Gow-Gates Injection: Case Report and Review, *Anesthesia Progress*, Vol. 63, No. 3, Fall 2016, pp. 139-146.

Glassman, Paul, Subar, Paul, and **Budenz, Alan W**, Managing Caries in Virtual Dental Homes Using Interim Therapeutic Restorations, *Journal of the California Dental Association*, Vol. 41 No. 10, October 2013, pp. 745-752.

**Budenz, Alan W**, and Subar, Paul, Community-Based Prevention and Early Intervention Strategies, *Journal of the California Dental Association*, Vol. 40 No. 7, July 2012, pp. 597-603.

**Budenz, Alan**, Injection Technique and Local Anesthetic Agent Selection, *Texas Dental Journal*, Vol. 128 No. 1, January 2011, pp. 110-112.

**Budenz, Alan**, Selection Factors for Local Anesthetic Agents, *Journal of the California Dental Association*, Vol. 36 No. 10, October 2008, pp. 735-738.

Jenson, Larry, **Budenz, Alan**, Featherstone, John, Ramos-Gomez, Francisco, Spolsky, Valdimir, Young, Douglas, Clinical Protocols for Caries Management by Risk Assessment, *Journal of the California Dental Association*, Vol. 35 No. 10, October 2007, pp. 714-723.

**Budenz Alan**, Factors for Local Anesthetic Selection, *Journal of Practical Hygiene*, Vol. 16 No. 2, March 2007, pp. 14 - 16.

Holmes, David, Boston, Daniel, **Budenz, Alan**, & Licari, Frank, Clinical Curriculum for the Twenty-First Century, *Journal of Dental Education*, Vol. 67 No. 12, December 2003, pp. 1299 – 1301.

Holmes, David, Boston, Daniel, **Budenz, Alan**, & Licari, Frank, Predoctoral Clinical Curriculum Models at U.S. and Canadian Dental Schools, *Journal of Dental Education*, Vol. 67 No. 12, December 2003, pp. 1302 – 1311.

**Budenz, Alan**, Local Anesthetics in Dentistry: Then and Now, *Journal of the California Dental Association*, Vol. 31 No. 5, May 2003, pp. 388-396.

Chambers, David, **Budenz, Alan**, Fredekind, Richard, & Nadershahi, Nader, Debt and Practice Profiles of Beginning Dental Practitioners, *Journal of the California Dental Association*, Vol. 30 No. 12, Dec. 2002, pp. 909-914.

**Budenz, Alan**, Local Anesthetics and Medically Complex Patients, *Journal of the California Dental Association*, Vol. 28 No. 8, August 2000, pp. 611-619.

Cuny, Eve, Fredekind, Richard, & **Budenz, Alan**, Dental Safety Needles: Results of a One-Year Evaluation, *Journal of the American Dental Association*, Vol. 131, October 2000, pp. 1443-1448.

Jacobsen, Peter, Fredekind, Richard, **Budenz, Alan**, & Carpenter, William, An Updated Multiple Language Health History for Dental Practice, *Journal of the California Dental Association*, Vol. 28 No. 7, July 2000, pp. 492-509.

Cuny, Eve, Fredekind, Richard, & **Budenz, Alan**, Safety Needles – New Requirements of the OSHA Bloodborne Pathogens Rule, *Journal of the California Dental Association*, Vol. 27 No. 7, July 1999, pp. 525-530.

**Budenz, Alan** & Osterman, Seth R., A Review of Mandibular Anesthesia Nerve Block Techniques, *Journal of the California Dental Association*, Vol. 23 No. 9, September 1995, pp 27-34.

#### **JOURNAL ARTICLES – Non-refereed**

**Budenz, Alan**, Local Anesthesia for Pain-Free Dentistry, *Dear Doctor*, Vol. 5 No. 1, April 2011, pp. 40-41.

**Budenz Alan**, The Importance of Technique Selection for Administration of Local Anesthetics, *Contemporary Oral Hygiene*, Vol. 7 No. 4, April 2007, pp. 20 - 26.

Young, Douglas A, Buchanan, Philip, Lubman, Richard G, & **Budenz, Alan**, CAMBRA is Minimally Invasive Dentistry, *Dental Products Report*, March 2006.

Young, Douglas, Miller, Christine, **Budenz, Alan**, Fredekind, Richard, & Hoover, Terry, Caries Management By Risk Assessment (CAMBRA): Out of the Classroom and into the Clinic, published in *Best Practices in Dental Education 2004*, Editors NK Haden, JE Chmar, & RW Valachovic, American Dental Education Association Center for Educational Policy & Research, May 2004

**Budenz, Alan**, ContactPoint, University of the Pacific School of Dentistry, Vol. 83, No. 1, April 2003, p. 2, practice tips: Write It Down!

Jacobsen, Peter, Fredekind, Richard, **Budenz, Alan**, & Carpenter, William, The Medical Health History in Dental Practice, a CE course published by MetLife and distributed to their 65,000 participating dentists, July 2003.

## **ABSTRACTS**

Edwards, Karen A. and **Budenz, Alan W.**, Neck of the Condyle Directed Gow-Gates Injection Technique, Journal of Dental Education, Vol. 76, No. 2, February 2012, p. 222.

## **BOOK REVIEWS**

Journal of Dental Education, Vol. 51, No. 12, December 1987, pp. 728-729, text: Medical Examination Review: Anatomy

## **PUBLISHED BLOGS**

**Budenz, Alan**, Simplifying the Gow-Gates Mandibular Division Block Injection for the 106<sup>th</sup> Thomas P. Hinman Dental Meeting, Atlanta, GA, published Jan. 29, 2018

## **PUBLISHED INTERVIEWS**

Local Anesthesia a Key Consideration, excerpt from interview with Dr. Michael DiTolla, Dental Economics, June 2007, p. 40.

20 Questions with Dr. Alan Budenz, One – On – One with Dr. Michael DiTolla, Chairsides, Publication of Glidewell Laboratories, Vol. 2 No. 1, April 2007, pp. 44 – 51.

Pain Free Dentistry: Fact or Fiction?, Review, the official publication of the Chicago Dental Society, July – August 1998, pp. 14 – 21.

## **RADIO INTERVIEWS**

An interview with Dr. Alan Budenz, “Kids and Dentistry: Parents are a Pain”, regarding local anesthesia and the relationship between patient fear of injections and dentists in general, aired on Voice of America and American Forces Network. The broadcast reached more than 125 million listeners during the month of November 2003.

## **GRANTS**

Fredekind, Richard E. (Investigator), Budenz, Alan W. (Co-Investigator), Cuny, Evelyn (Co-Investigator), Kirk, Jeffrey S. (Principal), "Safety device evaluation project: clinical test, Safety Syringes," Sponsored by Safety Syringes, Inc., Private, \$19,000.00. (August 16, 2004 - November 3, 2004).

Cuny, Evelyn (Principal), Fredekind, Richard E. (Co-Investigator), Budenz, Alan W. (Co-Investigator), "Safety Device Evaluation Project: Medical Technologies Bench Test," Sponsored by Medical Technologies, Private, \$36,400.00. (2002).

Fredekind, Richard E. (Principal), Cuny, Evelyn (Co-Investigator), Budenz, Alan W. (Co-Investigator), Kirk, Jeffrey S. (Co-Investigator), "Safety Device Evaluation Project: Safety Syringes Clinical Test," Sponsored by Safety Syringes, Inc., Private, \$26,950.00. (May 1, 2002 - August 1, 2002).

Fredekind, Richard E. (Associate Investigator), Budenz, Alan W. (Principal), Cuny, Evelyn (Co-Investigator), "Safety Device Evaluation Project: Protecs Bench Test," Sponsored by Protecs, Inc., Private, \$10,850.00. (February 1, 2002 - April 1, 2002).

Fredekind, Richard E. (Principal), Budenz, Alan W. (Co-Investigator), Cuny, Evelyn (Co-Investigator), "Safety Device Evaluation Project: Safety Syringes Bench Test," Sponsored by Safety Syringes, Inc., Private, \$10,850.00. (September 1, 2001 - November 30, 2001).

## **OFFICES HELD IN NATIONAL/REGIONAL PROFESSIONAL ORGANZATIONS**

1978-1982	Treasurer, UCSF, School of Dentistry, Class of 1982
1980-1981	Controller, Associated Dental Students, UCSF School of Dentistry
1981-1982	President, Associated Dental Students, UCSF School of Dentistry
1987-1989	Chairman, San Francisco Dental Society, District III
1992-2020	Board of Directors, UCSF Dental Alumni Association
1993-1995	Secretary, Chair-Elect, Chair, American Association of Dental Schools, Section of Anatomical Sciences (one year term per office)
1995-1996	Second Vice President, Medico-Dental Study Guild of California
1996-1997	First Vice President, Medico-Dental Study Guild of California
1996-1997	Vice President, UCSF Dental Alumni Association
1997-1998	President-Elect, Medico-Dental Study Guild of California
1997-1998	President-Elect & Annual Scientific Session Program Chair, UCSF Dental Alumni Association
1998-1999	President, Medico-Dental Study Guild of California
1998-1999	President, UCSF Dental Alumni Association
1999-2000	General Chairman, Medico-Dental Study Guild of California
1999-2000	Immediate Past President and Chair, Strategic Action Committee, UCSF Dental Alumni Association
1998-2002	Newsletter Editor, Secretary, Chair-Elect, Chair, American Association of Dental Schools/ American Dental Education Association, Section of Comprehensive Care & General Dentistry (one year term per office)
1998-2003	Medical Advisory Board, Consumer Health Interactive
2004-2022	Board of Directors, Northern California Chapter of the American College of Dentists and School representative for Pacific Dugoni School of Dentistry
2004-2007	Councilor, American Dental Education Association, Section of Comprehensive Care & General Dentistry (three year term)
2005-2009	American Dental Education Association Council of Sections Task Force on Competencies and Foundation Knowledge

2005-2006	Advisory Board, World Congress of Minimally Invasive Dentistry
2006-2013	Board of Directors, World Congress of Minimally Invasive Dentistry
2006-2007	Secretary, World Congress of Minimally Invasive Dentistry
2006-2007 2007-2008	American Dental Education Association Council of Sections Membership Task Force Vice President, World Congress of Minimally Invasive Dentistry
2007-2009	Guest member of California Dental Association Board of Trustees representing dental education
2007-2010	Vice-Chair, Northern California Chapter of the American College of Dentists
2007-2012	Board of Directors, Alumni Association of the University of California, San Francisco
2008-2009	Treasurer and dental alumni representative to the Alumni Association of the University of California, San Francisco
2008-2010	President, World Congress of Minimally Invasive Dentistry
2009-2011	Chair, Northern California Section of the American College of Dentists
2009-2011	Secretary, Alumni Association of the University of California, San Francisco
2010-2012	Immediate Past President, World Congress of Minimally Invasive Dentistry
2011-2013	Immediate Past Chair, Northern California Section of the American College of Dentists
2012-2018	Board of Directors, University of the Pacific, Arthur A. Dugoni School of Dentistry Dental Alumni Association
2017-present	Board of Managers, CDA Presents
2018	Secretary, University of the Pacific, Arthur A. Dugoni School of Dentistry Dental Alumni Association
2018-2019	Vice President, University of the Pacific, Arthur A. Dugoni School of Dentistry Dental Alumni Association
2019-2020	President-Elect, University of the Pacific, Arthur A. Dugoni School of Dentistry Dental Alumni Association
2020-2021	President, University of the Pacific, Arthur A. Dugoni School of Dentistry Dental Alumni Association
2021-2022	Immediate Past President, University of the Pacific, Arthur A. Dugoni School of Dentistry Dental Alumni Association

2021 –2022                      Member-At-Large, Board of Directors, Northern California Section of the American College of Dentists

## **PROFESSIONAL ORGANIZATIONS**

**Member:**                      American Dental Association  
California Dental Association  
Central Coast Dental Society  
San Francisco Dental Society  
International Federation of Dental Educators and Associations  
American Association of Dental Schools/American Dental Education Association  
Alumni Association, UCSF School of Dentistry (Executive Council)  
P&S Club, Pacific School of Dentistry Alumni Association  
Alumni Association, Psi Omega National Dental Fraternity  
Tau Kappa Omega Dental Honor Society  
Omega Kappa Upsilon National Dental Honor Society  
Pierre Fauchard Academy  
American College of Dentists  
International College of Dentists  
World Congress of Minimally Invasive Dentistry  
American Dental Society of Anesthesiology  
American Association of Clinical Anatomists  
International Society for Plastination  
American National Standards Institute Accredited Standards Committee of the  
   American Dental Association  
Western Pedodontic and Odontic Society  
Medico-Dental Study Guild of California  
Surfer's Medical Association  
Pacific School of Dentistry Ultrasonics Swimming Team  
American Academy of Cariology

Attended numerous meetings and functions of all the above organizations

## **PROFESSIONAL SERVICE ACTIVITIES**

<b>Chronological Dates</b>	<b>Organization</b>	<b>Description of Activity</b>
1993-present	UCSF School of Dentistry	Student/Alumni Mentoring Program: discussing dental occupation options/real world dentistry with dental students
1993-2018	American Dental Association California Dental Association	Volunteer room and/or site host for dental meetings
1994-2008	American Dental Association Health Screening Program	Volunteer health screener, head & neck exams
1995 & 1996	American Association of Dental Schools	Faculty representative to Pacific Region AADS Student Leaders Conferences to discuss and share thoughts on dental student issues
1996-2010	Pacific School of Dentistry	Organized swimming team to foster

camaraderie and physical fitness in spite of busy work/school schedules and as a healthy means of stress management

2005-2014	American Dental Association	Member, Standards Committee for Dental Products, Working Group 4.32 on Syringes, Cartridges, Needles
2010-2016	American Dental Association	ADA Seminar Series CE presenter
2017	California Dental Association	Assistant to the Board of Managers, CDA Presents, planning and implementing two state-wide membership continuing education meetings per year
2018-2019	California Dental Association	Associate member, Board of Managers for CDA Presents
2019-present	California Dental Association	Member, Board of Managers for CDA Presents

## COMMUNITY SERVICE ACTIVITIES

Chronological Dates	Organization	Description of Activity
1980-1998	Bill Graham Enterprises	Helped organize and complete numerous benefit and fund raising events for a wide variety of community service organizations (food & clothing drives, drug awareness & abstinence programs, youth music & team activities for both in and after school as a deterrent to gang activity, adult wellness programs, Jewish community/GLBT/diversity recognition programs, etc.)
1994-present	Pacific School of Dentistry	Helped plan and complete numerous local, state, and international (Costa Rica, Fiji, Guatemala, Jamaica, Philippines, Peru) dental missions to serve populations with limited access to dental care and oral health awareness
2000-present	Pacific School of Dentistry	Student Community Outreach for Prevention and Education health fair faculty supervisor and regional community satellite clinic faculty supervisor (occasional)
2009-present	Pacific School of Dentistry	The Virtual Dental Home project involving community-based RDHAP, RDH in Public Health, and RDAs collaborating with dentists using tele-



		dentistry technology to reach institution- or home-bound patients with limited access to dental care (content expert and clinical instructor)
2014-2018	Pacific School of Dentistry	Dental service mission to Jamaica providing general dental treatment to the Jamaican population
2017	California Dental Association	Assistant Program Manager for CDA Presents Scientific Sessions (two state-wide meetings per year: one in Southern California, one in Northern California)
2017	Surfer's Medical Association	Dental and medical service mission to Momi and Nabilla, Fiji
2018-present	California Dental Association	Board of Managers for CDA Presents Scientific Sessions
2018	Pacific School of Dentistry	Dental service mission to Cebu, Philippines and to Whitehouse, Jamaica providing general dental treatment to the local in-need population
2019	Pacific School of Dentistry	Dental service mission to Cebu, Philippines and to Jamaica providing general dental treatment to the local in-need population

## **MISCELLANEOUS**

Consultant to the American Dental Association Council on Dental Practice, 2010 -2013

Consultant to Septodont Inc. on local anesthesia pharmacology and techniques, 2010 - present

Legal expert: Dentally related local anesthesia, nerve injuries, head & neck anatomy, standard of care  
Content Reviewer: Journal of the California Dental Association, Journal of Dental Education, Journal of the American Dental Association

Consumer Health Interactive, a web-site of consumer-oriented dental health information

Designer and administrator: State of California, Department of Consumer Affairs, Board of Dental Examiners: programs for remediation of active practitioners in the subjects of pain control & local anesthesia and oral diagnosis, oral medicine, health evaluation, & treatment planning

Inaugural Dentsply Summit: Meeting of the Minds, Asheville, NC, April 2009

Planning Committee, National CAMBRA Coalition Annual Session, 2018 – 2020

Curriculum Consultant, California Northstate University College of Dental Medicine 2020 – 2021

### **Request for reinstatement of an expired license – Colette Rose Graham, R.D.H.**

The Board has received a request for the reinstatement of an expired license. OAR 818-021-0085 requires that before a license that has been expired may be reinstated, the applicant must complete a number of steps. One of the requirements for reinstatement is that the applicant “passes any other qualifying examination as may be determined necessary by the Board after assessing the applicant’s professional background and credentials.”

Colette Rose Graham (H6775) held a license to practice dental hygiene in Oregon that expired on September 30, 2022. Since Ms. Graham’s dental hygiene license expired, she has not held any other licenses. Ms. Graham would now like to reinstate her Oregon dental hygiene license so she can resume practicing in Oregon. Ms. Graham has submitted a License and Permit Reinstatement Application, fees, proof of continuing education for the renewal cycle(s) during which her license was expired, passed the Board’s Jurisprudence Examination, and has submitted a background check. No other licensing agencies report any adverse action taken against Ms. Graham. Board staff submitted an inquiry to the National Practitioners Data Bank and the Healthcare Integrity Data Bank and no negative information regarding Ms. Graham has been filed by any other entity in either of these data banks.

Pursuant to OAR 818-021-0085, the Board needs to determine if it is necessary for Ms. Graham to take any further examination and whether to reinstate Ms. Graham’s dental hygiene license.

### **Relevant Rules:**

#### **818-021-0085 – Renewal or Reinstatement of Expired License**

Any person whose license to practice as a dentist or dental hygienist has expired, may apply for reinstatement under the following circumstances:

- (1) If the license has been expired 30 days or less, the applicant shall:
  - (a) Pay a penalty fee of \$50;
  - (b) Pay the biennial renewal fee; and
  - (c) Submit a completed renewal application and certification of having completed the Board's continuing education requirements.
- (2) If the license has been expired more than 30 days but less than 60 days, the applicant shall:
  - (a) Pay a penalty fee of \$100;
  - (b) Pay the biennial renewal fee; and
  - (c) Submit a completed renewal application and certification of having completed the continuing education requirements.
- (3) If the license has been expired more than 60 days, but less than one year, the applicant shall:
  - (a) Pay a penalty fee of \$150;
  - (b) Pay a fee equal to the renewal fees that would have been due during the period the license was expired;
  - (c) Pay a reinstatement fee of \$500; and
  - (d) Submit a completed application for reinstatement provided by the Board, including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.

- (4) If the license has been expired for more than one year but less than four years, the applicant shall:
- (a) Pay a penalty fee of \$250;
  - (b) Pay a fee of equal to the renewal fees that would have been due during the period the license was expired;
  - (c) Pay a reinstatement fee of \$500;
  - (d) Pass the Board's Jurisprudence Examination;
  - (e) Pass any other qualifying examination as may be determined necessary by the Board after assessing the applicant's professional background and credentials;
  - (f) Submit evidence of good standing from all states in which the applicant is currently licensed; and
  - (g) Submit a completed application for reinstatement provided by the Board including certification of having completed continuing education credits as required by the Board during the period the license was expired. The Board may request evidence of satisfactory completion of continuing education courses.
- (5) If a dentist or dental hygienist fails to renew or reinstate his or her license within four years from expiration, the dentist or dental hygienist must apply for licensure under the current statute and rules of the Board.

**OREGON BOARD OF DENTISTRY  
LICENSE AND PERMIT REINSTATEMENT APPLICATION**

Return to: Oregon Board of Dentistry  
Unit 23  
PO Box 4395  
Portland, OR 97208-4395

RECEIVED

OCT 02 2025

Oregon Board  
of Dentistry

2103 \$510.00

1290 \$750.00

1707 \$8.00

Name *Colette Graham*  
License # *H6775*

Licensure Fees:	\$510.00
Penalty Fee:	\$250.00
Reinstatement:	\$500.00
OWHI Survey Fee:	\$8.00
Total:	\$1,268.00



Please list the address to which you prefer your mail to be sent. At least one address must be a physical street address.

☐ Primary  
Business Address

☒ Home  
Address

*815 Claggett St. NE  
Keizer, OR 97303*

Phone: *503-569-7620*

Email Address: *colette.livengood@gmail.com*

**NOTE: ALSO COMPLETE AND SIGN ON THE REVERSE  
INCOMPLETE FORMS WILL BE RETURNED**

## Renewal Application Personal History Questions

Answer all questions in both Category I and Category II. Category I will help the Board determine if you meet the essential requirements for registration. Category II will help the board determine if you are qualified to practice safely and competently, with or without reasonable modification.

If you answer "yes" to any of the questions, you must submit a complete explanation of the event(s) or conditions(s), including dates, names, addresses, circumstances, and results. If you need more space than is provided here, you may submit additional information on a separate form.

NOTE: Answer all the following questions completely and honestly. Omission or false, misleading, or deceptive information in applying for or procuring a license, registration, or reactivation in Oregon is a violation of the Dental Practice Act and is grounds for a fine and future disciplinary action by the Board, including denials, suspension, or revocation of licensure. Such acts are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organizations.

### Category I

The answers to these questions may be subject to disclosure in response to a public records request under state law. The answers may be considered by the Board and may be disclosed in any contested case hearing or appeal of a licensing decision based upon them.

Question 1: Do you hold any licenses to practice another health care profession?

Yes ☐ No ☒

If yes, list the states/jurisdictions in which you are currently licensed. Include license numbers.

Question 2: Since the date of your last license renewal application, has any licensing board refused to license, refused to renew, denied you a license to practice, or asked you or permitted you to withdraw an application for licensure?

Yes ☐ No ☒

Question 3: Since the date of your last license renewal application, have you ever had any inquiry, disciplinary action, remediation, corrective action, or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any consent agreement, stipulated order, or settlement with any regulatory board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification?

Yes ☐ No ☒

Question 4: Since the date of your last license – add renewal application, regardless of the outcome, have you been denied approval to prescribe controlled substances, or been subject to an inquiry or charged with a violation of federal or state controlled substance laws, or been asked to surrender your DEA number?

Yes ☐ No ☒

Question 5: Since the date of your last license – add renewal application, have you been arrested and/or convicted of, pled guilty or "nolo contendere" (no contest) to ANY offense in any state in the United States or any foreign country, other than minor traffic violations? Matters in which you were pardoned and/or diverted, or the conviction was deferred, set aside, or expunged must be disclosed, excluding expunged juvenile records. Serious traffic convictions, such as reckless driving, driving under the influence of alcohol and/or drugs, hit-and-run, evading a peace officer, driving while the license was suspended or revoked, or failure to appear, must be disclosed. This list is not all-inclusive.

Yes ☐ No ☒

Question 6: Since the date of your last license – add renewal application, have you been contacted by or asked to make a response to any governmental agency in any jurisdiction regarding any criminal or civil matter of which you are the subject, whether or not a charge, claim or filing with a court actually occurred?

Yes ☐ No ☒

Question 7: Since the date of your last license – add renewal application, are there any current, proposed, impending or threatened civil or criminal actions against you, which includes, but is not limited to malpractice claims? This includes whether or not a claim, charge or filing was actually made with a court.

Yes ☐ No ☒

Question 8: Since the date of your last license – add renewal application, have you entered any formal, informal, out-of-court, confidential settlement and/or agreement to deter, prevent, or settle a claim, lawsuit, letter of intent to sue, and/or criminal action? This includes whether or not a claim, charge or filing was actually made with a court.

Yes ☐ No ☒

Question 9: Since the date of your last license – add renewal application, has any award, settlement, agreement or payment of any kind been made by you or on your behalf to resolve a malpractice claim, even if it was not required to be reported to the Federation of State Medical Boards (FSMB) or National Practitioner Data Bank (NPDB)? Have you been notified in any manner that any such claim is proposed, pending or threatened, whether or not a claim, charge or filing was actually made with a court?

Yes ☐ No ☒

Question 10: Since the date of your last license – add renewal application, have you been subject to any academic, clinical, or professional action in a postgraduate training program during this time period, including actions such as warning, remediation, probation, restriction, suspension, termination, or request to voluntarily resign?

Yes ☐ No ☒

Question 11: Since the date of your last license – add renewal application, regarding your medically related employment, have you had an employment agreement or privileges denied, reduced, restricted, suspended, revoked or terminated; or have you been subject to disciplinary action by a medically related entity including but not limited to probation; or have you been terminated from employment or subject to non-renewal of an employment agreement with or without cause; or have you been asked to voluntarily resign or voluntarily suspend your privileges; or have you been under investigation by a hospital, clinic, surgical center, or other medically related entity, or have you been notified that such action or request is pending or proposed?

Yes ☐ No ☒

Question 12: Since the date of your last license – add renewal application, have you interrupted the practice of your health care profession for two years or more?

Yes ☒ No ☐

Question 13: Since the date of your last license – add renewal application, have you ceased the practice of dentistry, dental hygiene, or dental therapy or has the nature of your practice changed since your last license renewal?

Yes ☒ No ☐