VIRGINIA BOARD OF DENTISTRY

AGENDAS

March 6-7, 2014

Department of Health Professions

Perimeter Center - 9960 Mayland Drive, 2nd Floor Conference Center - Henrico, Virginia 23233

PAGE

March 6, 2014

9:00 a.m. **Formal Hearings**

Board Business

9:00 a.m. **Call to Order – Dr. Levin, President**

Evacuation Announcement – Ms. Reen

Public Comment

Approval of Minutes

- December 5, 2013 Business Meeting P1-P7
- December 6, 2013 Formal Hearing P8-P10
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DHP Director's Report

Liaison/Committee Reports

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- AADB – Dr. Levin
  - AADB Mid-Year Meeting Preliminary Agenda P17-P18
- ADEX – Dr. Rizkalla & Dr. Rolon
  - ADEX November 10, 2013 Meeting Highlights P19-P20
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Legislation and Regulation – Ms. Yeatts

- Report of the 2014 General Assembly
- Status Report on Regulatory Actions P35
- Adopt Proposed Final Regulations:
  - Chapter 15 P36-P38
    - "Athermal Laser" information P39-P43
    - "Basic CPR vs. Basic CPR for Health Care Professionals" P44-P51
  - Chapter 21 P52-P120

- Chapter 25 P121-P147
- Chapter 30 P148-P162

Board Discussion/Action

- Review of Public Comment Topics
- Letter from Dr. Sherwin P163
- Guideline for Conscious/Moderate Sedation – Dr. Levin P164-P166
- Review of Parliamentary Use – Dr. Gaskins P167-P170
- Review of Freedom of Information Act – Dr. Gaskins P171-P172
- ADA CERP 2013 Annual Report P173-P181

Disciplinary Activity Report – Ms. Palmatier P182-P188

Executive Director's Report/Business – Ms. Reen

Case Recommendations **CONFIDENTIAL DOCUMENTS**

Closed Session

- Applicant Case # 152164
- Applicant Case # 153117
- Applicant Case # 153268
- Applicant Case # 154322

Unapproved

VIRGINIA BOARD OF DENTISTRY
MINUTES
DECEMBER 5, 2013

TIME AND PLACE: The meeting of the Board of Dentistry was called to order at 1:37 p.m. on December 5, 2013, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Jeffrey Levin, D.D.S., President

BOARD MEMBERS PRESENT:
Charles E. Gaskins, III, D.D.S.
A. Rizkalla, D.D.S.
Evelyn M. Rolon, D.M.D.
Melanie C. Swain, R.D.H.
Tammy K. Swecker, R.D.H.
James D. Watkins, D.D.S.
Bruce S. Wyman, D.D.S.

BOARD MEMBERS ABSENT:
Surya P. Dhakar, D.D.S.
Myra Howard, Citizen Member

STAFF PRESENT:
Sandra K. Reen, Executive Director for the Board
Elaine J. Yeatts, DHP Senior Policy Analyst
Kelley Palmatier, Deputy Executive Director for the Board
Huong Vu, Operations Manager for the Board

OTHERS PRESENT: None

ESTABLISHMENT OF A QUORUM: With eight members of the Board present, a quorum was established.

PUBLIC COMMENT: Dr. Mitchell J. Buzkin of Woodbridge, VA stated that his letter was on the agenda for Board consideration.

APPROVAL OF MINUTES: Dr. Levin asked if the Board members had reviewed the minutes listed on the agenda. Dr. Watkins moved to accept the minutes in a block. The motion was seconded and carried.

DHP DIRECTOR'S REPORT: Dr. Levin noted that Dr. Reynolds-Cane was not available to attend the meeting.

VIRGINIA'S DENTISTRY AND DENTAL HYGIENIST WORKFORCE 2013:

Mr. Justin Crow, Virginia Healthcare Workforce Data Center (HWDC) Policy & Planning Specialist, stated that the two reports represented the latest findings from the surveys completed by licensees who renewed their licenses online by March 31, 2013. He then reported the following:

- Response rate – 78% of dentists and 88% of dental hygienists
- Full-time equivalency units (working 40 hours per week for 50 weeks with 2 weeks off) – 4,490 dentists and 3,062 dental hygienists
- Job satisfaction – 96% of dentists and 92% of dental hygienists are satisfied with their job
- Median age – 50 for dentists and 44 for dental hygienists
- Completed undergraduate program in VA – 41% of dentists and 62% of dental hygienists

Mr. Crow asked Board members for their feedback by December 13, 2013, so the reports might be posted to the DHP website. He then answered Board members' questions.

Dr. Levin asked if new graduates are tracked. Mr. Crow said no because the reports were collected at renewals.

Ms. Reen asked how this data is being used. Mr. Crow replied that it is used by healthcare decision makers, hospitals and academic institutions to measure the healthcare workforce in Virginia.

Dr. Levin asked how new graduates can be helped by HWDC. Mr. Crow stated that graduates can contact HWDC for assistance. He added that HWDC works with the Healthcare Workforce Development Authority, which works to identify, recruit and retain health professionals in Virginia's workforce.

LIAISON/COMMITTEE REPORTS:

Board of Health Professions (BHP). Dr. Levin stated that he had nothing to report since the meeting was cancelled.

AADB. Ms. Swain stated that she and Ms. Reen attended the Annual meeting in October, 2013, and her report was provided in the agenda package.

ADEX. Dr. Rolon stated that she attended the ADEX House of Representatives meeting, and that her report was provided on lavender paper.

Dr. Watkins stated that he attended the ADEX Dental Examination Committee meeting in November, 2013. He added that CITA has joined ADEX, which makes the ADEX examination acceptable in 45 jurisdictions.

SRTA. Dr. Watkins stated that the SRTA 2014 exam schedule has not been sent to him yet, but he will send the first draft out to examiners for review.

Ms. Swecker reported that there is no major change in the dental hygiene exam. She added that the ADEX exam will be administered to dental hygienists beginning in 2015.

LEGISLATION AND REGULATIONS:

Status Report on Regulatory Actions. Ms. Yeatts reported the following:

- Sedation and Anesthesia permits for dentists - The emergency regulations will expire on March 15, 2014. The public comment period on the final regulations ends at 5 pm on December 6, 2013. The Executive Committee will meet on January 10, 2014, to review any additional comments and to adopt the final regulations.
- Periodic Review – The proposed regulations to establish four chapters have been approved by the Governor. The public comment period will end on January 11, 2014, and no comment has been received to date.
- Correction of renewal deadline for faculty licenses – §54.1-2713.D of the Code relating to faculty licenses was amended in 2012. As a result, the Regulations Governing Dental Practice were amended by the Board at its September, 2013 meeting to conform to the statute. The correction has been at the Attorney General's Office for review for 68 days.

BOARD DISCUSSION/ACTION:

Review of Public Comment Topics.

Letter from Dr. Bukzin – Ms. Reen stated that the letter from Dr. Buzkin expresses his concern about fraud and the work of the Board. She asked for Board guidance on the response to be given. Dr. Levin stated that complaints need to be made to the Board for investigation. No action was taken.

Education Requirement for Licensure – Dr. Wyman said that after reviewing the information collected by staff, he is withdrawing his request for discussion. Ms. Reen noted that the Board has licensed 214 dentists with only advance education since 2005, and only 1 of these licensees has been disciplined by the Board.

Guidance Document (GD) on Advertising – Ms. Reen noted that this item was discussed by the Regulatory-Legislative Committee earlier today. She added that the Committee recommended dropping the Guidance Document from the Board's list of pending actions. Dr. Watkins moved to accept the recommendation. The motion was seconded and passed.

REPORT ON CASE ACTIVITY:

Ms. Palmatier reported that for the first quarter of FY2014, the Board received a total of 96 cases which included 63 patient care cases and closed a total of 82 patient care cases for 130% clearance rate. She added that 74% of the patient care cases were closed within 250 days and the Board met the clearance rate goals for the Agency's Key Performance Measures for the first quarter of FY2014.

She noted that the Board summarily suspended the license of 2 dental hygienists and 1 dentist between August 22, 2013, and November 25, 2013.

She stated that staff is requesting policy guidance on monetary penalties in response to a recent trend occurring in informal conferences. Guidance is needed so that the sanction for similar violations is consistent across all committees and in Pre-Hearing Consent Orders being offered. She reported that the precedent set by the Board has been to use $1,000 as the standard monetary penalty per violation. She added that probable cause reviewers and special conference committees can and should consider aggravating and/or mitigating circumstances as a reason for any departure from this standard. By consensus, the Board agreed to use $1,000 as the standard monetary penalty per violation.

Ms. Palmatier thanked the Board for their continued hard work on getting the backlog of cases resolved. She added that one issue that seems to be taking up some time is the back and forth communication between reviewers and staff with regards to the violations to be alleged. She provided a copy of a completed probable cause review form as a good example of a clear statement of a board member's case review decision.

EXECUTIVE DIRECTOR'S REPORT/BUSINESS:

Report on the AADA Annual Meeting – Ms. Reen reported that the AADA meeting was very productive. She added that she brought back useful information that staff will be discussing in the coming months.

Retirement Recognition - Ms. Reen reported that Mr. Howard Casway is retiring effective January 1, 2014. She noted that he has served as Board Counsel since 1983. Dr. Watkins agreed to work with Ms. Reen on reviewing Mr. Casway's history of service. She said that the Attorney General's office is planning to have a retirement party for Mr. Casway in 2014. She added that he was unable to join the Board for lunch today and suggested inviting him to lunch at the March, 2014 meeting. After discussion, the Board decided to prepare a "Memory Book" for Mr. Casway, and to invite him to the Board's March meeting.

Electronic Recordkeeping – Dr. Gaskins raised a concern, as addressed in Ms. Swain's previously cited AADB meeting report, about authenticating electronic patient records, which might easily be altered. Following discussion, Ms. Reen said she will obtain the presentation from the AADB, and she will share it with the Enforcement division for consideration in investigations.

Teledentistry – Ms. Swecker noted that teledentistry, as addressed in Ms. Swain's AADB meeting report, is on the rise. She suggested that the Board look at this matter and determine its position. After discussion, Ms. Swecker moved to investigate permitting the practice of teledentistry within Virginia by addressing a definition, guidelines, and scope of practice. The motion was seconded and passed. Ms. Reen asked if the Board wanted to assign this to the Regulatory-Legislative Committee. All agreed.

CASE RECOMMENDATIONS:

Case # 150265:

Closed Meeting: Ms. Swain moved that the Board enter into a closed meeting pursuant to §2.2-3711(A)(27) and Section 2.2-3712(F) of the Code of Virginia to deliberate for the purpose of reaching a decision in the matter of case #150265. Additionally, it was moved that Board staff, Sandra Reen, Ms. Palmatier, and Huong Vu attend the closed meeting because their presence in the closed meeting was deemed

necessary and would aid the Board in its deliberations. The motion was seconded and passed.

Reconvene: Ms. Swain moved to certify that only public matters lawfully exempted from open meeting requirements under Virginia law were discussed in the closed meeting and only public business matters as were identified in the motion convening the closed meeting were heard, discussed or considered by the Board. The motion was seconded and passed.

The Board reconvened in open session pursuant to §2.2-3712(D) of the Code.

DECISION: Dr. Watkins moved to offer a Consent Order for voluntary surrender for permanent suspension in lieu of proceeding with the scheduled formal hearing. The motion was seconded and passed.

Case# 151455: The Board received information from Mr. Halbleib on case #151455 in order to determine if the Respondent is unable to practice dentistry in a safe and competent manner due to alcohol abuse.

Closed Meeting: Ms. Swain moved that the Board enter into a closed meeting pursuant to §2.2-3711(A)(27) and Section 2.2-3712(F) of the Code of Virginia to deliberate for the purpose of reaching a decision in the matter of case #151455. Additionally, it was moved that Board staff, Sandra Reen, Ms. Palmatier, and Huong Vu and Board Counsel Charis Mitchell attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed .

Reconvene: Ms. Swain moved to certify that only public matters lawfully exempted from open meeting requirements under Virginia law were discussed in the closed meeting and only public business matters as were identified in the motion convening the closed meeting were heard, discussed or considered by the Board. The motion was seconded and passed.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

DECISION: Dr. Wyman moved that the Board summarily suspend the license of the respondent in case #151455 to practice dentistry in the Commonwealth of Virginia due to alcohol abuse, and schedule the respondent for a formal hearing. The motion was seconded and passed.

ADJOURNMENT: With all business concluded, the meeting was adjourned at 3:45 p.m.

Jeffrey Levin, D.D.S., President

Sandra K. Reen, Executive Director

Date

Date

VIRGINIA BOARD OF DENTISTRY
FORMAL HEARING
December 6, 2013

TIME AND PLACE: The meeting of the Virginia Board of Dentistry was called to order at 9:04 a.m., on December 6, 2013 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Jeffrey Levin, D.D.S., President

MEMBERS PRESENT: Charles E. Gaskins, III, D.D.S.
A Rizkalla, D.D.S.
Evelyn M. Rolon, D.M.D.
James D. Watkins, D.D.S.

MEMBERS EXCUSED: Surya P. Dhakar, D.D.S
Tammy K. Swecker, R.D.H.
Bruce S. Wyman, D.M.D.

MEMBER ABSENT: Myra Howard, Citizen Member
Melanie C. Swain, R.D.H..

STAFF PRESENT: Sandra K. Reen., Executive Director
Huong Q. Vu, Operations Manager

COUNSEL PRESENT: Erin L. Barrett, Assistant Attorney General

OTHERS PRESENT: James Schliessmann, Senior Assistant Attorney General
Indy Toliver, Adjudication Specialist
Wanda Blanks, Court Reporter, Farnworth & Taylor Reporting.

ESTABLISHMENT OF A QUORUM: With five members present, a panel was established.

Glennetta White, D.D.S.
Case No.: 143369, 143946, 145239, 146582, 146604, 146886, and 147621

Dr. White was not present. Dr. White's legal counsel, Kenneth C. Hirtz did appear in accordance with a Notice of the Board dated September 26, 2013. Mr. Hirtz stated that he was unable to contact Dr. White and he is here as Dr. White's legal counsel in regard to Patient A and Patient B only.

Mr. Schliessmann addressed that proper notice was sent to the Respondent, and introduced into evidence an Affidavit

signed by Ms. Reen that verified that the Formal Hearing and Statement of Particulars were sent by certified mail to Dr. White's address of record on file with the Board. He also stated that certified mail documents were returned from the Post Office as "Unclaimed."

Dr. Levin ruled that adequate notice was given in this case based upon the representations of the Commonwealth and the hearing proceeded in the Respondent's absence.

Dr. Levin swore in the witnesses.

Following Mr. Schliessmann's opening statement, Dr. Levin admitted into evidence Commonwealth's Exhibits 1 through 18.

Testifying on behalf of the Commonwealth were Lane S. Raker, RN, MS, LPN, DHP Senior Investigator, Patient A, and April Howze, RDH, Dr. White's former Office Manager.

Mr. Hirtz made no opening statement and said he had no evidence to submit.

Closed Meeting:

Dr. Gaskins moved that the Board enter into a closed meeting pursuant to §2.2-3711(A)(27) and Section 2.2-3712(F) of the Code of Virginia to consider the matter of Dr. White. Additionally, he moved that Board staff, Ms. Reen, Ms. Vu, and Board counsel, Ms. Barrett to attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The motion was seconded and passed.

Reconvene:

Dr. Gaskins moved to certify that only public matters lawfully exempted from open meeting requirements under Virginia law were discussed in the closed meeting and only public business matters as were identified in the motion convening the closed meeting were heard, discussed or considered by the Board. The motion was seconded and passed.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

Decision:

Dr. Levin asked Ms. Barrett to report the Findings of Fact, Conclusions of Law and Sanctions adopted by the Board.

Ms. Barrett reviewed the findings and conclusions and then reported that the Board decided to revoke Dr. White's license.

Dr. Gaskins moved to adopt the Findings of Fact and Conclusions of Law and the Sanctions as read by Ms. Barrett. The motion was seconded and passed.

ADJOURNMENT: The Board adjourned at 10:50 a.m.

Jeffrey Levin, D.D.S., President

Sandra K. Reen, Executive Director

Date

Date

UNAPPROVED

BOARD OF DENTISTRY
PUBLIC HEARING

Friday, January 10, 2014

Perimeter Center
9960 Mayland Drive, Suite 201
Richmond, Virginia 23233-1463
Board Room 4

CALL TO ORDER:	The Virginia Board of Dentistry convened a Public Hearing at 9:04 a.m. to receive comments on Reorganizing Chapter 20 into Four New Chapters: 15, 21, 25 and 30.
PRESIDING:	Jeffrey Levin, D.D.S., President
MEMBERS PRESENT:	Charles E. Gaskins, III., D.D.S. Melanie C. Swain, R.D.H.
STAFF PRESENT:	Sandra K. Reen, Executive Director Huong Vu, Operations Manager
OTHERS PRESENT:	Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
COURT REPORTER:	Theresa J. Pata, Court Reporter, Crane Snead Reporters
QUORUM:	Not required.
PUBLIC COMMENTS:	None

The proceedings of the public hearing were recorded by a certified court reporter. The transcript is attached as part of these minutes.

Dr. Levin announced the deadline for submitting public comments is January 11, 2014 and indicated that the Board will consider all comments received before issuing final regulations.

Jeffrey Levin, President

Date

Sandra K. Reen, Executive Director

Date

STATE OF VIRGINIA

BOARD OF DENTISTRY PUBLIC MEETING

PROPOSED AMENDMENTS

DATE: January 10, 2014
TIME: 9 a.m.
PLACE: Board of Dentistry
Department of Health
9960 Mayland Drive
Second Floor
Board Room 4
Richmond, Virginia 23233

APPEARANCES: JEFFREY LEVIN, DDS
President

MELANIE C. SWAIN, RDH
Vice-President

SANDRA K. REEN
Executive Director

CHARLES E. GASKINS, III, DDS
Secretary/Treasurer

ELAINE J. YEATTS
DHP Senior Policy Analyst

HYONG O. VU
Operations Manager

PRESIDENT LEVIN: Good morning, everyone, and happy New Year. I'm Dr. Jeffrey Levin, Director of the Board of Dentistry.

This is a public hearing to receive comments on proposed amendments that will repeal Chapter 20 and reorganize regulations into new chapters.

Before we begin, ask Ms. Reen to give the evacuation announcement.

MS. REEN: In the event of fire or other emergency requiring evacuation of the building, alarms will sound. When the alarm sounds, please leave the room immediately and follow any instructions given by security staff. To exit this room you go to either of the doors to my right, your left, turn right, proceed through the emergency see exit door and through the parking lot to the fence and await instructions from security personnel. If you need assistance evacuating this room, please let myself or Ms. Vu know, and we'll be happy to make sure that security personnel are aware of your needs. Thank you.

PRESIDENT LEVIN: Thank you. So we'll be reorganizing the regulations into new chapters. The four new chapters will be Virginia VAC50-15 regulations governing disciplinary process in dentistry; 18VAC60-20 regulations governing the practice of dentistry;

18VAC60-25 regulations governing the practice of dental hygienist; 60VAC60-30 regulations governing the practice of dental assistants, too.

There are copies of the proposed regulations on the sign-up table.

At this time I don't believe we've received any sign-up from anyone, from the public.

Did you have a comment?

SPEAKER: No, just came to listen.

PRESIDENT LEVIN: Oh. In that regard, today we were just going to receive comments without any discussion among our committee. So I will turn it over to Sandy. Is there anything that we need to do?

MS. REEN: No, you can adjourn the public hearing.

PRESIDENT LEVIN: Okay. At this time there are no public comments. No one has signed up for public comment. So having no further business, I adjourn this meeting.

MS. REEN: The executive committee is going to meet, but the public hearing is adjourned.

(Whereupon the hearing concluded.)

COMMONWEALTH OF VIRGINIA AT LARGE:

I, THERESA J. ROSS PATA, a Court Reporter and Notary Public for the Commonwealth of Virginia at Large, do certify that the foregoing is a true and accurate transcript of the stenographic notes of the proceedings on the date and place hereinbefore set forth.

I FURTHER CERTIFY that I am neither attorney nor counsel for, nor related to or employed by, any of the parties or attorneys to the action in which these proceedings were taken, nor am I financially interested in this case.

I FURTHER CERTIFY that no exhibits were marked nor any documents given to me for safekeeping.

Given under my hand this 10th day of January, 2014

THERESA J. ROSS PATA
COURT REPORTER - NOTARY PUBLIC
Commissioned as Theresa Carroll
Notary Registration #7244306
Expires July 31, 2017

THERESA J. PATA NOTARY PUBLIC REG. #7244306 MY COMMISSION EXPIRES 7-31-17 COMMONWEALTH OF VIRGINIA

UNAPPROVED

VIRGINIA BOARD OF DENTISTRY

MINUTES
TELEPHONE CONFERENCE CALL

CALL TO ORDER: A quorum of the Board convened on January 24, 2014, at 11:35 a.m., in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, VA 23233.

PRESIDING: Jeffrey Levin, D.D.S., President

MEMBERS PRESENT:
Surya P. Dhakar, D.D.S.
Charles E. Gaskins, III, D.D.S.
A. Rizkalla, D.D.S.
Melanie C. Swain, R.D.H.
Tammy K. Swecker, R.D.H.
James D. Watkins, D.D.S.

MEMBERS ABSENT:
Myra Howard
Evelyn M. Rolon, D.M.D.
Bruce S. Wyman, D.M.D.

QUORUM: With seven members present, a quorum was established.

STAFF PRESENT:
Sandra K. Reen, Executive Director
Kelley W. Palmatier, Deputy Executive Director
Donna Lee, Discipline Case Manager

CHRISTOPHER MUSETTI, D.M.D.
Case No.: 151455

The Board received information from Ms. Reen regarding offering a proposed Consent Order to Dr. Musetti in lieu of proceeding with the formal hearing scheduled for February 7, 2014.

DECISION: Dr. Watkins moved that the Board adopt the proposed Consent Order as presented by Ms. Reen and offer it to Dr. Musetti in lieu of proceeding with the scheduled formal hearing. The motion was seconded and passed unanimously.

ADJOURNMENT: With all business concluded, the Board adjourned at 11:45 a.m.

_____
Jeffrey Levin, D.D.S., Chair

_____
Sandra K. Reen, Executive Director

_____
Date

_____
Date

AADB Mid-Year Meeting
Cosponsored by ADEA
Sunday and Monday, April 6-7, 2014
Sunday, 1:00 p.m. to 5:00 p.m.
Monday, 8:00 a.m. to Noon
ADA Headquarters Building, 2nd Floor Auditorium

PRELIMINARY PROGRAM

SUNDAY, APRIL 6, 2014

11:00 a.m. – Noon	Program Committee
12:00 p.m. to 1:00 p.m.	Registration - ADA Headquarters Building, 2nd Floor Auditorium
1:00 p.m. to 1:20 p.m.	Opening Remarks
1:20 p.m. 1:45 p.m.	AADB Update
1:45 p.m to 5:00 p.m.	SESSION 1 – Scope of Practice and Standard of Care – Issues for Regulation
1:45 p.m. to 2:15 p.m.	Anesthesia Revised Guidelines
2:15 p.m. to 2:45 p.m.	Recognize and Manage Complications during Minimal and Moderate Sedation
2:45 p.m. to 3:15 p.m.	COFFEE
3:15 p.m. to 3:45 p.m.	Policies, Guidelines and Regulations to comply with new standards - Botox and Dermafillers
3:45 p.m. to 4:15 p.m.	American Dental Association – Greetings
4:15 p.m. – 5:15 p.m.	CAUCUSES
5:15-6:30	Cocktails at AADB Office

MONDAY, APRIL 7, 2014

7:30 a.m. to 8:00 a.m.	Registration - ADA Headquarters Building, 2nd Floor Auditorium
7:45 a.m. to 8:15 a.m.	COFFEE
8:00 a.m. to 8:45 a.m.	Business Session
8:45 a.m. to 11:30 am	SESSION 2 – Scope of Practice and Standard of Care – Issues for Regulation

8:45 a.m. to 9:45 a.m.	**Year in Review** – Panel of dental boards sharing current trends and most difficult cases
9:45 a.m. to 10:15 a.m.	**Current Trends in Anesthesia**
10:15 a.m. to 10:30 a.m.	**COFFEE**
10:30 a.m. to 11:00 a.m.	**Anesthesia Deaths in Dental Practice**
11:00 a.m. to 11:30 a.m.	**Specialty Licensure - Recognition and Restriction – Survey of states**

NATIONAL DENTAL EXAMINERS' ADVISORY FORUM (NDEAF)

11:30 a.m. to Noon	**Joint Commission Policy Update and Update on Progress with Respect to the Integrated Examination** - Dr. David Waldschmidt, ADA
Noon to 1:30	**Lunch – Cosponsored by JCNDE and AADB**

Board Attorneys Roundtable –The Board Attorneys Roundtable, Angela Dougherty, Esq., WY and Lili Reitz, Esq., OH, Co-Chairs. Sunday, April 6, 2014, Ritz Carlton Hotel, Lobby 3:00 p.m. to 5:00 p.m. and Monday, April 7, 2014, 9:00 a.m. to 12:00 p.m. at the ADA Headquarters.

ADEX
AMERICAN BOARD OF DENTAL EXAMINERS, INC.

Bruce Barrette, D.D.S., President
Stanwood Kanna, D.D.S., Vice-President
William Pappas, D.D.S., Secretary
Robert Jolly, D.D.S., Treasurer
Guy Shampaine, D.D.S., Past President

Highlights of the American Board of Dental Examiners, Inc. (ADEX)
9th House of Representatives
November 10, 2013
Rosemont, IL

The following are highlights of the 9th ADEX House of Representatives:

31 out of 33 member states were represented and there were 48 out of 53 State Board, District Hygiene and District Consumer Representatives present.

Officers were elected: Dr. Bruce Barrette, WI, President; Dr. Stanwood Kanna, HI, Vice President; Dr. William Pappas, NV, Secretary and Dr. Robert Jolly, AR, Treasurer.

District 5 elected Dr. Dennis Manning, IL, to the ADEX Board of Directors.

District 8 elected Dr. Martin Rutt, CT, to the ADEX Board of Directors.

District 9 elected Dr. Arthur "Andy" McKibbin, NH to the ADEX Board of Directors.

Mr. James "Tuko" McKernan, NV was re-elected as one of the Dental Hygiene Members to the Board of Directors.

Ms. Lisa Wark, NV was elected as one of the Consumer Members to the Board of Directors

The House of Representatives heard presentations from:

Dr. Robert Faiella, MA, Immediate Past President of the American Dental Association
"My Experience as an ADEX Examiner"

Dr. Guy Shampaine, MD, Chairman North East Regional Board of Dental Examiners, Inc.

"Report on the Professional Conference of Licensure in Korea"

Changes to the Dental Examination:

There are 6 changes that were approved by the ADEX House of Representatives for the 2014 exam.

- The radiology recommendations based on Federal guidelines were approved.
- No sharing of class III patients.

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Telephone (503) 724-1104
ADEXOFFICE@aol.com
www.adex.org

- Allow one lesion to be treated on anterior tooth.
- The new medical history was approved.
- All exposures to be processed at the express chair.
- Remove the phrase" damage to the patient" wherever it appears.

Changes to the Dental Hygiene Examination:

The following changes were approved by the ADEX House of Representatives for the 2014 and 2015 Dental Hygiene Examinations.

- 2014 ADEX Dental Hygiene Examination will remain the same as 2013. No changes.
- All changes made to the manual approved for 2015 and to adopt the blueprinted electronic format.

2013 ADEX House of Representatives: The 10th ADEX House of Representatives Meeting is scheduled for Sunday, November 9, 2014, at the Doubletree Hotel, Rosemont, IL.

ADEX

American Board of Dental Examiners, Inc.

10th Annual Meeting

SAVE THE DATES

NOVEMBER 7, 8, 9, 2014

ADEX Quality Assurance Committee

ADEX Dental Examination Committee &

Subcommittees

ADEX Dental Hygiene Examination Committee

ADEX Board of Directors

ADEX Reception

ADEX House of Representatives

DoubleTree Hotel O'Hare – Rosemont, IL

Official information will be sent in July 2014

Questions contact ADEXOFFICE@aol.com

SRTA DENTAL HYGIENE
TRAINING WORKSHOP
February 8, 2014
Tennessee State University

- Reviewed standardization slides
- Discussed and made changes
- Set up typodont scenarios and tablet entries
- Reviewed DHA's role of reviewing paperwork and enter teeth selection into tablets
- Completed typodont scenarios in assigned teams of three
- Tested computer scoring program and tablets
- Examined clinical patients
- Calibrated on classification and detection of calculus in assigned teams of three

Respectfully submitted by,

Melanie C. Swain BSDH, RDH

UNAPPROVED

BOARD OF DENTISTRY
MINUTES OF EXECUTIVE COMMITTEE

Friday, January 10, 2014

Department of Health Professions
9960 Mayland Drive, 2nd Floor
Henrico, Virginia 23233
Board Room 4

CALL TO ORDER: The meeting was called to order at 10:00 a.m.

PRESIDING: Jeffrey Levin, D.D.S., President

MEMBERS PRESENT: Charles E. Gaskins, III, D.D.S.
Melanie C. Swain, R.D.H.

STAFF PRESENT: Sandra K. Reen, Executive Director
Huong Q. Vu, Operations Manager

OTHER PRESENT: Elaine J. Yeatts, Senior Policy Analyst
Department of Health Professions

QUORUM: With all members of the Committee present, a quorum was established.

PUBLIC COMMENT: Ralston King, representing the Virginia Dental Hygienists' Association, wanted to comment on the Sedation/Anesthesia permits regulations.

Ms. Reen noted that the comment period for the sedation regulations closed on December 6, 2013. Ms. Yeatts added that the comment period on the proposed chapters from the periodic review is still open through close of business on January 11, 2014. She suggested that he submit his comments using that regulatory action.

APPROVAL OF MINUTES: Dr. Levin requested a motion for approval of the minutes of the December 6, 2012. Dr. Gaskins moved to accept the December 6, 2012 minutes. The motion was seconded and passed.

Dr. Levin requested a motion for approval of the minutes of March 7, 2013. Dr. Gaskins noted that an "***s***" needed to be added to "***Parliamentarian.***" All agreed. Dr. Gaskins moved to accept the March 7, 2013 minutes, as amended. The motion was seconded and passed.

STATUS REPORT OF REGULATORY ACTIONS:

Ms. Yeatts reported that:

- Periodic Review – the proposed regulations to establish four chapters have been approved by the Governor. The public hearing was earlier today and no comment has been received to date. The public comment period will end on January 11, 2014.

- Sedation and Anesthesia permits for dentists – the emergency regulations initially expired on September 13, 2013, but were extended to March 15, 2014. The public comment period on the final regulations ended at 5 pm on December 6, 2013. The Regulatory-Legislative Committee, on December 5, 2013, discussed the public comments; adopted amendments; then recommended the revised regulations to the Executive Committee for adoption today.

- Correction of renewal deadline for faculty licenses - §54.1-2713.D of the Code relating to faculty licenses was amended in 2012. As a result, the Regulations Governing Dental Practice were amended by the Board at its September, 2013 meeting to conform to the statute. The correction has been approved and it will be effective as of February 12, 2014.

ADOPTION OF FINAL REGULATIONS FOR SEDATION/ANESTHESIA PERMITS – REPLACEMENT OF EMERGENCY REGULATIONS:

Ms. Yeatts noted that the summary of comments on the proposed Final Regulations for Sedation/Anesthesia permits and the draft responses to comment were printed on blue paper. She added that the comment period was from October 7, 2013, to December 6, 2013. She asked the Committee to review and discuss the draft responses to the comments received. Then, to make a motion to adopt the responses; to be posted on the Regulatory **Town Hall** website.

Dr. Gaskins moved to adopt the responses as drafted. The motion was seconded and passed.

Ms. Yeatts reviewed the proposed final regulations with the changes recommended by the Regulatory-Legislative Committee shown in brackets then asked for discussion.

Dr. Gaskins moved to adopt the final regulations as presented. The motion was seconded and passed.

ADJOURNMENT: With all business concluded, the Committee meeting was adjourned at 10:25 a.m.

Jeffrey Levin, D.D.S., President

Sandra K. Reen, Executive Director

Date

Date

VIRGINIA BOARD OF DENTISTRY
MINUTES OF REGULATORY-LEGISLATIVE COMMITTEE
February 7, 2014

TIME AND PLACE: The meeting of the Regulatory-Legislative Committee of the Board of Dentistry was called to order at 9:05 a.m., on February 7, 2014, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Jeffrey Levin, D.D.S., Chair

MEMBERS PRESENT:
Charles E, Gaskins, III., D.D.S.
Al Rizkalla, D.D.S.
Melanie C. Swain, R.D.H.
Tammy K. Swecker, R.D.H.
James D. Watkins, D.D.S.

MEMBERS ABSENT:
Surya P. Dhakar, D.D.S.
Myra Howard, Citizen Member
Evelyn M. Rolon, D.D.S.
Bruce S. Wyman, D.M.D.

STAFF PRESENT:
Sandra K. Reen, Executive Director
Huong Q. Vu, Operations Manager

OTHERS PRESENT: Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

ESTABLISHMENT OF A QUORUM: With six members present, a quorum was established.

PUBLIC COMMENT: Melanie Bartlam, RDH, representing the Virginia Dental Hygienists' Association (VDHA), corrected the January 10, 2014 letter sent to the Board by the VDHA President. The appropriate regulations of their concern are: 18VAC60-25-100(B) and 18VAC60-25-100(C).

APPROVAL OF MINUTES: The Committee's December 5, 2013 minutes were approved as published and circulated.

STATUS REPORT ON REGULATORY ACTIONS: Ms. Yeatts reported the following:

- Periodic Review – the proposed regulations to establish four chapters were approved by the Governor. The public hearing was held on January 10, 2014. The public comment period ended on January 11, 2014, and two comments were received.
- The renewal deadline for a faculty license is stated in §54.1-2713.D of the Code, as amended in 2012. As a result, the deadline stated in the Regulations Governing Dental Practice was amended by the Board at its

September, 2013 meeting to conform to the statute. The correction was approved for publication, and it will be effective as of February 12, 2014.

- Sedation and Anesthesia permits for dentists - the emergency regulations will expire on March 15, 2014. It is no longer possible to have final regulations in place by March 15th, because they are still under review by the Secretary of Health and Human Resources. The Board will not be able to issue permits or enforce the regulations after March 15, 2014; until current regulatory process is completed.

REPORT OF THE 2014 GENERAL ASSEMBLY:

Ms. Yeatts reported there are eight DHP bills before the General Assembly and they are advancing without opposition. She reviewed the following bills:

- HB539 authorizes dispensers who are authorized to access the information in the possession of the Prescription Monitoring Program to delegate the authority to certain health care professionals employed at the same facility and under their direct supervision.
- HB611 creates an exception to the denial or suspension of a license, certificate or registration by a board within DHP for surrender in lieu of disciplinary action in another jurisdiction for cases in which the revocation or suspension in the other jurisdiction is the result of nonrenewal of the license, registration, or certification.
- HB661 increases the statute of limitations for prosecutions from one year to five years for a misdemeanor of falsifying patient records with the intent to defraud.
- HB855 requires an applicant for reinstatement whose license, registration, or certificate has been revoked to show evidence that he is safe and competent to practice.
- HB874 authorizes the Board of Pharmacy to identify "drugs of concern" and to require reporting even though it is not a scheduled drug.
- HB891 provides that special conference committees may consider applications for a license, certificate, registration, permit or issuance of a multistate licensure privilege and may grant or deny the application or issue a restricted license, certification, registration, permit, or multistate licensure privilege. The bill also provides that special conference committees may hear cases in which a holder of a permit issued by a health regulatory board is reported to be the subject of disciplinary action.
- HB923 requires the director of the Prescription Monitoring Program to mail information to a mailing address indicated on the recipient request form.
- SB635 authorizes any trained employee of a licensed restaurant, summer camp, or campground to possess and administer epinephrine.

- SB647 directs DMAS to create and to report on a teledentistry pilot program to provide dental services to eligible school-age children.

REVIEW REORGANIZING CHAPTER 20 INTO FOUR CHAPTERS PROPOSED FINAL REGULATIONS:

Dr. Levin noted that the Board is charged with periodic regulatory review. Ms. Yeatts stated that the review is required every four years from when the last review results become effective.

Ms. Reen asked the Committee members to address any changes or needed clarification as the proposed regulations are presented. The Committee's recommendations will be considered by the Board at its March meeting.

Dr. Levin asked Ms. Yeatts to lead the review.

Public Comment Received. Ms. Yeatts noted that only two comments were submitted. She stated that the comments already were merged into the chapters for review and action by the Committee.

1) The Dental Assisting National Board (DANB) suggested that the Dental Auxiliary Learning and Education (DALE) Foundation, which is DANB's affiliate, be added as a continuing education provider.

2) The Virginia Dental Hygienists' Association (VDHA) asked the Board to:

- add administration of ***local anesthesia only*** for dental hygienists.
- remove the (patient) age restriction for hygienists to administer local anesthesia.
- remove the requirement for licensed hygienists to take four (4) hours of the CE hours required every two (2) years on the specific topic of "administration of nitrous oxide and non topical anesthesia."

Ms. Yeatts noted that in regard to the age restriction request from the VDHA, the Board is not authorized to make this change because it is set in the Code of Va.; so only the General Assembly could make this change.

Adopt Recommendation to the Board. Ms. Reen noted that Chapter 21, Chapter 25, and Chapter 30 were also provided on colored paper as references for action on the public comments received, and to allow review of the regulatory changes that have been made since the Committee last worked on these chapters. She suggested that the Committee look at both the white and colored copies side by side as the proposed chapters are discussed.

CHAPTER 15 Regulations Governing the Disciplinary Process

Ms. Yeatts noted that no changes have been made in this chapter. Dr. Watkins moved to recommend that the Board adopt Chapter 15 as presented. The motion was seconded and passed.

CHAPTER 21 Regulations Governing the Practice of Dentistry

18VAC60-21-10.A - Ms. Reen noted that this new section was added to identify the terms defined in the Code of Virginia.

18VAC60-21-10.B - Ms. Yeatts stated that the "Deep sedation" definition includes an additional sentence that was included in the Emergency Regulations for Sedation and Anesthesia Permits (hereinafter referred to as the Emergency Regulations).

Ms. Swecker asked for clarification of the term "*at a later date*" in the "Direct supervision" definition. Ms. Reen stated that it means that a dental assistant II can complete a delegated procedure on another day.

Ms. Reen noted that the term "immediate" was added to the definition of "Direction" to be consistent with the Emergency Regulations.

Ms. Yeatts stated that the definition of "Titration" was also added to be consistent with the Emergency Regulations.

18VAC60-21-30.B – Ms. Yeatts noted that staff replaced "*a dentist shall display **a** license*" with "*a dentist shall display **his** license.*" After discussion, the Committee recommended "*a dentist shall display **his dental** license.*"

18VAC60-21-30.D – Ms. Reen noted that the language of this section was changed to be consistent with the Emergency Regulations.

18VAC60-2-40.A(4) and (5) – Ms. Yeatts noted that the Dental teacher's license is stricken because it was deleted legislatively in 2012. She added that a Dental faculty license is now $400, instead of $285.

18VAC60-21-50 and 18VAC60-21-60 – Ms. Reen noted that these two (2) sections were added using some of the provisions in Guidance Document 60-15 on Standards for Professional Conduct in the Practice of Dentistry.

Dr. Gaskins requested a requirement for disclosure of financial incentives received or paid for referrals in 18VAC60-21-60.B. Dr. Levin suggested the Board address this at another time so that these regulations (en-toto) do not have to undergo another comment period. All agreed.

18VAC60-21-70.A – Ms. Yeatts noted that the phrase "*and dental hygiene*" was deleted here since this chapter addresses the practice of dentists.

18VAC60-21-70.A(1) – Ms. Yeatts stated that the language in this section is new. She added that the phrase "*or dental hygienist*" was deleted because this chapter addresses the practice of dentists. She said the phrase "*or a registered dental assistant II*" was added to address that scope of practice. After discussion, the Committee added the word "***dental***" before '*service or operation.*" All agreed.

18VAC60-21-80.C and D – Ms. Reen posed two questions for the Committee in regard to these sections:
For C – What should be said about offers for which the dentist never charges a fee, or about offers that are not time-limited?
For D – What should be said about advertisements on the internet?

Dr. Gaskins asked how other DHP boards address advertising. Ms. Yeatts replied that she was not aware that any board had addressed internet advertising to date. Dr. Rizkalla suggested more time is needed to think about these two (2) sections.

After discussion, the Committee made the following changes:
For C – added "*if any*" after "*or full fee*"
For D – added "*or archived*" after "*a prerecorded*"; deleted "*on radio or television*"; replaced "*12-month period*" retention to "*two year period*" retention.

18AC60-21-80.E – Ms. Reen noted that staff replaced "*CDT-2011/2012*" with "*in effect at the time the advertisement is issued.*"

18VAC60-21-80.G(3) – Ms. Yeatts noted that the only change here is "*November, 2013.*"

18VAC60-21-90.B(6) – The Committee added "***and teeth identified.***"

18VAC60-21-90.B(7) – Ms. Yeatts noted that staff edited this section to say "*treatment rendered, the.*"

18VAC60-21-90.G - Ms. Yeatts noted that staff edited this section to say "*licensed dentist*" instead of "*licensee.*"

18VAC60-21-100 – after discussion, the Committee added after "*neurological complication*" the phrase ***"that was related to dental treatment or services provided"*** and added this sentence at the end of the section - ***Any emergency treatment of a patient by a hospital that is related to any sedation and anesthesia shall also be reported.***"

18VAC60-21-120 – Ms. Yeatts noted that "s" needed to be deleted at the end of the word "*supervision*" in the section heading.

18VAC60-21-140.A(1) – the Committee deleted the phrase "*by the dentist.*"

18VAC60-21-160.A – Ms. Yeatts stated that staff replaced "*under the indirect or under general supervision required in 18VAC60-21-120*" with "***under indirect supervision***" to be consistent with the previous sections on delegation. All agreed.

18VAC60-21-160.B (blue page 20 or White P33) - Ms. Yeatts stated that staff replaced "*shall be under the direction of the dental hygienist*" with "***shall be***

performed under the direction and indirect supervision of a dental hygienist" to be consistent with the previous sections on delegation. All agreed.

18VAC60-21-190.A – Ms. Yeatts stated that staff edited this section to say "*Application for an unrestricted dental license, registration, or permit issued by the board shall include*"

18VAC60-21-190.A(1) – after discussion the Committee added "***as specified in 18VAC60-21-200.***"

18VAC60-21-190.A(3) – Ms. Reen noted that staff edited this section because the data banks have been merged.

18VAC60-21-230.B – Ms. Yeatts noted that this section was deleted since there is no longer a teacher's license.

18VAC60-21-230.C – Ms. Yeatts noted that this now becomes the new section B and said that "*Full-time faculty*" was replaced with "***Faculty license*** "to conform to the Code.

18VAC60-21-230.E(1)(a) – Ms. Yeatts stated that staff replaced "*another state*" with "***another U.S. jurisdiction***."

18VAC60-21-240.B – Ms. Yeatts noted that staff added "***or a permit to administer conscious/moderate sedation, deep sedation, or anesthesia"*** for March 31 renewals, and moved "***a faculty license"*** to the sentence on June 30 renewals.

18VAC60-21-250.A(1) – Ms. Reen noted that the sentence allowing CE credit for passing the Virginia Dental Law Exam was deleted because the Board no longer has a contractor to administer the exam. She added that the Board still administers the exam for licensees who are required by Board Order to pass the exam.

18VAC60-21-250.A(2) – Dr. Rizkalla moved to add "*for healthcare professionals*" after "basic life support." The motion was seconded. Dr. Watkins asked what the difference is between basic CPR and CPR that is provided for healthcare professionals. After discussion, staff was asked to provide information for the March Board meeting and Dr. Rizkalla was allowed to withdraw his motion.

18VAC60-21-250.C(1) and (6) – Ms. Yeatts noted that staff added "***continuing education***" before "*providers*."

18VAC60-21-250.C(14) – Ms. Yeatts noted that staff added the DALE Foundation as a DANB affiliate in the list of CE providers, as requested by DANB. All agreed.

18VAC60-21-260.I(1) – Ms. Yeatts noted that staff has replaced "*an approved*" with "*a.*" .

18VAC60-21-280.C(2a) – Ms. Yeatts noted that staff has added "***parenterally***" in front of "*administer Schedule VI.*"

Dr. Watkins moved to adopt Chapter 21 as amended. The motion was seconded and passed.

CHAPTER 25 Regulations Governing the Practice of Dental Hygiene
18VAC60-25-20.B – the Committee added "***dental hygiene***" in front of "*license.*"

18VAC60-25-40.C(1) (yellow page 6 or White P62) – The Committee deleted "*by the dentist.*"

18VAC60-25-40.F – Ms. Yeatts noted that this new section was added to address Virginia Dept. of Health (VDH) dental hygienists practicing under the remote supervision of a VDH dentist. She added that this practice is authorized by §54.1-2722(E) of the Code of Virginia.

18VAC60-25-100.A(3) – Ms. Yeatts noted that staff moved "***parenterally***" to follow after "***local anesthesia.***"

18VAC60-25-100.C – Ms. Yeatts noted that in response to the VDHA's comment, staff recommends deleting the language in this section and replacing it with the proposed requirement for a 28 hour course for administration of local anesthesia. She added that anyone wanting to only administer nitrous oxide could take the 8 hour course. All agreed.

18VAC60-25-110.A(5) – The Committee added "***and teeth identified.***"

18VAC60-25-110.A(7) – the Committee added "***treatment rendered.***"

18VAC60-25-130.A – Ms. Yeatts noted that staff deleted "*temporary permits*" and "*teacher's.*"

18VAC60-25-130.A(3) - Ms. Reen noted that staff changed this section to reflect that the data banks have been merged.

18VAC60-25-160 – Ms. Yeatts noted that staff deleted the word "*teacher's*" from the section heading.

18VAC60-25-190.A(2) – Ms. Yeatts noted that the VDHA recommended a change in this section. Ms. Swecker moved to delete '***administers nitrous oxide or nontopical local anesthesia***" The motion was seconded and passed. The Committee also deleted "***administration or***" after "*related to.*"

18VAC60-25-90.C(14) - Ms. Yeatts noted that staff added the DALE Foundation as a DANB affiliate in the list of CE providers as requested by DANB. All agreed.

18VAC60-25-190.C(15) – Ms. Yeatts noted that the Board added the American Academy of Dental Hygiene as a CE provider at its March 8, 2013 meeting.

Ms. Swain moved to adopt Chapter 25 as amended. The motion was seconded and passed.

CHAPTER 30 Regulations Governing the Practice of Dental Assistants

18VAC60-30-10.B – Ms. Reen noted that the term "immediate" was added to the definition of "Direction."

18VAC60-30-20.B - the Committee added the provision for a duplicate license used in Chapter 25.

18VAC60-30-70.A - Ms. Yeatts stated that staff deleted the references to general supervision. All agreed.

18VAC60-30-70.B – The Committee replaced "*to a dental assistant*" with "*to **any** dental assistant.*"

18VAC60-30-80 – Ms. Yeatts noted that staff replaced "*No dentist or dental hygienist shall permit a person not otherwise licensed by this board to*" with "***A dental assistant I or II shall not***"

18VAC60-30-100.A(2) – The Committee added "***and teeth identified.***"

18VAC60-30-100.A(3) – The Committee added "***treatment rendered.***"

18VAC60-30-115 – Ms. Reen suggested adding this new section in this location. All agreed.

18VAC60-30-130 – Ms. Yeatts noted that this section was moved to 18VAC60-30-115.

18VAC60-30-150.F – Ms. Yeatts noted that staff deleted this section because there is no CE requirement for renewal or reinstatement.

18VAC60-30-160.B – Ms. Yeatts noted staff added language on continuing competence in this section.

18VAC60-30-170.B – Ms. Yeatts noted that staff specified DANB as a credentialing organization.

18VAC60-30-170.D – Ms. Yeatts noted that this is a new section that staff has added. No other change was made.

Dr. Watkins moved to adopt Chapter 30 as amended. The motion was seconded and passed.

NEW BUSINESS:

Dr. Gaskins proposed replacing the current text in 18VAC60-20-71(2) on licensure by credentials for dentists with the following:

"Be a graduate and a holder of a diploma or a certificate from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association, which consists of either a pre-doctoral dental education program or at least a 12-month post-doctoral advanced general dentistry programs or a post-doctoral education program in any other specialty."

He explained that the current language is misleading to applicants and difficult for the Credentials Committee to apply correctly. He asked that this change be made by the Board at its March meeting. Ms. Reen explained that this change needed to be done in the current regulatory process or pursued separately as a new regulatory proposal. She suggested deferring this discussion to the March Board meeting, and asked Kelley to address the issues experienced by the Credentials Committee as part of her report. All agreed.

ADJOURNMENT: With all business concluded, Dr. Levin adjourned the meeting at 1:42 p.m.

Jeffrey Levin, D.D.S., Chair

Sandra K. Reen, Executive Director

Date

Date

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**

Staff Note: Attached is a chart with the status of regulations for the Board as of February 25, 2014

Chapter		Action / Stage Information
[18 VAC 60 - 20]	Regulations Governing Dental Practice	Periodic review; reorganizing chapter 20 into four new chapters: 15, 21, 25 and 30 [Action 3252] Proposed - *Register Date: 11/4/13* *Comment closed: 1/11/14* *Board to adopt final regulations: 3/7/14*
[18 VAC 60 - 20]	Regulations Governing Dental Practice	(E) Correction of renewal deadline for faculty licenses [Action 4081] Final - *Register Date: 1/13/14* *Effective: 2/12/14*
[18 VAC 60 - 20]	Regulations Governing Dental Practice	Sedation and anesthesia permits for dentists [Action 3564] Final - *At Secretary's Office* *Replacement of emergency regulations which expire 3/15/14*

Project 2778 - Proposed

BOARD OF DENTISTRY

Disciplinary process in dentistry

CHAPTER 15

REGULATIONS GOVERNING THE DISCIPLINARY PROCESS

18VAC60-15-10. Recovery of disciplinary costs.

A. Assessment of cost for investigation of a disciplinary case.

1. In any disciplinary case in which there is a finding of a violation against a licensee or registrant, the board may assess the hourly costs relating to investigation of the case by the Enforcement Division of the Department of Health Professions and, if applicable, the costs for hiring an expert witness and reports generated by such witness.

2. The imposition of recovery costs relating to an investigation shall be included in the order from an informal or formal proceeding or part of a consent order agreed to by the parties. The schedule for payment of investigative costs imposed shall be set forth in the order.

3. At the end of each fiscal year, the board shall calculate the average hourly cost for enforcement that is chargeable to investigation of complaints filed against its regulants and shall state those costs in a guidance document to be used in imposition of recovery costs. The average hourly cost multiplied times the number of hours spent in investigating the specific case of a respondent shall be used in the imposition of recovery costs.

B. Assessment of cost for monitoring a licensee or registrant.

1. In any disciplinary case in which there is a finding of a violation against a licensee or registrant and in which terms and conditions have been imposed, the costs for monitoring of a licensee or registrant may be charged and shall be calculated based on the specific terms and conditions and the length of time the licensee or registrant is to be monitored.

2. The imposition of recovery costs relating to monitoring for compliance shall be included in the board order from an informal or formal proceeding or part of a consent order agreed to by the parties. The schedule for payment of monitoring costs imposed shall be set forth in the order.

3. At the end of each fiscal year, the board shall calculate the average costs for monitoring of certain terms and conditions, such as acquisition of continuing education, and shall set forth those costs in a guidance document to be used in the imposition of recovery costs.

C. Total of assessment.

In accordance with § 54.1-2708.2of the Code of Virginia, the total of recovery costs for investigating and monitoring a licensee or registrant shall not exceed $5,000, but shall not include the fee for inspection of dental offices and returned checks as set forth in 18VAC60-20-30or collection costs incurred for delinquent fines and fees.

18VAC60-15-20. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate.

In accordance with §54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate at the time a determination is made that probable cause exists that a practitioner may be subject to a disciplinary action. If

delegation to a subordinate is not recommended at the time of the probable cause determination, delegation may be approved by the president of the board or his designee.

B. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

Agenda Items: **Proposed Chapters 21 and 25**
Sections: 18VAC60-21-140(A)(1) and
18VAC60-25-40(C)(1)

A licensee requested a definition or explanation of an athermal laser as used in the proposed regulations. Staff researched this question and was unable to find a succinct explanation or definition in layman's language directly applicable to dentistry.

Action: **Staff is requesting consideration of the Texas State Board of Dental Examiners policy statement**
and
Consideration of adding a definition for "non-surgical laser" and amending sections 18VAC60-21-140(A)(1) and 18VAC60-25-40(C)(1)
to reference a non-surgical laser instead of an athermal laser

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USE OF LASERS BY DENTAL HYGIENISTS

Use of Lasers by Dental Hygienists

The Texas State Board of Dental Examiners is aware that lasers can be used to replace or supplement traditional dental instruments such as handpieces, scalpels, curing lights, and the explorer.

It is the position of the Board that licensed dental hygienists may use lasers that are not capable of cutting or removing hard tissue, soft tissue, or tooth structure to perform clinical tasks that are otherwise within the hygienist's scope of practice.[1] Dental hygienists must perform intraoral procedures involving a laser under the general supervision of a licensed dentist.[2]

Whenever a new treatment modality is brought forward, it is the Board's policy that the licensee must have proficiency and training in the use of the technology for the procedure performed. Licensees utilizing new technology must maintain documentation of the satisfactory completion of formal continuing education or training using the technology for the procedures performed. The particular technology utilized performing any particular clinical task does not alter the requirement that a dentist is ultimately responsible for any procedure delegated to an auxiliary and the auxiliary performing the procedure remains responsible for performing the task within the standard or care.

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[1] This policy statement is not intended to determine what type of lasers an RDH can or cannot use. The specific type of laser that a dental hygienist utilizes must be appropriate for his/her scope of practice and follow all laws, rules, and policies of the Board and the state of Texas.

[2] "General supervision" means that the dentist employs or is in charge of the dental hygienist and is responsible for supervising the services performed by the dental hygienist. The dentist may or may not be present on the premises when the dental hygienist performs the procedures.

This position statement was approved by the State Board of Dental Examiners on April 16, 2010.

This position statement was published in the Texas Register dated May 14, 2010. Click here (then scroll down the webpage) to view this statement.

Click HERE to return to the main directory of Policy Statements.

Click HERE to review or order a copy of the Dental Practice Act (Texas Occupations Code).

Click HERE to return to the directory of SBDE Rules and Regulations.

< Prev Next >

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512.463.6400 (PHONE) | 512.463.7452 (FAX) | 1.800.821.3205 (COMPLAINT HOTLINE)

"Inhalation" means a technique of administration in which a gaseous or volatile agent, including nitrous oxide, is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

"Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness.

"Local anesthesia" means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

"Monitoring" means to observe, interpret, assess, and record appropriate physiologic functions of the body during sedative procedures and general anesthesia appropriate to the level of sedation as provided in Part VI (18VAC60-21-260 et seq.) of Regulations Governing the Practice of Dentistry.

["Non-surgical laser" means a laser that is not capable of cutting or removing hard tissue, soft tissue, and tooth structure.]

"Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

"Topical oral anesthestic" means any drug, available in creams, ointments, aerosols, sprays, lotions, or jellies, that can be used orally for the purpose of rendering the oral cavity insensitive to pain without affecting consciousness.

18VAC60-25-20. Address of record; posting of license.

A. Address of record. Each licensed dental hygienist shall provide the board with a current address of record. All required notices and correspondence mailed by the board to any such licensee shall be validly given when mailed to the address of record on file with the board. Each licensee may also provide a different address to be used as the public address, but if a second

5. Operation of high speed rotary instruments in the mouth;

6. Administration of deep sedation or general anesthesia and conscious/moderate sedation;

7. Condensing, contouring, or adjusting any final, fixed, or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental assistants II with advanced training as specified in Part IV (18VAC60-25-130 et seq.) of this chapter;

8. Final positioning and attachment of orthodontic bonds and bands; and

9. Final adjustment and fitting of crowns and bridges in preparation for final cementation.

C. The following duties shall only be delegated to dental hygienists under direction and may only be performed under indirect supervision:

1. Scaling, root planing, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and [~~athermal~~ non-surgical] lasers with any sedation or anesthesia administered [~~by the dentist~~] .

2. Performing an initial examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets, or other abnormal conditions for assisting the dentist in the diagnosis.

3. Administering nitrous oxide or local anesthesia by dental hygienists qualified in accordance with the requirements of 18VAC60-25-100.

D. The following duties shall only be delegated to dental hygienists and may be performed under indirect supervision or may be delegated by written order in accordance with § 54.1-2722 D of the Code to be performed under general supervision:

1. Scaling, root planning, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and [~~athermal~~ non-surgical] lasers with or without topical oral anesthestics.

2. Polishing of natural and restored teeth using air polishers.

3. Performing a clinical examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets, or other abnormal conditions for further evaluation and diagnosis by the dentist.

4. Subgingival irrigation or subgingival and gingival application of topical Schedule VI medicinal agents pursuant to § 54.1-3408 J of the Code.

5. Duties appropriate to the education and experience of the dental hygienist and the practice of the supervising dentist, with the exception of those listed as nondelegable in subsection B of this section and those restricted to indirect supervision in subsection C of this section.

E. The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II:

1. Performing pulp capping procedures;

2. Packing and carving of amalgam restorations;

3. Placing and shaping composite resin restorations with a slow speed handpiece;

4. Taking final impressions;

5. Use of a non-epinephrine retraction cord; and

6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

[F. A dental hygienist employed by the Virginia Department of Health may provide educational and preventative dental care under remote supervision, as defined in subsection D

Agenda Item: **Proposed Chapter 21 and 25**
Sections: 18VAC60-21-250(A)(2) and
18VAC60-25-190(A)(1)

The Regulatory/Legislative Committee asked staff to obtain information on the difference between "basic cardiopulmonary resuscitation" and "basic cardiopulmonary resuscitation for health care professionals"

Course descriptions posted by the Red Cross, the American Heart Association and the American Safety and Health Institute are provided for review.

Action: **Decide whether to amend sections 18VAC60-21-250(A)(2) and 18VAC60-25-190(A)(1)**

Workplaces, Schools and Individuals

Register for Classes in Your Area

1 Select Your Location | 2 Select a Class Category | 3 Search for Classes

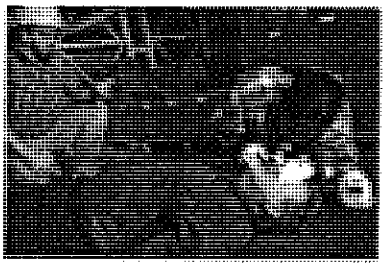
Washington, DC 20006 Edit | All Categories | Find Classes

Featured Courses for Workplaces, Schools and Individuals

Take me to:

- First Aid/CPR/AED
- Bloodborne Pathogens Training
- Responding to Emergencies

First Aid/CPR/AED



Would you know what to do in a cardiac, breathing or first aid emergency? The right answer could help you save a life. With an emphasis on hands-on learning, our First Aid/CPR/AED courses give you the skills to save a life. All course options align with OSHA's *Best Practices for Workplace First Aid Training Programs* and are available in classroom and blended learning formats. Certification is issued upon successful completion. Free online refreshers are available with all course options.

Course length: From 2 hours to 5 hours, depending on course option

2 year certification

Course options:

First Aid: Learn how to respond to common first aid emergencies, including burns; cuts; head, neck and back injuries and more. Pediatric option available.

CPR/AED Learn how to respond to cardiac and breathing emergencies in adults, including the use of automated external defibrillators (AED). Adult and infant/child CPR options available.

Review Renew your First Aid/CPR/AED certification in an abbreviated class session. Current certification is required.

Challenge Prepare on you own and demonstrate skill competency in front of a Red Cross instructor. Current certification is not required.

Find Classes

Materials

Adult ready reference (PDF, 1MB)

Pediatric ready reference (PDF, 771KB)

Professional Rescuers

Register for Classes in Your Area

1 Select Your Location: Washington, DC 20006 Edit

2 Select a Class Category: All Categories

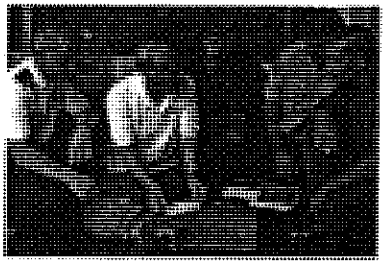
3 Search for Classes: Find Classes

Featured Training Courses for Professional Rescuers and First Responders

Take me to:

- CPR/AED for Professional Rescuers and Health Care Providers
- Emergency Medical Response
- Bloodborne Pathogens Training
- Administering Emergency Oxygen

CPR/AED for Professional Rescuers and Health Care Providers



As an EMT, firefighter, athletic trainer or lifeguard, it is your duty to respond to cardiac or breathing emergencies until more advanced medical personnel can take over. From assessing needs and making decisions to providing care, this program provides the skills you need through discussion, video and hands-on training based on real-life rescue scenarios. Course covers adults, children and infants and includes free online refreshers. Classroom and blended learning options available.

2 year certification

Digital certificate available upon successful completion of course

Course length: Approximately 5.5 hours

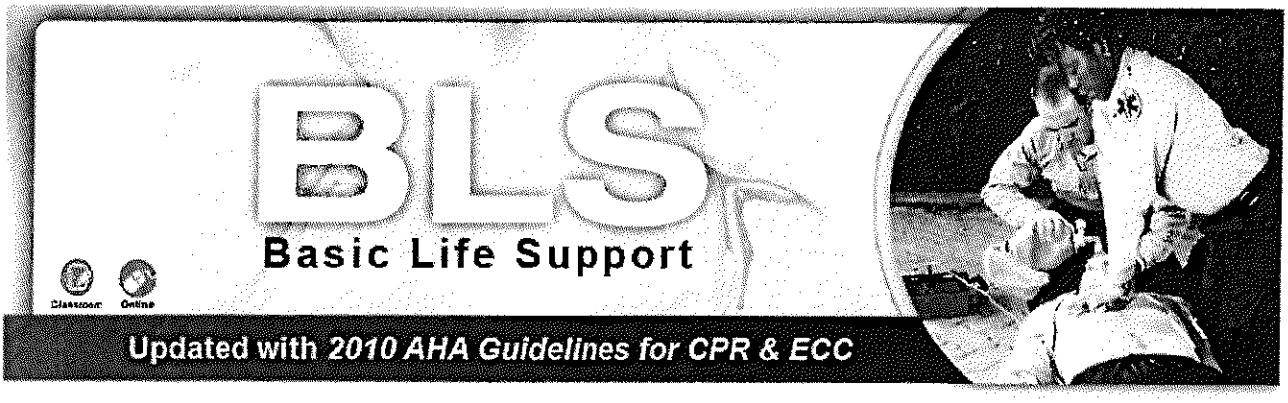
Topics include:

- Primary assesment
- Ventilations including use of CPR breathing barriers and use of bag-valve-masks (BVMs)
- Choking (conscious and unconscious)
- CPR (one- and two-rescuer)
- Using AED
- Optional training in use of epinephrine auto-injectors and asthma inhalers available

Find Classes

Materials

- Participant's Manual
- Purchase printed materials



BLS for Healthcare Providers - Classroom
In this classroom-based course, healthcare professionals learn to recognize several life-threatening emergencies, provide CPR to victims of all ages, use an AED, and relieve choking in a safe, timely and effective manner.

BLS for Healthcare Providers Online Part 1
Busy healthcare professionals who need a flexible training option can choose this couree for first-time or renewal certification. Students first complete online lessons and then meet with an AHA instructor for skills prectice and testing.

HeartCode® BLS Part 1
In this course, healthcare professionals learn to recognize several life-threatening emergencies, provide CPR to victims of all ages, use an AED, and relieve choking in a safe, timely and effective manner.

FIND A COURSE CLASSROOM

Use our Find a Course to locate an AHA Training Center in your area that offers these courses.

Contact any of our distributors to purchase course materials.

Channing Bete Company Inc. Laerdal Medical Corporation eWorldPoint

Advanced Cardiovascular Life Support
In this classroom-based course, providers enhance their skills in treating adult victims of cardiac arrest or other cardiopulmonary emergencies, while earning their American Heart Association ACLS (AHA ACLS) for Healthcare Providers Course Completion Card.

HeartCode® ACLS Part 1
Try computer-based lessons where students "virtually" assess and formulate treatment for cardiopulmonary arrest patients through 12 interactive hospital-based cases.

ECG and Pharmacology
This is the only course of its kind that focuses on specific ECG recognition skills and drug treatment knowledge. Students may use this classroom-based course as a pre-course option to help achieve ACLS certification.

Learn:® Rapid STEMI ID
This interactive online course helps healthcare professionals improve their STEMI recognition and assessment skills. Students use dynamic tools to review 50 ECGs and measure ST deviation.

STEMI Provider Manual
This Manual prepares and enables out-of-hospital and in-hospital personnel to increase the assessment, diagnosis and treatment of STEMI patients.

ACLS for Experienced Providers
The goal of the ACLS EP Course is to improve outcomes in complex cardiovascular, respiratory and other (eg, metabolic, toxicologic) emergencies by expanding on core ACLS guidelines and encouraging critical thinking and decision-making strategies.

The Handbook of Emergency Cardiovascular Care for Healthcare for Healthcare Providers
for Healthcare Providers
The Handbook of Emergency Cardiovascular Care for Healthcare Providers is a vital reference for healthcare providers. The 2010 Handbook of ECC incorporates the latest science and treatment recommendations from the *2010 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.*

Airway Management
This classroom-based course gives students the chance to learn, practice and demonstrate many airway skills used in resuscitation. Students learn about various airway products and the related skills.

Learn:® Rhythm Adult
Here's an online course that introduces healthcare providers to normal adult cardiac rhythms and prepares them to recognize basic cardiac arrhythmias in clinical practice. The course features animation, interactive activities, and self-assessment portions.

Structured and Supported Debriefing Course
The Structured and Supported Debriefing Course teaches advanced life support instructors how to facilitate an effective debriefing of their students within 10 minutes after a skills practice session.

AMERICAN SAFETY & HEALTH INSTITUTE

We Make Protecting and Saving Lives Easy.™ 800.447.3177

ASHI Basic First Aid

ASHI ***Basic First Aid*** was created to help students develop basic first aid knowledge, skills, and the confidence to respond. The program is an excellent choice for both the community and workplace setting, and is consistent with recommendations of the 2010 National First Aid Science Advisory Board and OSHA's best practices for first aid training programs in the workplace.

Visit the ASHI Online Store

Intended Audience

Individuals who require or desire elementary first aid knowledge and skills with a focus on adults, children, or both, including:

- Emergency response teams in business and industry
- School bus drivers
- Adult residential care personnel
- Child care workers
- Teachers
- Parents
- Babysitters

Class Configurations

Max student to instructor ratio: 10 to 1

Recommended student to equipment ratio: 3 to 1

Successful Completion (Certification)

Written Evaluation:

Required when specified by organizational, local, or state regulation. It is recommended for designated responders with a duty or employer expectation to respond in an emergency and provide first aid care.

Skills Evaluation:

Students must perform required skills competently without assistance.

Important Considerations

Recognized certification period: Up to 2 years

Recommended time to complete:

- Initial training: 3-4 hours
- Renewal training: Less than initial instructional time
- Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.

AMERICAN SAFETY & HEALTH INSTITUTE

We Make Protecting and Saving Lives Easy.™ 800.447.3177

ASHI CPR and AED

ASHI ***CPR and AED*** is a combined CPR and AED program designed specifically for laypeople. The program is an excellent choice for both the community and workplace setting, and is based upon the *2010 International Consensus on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Science with Treatment Recommendations (CoSTR)* and other evidence-based treatment recommendations.

Visit the ASHI Online Store

Intended Audience

Individuals who do not work in the healthcare field but are occupationally required to, or desire to, have CPR knowledge and skills, such as:

- Emergency response teams in business end industry
- School bus drivers
- Adult residential care personnel
- Child care workers
- Teachers
- Parents
- Babysitters

Class Configurations

Max student to instructor ratio: 10 to 1

Recommended student to equipment ratio: 3 to 1

Successful Completion (Certification)

Written Evaluation:

Required when specified by organizational, local, or state regulation. It is recommended for designated responders with e duty or employer expectation to respond in an emergency and provide first aid care.

Skills Evaluation:

Students must perform required skills competently without assistance.

Important Considerations

Recognized certification period: Up to 2 years

Recommended time to complete:

- Initial Training - Adult: 2 hours
- Initial Training - Child and Infant: 2 hours
- Initial Training - Adult, Child, and Infant: 3 hours
- Renewal Training: Less than initial instructional time
- Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.

AMERICAN SAFETY & HEALTH INSTITUTE

We Make Protecting and Saving Lives Easy.™ 800.447.3177

CPR Pro for the Professional Rescuer

Students learn how to recognize a life-threatening emergency, how to provide basic life support and what to do in case of an airway obstruction or choking. ASHI's ***CPR Pro for the Professional Rescuer*** has been approved for training for Emergency Medical Services personnel and is accepted by the National Registry of Emergency Medical Technicians (NREMT).

Visit the ASHI Online Store

Intended Audience

American Safety & Health Institutes ***CPR for the Professional Rescuer*** program is designed for individuals in the healthcare or professional rescuer field that are required to have professional-level basic life support training.

Class Configurations

Max student to instructor ratio: 10 to 1 (6:1 recommended)

Recommended student to equipment ratio: 3 to 1

Successful Completion (Certification)

Written Evaluation:

Required.

Skills Evaluation:

Students must perform required skills competently without assistance.

Important Considerations

Recognized certification period: Up to 2 years

Recommended time to complete:

- Initial training - 4-5 hours
- Renewal training: Less than initial instructional time
- Successful completion is based on achievement of the core learning objectives rather than a prescribed instruction time.

Continuing Education

2 Basic Continuing Education Hours through Health and Safety Institute, the parent company of ASHI, an organization accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).

CHAPTER 21

REGULATIONS GOVERNING THE PRACTICE OF DENTISTRY

Part I

General Provisions

18VAC60-21-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2700 of the Code of Virginia:

"Board"

"Dental hygiene"

"Dental hygienist"

"Dentist"

"Dentistry"

"License"

"Maxillofacial"

"Oral and maxillofacial surgeon"

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

["AAOMS" means the American Association of Oral and Maxillofacial Surgeons.]

"ADA" means the American Dental Association.

"Advertising" means a representation or other notice given to the public or members thereof, directly or indirectly, by a dentist on behalf of himself, his facility, his partner or associate, or any dentist affiliated with the dentist or his facility by any means or method

for the purpose of inducing purchase, sale, or use of dental methods, services, treatments, operations, procedures, or products, or to promote continued or increased use of such dental methods, treatments, operations, procedures, or products.

[~~"Analgesia" means the diminution or elimination of pain in the conscious patient.~~]

"CODA" means the Commission on Dental Accreditation of the American Dental Association.

"Code" means the Code of Virginia.

[~~"Conscious/moderate sedation" means a drug-induced depression of consciousness, during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.~~

~~"Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.~~]

"Dental assistant I" means any unlicensed person under the direction of a dentist or a dental hygienist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely an administrative, secretarial, or clerical capacity.

"Dental assistant II" means a person under the direction and direct supervision of a dentist who is registered by the board to perform reversible, intraoral procedures as specified in 18VAC60-21-150 and 18VAC60-21-160.

[~~"Direct supervision" means that the dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to a dental assistant II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains immediately available in the office to the dental assistant II for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.~~

"Mobile dental facility" means a self-contained unit in which dentistry is practiced that is not confined to a single building and can be transported from one location to another.

"Portable dental operation" means a nonfacility in which dental equipment used in the practice of dentistry is transported to and utilized on a temporary basis at an out-of-office location, including patients' homes, schools, nursing homes, or other institutions.

"Radiographs" means intraoral and extraoral radiographic images of hard and soft tissues used for purposes of diagnosis.

C. The following words and terms relating to supervision as used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Direct supervision" means that the dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to a dental assistant II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains immediately available in the office to the dental assistant II for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.]

"Direction" means the level of supervision (i.e., immediate, direct, indirect, or general) that a dentist is required to exercise with a dental hygienist, a dental assistant I, or a dental assistant II or that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services.

[~~"Enteral" means any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (i.e., oral, rectal, or sublingual).~~

~~"General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.~~]

"General supervision" means that a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment that states the specific services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

"Immediate supervision" means the dentist is in the operatory to supervise the administration of sedation or provision of treatment.

"Indirect supervision" means the dentist examines the patient at some point during the appointment and is continuously present in the office to advise and assist a dental hygienist or a dental assistant who is (i) delivering hygiene treatment, (ii) preparing the

patient for examination or treatment by the dentist, or (iii) preparing the patient for dismissal following treatment.

[D. The following words and terms relating to sedation or anesthesia as used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Conscious/moderate sedation" or "moderate sedation" means a drug-induced depression of consciousness, during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

"Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

"Enteral" means any technique of administration in which the agent is absorbed through the gastrointestinal tract or oral mucosa (i.e., oral, rectal, sublingual).

"General anesthesia" means a drug induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.]

"Inhalation" means a technique of administration in which a gaseous or volatile agent, including nitrous oxide, is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

"Local anesthesia" means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

"Minimal sedation" means a [~~minimally depressed level of consciousness, produced by a pharmacological method, which retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected~~ a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, and ventilator and cardiovascular functions are unaffected. Minimal sedation includes "anxiolysis" (the diminution or elimination of anxiety through the use of pharmacological agents in a dosage that does not cause depression of consciousness) and includes "inhalation analgesia" (the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness).

~~"Mobile dental facility" means a self-contained unit in which dentistry is practiced that is not confined to a single building and can be transported from one location to another.~~]

"Moderate sedation" (see the definition of conscious/moderate sedation).

"Monitoring" means to observe, interpret, assess, and record appropriate physiologic functions of the body during sedative procedures and general anesthesia appropriate to the level of sedation as provided in Part VI (18VAC60-21-260 et seq.) of this chapter.

"Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

[~~"Portable dental operation" means a nonfacility in which dental equipment used in the practice of dentistry is transported to and utilized on a temporary basis at an out-of-office location, including patients' homes, schools, nursing homes, or other institutions.~~

~~"Radiographs" means intraoral and extraoral radiographic images of hard and soft tissues used for purposes of diagnosis.~~

Titration means the incremental increase in drug dosage to a level that provides the optimal therapeutic effect of sedation.]

"Topical oral anesthestic" means any drug, available in creams, ointments, aerosols, sprays, lotions, or jellies, that can be used orally for the purpose of rendering the oral cavity insensitive to pain without affecting consciousness.

18VAC60-21-20. Address of record.

Each licensed dentist shall provide the board with a current address of record. All required notices and correspondence mailed by the board to any such licensee shall be validly given when mailed to the address of record on file with the board. Each licensee may also provide a different address to be used as the public address, but if a second address is not provided, the address of record shall be the public address. All changes of address shall be furnished to the board in writing within 30 days of such changes.

18VAC60-21-30. Posting requirements.

A. A dentist who is practicing under a firm name or who is practicing as an employee of another dentist is required by § 54.1-2720 of the Code to conspicuously display his name at the

entrance of the office. The employing dentist, firm, or company must enable compliance by designating a space at the entrance of the office for the name to be displayed.

B. In accordance with § 54.1-2721 of the Code a dentist shall display [~~a~~ his dental] license where it is conspicuous and readable by patients in each dental practice setting. If a licensee practices in more than one office, a duplicate license obtained from the board may be displayed.

C. A dentist who administers, prescribes, or dispenses Schedules II through V controlled substances shall display his current registration with the federal Drug Enforcement Administration with his current active license.

D. A dentist who administers conscious/moderate sedation, deep sedation, or general anesthesia in a dental office shall display his sedation or anesthesia permit issued by the board [or certificate issued by AAOMS] .

18VAC60-21-40. Required fees.

A. Application/registration fees.

1. Dental license by examination	$400
2. Dental license by credentials	$500
3. Dental restricted teaching license	$285
4. [~~Dental teacher's license~~	~~$285~~
~~5.~~] Dental [~~full-time~~] faculty license	[~~$285~~ $400
~~6.~~5.] Dental temporary resident's license	$60
[~~7.~~6.] Restricted volunteer license	$25
[~~8.~~7.] Volunteer exemption registration	$10
[~~9.~~8.] Oral maxillofacial surgeon registration	$175
[~~10.~~9.] Cosmetic procedures certification	$225
[~~11.~~10.] Mobile clinic/portable	$250

operation	
[~~12.~~11.] Conscious/moderate sedation permit	$100
[~~13.~~12.] Deep sedation/general anesthesia permit	$100

B. Renewal fees.

1. Dental license - active	$285
2. Dental license - inactive	$145
3. Dental temporary resident's license	$35
4. Restricted volunteer license	$15
5. Oral maxillofacial surgeon registration	$175
6. Cosmetic procedures certification	$100
7. Conscious/moderate sedation permit	$100
8. Deep sedation/general anesthesia permit	$100

C. Late fees.

1. Dental license - active	$100
2. Dental license - inactive	$50
3. Dental temporary resident's license	$15
4. Oral maxillofacial surgeon registration	$55
5. Cosmetic procedures certification	$35
6. Conscious/moderate sedation permit	$35
7. Deep sedation/general anesthesia permit	$35

D. Reinstatement fees.

1. Dental license - expired	$500
2. Dental license - suspended	$750
3. Dental license - revoked	$1000
4. Oral maxillofacial surgeon	$350

registration

5. Cosmetic procedures certification	$225

E. Document fees.

1. Duplicate wall certificate	$60
2. Duplicate license	$20
3. License certification	$35

F. Other fees.

1. Returned check fee	$35
2. Practice inspection fee	$350

G. No fee will be refunded or applied for any purpose other than the purpose for which the fee is submitted.

Part II

Standards of Practice

18VAC60-21-50. Scope of practice.

A. A dentist shall only treat based on a bona fide dentist-patient relationship for medicinal or therapeutic purposes within the course of his professional practice consistent with the definition of dentistry in § 54.1-2710 of the Code, the provisions for controlled substances in the Drug Control Act (Chapter 34 (§ 54.1-3400 et seq.) of Title 54.1 of the Code), and the general provisions for health practitioners in the Code. A bona fide dentist-patient relationship is established when examination and diagnosis of a patient is initiated.

B. For the purpose of prescribing controlled substances, the bona fide dentist-patient relationship shall be established in accordance with § 54.1-3303 of the Code.

18VAC60-21-60. General responsibilities to patients.

A. A dentist is responsible for conducting his practice in a manner that safeguards the safety, health, and welfare of his patients and the public by:

1. Maintaining a safe and sanitary practice, including containing or isolating pets away from the treatment areas of the dental practice. An exception shall be made for a service dog trained to accompany its owner or handler for the purpose of carrying items, retrieving objects, pulling a wheelchair, alerting the owner or handler to medical conditions, or other such activities of service or support necessary to mitigate a disability.

2. Consulting with or referring patients to other practitioners with specialized knowledge, skills, and experience when needed to safeguard and advance the health of the patient.

3. Treating according to the patient's desires only to the extent that such treatment is within the bounds of accepted treatment and only after the patient has been given a treatment recommendation and an explanation of the acceptable alternatives.

4. Only delegating patient care and exposure of dental x-rays to qualified, properly trained and supervised personnel as authorized in Part III (18VAC60-21-110 et seq.) of this chapter.

5. Giving patients at least 30 days written notice of a decision to terminate the dentist-patient relationship.

6. Knowing the signs of abuse and neglect and reporting suspected cases to the proper authorities consistent with state law.

7. Accurately representing to a patient and the public the materials or methods and techniques to be used in treatment.

B. A dentist is responsible for conducting his financial responsibilities to patients and third party payers in an ethical and honest manner by:

1. Maintaining a listing of customary fees and representing all fees being charged clearly and accurately.

2. Making a full and fair disclosure to his patient of all terms and considerations before entering into a payment agreement for services.

3. Not obtaining, attempting to obtain, or cooperating with others in obtaining payment for services by misrepresenting procedures performed, dates of service, or status of treatment.

4. Making a full and fair disclosure to his patient of any financial incentives he received for promoting or selling products.

5. Not exploiting the dentist-patient relationship for personal gain related in nondental transactions.

18VAC60-21-70. Unprofessional practice.

A. A dentist shall not commit any act that violates provisions of the Code that reasonably relate to the practice of dentistry [~~and dental hygiene~~], including but not limited to:

1. Delegating any [dental] service or operation that requires the professional competence or judgment of a dentist [~~or dental hygienist~~] to any person who is not a licensed dentist or dental hygienist [or a registered dental assistant II].

2. Knowingly or negligently violating any applicable statute or regulation governing ionizing radiation in the Commonwealth of Virginia, including but not limited to current regulations promulgated by the Virginia Department of Health.

3. Unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program.

4. Failing to maintain and dispense scheduled drugs as authorized by the Virginia Drug Control Act (Chapter 34 (§ 54.1-3400 et seq.) of Title 54.1 of the Code) and the regulations of the Board of Pharmacy.

5. Failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation or inspection.

B. Sexual conduct with a patient, employee, or student shall constitute unprofessional conduct if:

1. The sexual conduct is unwanted or nonconsensual or

2. The sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC60-21-80. Advertising.

A. Practice limitation. A general dentist who limits his practice to a dental specialty or describes his practice by types of treatment shall state in conjunction with his name that he is a general dentist providing certain services (e.g., orthodontic services).

B. Fee disclosures. Any statement specifying a fee for a dental service that does not include the cost of all related procedures, services, and products that, to a substantial likelihood, will be necessary for the completion of the advertised services as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of fees for specifically described dental services shall not be deemed to be deceptive or misleading.

C. Discounts and free offers. Discount and free offers for a dental service are permissible for advertising only when the nondiscounted or full fee [, if any,] and the final discounted fee are also disclosed in the advertisement. In addition, the time period for obtaining the discount or free offer must be stated in the advertisement. The dentist shall maintain documented evidence to substantiate the discounted fee or free offer.

D. Retention of broadcast advertising. A prerecorded [or archived] copy of all advertisements [~~on radio or television~~] shall be retained for a [~~12-month~~ two-year] period following the final appearance of the advertisement. The advertising dentist is responsible for making prerecorded [or archived] copies of the advertisement available to the board within five days following a request by the board.

E. Routine dental services. Advertising of fees pursuant to this section is limited to procedures that are set forth in the American Dental Association's "Dental Procedures Codes," published in Current Dental Terminology in effect at the time the advertisement is issued.

F. Advertisements. Advertisements, including but not limited to signage, containing descriptions of the type of dentistry practiced or a specific geographic locator are permissible so long as the requirements of §§ 54.1-2718 and 54.1-2720 of the Code are met.

G. False, deceptive, or misleading advertisement. The following practices shall constitute false, deceptive, or misleading advertising within the meaning of subdivision 7 of § 54.1-2706 of the Code:

1. Publishing an advertisement that contains a material misrepresentation or omission of facts that causes an ordinarily prudent person to misunderstand or be deceived, or that fails to contain reasonable warnings or disclaimers necessary to make a representation not deceptive;

2. Publishing an advertisement that fails to include the information and disclaimers required by this section; or

3. Publishing an advertisement that contains a false claim of professional superiority, contains a claim to be a specialist, or uses any terms to designate a dental specialty unless he is entitled to such specialty designation under the guidelines or requirements for specialties approved by the American Dental Association (Requirements for

Recognition of Dental Specialties and National Certifying Boards for Dental Specialists, [~~October 2009~~ November 2013]), or such guidelines or requirements as subsequently amended.

4. Representation by a dentist who does not currently hold specialty certification that his practice is limited to providing services in such specialty area without clearly disclosing that he is a general dentist.

18VAC60-21-90. Patient information and records.

A. A dentist shall maintain complete, legible, and accurate patient records for not less than six years from the last date of service for purposes of review by the board with the following exceptions:

1. Records of a minor child shall be maintained until the child reaches the age of 18 years or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

2. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

3. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

B. Every patient record shall include the following:

1. Patient's name on each page in the patient record;

2. A health history taken at the initial appointment that is updated (i) when analgesia, sedation, or anesthesia is to be administered; (ii) when medically indicated; and (iii) at least annually;

3. Diagnosis and options discussed, including the risks and benefits of treatment or non-treatment and the estimated cost of treatment options;

4. Consent for treatment obtained and treatment rendered;

5. List of drugs prescribed, administered, or dispensed and the route of administration, quantity, dose, and strength;

6. Radiographs, digital images, and photographs clearly labeled with patient name [~~and,~~] date taken [, and teeth identified] ;

7. Notation of each [treatment rendered, the] date of treatment and of the dentist, dental hygienist, and dental assistant II providing service;

8. Duplicate laboratory work orders that meet the requirements of § 54.1-2719 of the Code including the address and signature of the dentist;

9. Itemized patient financial records as required by § 54.1-2404 of the Code;

10. A notation or documentation of an order required for treatment of a patient by a dental hygienist practicing under general supervision as required in 18VAC60-21-140 B; and

11. The information required for the administration of moderate sedation, deep sedation, and general anesthesia required in 18VAC60-21-260 D.

C. A licensee shall comply with the patient record confidentiality, release, and disclosure provisions of § 32.1-127.1:03 of the Code and shall only release patient information as authorized by law.

D. Records shall not be withheld because the patient has an outstanding financial obligation.

E. A reasonable cost-based fee may be charged for copying patient records to include the cost of supplies and labor for copying documents, duplication of radiographs and images, and

postage if mailing is requested as authorized by § 32.1-127.1:03 of the Code. The charges specified in § 8.01-413 of the Code are permitted when records are subpoenaed as evidence for purposes of civil litigation.

F. When closing, selling, or relocating a practice, the licensee shall meet the requirements of § 54.1-2405 of the Code for giving notice and providing records.

G. Records shall not be abandoned or otherwise left in the care of someone who is not licensed by the board except that, upon the death of a licensee, a trustee or executor of the estate may safeguard the records until they are transferred to a [~~licensee~~ licensed dentist] , are sent to the patients of record, or are destroyed.

H. Patient confidentiality must be preserved when records are destroyed.

18VAC60-21-100. Reportable events during or following treatment or the administration of sedation or anesthesia.

The treating dentist shall submit a written report to the board within 15 calendar days following an unexpected patient event that occurred intra-operatively or during the first 24 hours immediately following the patient's departure from his facility, resulting in either a physical injury or a respiratory, cardiovascular, or neurological complication that [was related to the dental treatment or service provided and that] necessitated admission of the patient to a hospital or in a patient death. [Any emergency treatment of a patient by a hospital that is related to sedation anesthesia shall also be reported.]

Part III

Direction and Delegation of Duties

18VAC60-21-110. Utilization of dental hygienists and dental assistants II.

A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction at one and the same time. In addition, a dentist may

permit through issuance of written orders for services additional dental hygienists to practice under general supervision in a free clinic or a public health program, or on a voluntary basis.

18VAC60-21-120. Requirements for direction and general supervision.

A. In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining with the patient or his representative the specific treatment the patient will receive, which aspects of treatment will be delegated to qualified personnel, and the direction required for such treatment, in accordance with this chapter and the Code.

B. Dental hygienists shall engage in their respective duties only while in the employment of a licensed dentist or governmental agency or when volunteering services as provided in 18VAC60-21-110.

C. Dental hygienists acting within the scope of a license issued to them by the board under § 54.1-2722 or 54.1-2725 of the Code who teach dental hygiene in a CODA accredited program are exempt from this section.

D. Duties delegated to a dental hygienist under indirect supervision shall only be performed when the dentist is present in the facility and examines the patient during the time services are being provided.

E. Duties that are delegated to a dental hygienist under general supervision shall only be performed if the following requirements are met:

1. The treatment to be provided shall be ordered by a dentist licensed in Virginia and shall be entered in writing in the record. The services noted on the original order shall be rendered within a specific time period, not to exceed 10 months from the date the dentist last performed a periodic examination of the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment under general supervision.

2. The dental hygienist shall consent in writing to providing services under general supervision.

3. The patient or a responsible adult shall be informed prior to the appointment that a dentist may not be present, that only topical oral anesthetics can be administered to manage pain, and that only those services prescribed by the dentist will be provided.

4. Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

F. An order for treatment under general supervision shall not preclude the use of another level of supervision when, in the professional judgment of the dentist, such level of supervision is necessary to meet the individual needs of the patient.

18VAC60-21-130. Nondelegable duties; dentists.

Only licensed dentists shall perform the following duties:

1. Final diagnosis and treatment planning;

2. Performing surgical or cutting procedures on hard or soft tissue except a dental hygienist performing gingival curettage as provided in 18VAC60-21-140;

3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist, who meets the requirements of 18VAC60-25-100, may parenterally administer Schedule VI local anesthesia to patients 18 years of age or older;

4. Authorization of work orders for any appliance or prosthetic device or restoration that is to be inserted into a patient's mouth;

5. Operation of high speed rotary instruments in the mouth;

6. Administering and monitoring conscious/moderate sedation, deep sedation, or general anesthetics except as provided for in § 54.1-2701 of the Code and Part VI (18VAC60-21-260 et seq.) of this chapter;

7. Condensing, contouring, or adjusting any final, fixed, or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental assistants II with advanced training as specified in 18VAC60-30-120;

8. Final positioning and attachment of orthodontic bonds and bands; and

9. Final adjustment and fitting of crowns and bridges in preparation for final cementation.

18VAC60-21-140. Dental hygienists.

A. The following duties shall only be delegated to dental hygienists under direction and may only be performed under indirect supervision:

1. Scaling, root planing, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and athermal lasers, with any sedation or anesthesia administered [~~by the dentist~~] .

2. Performing an initial examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets, or other abnormal conditions for assisting the dentist in the diagnosis.

3. Administering nitrous oxide or local anesthesia by dental hygienists qualified in accordance with the requirements of 18VAC60-25-100.

B. The following duties shall only be delegated to dental hygienists and may be performed under indirect supervision or may be delegated by written order in accordance with §§ 54.1-2722 D and 54.1-3408 J of the Code to be performed under general supervision:

1. Scaling, root planing, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and athermal lasers with or without topical oral anesthetics.

2. Polishing of natural and restored teeth using air polishers.

3. Performing a clinical examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets, or other abnormal conditions for further evaluation and diagnosis by the dentist.

4. Subgingival irrigation or subgingival application of topical Schedule VI medicinal agents pursuant to § 54.1-3408 J of the Code.

5. Duties appropriate to the education and experience of the dental hygienist and the practice of the supervising dentist, with the exception of those listed as nondelegable in 18VAC60-21-130, those restricted to indirect supervision in subsection A of this section, and those restricted to delegation to dental assistants II in 18VAC60-21-150.

18VAC60-21-150. Delegation to dental assistants II.

The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II who has completed the coursework, corresponding module of laboratory training, corresponding module of clinical experience, and examinations specified in 18VAC60-30-120:

1. Performing pulp capping procedures;

2. Packing and carving of amalgam restorations;

3. Placing and shaping composite resin restorations with a slow speed handpiece;

4. Taking final impressions;

5. Use of a non-epinephrine retraction cord; and

6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

18VAC60-21-160. Delegation to dental assistants I and II.

A. Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to a dental assistant I or II under [~~the~~] indirect [~~or under general~~] supervision [~~required in 18VAC60-21-120~~], with the exception of those listed as nondelegable in 18VAC60-21-130, those which may only be delegated to dental hygienists as listed in 18VAC60-21-140, and those which may only be delegated to a dental assistant II as listed in 18VAC60-21-150.

B. Duties delegated to a dental assistant under general supervision shall be [performed] under the direction [and indirect supervision] of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant, and being available for consultation on patient care.

18VAC60-21-170. Radiation certification.

No dentist or dental hygienist shall permit a person not otherwise licensed by this board to place or expose dental x-ray film unless he has one of the following: (i) satisfactory completion of a radiation safety course and examination given by an institution that maintains a program in dental assisting, dental hygiene, or dentistry accredited by CODA; (ii) certification by the American Registry of Radiologic Technologists; or (iii) satisfactory completion of the Radiation Health and Safety Review Course provided by the Dental Assisting National Board or its affiliate and passage of the Radiation Health and Safety Exam given by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient.

18VAC60-21-180. What does not constitute practice.

The following are not considered the practice of dental hygiene and dentistry:

1. General oral health education.

2. Recording a patient's pulse, blood pressure, temperature, presenting complaint, and medical history.

3. Conducting preliminary dental screenings in free clinics, public health programs, or a voluntary practice.

Part IV

Entry, Licensure, and Registration Requirements

18VAC60-21-190. General application provisions.

A. Applications for any dental license, registration, or permit issued by the board, other than for a volunteer exemption or for a restricted volunteer license, shall include:

1. A final certified transcript of the grades from the college from which the applicant received the dental degree, dental hygiene degree or certificate, or post-doctoral degree or certificate [as specified in 18VAC60-21-200] ;

2. An original grade card documenting passage of all parts of the Joint Commission on National Dental Examinations; and

3. A current report from the [~~Healthcare Integrity and Protection Data Bank (HIPDB) and a current report from the National Practitioner~~ U. S. Department of Health and Human Services] Data Bank (NPDB).

B. All applicants for licensure, other than for a volunteer exemption or for a restricted volunteer license, shall be required to attest that they have read and understand and will remain current with the laws and regulations governing the practice of dentistry, dental hygiene, and dental assisting in Virginia.

C. If a transcript or other documentation required for licensure cannot be produced by the entity from which it is required, the board, in its discretion, may accept other evidence of qualification for licensure.

D. Any application for a dental license, registration, or permit may be denied for any cause specified in § 54.1-111 or 54.1-2706 of the Code.

E. An application must include payment of the appropriate fee as specified in 18VAC60-21-40.

18VAC60-21-200. Education.

An applicant for any type of dental licensure shall be a graduate of and a holder of a diploma or a certificate from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association, which consists of either a pre-doctoral dental education program or at least a 12-month post-doctoral advanced general dentistry program or a post-doctoral dental program of at least 24 months in any other specialty that includes a clinical component.

18VAC60-21-210. Qualifications for an unrestricted license.

A. Dental licensure by examination.

1. All applicants for licensure by examination shall have:

a. Successfully completed all parts of the National Board Dental Examination given by the Joint Commission on National Dental Examinations; and

b. Passed a dental clinical competency examination that is accepted by the board.

2. If a candidate has failed any section of a clinical competency examination three times, the candidate shall complete a minimum of 14 hours of additional clinical training in each

section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

3. Applicants who successfully completed a clinical competency examination five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake an examination or take continuing education that meets the requirements of 18VAC60-21-250 unless they demonstrate that they have maintained clinical, ethical, and legal practice in another jurisdiction of the United States or in federal civil or military service for 48 of the past 60 months immediately prior to submission of an application for licensure.

B. Dental licensure by credentials. All applicants for licensure by credentials shall:

1. Have passed all parts of the National Board Dental Examination given by the Joint Commission on National Dental Examinations;

2. Have successfully completed a clinical competency examination acceptable to the board;

3. Hold a current, unrestricted license to practice dentistry in another jurisdiction of the United States and be certified to be in good standing by each jurisdiction in which a license is currently held or has been held; and

4. Have been in continuous clinical practice in another jurisdiction of the United States or in federal civil or military service for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in another jurisdiction of the United States (i) as a volunteer in a public health clinic, (ii) as an intern, or (iii) in a residency program may be accepted by the board to satisfy this requirement. One year of clinical practice shall consist of a minimum of 600 hours of practice in a calendar year as attested by the applicant.

18VAC60-21-220. Inactive license.

A. Any dentist who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. With the exception of practice with a current restricted volunteer license as provided in § 54.1-2712.1 of the Code, the holder of an inactive license shall not be entitled to perform any act requiring a license to practice dentistry in Virginia.

B. An inactive license may be reactivated upon submission of the required application, which includes evidence of continuing competence and payment of the current renewal fee. To evaluate continuing competence the board shall consider (i) hours of continuing education that meet the requirements of 18VAC60-21-250; (ii) evidence of active practice in another state or in federal service; (iii) current specialty board certification; (iv) recent passage of a clinical competency examination that is accepted by the board; or (v) a refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association.

1. Continuing education hours equal to the requirement for the number of years in which the license has been inactive, not to exceed a total of 45 hours, must be included with the application. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months immediately preceding the application for activation.

2. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-2706 of the Code or who is unable to demonstrate continuing competence.

18VAC60-21-230. Qualifications for a restricted license.

A. Temporary permit for public health settings. A temporary permit shall be issued only for the purpose of allowing dental practice in a dental clinic operated by a state agency or a Virginia charitable organization as limited by § 54.1-2715 of the Code.

1. Passage of a clinical competency examination is not required, but the applicant cannot have failed a clinical competency examination accepted by the board.

2. A temporary permit will not be renewed unless the holder shows that extraordinary circumstances prevented the holder from taking the licensure examination during the term of the temporary permit.

[~~B. Teacher's license. A teacher's license shall be issued to any dentist certified to be on the faculty of an accredited dental program who meets the entry requirements of § 54.1-2713 of the Code.~~

~~1. Passage of a clinical competency examination is not required, but the applicant cannot have failed a clinical competency examination accepted by the board.~~

~~2. The holder of a teacher's license shall not practice intramurally or privately and shall not receive fees for service.~~

~~3. A teacher's license shall remain valid only while the holder is serving on the faculty of an accredited dental program in the Commonwealth. When any such license holder ceases to continue serving on the faculty of the dental school for which the license was issued, the licensee shall surrender the license, and the license shall be null and void upon termination of full-time employment.~~

~~4. The dean of the dental school shall notify the board within five working days of such termination of employment.~~

[~~C. Full-time faculty~~ B. Faculty] license. A faculty license shall be issued for the purpose of allowing dental practice as a full-time faculty member of an accredited dental program when the applicant meets the entry requirements of § 54.1-2713 of the Code.

1. Passage of a clinical competency examination is not required, but the applicant cannot have failed a clinical competency examination accepted by the board.

2. The holder of a faculty license may practice intramurally and may receive fees for service but cannot practice privately.

3. A faculty license shall remain valid only while the holder is serving full time on the faculty of an accredited dental program in the Commonwealth. When any such license holder ceases to continue serving full time on the faculty of the dental school for which the license was issued, the licensee shall surrender the license, which shall be null and void upon termination of full-time employment.

4. The dean of the dental school shall notify the board within five working days of such termination of full-time employment.

D. Temporary licenses to persons enrolled in advanced dental education programs. A dental intern, resident, or post-doctoral certificate or degree candidate shall obtain a temporary license to practice in Virginia.

1. The applicant shall have successfully completed a D.D.S. or D.M.D. degree program required for admission to a clinical competency examination accepted by the board. Submission of a letter of confirmation from the registrar of the school or college conferring the professional degree, or official transcripts confirming the professional degree and date the degree was received is required.

2. The applicant shall submit a recommendation from the dean of the dental school or the director of the accredited advanced dental education program specifying the

applicant's acceptance as an intern, resident, or post-doctoral certificate or degree candidate. The beginning and ending dates of the internship, residency, or post-doctoral program shall be specified.

3. The temporary license permits the holder to practice only in the hospital or outpatient clinics that are recognized parts of an advanced dental education program.

4. The temporary license may be renewed annually by June 30, for up to five times, upon the recommendation of the dean of the dental school or director of the accredited advanced dental education program.

5. The temporary license holder shall be responsible and accountable at all times to a licensed dentist, who is a member of the staff where the internship, residency, or post-doctoral program is taken. The holder is prohibited from practicing outside of the advanced dental education program.

6. The temporary license holder shall abide by the accrediting requirements for an advanced dental education program as approved by the Commission on Dental Accreditation of the American Dental Association.

E. Restricted volunteer license.

1. In accordance with § 54.1-2712.1 of the Code, the board may issue a restricted volunteer license to a dentist who:

a. Held an unrestricted license in Virginia or another [~~state~~ U. S. jurisdiction] as a licensee in good standing at the time the license expired or became inactive;

b. Is volunteering for a public health or community free clinic that provides dental services to populations of underserved people;

c. Has fulfilled the board's requirement related to knowledge of the laws and regulations governing the practice of dentistry in Virginia;

d. Has not failed a clinical examination within the past five years; and

e. Has had at least five years of clinical practice.

2. A person holding a restricted volunteer license under this section shall:

a. Only practice in public health or community free clinics that provide dental services to underserved populations;

b. Only treat patients who have been screened by the approved clinic and are eligible for treatment;

c. Attest on a form provided by the board that he will not receive remuneration directly or indirectly for providing dental services; and

d. Not be required to complete continuing education in order to renew such a license.

3. The restricted volunteer license shall specify whether supervision is required, and if not, the date by which it will be required. If a dentist with a restricted volunteer license issued under this section has not held an active, unrestricted license and been engaged in active practice within the past five years, he shall only practice dentistry and perform dental procedures if a dentist with an unrestricted Virginia license, volunteering at the clinic, reviews the quality of care rendered by the dentist with the restricted volunteer license at least every 30 days. If supervision is required, the supervising dentist shall directly observe patient care being provided by the restricted volunteer dentist and review all patient charts at least quarterly. Such supervision shall be noted in patient charts and maintained in accordance with 18VAC60-21-90.

4. A restricted volunteer license granted pursuant to this section shall expire on June 30 of the second year after its issuance or shall terminate when the supervising dentist withdraws his sponsorship.

5. A dentist holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and the disciplinary regulations that apply to all licensees practicing in Virginia.

F. Registration for voluntary practice by out-of-state licensees. Any dentist who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least 15 days prior to engaging in such practice;

2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;

3. Provide the name of the nonprofit organization, and the dates and location of the voluntary provision of services; and

4. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 5 of § 54.1-2701 of the Code.

Part V

Licensure Renewal

18VAC60-21-240. License renewal and reinstatement.

A. The license or permit of any person who does not return the completed renewal form and fees by the deadline shall automatically expire and become invalid, and his practice of dentistry

shall be illegal. With the exception of practice with a current, restricted volunteer license as provided in § 54.1-2712.1 of the Code practicing in Virginia with an expired license or permit may subject the licensee to disciplinary action by the board.

B. Every person holding an active or inactive license [; and those holding] a permit to administer conscious/moderate sedation, deep sedation, or general anesthesia [~~; or a full-time faculty license~~] shall annually, on or before March 31, renew his license or permit. Every person holding a [~~teacher's~~ faculty license,] temporary resident's license, a restricted volunteer license, or a temporary permit shall, on or before June 30, request renewal of his license.

C. Any person who does not return the completed form and fee by the deadline required in subsection B of this section shall be required to pay an additional late fee.

D. The board shall renew a license or permit if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection B of this section provided that no grounds exist to deny said renewal pursuant to § 54.1-2706 of the Code and Part II (18VAC60-21-50 et seq.) of this chapter.

E. Reinstatement procedures.

1. Any person whose license or permit has expired for more than one year or whose license or permit has been revoked or suspended and who wishes to reinstate such license or permit shall submit a reinstatement application and the reinstatement fee. The application must include evidence of continuing competence.

2. To evaluate continuing competence, the board shall consider (i) hours of continuing education that meet the requirements of subsection G of 18VAC60-21-250; (ii) evidence of active practice in another state or in federal service; (iii) current specialty board certification; (iv) recent passage of a clinical competency examination accepted by the

board; or (v) a refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association.

3. The executive director may reinstate such expired license or permit provided that the applicant can demonstrate continuing competence, the applicant has paid the reinstatement fee and any fines or assessments, and no grounds exist to deny said reinstatement pursuant to § 54.1-2706 of the Code and Part II (18VAC60-21-50 et seq.) of this chapter.

18VAC60-21-250. Requirements for continuing education.

A. A dentist shall complete a minimum of 15 hours of continuing education, which meets the requirements for content, sponsorship, and documentation set out in this section, for each annual renewal of licensure except for the first renewal following initial licensure and for any renewal of a restricted volunteer license.

1. All renewal applicants shall attest that they have read and understand and will remain current with the laws and regulations governing the practice of dentistry and dental hygiene in Virginia. [~~Continuing education credit may be earned for passage of the online Virginia Dental Law Exam.~~] -

2. A dentist shall maintain current training certification in basic cardiopulmonary resuscitation or basic life support unless he is required by 18VAC60-21-290 or 18VAC60-21-300 to hold current certification in advanced life support with hands-on simulated airway and megacode training for health care providers.

3. A dentist who administers or monitors patients under general anesthesia, deep sedation, or conscious/moderate sedation shall complete four hours every two years of approved continuing education directly related to administration and monitoring of such anesthesia or sedation as part of the hours required for licensure renewal.

4. Continuing education hours in excess of the number required for renewal may be transferred or credited to the next renewal year for a total of not more than 15 hours.

B. To be accepted for license renewal, continuing education programs shall be directly relevant to the treatment and care of patients and shall be:

1. Clinical courses in dentistry and dental hygiene; or

2. Nonclinical subjects that relate to the skills necessary to provide dental or dental hygiene services and are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, and stress management). Courses not acceptable for the purpose of this subsection include, but are not limited to, estate planning, financial planning, investments, business management, marketing, and personal health.

C. Continuing education credit may be earned for verifiable attendance at or participation in any course, to include audio and video presentations, that meets the requirements in subsection B of this section and is given by one of the following sponsors:

1. The American Dental Association and the National Dental Association, their constituent and component/branch associations, and approved [continuing education] providers;

2. The American Dental Hygienists' Association and the National Dental Hygienists Association, and their constituent and component/branch associations;

3. The American Dental Assisting Association and its constituent and component/branch associations;

4. The American Dental Association specialty organizations and their constituent and component/branch associations;

5. A provider accredited by the Accreditation Council for Continuing Medical Education for Category 1 credits;

6. The Academy of General Dentistry, its constituent and component/branch associations, and approved [continuing education] providers;

7. A college or university that is accredited by an accrediting agency approved by the U.S. Department of Education or a hospital or health care institution accredited by the Joint Commission on Accreditation of Healthcare Organizations;

8. The American Heart Association, the American Red Cross, the American Safety and Health Institute, and the American Cancer Society;

9. A medical school accredited by the American Medical Association's Liaison Committee for Medical Education;

10. A dental, dental hygiene, or dental assisting program or advanced dental education program accredited by the Commission on Dental Accreditation of the American Dental Association;

11. State or federal government agencies (i.e., military dental division, Veteran's Administration, etc.);

12. The Commonwealth Dental Hygienists' Society;

13. The MCV Orthodontic Education and Research Foundation;

14. The Dental Assisting National Board [and its affiliate, the Dental Auxiliary Learning and Education Foundation] ; or

15. A regional testing agency (i.e., Central Regional Dental Testing Service, Northeast Regional Board of Dental Examiners, Southern Regional Testing Agency, or Western Regional Examining Board) when serving as an examiner.

D. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters. A written request with supporting documents must be submitted prior to renewal of the license.

E. A licensee is required to verify compliance with the continuing education requirements in his annual license renewal. Following the renewal period, the board may conduct an audit of licensees to verify compliance. Licensees selected for audit must provide original documents certifying that they have fulfilled their continuing education requirements by the deadline date as specified by the board.

F. All licensees are required to maintain original documents verifying the date and subject of the program or activity, the sponsor, and the amount of time earned. Documentation must be maintained for a period of four years following renewal.

G. A licensee who has allowed his license to lapse, or who has had his license suspended or revoked, must submit evidence of completion of continuing education equal to the requirements for the number of years in which his license has not been active, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months preceding an application for reinstatement.

H. Continuing education hours required by board order shall not be used to satisfy the continuing education requirement for license renewal or reinstatement.

I. Failure to comply with continuing education requirements may subject the licensee to disciplinary action by the board.

Part VI

Controlled Substances, Sedation, and Anesthesia

18VAC60-21-260. General provisions.

A. Application of Part VI. This part applies to prescribing, dispensing, and administering controlled substances in dental offices, mobile dental facilities, and portable dental operations and shall not apply to administration by a dentist practicing in (i) a licensed hospital as defined in § 32.1-123 of the Code, (ii) a state-operated hospital, or (iii) a facility directly maintained or operated by the federal government.

B. Registration required. Any dentist who prescribes, administers, or dispenses Schedules II through V controlled drugs must hold a current registration with the federal Drug Enforcement Administration.

C. Patient evaluation required.

1. The decision to administer controlled drugs for dental treatment must be based on a documented evaluation of the health history and current medical condition of the patient in accordance with the Class I through V risk category classifications of the American Society of Anesthesiologists (ASA) in effect at the time of treatment. The findings of the evaluation, the ASA risk assessment class assigned, and any special considerations must be recorded in the patient's record.

2. Any level of sedation and general anesthesia may be provided for a patient who is ASA Class I and Class II.

3. A patient in ASA Class III shall only be provided minimal sedation, conscious/moderate sedation, deep sedation, or general anesthesia by:

a. A dentist after he has documented a consultation with the patient's primary care physician or other medical specialist regarding potential risks and special monitoring requirements that may be necessary;

b. An oral and maxillofacial surgeon who has performed a physical evaluation and documented the findings and the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary; or

c. A person licensed under Chapter 29 (§ 54.1-2900 et seq.) of Title 54.1 of the Code who has a specialty in anesthesia.

4. Minimal sedation may only be provided for a patient who is in ASA Class IV by:

a. A dentist after he has documented a consultation with the patient's primary care physician or other medical specialist regarding potential risks and special monitoring requirements that may be necessary; or

b. An oral and maxillofacial surgeon who has performed a physical evaluation and documented the findings and the ASA risk assessment category of the patient and any special monitoring requirements that may be necessary.

5. Conscious/moderate sedation, deep sedation, or general anesthesia shall not be provided in a dental office for patients in ASA Class IV and Class V.

D. Additional requirements for patient information and records. In addition to the record requirements in 18VAC60-21-90, when conscious/moderate sedation, deep sedation, or general anesthesia is administered, the patient record shall also include:

1. Notation of the patient's American Society of Anesthesiologists classification;

2. Review of medical history and current conditions;

3. Written informed consent for administration of sedation and anesthesia and for the dental procedure to be performed;

4. Pre-operative vital signs;

5. A record of the name, dose, and strength of drugs and route of administration including the administration of local anesthetics with notations of the time sedation and anesthesia were administered;

6. Monitoring records of all required vital signs and physiological measures recorded every five minutes; and

7. A list of staff participating in the administration, treatment, and monitoring including name, position, and assigned duties.

E. Pediatric patients. No sedating medication shall be prescribed for or administered to a [~~child~~ patient] 12 years of age or younger prior to his arrival at the dentist office or treatment facility.

F. Informed written consent. Prior to administration of any level of sedation or general anesthesia, the dentist shall discuss the nature and objectives of the planned level of sedation or general anesthesia along with the risks, benefits, and alternatives and shall obtain informed, written consent from the patient or other responsible party for the administration and for the treatment to be provided. The written consent must be maintained in the patient record.

G. Level of sedation. The determinant for the application of the rules for any level of sedation or for general anesthesia shall be the degree of sedation or consciousness level of a patient that should reasonably be expected to result from the type, strength, and dosage of medication, the method of administration, and the individual characteristics of the patient as documented in the patient's record. The drugs and techniques used must carry a margin of

safety wide enough to render the unintended reduction of or loss of consciousness unlikely, factoring in titration and the patient's age, weight, and ability to metabolize drugs.

H. Emergency management.

[1.] If a patient enters a deeper level of sedation than the dentist is qualified and prepared to provide, the dentist shall stop the dental procedure until the patient returns to and is stable at the intended level of sedation.

[2. A dentist in whose office sedation or anesthesia is administered shall have written basic emergency procedures established and staff trained to carry out such procedures.]

I. Ancillary personnel. Dentists who employ unlicensed, ancillary personnel to assist in the administration and monitoring of any form of minimal sedation, conscious/moderate sedation, deep sedation, or general anesthesia shall maintain documentation that such personnel have:

1. Training and hold current certification in basic resuscitation techniques with hands-on airway training for health care providers, such as Basic Cardiac Life Support for Health Professionals or [~~an approved,~~ a] clinically oriented course devoted primarily to responding to clinical emergencies offered by an approved provider of continuing education as set forth in 18VAC60-21-250 C; or

2. Current certification as a certified anesthesia assistant (CAA) by the American Association of Oral and Maxillofacial Surgeons or the American Dental Society of Anesthesiology (ADSA).

J. Assisting in administration. A dentist, consistent with the planned level of administration (i.e., local anesthesia, minimal sedation, conscious/moderate sedation, deep sedation, or general anesthesia) and appropriate to his education, training, and experience, may utilize the services of a dentist, anesthesiologist, certified registered nurse anesthetist, dental hygienist,

dental assistant, or nurse to perform functions appropriate to such practitioner's education, training, and experience and consistent with that practitioner's respective scope of practice.

K. Patient monitoring.

1. A dentist may delegate monitoring of a patient to a dental hygienist, dental assistant, or nurse who is under his direction or to another dentist, anesthesiologist, or certified registered nurse anesthetist. The person assigned to monitor the patient shall be continuously in the presence of the patient in the office, operatory, and recovery area (i) before administration is initiated or immediately upon arrival if the patient self-administered a sedative agent, (ii) throughout the administration of drugs, (iii) throughout the treatment of the patient, and (iv) throughout recovery until the patient is discharged by the dentist.

2. The person monitoring the patient shall:

a. Have the patient's entire body in sight;

b. Be in close proximity so as to speak with the patient;

c. Converse with the patient to assess the patient's ability to respond in order to determine the patient's level of sedation;

d. Closely observe the patient for coloring, breathing, level of physical activity, facial expressions, eye movement, and bodily gestures in order to immediately recognize and bring any changes in the patient's condition to the attention of the treating dentist; and

e. Read, report, and record the patient's vital signs and physiological measures.

[L. A dentist who allows the administration of general anesthesia, deep sedation or conscious/moderate sedation in his dental office is responsible for assuring that:

1. The equipment for administration and monitoring, as required in subsection F of 18VAC60-20-110 or subsection E of 18VAC60-20-120, is readily available and in good working order prior to performing dental treatment with anesthesia or sedation. The equipment shall either be maintained by the dentist in his office or provided by the anesthesia or sedation provider; and

2. The person administering the anesthesia or sedation is appropriately licensed and the staff monitoring the patient is qualified.]

18VAC60-21-270. Administration of local anesthesia.

A dentist may administer or use the services of the following personnel to administer local anesthesia:

1. A dentist;

2. An anesthesiologist;

3. A certified registered nurse anesthetist under his medical direction and indirect supervision;

4. A dental hygienist with the training required by 18VAC60-25-100 C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older under his indirect supervision;

5. A dental hygienist to administer Schedule VI topical oral anesthetics under indirect supervision or under his order for such treatment under general supervision; or

6. A dental assistant or a registered or licensed practical nurse to administer Schedule VI topical oral anesthetics under indirect supervision.

18VAC60-21-280. Administration of minimal sedation [(anxiolysis or inhalation analgesia)] .

A. Education and training requirements. A dentist who utilizes minimal sedation shall have training in and knowledge of:

1. Medications used, the appropriate dosages, the potential complications of administration, the indicators for complications, and the interventions to address the complications.

2. Physiological effects of nitrous oxide, potential complications of administration, the indicators for complications, and the interventions to address the complications.

3. The use and maintenance of the equipment required in subsection D of this section.

B. No sedating medication shall be prescribed for or administered to a [~~child~~ patient] 12 years of age or younger prior to his arrival at the dental office or treatment facility.

C. Delegation of administration.

1. A qualified dentist may administer or use the services of the following personnel to administer minimal sedation:

a. A dentist;

b. An anesthesiologist;

c. A certified registered nurse anesthetist under his medical direction and indirect supervision;

d. A dental hygienist with the training required by 18VAC60-25-90 B or C only for administration of nitrous oxide/oxygen and under indirect supervision; or

e. A registered nurse upon his direct instruction and under immediate supervision.

2. Preceding the administration of minimal sedation, a dentist may use the services of the following personnel working under indirect supervision to administer local anesthesia to numb an injection or treatment site:

a. A dental hygienist with the training required by 18VAC60-25-90 C to [parenterally] administer Schedule VI local anesthesia to persons 18 years of age or older; or

b. A dental hygienist, dental assistant, registered nurse, or licensed practical nurse to administer Schedule VI topical oral anesthetics;

3. If minimal sedation is self-administered by or to a patient 13 years of age or older before arrival at the dental office or treatment facility, the dentist may only use the personnel listed in subdivision 1 of this subsection to administer local anesthesia.

D. Equipment requirements. A dentist who utilizes minimal sedation or who directs the administration by another licensed health professional as permitted in subsection C of this section shall maintain the following equipment in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Blood pressure monitoring equipment;

2. Source of delivery of oxygen under controlled positive pressure;

3. Mechanical (hand) respiratory bag;

4. Suction apparatus; and

5. Pulse oximeter.

E. Required staffing.

1. The treatment team for minimal sedation other than just inhalation of nitrous oxide/oxygen shall consist of the dentist and a second person in the operatory with the

patient to assist the dentist and monitor the patient. The second person shall be a licensed health care professional or a person qualified in accordance with 18VAC60-21-260 I; or

2. When only nitrous oxide/oxygen is administered for minimal sedation, a second person is not required. Either the dentist or qualified dental hygienist under the indirect supervision of a dentist may administer the nitrous oxide/oxygen and treat and monitor the patient.

F. Monitoring requirements.

1. Baseline vital signs to include blood pressure, respiratory rate, and heart rate shall be taken and recorded prior to administration of sedation and prior to discharge.

2. Blood pressure, oxygen saturation, respiratory rate, [and] pulse [~~, and heart rate~~] shall be monitored intraoperatively.

3. Once the administration of minimal sedation has begun by any route of administration, the dentist shall ensure that a licensed health care professional or a person qualified in accordance with 18VAC60-21-260 I monitors the patient at all times until discharged as required in subsection G of this section.

4. If nitrous oxide/oxygen is used, monitoring shall include making the proper adjustments of nitrous oxide/oxygen machines at the request of or by the dentist or by another qualified licensed health professional identified in subsection C of this section. Only the dentist or another qualified licensed health professional identified in subsection C of this section may turn the nitrous oxide/oxygen machines on or off.

[5. If any other pharmacological agent is used in addition to nitrous oxide/oxygen and a local anesthetic, requirements for the induced level of sedation must be met.]

G. Discharge requirements.

1. The dentist shall not discharge a patient until he exhibits baseline responses in a post-operative evaluation of the level of consciousness. Vital signs, to include blood pressure, respiratory rate, and heart rate shall be taken and recorded prior to discharge.

2. Post-operative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number.

3. Pediatric patients shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

18VAC60-21-290. Requirements for a conscious/moderate sedation permit.

A. After March 31, 2013, no dentist may employ or use conscious/moderate sedation in a dental office unless he has been issued a permit by the board. The requirement for a permit shall not apply to an oral and maxillofacial surgeon who maintains membership in the American Association of Oral and Maxillofacial Surgeons (AAOMS) and who provides the board with reports that result from the periodic office examinations required by AAOMS. Such an oral and maxillofacial surgeon shall be required to post a certificate issued by AAOMS.

B. Automatic qualification. Dentists who hold a current permit to administer deep sedation and general anesthesia may administer conscious/moderate sedation.

C. To determine eligibility for a conscious/moderate sedation permit, a dentist shall submit the following:

1. A completed application form indicating one of the following permits for which the applicant is qualified:

a. Conscious/moderate sedation by any method;

b. Conscious/moderate sedation by enteral administration only; or

c. Temporary conscious/moderate sedation permit (may be renewed one time);

2. The application fee as specified in 18VAC60-21-40;

3. A copy of a transcript, certification, or other documentation of training content that meets the educational and training qualifications as specified in subsection D of this section, as applicable; and

4. A copy of current certification in advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) as required in subsection E of this section.

D. Education requirements for a permit to administer conscious/moderate sedation.

1. Administration by any method. A dentist may be issued a conscious/moderate sedation permit to administer by any method by meeting one of the following criteria:

a. Completion of training for this treatment modality according to the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry in effect at the time the training occurred, while enrolled in an accredited dental program or while enrolled in a post-doctoral university or teaching hospital program; or

b. Completion of a continuing education course that meets the requirements of 18VAC60-21-250 and consists of (i) 60 hours of didactic instruction plus the management of at least 20 patients per participant, (ii) demonstration of competency and clinical experience in conscious/moderate sedation, and (iii) management of a compromised airway. The course content shall be consistent with the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry in effect at the time the training occurred.

2. Enteral administration only. A dentist may be issued a conscious/moderate sedation permit to administer only by an enteral method if he has completed a continuing education program that meets the requirements of 18VAC60-21-250 and consists of not

less than 18 hours of didactic instruction plus 20 clinically-oriented experiences in enteral or a combination of enteral and nitrous oxide/oxygen conscious/moderate sedation techniques. The course content shall be consistent with the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry in effect at the time the training occurred. The certificate of completion and a detailed description of the course content must be maintained.

3. A dentist who self-certified his qualifications in anesthesia and moderate sedation prior to January 1989 may [~~continue to administer only conscious/moderate sedation until September 14, 2012. After September 14, 2012~~, be issued a temporary conscious/moderate sedation permit to continue to administer only conscious/moderate sedation until one year from the effective date of regulations for sedation permits. After that date,] a dentist shall meet the requirements for and obtain a conscious/moderate sedation permit to administer by any method or by enteral administration only.

E. Additional training required. Dentists who administer conscious/moderate sedation shall:

1. Hold current certification in advanced resuscitation techniques with hands-on simulated airway and megacode training for health care providers, such as ACLS or PALS as evidenced by a certificate of completion posted with the dental license; and

2. Have current training in the use and maintenance of the equipment required in 18VAC60-21-291.

18VAC60-21-291. Requirements for administration of conscious/moderation sedation.

A. Delegation of administration.

1. A dentist [~~not qualified~~ who does not hold a permit] to administer conscious/moderate sedation shall only use the services of a qualified dentist or an anesthesiologist to administer such sedation in a dental office. In a licensed outpatient

surgery center, a dentist [~~not qualified~~ who does not hold a permit] to administer conscious/moderate sedation shall use either a qualified dentist, an anesthesiologist, or a certified registered nurse anesthetist to administer such sedation.

2. A [~~qualified~~] dentist [who holds a permit] may administer or use the services of the following personnel to administer conscious/moderate sedation:

a. A dentist with the training required by 18VAC60-21-290 D 2 to administer by an enteral method;

b. A dentist with the training required by 18VAC60-21-290 D 1 to administer by any method;

c. An anesthesiologist;

d. A certified registered nurse anesthetist under the medical direction and indirect supervision of a dentist who meets the training requirements of 18VAC60-21-290 D 1; or

e. A registered nurse upon his direct instruction and under the immediate supervision of a dentist who meets the training requirements of 18VAC60-21-290 D 1.

3. If minimal sedation is self-administered by or to a patient 13 years of age or older before arrival at the dental office, the dentist may only use the personnel listed in subdivision 2 of this subsection to administer local anesthesia. No sedating medication shall be prescribed for or administered to a [~~child~~ patient] 12 years of age or younger prior to his arrival at the dentist office or treatment facility.

4. Preceding the administration of conscious/moderate sedation, a [~~qualified~~ permitted] dentist may use the services of the following personnel under indirect supervision to administer local anesthesia to [~~numb~~ anesthetize] the injection or treatment site:

a. A dental hygienist with the training required by 18VAC60-25-100 C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older; or

b. A dental hygienist, dental assistant, registered nurse, or licensed practical nurse to administer Schedule VI topical oral anesthetics.

[5. A dentist who delegates administration of conscious/moderate sedation shall ensure that:

a. All equipment required in subsection B of this section is present, in good working order, and immediately available to the areas where patients will be sedated and treated and will recover; and

b. Qualified staff is on site to monitor patients in accordance with requirements of subsection D of this section.]

B. Equipment requirements. A dentist who administers conscious/moderate sedation shall [~~maintain~~ have available] the following equipment [in sizes for adults or children as appropriate for the patient being treated and shall maintain it] in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Full face mask [~~for children or adults, as appropriate for the patient being treated~~ or masks] ;

2. Oral and nasopharyngeal airway management adjuncts;

3. Endotracheal tubes [~~for children or adults, or both.~~] with appropriate connectors or other appropriate airway management adjunct such as a laryngeal mask airway;

4. A laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades;

5. Pulse oximetry;

6. Blood pressure monitoring equipment;

7. Pharmacologic antagonist agents;

8. Source of delivery of oxygen under controlled positive pressure;

9. Mechanical (hand) respiratory bag;

10. Appropriate emergency drugs for patient resuscitation;

11. Electrocardiographic monitor [, if a patient is receiving parenteral administration of sedation or if the dentist is using titration] ;

12. Defibrillator;

13. Suction apparatus;

14. Temperature measuring device;

15. Throat pack; and

16. Precordial or pretracheal stethoscope.

C. Required staffing. At a minimum, there shall be a two person treatment team for conscious/moderate sedation. The team shall include the operating dentist and a second person to monitor the patient as provided in 18VAC60-21-260 K and assist the operating dentist as provided in 18VAC60-21-260 J, both of whom shall be in the operatory with the patient throughout the dental procedure. If the second person is a dentist, an anesthesiologist, or a certified registered nurse anesthetist who administers the drugs as permitted in 18VAC60-21-291 A, such person may monitor the patient.

D. Monitoring requirements.

1. Baseline vital signs shall be taken and recorded prior to administration of any controlled drug at the facility and prior to discharge.

2. Blood pressure, oxygen saturation, [and] pulse [~~, and heart rate~~] shall be monitored continually during the administration and recorded every five minutes.

3. Monitoring of the patient under conscious/moderate sedation is to begin prior to administration of sedation or, if pre-medication is self-administered by the patient, immediately upon the patient's arrival at the dental facility and shall take place continuously during the dental procedure and recovery from sedation. The person who administers the sedation or another licensed practitioner qualified to administer the same level of sedation must remain on the premises of the dental facility until the patient is evaluated and is discharged.

E. Discharge requirements.

1. The patient shall not be discharged until the responsible licensed practitioner determines that the patient's level of consciousness, oxygenation, ventilation, and circulation are satisfactory for discharge and vital signs have been taken and recorded.

2. Post-operative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number.

3. [~~Patients~~ The patient] shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

F. Emergency management. The dentist shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway, and cardiopulmonary resuscitation.

18VAC60-21-300. Requirements for a deep sedation/general anesthesia permit.

A. After March 31, 2013, no dentist may employ or use deep sedation or general anesthesia in a dental office unless he has been issued a permit by the board. The requirement for a permit shall not apply to an oral and maxillofacial surgeon who maintains membership in [~~the American Association of Oral and Maxillofacial Surgeons (AAOMS)~~ AAOMS] and who provides the board with reports that result from the periodic office examinations required by AAOMS. Such an oral and maxillofacial surgeon shall be required to post a certificate issued by AAOMS.

B. To determine eligibility for a deep sedation/general anesthesia permit, a dentist shall submit the following:

1. A completed application form;

2. The application fee as specified in 18VAC60-21-40;

3. A copy of the certificate of completion of a CODA accredited program or other documentation of training content which meets the educational and training qualifications specified in subsection C of this section; and

4. A copy of current certification in [Advanced Cardiac Life Support for Health Professionals ( ] ACLS [ )] or [Pediatric Advanced Life Support for Health Professionals ( ] PALS [ )] as required in subsection C of this section.

C. Educational and training qualifications for a deep sedation/general anesthesia permit.

1. Completion of a minimum of one calendar year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program in conformity with the ADA's Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry in effect at the time the training occurred; or

2. Completion of an CODA accredited residency in any dental specialty that incorporates into its curriculum a minimum of one calendar year of full-time training in clinical anesthesia and related clinical medical subjects (i.e., medical evaluation and management of patients) comparable to those set forth in the ADA's Guidelines for Graduate and Postgraduate Training in Anesthesia in effect at the time the training occurred; and

3. Current certification in advanced resuscitative techniques with hands-on simulated airway and megacode training for health care providers, [including basic electrocardiographic interpretations,] such as courses in ACLS or PALS; and

4. Current training in the use and maintenance of the equipment required in 18VAC60-21-301.

18VAC60-21-301. Requirements for administration of deep sedation or general anesthesia.

A. Preoperative requirements. Prior to the appointment for treatment under deep sedation or general anesthesia the patient shall:

1. Be informed about the personnel and procedures used to deliver the sedative or anesthetic drugs to assure informed consent as required by 18VAC60-21-260 F.

2. Have a physical evaluation as required by 18VAC60-21-260 C.

3. Be given pre-operative verbal and written instructions including any dietary or medication restrictions.

B. Delegation of administration.

1. A dentist [~~not qualified to administer deep sedation or general anesthesia~~ who does not meet the requirements of 18VAC60-20-300] shall only use the services of a

[~~qualified~~] dentist [who does meet those requirements] or an anesthesiologist to administer deep sedation or general anesthesia in a dental office. In a licensed outpatient surgery center, a dentist [~~not qualified to administer deep sedation or general anesthesia~~] shall use either a [~~qualified~~] dentist [who meets the requirements of 18VAC60-20-300] , an anesthesiologist, or a certified registered nurse anesthetist to administer deep sedation or general anesthesia.

2. A [~~qualified~~] dentist [who meets the requirements of 18VAC60-20-300] may administer or use the services of the following personnel to administer deep sedation or general anesthesia:

a. A dentist with the training required by 18VAC60-21-300 C;

b. An anesthesiologist; or

c. A certified registered nurse anesthetist under the medical direction and indirect supervision of a dentist who meets the training requirements of 18VAC60-21-300 C.

3. Preceding the administration of deep sedation or general anesthesia, a [~~qualified~~] dentist [who meets the requirements of 18VAC60-20-300] may use the services of the following personnel under indirect supervision to administer local anesthesia to [~~numb~~ anesthetize] the injection or treatment site:

a. A dental hygienist with the training required by 18VAC60-25-100 C to parenterally administer Schedule VI local anesthesia to persons 18 years of age or older; or

b. A dental hygienist, dental assistant, registered nurse, or licensed practical nurse to administer Schedule VI topical oral anesthetics.

C. Equipment requirements. A dentist who administers deep sedation or general anesthesia shall [~~maintain~~ have available] the following equipment [in sizes appropriate for the patient

being treated and shall maintain it] in working order and immediately available to the areas where patients will be sedated and treated and will recover:

1. Full face mask [~~for children or adults, as appropriate for the patient being treated~~ or masks] ;

2. Oral and nasopharyngeal airway management adjuncts;

3. Endotracheal tubes [~~for children or adults, or both,~~] with appropriate connectors or other appropriate airway management adjunct such as a laryngeal mask airway;

4. A laryngoscope with reserve batteries and bulbs and appropriately sized laryngoscope blades;

5. Source of delivery of oxygen under controlled positive pressure;

6. Mechanical (hand) respiratory bag;

7. Pulse oximetry and blood pressure monitoring equipment available and used in the treatment room;

8. Appropriate emergency drugs for patient resuscitation;

9. EKG monitoring equipment;

10. Temperature measuring devices;

11. Pharmacologic antagonist agents;

12. External defibrillator (manual or automatic);

13. For intubated patients, an End-Tidal CO^2 monitor;

14. Suction apparatus;

15. Throat pack; and

16. Precordial or pretracheal stethoscope.

D. Required staffing. At a minimum, there shall be a three-person treatment team for deep sedation or general anesthesia. The team shall include the operating dentist, a second person to monitor the patient as provided in 18VAC60-21-260 K, and a third person to assist the operating dentist as provided in 18VAC60-21-260 J, all of whom shall be in the operatory with the patient during the dental procedure. If a second dentist, an anesthesiologist, or a certified registered nurse anesthetist administers the drugs as permitted in 18VAC60-21-301 B, such person may serve as the second person to monitor the patient.

E. Monitoring requirements.

1. Baseline vital signsbshall be taken and recorded prior to administration of any controlled drug at the facility to include: temperature, blood pressure, pulse, [~~pulse oximeter,~~] oxygen saturation, [and] respiration [~~, and heart rate~~] .

2. The patient's vital signs [and EKG readings] shall be monitored, recorded every five minutes, and reported to the treating dentist throughout the administration of controlled drugs and recovery. When depolarizing medications are administered, temperature shall be monitored constantly.

3. Monitoring of the patient [~~under~~ undergoing] deep sedation or general anesthesia is to begin prior to the administration of any drugs and shall take place continuously during administration, the dental procedure, and recovery from anesthesia. The person who administers the anesthesia or another licensed practitioner qualified to administer the same level of anesthesia must remain on the premises of the dental facility until the patient has regained consciousness and is discharged.

F. Emergency management.

1. A secured intravenous line must be established and maintained throughout the procedure.

2. The dentist shall be proficient in handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway, and cardiopulmonary resuscitation.

G. Discharge requirements.

1. The patient shall not be discharged until the responsible licensed practitioner determines that the patient's level of consciousness, oxygenation, ventilation, and circulation are satisfactory for discharge and vital signs have been taken and recorded.

2. Post-operative instructions shall be given verbally and in writing. The written instructions shall include a 24-hour emergency telephone number [for the dental practice] .

3. [~~Patients~~ The patient] shall be discharged with a responsible individual who has been instructed with regard to the patient's care.

Part VII

Oral and Maxillofacial Surgeons

18VAC60-21-310. Registration of oral and maxillofacial surgeons.

Every licensed dentist who practices as an oral and maxillofacial surgeon, as defined in § 54.1-2700 of the Code, shall register his practice with the board.

1. After initial registration, an oral and maxillofacial surgeon shall renew his registration annually on or before December 31.

2. An oral and maxillofacial surgeon who fails to register or to renew his registration and continues to practice oral and maxillofacial surgery may be subject to disciplinary action by the board.

3. Within one year of the expiration of a registration, an oral and maxillofacial surgeon may renew by payment of the renewal fee and a late fee.

4. After one year from the expiration date, an oral and maxillofacial surgeon who wishes to reinstate his registration shall update his profile and pay the reinstatement fee.

18VAC60-21-320. Profile of information for oral and maxillofacial surgeons.

A. In compliance with requirements of § 54.1-2709.2 of the Code, an oral and maxillofacial surgeon registered with the board shall provide, upon initial request, the following information within 30 days:

1. The address of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;

2. Names of dental or medical schools with dates of graduation;

3. Names of graduate medical or dental education programs attended at an institution approved by the Accreditation Council for Graduate Medical Education, the Commission on Dental Accreditation, and the American Dental Association with dates of completion of training;

4. Names and dates of specialty board certification or board eligibility, if any, as recognized by the Council on Dental Education and Licensure of the American Dental Association;

5. Number of years in active, clinical practice in the United States or Canada, following completion of medical or dental training and the number of years, if any, in active, clinical practice outside the United States or Canada;

6. Names of insurance plans accepted or managed care plans in which the oral and maxillofacial surgeon participates and whether he is accepting new patients under such plans;

7. Names of hospitals with which the oral and maxillofacial surgeon is affiliated;

8. Appointments within the past 10 years to dental school faculties with the years of service and academic rank;

9. Publications, not to exceed 10 in number, in peer-reviewed literature within the most recent five-year period;

10. Whether there is access to translating services for non-English speaking patients at the primary practice setting and which, if any, foreign languages are spoken in the practice; and

11. Whether the oral and maxillofacial surgeon participates in the Virginia Medicaid Program and whether he is accepting new Medicaid patients.

B. The oral and maxillofacial surgeon may provide additional information on hours of continuing education earned, subspecialities obtained, and honors or awards received.

C. Whenever there is a change in the information on record with the profile system, the oral and maxillofacial surgeon shall provide current information in any of the categories in subsection A of this section within 30 days.

18VAC60-21-330. Reporting of malpractice paid claims and disciplinary notices and orders.

A. In compliance with requirements of § 54.1-2709.4 of the Code, a dentist registered with the board as an oral and maxillofacial surgeon shall report in writing to the executive director of

the board all malpractice paid claims in the most recent 10-year period. Each report of a settlement or judgment shall indicate:

1. The year the claim was paid;

2. The total amount of the paid claim in United States dollars; and

3. The city, state, and country in which the paid claim occurred.

B. The board shall use the information provided to determine the relative frequency of paid claims described in terms of the percentage who have made malpractice payments within the most recent 10-year period. The statistical methodology used will be calculated on more than 10 paid claims for all dentists reporting, with the top 16% of the paid claims to be displayed as above-average payments, the next 68% of the paid claims to be displayed as average payments, and the last 16% of the paid claims to be displayed as below-average payments.

C. Adjudicated notices and final orders or decision documents, subject to § 54.1-2400.2 G of the Code, shall be made available on the profile. Information shall also be posted indicating the availability of unadjudicated notices and orders that have been vacated.

18VAC60-21-340. Noncompliance or falsification of profile.

A. The failure to provide the information required in subsection A of 18VAC60-20-260 may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.

B. Intentionally providing false information to the board for the profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.

18VAC60-21-350. Certification to perform cosmetic procedures; applicability.

A. In order for an oral and maxillofacial surgeon to perform aesthetic or cosmetic procedures, he shall be certified by the board pursuant to § 54.1-2709.1 of the Code. Such

certification shall only entitle the licensee to perform procedures above the clavicle or within the head and neck region of the body.

B. Based on the applicant's education, training, and experience, certification may be granted to perform the following procedures for cosmetic treatment:

1. Rhinoplasty and other treatment of the nose;

2. Blepharoplasty and other treatment of the eyelid;

3. Rhytidectomy and other treatment of facial skin wrinkles and sagging;

4. Submental liposuction and other procedures to remove fat;

5. Laser resurfacing or dermabrasion and other procedures to remove facial skin irregularities;

6. Browlift (either open or endoscopic technique) and other procedures to remove furrows and sagging skin on the upper eyelid or forehead;

7. Platysmal muscle plication and other procedures to correct the angle between the chin and neck;

8. Otoplasty and other procedures to change the appearance of the ear; and

9. Application of injectable medication or material for the purpose of treating extra-oral cosmetic conditions.

18VAC60-21-360. Certification not required.

Certification shall not be required for performance of the following:

1. Treatment of facial diseases and injuries, including maxillofacial structures;

2. Facial fractures, deformity, and wound treatment;

3. Repair of cleft lip and palate deformity;

4. Facial augmentation procedures; and

5. Genioplasty.

18VAC60-21-370. Credentials required for certification.

An applicant for certification shall:

1. Hold an active, unrestricted license from the board;

2. Submit a completed application and fee;

3. Complete an oral and maxillofacial residency program accredited by the Commission on Dental Accreditation;

4. Hold board certification by the American Board of Oral and Maxillofacial Surgery (ABOMS) or board eligibility as defined by ABOMS;

5. Have current privileges on a hospital staff to perform oral and maxillofacial surgery; and

6. If his oral and maxillofacial residency or cosmetic clinical fellowship was completed after July 1, 1996, and training in cosmetic surgery was a part of such residency or fellowship, submit:

a. A letter from the director of the residency or fellowship program documenting the training received in the residency or in the clinical fellowship to substantiate adequate training in the specific procedures for which the applicant is seeking certification; and

b. Documentation of having performed as primary or assistant surgeon at least 10 proctored cases in each of the procedures for which he seeks to be certified.

7. If his oral and maxillofacial residency was completed prior to July 1, 1996, or if his oral and maxillofacial residency was completed after July 1, 1996, and training in cosmetic surgery was not a part of the applicant's residency, submit:

a. Documentation of having completed didactic and clinically approved courses to include the dates attended, the location of the course, and a copy of the certificate of attendance. Courses shall provide sufficient training in the specific procedures requested for certification and shall be offered by:

(1) An advanced specialty education program in oral and maxillofacial surgery accredited by the Commission on Dental Accreditation;

(2) A medical school accredited by the Liaison Committee on Medical Education or other official accrediting body recognized by the American Medical Association;

(3) The American Dental Association or one of its constituent and component societies or other ADA Continuing Education Recognized Programs (CERP) approved for continuing dental education; or

(4) The American Medical Association approved for category 1, continuing medical education.

b. Documentation of either:

(1) Holding current privileges to perform cosmetic surgical procedures within a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations; or

(2) Having completed at least 10 cases as primary or secondary surgeon in the specific procedures for which the applicant is seeking certification, of which at least five shall be proctored cases as defined in this chapter.

18VAC60-21-380. Renewal of certification.

In order to renew his certification to perform cosmetic procedures, an oral and maxillofacial surgeon shall possess a current, active, unrestricted license to practice dentistry from the Virginia Board of Dentistry and shall submit the renewal application and fee on or before December 31 of each year. If an oral and maxillofacial surgeon fails to renew his certificate, the certificate is lapsed and performance of cosmetic procedures is not permitted. To renew a lapsed certificate within one year of expiration, the oral and maxillofacial surgeon shall pay the renewal fees and a late fee. Reinstatement of a certification that has been lapsed for more than one year shall require completion of a reinstatement form documenting continued competency in the procedures for which the surgeon is certified and payment of a reinstatement fee.

18VAC60-21-390. Quality assurance review for procedures peformed by certificate holders.

A. On a schedule of no less than once every three years, the board shall conduct a random audit of charts for patients receiving cosmetic procedures that are performed by a certificate holder in a facility not accredited by Joint Commission on Accreditation of Healthcare Organizations or other nationally recognized certifying organization as determined by the board.

B. Oral and maxillofacial surgeons certified to perform cosmetic procedures shall maintain separate files, an index, coding, or other system by which such charts can be identified by cosmetic procedure.

C. Cases selected in a random audit shall be reviewed for quality assurance by a person qualified to perform cosmetic procedures according to a methodology determined by the board.

18VAC60-21-400. Complaints against certificate holders for cosmetic procedures.

Complaints arising out of performance of cosmetic procedures by a certified oral and maxillofacial surgeon shall be adjudicated solely by the Board of Dentistry. Upon receipt of the

investigation report on such complaints, the Board of Dentistry shall promptly notify the Board of Medicine, and the investigation report shall be reviewed and an opinion rendered by both a physician licensed by the Board of Medicine who actively practices in a related specialty and by an oral and maxillofacial surgeon licensed by the Board of Dentistry. The Board of Medicine shall maintain the confidentiality of the complaint consistent with § 54.1-2400.2 of the Code.

18VAC60-21-410. Registration of a mobile dental clinic or portable dental operation.

A. An applicant for registration of a mobile dental facility or portable dental operation shall provide:

1. The name and address of the owner of the facility or operation and an official address of record for the facility or operation, which shall not be a post office address. Notice shall be given to the board within 30 days if there is a change in the ownership or the address of record for a mobile dental facility or portable dental operation;

2. The name, address, and license number of each dentist and dental hygienist or the name, address, and registration number of each dental assistant II who will provide dental services in the facility or operation. The identity and license or registration number of any additional dentists, dental hygienists, or dental assistants II providing dental services in a mobile dental facility or portable dental operation shall be provided to the board in writing prior to the provision of such services; and

3. The address or location of each place where the mobile dental facility or portable dental operation will provide dental services and the dates on which such services will be provided. Any additional locations or dates for the provision of dental services in a mobile dental facility or portable dental operation shall be provided to the board in writing prior to the provision of such services.

B. The information provided by an applicant to comply with subsection A of this section shall be made available to the public.

C. An application for registration of a mobile dental facility or portable dental operation shall include:

1. Certification that there is a written agreement for follow-up care for patients to include identification of and arrangements for treatment in a dental office that is permanently established within a reasonable geographic area;

2. Certification that the facility or operation has access to communication facilities that enable the dental personnel to contact assistance in the event of a medical or dental emergency;

3. Certification that the facility has a water supply and all equipment necessary to provide the dental services to be rendered in the facility;

4. Certification that the facility or operation conforms to all applicable federal, state, and local laws, regulations, and ordinances dealing with radiographic equipment, sanitation, zoning, flammability, and construction standards; and

5. Certification that the applicant possesses all applicable city or county licenses or permits to operate the facility or operation.

D. Registration may be denied or revoked for a violation of provisions of § 54.1-2706 of the Code.

18VAC60-21-420. Requirements for a mobile dental clinic or portable dental operation.

A. The registration of the facility or operation and copies of the licenses of the dentists and dental hygienists or registrations of the dental assistants II shall be displayed in plain view of patients.

B. Prior to treatment, the facility or operation shall obtain written consent from the patient or, if the patient is a minor or incapable of consent, his parent, guardian, or authorized representative.

C. Each patient shall be provided with an information sheet, or if the patient, his parent, guardian, or authorized agent has given written consent to an institution or school to have access to the patient's dental health record, the institution or school may be provided a copy of the information. At a minimum, the information sheet shall include:

1. Patient name, date of service, and location where treatment was provided;

2. Name of dentist or dental hygienist who provided services;

3. Description of the treatment rendered and tooth numbers, when appropriate;

4. Billed service codes and fees associated with treatment;

5. Description of any additional dental needs observed or diagnosed;

6. Referral or recommendation to another dentist if the facility or operation is unable to provide follow-up treatment; and

7. Emergency contact information.

D. Patient records shall be maintained, as required by 18VAC60-21-90, in a secure manner within the facility or at the address of record listed on the registration application. Records shall be made available upon request by the patient, his parent, guardian, or authorized representative and shall be available to the board for inspection and copying.

E. The practice of dentistry and dental hygiene in a mobile dental clinic or portable dental operation shall be in accordance with the laws and regulations governing such practice.

18VAC60-21-430. Exemptions from requirement for registration.

The following shall be exempt from requirements for registration as a mobile dental clinic or portable dental operation:

1. All federal, state, or local governmental agencies; and

2. Dental treatment that is provided without charge to patients or to any third party payer.

CHAPTER 25

REGULATIONS GOVERNING THE PRACTICE OF DENTAL HYGIENE

Part I

General Provisions

18VAC60-25-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2700 of the Code of Virginia:

"Board"

"Dental hygiene"

"Dental hygienist"

"Dentist"

"Dentistry"

"License"

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means clinical practice as a dental hygienist for at least 600 hours per year.

"ADA" means the American Dental Association.

"Analgesia" means the diminution or elimination of pain in the conscious patient.

"CODA" means the Commission on Dental Accreditation of the American Dental Association.

"Code" means the Code of Virginia.

"Dental assistant I" means any unlicensed person under the direction of a dentist or a dental hygienist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely an administrative, secretarial, or clerical capacity.

"Dental assistant II" means a person under the direction and direct supervision of a dentist who is registered to perform reversible, intraoral procedures as specified in 18VAC60-21-150 and 18VAC60-21-160.

"Direction" means the level of supervision (i.e., direct, indirect, or general) that a dentist is required to exercise with a dental hygienist or that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services.

"General supervision" means that a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment that states the specific services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

"Indirect supervision" means the dentist examines the patient at some point during the appointment and is continuously present in the office to advise and assist a dental hygienist or a dental assistant who is (i) delivering hygiene treatment, (ii) preparing the patient for examination or treatment by the dentist, or (iii) preparing the patient for dismissal following treatment.

"Inhalation" means a technique of administration in which a gaseous or volatile agent, including nitrous oxide, is introduced into the pulmonary tree and whose primary effect is due to absorption through the pulmonary bed.

"Inhalation analgesia" means the inhalation of nitrous oxide and oxygen to produce a state of reduced sensibility to pain without the loss of consciousness.

"Local anesthesia" means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

"Monitoring" means to observe, interpret, assess, and record appropriate physiologic functions of the body during sedative procedures and general anesthesia appropriate to the level of sedation as provided in Part VI (18VAC60-21-260 et seq.) of Regulations Governing the Practice of Dentistry.

"Parenteral" means a technique of administration in which the drug bypasses the gastrointestinal tract (i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, or intraocular).

"Topical oral anesthestic" means any drug, available in creams, ointments, aerosols, sprays, lotions, or jellies, that can be used orally for the purpose of rendering the oral cavity insensitive to pain without affecting consciousness.

18VAC60-25-20. Address of record; posting of license.

A. Address of record. Each licensed dental hygienist shall provide the board with a current address of record. All required notices and correspondence mailed by the board to any such licensee shall be validly given when mailed to the address of record on file with the board. Each licensee may also provide a different address to be used as the public address, but if a second address is not provided, the address of record shall be the public address. All changes of address shall be furnished to the board in writing within 30 days of such changes.

B. Posting of license. In accordance with § 54.1-2727 of the Code, a dental hygienist shall display a [dental hygiene] license where it is conspicuous and readable by patients. If a licensee is employed in more than one office, a duplicate license obtained from the board may be displayed.

18VAC60-25-30. Required fees.

A. Application fees.

1. License by examination	$175
2. License by credentials	$275
3. License to teach dental hygiene pursuant to § 54.1-2725 of the Code	$175
4. Temporary permit pursuant to § 54.1-2726 of the Code	$175
3. Restricted volunteer license	$25
4. Volunteer exemption registration	$10

B. Renewal fees.

1. Active license	$75
2. Inactive license	$40
3. License to teach dental hygiene pursuant to § 54.1-2725	$75
4. Temporary permit pursuant to § 54.1-2726	$75

C. Late fees.

1. Active license	$25
2. Inactive license	$15
3. License to teach dental hygiene pursuant to § 54.1-2725	$25
4. Temporary permit pursuant to § 54.1-2726	$25

D. Reinstatement fees.

1. Expired license	$200
2. Suspended license	$400

3. Revoked license	$500

E. Administrative fees.

1. Duplicate wall certificate	$60
2. Duplicate license	$20
3. Certification of licensure	$35
4. Returned check	$35

F. No fee shall be refunded or applied for any purpose other than the purpose for which the fee was submitted.

Part II

Practice of Dental Hygiene

18VAC60-25-40. Scope of practice.

A. Pursuant to § 54.1-2722 of the Code, a licensed dental hygienist may perform services that are educational, diagnostic, therapeutic, or preventive under the direction and indirect or general supervision of a licensed dentist.

B. The following duties of a dentist shall not be delegated:

1. Final diagnosis and treatment planning;

2. Performing surgical or cutting procedures on hard or soft tissue, except as may be permitted by subdivisions C 1 and D 1 of this section;

3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist who meets the requirements of 18VAC60-25-100 C may parenterally administer Schedule VI local anesthesia to patients 18 years of age or older;

4. Authorization of work orders for any appliance or prosthetic device or restoration that is to be inserted into a patient's mouth;

5. Operation of high speed rotary instruments in the mouth;

6. Administration of deep sedation or general anesthesia and conscious/moderate sedation;

7. Condensing, contouring, or adjusting any final, fixed, or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental assistants II with advanced training as specified in Part IV (18VAC60-25-130 et seq.) of this chapter;

8. Final positioning and attachment of orthodontic bonds and bands; and

9. Final adjustment and fitting of crowns and bridges in preparation for final cementation.

C. The following duties shall only be delegated to dental hygienists under direction and may only be performed under indirect supervision:

1. Scaling, root planing, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and athermal lasers with any sedation or anesthesia administered [~~by the dentist~~] .

2. Performing an initial examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets, or other abnormal conditions for assisting the dentist in the diagnosis.

3. Administering nitrous oxide or local anesthesia by dental hygienists qualified in accordance with the requirements of 18VAC60-25-100.

D. The following duties shall only be delegated to dental hygienists and may be performed under indirect supervision or may be delegated by written order in accordance with § 54.1-2722 D of the Code to be performed under general supervision:

1. Scaling, root planning, or gingival curettage of natural and restored teeth using hand instruments, slow-speed rotary instruments, ultrasonic devices, and athermal lasers with or without topical oral anesthestics.

2. Polishing of natural and restored teeth using air polishers.

3. Performing a clinical examination of teeth and surrounding tissues including the charting of carious lesions, periodontal pockets, or other abnormal conditions for further evaluation and diagnosis by the dentist.

4. Subgingival irrigation or subgingival and gingival application of topical Schedule VI medicinal agents pursuant to § 54.1-3408 J of the Code.

5. Duties appropriate to the education and experience of the dental hygienist and the practice of the supervising dentist, with the exception of those listed as nondelegable in subsection B of this section and those restricted to indirect supervision in subsection C of this section.

E. The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II:

1. Performing pulp capping procedures;

2. Packing and carving of amalgam restorations;

3. Placing and shaping composite resin restorations with a slow speed handpiece;

4. Taking final impressions;

5. Use of a non-epinephrine retraction cord; and

6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

[F. A dental hygienist employed by the Virginia Department of Health may provide educational and preventative dental care under remote supervision, as defined in subsection D

of § 54.1-2722 of the Code of Virginia, of a dentist employed by the Virginia Department of Health and in accordance with the Protocol adopted by the Commissioner of Health for Dental Hygienists to Practice in an Expanded Capacity under Remote Supervision by Public Health Dentists, September 2012, which is hereby incorporated by reference.]

18VAC60-25-50. Utilization of dental hygienists and dental assistants.

A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction at one and the same time. In addition, a dentist may permit through issuance of written orders for services additional dental hygienists to practice under general supervision in a free clinic, a public health program, or a voluntary practice.

18VAC60-25-60. Delegation of services to a dental hygienist.

A. In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining with the patient or his representative the specific treatment the patient will receive, which aspects of treatment will be delegated to qualified personnel, and the direction required for such treatment, in accordance with this chapter, Part III (18VAC60-21-110 et seq.) of the Regulations Governing the Practice of Dentistry, and the Code.

B. Dental hygienists shall engage in their respective duties only while in the employment of a licensed dentist or governmental agency or when volunteering services as provided in 18VAC60-25-50.

C. Duties that are delegated to a dental hygienist under general supervision shall only be performed if the following requirements are met:

1. The treatment to be provided shall be ordered by a dentist licensed in Virginia and shall be entered in writing in the record. The services noted on the original order shall be rendered within a specified time period, not to exceed 10 months from the date the

dentist last performed a periodic examination of the patient. Upon expiration of the order, the dentist shall have examined the patient before writing a new order for treatment under general supervision.

2. The dental hygienist shall consent in writing to providing services under general supervision.

3. The patient or a responsible adult shall be informed prior to the appointment that a dentist may not be present, that only topical oral anesthetics can be administered to manage pain, and that only those services prescribed by the dentist will be provided.

4. Written basic emergency procedures shall be established and in place, and the hygienist shall be capable of implementing those procedures.

D. An order for treatment under general supervision shall not preclude the use of another level of supervision when, in the professional judgment of the dentist, such level of supervision is necessary to meet the individual needs of the patient.

18VAC60-25-70. Delegation of services to a dental assistant.

A. Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to a dental assistant under the direction of a dentist or a dental hygienist practicing under general supervision as permitted in subsection B of this section, with the exception of those listed as nondelegable and those which may only be delegated to dental hygienists as listed in 18VAC60-25-40.

B. Duties delegated to a dental assistant under general supervision shall be under the direction of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant, and being available for consultation on patient care.

18VAC60-25-80. Radiation certification.

No dentist or dental hygienist shall permit a person not otherwise licensed by this board to place or expose dental x-ray film unless he has one of the following: (i) satisfactory completion of a radiation safety course and examination given by an institution that maintains a program in dental assisting, dental hygiene, or dentistry accredited by CODA; (ii) certification by the American Registry of Radiologic Technologists; or (iii) satisfactory completion of the Radiation Health and Safety Review Course provided by the Dental Assisting National Board or its affiliate and passage of the Radiation Health and Safety Exam given by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient.

18VAC60-25-90. What does not constitute practice.

The following are not considered the practice of dental hygiene and dentistry:

1. General oral health education.

2. Recording a patient's pulse, blood pressure, temperature, presenting complaint, and medical history.

3. Conducting preliminary dental screenings in free clinics, public health programs, or a voluntary practice.

18VAC60-25-100. Administration of controlled substances.

A. A licensed dental hygienist may:

1. Administer topical oral fluoride varnish to children aged six months to three years of age under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine pursuant to subsection V of § 54.1-3408 of the Code;

2. Administer topical Schedule VI drugs, including topical oral fluorides, topical oral anesthetics, and topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions pursuant to subsection J of § 54.1-3408 of the Code; and

3. If qualified in accordance with subsection B or C of this section, administer Schedule VI nitrous oxide/inhalation analgesia and, to persons 18 years of age or older, Schedule VI [~~parenterally~~] local anesthesia [parenterally] under the indirect supervision of a dentist.

B. To administer only nitrous oxide/inhalation analgesia, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of nitrous oxide offered by a CODA accredited dental or dental hygiene program, which includes a minimum of eight hours in didactic and clinical instruction in the following topics:

a. Patient physical and psychological assessment;

b. Medical history evaluation;

c. Equipment and techniques used for administration of nitrous oxide;

d. Neurophysiology of nitrous oxide administration;

e. Pharmacology of nitrous oxide;

f. Recordkeeping, medical, and legal aspects of nitrous oxide;

g. Adjunctive uses of nitrous oxide for dental patients; and

h. Clinical experiences in administering nitrous oxide, including training with live patients.

2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia given by the accredited program.

[~~C. To administer both nitrous oxide/inhalation analgesia and, to patients 18 years of age or older, local anesthesia, a dental hygienist shall:~~

~~1. Successfully complete a didactic and clinical course leading to certification in administration of local anesthesia and nitrous oxide/inhalation analgesia that is offered by a CODA accredited dental or dental hygiene program, which includes a minimum of 36 didactic and clinical hours in the following topics:~~

~~a. Patient physical and psychological assessment;~~

~~b. Medical history evaluation and recordkeeping;~~

~~c. Neurophysiology of local anesthesia;~~

~~d. Pharmacology of local anesthetics and vasoconstrictors;~~

~~e. Anatomical considerations for local anesthesia;~~

~~f. Techniques for maxillary infiltration and block anesthesia;~~

~~g. Techniques for mandibular infiltration and block anesthesia;~~

~~h. Local and systemic anesthetic complications;~~

~~i. Management of medical emergencies;~~

~~j. Clinical experiences in maxillary and mandibular infiltration and block injections;~~

~~k. Pharmacology of nitrous oxide;~~

~~l. Adjunctive uses of nitrous oxide for dental patients; and~~

~~m. Clinical experiences in administering nitrous oxide and local anesthesia injections on patients.~~

~~2. Successfully complete an examination with a minimum score of 75% in the administration of nitrous oxide/inhalation analgesia and local anesthesia given by the accredited program.~~

C. To administer local anesthesia parenterally to patients 18 years of age or older, a dental hygienist shall:

1. Successfully complete a didactic and clinical course leading to certification in administration of local anesthesia that is offered by a CODA accredited dental or dental hygiene program, which includes a minimum of 28 didactic and clinical hours in the following topics:

a. Patient physical and psychological assessment;

b. Medical history evaluation and recordkeeping;

c. Neurophysiology of local anesthesia;

d. Pharmacology of local anesthetics and vasoconstrictors;

e. Anatomical considerations for local anesthesia;

f. Techniques for maxillary infiltration and block anesthesia;

g. Techniques for mandibular infiltration and block anesthesia;

h. Local and systemic anesthetic complications;

i. Management of medical emergencies; and

j. Clinical experiences in administering local anesthesia injections on patients.

2. Successfully complete an examination with a minimum score of 75% in the parenteral administration of local anesthesia given by the accredited program.]

D. A dental hygienist who holds a certificate or credential issued by the licensing board of another jurisdiction of the United States that authorizes the administration of nitrous oxide/inhalation analgesia or local anesthesia may be authorized for such administration in Virginia if:

1. The qualifications on which the credential or certificate was issued were substantially equivalent in hours of instruction and course content to those set forth in subsections B and C of this section; or

2. If the certificate or credential issued by another jurisdiction was not substantially equivalent, the hygienist can document experience in such administration for at least 24 of the past 48 months preceding application for licensure in Virginia.

E. A dentist who provides direction for the administration of nitrous oxide/inhalation analgesia or local anesthesia shall ensure that the dental hygienist has met the qualifications for such administration as set forth in this section.

Part III

Standards of Conduct

18VAC60-25-110. Patient records; confidentiality.

A. A dental hygienist shall be responsible for accurate and complete information in patient records for those services provided by a hygienist or a dental assistant under direction to include the following:

1. Patient's name on each page in the patient record;

2. A health history taken at the initial appointment, which is updated when local anesthesia or nitrous oxide/inhalation analgesia is to be administered and when medically indicated and at least annually;

3. Options discussed and oral or written consent for any treatment rendered with the exception of prophylaxis;

4. List of drugs administered and the route of administration, quantity, dose, and strength;

5. Radiographs, digital images, and photographs clearly labeled with the patient's name [~~and,~~] date taken [and teeth identified] ;

6. A notation or documentation of an order required for treatment of a patient by a dental hygienist practicing under general supervision as required in 18VAC60-25-60 C; and

7. Notation of each [treatment rendered,] date of treatment and the identity of the dentist and the dental hygienist providing service.

B. A dental hygienist shall comply with the provisions of § 32.1-127.1:03 of the Code related to the confidentiality and disclosure of patient records. A dental hygienist shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the hygienist shall not be considered negligent or willful.

18VAC60-25-120. Acts constituting unprofessional conduct.

The following practices shall constitute unprofessional conduct within the meaning of § 54.1-2706 of the Code:

1. Fraudulently obtaining, attempting to obtain, or cooperating with others in obtaining payment for services.

2. Performing services for a patient under terms or conditions that are unconscionable. The board shall not consider terms unconscionable where there has been a full and fair

disclosure of all terms and where the patient entered the agreement without fraud or duress.

3. Misrepresenting to a patient and the public the materials or methods and techniques the licensee uses or intends to use.

4. Committing any act in violation of the Code reasonably related to the practice of dentistry and dental hygiene.

5. Delegating any service or operation that requires the professional competence of a dentist or dental hygienist to any person who is not a licensee or registrant as authorized by this chapter.

6. Certifying completion of a dental procedure that has not actually been completed.

7. Violating or cooperating with others in violating provisions of Chapter 1 (§ 54.1-100 et seq.) or 24 (§ 54.1-2400 et seq.) of Title 54.1 of the Code or the Drug Control Act (§ 54.1-3400 et seq. of the Code).

Part IV

Requirements for Licensure

18VAC60-25-130. General application requirements.

A. All applications for licensure by examination or credentials, temporary permits, or [~~teacher's~~ faculty] licenses shall include:

1. Verification of completion of a dental hygiene degree or certificate from a CODA accredited program;

2. An original grade card from the National Board Dental Hygiene Examination issued by the Joint Commission on National Dental Examinations;

3. A current report from the [~~Healthcare Integrity and Protection Data Bank (HIPDB) and a current report from the National Practitioner~~ U. S. Department of Health and Human Services] Data Bank (NPDB); and

4. Attestation of having read and understood the laws and the regulations governing the practice of dentistry and dental hygiene in Virginia and of the applicant's intent to remain current with such laws and regulations.

B. If documentation required for licensure cannot be produced by the entity from which it is required, the board, in its discretion, may accept other evidence of qualification for licensure.

18VAC60-25-140. Licensure by examination.

A. An applicant for licensure by examination shall have:

1. Graduated from or have been issued a certificate by a CODA accredited program of dental hygiene;

2. Successfully completed the National Board Dental Hygiene Examination given by the Joint Commission on National Dental Examinations; and

3. Successfully completed a board-approved clinical competency examination in dental hygiene.

B. If the candidate has failed any section of a board-approved examination three times, the candidate shall complete a minimum of seven hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

C. Applicants who successfully completed a board-approved examination five or more years prior to the date of receipt of their applications for licensure by the board may be required to retake a board-approved examination or take board-approved continuing education that meets

the requirements of 18VAC60-25-190, unless they demonstrate that they have maintained clinical, unrestricted, and active practice in a jurisdiction of the United States for 48 of the past 60 months immediately prior to submission of an application for licensure.

18VAC60-25-150. Licensure by credentials.

An applicant for dental hygiene licensure by credentials shall:

1. Have graduated from or have been issued a certificate by a CODA accredited program of dental hygiene;

2. Be currently licensed to practice dental hygiene in another jurisdiction of the United States and have clinical, ethical, and active practice for 24 of the past 48 months immediately preceding application for licensure;

3. Be certified to be in good standing from each state in which he is currently licensed or has ever held a license;

4. Have successfully completed a clinical competency examination substantially equivalent to that required for licensure by examination;

5. Not have committed any act that would constitute a violation of § 54.1-2706 of the Code; and

6. Have successfully completed the dental hygiene examination of the Joint Commission on National Dental Examinations prior to making application to the board.

18VAC60-25-160. Temporary permit; [~~teacher's~~ faculty] license.

A. Issuance of a temporary permit.

1. A temporary permit shall be issued only for the purpose of allowing dental hygiene practice as limited by § 54.1-2726 of the Code. An applicant for a temporary permit shall

submit a completed application and verification of graduation from the program from which the applicant received the dental hygiene degree or certificate.

2. A temporary permit will not be renewed unless the permittee shows that extraordinary circumstances prevented the permittee from taking a board-approved clinical competency examination during the term of the temporary permit.

B. The board may issue a [~~teacher's~~ faculty] license pursuant to the provisions of § 54.1-2725 of the Code.

C. A dental hygienist holding a temporary permit or a [~~teacher's~~ faculty] license issued pursuant to this section is subject to the provisions of this chapter and the disciplinary regulations that apply to all licensees practicing in Virginia.

18VAC60-25-170. Voluntary practice.

A. Restricted volunteer license.

1. In accordance with § 54.1-2726.1 of the Code, the board may issue a restricted volunteer license to a dental hygienist who:

a. Held an unrestricted license in Virginia or another jurisdiction of the United States as a licensee in good standing at the time the license expired or became inactive;

b. Is volunteering for a public health or community free clinic that provides dental services to populations of underserved people;

c. Has fulfilled the board's requirement related to knowledge of the laws and regulations governing the practice of dentistry and dental hygiene in Virginia;

d. Has not failed a clinical examination within the past five years;

e. Has had at least five years of active practice in Virginia; another jurisdiction of the United States or federal civil or military service; and

f. Is sponsored by a dentist who holds an unrestricted license in Virginia.

2. A person holding a restricted volunteer license under this section shall:

a. Practice only under the direction of a dentist who holds an unrestricted license in Virginia;

b. Only practice in public health or community free clinics that provide dental services to underserved populations;

c. Only treat patients who have been screened by the approved clinic and are eligible for treatment;

d. Attest on a form provided by the board that he will not receive remuneration directly or indirectly for providing dental services; and

e. Not be required to complete continuing education in order to renew such a license.

3. A restricted volunteer license granted pursuant to this section shall expire on June 30 of the second year after its issuance or shall terminate when the supervising dentist withdraws his sponsorship.

4. A dental hygienist holding a restricted volunteer license issued pursuant to this section is subject to the provisions of this chapter and the disciplinary regulations that apply to all licensees practicing in Virginia.

B. Registration for voluntary practice by out-of-state licensees. Any dental hygienist who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least 15 days prior to engaging in such practice;

2. Provide a copy of a current license or certificate to practice dental hygiene;

3. Provide a complete record of professional licensure in each jurisdiction in the United States in which he has held a license or certificate;

4. Provide the name of the nonprofit organization and the dates and location of the voluntary provision of services;

5. Pay a registration fee as required in 18VAC60-25-30; and

6. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 5 of § 54.1-2701 of the Code.

Part V

Licensure Renewal and Reinstatement

18VAC60-25-180. Requirements for licensure renewal.

A. An active dental hygiene license shall be renewed on or before March 31 each year. A teacher's license, a restricted volunteer license, or a temporary permit shall be renewed on or before June 30 each year.

B. The license of any person who does not return the completed renewal form and fees by the deadline required in subsection A of this section shall automatically expire and become invalid and his practice of dental hygiene shall be illegal. With the exception of practice with a current, restricted volunteer license as provided in § 54.1-2726.1 of the Code, practicing in Virginia with an expired license may subject the licensee to disciplinary action by the board.

C. Any person who does not return the completed form and fee by the deadline required in subsection A of this section shall be required to pay an additional late fee. The board may renew a license if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of this section.

18VAC60-25-190. Requirements for continuing education.

A. In order to renew an active license, a dental hygienist shall complete a minimum of 15 hours of approved continuing education. Continuing education hours in excess of the number required for renewal may be transferred or credited to the next renewal year for a total of not more than 15 hours.

1. A dental hygienist shall be required to maintain evidence of successful completion of a current hands-on course in basic cardiopulmonary resuscitation for health care providers.

2. A dental hygienist who monitors patients under general anesthesia, deep sedation, or conscious sedation [~~or who administers nitrous oxide or nontopical local anesthesia~~] shall complete four hours every two years of approved continuing education directly related to [~~administration or~~] monitoring of such anesthesia or sedation as part of the hours required for licensure renewal.

B. An approved continuing education program shall be relevant to the treatment and care of patients and shall be:

1. Clinical courses in dental or dental hygiene practice; or

2. Nonclinical subjects that relate to the skills necessary to provide dental hygiene services and are supportive of clinical services (i.e., patient management, legal and ethical responsibilities, risk management, and recordkeeping). Courses not acceptable for the purpose of this subsection include, but are not limited to, estate planning, financial planning, investments, and personal health.

C. Continuing education credit may be earned for verifiable attendance at or participation in any course, to include audio and video presentations, that meets the requirements in subdivision B 1 of this section and is given by one of the following sponsors:

1. The American Dental Association and the National Dental Association and their constituent and component/branch associations;

2. The American Dental Hygienists' Association and the National Dental Hygienists Association and their constituent and component/branch associations;

3. The American Dental Assisting Association and its constituent and component/branch associations;

4. The American Dental Association specialty organizations and their constituent and component/branch associations;

5. A provider accredited by the Accreditation Council for Continuing Medical Education for Category 1 credits;

6. The Academy of General Dentistry and its constituent and component/branch associations;

7. Community colleges with an accredited dental hygiene program if offered under the auspices of the dental hygienist program;

8. A college or university that is accredited by an accrediting agency approved by the U.S. Department of Education or a hospital or health care institution accredited by the Joint Commission on Accreditation of Healthcare Organizations;

9. The American Heart Association, the American Red Cross, the American Safety and Health Institute, and the American Cancer Society;

10. A medical school accredited by the American Medical Association's Liaison Committee for Medical Education or a dental school or dental specialty residency program accredited by the Commission on Dental Accreditation of the American Dental Association;

11. State or federal government agencies (i.e., military dental division, Veteran's Administration, etc.);

12. The Commonwealth Dental Hygienists' Society;

13. The MCV Orthodontic Education and Research Foundation;

14. The Dental Assisting National Board [and its affiliate, the Dental Auxiliary Learning and Education Foundation] ; [~~or~~

15. The American Academy of Dental Hygiene, its constituent and component/branch associations; or

~~15.~~16.] A regional testing agency (i.e., Central Regional Dental Testing Service, Northeast Regional Board of Dental Examiners, Southern Regional Testing Agency, or Western Regional Examining Board) when serving as an examiner.

D. Verification of compliance.

1. All licensees are required to verify compliance with continuing education requirements at the time of annual license renewal.

2. Following the renewal period, the board may conduct an audit of licensees to verify compliance.

3. Licensees selected for audit must provide original documents certifying that they have fulfilled their continuing education requirements by the deadline date as specified by the board.

4. Licensees are required to maintain original documents verifying the date and the subject of the program or activity, the sponsor, and the amount of time earned. Documentation must be maintained for a period of four years following renewal.

5. Failure to comply with continuing education requirements may subject the licensee to disciplinary action by the board.

E. Exemptions.

1. A licensee is exempt from completing continuing education requirements and considered in compliance on the first renewal date following the licensee's initial licensure.

2. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters. A written request with supporting documents must be submitted at least 30 days prior to the deadline for renewal.

F. Continuing education hours required by board order shall not be used to satisfy the continuing education requirement for license renewal or reinstatement.

18VAC60-25-200. Inactive license.

A. Any dental hygienist who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license.

B. With the exception of practice with a restricted volunteer license as provided in § 54.1-2726.1 of the Code, the holder of an inactive license shall not be entitled to perform any act requiring a license to practice dental hygiene in Virginia.

C. An inactive dental hygiene license may be renewed on or before March 31 of each year.

18VAC60-25-210. Reinstatement or reactivation of a license.

A. Reinstatement of an expired license.

1. Any person whose license has expired for more than one year and who wishes to reinstate such license shall submit to the board a reinstatement application and the reinstatement fee.

2. An applicant for reinstatement shall submit evidence of completion of continuing education that meets the requirements of 18VAC60-25-190 and is equal to the requirement for the number of years in which his license has not been active in Virginia, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months preceding an application for reinstatement.

3. An applicant for reinstatement shall also provide evidence of continuing competence that may also include (i) documentation of active practice in another state or in federal service, (ii) recent passage of a clinical competency examination accepted by the board, or (iii) completion of a refresher program offered by a CODA accredited program.

4. The executive director may reinstate a license provided that the applicant can demonstrate continuing competence, that no grounds exist pursuant to § 54.1-2706 of the Code and 18VAC60-25-120 to deny said reinstatement, and that the applicant has paid the reinstatement fee and any fines or assessments.

B. Reactivation of an inactive license.

1. An inactive license may be reactivated upon submission of the required application, payment of the current renewal fee, and documentation of having completed continuing education that meets the requirements of 18VAC60-25-190 and is equal to the requirement for the number of years in which the license has been inactive, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most

recent 12 months and the remainder within the 36 months immediately preceding the application for activation.

2. An applicant for reactivation shall also provide evidence of continuing competence that may also include (i) documentation of active practice in another state or in federal service, (ii) recent passage of a clinical competency examination accepted by the board, or (iii) completion of a refresher program offered by a CODA accredited program.

3. The executive director may reactivate a license provided that the applicant can demonstrate continuing competence and that no grounds exist pursuant to § 54.1-2706 of the Code and 18VAC60-25-120 to deny said reactivation.

CHAPTER 30

REGULATIONS GOVERNING THE PRACTICE OF DENTAL ASSISTANTS [~~H~~]

Part I

General Provisions

18VAC60-30-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2700 of the Code of Virginia:

"Board"

"Dental hygiene"

"Dental hygienist"

"Dentist"

"Dentistry"

"License"

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"CODA" means the Commission on Dental Accreditation of the American Dental Association.

"Code" means the Code of Virginia.

"Dental assistant I" means any unlicensed person under the direction of a dentist or a dental hygienist who renders assistance for services provided to the patient as authorized under this chapter but shall not include an individual serving in purely an administrative, secretarial, or clerical capacity.

"Dental assistant II" means a person under the direction and direct supervision of a dentist who is registered by the board to perform reversible, intraoral procedures as specified in 18VAC60-30-60 and 18VAC60-30-70.

"Direct supervision" means that the dentist examines the patient and records diagnostic findings prior to delegating restorative or prosthetic treatment and related services to a dental assistant II for completion the same day or at a later date. The dentist prepares the tooth or teeth to be restored and remains immediately available in the office to the dental assistant II for guidance or assistance during the delivery of treatment and related services. The dentist examines the patient to evaluate the treatment and services before the patient is dismissed.

"Direction" means the level of supervision (i.e., [immediate,] direct, indirect or general) that a dentist is required to exercise with a dental hygienist, a dental assistant I, or a dental assistant II or that a dental hygienist is required to exercise with a dental assistant to direct and oversee the delivery of treatment and related services.

"General supervision" means that a dentist completes a periodic comprehensive examination of the patient and issues a written order for hygiene treatment that states the specific services to be provided by a dental hygienist during one or more subsequent appointments when the dentist may or may not be present. Issuance of the order authorizes the dental hygienist to supervise a dental assistant performing duties delegable to dental assistants I.

"Immediate supervision" means the dentist is in the operatory to supervise the administration of sedation or provision of treatment.

"Local anesthesia" means the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

"Monitoring" means to observe, interpret, assess, and record appropriate physiologic functions of the body during sedative procedures and general anesthesia appropriate to the level of sedation as provided in Part VI (18VAC60-21-260 et seq.) of Regulations Governing the Practice of Dentistry.

"Radiographs" means intraoral and extraoral radiographic images of hard and soft tissues used for purposes of diagnosis.

18VAC60-30-20. Address of record; posting of registration.

A. Address of record. Each registered dental assistant II shall provide the board with a current address of record. All required notices and correspondence mailed by the board to any such registrant shall be validly given when mailed to the address of record on file with the board. Each registrant may also provide a different address to be used as the public address, but if a second address is not provided, the address of record shall be the public address. All changes of address shall be furnished to the board in writing within 30 days of such changes.

B. Posting of registration. A copy of the registration of a dental assistant II shall either be posted in an operatory in which the person is providing services to the public or in the patient reception area where it is clearly visible to patients and accessible for reading. [If a dental assistant II is employed in more than one office, a duplicate registration obtained from the board may be displayed.]

18VAC60-30-30. Required fees.

A. Initial registration fee.	$100
B. Renewal fees.	
1. Dental assistant II registration - active	$50
2. Dental assistant II registration - inactive	$25
C. Late fees.	
1. Dental assistant II registration - active	$20

2. Dental assistant II registration - inactive	$10

D. Reinstatement fees.

1. Expired registration	$125
2. Suspended registration	$250
3. Revoked registration	$300

E. Administrative fees.

1. Duplicate wall certificate	$60
2. Duplicate registration	$20
3. Registration verification	$35
4. Returned check fee	$35

F. No fee will be refunded or applied for any purpose other than the purpose for which the fee is submitted.

Part II

Practice of Dental Assistants II

18VAC60-30-40. Practice of dental hygienists and dental assistants II under direction.

A. A dentist may utilize up to a total of four dental hygienists or dental assistants II in any combination practicing under direction at one and the same time. In addition, a dentist may permit through issuance of written orders for services additional dental hygienists to practice under general supervision in a free clinic, a public health program, or a voluntary practice.

B. In all instances and on the basis of his diagnosis, a licensed dentist assumes ultimate responsibility for determining with the patient or his representative the specific treatment the patient will receive, which aspects of treatment will be delegated to qualified personnel, and the direction required for such treatment, in accordance with this chapter, Part III (18VAC60-21-110 et seq.) of the Regulations Governing the Practice of Dentistry, and the Code.

18VAC60-30-50. Nondelegable duties; dentists.

Only licensed dentists shall perform the following duties:

1. Final diagnosis and treatment planning;

2. Performing surgical or cutting procedures on hard or soft tissue except a dental hygienist performing gingival curettage as provided in 18VAC60-21-140;

3. Prescribing or parenterally administering drugs or medicaments, except a dental hygienist who meets the requirements of 18VAC60-25-100 may parenterally administer Schedule VI local anesthesia to patients 18 years of age or older;

4. Authorization of work orders for any appliance or prosthetic device or restoration that is to be inserted into a patient's mouth;

5. Operation of high speed rotary instruments in the mouth;

6. Administering and monitoring conscious/moderate sedation, deep sedation, or general anesthetics except as provided for in § 54.1-2701 of the Code and subsections J and K of 18VAC60-21-260;

7. Condensing, contouring, or adjusting any final, fixed, or removable prosthodontic appliance or restoration in the mouth with the exception of packing and carving amalgam and placing and shaping composite resins by dental assistants II with advanced training as specified in 18VAC60-30-120;

8. Final positioning and attachment of orthodontic bonds and bands; and

9. Final adjustment and fitting of crowns and bridges in preparation for final cementation.

18VAC60-30-60. Delegation to dental assistants II.

The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II who has completed the coursework, corresponding module of laboratory training, corresponding module of clinical experience, and examinations specified in 18VAC60-30-120:

1. Performing pulp capping procedures;

2. Packing and carving of amalgam restorations;

3. Placing and shaping composite resin restorations with a slow speed handpiece;

4. Taking final impressions;

5. Use of a non-epinephrine retraction cord; and

6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

18VAC60-30-70. Delegation to dental assistants I and II.

A. Duties appropriate to the training and experience of [~~the~~ any] dental assistant and the practice of the supervising dentist may be delegated to a dental assistant I or II under [~~the~~] indirect [~~or under general~~] supervision [~~required in 18VAC60-21-120~~], with the exception of those listed as nondelegable in 18VAC60-30-50, those which may only be delegated to dental hygienists as listed in 18VAC60-21-140, and those which may only be delegated to a dental assistant II as listed in 18VAC60-30-60.

B. Duties delegated to [~~a~~ any] dental assistant under general supervision shall be under the direction of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant, and being available for consultation on patient care.

18VAC60-30-80. Radiation certification.

[~~No dentist or dental hygienist shall permit a person not otherwise licensed by this board to~~ A dental assistant I or II shall not] place or expose dental x-ray film unless he has one of the following: (i) satisfactory completion of a radiation safety course and examination given by an institution that maintains a program in dental assisting, dental hygiene, or dentistry accredited by CODA; (ii) certification by the American Registry of Radiologic Technologists; or (iii)

satisfactory completion of the Radiation Health and Safety Review Course provided by the Dental Assisting National Board or its affiliate and passage of the Radiation Health and Safety Exam given by the Dental Assisting National Board. Any certificate issued pursuant to satisfying the requirements of this section shall be posted in plain view of the patient.

18VAC60-30-90. What does not constitute practice.

The following are not considered the practice of dental hygiene and dentistry:

1. General oral health education.

2. Recording a patient's pulse, blood pressure, temperature, presenting complaint, and medical history.

Part III

Standards of Conduct

18VAC60-30-100. Patient records; confidentiality.

A. A dental assistant II shall be responsible for accurate and complete information in patient records for those services provided by the assistant under direction to include the following:

1. Patient's name on each page in the patient record;

2. Radiographs, digital images, and photographs clearly labeled with the patient name [~~and,~~] date taken [, and teeth identified] ; and

3. Notation of each [treatment rendered,] date of treatment and the identity of the dentist, the dental hygienist, or the dental assistant providing service.

B. A dental assistant shall comply with the provisions of § 32.1-127.1:03 of the Code related to the confidentiality and disclosure of patient records. A dental assistant shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of

confidentiality that is required or permitted by applicable law or beyond the control of the assistant shall not be considered negligent or willful.

18VAC60-30-110. Acts constituting unprofessional conduct.

The following practices shall constitute unprofessional conduct within the meaning of § 54.1-2706 of the Code:

1. Fraudulently obtaining, attempting to obtain, or cooperating with others in obtaining payment for services.

2. Performing services for a patient under terms or conditions that are unconscionable. The board shall not consider terms unconscionable where there has been a full and fair disclosure of all terms and where the patient entered the agreement without fraud or duress.

3. Misrepresenting to a patient and the public the materials or methods and techniques used or intended to be used.

4. Committing any act in violation of the Code reasonably related to dental practice.

5. Delegating any service or operation that requires the professional competence of a dentist, dental hygienist, or dental assistant II to any person who is not authorized by this chapter.

6. Certifying completion of a dental procedure that has not actually been completed.

7. Violating or cooperating with others in violating provisions of Chapter 1 (§ 54.1-100 et seq.) or 24 (§ 54.1-2400 et seq.) of Title 54.1 of the Code or the Drug Control Act (§ 54.1-3400 et seq. of the Code).

Part IV

Entry Requirements for Dental Assistants II

[18VAC60-30-115. General application requirements.

A. All applications for registration as a dental assistant II shall include:

1. Evidence of a current credential as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another certification from a credentialing organization recognized by the American Dental Association and acceptable to the board, which was granted following passage of an examination on general chairside assisting, radiation health and safety, and infection control;

2. Verification of completion of educational requirements set forth in 18VAC60-30-120; and

3. Attestation of having read and understood the laws and regulations governing the practice of dentistry and dental assisting in Virginia and of the applicant's intent to remain current with such laws and regulations.]

18VAC60-30-120. Educational requirements for dental assistants II.

A. A prerequisite for entry into an educational program preparing a person for registration as a dental assistant II shall be current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board.

B. To be registered as a dental assistant II, a person shall complete the following requirements from an educational program accredited by CODA:

1. At least 50 hours of didactic course work in dental anatomy and operative dentistry that may be completed online.

2. Laboratory training that may be completed in the following modules with no more than 20% of the specified instruction to be completed as homework in a dental office:

a. At least 40 hours of placing, packing, carving, and polishing of amalgam restorations and pulp capping procedures;

b. At least 60 hours of placing and shaping composite resin restorations and pulp capping procedures;

c. At least 20 hours of taking final impressions and use of a non-epinephrine retraction cord; and

d. At least 30 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.

3. Clinical experience applying the techniques learned in the preclinical coursework and laboratory training that may be completed in a dental office in the following modules:

a. At least 80 hours of placing, packing, carving, and polishing of amalgam restorations;

b. At least 120 hours of placing and shaping composite resin restorations;

c. At least 40 hours of taking final impressions and use of a non-epinephrine retraction cord; and

d. At least 60 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.

4. Successful completion of the following competency examinations given by the accredited educational programs:

a. A written examination at the conclusion of the 50 hours of didactic coursework;

b. A practical examination at the conclusion of each module of laboratory training; and

c. A comprehensive written examination at the conclusion of all required coursework, training, and experience for each of the corresponding modules.

C. All treatment of patients shall be under the direct and immediate supervision of a licensed dentist who is responsible for the performance of duties by the student. The dentist shall attest to successful completion of the clinical competencies and restorative experiences.

[**18VAC60-30-130. ~~Registration certification.~~ Reserved.**

~~A. All applicants for registration as a dental assistant II shall provide evidence of a current credential as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another certification from a credentialing organization recognized by the American Dental Association and acceptable to the board, which was granted following passage of an examination on general chairside assisting, radiation health and safety, and infection control.~~

~~B. All applicants who successfully completed the board-approved examinations five or more years prior to the date of receipt of their applications for registration by the board may be required to retake the board-approved examinations or take board-approved continuing education unless they demonstrate that they have maintained clinical, ethical, and legal practice for 48 of the past 60 months immediately prior to submission of an application for registration.~~

~~C. All applicants for registration as a dental assistant II shall be required to attest that they have read and understand and will remain current with the applicable Virginia dental and dental hygiene laws and the regulations of this board.~~]

18VAC60-30-140. Registration by endorsement as a dental assistant II.

A. An applicant for registration by endorsement as a dental assistant II shall provide evidence of the following:

1. Hold current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association;

2. Be currently authorized to perform expanded duties as a dental assistant in each jurisdiction of the United States;

3. Hold a credential, registration, or certificate with qualifications substantially equivalent in hours of instruction and course content to those set forth in 18VAC60-30-120 or if the qualifications were not substantially equivalent the dental assistant can document experience in the restorative and prosthetic expanded duties set forth in 18VAC60-30-60 for at least 24 of the past 48 months preceding application for registration in Virginia.

B. An applicant shall also:

1. Be certified to be in good standing from each jurisdiction of the United States in which he is currently registered, certified, or credentialed or in which he has ever held a registration, certificate, or credential;

2. Not have committed any act that would constitute a violation of § 54.1-2706 of the Code; and

3. Attest to having read and understand and to remain current with the laws and the regulations governing dental practice in Virginia.

Part V

Requirements for Renewal and Reinstatement

18VAC60-30-150. Registration renewal requirements.

A. Every person holding an active or inactive registration shall annually, on or before March 31, renew his registration. Any person who does not return the completed form and fee by the deadline shall be required to pay an additional late fee.

B. The registration of any person who does not return the completed renewal form and fees by the deadline shall automatically expire and become invalid and his practice as a dental assistant II shall be illegal. Practicing in Virginia with an expired registration may subject the registrant to disciplinary action by the board.

C. In order to renew registration, a dental assistant II shall be required to maintain and attest to current certification from the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association.

D. A dental assistant II shall also be required to maintain evidence of successful completion of training in basic cardiopulmonary resuscitation.

E. Following the renewal period, the board may conduct an audit of registrants to verify compliance. Registrants selected for audit must provide original documents certifying current certification.

[~~F. Continuing education hours required by board order shall not be used to satisfy the requirement for registration renewal or reinstatement.~~]

18VAC60-30-160. Inactive registration.

[A.] Any dental assistant II who holds a current, unrestricted registration in Virginia may upon a request on the renewal application and submission of the required fee be issued an

inactive registration. The holder of an inactive registration shall not be entitled to perform any act requiring registration to practice as a dental assistant II in Virginia.

[B.] An inactive registration may be reactivated upon submission of evidence of current certification from [~~the~~ Dental Assisting National Board or a] national credentialing organization recognized by the American Dental Association. [An applicant for reactivation shall also provide evidence of continuing clinical competence, which may include: 1) documentation of active practice in another state or in federal service; or 2) a refresher course offered by a CODA accredited educational program.

C.] The board reserves the right to deny a request for reactivation to any registrant who has been determined to have committed an act in violation of § 54.1-2706 of the Code.

18VAC60-30-170. Registration reinstatement requirements.

A. The board shall reinstate an expired registration if the renewal form, renewal fee, and late fee are received within one year of the deadline required in subsection A of 18VAC60-30-150, provided that no grounds exist to deny said reinstatement pursuant to § 54.1-2706 of the Code and 18VAC60-30-110.

B. A dental assistant II who has allowed his registration to lapse or who has had his registration suspended or revoked must submit evidence of current certification from [the Dental Assisting National Board or] a credentialing organization recognized by the American Dental Association to reinstate his registration.

C. The executive director may reinstate such expired registration provided that the applicant can demonstrate continuing competence, the applicant has paid the reinstatement fee and any fines or assessments, and no grounds exist to deny said reinstatement pursuant to § 54.1-2706 of the Code and 18VAC60-30-110.

[D. An applicant for reinstatement shall provide evidence of continuing clinical competence which may include: 1) documentation of active practice in another state or in federal service; or 2) a refresher course offered by a CODA accredited educational program.]

Virginia Dental Association

A Community of Professionals
Advancing Dentistry and Serving the People of Virginia

Dr. Jeff Levin
President, Va. Board of Dentistry
9960 Mayland Drive, #300
Henrico, VA 23233-1463

February 14, 2014

Dear Dr. Levin:

I wanted to bring to your attention a concern that has been expressed to me and the VDA's Board of Directors. That issue has to do with the public comment period prior to beginning the business of the Virginia Board of Dentistry. We realize that the BOD has an immense amount of business and informational items to review and act on during these meeting times. However, we do feel it is important to have an adequate amount of time for anyone who has an interest in the laws and regulations of the Board, to have their moment during this time to express concerns or suggestions that they may have. Knowing it may feel intimidating for some to sit in front of the Board; any efforts to put them at ease would facilitate and create a more receptive atmosphere for dialogue and discussion, if indicated.

I have observed at several Board meetings and there doesn't seem to be much of the 'dialogue and discussion' part. Now, perhaps that public comment period is just a time for the Board to hear what people have to say about issues of concern to them and not ask questions. However, I would suggest it would be a great time to obtain clarification on items of concern to all parties. I would suggest that a 'dialogue and discussion' period would be an important part of the role of the Board. I can't help but believe there might be a time when a board member would like to seek clarification on a particular issue. Further, there may be times when input from the audience would be helpful as you move through your agenda. On the other hand, I have observed instances when that might not have been productive in getting the business of the board done. This certainly is a fine line to walk as president of the Board.

In summary, if there is a way to facilitate a more productive and open dialogue between the Board members and audience members, I believe it would serve the Commonwealth and the members of the profession well. I know you and the other Board members have a difficult and trying position that takes an immense amount of time and energy and we don't suggest that we add to that load in a counterproductive way, but rather, in a productive way.

Thank you and the other members of the Board for your dedication and service to both the Commonwealth of Virginia and to the public and profession you serve.

Sincerely,

Ted Sherwin, D.D.S.
President, VDA

3460 Mayland Court, Suite 110 • Richmond, VA 23233 • 804-288-5750 • 804-288-1880 fax • www.vadental.org

Discussion Draft

Guideline for Conscious/Moderate Sedation

These guidelines are intended to provide some additional understanding of the regulations on sedation but it is incumbent for the dentist to recognize that every situation does not fit into a single mold and may be different in every patient.

The use of large doses of local anesthetic with sedation may increase the level of central nervous system depression. The use of minimal and moderate sedation requires an understanding of local anesthesia and the physiologic and pharmacologic implications of combining local anesthetic agents and sedative agents.

The proper equipment as listed in the regulations must always be working properly and available when providing sedation, this is the responsibility of the treating dentist. Emergency drugs must be available and not expired. Protocols for the management of emergencies must be developed and written down as well as training programs held at frequent intervals. These training programs should be updated particularly with change of staff. Outdated drugs should be disposed of properly and replaced on a definite schedule; this is also responsibility of the treating dentist.

It is the responsibility of the treating dentist to provide and maintain all required equipment in good working order.

All drugs and /or techniques used for sedation should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Patients whose only response is reflex withdrawal from repeated painful stimuli would not be sedated properly.

Oral and written Consents must be obtained for **ALL** levels of sedation including minimal sedation with explanation of risks, benefits, alternatives and written post op instructions and be part of dental records.

Proper documentation of time, amount, and route all drugs were administered and keep in patient record. All vital signs must be recorded at proper time intervals and becomes part of patient record.

The following definition applies:

Maximum recommended dose (MRD) - maximum FDA- Recommended dose of a drug as printed in FDA- approved labeling for unmonitored home use.

Because sedation and general anesthetic are a continuum it is not always possible to predict how an individual patient will respond. The dentist intending to produce a given level of sedation must be able to diagnose and manage the physiological consequences and able to reverse and rescue patients whose level of sedation becomes deeper than initially intended.

For any level of sedation the dentist must have and provide the appropriate training skills, drugs, and equipment to identify and manage such an occurrence until emergency medical service arrives or the patient returns to the intended level of sedation without airway or cardiovascular complications. All events should be well documented.

When the intent is minimal sedation and the appropriate dosage of drugs is administered then the definition of enteral and /or the combination does not apply to minimal sedation.

When the intent is minimal sedation for adults the appropriate initial dosing of a single enteral drug is no more than the maximum recommended dose (MRD) of a drug can be prescribed for **unmonitored home use.**

The use of preoperative sedative drugs for children (< 12 years) prior to arrival in the dental office must be avoided due to the risk of injury and unobserves respiratory obstruction dressing transport by untrained individuals.

Children (< 12 years) can become moderately sedated despite the intended level of minimal sedation should this occur, the guidelines for moderate sedation apply.

Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation if level of sedation at minimal level is maintained. Nitrous oxide/oxygen when used in combination with sedative drugs may produce minimal, moderate, deep sedation or general anesthesia.

An updated health history, signed consent form, monitoring records are to be repeated, each time sedation is performed. ASA physical status is recorded, pre-sedation and written post sedation vital signs recorded, post operative instructions included in records. Monitoring records to include drug-amount-time administered. Vital signs are recorded pre, during (5 minutes), and post treatment interval.

The dentist providing the sedation must be familiar with the current ADA guidelines, VA BOD guidelines and Laws & Regulations of the VA BOD. Post permit, and be current ACLS and BOD course required.

Only ASA Class I & II may be sedated in the dental office.

Report any adverse reaction to the VA BOD that required hospitalization within 30 days of event that results from a patient receiving any form of local or sedative agent that is admitted to a hospital within 24 hrs following the event.

Any patient requiring sedation must be given proper instruction (written is the best form) regarding not driving, intake of liquids or food, arriving accompanied by an adult who is the driver to & from the dental office. Treating dentist must furnish his telephone number in order to be contacted by patient or parent if necessary.

Random Aspects of Parliamentary Use

General Comments:

Any organization or group's decision(s), written or unwritten, on how much "parliamentary procedure" to expect/require/utilize should attempt to balance: a) fairness for each member's ability to understand proceedings, and to have their thoughts and wishes considered by the group, with b) the need to efficiently conduct the group's business and decision making needs.

Smaller or less formal meetings may not necessarily operate with the same level of formality required of a larger body of participants. However, the chair must assure that order of the meeting is maintained, individual respect assured, adequate information and questioning be allowed, that clarity of issues is presented, and fair and definitive resolutions of outcomes relative to the group/meeting are achieved.

Interrupting a speaker for a question is not a right; it is a privilege that may be granted by the speaker. It should be exercised only to obtain information, not to engage in argument, and certainly not to obtain the floor preferentially in order to provide information, which the nonspeaking member should do only after being properly recognized to debate.

Request to Withdraw a Motion

A request to withdraw a motion enables a member who has proposed a motion to remove it or request it be removed from consideration by the assembly. Following is an example of what happens before the motion has been stated to the assembly by the presiding officer:

MEMBER: (recognition not required): I withdraw my motion.
PRESIDER: The motion has been withdrawn.

Following is what happens after the motion has been stated to the assembly by the presiding officer:

MEMBER: (recognition not required): I wish to withdraw my motion.
PRESIDER: The member asks to withdraw his motion. Is there any objection to the withdrawal of the motion? There being no objection, the motion is withdrawn.; or (if a member objects)
PRESIDER: Those in favor of allowing Mrs. A to withdraw her motion, say aye. Those opposed, say no. The motion is adopted, and Mrs. A's motion is withdrawn.

Right of the Proposer to Withdraw a Motion

Any motion can be withdrawn. Before a motion has been stated by the presiding officer, its proposer may modify it or withdraw it without the assembly's permission, and any member or the presiding officer may request that the maker withdraw it. Usually such a request is made because some more urgent business needs consideration, or because the motion was based on erroneous or incomplete information. At this point the proposer may withdraw the motion, modify the motion,
or decline to make any change.

Permission to Withdraw a Motion

After a motion has been stated to the assembly by the presiding officer, it becomes the property of that body, and the proposer may withdraw it only with the permission of the assembly, which may be granted through a majority vote or by general consent. If a member objects to the general consent, the proposer or some other member may move that the proposer "be allowed to withdraw the motion." This motion is not debatable and requires a majority vote. Only the mover of a motion has the right to request that it be withdrawn; the consent of the seconder is not necessary. A motion can be withdrawn if there is no objection,

or with permission from the assembly, up to the moment the final vote on it is taken, even though other higher-ranked motions affecting the motion may be pending or debate has been limited or closed. When a motion is withdrawn, all motions adhering to it are also withdrawn.

Recording Withdrawn Motions

A motion that is withdrawn after it has been stated by the presiding officer is recorded in the minutes with a statement that it was withdrawn. No mention is made in the minutes of a motion that is withdrawn before it has been stated to the assembly by the presiding officer.

Effect of Request to Withdraw a Motion

A request to withdraw a motion removes the motion from consideration by the assembly.

Reference:

American Institute of Parliamentarians Standard Code of Parliamentary Procedure. McGraw-Hill. Kindle Edition.

Changing Main Motions Already Voted On:

	May Be Used:	Applies To:
Motion to reconsider:	Only at same meeting	Any main motion carried or lost
Motion to rescind: (previously passed)	At any meeting	Any main motion carried at an earlier meeting (affects only present and future, not past)
Amend a previous action:	At any meeting	Any main motion carried
Renew by new main motion: (previously rejected)	At any meeting	Any main motion lost
Repeal or amend by implication:	At any meeting	Any main motion previously carried which conflicts with later main motion

Consideration of Committee Reports

A committee report, after being presented to an assembly, is open for comment, questions, or critical review, but the members of the committee and their motives may not be attacked. [redacted] However, motions included as recommendations in the report, like all other motions, are subject to amendment and other actions that would apply to any motion. A committee report, after it is presented, may be disposed of in any of the following ways:

1. The report may be filed. This is the usual method for disposing of a committee report. It may be filed automatically or ordered filed by a motion, or the presiding officer may announce, "The report will be filed," and proceed to the next item of business. A report that is filed is not binding on the assembly but is available for reference and information and may be considered again at any time. An expression of thanks to the committee may be combined with a motion to file the report.

2. The subject and the report covering it may be referred back to the committee, or to another committee, if further study, modifications, or recommendations are needed.

3. Consideration of a committee report may be postponed to a more convenient time.

4. A report may be adopted, but only under unusual circumstances unique to the organization. When an entire report is adopted, it commits the assembly to all the findings and opinions contained in the report and to any recommendations that might be included in it, but not to any recommendations submitted separately. The word "accept" is sometimes used instead of "adopt," but the word "adopt," which cannot be misunderstood, is preferable. A motion "to receive" a committee report is meaningless, since an organization cannot refuse to receive and hear the report of its authorized committee. Since the adoption of a committee report binds the assembly to everything in the report, organizations are wise to file reports instead of adopting them.

5. A final or annual financial report from a treasurer or finance committee is referred to the auditors by the presiding officer without a motion. No final financial report is adopted without an accompanying report from the auditors certifying its correctness.

6. If a financial report concerns proposed or future expenditures only, as in a budget, it is treated as is any other financial recommendation of a committee.

7. A motion proposed by a committee is moved by the reporting committee member (usually the committee chair), or it may be stated by the presiding officer. It does not require a second and is handled as any other main motion before the assembly, just as if it had been proposed from the floor and seconded.

Special Committee - American Institute of Parliamentarians

A committee that is selected to carry out a particular task, and that ceases to exist once the task is completed. Also called an "***ad hoc committee***".

vs.

"Committee of the Whole" - Robert's Rules

The Committee of the Whole is a procedure under *Robert's Rules* in which the assembly pretends it is a large committee, in order to get around the limitations on debate that otherwise apply. (Ordinarily, under *Robert,* a member may speak only twice on a motion, with a time limit of ten minutes, unless a rule has been

established to the contrary, or unless the assembly has granted special permission by a two-thirds vote, or by general consent.)

When a motion is approved creating a Committee of the Whole, the presiding officer vacates the chair after appointing another member to preside over the "committee". All votes are only "committee votes", not binding on the assembly, and so they must be taken again after the committee has resolved itself back into an assembly with the original presiding officer again in the chair, and after the temporary chair has reported to the assembly what was done by the "committee". Instead of this convoluted procedure, the assembly might better decide to consider the matter informally:

Informal Consideration - Consideration and discussion of a problem or motion without the usual restrictions on debate.

There are times when it is desirable to have discussion of a problem *precede* the proposal of a motion concerning it so that some agreement may be reached on the type and wording of the motion that is needed. There are also times when it is wise to set aside the formal rules governing discussion and debate. Both of these objectives may be accomplished by a motion to consider a particular motion, subject, or problem informally. Informal consideration permits freedom in the length and number of speeches, allows possible amendments and motions to be discussed together, and gives broader latitude in debate.

If no motion is pending and a motion for informal consideration carries, it permits consideration of a subject or problem before a motion concerning it is presented.

If a motion is already being considered by the assembly, the motion to consider the pending motion informally is an incidental motion. If it carries, the pending motion is considered informally until the members decide to take a vote on it. This vote terminates the informal discussion.

Sometimes an assembly wishes to consider a problem that is not sufficiently understood or formulated for a member to propose a clear and adequate motion covering it. There may not be time to refer the problem to a committee. Informal discussion often brings understanding and agreement and makes evident how a motion should be worded. Rather than offer a poorly thought-out motion, which will consume time and effort to perfect by amendment, it is better to consider the problem informally and formulate a good motion.

For example, a member might say, "We realize that some action must be taken to raise more funds for this organization. I move that we consider informally the problem of fund raising." If this motion carries, the presiding officer opens the problem to informal discussion. When the problem is clarified and there appears to be a solution or a consensus, a member should offer a motion embodying the idea. This motion automatically terminates the informal discussion, and the motion is considered and voted on under the regular rules of debate. If no agreement on the problem is reached, informal discussion may be terminated by a motion to end the informal discussion.

Informal discussion has all the advantages and none of the drawbacks of the old complicated procedures of a committee of the whole. The freedom enjoyed in informal consideration does not permit members to violate the rules of decorum.

References:

The Standard Code of Parliamentary Procedure (Sturgis, 4th Ed., 2001). McGraw-Hill. Kindle Edition.

American Institute of Parliamentarians, Standard Code of Parliamentary Procedure. (McGraw-Hill. Kindle Edition, 2012).

Code of Virginia - Freedom of Information Act

§ 2.2-3700. et. seq.

§ 2.2-3707. Meetings to be public; notice of meetings; recordings; minutes.

A. All meetings of public bodies shall be open, except as provided in §§ 2.2-3707.01 and 2.2-3711.
I. Minutes shall be recorded at all open meetings . . . Minutes, including draft minutes, and all other records of open meetings, including audio or audio/visual records shall be deemed public records and subject to the provisions of this chapter.

Minutes shall be in writing and shall include (i) the date, time, and location of the meeting; (ii) the members of the public body recorded as present and absent; and (iii) a summary of the discussion on matters proposed, deliberated or decided, and a record of any votes taken. In addition, for electronic communication meetings conducted in accordance with § 2.2-3708, minutes of state public bodies shall include (a) the identity of the members of the public body at each remote location identified in the notice who participated in the meeting through electronic communications means, (b) the identity of the members of the public body who were physically assembled at the primary or central meeting location, and (c) the identity of the members of the public body who were not present at the locations identified in clauses (a) and (b), but who monitored such meeting through electronic communications means.

§ 2.2-3707.1. Posting of minutes for state boards and commissions.

All boards, commissions, councils, and other public bodies created in the executive branch of state government and subject to the provisions of this chapter shall post minutes of their meetings on such body's website, if any, and on the electronic calendar maintained by the Virginia Information Technologies Agency commonly known as the Commonwealth Calendar. Draft minutes of meetings shall be posted as soon as possible but no later than ten working days after the conclusion of the meeting. Final approved meeting minutes shall be posted within three working days of final approval of the minutes.

§ 2.2-3711. Closed meetings authorized for certain limited purposes.

A. Public bodies may hold closed meetings only for the following purposes:

7. Consultation with legal counsel and briefings by staff members or consultants pertaining to actual or probable litigation, where such consultation or briefing in open meeting would adversely affect the negotiating or litigating posture of the public body; and consultation with legal counsel employed or retained by a public body regarding specific legal matters requiring the provision of legal advice by such counsel. For the purposes of this subdivision, "probable litigation" means litigation that has been specifically threatened or on which the public body or its legal counsel has a reasonable basis to believe will be commenced by or against a known party. Nothing in this subdivision shall be construed to permit the closure of a meeting merely because an attorney representing the public body is in attendance or is consulted on a matter.

15. Discussion or consideration of medical and mental health records excluded from this chapter pursuant to subdivision 1 of § 2.2-3705.5.

27. Those portions of disciplinary proceedings by any regulatory board within the Department of Professional and Occupational Regulation, Department of Health Professions, or the Board of Accountancy conducted pursuant to § 2.2-4019 or 2.2-4020 during which the board deliberates to reach a decision or meetings of health regulatory boards or conference committees of such boards to consider settlement proposals in pending disciplinary actions or modifications to previously issued board orders as requested by either of the parties.

§ 2.2-3712. Closed meetings procedures; certification of proceedings.

A. No closed meeting shall be held unless the public body proposing to convene such meeting has taken an affirmative recorded vote in an open meeting approving a motion that (i) identifies the subject matter, (ii) states the purpose of the meeting and (iii) makes specific reference to the applicable exemption from open meeting requirements provided in § 2.2-3707 or subsection A of § 2.2-3711. The matters contained in such motion shall be set forth in detail in the minutes of the open meeting. A general reference to the provisions of this chapter, the authorized exemptions from open meeting requirements, or the subject matter of the closed meeting shall not be sufficient to satisfy the requirements for holding a closed meeting.

C. The public body holding a closed meeting shall restrict its discussion during the closed meeting only to those matters specifically exempted from the provisions of this chapter and identified in the motion required by subsection A.

D. At the conclusion of any closed meeting, the public body holding such meeting shall immediately reconvene in an open meeting and shall take a roll call or other recorded vote to be included in the minutes of that body, certifying that to the best of each member's knowledge (i) only public business matters lawfully exempted from open meeting requirements under this chapter and (ii) only such public business matters as were identified in the motion by which the closed meeting was convened were heard, discussed or considered in the meeting by the public body. Any member of the public body who believes that there was a departure from the requirements of clauses (i) and (ii), shall so state prior to the vote, indicating the substance of the departure that, in his judgment, has taken place. The statement shall be recorded in the minutes of the public body.

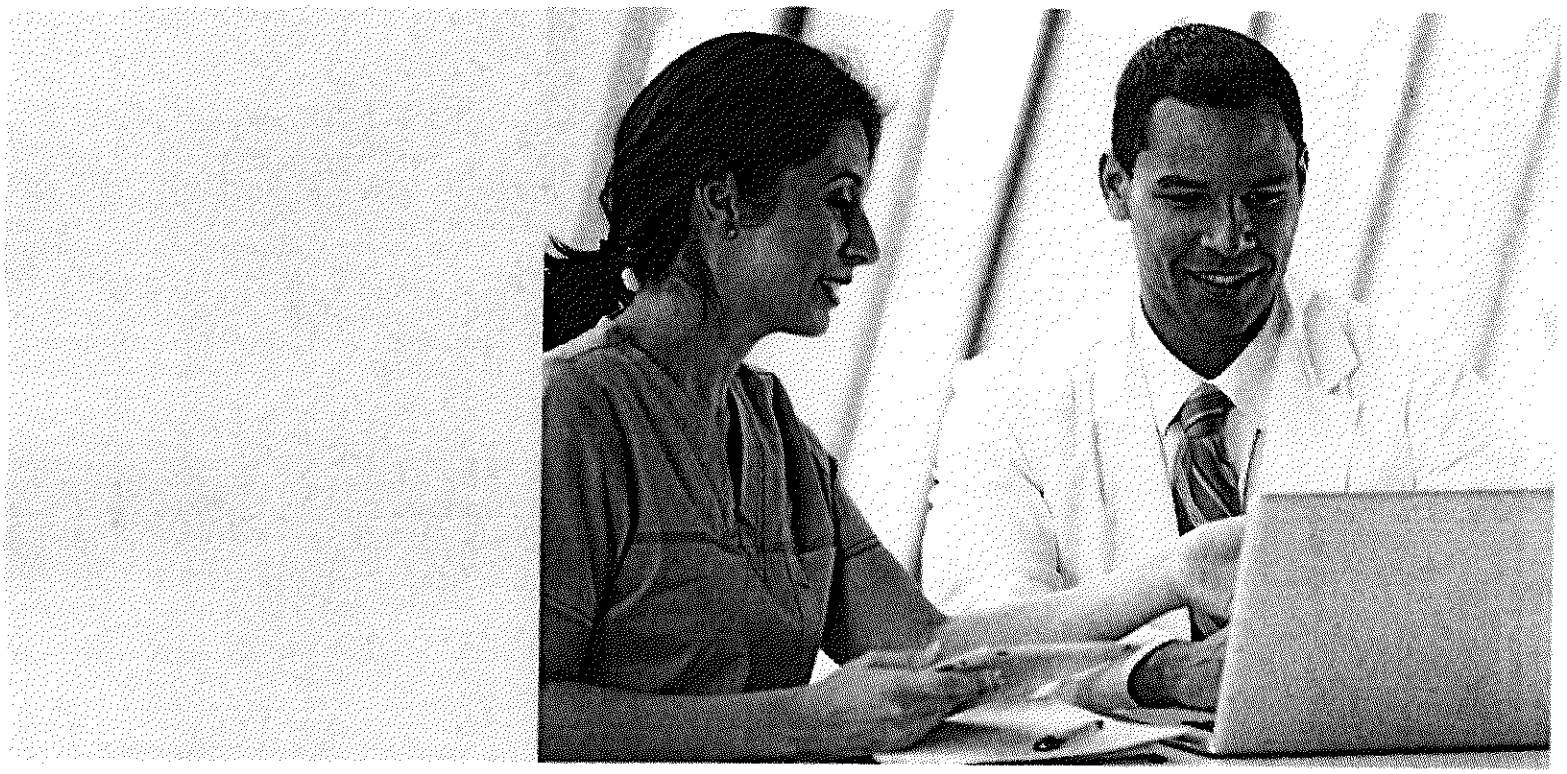
H. Except as specifically authorized by law, in no event may any public body take action on matters discussed in any closed meeting, except at an open meeting for which notice was given as required by § 2.2-3707.

I. Minutes may be taken during closed meetings of a public body, but shall not be required. Such minutes shall not be subject to mandatory public disclosure.

§ 2.2-3713. Proceedings for enforcement of chapter.

E. In any action to enforce the provisions of this chapter, the public body shall bear the burden of proof to establish an exemption by a preponderance of the evidence. Any failure by a public body to follow the procedures established by this chapter shall be presumed to be a violation of this chapter.

ADA C·E·R·P® | Continuing Education Recognition Program



2013 Annual Report

The American Dental Association's Continuing Education Recognition Program (ADA CERP) evaluates and recognizes institutions, organizations and individuals that provide continuing dental education.

The role of ADA CERP is to evaluate providers of continuing dental education and assist state boards and other organizations that have CE requirements to identify providers that have policies and practices in place to develop and administer CE with a sound scientific basis, and in accordance with accepted education and business practices.

ADA American Dental Association®
America's leading advocate for oral health

211 East Chicago Avenue, Chicago, Illinois 60611 T 312.440.2500 F 312.440.2520 ADA.org

ADA CERP Committee

The program is managed by the CERP Committee, under the oversight of the ADA Council on Dental Education and Licensure, and includes representatives of the American Dental Association, American Association of Dental Boards, American Dental Education Association, American Society of Constituent Dental Executives, and the organizations representing the nine recognized dental specialties. Members of the 2013-2014 Committee are

Dr. James M. Boyle, Chair, York, PA
Dr. Eva F. Ackley, New Port Richey, FL
Dr. Brian A. Beitel, Huntsville, AL
Dr. David T. Brown, Indianapolis, IN
Dr. Laurie C. Carter, Richmond, VA
Dr. Hardeep K. Chehal, Omaha, NE
Ms. Carol J. Dingeldey, Southington, CT
Dr. Alan L. Felsenfeld, Los Angeles, CA
Ms. Janice L. Gibbs-Reed, Newark, NJ
Dr. Timothy C. Kirkpatrick, Biloxi, MS
Dr. Kenneth A. Krebs, Glenview, IL
Dr. Paul R. Leary, Smithtown, NY
Dr. Eugene J. McGuire, Allentown, PA
Dr. Ann L. Steiner, Yucaipa, CA
Dr. Mary A. Tavares, Boston, MA
Dr. Timothy T. Wheeler, Gainesville, FL

ADA CERP Activities

New CERP Application Forms

A comprehensive revision of the Standard and Abbreviated Application Forms was completed in 2013. The forms have been reorganized and reformatted so that they are clearer, more logical and easier to follow. The new forms include a self-assessment rubric clearly stating requirements to meet specific CERP criteria to help providers identify program strengths and areas where improvements are needed. The self-assessment process is designed to encourage reflective practice and continuous quality improvement in continuing education, and to support greater transparency regarding CERP recognition decisions.

CERP Governance Structure

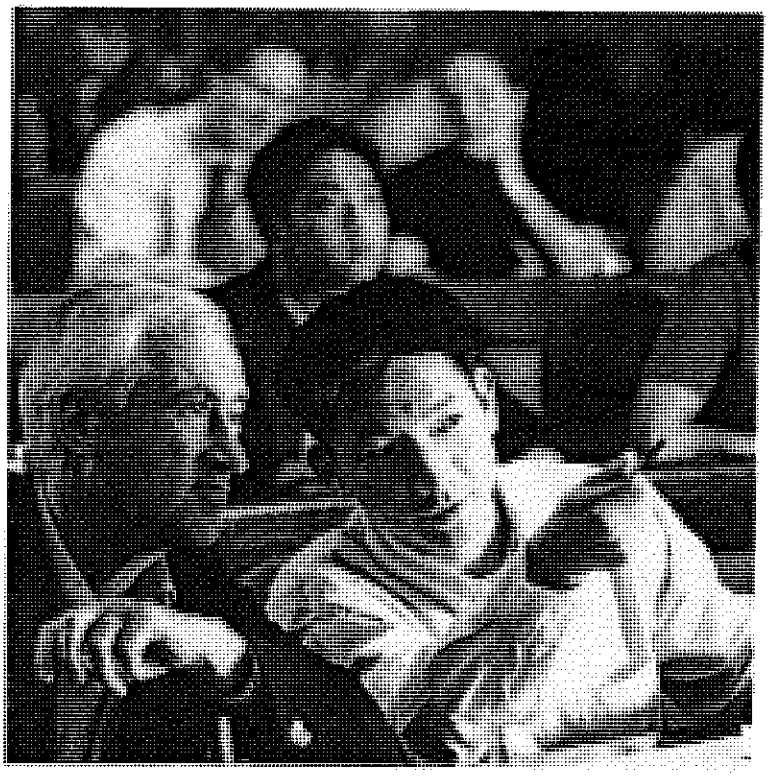
The Council and CERP Committee have advanced a proposal to restructure ADA CERP as an ADA agency separate from the Council to better support the program's mission, enhance its impartiality and objectivity, and minimize internal conflicts of interest. Proposed revisions to the ADA Bylaws and draft rules for this proposed new ADA agency (similar to those of other ADA commissions) were circulated to the communities of interest for comment. The majority of received comments supported the establishment of a separate ADA commission for CERP.

Physician Payment Transparency Program

The Centers for Medicare & Medicaid Physician Payment Transparency Program (or Open Payments) now requires manufacturers of drugs and medical devices and supplies to report transfers of value of $10 or more to individual physicians (and dentists) in a public database. The program provides an exemption of reporting requirements for payments by manufacturers to ADA CERP approved providers of continuing dental education if specific conditions to ensure independence and transparency are met. The creation of this exemption acknowledges the existing requirements for disclosure and transparency established by ADA CERP and four other accrediting agencies, including the Accreditation Council for Continuing Medical Education (ACCME), the American Medical Association (AMA), the American Academy of Family Physicians (AAFP), the American Osteopathic Association (AOA).

Outreach

The CERP Committee presented an educational workshop for CE providers during the ADA Annual Session in New Orleans, including an orientation on the new application forms. CERP staff participated in meetings of the Association for Continuing Dental Education (ACDE) and in a meeting of accrediting agencies for continuing education in the healthcare professions. The CERP Provider Newsletter is published and emailed to CERP approved providers twice a year. News and announcements are posted online at ADA.org/cerp.

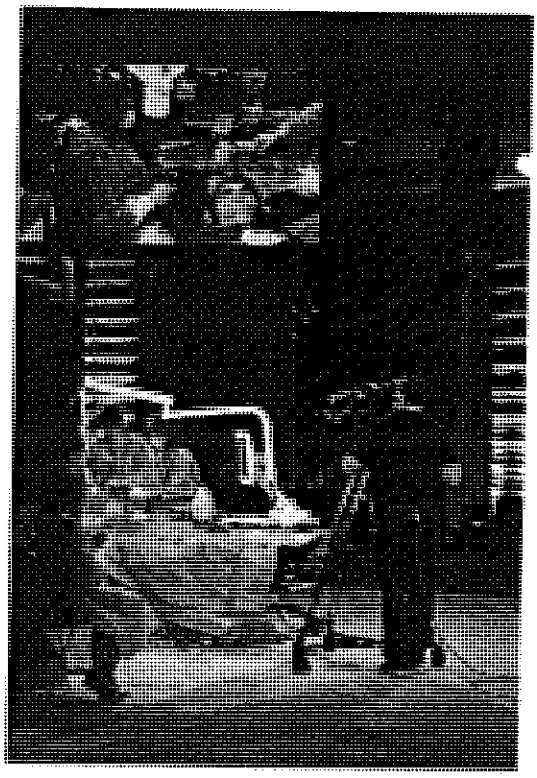


2013 Recognition Actions

In 2013, ADA CERP reviewed 35 applications from continuing dental education providers new to the program, 143 applications for continued recognition, 34 progress reports, and nine requests for reconsideration of intent to withdraw recognition. The Committee also reviewed one complaint against an approved provider.

Ten providers voluntarily discontinued participation in the program. Reasons for withdrawal include corporate mergers and discontinuation of continuing education activities.

ADA CERP Recognized Providers



National recognition

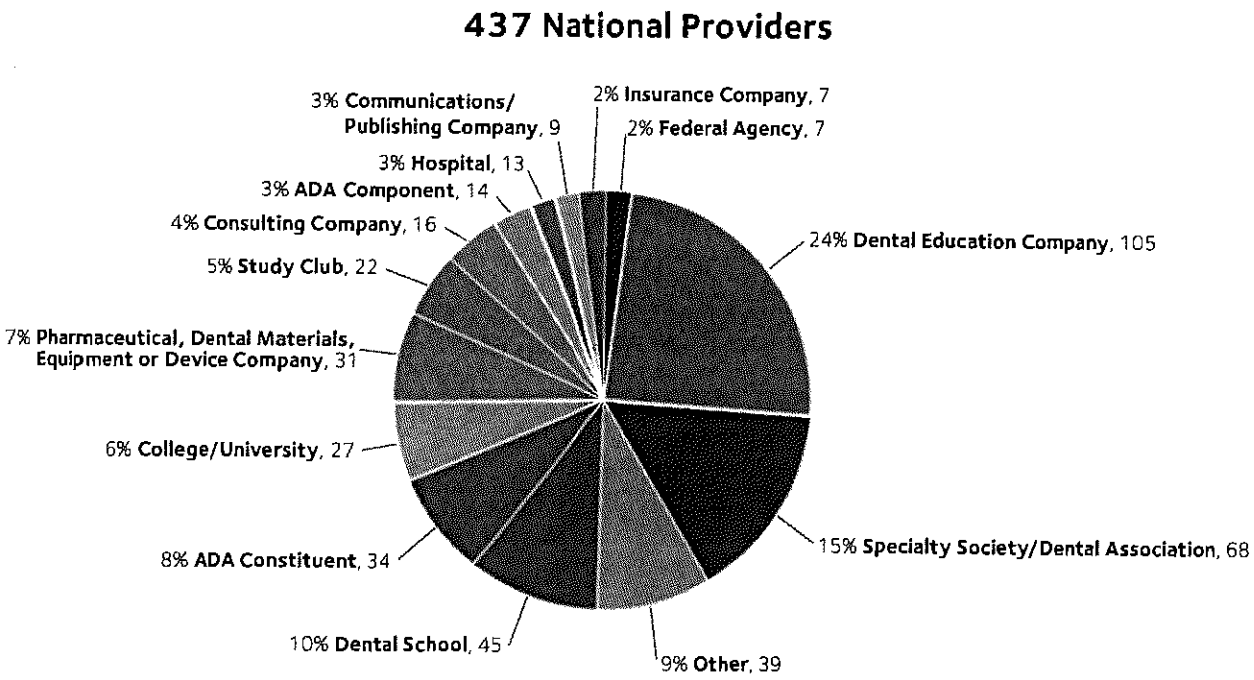
ADA CERP currently approves 437 providers of continuing dental education. Approved providers are distributed among a variety of provider types. The number and types of approved providers are listed in Table 1, based on information reported by the providers.

Table 1. ADA CERP Nationally Recognized Providers by Type — Fall 2013

Dental Education Company	105
Specialty Society/Dental Association	68
Dental School	45
ADA Constituent Society (state)	34
Dental Products, Materials, Equipment, Device, or Pharmaceutical Company	31
College/University	27
Study Club	22
Consulting Company	16
ADA Component Society (local)	14
Hospital	13
Communications/Publishing Company	9
Insurance Company	7
Federal Agency	7
Other*	39
Total	**437**

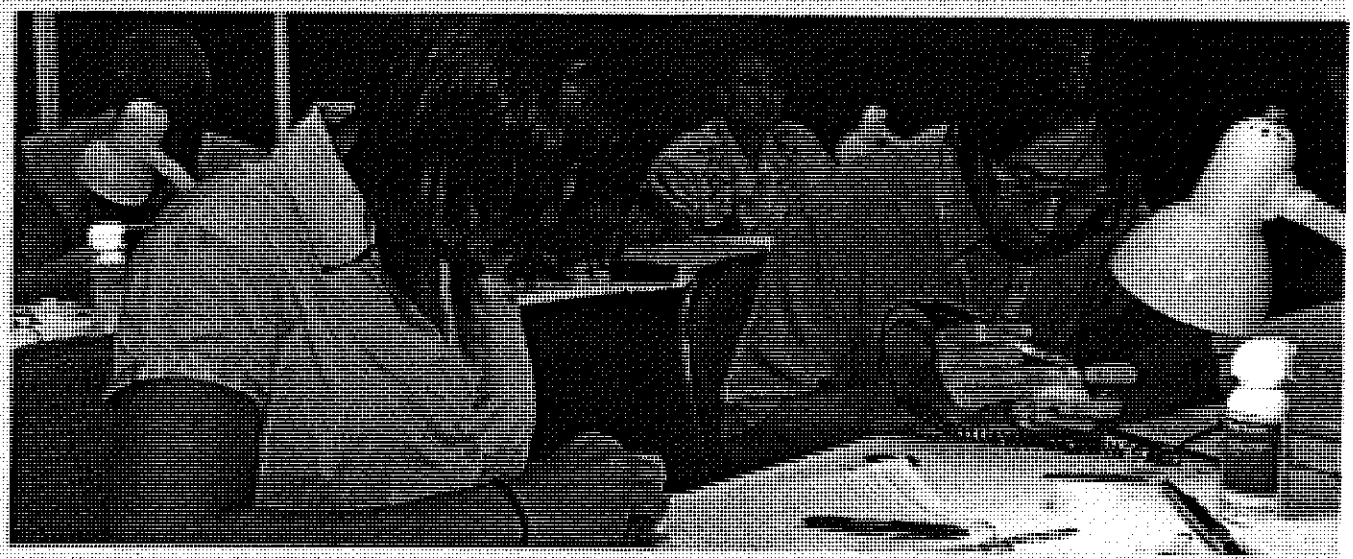
** Providers selecting this category include dental laboratories, foundations, group practices, and other provider types not included in categories listed above.*

Figure 2. ADA CERP Distribution of Nationally Recognized Providers by Type — Fall 2013



Extended Approval Process (EAP)

Through ADA CERP's Extended Approval Process, an additional 108 local dental associations are approved by eligible ADA constituent societies and national dental specialty associations.



Nationally Approved Providers' CE Activities in 2012

Each year, ADA CERP gathers information from participating providers in an annual report. Aggregated data from the providers' annual reports are summarized in the following tables.

Information published in this annual report is based upon data reported by individual ADA CERP approved providers. ADA CERP attempts to investigate and resolve reporting irregularities, but relies on the accuracy of the information reported by the providers.

ADA CERP will collect and publish this information annually as a service to program participants and other stakeholders.

Table 3. Size and Scope of ADA CERP Approved Providers' CE Programs

CDE Activities Offered by ADA CERP Approved Providers	2012	2011
ADA CERP nationally recognized providers	428	426
Total CDE activities offered	22,569	22,564
Total hours of CDE instruction offered	171,867	187,102
Total dentist participants	697,591	697,092
Total non-dentist participants	623,118	632,371

Table 4. Number of CE Activities by Provider and Activity Type — 2012

Activity Type	ADA Component (Local)	ADA Constituent (State)	College/University	Communications/ Publishing Co.	Consulting Co.	Dental Education Co.	Dental School	Federal Agency	Hospital	Insurance Co.	Dental Product Co.	Specialty Society/ Dental Association	Study Club	Other	Grand Total
Live lectures (incl. live webinar)	697	1,178	839	92	1,087	1,517	1,266	150	159	63	3,594	828	157	447	**12,074**
Participation (hands-on)	201	326	269	23	1	818	306	34	5	0	2,554	144	15	52	**4,748**
Self-instructional/ self-study	6	135	78	817	34	2,049	477	269	0	118	565	654	2	543	**5,747**
Totals	**904**	**1,639**	**1,186**	**932**	**1,122**	**4,384**	**2,049**	**453**	**164**	**181**	**6,713**	**1,626**	**174**	**1,042**	**22,569**

Table 5. Number of Instructional Hours Offered by Provider and Activity Type — 2012

Activity Type	ADA Component (Local)	ADA Constituent (State)	College/University	Communications/ Publishing Co.	Consulting Co.	Dental Education Co.	Dental School	Federal Agency	Hospital	Insurance Co.	Dental Product Co.	Specialty Society/ Dental Association	Study Club	Other	Grand Total
Live lectures (incl. live webinar)	2,832	5,330	6,033	188	1,974	15,702	35,495	893	596	192	9,974	6,651	629	2,128	88,616
Participation (hands-on)	844	1,354	16,208	49	11	14,215	21,418	1,081	54	0	8,878	2,138	34	842	67,125
Self-instructional/ self-study	18	525	481	1,767	68	5,937	2,845	359	0	153	1,176	1,632	9	1,158	16,126
Totals	**3,693**	**7,209**	**22,722**	**2,004**	**2,053**	**35,853**	**59,759**	**2,332**	**650**	**344**	**20,028**	**10,421**	**672**	**4,128**	**171,867**

Table 6. Number of Dentist Participants by Activity and Provider — 2012

Activity Type	ADA Component (Local)	ADA Constituent (State)	College/University	Communications/ Publishing Co.	Consulting Co.	Dental Education Co.	Dental School	Federal Agency	Hospital	Insurance Co.	Dental Product Co.	Specialty Society/ Dental Association	Study Club	Other	Grand Total
Live lectures (incl. live webinar)	42,841	59,416	24,579	4,439	3,852	39,067	35,422	5,612	3,808	2,586	111,700	64,336	3,519	12,892	414,069
Participation (hands-on)	4,221	4,905	4,395	40	14	13,171	4,125	547	80	0	79,566	5,216	291	949	117,520
Self-instructional/ self-study	400	8,723	10,324	22,449	980	61,570	3,350	4,836	0	5,196	33,271	14,488	6	409	166,002
Totals	**47,462**	**73,044**	**39,298**	**26,928**	**4,846**	**113,808**	**42,897**	**10,995**	**3,888**	**7,782**	**224,537**	**84,040**	**3,816**	**14,250**	**697,591**

Table 7. Number of Non-Dentist Participants by Activity and Provider — 2012

Activity Type	ADA Component (Local)	ADA Constituent (State)	College/University	Communications/ Publishing Co.	Consulting Co.	Dental Education Co.	Dental School	Federal Agency	Hospital	Insurance Co.	Dental Product Co.	Specialty Society/ Dental Association	Study Club	Other	Grand Total
Live lectures (incl. live webinar)	46,764	82,528	8,976	25,680	18,618	25,358	13,035	7,371	1,013	1,163	27,768	28,785	2,854	8,629	298,542
Participation (hands-on)	4,320	4,613	1,679	968	0	2,235	2,134	223	31	0	5,760	1,657	14	289	23,923
Self-instructional/ self-study	200	8,011	5,393	20,998	50	28,537	3,520	953	0	3,543	221,932	5,737	0	1,779	300,653
Totals	**51,284**	**95,152**	**16,048**	**47,646**	**18,668**	**56,130**	**18,689**	**8,547**	**1,044**	**4,706**	**255,460**	**36,179**	**2,868**	**10,697**	**623,118**

ADA CERP Definitions

The following terms are defined as they are used by ADA CERP in relation to continuing dental education.

Activity

An individual educational experience such as a lecture, clinic or home-study package.

Course

A type of continuing education activity; usually implies a planned and formally conducted learning experience.

Live Course/Activity

Continuing education courses that participants must attend (whether in person or virtually) in order to claim credit. Live courses can be offered in a variety of formats including national and local conferences, workshops, seminars, and live Internet-based conferences and teleconferences.

Participation Course

At least 30% of course time involves practice of skills.

Provider

An agency (institution, organization, or individual) responsible for organizing, administering, publicizing, presenting, and keeping records for the continuing dental education program. The CDE provider assumes both the professional and fiscal liability for the conduct and quality of the program. If the CDE provider contracts or agrees with another organization or institution to provide facilities, instructor/author or other support for the continuing education activity, the recognized provider must ensure that the facilities, instructor/author or support provided meet the standards and criteria for recognition. The CDE provider remains responsible for the overall educational quality of the continuing education activity.

Self-Instructional Course/Activity

Continuing education courses in printed or recorded format, including audio, video, or online recordings that may be used over time at various locations.

Sound Scientific Basis

CDE material should have peer-reviewed content supported by generally accepted scientific principles or methods that can be substantiated or supported with peer-reviewed scientific literature that is relevant and current; or the CDE subject material is currently part of the curriculum of an accredited U.S. or Canadian dental education program and, whenever possible, employ components of evidence-based dentistry.

Standards And Criteria For Recognition

The criteria which applicant continuing dental education providers will be expected to meet in order to attain and then retain recognition status.

ADA CERP Recognition Standards and Procedures are available at ADA.org/cerp.

Disciplinary Board Report for March 7, 2013

Today's report reviews the 2013 and 2014 calendar year case activity then addresses the Board's disciplinary case actions for the second quarter of fiscal year 2014 which includes the dates of October 1, 2013, through December 31, 2013.

Calendar Year 2013

The table below includes all cases that have received Board action since January 1, 2013 through December 31, 2013.

Calendar 2013	Cases Received	Cases Closed No/Violation	Cases Closed W/Violation	Total Cases Closed
Jan	46	13	4	17
Feb	28	4	2	6
Mar	34	40	7	47
Apr	36	14	7	21
May	39	12	4	16
Jun	27	52	17	69
Jul	36	15	6	21
Aug	29	35	8	43
Sept	33	34	10	44
Oct	36	49	8	57
Nov	21	23	16	39
Dec	42	10	19	29
Totals	**407**	**301**	**108**	**409**

Calendar Year 2014

The table below includes all cases that have received Board action since January 1, 2014 through February 21, 2014.

Calendar 2014	Cases Received	Cases Closed No/Violation	Cases Closed W/Violation	Total Cases Closed
Jan	36	21	7	28
Feb 21st	25	7	5	12
Totals	**61**	**28**	**12**	**40**

Q2 FY 2014

For the second quarter, the Board received a total of 63 patient care cases. The Board closed a total of 80 patient care cases for a 127% clearance rate. The current pending caseload older than 250 days is

25%. In the first quarter of 2014, 72% of the patient care cases were closed within 250 days. The Board met the clearance rate goals for the Agency's Key Performance Measures for the second quarter of 2014.

License Suspensions

Between November 26, 2013 and February 21, 2013, the Board summarily suspended the license of one dentist, whose suspension is currently stayed subject to continued compliance with the Health Practitioners Monitoring program. Further the Department mandatorily suspended the license of one dentist during this time.

Evidence in Credentials Committee

The Credentials Committee recently had a foreign trained applicant appear before it because he failed to show evidence in his application that he was a graduate of a dental program, school or college, or dental department of a university or college accredited by the Commission on Dental Accreditation of the American Dental Association (CODA), as required by Section 54.1-2709.B(ii) of the Code and 18 VAC 60-20-71(2) of the Regulations Governing Dental Practice (Regulations).

The applicant appeared before the Committee and argued that the way 18 VAC 60-20-71(2) reads is he only needed to show he was a graduate of a university or college accredited by CODA. This applicant graduated from an advanced dental program for foreign trained dentists, at a college that has a CODA accredited pre-doctoral DDS program and several CODA accredited advanced education programs.

The Board has consistently interpreted this Regulation to require foreign trained dentists to be graduates and holders of a diploma or a certificate from a dental program accredited by CODA, which consists of either a pre-doctoral dental education program or at least a 12-month post-doctoral advanced general dentistry program or a post-doctoral dental education program in any other specialty. This language is also found in 18 VAC 60-20-60.

The difficulty the Committee encountered was the applicant's challenge to language in 18 VAC 60-20-71(2) in comparison to the more precise language in 18 VAC 60-20-60 and the lack of evidence the Board had before it to evaluate the documents the applicant may have submitted to support his argument. Information obtained outside the evidence packet is impermissible at an IFC, so Board staff is looking to the Board for guidance as to what documents it should request be included in evidence in credentials cases with similar fact patterns. Further, Board staff is looking for the Board to clarify its interpretation of 18 VAC 60-20-71(2).

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*The Agency's Key Performance Measures.

- We will achieve a 100% clearance rate of allegations of misconduct by the end of FY 2009 and maintain 100% through the end of FY 2010.
- We will ensure that, by the end of FY 2010, no more than 25% of all open patient care cases are older than 250 business days.
- We will investigate and process 90% of patient care cases within 250 work days.

COMMONWEALTH OF VIRGINIA
VIRGINIA BOARD OF DENTISTRY
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Henrico, VA 23233-1463
804-367-4538 www.dhp.virginia.gov/dentistry

INSTRUCTIONS FOR FILING ONLINE APPLICATION FOR LICENSURE BY EXAMINATION OR CREDENTIALS FOR DENTISTS

A completed application shall include the following unless otherwise stated below. An incomplete application and or fee will delay the processing of your application. Incomplete applications are kept for one year then destroyed.

____ 1. **Application**. Please be sure that all information and questions are completed on the application. The application can be used for one year from date of receipt.

____ 2. **Application Fee**: The fee for **dental license by examination is $400** or the fee for **dental license by credentials is $500**, which may be paid online using a VISA, MasterCard or Discover. The fee can be used for one year from date of receipt. Pursuant to 18 VAC 60-20-40, all fees are non-refundable. Your application will not be submitted to the Board of Dentistry for review until you have submitted your payment.

____ 3. **Form A – Original** certification of graduation by each dental school which granted you a dental degree or certificate from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association, which consists of either a pre-doctoral dental education program or at least a 12-month post-doctoral advanced general dentistry program or a post-doctoral dental education program in any other specialty. Applicants must submit a Form A for **each** degree and or certificate earned from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association. The school may use this form or its own form to meet this requirement. The certification must bear the school's seal or be on letterhead. This information is only accepted from the programs accredited by the Commission on Dental Accreditation of the American Dental Association. Documentation from foreign schools is not required or accepted. (Faxed copies are not acceptable.)

____ 4. Final **original** transcript bearing SEAL, date degree received and registrar's signature. Copies of transcripts, certificates and diplomas are not acceptable. A transcript or program verification is required for residency/advanced specialty programs. (Documentation from foreign schools is not required or accepted as foreign schools are not acceptable.)

____ 5. Chronology listing **ALL** personal and professional activities you have engaged in since receiving your doctoral degree or certification, including teaching positions, internship, all periods of non-professional activity or employment, volunteer work, and all periods of unemployment. *(Resumes and curriculum vitas are not required and are not accepted as substitutes for completing the chronological listing.)*

Applicants **for licensure by credentials** are **additionally** required to provide the Number of Hours of clinical practice for each dental position held within the six year period prior to submitting an application. Hours must be reported per year. To qualify for licensure by credentials the applicant must have practiced a minimum of 600 hours in each of five calendar years during the six years immediately preceding your application.

____ 6. **Original** licensure verification from any jurisdiction in which you currently hold or have ever held a license/registration/certification to practice as a health care provider. Copies of permits are not accepted. Verifications cannot be older than 6 months from date prepared.

____ 7. **Clinical Scores**. An **original** score card or report from the testing agency documenting passage of a clinical examination involving live patients is required. Candidate's score cards are not acceptable. The board receives and maintains SRTA score reports for five years. ***All other score cards or reports must be requested by the applicant***. (Canadian exams are not accepted.)

If applying by examination, the examination results accepted are: SRTA from any year; CRDTS, WREB or NERB if taken after January 1, 2005; CITA if taken after September 1, 2007; and ADEX if taken after January 1, 2012.

If applying by credentials, the examinations results accepted are CRDTS, WREB, NERB, CITA and ADEX and the results of state administered examinations are accepted when the scorecard or report shows that testing included live patients.

____ 8. **Original**, current report, not older than 6 months from date prepared, must be obtained by Self Query from the National Practitioner Data Bank (NPDB). There is a processing fee for this service, which may be requested through their website at www.npdb.hrsa.gov. ***This report from NPDB is required from all applicants, without exception*** *(Regulation 18 VAC 60-20-100).*

____ 9. An **original** grade card **giving scores** issued by the Joint Commission on National Dental Examinations. An original grade card received from the Commission or from the applicant will be kept for one year. Copies of grade cards are not accepted.

____ 10. **Application's Electronic Signature** authorizes the release of confidential information, affirms that your application is complete and correct, and attests that you have read and understand and will remain current with the applicable Virginia dental and dental hygiene laws and the regulations of the Virginia Board of Dentistry.

____ 11. **Name Change:** Documentation must be provided to show each name change(s) if your name has ever been changed from the time you attended school or were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.

Additional requirements for Oral and Maxillofacial Surgeons (Code §54.2709.1 and 2)

Prior to practicing as an oral and maxillofacial surgeon, you are required to register with the Board of Dentistry and you are required to obtain certification before performing certain cosmetic procedures (see Regulation 18 VAC 60-20-290). The applications for registration and certification are available at www.dhp.virginia.gov/dentistry or you may request the forms by calling the Board office at (804) 367-4538. Once you are registered with the Board, you will receive instructions for completing a profile of information about your practice for the public.

FYI

SRTA
4698 Honeygrove Rd., Ste. 2
Virginia Beach, VA 23455
757-318-9084
757-318-9085 FAX
www.srta.org

CITA
1003 High House Rd., Ste. 101
Cary, NC 27513
919-460-7750
919-460-7715 FAX
www.citaexam.com

CRDTS
1725 SW Gage Blvd.
Topeka, KS 66604
785-273-0380
785-273-5015 FAX
www.crdts.org

National Practitioner Data Bank
P.O. Box 10832
Chantilly, Va 20153
1-800-767-6732
Chantilly, VA 20153-0832
www.npdb.hrsa.gov
(go to "Start a Self Query")

WREB
23460 N. 19th Ave., Ste. 210
Phoenix, AZ 85027
602-944-3315
602-371-8131 FAX
www.wreb.org

NERB
1304 Concourse Dr., Ste. 100
Linthicum, MD 21090
301-563-3300
301-563-3307 FAX
www.nerb.org

National Board Scores
American Dental Association
Commission on Dental Accred.
211 East Chicago Ave.
Chicago, IL 60611-2678
1-800-232-1694
www.ada.org

Approved Programs
American Dental Association
Commission on Dental Accred.
211 East Chicago Ave.
Chicago, IL 60611-2678
312-440-2500
www.ada.org/267.aspx

Notes:

- **PLEASE NOTE**: If your Virginia License is not issued within six months of the Board's receipt of parts of the application, certain portions of the application may need to be updated/resubmitted before a license can be issued.

- **PLEASE NOTE**: **Approval to take a regional examination** will only be granted to applicants who are otherwise eligible for licensure as documented in a **completed application**. Approval will not be granted to applicants who have **not** graduated and a holder of a diploma or a certificate from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association as required by §54.1-2709.B (ii) of the Code of Virginia and by 18 VAC 60-20-60.A of the Regulations Governing the Practice of Dentistry.

- **DEA REGISTRATION**: Applicants must have a dental license prior to applying for a DEA License. Requests for application in Virginia should be make to the following: Drug Enforcement Administration, P.O. Box 28083, Washington, DC 20038-8083; 1-800-882-9539; www.deadiversion.usdoj.gov

- You might obtain the Virginia dental and dental hygiene laws and the regulations of the Virginia Board of Dentistry on-line at www.dhp.virginia.gov/dentistry.

- To receive notice that your supporting documents have been delivered to the board, it is suggested that the documents be mailed by "Certified Mail-Return Receipt Requested" or with "Delivery Confirmation".

- After submitting your application and required fee, you may view the checklist items for your application by returning to the Online Applications web site, logging in with your User ID and Password, and clicking on the "**View Checklist**" link in the Pending Licenses section. Using the View Checklist feature you will be able to review which application items have been completed and which are still outstanding.

- Within approximately 10 business days of receipt of application, applicants will be notified of missing application items.

- After 10 business days of applying, you might check online to see if your license has been issued by going to www.dhp.virginia.gov and selecting "License Lookup"

- Documents submitted with an application are the property of the board and cannot be returned.

- Consistent with Virginia law §54.1.2400.02 and mission of the Department of Health Professions, addresses of licensees are made available to the public. Normally, the Address of record is the publically disclosable address. If you do not want your Address of Record to be made public, state law allows you to provide a second, publically disclosable address. Typically, this other address is the work or practice address. If you would like for your Address of Record to be made available to the public, complete both sections with the same address.

COMMONWEALTH OF VIRGINIA
VIRGINIA BOARD OF DENTISTRY
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FORM A
CERTIFICATION OF DENTAL/DENTAL HYGIENE SCHOOL

APPLICANT: ENTER YOUR NAME AND GRADUATION DATE BELOW THEN SEND THIS FORM TO THE DEAN OR DIRECTOR OF EACH DENTAL/DENTAL HYGIENE SCHOOL WHICH GRANTED YOU A DEGREE OR CERTIFICATE.

APPLICANT _____ GRADUATION DATE: _____

DEAN/PROGRAM DIRECTOR: Please provide certification that the applicant named above received a dental/dental hygiene degree or certificate from your program and certification that the program completed was accredited by the Commission on Dental Accreditation of the ADA (CODA). The certification may be provided by completing this form or by providing a letter with the information requested on this form. Either document must bear the school's seal. The certification should be returned to the APPLICANT. Certifications made prior to the applicant's graduation cannot be accepted.

NAME OF SCHOOL: _____

NAME OF PROGRAM: _____

PROGRAM'S CODA ACCREDITATION STATUS: _____

DEGREE or CERTIFICATION GRANTED: _____

DATE GRANTED: _____ / _____ / _____
Month Day Year

By affixing my signature below, I certify that the applicant named above is a graduate and a holder of a diploma or a certificate from a CODA accredited dental program.

(SEAL REQUIRED)

_____
Signature

_____
Title

_____
Date

DEAN/REGISTRAR: Please provide the applicant an original, final transcript of this alumni record, to include courses, grades, degree or certificate received, and date the degree or certificate was conferred, which bears the certified signature of the registrar and has the college seal affixed.