

Call to Order / Roll Call

BOARD ROSTER

DAVID NIELSON, DDS – BOARD PRESIDENT

GAIL WALDEN, RDH, BSDH, BOARD SECRETARY

STEVEN SCHELLER, DDS

DOMINIC WENZELL, DMD

KELLY LUCAS, DDS

JESSE HRONKIN, DMD

JONATHAN WOLLER, DMD

BRITTANY DSCHAAK, RDH

ROBIN WAHTO, PUBLIC MEMBER

Ethics Report

MEMORANDUM

State of Alaska Department of Law

TO:

DATE:

FILE NO.:

TEL. NO.:

FROM: Angie White
Litigation Assistant
Department of Law
Opinions, Appeals, & Ethics Section

FAX:

SUBJECT: Executive Branch Ethics Act, AS
39.52 Quarterly Report

******SAMPLE LANGUAGE – PLEASE COPY ONLY THE PARTS THAT APPLY
ONTO YOUR BOARD OR COMMISSION’S LETTERHEAD ******

As designated ethics supervisor and chair [executive director] for the _____, I wish to advise you that I have received no notifications of potential violations or requests for ethics determinations under the Ethics Act (AS 39.52) and have made no written determinations for this quarter.

OR

As designated ethics supervisor and chair [executive director] for the _____, I have received ____ notification(s) of a potential violation and ____ requests for ethics determinations under the Ethics Act (AS 39.52). I have attached a copy of the notices and requests along with my written determination(s) for review by the attorney general. I did [did not] receive an advisory opinion from the Attorney General.

AND

Except as addressed above, no other [board member] [commissioner] disclosed a potential conflict of interest at a recorded public meeting during this quarter.

OR

In addition to the above, at the [date] meeting, [Board member] [Commissioner] _____ disclosed a potential conflict with respect to _____ [insert brief description] _____. *Insert disposition:* [S/He refrained from participation.] *or* [I determined s/he could [could not] participate.] *or* [The Board [Commission] members voted to permit [not to permit] participation.]

CONFIDENTIAL

ETHICS SUPERVISOR DETERMINATION FORM

(Board or Commission Member)

Board or Commission: _____

Member Disclosing Potential Ethics Violation: _____

I have determined that the situation described on the attached ethics disclosure form

☐ does or would violate AS 39.52.110 - .190. Identify applicable statute below.

☐ does not or would not violate AS 39.52.110 - .190.

Signature of Designated Ethics Supervisor (Chair)

Printed Name of Designated Ethics Supervisor

Date: _____

COMMENTS (Please attach a separate sheet for additional space):

Note: Disclosure Form must be attached. Under AS 39.52.220, if the chair or a majority of the board or commission, not including the disclosing member, determines that a violation of AS 39.52.110-39.52.190 will exist if the member participates, the member shall refrain from voting, deliberating, or participating in the matter. A member will not be liable under the Ethics Act for action in accordance with such a determination so long as the member has fully disclosed all facts reasonably necessary to the determination and the attorney general has not advised the member, chair, or board or commission that the action is a violation. Forward disclosures with determinations to the State Ethics Attorney as part of your quarterly report. Quarterly reports are submitted to Litigation Assistant, Opinions, Appeals & Ethics, Department of Law, 1031 W. 4th Avenue, Suite 200, Anchorage, AK 99501.

Revised 2012

State of Alaska Department of Law

Who Is My Designated Ethics Supervisor?

Every state public officer, employee or board or commission member, has a designated ethics supervisor.

Executive Agencies

The ethics supervisor for each agency is the Commissioner or a senior manager to whom the Commissioner has delegated the function. The current ethics supervisor for each agency is listed below. The ethics supervisor for a Commissioner is Guy Bell, Director of Administrative Services in the Office of Governor, by delegation from the Governor.

Boards and Commissions

The Chair of each board and commission serves as the ethics supervisor for the other members and any executive director. The ethics supervisor for the Chair is Guy Bell, Director of Administrative Services in the Office of Governor, by delegation from the Governor. If a board or commission employs staff, the executive director serves as the ethics supervisor for these employees.

Public Corporations

The Chair of the board serves as the ethics supervisor for the other members of the board and any executive director. The executive director is the ethics supervisor for employees of the corporation.

Office of the Governor

The ethics supervisor for the Governor and Lieutenant Governor is the Attorney General. By delegation from the Governor, the ethics supervisor for the staff of the offices of the Governor and Lieutenant Governor is Guy Bell, Director of Administrative Services.

University of Alaska

By delegation of the University President, the ethics supervisor for university employees is Associate General Counsel Andy Harrington.

EXECUTIVE BRANCH AGENCIES

Administration: Leslie Ridle, Deputy Commissioner

Commerce, Community & Economic Development: Jon Bittner, Deputy Commissioner

Corrections: April Wilkerson, Director of Administrative Services

Education & Early Development: Les Morse, Deputy Commissioner

Environmental Conservation: Tom Cherian, Director of Administrative Services

Fish & Game: Kevin Brooks, Deputy Commissioner

Health & Social Services: Dallas Hargrave, Human Resource Manager

Labor & Workforce Development: Michael Monagle, Director, Division of Workers Compensation

Law: Jonathan Woodman, Assistant Attorney General

Military & Veterans Affairs: Marty Meyer, Special Assistant to Commissioner

Natural Resources: John Crowther, Inter-Governmental Coordinator

Public Safety: Terry Vrabec, Deputy Commissioner

Revenue: Dan DeBartolo, Administrative Services Director

Transportation & Public Facilities:

- Highways & Public Facilities: Steve Hatter, Deputy Commissioner
- Aviation: John Binder, Deputy Commissioner
- Central Region: Rob Campbell, Regional Director
- Northern Region: Rob Campbell, Acting Regional Director
- Southcoast Region: Acting Regional Director
- Alaska Marine Highway System: Michael Neussl, Deputy Commissioner
- Headquarters: Mary Siroky, Administrative Services Director

Updated April 2015

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161
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State of Alaska Department of Law

Ethics Information for Members of Boards & Commissions (AS 39.52)

Introduction

This is an introduction to AS 39.52, the Alaska Executive Branch Ethics Act. This guide is not a substitute for reading the law and its regulations. State board and commission members who have further questions should contact their board chair or staff.

The Ethics Act applies to all current and former executive branch public employees and members of statutorily created boards and commissions.

Scope of Ethics Act (AS 39.52.110)

Service on a state board or commission is a public trust. The Ethics Act prohibits substantial and material conflicts of interest. Further, board or commission members, and their immediate family, may not improperly benefit, financially or personally, from their actions as board or commission members. The Act does not, however, discourage independent pursuits, and it recognizes that minor and inconsequential conflicts of interest are unavoidable.

Misuse of Official Position (AS 39.52.120)

Members of boards or commissions may not use their positions for personal gain or to give an unwarranted benefit or treatment to any person. For example, board members may not:

- use their official positions to secure employment or contracts;
- accept compensation from anyone other than the State for performing official duties;
- use State time, equipment, property or facilities for their own personal or financial benefit or for partisan political purposes;
- take or withhold official action on a matter in which they have a personal or financial interest; or
- coerce subordinates for their personal or financial benefit.
- attempt to influence outcome of an administrative hearing by privately contacting the hearing officer.



Terry knew that a proposal that was before the board would harm Terry's business competitor. Instead of publicly disclosing the matter and requesting recusal, Terry voted on the proposal.



Board member Mick has board staff employee Bob type an article for him that Mick hopes to sell to an Alaskan magazine. Bob types the article on State time.

Improper Gifts (AS 39.52.130)

A board member may not solicit or accept gifts if a person could reasonably infer from the circumstances that the gift is intended to influence the board member's action or judgment. "Gifts" include money, items of value, services, loans, travel, entertainment, hospitality, and employment. All gifts from registered lobbyists are presumed to be improper, unless the giver is immediate family of the person receiving the gift.

A gift worth more than \$150 to a board member or the board member's immediate family must be reported within 30 days if:

- the board member can take official action that can affect the giver, or
- the gift is given to the board member because he or she is on a state board.

The receipt of a gift worth less than \$150 may be prohibited if a person could reasonably infer from the circumstances that the gift is intended to influence the board member's action or judgment. Receipt of such a gift should be disclosed.

Any gift received from another government, regardless of value, must be reported; the board member will be advised as to the disposition of this gift.

A form for reporting gifts is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff.

This restriction on gifts does not apply to lawful campaign contributions.



The commission is reviewing Roy's proposal for an expansion of his business. Roy invites all the board members out to dinner at an expensive restaurant. He says it will be okay, since he isn't excluding any of the members.



Jody receives a holiday gift every year from Sam. Jody was recently appointed to a state board, but Sam has no business that is before the board. Jody may accept the gift.

Improper Use or Disclosure of Information (AS 39.52.140)

No former or current member of a board may use or disclose any information acquired from participation on the board if that use or disclosure could result in a financial or personal benefit to the board member (or immediate family), unless that information has already been disseminated to the public. Board members are also prohibited from disclosing confidential information, unless authorized to do so.



Sheila has been on the board for several years. She feels she has learned a great deal of general information about how to have a successful business venture. So she sets up her own business and does well.



Delores has always advised and assisted the other doctors in her clinic on their continuing education requirements. After Delores is appointed to the medical board, she discloses this role to the board and continues to advise the doctors in her clinic.



Jim reviews a confidential investigation report in a licensing matter. He discusses the practitioner's violation with a colleague who is not a board member.

Improper Influence in State Grants, Contracts, Leases or Loans (AS 39.52.150)

A board member, or immediate family, may not apply for, or have an interest in a State grant, contract, lease, or loan, if the board awards or takes action to administer the State grant, contract, lease, or loan.

A board member (or immediate family) may apply for or be a party to a competitively solicited State grant, contract or lease, if the board as a body does not award or administer the grant, contract, or lease and so long as the board member does not take official action regarding the grant, contract, or lease.

A board member (or immediate family) may apply for and receive a State loan that is generally available to the public and has fixed eligibility standards, so long as the board member does not take (or withhold) official action affecting the loan's award or administration.

Board members must report to the board chair any personal or financial interest (or that of immediate family) in a State grant, contract, lease or loan that is awarded or administered by the agency the board member serves. A form for this purpose is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff.



John sits on a board that awards state grants. John hasn't seen his daughter for nearly ten years so he figures that it doesn't matter when her grant application comes up before the board.



The board wants to contract out for an analysis of the board's decisions over the last ten years. Board member Kim would like the contract since she has been on the board for ten years and feels she could do a good job.

Improper Representation (AS 39.52.160)

A board or commission member may not represent, advise, or assist a person in matters pending before the board or commission for compensation. A nonsalaried board or commission member may represent, advise, or assist in matters in which the member has an interest that is regulated by the member's own board or commission, if the member acts in accordance with AS 39.52.220 by disclosing the involvement in writing and on the public record, and refraining from all participation and voting on the matter. This section does not allow a board member to engage in any conduct that would violate a different section of the Ethics Act.



Susan sits on the licensing board for her own profession. She will represent herself and her business partner in a licensing matter. She discloses this situation to the board and refrains from participation in the board's discussions and determinations regarding the matter.

Restriction on Employment After Leaving State Service (AS 39.52.180)

For two years after leaving a board, a former board member may not provide advice or work for compensation on any matter in which the former member personally and substantially participated while serving on the board. This prohibition applies to cases, proceedings, applications, contracts, legislative bills, regulations, and similar matters. This section does not prohibit a State agency from contracting directly with a former board member.

With the approval of the Attorney General, the board chair may waive the above prohibition if a determination is made that the public interest is not jeopardized.

Former members of the governing boards of public corporations and former members of boards and commissions that have regulation-adoption authority, except those covered by the centralized licensing provisions of AS 08.01, may not lobby for pay for one year.



The board has arranged for an extensive study of the effects of the Department's programs. Andy, a board member, did most of the liaison work with the contractor selected by the board, including some negotiations about the scope of the study. Andy quits the board and goes to work for the contractor, working on the study of the effects of the Department's programs.



Andy takes the job, but specifies that he will have to work on another project.

Aiding a Violation Prohibited (AS 39.52.190)

Aiding another public officer to violate the Ethics Act is prohibited.

Agency Policies (AS 39.52.920)

Subject to the Attorney General's review, a board may adopt additional written policies further limiting personal or financial interests of board members.

Disclosure Procedures

DECLARATION OF POTENTIAL VIOLATIONS BY MEMBERS OF BOARDS OR COMMISSIONS (AS 39.52.220)

A board member whose interests or activities could result in a violation of the Ethics Act if the member participates in board action must disclose the matter on the public record and in writing to the board chair who determines whether a violation exists. A form for this purpose is available at www.law.alaska.gov/doclibrary/ethics or from the board or commission staff. If another board member objects to the chair's ruling or if the chair discloses a potential conflict, the board members at the meeting (excluding the involved member) vote on the matter. If the chair or the board determines a violation will occur, the member must refrain from deliberating, voting, or participating in the matter. For more information, see Ethics Act Procedures for Boards and Commissions available at the above noted web site.

When determining whether a board member's involvement in a matter may violate the Ethics Act, either the chair or the board or commission itself may request guidance from the Attorney General.

ATTORNEY GENERAL'S ADVICE (AS 39.52.240-250)

A board chair or a board itself may request a written advisory opinion from the Attorney General interpreting the Ethics Act. A former board member may also request a written advice from the Attorney General. These opinions are confidential. Versions of opinions without identifying information may be made available to the public.

REPORTS BY THIRD PARTIES (AS 39.52.230)

A third party may report a suspected violation of the Ethics Act by a board member in writing and under oath to the chair of a board or commission. The chair will give a copy to the board member and to the Attorney General and review the report to determine whether a violation may or does exist. If the chair determines a violation exists, the board member will be asked to refrain from deliberating, voting, or participating in the matter.

Complaints, Hearings, and Enforcement

COMPLAINTS (AS 39.52.310-330)

Any person may file a complaint with the Attorney General about the conduct of a current or former board member. Complaints must be written and signed under oath. The Attorney General may also initiate complaints based on information provided by a board. A copy of the complaint will be sent to the board member who is the subject of the complaint and to the Personnel Board.

All complaints are reviewed by the Attorney General. If the Attorney General determines that the complaint does not warrant investigation, the complainant and the board member will be notified of the dismissal. The Attorney General may refer a complaint to the board member's chair for resolution.

After investigation, the Attorney General may dismiss a complaint for lack of probable cause to believe a violation occurred or recommend corrective action. The complainant and board member will be promptly notified of this decision.

Alternatively, if probable cause exists, the Attorney General may initiate a formal proceeding by serving the board or commission member with an accusation alleging a violation of the Ethics Act. Complaints or accusations may also be resolved by settlement with the subject.

CONFIDENTIALITY (AS 39.52.340)

Complaints and investigations prior to formal proceedings are confidential. If the Attorney General finds evidence of probable criminal activity, the appropriate law enforcement agency shall be notified.

HEARINGS (AS 39.52.350-360)

An accusation by the Attorney General of an alleged violation may result in a hearing. An administrative law judge from the state's Office of Administrative Hearings serves as hearing officer and determines the time, place and other matters. The parties to the proceeding are the Attorney General, acting as prosecutor, and the accused public officer, who may be represented by an attorney. Within 30 days after the hearing, the hearing officer files a report with the Personnel Board and provides a copy to the parties.

PERSONNEL BOARD ACTION (AS 39.52.370)

The Personnel Board reviews the hearing officer's report and is responsible for determining whether a violation occurred and for imposing penalties. An appeal may be filed by the board member in the Superior Court.

PENALTIES (AS 39.52.410-460)

When the Personnel Board determines a board member has violated the Ethics Act, it will order the member to refrain from voting, deliberating, or participating in the matter. The Personnel Board may also order restitution and may recommend that the board member be removed from the board or commission. If a recommendation of removal is made, the appointing authority will immediately remove the member.

If the Personnel Board finds that a former board member violated the Ethics Act, it will issue a public statement about the case and will ask the Attorney General to pursue appropriate additional legal remedies.

State grants, contracts, and leases awarded in violation of the Ethics Act are voidable. Loans given in violation of the Ethics Act may be made immediately payable.

Fees, gifts, or compensation received in violation of the Ethics Act may be recovered by the Attorney General.

The Personnel Board may impose a fine of up to \$5,000 for each violation of the Ethics Act. In addition, a board member may be required to pay up to twice the financial benefit received in violation of the Ethics Act.

Criminal penalties are in addition to the civil penalties listed above.

DEFINITIONS (AS 39.52.960)

Please keep the following definitions in mind:

Benefit - anything that is to a person's advantage regardless financial interest or from which a person hopes to gain in any way.

Board or Commission - a board, commission, authority, or board of directors of a public or quasi-public corporation, established by statute in the executive branch, including the Alaska Railroad Corporation.

Designated Ethics Supervisor - the chair or acting chair of the board or commission for all board or commission members and for executive directors; for staff members, the executive director is the designated ethics supervisor.

Financial Interest - any property, ownership, management, professional, or private interest from which a board or commission member or the board or commission member's immediate family receives or expects to receive a financial benefit. Holding a position in a business, such as officer, director, partner, or employee, also creates a financial interest in a business.

Immediate Family - spouse; another person cohabiting with the person in a conjugal relationship that is not a legal marriage; a child, including a stepchild and an adoptive child; a parent, sibling, grandparent, aunt, or uncle of the person; and a parent or sibling of the person's spouse.

Official Action - advice, participation, or assistance, including, for example, a recommendation, decision, approval, disapproval, vote, or other similar action, including inaction, by a public officer.

Personal Interest - the interest or involvement of a board or commission member (or immediate family) in any organization or political party from which a person or organization receives a benefit.

For further information and disclosure forms, visit our Executive Branch Ethics web site or please contact:

State Ethics Attorney
Alaska Department of Law
1031 West 4th Avenue, Suite 200
Anchorage, Alaska 99501-5903
(907) 269-5100
attorney.general@alaska.gov

Revised 9/2013

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300
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State of Alaska

Department of Law

Executive Branch Ethics Act

Responsibilities of Designated Ethics Supervisors for Boards and Commissions

Boards and commissions subject to the Ethics Act have designated ethics supervisors. The chair serves as the designated ethics supervisor for board or commission members and the executive director. The executive director is the designated ethics supervisor for staff. The designated ethics supervisor for a chair is the governor, who has delegated this responsibility to Guy Bell, Administrative Director of the Office of the Governor.

Designated ethics supervisors should refer to the Manual for Designated Ethics Supervisors (April 2008), available from the state ethics attorney, regarding their responsibilities under the Ethics Act. Briefly, as designated ethics supervisor, you must --

1. Ensure that members and employees are provided copies of the guides, Ethics Information for Members of Boards and Commissions and Ethics Act Procedures for Boards and Commissions -- and keep a supply of disclosure forms.
 1. These guides, other educational materials, disclosure forms, statutes and regulations are available for review and copying on the Department of Law ethics web site. If access to this page is not available, please contact the Attorney General's office at 269-7195.
2. Review all disclosures, investigate potential ethics violations, make determinations regarding conduct, and take action.
3. Keep member or employee disclosure statements (of potential violations, receipt of gifts, and interests in grants/contracts/leases/loans) on file in your office. Disclosure of a gift received from another government must be forwarded to the Office of the Governor.
4. Submit an ethics report to the Department of Law in April, July, October and January for the preceding quarter. You will receive a reminder. There is a sample report on the ethics web page.
 1. Mail, email or fax to Kim Halstead, Litigation Assistant, Department of Law, Opinions, Appeals & Ethics Section, 1031 W. 4th Avenue, Suite 200, Anchorage, AK, 99501, ethicsreporting@alaska.gov, fax no. 907-279-2834.

You may request ethics advice from your agency's Assistant Attorney General or from the State Ethics Attorney, Jon Woodman, at 269-5100 or jonathan.woodman@alaska.gov. Please direct questions about reporting procedures to Kim Halstead at 269-7195 or kimberly.halstead@alaska.gov.

6/14

Department of Law attorney.general@alaska.gov P.O. Box 110300, Juneau, AK 99811-0300
Phone: 907-465-3600 Fax: 907-465-2075 TTY: 907-258-9161
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Board or Commission: _____

Meeting Date: _____

Agenda Item # _____ Tab # _____ Topic: _____

Primary Motion

Motion:

[illegible]

Subsidiary Motion or Amendment

Motion:

[illegible]

Review / Approve Agenda

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND
ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING

BOARD OF DENTAL EXAMINERS AGENDA

August 23, 2019

550 W 7th Ave, Atwood Building Ste. 1550, Anchorage, AK 99501

Zoom Webinar Number and ID:
Zoom Webinar: 1(408) 638-0968
Webinar ID: 314 928 693
<https://zoom.us/j/314928693>

<u>AGENDA</u>			
	<u>TIME</u>	<u>TOPIC</u>	<u>LEAD PERSON</u>
1.	9:00 a.m.	Call to Order/Roll Call	CHAIR
2.	9:05 a.m.	Ethics report	CHAIR
3.	9:10 a.m.	Review of Agenda	CHAIR
4.	9:15 a.m.	Review/Approve Past Meeting Minutes <ul style="list-style-type: none">April 15, 2019 Meeting	CHAIR
5.	9:20 a.m.	Investigative & Probationary Report	Bautista/Homestead
6.	9:40 a.m.	Continuing Education Consent Agreements	Paralegal Zimmerman
7.	9:45 a.m.	Review Tabled Renewal & AAG Update	CHAIR
8.	10:00 a.m.	Break	CHAIR
9.	10:15 a.m.	Division Update <ul style="list-style-type: none">Discuss Travel Waiver	Dumas/Wales
10.	10:30 a.m.	Review PDMP Warning Letter	CHAIR
11.	10:45 a.m.	PDMP Report	Carrillo
12.	11:00 a.m.	CBPL Update Right Touch Regulations <ul style="list-style-type: none">Radiologic Equipment Update	Chambers

**STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND
ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING
BOARD OF DENTAL EXAMINERS AGENDA**

August 23, 2019

550 W 7th Ave, Atwood Building Ste. 1550, Anchorage, AK 99501

Zoom Webinar Number and ID:

Zoom Webinar: 1(408) 638-0968

Webinar ID: 314 928 693

<https://zoom.us/j/314928693>

- | | | | |
|-----|------------|--|------------|
| 14. | 12:00 p.m. | Lunch | CHAIR |
| 15. | 1:00 p.m. | Public Comment | CHAIR |
| 16. | 1:15 p.m. | Begin Draft Regulations Project for the Following: <ul style="list-style-type: none">• PDMP Penalty Matrix• Dental Hygiene Penalty Matrix• CEU's Allowable Online and Per Day• Qualifications for Sedation Inspectors• Resident Military Exemptions to Courtesy Licenses• NBDE Language• Question 5 on Renewal Application• Approve Draft Regulations for Public Comment | CHAIR/ZINN |
| 17. | 2:45 p.m. | Break | CHAIR |
| 18. | 3:00 p.m. | Old Business <ul style="list-style-type: none">• Specialty License Update• Review Board Interview Process for Credential Applicants• Task List Update• Sign Wall Certificates | CHAIR |
| 19. | 3:30 p.m. | New Business <ul style="list-style-type: none">• Gold Restoration to Exam Requirements• Create New Task List• Schedule Upcoming Board Meetings• Review Exam Contents from Varying Exams | CHAIR |
| 19. | 4:30 p.m. | Adjourn | CHAIR |

Board or Commission: _____

Meeting Date: _____

Agenda Item # _____ Tab # _____ Topic: _____

Primary Motion

Motion:

[illegible]

Subsidiary Motion or Amendment

Motion:

[illegible]

Review / Approve Meeting Minutes

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**STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND
ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS,
BUSINESS & PROFESSIONAL LICENSING
BOARD OF DENTAL EXAMINERS**

**MINUTES OF MEETING
April 15, 2019**

These DRAFT minutes were prepared by the staff of the Division of Corporations, Business and Professional Licensing. They have not been reviewed or approved by the Board.

By authority of AS 08.01.070(2) and AS 08.36.040 and in compliance with the provisions of Article 6 of AS 44.62, a meeting of the Board of Dental Examiners was held April 15, 2019, with the board at 550 W. 7th Ave. Anchorage, AK Suite 1550 and Juneau staff attending via Zoom Videoconferencing.

The meeting was called to order by Dr. David Nielson, President, at 9:01 a.m.

Agenda Item 1 - Roll Call

Those present, constituting a quorum of the board, were:

Dr. David Nielson, President – Anchorage
Ms. Gail Walden – Wasilla
Ms. Brittany Dschaak – Dillingham
Dr. Jesse Hronkin – Wasilla
Dr. Jonathan Woller – Fairbanks
Dr. Dominic Wenzell – Fairbanks
Ms. Robin Wahto – Anchorage

In attendance from the Division of Corporations, Business & Professional Licensing, Department of Commerce, Community and Economic Development were:

Ms. Tracy Wiard, Occupational Licensing Examiner – Juneau
Mr. Allan Alcancia, Occupational Licensing Examiner – Juneau
Ms. Isla Lund, Occupational Licensing Examiner – Juneau
Mr. Joseph Bonnell, Records and Licensing Supervisor - Juneau
Ms. Dawn Hannasch, Records and Licensing Supervisor – Juneau
Ms. Sara Chambers, CBPL Division Director
Ms. Laura Carrillo, Board of Pharmacy Executive Director
Ms. Jasmin Bautista, Investigator – Anchorage
Mr. Carl Jacobs, Investigator – Anchorage
Mr. Billy Homestead, Probation Monitor – Anchorage
Mr. Robb Jacobs, Probation - Anchorage
Ms. Sher Zinn, Regulation Specialist – Juneau

Members of the public in attendance:

Ms. Tina Halvorson, RDH
Mr. Michael Boothe, DDS
Mr. Kenley Michaud, Dental Anesthesiologist
Ms. Gianna Hartwig, American Association of Orthodontists

Agenda Item 2 – Review of Agenda

The board reviewed the DRAFT agenda for the April 15, 2019 Board Meeting. It was decided to table agenda item 10 until the August 23, 2019 board meeting for more research into radiological equipment inspectors by the Division of Corporations, Business and Professional Licensing. In addition, agenda item 16 would include options regarding the procurement process, requests for proposals and regulation changes that could be utilized to meet requirement for the inspection of sedation offices. Agenda item 17 had a review of HB 127 added.

On a motion duly made by Walden, seconded by Hronkin, and approved unanimously, it was RESOLVED to approve the agenda as amended.

Agenda Item 3 – Review and Approve Past Meeting Minutes

Dr. Nielson recommended changing panna's to pano's on line 112. Lines 293-295 did not read right to the board and it was recommended the wording be changed to, "the board only offers a temporary permit to substitute for an incapacitated dentist or a courtesy license for pro-bono work." It was noted by Ms. Walden that Billy was spelled incorrectly on line 169 and Dr. Nielson noted line 422 needed the addition of, "they" and "has."

On a motion duly made by Nielson, seconded by Wenzell, and approved unanimously, it was RESOLVED to approve the 02.15.19 dental board meeting minutes as amended.

It was stated that on line 29 Brittany Dschaak resides in Dillingham and not Naknek. Line 88 needs to have the word, "or," deleted. Line 109 needs to have the word, "not" removed and line 111 needs to have the word, "not," added. Lines 143 and 145 have the incorrect spelling of the word caries. Line 166 needs to list atraumatic restorative technique and lines 177, 180, 181, and 196 need the word preventative to be changed to preventive.

On a motion duly made by Wahto, seconded by Hronkin, and approved unanimously, it was RESOLVED to approve the 03.08.19 dental board meeting minutes as amended.

Agenda Item 4 – Ethics Disclosure

There were no reported ethics violations or potential conflicts of interest reported by the board.

Agenda Item 5 – Application Review

It was explained to the board that since there were previous votes to table or deny the applications on the agenda, they were now presented to the board for a vote at the meeting. There was discussion amongst the board regarding acceptable CEU's for one of the applicants. The board

does not have a regulation limiting the number of CEU's accepted from on line courses or the number of CEU's an applicant or licensee may take in a day. It was stated by Dr. Wenzell that many other states have limits to the number of CEU's an applicant or licensee can take on line and how many hours of CEU's can be taken in one day. Dr. Wenzell was curious to know how an applicant could take 20 hours of CEU's in one day. Ms. Walden asked the licensee, who was present at the meeting, how she could accomplish 20 hours of CEU's in one day? Ms. Halvorson advised the board she took some online credits that were worth 4 or 5 CEU's at a time. She also stated she took the CEU's to primarily qualify for licensure in Alaska. She stated the 20 hours of CEU's did not take long to complete as the content of the courses contained a lot of information she already knew. Dr. Nielson noted that courses accredited by CERP or PACE may not require a student to read through every page and it may be worth contacting CERP to see if they would do that to ensure correct hours for CEU's.

On a motion duly made by Wenzell, seconded by Walden, and approved unanimously, it was RESOLVED to approve Tina Halvorson's application for licensure as a dental hygienist.

There was discussion regarding the current regulations for continuing education. Dr. Nielson suggested that Dr. Wenzell draft wording for potential changes to the regulations for continuing education. Dr. Wenzell stated he already had a draft made. Dr. Wenzell agreed to provide this at the August 23, 2019 board meeting.

On a motion duly made by Walden, seconded by Hronkin, and approved unanimously, it was RESOLVED to go in to executive session in accordance with Alaska Statute 44.62.310(c)(2) for the purpose of discussing license renewal subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. Board staff to remain.

Off Record: 9:37 AM

On record: 10:01 AM

Those present, constituting a quorum of the board, were:

Dr. David Nielson, President – Anchorage
Ms. Gail Walden – Wasilla
Ms. Brittany Dschaak – Dillingham
Dr. Jesse Hronkin – Wasilla
Dr. Jonathan Woller – Fairbanks
Dr. Dominic Wenzell – Fairbanks
Ms. Robin Wahto – Anchorage

In attendance from the Division of Corporations, Business & Professional Licensing, Department of Commerce, Community and Economic Development were:

Ms. Tracy Wiard, Occupational Licensing Examiner – Juneau
Mr. Allan Alcancia, Occupational Licensing Examiner – Juneau
Ms. Isla Lund, Occupational Licensing Examiner – Juneau
Mr. Joseph Bonnell, Records and Licensing Supervisor - Juneau

Ms. Dawn Hannasch, Records and Licensing Supervisor – Juneau
Ms. Sara Chambers, CBPL Division Director
Ms. Laura Carrillo, Board of Pharmacy Executive Director
Ms. Jasmin Bautista, Investigator – Anchorage
Mr. Carl Jacobs, Investigator – Anchorage
Mr. Billy Homestead, Probation Monitor – Anchorage
Mr. Robb Jacobs, Probation - Anchorage
Ms. Sher Zinn, Regulation Specialist – Juneau

Members of the public in attendance:

Ms. Tina Halvorson, RDH
Mr. Michael Boothe, DDS
Ms. Gianna Hartwig, American Association of Orthodontists
Mr. Kenley Michaud, Dental Anesthesiologist

On a motion duly made by Woller, seconded by Hronkin, and approved unanimously, it was RESOLVED to table the remainder board review applications until investigations at 11:00 AM.

Agenda Item 7 – Specialty Licenses

Dr. Nielson provided some background information regarding dental specialty licenses. They stopped being a license type around 2012. Dr. Nielson noted there are several valid reasons the board may want to consider issuing specialty licenses. One of the reasons to bring back specialty licenses is the boards history of inability to grant a license to a dental specialist from another state who graduated from a CODA accredited residency but has not graduated from a CODA accredited dental school. If there were specialty licenses, the board may be able to grant a license for a specific specialty even if the applicant has not graduated from a CODA approved dental school.

Dr. Nielson stated there would also be the benefit of truth in advertising in the dental practice in Alaska. The board could have a definition of what a specialty is and what a specialist does and this would mitigate false advertisement to the public. The ADA was the entity that most of the states relied on to determine the definition of specialist. Some groups disagreed with the ADA on their definition. A new commission was formed by the ADA and many states have been in limbo trying to define what a specialist is and not have to rely on the ADA so much. It would require the board getting help legislatively to commence the process of introducing a bill for the statutes. It was stated the board has previously collaborated with the Alaska dental society for help with bill. Discussion of the topic ensued by the board.

Ms. Walden encouraged the board to review Ms. Gianna Hartwig's letter. Ms. Hartwig's letter submitted for the board review suggests using language stating requirements for a specialty license include successful completion of residency accredited by the U.S. Department of education that is 2 full time years in length. Currently CODA is the only accreditation agency of this type. Having a federal organization define specialties as opposed to a trade company would minimize current conflict with groups in opposition of ADA's definition/requirements for a dental specialty. This would also mitigate dental boards being sued by some groups because they also require CODA accredited programs.

193
194 Dr. Nielson suggested nominating a board member to write a letter to the Alaska Dental Society
195 asking for help getting a bill to legislators to add specialty licenses to the Alaska Board of Dental
196 Examiners statutes and regulations. After board discussion ensued Dr. Nielson nominated Dr.
197 Wenzell to be the representative from the Alaska Board of Dental Examiners to work with the
198 Alaska Dental Society to begin the process of implementing new statutes. Dr. Wenzell agreed to
199 accept the nomination and the board had no objections. The board took a 10-minute break.

200
201 Off record: 10:23 AM

202 On record: 10:34 AM

203
204 Those present, constituting a quorum of the board, were:

205
206 Dr. David Nielson, President – Anchorage
207 Ms. Gail Walden – Wasilla
208 Ms. Brittany Dschaak – Dillingham
209 Dr. Jesse Hronkin – Wasilla
210 Dr. Jonathan Woller – Fairbanks
211 Dr. Dominic Wenzell – Fairbanks
212 Ms. Robin Wahto – Anchorage
213

214 In attendance from the Division of Corporations, Business & Professional Licensing,
215 Department of Commerce, Community and Economic Development were:

216
217 Ms. Tracy Wiard, Occupational Licensing Examiner – Juneau
218 Mr. Allan Alcancia, Occupational Licensing Examiner – Juneau
219 Ms. Isla Lund, Occupational Licensing Examiner – Juneau
220 Mr. Joseph Bonnell, Records and Licensing Supervisor - Juneau
221 Ms. Dawn Hannasch, Records and Licensing Supervisor – Juneau
222 Ms. Sara Chambers, CBPL Division Director
223 Ms. Laura Carrillo, Board of Pharmacy Executive Director
224 Ms. Jasmin Bautista, Investigator – Anchorage
225 Mr. Carl Jacobs, Investigator – Anchorage
226 Mr. Billy Homestead, Probation Monitor – Anchorage
227 Mr. Robb Jacobs, Probation - Anchorage
228 Ms. Sher Zinn, Regulation Specialist – Juneau
229

230 Members of the public in attendance:

231
232 Ms. Tina Halvorson, RDH
233 Mr. Michael Boothe, DDS
234 Ms. Gianna Hartwig, American Association of Orthodontists
235 Mr. Kenley Michaud, Dental Anesthesiologist
236

237 **Agenda Item 8 – Regulations Update**

238
239 The board reviewed the completed regulations project showing the regulations that become effective
240 May 1, 2019. Dr. Nielson reminded the licensing examiner to be cognizant of the acceptance of the

new regional exams if there is a completion of two restorations. There is no longer the requirement of an alloy. In addition, the applicant needs to complete the CTP test offered by WREB through the Prometric's testing site. The test must be a constructive response test meaning no multiple-choice exam which is the one currently offered by WREB.

Ms. Zinn explained to the board the reason new regulations are being proposed is for the addition of an expiration date for deep and moderate sedation permits, hygiene and assistant restorative function certificates, and coronal polishing certificates. Currently deep and moderate sedation permits state they expire when the licensee's dental license expires. Sometimes, a licensee will renew their dental license and not their deep or moderate sedation permit or will renew their deep or moderate sedation permit and fail to renew their dental license. There are currently no regulations stating when the deep or moderate sedation permits will lapse or expire aside from centralized licensing statutes and regulations which state all lapsed licenses expire after 5 years of being in lapsed status. There is also no process to reinstate a lapsed deep or moderate sedation or hygiene restorative function endorsement. This expiration length is different than the dentists and dental hygiene licenses which expire after 2 years of being in lapsed status. Updating the regulations to include dates lapsed and expired of the deep and moderate sedation permits would keep the renewals and expirations in the same cycle as the dental license expirations and renewals.

The same situation would apply to the dental hygiene restorative function certificate. There is no regulation stating when these certificates lapse or expire. Updating the regulations would keep the hygiene restorative function certificates on the same expiration cycle.

There are no regulations regarding the lapsed and expired statuses of coronal polishing or restorative function certificates for the dental assistants. The board may like to add some. There is also the possibility the board may want to add continuing education requirements for hygiene and assistant restorative function certificates as well as for the coronal polishing certificates for dental assistants.

Ms. Zinn presented the board with a draft of possible regulations that the board could implement to address expiration dates and continuing education requirements for the effected license types. The proposed regulations mirror the lapsed and expired requirements for dental and hygiene licenses. This would allow consistency for all license renewal, lapse and expiration cycles.

Ms. Walden discussed the proposed requirement for hygienist restorative function continuing education requirements. She advised the board that the requirement for continuing education covering materials for a restorative function certificate may not be the best topic because the hygienists and assistant performing the restorative function have no choice over the materials used. Ms. Walden also stated the hygienists work under direct supervision and there is no need to be overly CE happy. Board discussion regarding the continuing education requirement continued.

On a motion duly made by Nielson, seconded by Walden, and approved by the majority, through roll call vote it was RESOLVED to include the requirements for continuing education for restorative function endorsements for hygienists and dental assistants to the regulation project.

Nielson – Y, Waldon – N, Dschaak – N, Hronkin – Y, Woller – Y, Wenzell – Y, Wahto – N.

It was suggested that wording for the NBDE parts I and II be added to the task list and agenda of the August 23, 2019 board meeting. Ms. Zinn also informed the board if they accepted the draft

regulations as written they would be presented to the board at the next meeting. The board could add more to the regulations today or at the next meeting if they chose to do so.

On a motion duly made by Nielson, seconded by Hronkin, and approved unanimously, it was RESOLVED to accept the drafted regulations as written for the regulation project.

Agenda Item 9 – Probation / Investigative Report

Investigator Homestead provided the board with the quarterly probationary report. He stated there are 5 licensees on probation with one individual looking to surrender. All licensees are complying with the conditions of their probation. Mr. Homestead reached out to the licensee who is opting to surrender his license as the licensee no longer resides in Alaska and has no intention of returning to Alaska.

Investigator Bautista joined the meeting to provide the investigative report. From 02/08/2019 – 04/03/2019 investigations opened 15 matters and closed 12 matters. There are currently 29 matters remaining open now. The board then heard an overview of the case review process presented by Investigator Carl Jacobs.

On a motion duly made by Walden, seconded by Hronkin, and approved unanimously, it was RESOLVED to go in to executive session in accordance with Alaska Statute 44.62.310(c)(2) for the purpose of discussing investigative matters that tend to prejudice the reputation and character of any person, provided the person may request a public discussion. Board staff to remain.

Off Record: 11:39 AM

On Record: 12:04 PM

Those present, constituting a quorum of the board, were:

Dr. David Nielson, President – Anchorage
Ms. Gail Walden – Wasilla
Ms. Brittany Dschaak – Dillingham
Dr. Jesse Hronkin – Wasilla
Dr. Jonathan Woller – Fairbanks
Dr. Dominic Wenzell – Fairbanks
Ms. Robin Wahto – Anchorage

In attendance from the Division of Corporations, Business & Professional Licensing, Department of Commerce, Community and Economic Development were:

Ms. Tracy Wiard, Occupational Licensing Examiner – Juneau
Mr. Allan Alcancia, Occupational Licensing Examiner – Juneau
Ms. Isla Lund, Occupational Licensing Examiner – Juneau
Mr. Joseph Bonnell, Records and Licensing Supervisor - Juneau
Ms. Dawn Hannasch, Records and Licensing Supervisor – Juneau
Ms. Sara Chambers, CBPL Division Director
Ms. Laura Carrillo, Board of Pharmacy Executive Director

Ms. Jasmin Bautista, Investigator – Anchorage
Mr. Carl Jacobs, Investigator – Anchorage
Mr. Billy Homestead, Probation Monitor – Anchorage
Mr. Robb Jacobs, Probation - Anchorage
Ms. Sher Zinn, Regulation Specialist – Juneau

Members of the public in attendance:

Ms. Tina Halvorson, RDH
Mr. Michael Boothe, DDS
Ms. Gianna Hartwig, American Association of Orthodontists
Mr. Kenley Michaud, Dental Anesthesiologist

On a motion duly made by Nielson, seconded by Hronkin, and approved unanimously, it was RESOLVED to accept the surrendered license of Timothy Harboldt case #2012-001362 and #2013-001842.

On a motion duly made by Nielson, seconded by Wahto, and approved unanimously, it was RESOLVED to table the renewal of Seth Lookhart's suspended dental license and moderate sedation permit until the August 23, 2019 Board of Dental Examiners meeting and consultation with the AAG.

Off Record: 12:06 PM

On record: 1:04 PM

Those present, constituting a quorum of the board, were:

Dr. David Nielson, President – Anchorage
Ms. Gail Walden – Wasilla
Dr. Jesse Hronkin – Wasilla
Dr. Jonathan Woller – Fairbanks
Dr. Dominic Wenzell – Fairbanks
Ms. Robin Wahto – Anchorage
Ms. Brittany Dschaak – Dillingham, joined at 1:02 PM.

In attendance from the Division of Corporations, Business & Professional Licensing, Department of Commerce, Community and Economic Development were:

Ms. Tracy Wiard, Occupational Licensing Examiner – Juneau
Mr. Allan Alcancia, Occupational Licensing Examiner – Juneau
Ms. Isla Lund, Occupational Licensing Examiner – Juneau, joined at 1:04 PM.
Mr. Joseph Bonnell, Records and Licensing Supervisor - Juneau
Ms. Dawn Hannasch, Records and Licensing Supervisor – Juneau
Ms. Sara Chambers, CBPL Division Director
Ms. Laura Carrillo, Board of Pharmacy Executive Director
Ms. Jasmin Bautista, Investigator – Anchorage
Mr. Carl Jacobs, Investigator – Anchorage
Mr. Billy Homestead, Probation Monitor – Anchorage

Mr. Robb Jacobs, Probation - Anchorage
Ms. Sher Zinn, Regulation Specialist – Juneau

Members of the public in attendance:

Ms. Tina Halvorson, RDH
Mr. Michael Boothe, DDS
Ms. Gianna Hartwig, American Association of Orthodontists
Mr. Kenley Michaud, Dental Anesthesiologist

Agenda Item 12 – Public Comment

Dr. Michael Boothe sent an e-mail and arrived in person to address the board during public comment. Mr. Boothe addressed the board with 2 comments. Mr. Boothe informed the board he has read the previous meeting minutes regarding the task of finding a qualified radiologic inspector for the dental board. He is currently a dentist with the State of Alaska Department of Corrections and is debating retirement from his current position. Mr. Boothe informed the board he has a minor in physics and if the Governor creates a radiologic equipment inspector position, he would like to discuss his candidacy with the board. Mr. Boothe expressed an interest in being the radiologic equipment inspector for the Board of Dental Examiners if appropriate.

Mr. Boothe's second comment concerned the questions on the Dental License renewal application which he completed during the 01/01/2019 – 02/28/2019 renewal period. He wanted the board to know that there was no place to declare a civil lawsuit on the renewal form. The closest he found was question 5. He informed the board it is one long sentence that never states a civil lawsuit. His concern is a licensee could have one or multiple civil lawsuits but no place to disclose them on the renewal form.

Dr. Nielson stated he showed some of the questions to his brother, who is an attorney and his brother had the opinion that the wording of the professional fitness questions on the renewal application are too long and possibly confusing. Mr. Boothe stated he showed the renewal to the attorney generals who defended him and they stated he had answered question 5 honestly by checking no to question 5 even though he was in a civil lawsuit with a former DOC inmate. Discussion ensued over the wording of the sentences and use of commas.

Ms. Hannasch addressed the board advising they can draft renewal questions that the board believes would be easier for the dental industry to understand and present to board counsel for review. She went on to say that option would be ideal if there is evidence of many licensees having trouble deciphering the meaning or intent of the questions. Dr. Nielson states he has known of numerous people confused about insurance companies paying out for a licensee and licensees do not think that is necessary for disclosure. It was suggested to add this topic to the August 23, 2019 board meeting agenda with suggestions for revisions. Dr. Nielson suggested Jonathan Woller create a draft of question 5 on the renewal application for the August 23, 2019 board meeting agenda to which Dr. Woller concurred.

Agenda Item 10 – Dental Board Annual Report

As amended on the agenda, the board moved on to discuss their requirements to draft their annual report. OLE Wiard showed the outline of the annual report and informed the board she was responsible for the table of contents, identification of staff, identification of the board, FY 2020 budget recommendations and the sunset audit recommendations. She then informed the board that they provide the boards narrative statement, legislation recommendations or proposed legislation for 2020 and the boards goals and objectives. It was stated the due date for the FY 2019 Boards Annual Report is May 15, 2019. OLE Wiard offered to e-mail the outline for the annual report to Dr. Nielson with some previous reports for examples. It was stated the chair could farm the boards sections out to other members or draft the report himself. OLE Wiard agreed to e-mail the outline by the end of the day.

Agenda Item 13 – PDMP Report

Before Ms. Carrillo joined the board for the PDMP report, the PDMP penalty matrix was briefly reviewed. Dr. Nielson believes that the board should add some accompanying regulation to 12 AAC 28.906 in the disciplinary sanctions section so the board can enforce penalties for PDMP violations or infractions. Dr. Nielson also stated it would be necessary to add failure to register with the PDMP database under AS 08.36.070 as well. He went on to inform the board that we need to add the suggested PDMP information to the current regulation project. Ms. Walden noted that regulation 12 AAC 28.953 requires dentists with a DEA number to register and comply with regulations pertaining to the PDMP database.

Ms. Carrillo joined the board for the PDMP report. Dr. Nielson asked if the dental board must notify the Board of Pharmacy if a dental licensee has lost their prescriptive authority. Ms. Carrillo advised this was not necessary for the dental board as there is no way for the Board of Pharmacy to monitor DEA license status. The responsibility resides with the licensee to report a change to the Board of Pharmacy if there is a change to the licensee's DEA status.

Ms. Carrillo conducted the current report and noted that the report includes information through April 4, 2019. Dentists comprise 9% of the total PDMP user base. There is a registration compliance rate of 73%. This rate may be higher than reported as the total number of licensed dentists may include some who are federally employed and held to different PDMP standards and therefore not registered as a PDMP user in the database. It was also stated the dentists may not have a DEA number. If this is the case, the dentists with no DEA number should contact PDMP so they can be removed from the list.

Ms. Carrillo directed the board to figure 4 showing an interesting spike in log ins for the month of January 2019. There was not a clear reason for the 122.4% increase in log ins for January as opposed to December 2018 and February and March of 2019. The spike in log ins did not correspond to the patient prescription query history. The patient history review remained consistent despite the spike in January log ins.

Ms. Walden and Dr. Nielson stated many of the dental licensees had expressed frustration with their status as pending after registration with no PDMP number. Ms. Carrillo informed the board that the pending statuses are not included in the current report. The current PDMP report is only of registered users. It was asked how one may check on their PDMP renewal status. Ms. Carrillo stated the Aware database is a separate website platform and the goal with Aware and CBPL is to

eventually link active PDMP registrations to the CBPL database. This will allow people to renew their PDMP registration through My Alaska in the same way they renew their professional license.

Agenda Item 14 – PDMP Penalty Matrix

The board had some concerns with providers inability to check their renewal status and creating a penalty matrix to make sure licensees are in compliance with renewal if they could not check their status. It was noted that compliance issues have a lot to do with initial registration and not renewal. There would be no need to issue a penalty for a licensee whose renewal status was pending due to renewal. It was stated that the board would still be required to determine what a late registration would be and how the board would like to handle that in addition to reviewing patient histories prior to prescribing class II/III medications.

Board members questioned if they could draft a matrix for review at the August meeting along with a letter informing licensees of their late registration. Ms. Walden stated a letter would be preferred before issuing penalties. Dr. Nielson states it would be easy to adopt a letter to inform licensees they have not registered now. Further clarification was asked for the steps the board should take with the letter. The board decided a letter informing licensees with DEA numbers who have never registered for PDMP would be the best option. Gail Walden decided to draft the letter for late PDMP registrations. It was stated the DEN board could append a DEA status change form to the letter for licensees to report a change in DEA status. OLE Wiard would add the letter to On Board for the board to review before sending to licensees.

It was asked if the board needs a companion regulation to go along with registering for the PDMP? Dr. Nielson believes the board was previously asked to add regulations to 12 AAC 28.906 (6) for disciplinary actions and it was never added. Sher Zinn addressed the board and did not see any discussion in past meeting minutes regarding the addition of PDMP regulations to 12 AAC 28.906. She informed the board that they could add regulations but discipline issues were also covered in AS 08.36.315(7) as later confirmed by Ms. Walden. Ms. Zinn stated if the board would like to define what type of issues licensees can have, such as failure to register for PDMP, failure to renew for PDMP, failure to check prescription database then the board would need to add those issues to 12 AAC 28.906.

Ms. Carrillo wanted the board to consider if violations applicable to PDMP registration and access be considered technical violations or a standard of care issue? This is something Ms. Carrillo hoped the board would discuss on the record prior to making the penalty matrix. It was also stated 12 AAC 28.906 would be the correct location for new regulations as they are made. The board questioned what the difference would be of a standard of care violation vs. a technical violation. A standard of care violation seemed more severe. The board nominated Dr. Jesse Hronkin to draft the PDMP penalty matrix for the board to review at the August 23, 2019 meeting.

Ms. Carrillo addressed the board requesting the joint statement from the dental board. She stated many people including legislators are asking for an update. Ms. Carrillo asked for the dental boards perspective regarding the joint statement. Dr. Nielson offered to draft the joint statement on behalf of the dental board.

Off Record: 2:05 PM

On Record: 2:15 PM

Agenda Item 16 – Sedation Inspections

Dr. Nielson addressed the board stating dental board may conduct inspections of offices that perform moderate or deep sedation per regulation. Dr. Nielson wants to get the board to a place where they can conduct the inspections for safety and compliance with the regulations. Using AAFDO and the SAMERI program seemed like a great resource as they can conduct the inspections remotely and they are accredited. The ability to conduct remote inspections is a benefit to sedation permit holders given Alaska's vast geography and limited road system. The board had some confusion regarding the reasons they cannot elect to use SAMERI for dental inspections.

Ms. Chambers addressed the board, informing them that they can draft regulations that state who is qualified to conduct an inspection of deep and moderate sedation permit holders, how frequent the inspections occur, events that would trigger the inspections, if the permit holders would be subject to audits, etc. The best way to accomplish this would be to draft regulations so permit holders have the option to find qualified inspectors and utilize those services. This would provide the permit holders with clear guidelines and choices to obtain inspections. The current regulations say the board, "may," conduct an inspection but the standards are not listed.

It was also noted that the State of Alaska has a procurement process that the State must follow when contracting for supplies and services. A contract for goods or services may not be established with one business without going through the procurement process. There is also a procurement process that is utilized when the State wants to utilize a single source. Without the procurement process being utilized the matter becomes a private and non-transparent transaction which is not allowable when a business has potential to earn money by conducting state business. If the process was not followed it could open the board up for lawsuit liability.

Dr. Nielson wanted to know how the board could quickly and legally start the inspection process. Ms. Chambers stated the fastest process would likely be to change the current regulations listing the qualifications required for a sedation inspector, frequency of inspections, events that would trigger an inspection, what is required to pass an inspection, etc. This option would allow permit holders to comply on their own accord. The regulation change is far broader then starting the process of a single source procurement.

The board discussed their options to change regulation or begin the procurement process. It was reiterated that if the board wanted to offer AAFDO exclusive rights to conduct sedation inspection the board would at the very least be required to go through the procurement process. The board asked how they would go through the procurement process. It was stated the state would handle the procurement process. Ms. Chambers recommended the board establish the list of acceptable thresholds for inspection companies to conduct inspections of sedation facilities and return to the OLE. CBPL would then look at the procurement process for the board. Dr. Nielson offered to draft the requirements for the inspection companies to be qualified to conduct inspections of deep or moderate sedation permit holders. The board agreed with Dr. Nielson drafting the requirements.

Ms. Zinn addressed the board stating several states require a sedation inspection upon initial licensure then re-inspection every 5 years. Some states perform a self-inspection which would be reviewed by a designated inspector with a follow up visit. However, if the board wanted the permit holders to have the inspection initially that would require a regulation change. Ms. Chambers reiterated the wording of, "may," does not automatically grant the board authority to inspect upon

initial licensure or perform audits without stating it in regulation. It was stated that licensees have a right to know what to expect if this process will cost them money and if their license is contingent on the audits and inspections. Ms. Zinn noted that some states also allow the inspection to be conducted within a specific timeframe after licensure but this would not apply retroactively. Ms. Walden asked if they could get an opinion from LAW regarding the interpretation of the current regulations. The board was informed that LAW has been consulted but had not had time to reply by date of the meeting. Ms. Walden asked for an e-mail update from LAW asking if the current regulations would allow them to conduct random inspections or perform audits outside of an investigation.

Dr. Nielson later asked if the confusion was regarding who is qualified to inspect a sedation permit holder or if it was regarding the random auditing of sedation permit holders. Ms. Chambers addressed the board stating there were 2 separate issues and it would be best if the board spelled out what the requirements are to be an inspector of a sedation permit holder as well as the frequency of inspections and requirements to pass the inspections. Ms. Wahto asked if the board was to require a random audit of 10% of sedation permit holders and gave a list of approved inspectors, would this be allowable as the regulations are currently written? Ms. Chambers stated this is what was being asked of law. OLE would follow up with an e-mail to the board once LAW makes their determination.

Agenda Item 17 – Board Business

HB 127

The board reviewed HB 127. HB 127 incorporated many of the suggestions from the board regarding SB 68. The board no longer must determine what a designated shortage issue is. Dr. Nielson was not sure if the board needed to draft another letter for HB 127. The topic of maintaining patient records was brought up. Ms. Walden suggested if the board write another letter the topic of including maintaining patient records be included. It was also noted if the hygienist currently has a local anesthetic certificate they may administer local anesthetics but not solely with the advanced hygiene license. Dr. Nielson volunteered to draft a letter for HB 127 including maintenance or records, failure to maintain records and requirement of a local anesthetic certificate be required to administer local anesthetics under the advanced practice hygiene permit.

Task List:

OLE read tasks to the board to be added to the task list. It was agreed that the OLE would type up the task list and e-mail a copy to the board after draft meeting minutes were typed. All tasks were accounted for.

Letter to Dental Society:

Dr. Nielson asked if he could add one last item to the agenda. In the letter Dr. Wenzell is to write to the Alaska Dental Society regarding specialty licenses, he is requesting a change to centralized statute AS 08.01.062. Dr. Nielson stated by using the wording, “non-resident,” in the courtesy license regulations it eliminates resident military members with no State of Alaska Dental license from providing pro-bono work to Alaska residents. Dr. Nielson suggests removing the word, “non-resident,” from AS 08.01.062. He would suggest having it written so a federal employee with not

Alaska license could provide pro-bono work. Mr. Bonnell stated that it was not likely centralized statutes would be changed at the request of the board as those statutes cover all licensing programs and not just the dental board. OLE offered to ask LAW if adding the allowance of federal employees (military, public health, Indian Health Services employees) who are residents of Alaska, practicing dentistry or dental hygiene in Alaska without an Alaska license, be added to the courtesy license regulations as an exception. If so, the board could add that to the courtesy license regulations. This was added to the task list. The board members at the meeting also stated they would prefer the next in person board meeting in August vs. December due to weather and road conditions.

**Dr. Nielsen made a motion to adjourn the meeting which was seconded by Dr. Wenzell.
Meeting adjourned at: 3:41 PM.**

Respectfully Submitted:

Tracy Wiard
Occupational Licensing Examiner

Approved:

David Nielsen, DDS, President

Date: _____

Board or Commission: _____

Meeting Date: _____

Agenda Item # _____ Tab # _____ Topic: _____

Primary Motion

Motion:

[illegible]

Subsidiary Motion or Amendment

Motion:

[illegible]

Investigative Report

EXECUTIVE SESSION MOTION

I, _____, move that the Alaska State Board of Dental
Examiners enter into executive session in accordance with AS 44.62.310(c), and
Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing _____

Board staff to remain during the session.

Off record: _____

On record: _____

Authority: AS 44.62.310(c), Government meetings public

The following subjects may be considered in executive session:

- **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;**
- **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;**
- **matters which by law, municipal charter, or ordinance are required to be confidential;**
- **matters involving consideration of government records that by law are not subject to public disclosure.**

Board or Commission: _____

Meeting Date: _____

Agenda Item # _____ Tab # _____ Topic: _____

Primary Motion

Motion:

[illegible]

Subsidiary Motion or Amendment

Motion:

[illegible]

EXECUTIVE SESSION MOTION

I, _____, move that the Alaska State Board of Dental
Examiners enter into executive session in accordance with AS 44.62.310(c), and
Alaska Constitutional Right to Privacy Provisions, for the purpose of discussing _____

Board staff to remain during the session.

Off record: _____

On record: _____

Authority: AS 44.62.310(c), Government meetings public

The following subjects may be considered in executive session:

- **matters, the immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity;**
- **subjects that tend to prejudice the reputation and character of any person, provided the person may request a public discussion;**
- **matters which by law, municipal charter, or ordinance are required to be confidential;**
- **matters involving consideration of government records that by law are not subject to public disclosure.**

Board Votes for Initial Application and Tabled Application

Update From AAG

Board or Commission: _____

Meeting Date: _____

Agenda Item # _____ Tab # _____ Topic: _____

Primary Motion

Motion:

[illegible]

Subsidiary Motion or Amendment

Motion:

[illegible]

Break



Division Update

PDMP Warning Letter Update

PDMP Report

CBPL Right Touch Regulations



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

**Department of Commerce, Community,
and Economic Development**

DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING
Juneau Office

P.O. Box 110806
Juneau, AK 99811-0806
Main: 907.465.2550
Toll free fax: 907.465.2974

MEMORANDUM

TO: Professional Licensing Board Members

DATE: July 26, 2019

FROM: Sara Chambers, Division Director

SUBJECT: Professional Licensing Reform

Happy New Year! We are nearly a month into Fiscal Year 2020, and with it comes a new division budget, as well as new opportunities to evaluate how we are doing, where we are going, and how we plan to get there. Often, the beginning of a new year inspires us to set resolutions, and we are doing just that in FY20.

Governor Dunleavy set the stage for us to dig into this task when he issued his State of the State Address in January. As our new chief executive, he promised to accomplish the following during his tenure in office:

- We're going to declare war on criminals.
- We're going to get our spending in line with our revenue.
- We're going to protect Alaskans' Permanent Fund dividends.
- We're going to grow our economy and put Alaskans to work.
- And we must restore public trust in government and elected officials.

Several of these goals relate to our work as professional licensing leaders: We must spend less than our allocated budget, ensure public safety, and inspire the trust of the public through responsibility and transparency. **Most of all, we must strike the delicate balance between growing our economy and putting Alaskans to work while protecting the public interest.** We accomplish these goals as partners in active, accountable governance and defensible, reasonable administration.

Further, Commissioner Anderson has tasked our division and our partner boards with the following immediate focus:

- Consider whether our occupational licensing requirements are reasonable responses to actual potential harm rather than hypothetical harm.
- Review statutes and regulations to ensure any licensing requirement is necessary and tailored to fulfill legitimate public health, safety, or welfare objectives.
- Review the license application process with a goal of substantially reducing the time required to review applications and issue licenses.

In celebration of the new year—and to keep us on track with our mandate—I've developed a few New Year's Resolutions for our boards and staff. (And, yes...true to tradition, these resolutions do involve losing weight!)

1. **At all times, our governance should demonstrate that we have *internalized the purpose of professional licensing*: safeguarding the public interest.**
 - a. Records of decisions should reflect that *the board considered the risk of harm* to consumers, the *impact on those seeking or holding a license*, the *effect on the market*, and any *unintended consequences* to any party.
 - b. All board deliberations should be *thorough, balanced, and grounded* in law and logic.
 - c. Board business should reflect *accountability and responsiveness* in addressing concerns.
2. **Make decisions that reflect proficiency in the statutes, regulations, division policies, and state/national issues that affect our licensing programs.**
 - a. Read all centralized statutes ([AS 08.01-03](#)) and regulations ([12 AAC 02.010-400](#); [12 AAC 02.900-990](#)) and *know how to utilize them*, as appropriate.
 - b. Read [your program's](#) statutes under AS 08 and regulations under 12 AAC 02 and *take responsibility for being the state's experts* in what they say and how they impact the public, applicants, licensees, and other stakeholders.
 - c. Refer regularly to your [board member training resources](#) located on the division's web site, especially the Guide to Excellence in Regulation, which will help you navigate the intricacies of service on a quasi-judiciary government board.
3. **Add value to the bottom line by delivering *excellent service* to all internal and external customers.**
 - a. Communicate *transparently, proactively, and clearly*.
 - b. Respond to inquiries *promptly and professionally*.
 - c. *Resolve any roadblocks* that are delaying review or issuance of licenses to qualified individuals.
 - d. *Maximize efficiencies* where possible and practical.
 - e. Identify when *additional resources* are needed, and make solution-oriented suggestions to the director.
4. **Prioritize changes to statutes and regulations that *streamline, modernize, and reduce barriers* to employment of qualified individuals.**
 - a. *Develop a strategic plan for your board*. The division can provide resources to assist you.
 - b. *Look for low-hanging fruit*: What has created a regulatory roadblock in the last five years? What is outdated or outmoded, given current tools, trends, and technology?
 - c. *Think big*: Now is the time to consider those ambitious changes you've dreamed about making. Join a licensure compact? Adopt reciprocity with other states? Put it on the table.
 - d. *Challenge biases and "the way we have always done it"*: Does the data support the decision? What does the requirement accomplish? Is it based on fact, fear, familiarity, or faction?
 - e. *Build into each agenda ample time to review* a portion of your program statutes and regulations to ensure they are serving the public interest.
 - f. *Set deadlines to assertively draft changes to statutes and regulations*. Consider assigning committees to work on them at publicly noticed gatherings between board meetings. Use the division's administrative resources to maximize outputs and opportunities.

I have directed staff to provide you with various tools to begin addressing New Year's Resolution #4 at your next board meeting. Either your board executive (if you have one), the deputy division director, or I plan to attend during the standard Division Update agenda item to walk through these tools and the task ahead.

Board progress on this review and your suggested regulatory changes will be reported up to the governor's office, and we stand at the ready to support your work. As always, our division regulations specialists are here to assist in drafting regulations. If you plan to navigate legislation that meets these objectives, please contact me directly or through your staff so we can leverage all our resources toward our common goal.

We are scheduling a survey to licensees and industry stakeholders to gather their input, which will be shared with each relevant board. You may also wish to encourage public comment on this topic in advance of a future board meeting. As resources allow, we may hold “town hall”-style meetings to solicit thoughts from the public. If you have additional ideas for outreach, please let me know. Please be sure to check the division's [board member training resources web site](#) for additional links to helpful resources.

The year ahead may move us out of our comfort zones, but it will fine tune our agency into a high-functioning, laser-focused, mission-oriented team. I look forward to actively working with you to accomplish these goals. Please reach out to me any time with questions, concerns, and ideas. I'm happy to think through both the small tweaks and the big ideas along with you. My direct line is 907-465-2144 and email is sara.chambers@alaska.gov.

IS IT GOVERNMENT'S RESPONSIBILITY?

RETHINKING REGULATION, RISK, AND
RESPONSIBILITY
IN STATE GOVERNMENT

The best government is that which governs least.

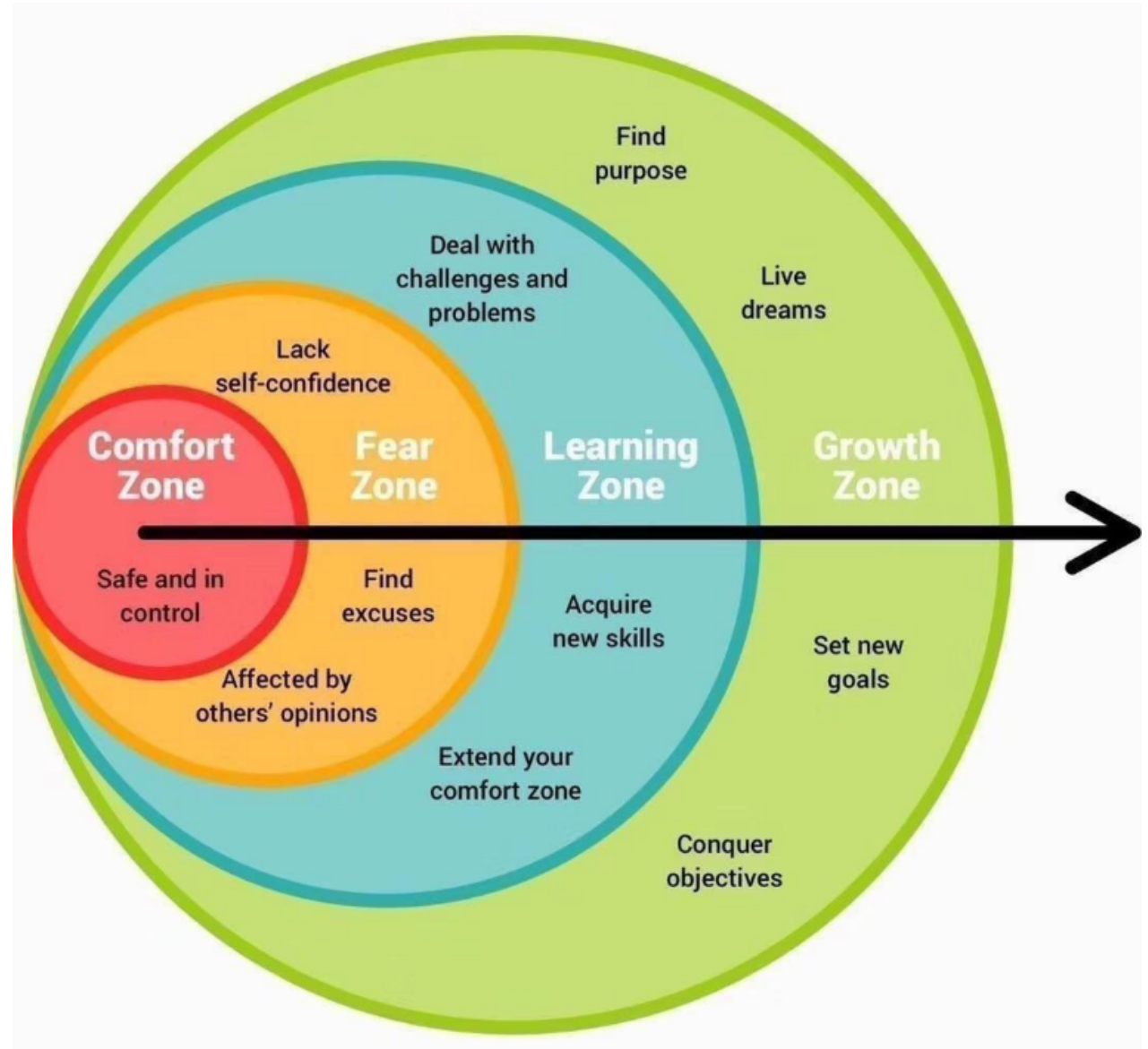
John L. O'Sullivan, The United States Magazine and Democratic Review, Vol. 1 (1837)

LEARNING OBJECTIVES

- Rethink options to manage risk
- Break out of comfort zone
- Hear different perspectives
- Enable you to:
 - Evaluate current and proposed management strategies
 - Propose statute, regulation, or administrative changes to the existing regulatory landscape

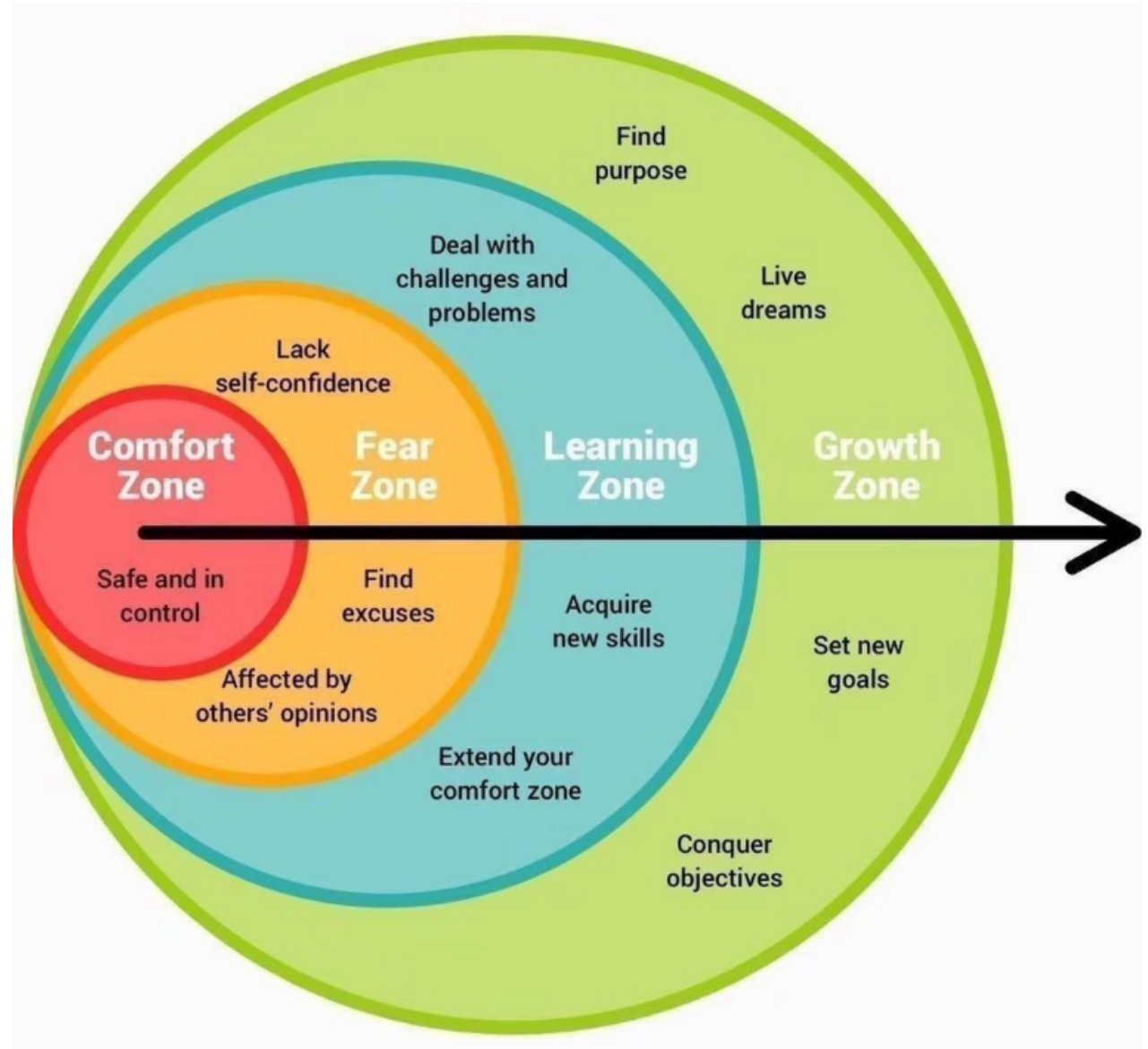
THIS EXERCISE WILL:

- prompt you to consider new ideas to solve problems
- expose you to fresh perspectives
- encourage deep dives into alternatives to regulation
- provide a framework for further discussion
- provide justification and reinforcement of management decisions



THIS EXERCISE WILL NOT:

- tell you how to solve the problem
- make you feel comfortable
- force you to change



WHAT IS THE ROLE OF GOVERNMENT?

- Form a more perfect union
- Establish justice
- Insure domestic tranquility
- Provide for the common defense
- Promote the general welfare
- Secure the blessings of liberty
- Secure and transmit to succeeding generations our heritage of political, civil, and religious liberty within the union of states

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**Preamble to the Constitution
of the United States of
America**

**Preamble to the Alaska
Constitution**

SO, WHY DO WE DO WHAT WE DO?

- Limit risk before it happens
- Provide remedy & redress of wrongs
- Gather, disseminate, and analyze data
- Ensure public process
- Create a revenue stream to pay for services
- Ensure transparency
- Provide public services
- Create stability and maintain order
- Set forth common boundaries, rights, and systems for governance
- Other reasons?

IS IT *REALLY* GOVERNMENT'S RESPONSIBILITY?

Is it a **proper activity** of government?

Does it **duplicate work** performed in the private sector?

Does it **require a monopoly**, or can multiple entities do it?

Is it **mandated by the federal government**?

For the purpose of this exercise, include any activity performed by your agency.

IS IT *REALLY* GOVERNMENT'S RESPONSIBILITY?

Or, do we ask government to perform our activity because:

We have always done it that way?

We can't think of another way to do it?

We feel ownership over the activity?

We don't have the resources to do explore options?

We don't have the resources to do manage the change?

Statutory change is too volatile and cumbersome?

Stakeholders want us to do it / no alternatives?

The public is complacent?

Other legitimate reasons, weak excuses, unexposed biases?

ARE WE DOING IT WELL?

Is the way we perform our activity:

The most { **effective**
cost-efficient
time-efficient
customer-friendly
inclusive } way to do it?

RIGHT-TOUCH REGULATION

**A RISK-MANAGEMENT APPROACH TO EVALUATING
REGULATORY ACTIVITY**

Time to use your workbook!

SECTION A: IDENTIFY THE PROBLEMS

The following bad things could happen when this activity is performed:

- 1.
- 2.
- 3.
- 4.
- 5.

SECTION B: CREATE A *HAZARD PROFILE*

What are the inherent (intrinsic) hazards present when the problem occurs?

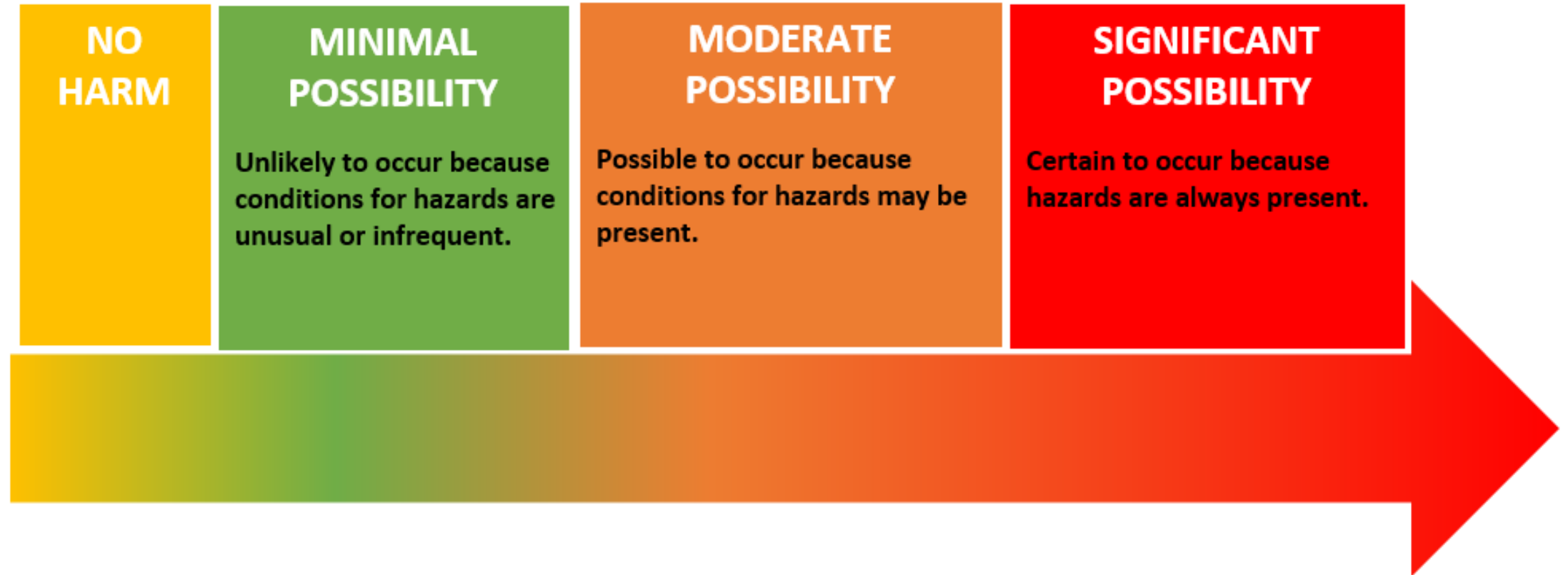
- Complexity
- Context
- Agency

What are the external (extrinsic) hazards present when the problem occurs?

- Scale
- Perception
- Impact of regulation
- Unintended consequences

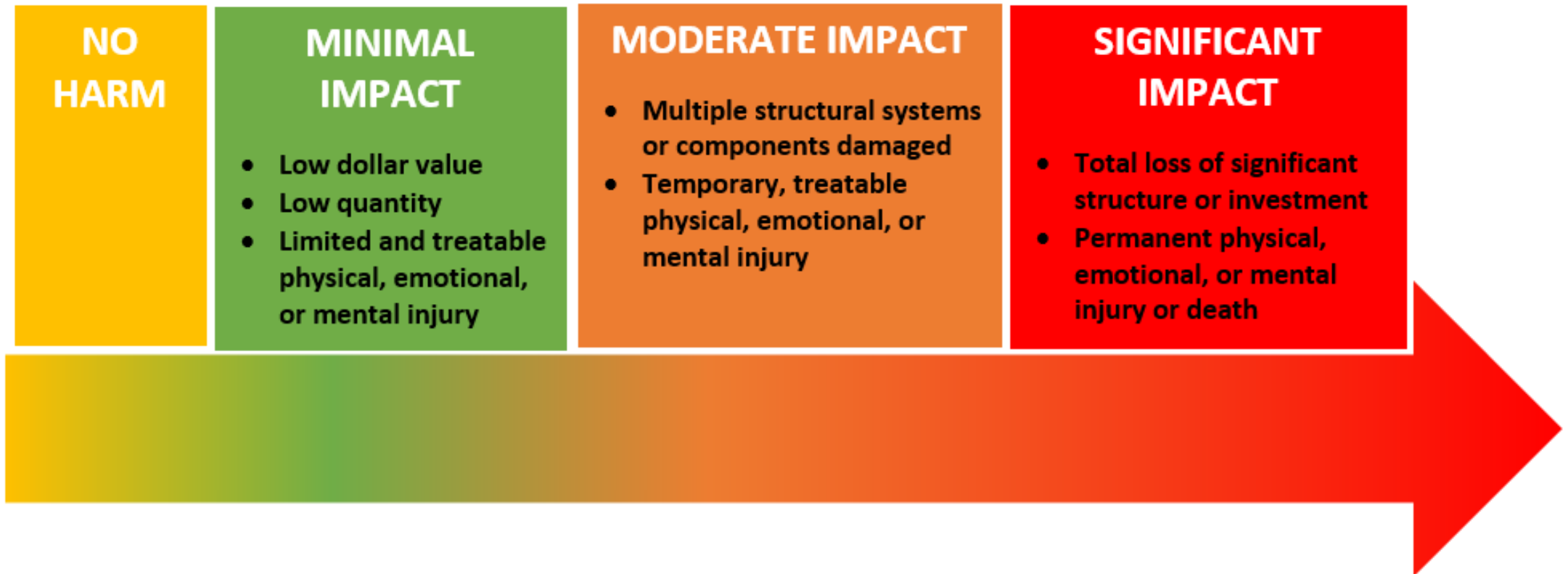
SECTION C: HARM POSSIBILITY

What is the *possibility* for the hazard to lead to creation of a harm?



SECTION D: HARM SIGNIFICANCE

If a harm occurs, what is its significance?



SECTION D: HARM RATINGS

Harm Possibility + Harm Significance = Total Harm Rating

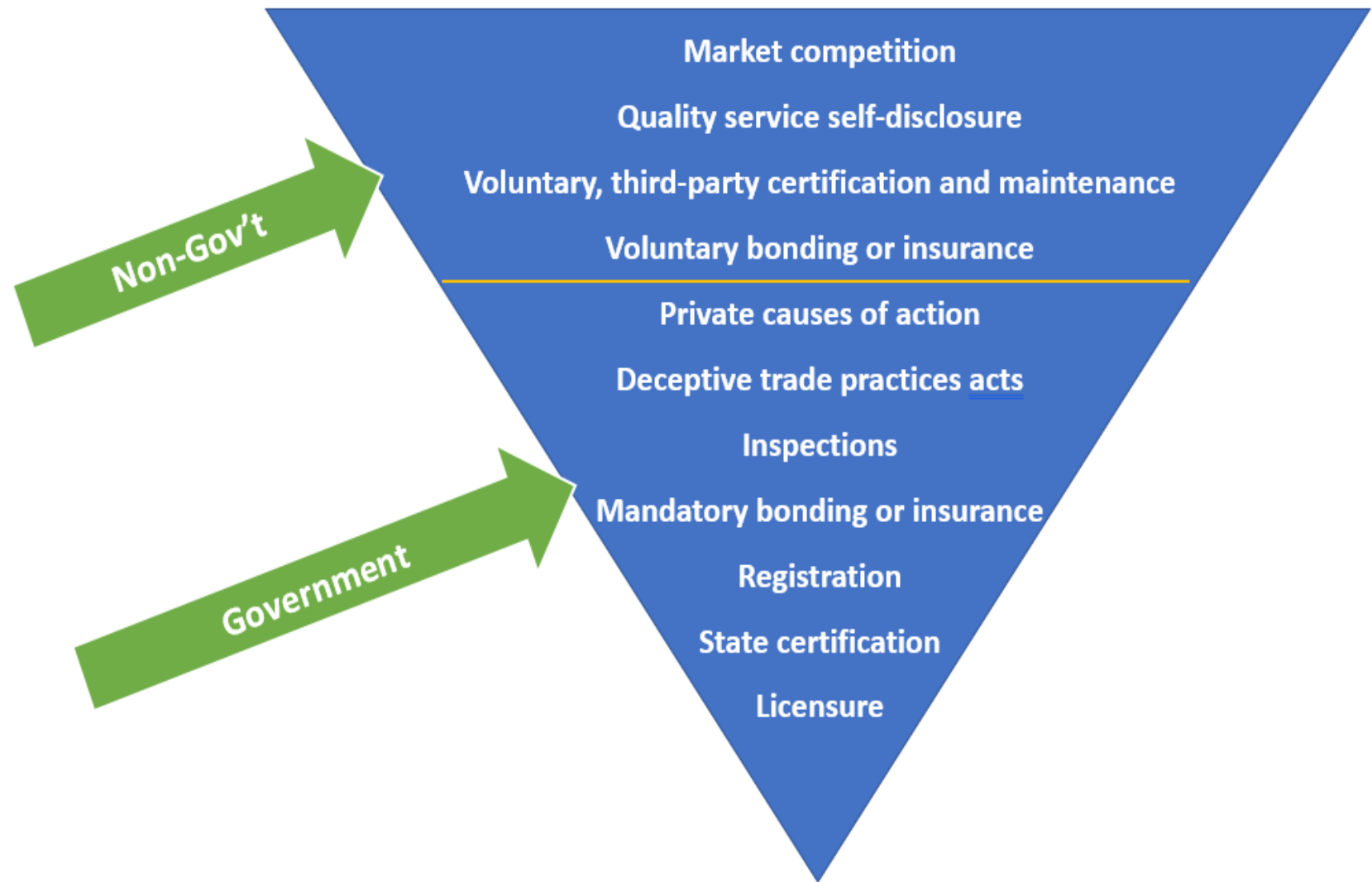
There is no scientific “high” or “low” harm rating for any particular regulated program or activity.

Compare your score with others:

- Did you have similar ratings?
- If not, what data is missing?
- What opinions or biases exist?
- Note any observations and make appropriate changes.

SECTIONS E & F: HAZARD MANAGEMENT

Examples from the world of professional licensure



SECTIONS E & F: HAZARD MANAGEMENT

The good, the bad, and the ugly: What is an acceptable level of risk? Oversight? Expense? Flexibility?

MARKET

- Yelp, Angie's List, Facebook
- Written warranty or money-back guarantee
- Better Business Bureau, Good Housekeeping Seal, national accreditation
- Employer/facility oversight
- Voluntary proof of insurance or bond

PALLIATIVE REGULATION

- Law requires proof of insurance or bonding
- Legal grounds for court action, may enjoin the state
- May be disciplined for violations

PREVENTATIVE REGULATION

- Must appear on an approved state list
- Periodic safety or compliance reviews by state agency
- Must meet state criteria



SECTIONS G & H: HAZARD MANAGEMENT

The good, the bad, and the ugly: What is an acceptable level of risk? Oversight? Expense? Flexibility?

Non-governmental regulation	Governmental regulation
Many options available	Fewer options available
Assumes an element of risk	Presumed safe
Less predictable, more agile	Predictable, slow to change
Less transparent, public process is optional	More transparent, public process is mandatory
Based on policy and practice	Based on statute and regulation
Accountable to the market/consumer	Accountable to state processes and agencies
Recourse through litigation, social media campaigns	Recourse through Administrative Procedures Act
May be unclear who is controlling quality, safety	Identity of the regulator is usually obvious
Cost depends on situation, funding can be fluid	Cost is set in state budget, statute, or regulation

SECTION I: MANAGEMENT RATINGS

Type of Management + Restrictiveness +
Flexibility

= Total Management Rating

There is no scientific “high” or “low” management rating for any particular regulated program or activity.

Compare your score with others:

- Below your ratings, write down your observations and opinions.
- Are you surprised that a particular hazard has a higher number—and therefore a more regulatory management response—than others?
- Reconsider any changes.

SECTION J: NEXT STEPS

What are the next steps to adjust the climate of regulation of the profession you are reviewing?

Compare your score with others:

- Review the documentation you have created in the previous exercises.
- What changes are needed to implement new management strategies?
- What are current inhibitors to improvement in management of relevant hazards?
- Reconsider any changes.
- Create a written, time-bound plan to accomplish next steps

THANK YOU!

THE REGULATORY REVIEW TEAM
GOVERNOR MICHAEL J. DUNLEAVY

Amy Demboski, Assistant Commissioner, DCCED (Project Manager)

Julie Anderson, Commissioner, DCCED

Adam Crum, Commissioner, DHSS

John MacKinnon, Commissioner, DOTPF

Sara Chambers, Division Director, DCCED

Glenn Hoskinson, Special Assistant, DCCED

Is it government's responsibility?

EVALUATING OCCUPATIONAL LICENSING REGULATION

Department: _____ Division: _____

Rater: _____ Role: _____ Date: _____

Sector/activity/program under review: _____

This evaluation tool is based on the principles of **right-touch regulation**, which does not prescribe an outcome but leads the thoughtful regulator to explore what characteristics of oversight will properly limit or address any problems with the activity in question.

The principles state that regulation should aim to be:

Proportionate	Regulators should only intervene when necessary . Remedies should be appropriate to the risk posed, and costs identified and minimized
Consistent	Rules and standards must be aligned and implemented fairly
Targeted	Regulation should be focused on the problem, and minimize side effects
Transparent	Regulators should be open, and keep regulations simple and user friendly
Accountable	Regulators must be able to justify decisions, and be subject to public scrutiny
Agile	Regulation must look forward and be able to adapt to anticipate change

These principles provide the foundation for thinking on policy in all sectors of society. The concept of right-touch regulation emerges naturally from these six principles: bringing together commonly agreed-upon principles of good regulation with understanding of a sector and a quantified and qualified assessment of risk of harm. It is intended for those making decisions about the design of a regulatory framework.

What this exercise WILL do:

- prompt you to consider new ideas to solve problems
- encourage deep dives into alternatives to regulation
- provide justification and reinforcement of management decisions
- expose you to fresh perspectives
- provide a framework for further discussion

What this exercise WILL NOT do:

- tell you how to solve the problem
- make you feel comfortable
- force you to change

This workbook is intended to accompany an explanatory presentation with the same title. If you have received the workbook without access to the presentation or materials, please contact Sara Chambers at sara.chambers@alaska.gov.

Identify the Problems

We need to identify the problem before we can determine whether any policy is the right one. Often in policy development the need for regulatory change, as a solution, is identified before the problem is properly described and understood. This can lead to inefficiencies as resources are spent developing a regulatory solution when the problem may be better dealt with in other ways.



Examples from various professions:

- An improperly built structure could collapse.
- A person could overdose on prescribed medication.
- Wildlife could be wantonly wasted.

A. Describe the problems with this profession. List each problem on a separate line.

Quantify and Qualify the Risks

Once the problem has been identified, we need to understand it fully and quantify and qualify the risks associated with it. Quantifying risks means gauging the likelihood of harm occurring and its severity. Qualifying risks means looking closely at the nature of the harm, and understanding how and why it occurs. Without this two-fold evaluation, which must be based on evidence, it is impossible to judge whether regulatory action is necessary, what type of regulatory response might be needed, or whether it would be better to use other means of managing the issues. Regulation should only be chosen when it clearly provides the best solution. Simply identifying a real or potential risk is not sufficient.

B. Create a *hazard profile* for each problem

Intrinsic Hazards		Extrinsic Hazards	
Complexity	Potential for harm caused by essential features of practice; for example: prescribing, surgical and psychological interventions	Scale	This criterion helps to ascertain the dimensions of harm. If the number of practitioners or service users is small, then this may suggest an alternative method of assurance would be appropriate. Conversely, support workers might pose a small risk volume in terms of complexity but are high in numbers.
The complexity and inherent hazards of the activity		<ul style="list-style-type: none"> Size of service user group Size of practitioner or licensee group 	
Context	Environments with varying levels of oversight (hospitals, private practice, homes) may indicate greater or lesser opportunity for hazards—or the ability to proactively or reactively manage hazards.	Perception	This criterion enables consideration of probable effects on public confidence in the occupation or needs of employers or other agencies using the services of the occupational group.
The environments in which the intervention takes place		Need for: <ul style="list-style-type: none"> Public confidence in the occupation Assurance for employers or other stakeholders 	Take care not to allow false perceptions influence your answers.
Agency	Contact with service users who may have less ability to exercise control over their care and circumstances may indicate a greater opportunity for hazards.	Impact of regulation	This criterion considers the impact of assurance mechanisms on the cost and supply of the occupation.
Service user vulnerability or autonomy		<ul style="list-style-type: none"> Market Workforce Quality Cost Innovation 	Market impact might include market size, prices, trading conditions, labor supply, employer needs, cost to licensee.
		Unintended Consequences	Any identifiable unintended consequences of the proposed forms of assurance are considered so that any implications can be addressed.
Problem	Intrinsic Hazards	Extrinsic Hazards	

	<div>1.</div> <div>2.</div> <div>3.</div>	<div>1.</div> <div>2.</div> <div>3.</div>
	<div>1.</div> <div>2.</div> <div>3.</div>	<div>1.</div> <div>2.</div> <div>3.</div>
	<div>1.</div> <div>2.</div> <div>3.</div>	<div>1.</div> <div>2.</div> <div>3.</div>
	<div>1.</div> <div>2.</div> <div>3.</div>	<div>1.</div> <div>2.</div> <div>3.</div>
	<div>1.</div> <div>2.</div> <div>3.</div>	<div>1.</div> <div>2.</div> <div>3.</div>

C. What is the possibility for the hazard(s) to lead to creation of a harm?

1-2	No harm to person or property is associated with this profession.
3-4	Minimal possibility of harm: Unlikely to occur because conditions for hazards are unusual or infrequent.
5-6	Moderate possibility of harm: Possible to occur because conditions for hazards may be present.
7-8	Significant possibility of harm: Likely to occur because hazards are frequently present.
9-10	Significant possibility of harm: Certain to occur because hazards are always present.

Hazard	Possibility Rating	Explanation of the possibility of harm: What is the likelihood for something to go wrong? What conditions must be triggered?
1.		
2.		
3.		
4.		

5.		
6.		
7.		
8.		
9.		
10.		

D. What is the significance of the harm?

1-2	No harm to person or property is associated with this profession.		
3-4	Minimal harm to property: Items of low dollar value or low quantity could be damaged or destroyed.		
5-6	Moderate harm to property Multiple structural systems or components or a single system/component of moderate value or investment could be damaged or destroyed.	OR	Minimal harm to life, health, or safety <ul style="list-style-type: none"> Physical/emotional/mental harm to a person could be limited and minor, no treatment required Small number of people possibly affected
7-8	Significant harm to property Total loss of significant structure or investment	OR	Moderate harm to life, health, or safety to a person <ul style="list-style-type: none"> Temporary, treatable physical/emotional/mental injury could occur Larger number of people possibly affected
9-10	Significant harm to life, health, or safety: Permanent physical/emotional/mental injury or death could occur. Wide audience of potential victims.		

Hazard	Significance Rating	Explanation of the significance of the harm
1.		
2.		
3.		
4.		
5.		
6.		
7.		

8.		
9.		
10.		

Total your ratings regarding *harm*:

Hazard	Harm Possibility Rating	Harm Significance Rating	TOTAL
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9			
10.			

Write down any observations regarding your rating totals:

Get as Close to the Problem as Possible

Once we have identified the problem and fully understood the risks, we must look for a solution that is as close to the problem as possible. Regulation is distant and removed from the point of care and problems are best solved near to where they occur. Targeted regulation needs to understand both the range of hazards and the factors that increase or decrease the risk of them resulting in harm. This means understanding the context in which the problem arises and the different tools that may be available to tackle the issues. We may need to work with organizations and individuals that are closer to the problem to bring about change. Some problems may be best tackled by regulatory measures applying to a whole profession, while others may require more targeted regulation or a non-regulatory approach.

Focus on the Outcome

Adopting a “right-touch” approach means staying focused on the outcome that we are looking to achieve, rather than being concerned about process, or prioritizing interests other than public safety. The outcome should be both tangible and measurable, and it must be directed towards the reduction of harm. Staying focused on the outcome helps identify the most appropriate solution. Having a clearly defined and measurable outcome also makes it easier to measure effectiveness.

Use Regulation Only When Necessary

Once the problem has been considered, we may begin to examine whether a regulatory change is the right proposal, evaluating this against the options of doing nothing and the risks and benefits of intervening. Making changes to regulation, especially statutory regulation, can be a slow process, so regulation should only be used as a solution when other actions are unable to deliver the desired results. A right-touch regulatory solution must keep to the six principles of good regulation and should build on existing approaches where possible. This will often involve looking for solutions other than regulation and may require regulators to work with other organizations and people to bring about change.

E. How can the hazards be managed without state regulation? Total harm ratings under 14 *may best be managed through non-governmental strategies*. If they can't, explain why.

0	Market competition	Yelp, Angie's List, Facebook, word of mouth
0	Quality service self-disclosure	Written specific warranty or money-back guarantee
0	Voluntary third-party certification	Better Business Bureau, national accreditation
1	Partnership with stakeholders	Employer/facility oversight, such as training, qualifications, codes of conduct, supervision, and evaluation
1	Voluntary bonding/insurance	Proof of insurance or bond is available
2	Local/municipal ordinance	Regulated or managed at the local level
Assign numbers	Other ideas:	

Hazard	Non-State Management Rating	Explanation of your suggested management <i>solution</i> in section E
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

For regulation to work, it must be clear to those who are regulated, clear to the public, clear to employers, and clear to the regulator. If each cannot explain to the other what the purpose of a regulation is and why it will work, it is not simple. This is as true in health and social care, with such a wide variety of agencies and individuals involved, as it is in other sectors. Avoiding complexity will lead to a greater impact. A regulatory response should be as simple as it can be while achieving the desired outcome.

Check for Unintended Consequences

Assessing the probable impact of a particular solution is an essential step to help us avoid unintended consequences. In a system as interconnected and complex as health and social care, for example, it is inevitable that proposing a change in policy and practice will have consequences for other parts of the system. If regulations are not workable, people will work around them and in doing so create new risks. Regulating to remove one risk without a proper analysis of the consequences may create new risks or merely move the risk to a different place.

F. How can the risk of hazards be managed through government regulation? List the potential unintended consequences or new risks created by government intervention.

Do these consequences outweigh the benefits of regulation? Why is state intervention the only solution? Validate your answer; you may find that you change your mind.

2	Legal recourse/consumer protection acts	Legal grounds for court action, may enjoin the state
3	Mandatory bonding/insurance	Law requires proof of insurance or bonding
5	State Inspection	Periodic safety or compliance reviews by state agency
6	State Registration	Must be on an approved state list; minimal entry criteria required
8	State Certification	Must meet state criteria, no discipline is applicable
10	State Licensure	Must meet state criteria, may be disciplined for violations
Hazard	State Management Rating	Explanation of your suggested management <i>solution</i> in section F
1.		
2.		

3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

G. Rate the level of restriction on market participants or restriction of access to services created by the management of each hazard.

1-2	Not restrictive: No solution is necessary.
3-4	Minimally restrictive: A voluntary market solution like self-certification or bonding was selected. Most people can easily meet these criteria, and the service is widely available.

5-6	Moderately restrictive: A low-impact regulatory solution like registration, bonding, or insurance was selected. Most people seeking to enter the profession can meet these criteria, and the service is available in most markets.
7-8	Very restrictive: National certification/examination or another universal industry standard was selected. Many people seeking to enter the profession can meet these criteria, and the service is usually available in medium-to-large markets.
9-10	Extremely restrictive: Full licensure with criteria like restricted education, supervision, and examination was selected. Some people seeking to enter the profession can meet these criteria, and the service is usually only available in large markets.

Hazard	Restrictiveness Rating	Explanation of the restrictions created by your suggested <i>management</i> solutions in sections E and F.
1.		
2.		
3.		
4.		

5.		
6.		
7.		
8.		
9.		
10.		

Review and Respond to Change

We should build flexibility into regulatory strategy to enable regulation to respond to change. All sectors evolve over time, as a result of a range of different influences. Regulators must not be left managing the crises of the past, while ignoring or being unable to react to new evidence that calls for change. This is what we mean by agility. A program of regular reviews, evaluation, and sunset audits can all help here.

H. Rate the level of flexibility of the management strategy as determined above.

1	Extremely flexible: No solution is necessary.	
3	Moderately flexible: Solution is managed by the participant or employer.	
7	Minimally flexible: Management of the problem requires state regulation change.	
10	Not flexible: Management of the problem requires state statute change.	
Hazard	Flexibility Rating	Provide method and frequency of evaluation to determine whether the solution is relevant and effective and—if not—how changes can be made
1.		
2.		
3.		
4.		
5.		
6.		

7.		
8.		
9.		
10.		

I. Total all your *management* ratings:

Below your ratings, write down your observations. Are you surprised that a particular hazard has a higher number—and therefore a more regulatory management response—than others? Reconsider any changes. If you are doing this exercise in a small group, discuss your ratings and answers with colleagues.

Hazard	Non-State Management Rating	State Management Rating	Restrictiveness Rating	Flexibility Rating	TOTAL
1.					

2.					
3.					
4.					
5.					
6.					
7.					

8.					
9.					
10.					

J. Determining next steps

What must happen to adjust the climate of regulation of the profession you are reviewing? Review the documentation you have created in the previous exercises.

Hazard	Changes needed to implement new management strategies	Current inhibitors to improvement in management of relevant hazards
--------	---	---

1.		
2.		
3.		
4.		
5.		
6.		

7.		
8.		
9.		
10.		

Deadlines and due-outs to accomplish next steps:

Next Step	Person Responsible	Target Date of Draft	Target Date Final

This workbook was developed by the Alaska Department of Commerce, Community, and Economic Development; Division of Corporations, Business and Professional Licensing (www.commerce.alaska.gov/web/cbpl) in 2019.

Primary credit for the narrative and concepts used in this tool are to the Professional Standards Authority (www.professionalstandards.org.uk). The concept of right-touch regulation emerges from the application of the principles of good regulation identified by the [Better Regulation Executive](#) in 2000, to which the [Professional Standards Authority](#) added agility as a sixth principle. All rights are reserved by the PSA.

Questions about this workbook can be directed to Sara Chambers, Director, Alaska Division of Corporations, Business and Professional Licensing, at sara.chambers@alaska.gov.

Radiologic Equipment Inspector Update

Review Question 5 on DEN Renewal



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Dental Examiners
PO Box 110806, Juneau, AK 99811
(907) 465-2550 • Email: BoardOfDentalExaminers@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

DEN

FOR DIVISION USE ONLY

Renewal: Dental License

March 1, 2019 – February 28, 2021

Renewal Type:	<input type="checkbox"/> Full-Term Biennial License Renewal (for licenses first issued on or before February 28, 2018) \$450.00
	<input type="checkbox"/> Prorated License Renewal (for licenses first issued on or after March 1, 2018) \$225.00

Alaska Dental License Number:	<input type="text"/>
--------------------------------------	----------------------

Practice Owner Name:	<input type="text"/>
Practice Location:	<input type="text"/>

Full Legal Name:	<input type="text"/> First Name:	<input type="text"/> Middle Name:	<input type="text"/> Last Name:
-------------------------	----------------------------------	-----------------------------------	---------------------------------

If you've had a legal name change since your last certificate was issued, you must complete a Change of Name form.

Mailing Address: Address change: <input type="checkbox"/>	<input type="text"/> Address:	<input type="text"/> City:	<input type="text"/> State:	<input type="text"/> ZIP Code:
Birthdate:	<input type="text"/> MM	<input type="text"/> DD	<input type="text"/> YYYY	
Contact Phone:	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.		
Email Address:	<input type="text"/>	<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail

SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Professional Fitness Questions

The following professional fitness questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

When in doubt, disclose and explain.

Since your last license was issued or renewed:

- | | |
|---|---|
| 1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 3. Have you been the subject of a report from the National Practitioner Data Bank or the American Association of Dental Boards Clearinghouse? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 4. Are you the subject of a decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding or of an unresolved complaint, investigation, review procedure, or other disciplinary proceeding, undertaken by a state, territorial, local, or federal dental licensing jurisdiction or a dental society? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 5. Are you the subject of an unresolved decision or a decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding, undertaken by a state, territorial, local, or federal dental licensing jurisdiction, dental society, or law enforcement agency that relates to criminal or fraudulent activity, dental malpractice, or negligent dental care and that reflects on your ability or competence to practice dentistry or on the safety or well-being of patients? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 6. Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, depression (except for situational or reactive depression), psychotic disorder, or other mental or physical condition or disability which may impair or interfere with your ability to practice as a dentist? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 7. Have you been treated for substance abuse, or have you been addicted to, or excessively or illegally used alcohol, or a controlled substance which may impair or interfere with your ability to practice as a dentist? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
-



THE STATE
of

ALASKA *Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: license@alaska.gov

Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form **only** to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying, but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to; suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:	Date of Incident:
Explanation of Incident:	
When in doubt, disclose and explain. Make copies as necessary.	

Did you attach all applicable documents associated with this incident?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Court orders | <input type="checkbox"/> Consent agreements | <input type="checkbox"/> Disciplinary actions | <input type="checkbox"/> Charging documents |
| <input type="checkbox"/> Court records | <input type="checkbox"/> Fitness to practice | <input type="checkbox"/> All other documentation related to this incident | |
| <input type="checkbox"/> I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident. | | | |

Full Name:	PL Code:	DEN
Signature:	Date:	

Radiological Equipment

- ☐ **No**, I do not own radiological equipment.
- ☐ **Yes**, I own radiological equipment which is registered with the board using the required form 08-4420.

Statement of Compliance

By checking the appropriate box below, you are verifying your compliance with the continuing competency requirements of 12 AAC 28.400-410.

See attached regulations.

Check one of these boxes if your renewal application is postmarked on or before February 28, 2019:

☐ **Renewal for licenses first issued on or before February 28, 2017**

I certify that I have successfully completed the required 32 hours of continuing education during the concluding licensing period of March 1, 2017, through February 28, 2019.

— or —

☐ **Renewal for licenses first issued between March 1, 2017, and February 28, 2018**

I certify that I have successfully completed the required 16 hours of continuing education during the concluding licensing period of March 1, 2017, through February 28, 2019.

— or —

☐ **Renewal for licenses first issued on or after March 1, 2018**

Licenses initially issued after March 1, 2018, are not required to provide evidence of continuing education for this renewal only. Licensees will be subject to continuing education requirements for subsequent renewals.

Check one of these boxes if your renewal application is postmarked on or after March 1, 2019:

- ☐ I have checked the appropriate box above to certify the method in which I successfully meet the continuing education requirements.

— or —

- ☐ I certify that I have successfully completed some or all my hours of continuing education after February 28, 2019, but prior to submitting this renewal application. These hours were earned in accordance with 12 AAC 28.400-410. I have attached a letter of explanation regarding my late renewal and copies of certificates documenting completion of continuing education. Under 12 AAC 02.965, I understand that the hours I earned after February 28, 2019, may not be used for the subsequent renewal period.

DEA Registration and Prescription Drug Monitoring program (PDMP)

All Alaska-licensed practitioners with a DEA registration must register with the Prescription Drug Monitoring Program (PDMP) and use the PDMP to review a patient's prescription history each time before prescribing a federally scheduled II or III controlled substance. Your PDMP registration must be renewed at the same time as your professional license. Visit pdmp.alaska.gov to register, renew, or find additional information.

Check ONE of the following:

- ☐ I have a valid DEA registration, and have registered with the Alaska PDMP.

DEA Registration Number: _____

PDMP Registration Number: _____

— or —

If your number has not yet been issued, state "pending".

- ☐ I do not have a DEA registration.

I understand that if I obtain a DEA registration I must register with the Alaska PDMP and use it to review a patient's prescription history as required by Alaska law.

Signature

I certify that I hold a current CPR certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920. I further certify the course was NOT an online course. If audited, I agree to provide documentation that verifies I meet this activity as claimed.

By my signature below, I certify that the information in this application is true and correct. I further certify that I have successfully completed the required continuing competency as of this date, as reflected by my completed Statement of Compliance. If audited, I understand I must provide documentation that verifies I meet the activities as claimed.

I attest that I will adhere to the ethical standards for dentists as set out by the Board in 12 AAC 28.905-908.

WARNING: The Alaska Board of Dental Examiners may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice by fraud or deceit. The person may also be subject to criminal charges for unsworn falsification. (AS 11.56.210)

Applicant's Signature: _____

Date: _____

Before mailing this license application, have you...



- ✓ Completed all sections of the form?
- ✓ Fully explained and documented any professional fitness "Yes" answers?
- ✓ Submitted payment and signed and dated the form?

! General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid the license will be issued and sent to you with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

APPLICATION SUBMITTAL:

Submit applications forms and supporting documents by U. S. Mail to: CBPL, P.O. Box 110806, Juneau, AK 99811-0806

If you are using a courier delivery service, the physical delivery address is: 333 Willoughby Avenue, 9th Floor, Juneau, AK
The U.S. Post Office will not deliver to the physical address.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on February 28 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

"YES" RESPONSES:

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness question in the application, be sure to submit a signed and dated letter of explanation. Submit both charging and closing court documentation for criminal convictions and a "safe to practice" letter from the appropriate health care provider for any disability and/or medical and/or substance issue which may impair or interfere with your ability to practice.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years, so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name. To make these changes and to opt-in to receive email notifications, visit: ProfessionalLicense.Alaska.Gov/MYLICENSE

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form located at ProfessionalLicense.Alaska.gov or contact the Division for a copy of the form.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at ProfessionalLicense.Alaska.gov under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 or (800) 441-2962 to resolve payment issues.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at: BusinessLicense.Alaska.gov

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: ProfessionalLicense.Alaska.Gov

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST
Email: RegulationsAndPublicComment@Alaska.Gov
Department of Commerce, Community, and Economic Development
P.O. Box 110806
Juneau, Alaska 99811-0806

CONTINUING PROFESSIONAL COMPETENCE REQUIREMENTS.

Section

400. Continuing education requirements for dentistry and dental hygienists licensees

405. Continuing education requirements for first time renewal of a license

410. Approved continuing education courses

420. Report of continuing education

12 AAC 28.400. CONTINUING EDUCATION REQUIREMENTS FOR DENTISTRY AND DENTAL HYGIENISTS LICENSEES. (a) Except as provided in 12 AAC 28.405(a), an applicant for renewal of a dentistry license shall submit evidence of continued professional competence by documenting

- (1) completion of at least 32 contact hours of continuing education; and
- (2) cardiopulmonary resuscitation (CPR) certification, that meets the requirements of AS 08.36.070 and 12 AAC 28.920; and
- (3) if the applicant holds a valid federal Drug Enforcement Administration registration number, verification that the applicant has completed not less than two hours of continuing education in pain management and opioid use and addiction during the concluding licensing period.

(b) Except as provided in 12 AAC 28.405(b), an applicant for renewal of a dental hygienist license shall submit evidence of continued professional competence by documenting

- (1) completion of at least 20 contact hours of continuing education; and
- (2) cardiopulmonary resuscitation (CPR) certification, that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

(c) For the purpose of this section,

- (1) one “contact hour” equals a minimum of 50 minutes of instruction;
 - (2) one academic semester credit hour equals 15 contact hours;
 - (3) one academic quarter credit hour equals 10 contact hours;
 - (4) one continuing education unit equals one contact hour;
 - (5) one continuing education credit equals one contact hour.
- (d) Credit is given only for class hours and not hours devoted to class preparation.

Authority: AS 08.32.071 AS 08.36.070 AS 08.36.250

12 AAC 28.405. CONTINUING EDUCATION REQUIREMENTS FOR FIRST TIME RENEWAL OF A LICENSE. (a) An applicant applying for renewal of a dentistry license for the first time shall submit evidence of continued professional competence by documenting

(1) completion of at least one-half of the number of contact hours of continuing education required by 12 AAC 28.400(a)(1) for each complete calendar year that the applicant was licensed during the concluding licensing period; and

- (2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

(b) An applicant applying for renewal of a dental hygienist license for the first time shall submit evidence of continued professional competence by documenting

(1) completion of at least one-half of the number of contact hours of continuing education required by 12 AAC 28.400(b)(1) for each complete calendar year that the applicant was licensed during the concluding licensing period; and

- (2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

Authority: AS 08.32.071 AS 08.36.070 AS 08.36.250

12 AAC 28.410. APPROVED CONTINUING EDUCATION COURSES. (a) Except as provided in (c) of this section, and subject to the limits set out in (g) and (h) of this section, only the following courses will be accepted as continuing education under 12 AAC 28.400 — 12 AAC 28.420, and only if participation in those courses is verifiable and the subject matter contributes to the professional knowledge and development of the practitioner or enhances the ability to provide services to the patient:

(1) courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienist’s Association (ADHA), Academy of General Dentistry (AGD), or American Dental Association (ADA);

(2) other courses, workshops, or symposiums approved by the board that are offered by dental or dental hygiene colleges or universities, or similar dental or dental hygiene organizations or associations;

- (3) organized study club courses approved by the board;

- (4) self-study programs offered by a dental or dental hygiene college or university, the AGD, or the ADA that have been approved by the board.

(b) *Repealed 1/15/2003.*

(c) The continuing education contact hours required by 12 AAC 28.400 or 12 AAC 28.405 for renewal of a dentistry license or a dental hygienist license may include no more than four hours of CPR training for the entire renewal period.

(d) An applicant for renewal of a dentistry or dental hygienist license may receive contact hours of continuing education for the applicant’s presentation of a lecture or course that meets the requirements of (a) of this section. For the purpose of this section, contact hours for the presentation of a lecture or course will be awarded as follows:

- (1) three contact hours for each 50 minutes of an initial presentation; and

- (2) one contact hour for each 50 minutes of a repeat presentation.

(e) Acceptance or approval by the board under this section of a course, workshop, or symposium is valid for two years, if a change is not made to its content.

(f) If a change is made to the content of a course, workshop, or symposium or more than two years have passed since its acceptance or approval by the board, the course, workshop, or symposium must be resubmitted to the board for acceptance or approval under this section.

(g) Courses in practice management and risk management are limited to three hours per licensing period.

(h) Not more than two credit hours of continuing education may apply for at least two hours of volunteer service in a dental related setting.

Authority: AS 08.32.071 AS 08.36.070 AS 08.36.250

12 AAC 28.420. REPORT OF CONTINUING EDUCATION. (a) An applicant for renewal of a dentistry license or a dental hygienist license shall submit, on a renewal form provided by the department, a signed statement of compliance with the continuing education requirements under 12 AAC 28.400 – 12 AAC 28.410, as described in 12 AAC 02.960.

(b) An applicant for renewal is responsible for maintaining adequate and detailed records of continuing education courses taken, as described in 12 AAC 02.960(f), and shall make them available to the board upon request.

(c) Falsification of any written evidence submitted to the board under this section is grounds for license revocation or suspension under AS 08.32.160(1) and (5) and AS 08.36.315(1) and (7).

ARTICLE 8 (Portions of) GENERAL PROVISIONS

Section

- 900. Current address
- 905. Ethical Standards
- 908. Additional Qualifications for Licensure
- 920. CPR certification
- 925. Lapsed Licenses

12 AAC 28.900. CURRENT ADDRESS. A licensee shall maintain a current, valid mailing address on file with the division at all times. The latest mailing address on file for an active, inactive or lapsed license is the address of the licensee for official communications, notifications and service of legal process.

12 AAC 28.905. ETHICAL STANDARDS. (a) The "Code of Ethics for Dental Hygienists", as set out in the American Dental Hygienists' Association document titled *Bylaws – Code of Ethics*, dated June 23, 2014, is adopted by reference as the ethical standards for dental hygienists, and applies to all dental hygienists in the state.

(b) The American Dental Association's *Principles of Ethics and Code of Professional Conduct*, with official advisory opinions revised to April 2012, is adopted by reference as the ethical standards for dentists, and applies to all dentists in the state.

Editor's note: A copy of the "Code of Ethics for Dental Hygienists," adopted by reference in 12 AAC 28.905, is available for inspection at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, Juneau, Alaska, or may be obtained from the American Dental Hygienists' Association, 444 North Michigan Avenue, Suite 3400, Chicago, IL 60611-3980. A copy of the *Principles of Ethics and Code of Professional Conduct*, adopted by reference in 12 AAC 28.905, is available for inspection at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, Juneau, Alaska, or may be obtained from the American Dental Association, Council on Ethics, Bylaws and Judicial Affairs, 211 East Chicago Avenue, Chicago, IL 60611.

12 AAC 28.908. ADDITIONAL QUALIFICATIONS FOR LICENSURE. (a) In addition to the requirements of AS 08.32 and the other requirements of this chapter, to be eligible for licensure as a dental hygienist an applicant shall provide, with the application, on a form provided by the department and signed by the applicant,

(1) a statement that the applicant understands that a licensed dental hygienist shall adhere to the ethical standards for dental hygienists that are established by the board, and that failure to adhere to the ethical standards may result in the imposition of a sanction that is described in AS 08.32.160; and

(2) a certification that the applicant, if licensed as a dental hygienist, will adhere to the ethical standards.

(b) In addition to the requirements of AS 08.36 and the other requirements of this chapter, to be eligible for licensure as a dentist, an applicant shall provide, with the application, on a form provided by the department and signed by the applicant,

(1) a statement that the applicant understands that a licensed dentist shall adhere to the ethical standards for dentists that are established by the board, and that failure to adhere to the ethical standards may result in the imposition of a sanction that is described in AS 08.36.315; and

(2) a certification that the applicant, if licensed as a dentist, will adhere to the ethical standards.

12 AAC 28.920. CPR CERTIFICATION. (a) Certification in cardiopulmonary resuscitation (CPR) techniques required under this chapter for a license or license renewal must be based upon training equivalent to that required for completion of a cardiopulmonary resuscitation course certified by the American Heart Association or American Red Cross. Online courses are not acceptable, unless there is a hands-on component.

(b) The board may approve a waiver of the cardiopulmonary resuscitation requirements upon submission of documentation of a physical disability prohibiting the person from performing cardiopulmonary resuscitation. A person with a waiver must work in close proximity to a staff person with current certification in cardiopulmonary resuscitation.

12 AAC 28.925. LAPSED LICENSES. (a) A dental license or dental hygienist license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant

(1) submits a completed application for renewal;

(2) pays the renewal fee established in 12 AAC 02.190(a)(4), (a)(8), (b)(5), (b)(6), and (b)(14), as applicable; and

(3) submits satisfactory documentation to verify the completion of the continuing education requirements in 12 AAC 28.400.

(b) Except as provided in (c) of this section, a dental license or a dental hygiene license that has been lapsed at least one year but no more than two years will be reinstated if the applicant

(1) meets the requirements of (a) of this section;

(2) arranges for reports to be sent directly to the department from the National Practitioner Data Bank and the American Association of Dental Examiners Clearinghouse for Board Actions;

(3) arranges for verification of licensure to be sent directly to the division from each state where the applicant holds or has ever held a license as a dentist or dental hygienist; and

(4) is qualified for a license under AS 08.32 or AS 08.36.

(c) After notice and hearing, the board may refuse to reinstate a dental license or dental hygienist license for the same reasons that the board may impose disciplinary sanctions against a licensee under AS 08.32 or AS 08.36, and under this chapter.



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Street: 333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
Mail: PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550 • Fax: (907) 465-2974

CREDIT CARD PAYMENT

For security purposes, do not email credit card information. Fax or mail this credit card payment form to the division. Completion of this form is not proof of payment until the division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

License Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

☐ Application Fee: _____

☐ License or Renewal Fee: _____

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 05/01/18

Credit Card Payment Form

VISA or Mastercard Number: _____ Expiration Date: _____

Billing ZIP Code: _____ 3-Digit Security Code: _____

This section below the dotted line will be destroyed upon processing of the payment.

Lunch



Public Comment

Draft Regulations Projects

PDMP Penalty Matrix

Prescribing issues:

- Failure to review information from the PDMP before prescribing schedule II or III controlled substances.

Proposed sanctions: Reprimand; Civil Fine of up to \$25,000; require Proper Prescribing Course and Medical Record Keeping Course. Discipline to be commensurate with the severity of the violation.

- Failure of a licensee who has a DEA registration to register with the PDMP, when no schedule II or III controlled prescriptions have been issued.

Proposed sanctions: Imposition of civil fine without censure or reprimand (technical violation not related to the delivery of health care); Civil Fine of \$1,000 for each violation. Discipline to be commensurate with the severity of the violation.

Unprofessional Conduct issues:

- Allowing an unlicensed individual to perform duties that would normally be performed by a licensed individual.

Proposed sanctions for violations not directly related to hands-on patient care (such as PDMP access violations):

- o First time violation – Imposition of civil fine without censure or reprimand (technical violation not related to the delivery of health care); Civil Fine of \$1,000 for each violation or each unlicensed individual, unless there are mitigating factors.
- o Additional violations, or if mitigating factors - Reprimand; Civil Fine of up to \$10,000 for each violation or each unlicensed individual. Discipline to be commensurate with the severity of the violation.

Proposed sanctions for violations related to hands-on patient care: Reprimand; Civil Fine of a minimum of \$10,000. Discipline to be commensurate with the severity of the violation.

It may be prudent to develop a process for ensuring compliance with the PDMP registration requirements. The following instruction should be included on our website, on new and renewal applications, and on notices regarding license application status:

All Alaska health care practitioners who have a DEA registration valid to use in any state must register with the Alaska Prescription Drug Monitoring Program (PDMP). Registration with the Alaska PDMP is required, even if you are registered with another state PDMP, and even if you do not intend to prescribe controlled substances to Alaska patients. You would only need to access the PDMP to review a patient's records each time before prescribing a federally scheduled II or III controlled substance. Visit [PDMP.Alaska.Gov](https://pdmp.alaska.gov) for information and registration instructions. Failure to comply with PDMP requirements may result in disciplinary sanctions.

For new applications: When issued a temporary license, the above notice is provided. When issuing permanent licenses, staff will verify that licensee has registered with PDMP (if required); if not registered they will notify and send a letter re: PDMP registration and use requirements w/ info about violations/disc. sanctions, and allow 30 days for compliance. If still not registered, will refer to investigations for further inquiry- violations will be subject to the above disciplinary matrix.

For renewal applications: After renewal season, run a roster of renewals and randomly select 5% for audit of compliance with the PDMP registration requirement, then send letter re: PDMP registration and use requirements w/ info about violations/disc. sanctions, and allow 30 days for compliance. If still not registered, will refer to investigations for further inquiry - violations will be subject to the above disciplinary matrix.

Dental Hygiene Penalty Matrix

On Line Continuing Education

From: [Dominic wenzell](#)
To: [Wiard, Tracy L \(CED\)](#)
Subject: CE Requirements
Date: Friday, August 2, 2019 10:45:53 AM
Attachments: [Continuing Education for Boards.numbers](#)

Hello Tracy,

I was tasked with researching online ce requirements for each state. Enclosed is a spreadsheet with my results.

Will you please forward to all board members for review and place on board meeting agenda to discuss?

Thanks

Dr. Wenzell

Board Members:

Enclosed is a spreadsheet showing the CE requirements for each State. Most States (except Wyoming) require medical emergencies, OHSA, and BLS courses. A fair number also require PDMP/pain management.

I am suggesting Alaska change our licensing requirements. As some of you may have noticed, some prospective licensees and current license holders are skipping the online course itself and merely taking the test at the end for credit. Some of these tests have time stamps so it is obvious. Other applicants have submitted credit well beyond 8 hours in a day. I believe I saw one that submitted 17 credit hours obtained in one day.

I understand the convenience of online courses but feel the system is being abused by some.

I suggest we:

1. Limit the number of online credit allowed per day
2. Limit the total number of online credit allowed towards licensure requirement

My initial thoughts are limiting to 8 hours of online ce per day and less than 50% of all required hours.

I look forward to discussing this later this month.

Dr. Wenzell

STATES	CE hrs required	Renewal yrs	On-line limitations
Alabama	20	1	no more than 10 hours
Alaska	32	2	all allowed
Arizona	72	3	limited to 24 hours
Arkansas	50	2	all allowed
California	50	2	no more than 25 hours, less than 8 hours per day allowed
Colorado	30	2	15 hours has to be live
Connecticut	25	2	all allowed
Delaware	50	2	max of 30 hours allowed
Florida	30	2	doesn't state so assume all allowed
Georgia	40	2	20 hour limitation
Hawaii	32	2	max of 8 hours online
Idaho	15	1	doesn't state so assume all allowed
Illinois	48	3	limit of 24 online
Indiana	20	2	limit of 10 online
Iowa	30	2	12 max online
Kansas	60	2	all allowed
Kentucky	30	2	limit of 20 hours
Louisiana	40	2	limit of 10 hours
Maine	40	2	limit of 10 hours
Maryland	30	2	limit of 17 hours
Massachusetts	40	2	limit of 20 hours
Michigan	60	3	40 hours allowed
Minnesota	50	2	all allowed
Mississippi	40	2	limit of 10 hours
Missouri	50	2	not stated so assume all allowed
Montana	60	3	all allowed
Nebraska	30	2	limit of 10
Nevada	20	1	all allowed
New Hampshire	40	2	not stated so assume all allowed
New Jersey	40	2	limit of 20 hours
New Mexico	60	3	limit of 30 hours
New York	45	3	limit of 18 hours
North Carolina	15	1	all allowed
North Dakota	32	2	limit of 16 hours
Ohio	40	2	all allowed if PACE or CERP approved

STATES	CE hrs required	Renewal yrs	On-line limitations
Oklahoma	60	3	limit of 30 hours
Oregon	40	2	not stated so assume all allowed
Pennsylvania	30	2	limit of 15 hours
Rhode Island	60	3	not stated so assume all allowed
South Carolina	28	2	not stated so assume all allowed
South Dakota	100	5	limit of 30 hours
Tennessee	40	2	hygiene limited to 50%, dentists can take all online
Texas	12	1	limit of 6 hours
Utah	30	2	limit of 15 hours
Vermont	30	2	all allowed
Virginia	15	1	all allowed
Washington	63	3	no limit but only 50% of time count, so if all online need to complete 126
West Virginia	35	2	limit of 28
Wisconsin	30	2	all allowed
Wyoming	not required		not required

Sedation Inspector Qualifications



9198 Crestwyn Hills Drive
Memphis, TN 38125
800.290.9314

June 23, 2019

David L. Nielson, DDS
Alaska Board of Dental Examiners

Dr. Nielson,

As requested in your email dated May 23, 2019, here is a list of qualifications for the AAFDO sedation / anesthesia inspection team. You may be able to use this for a briefing to the Board and subsequent use for an RFP.

Qualifications:

1. Inspections shall be conducted by a team of inspectors. The team shall consist of the following two (2) members: a) a Level 1 Inspector, and b) a Level 2 Inspector.
 - a. **Level 1 Inspectors** shall have the following qualifications:
 - i. Two years of experience with dental office operations
 - ii. Certified to instruct and provide certification in Basic Life support (BLS), Advanced Cardiac Life support (ACLS) and Pediatric Advanced Life Support (PALS)
 - iii. Certified in the use of all common dental office emergency equipment
 - iv. Certificated graduates of a three (3) – day sedation / anesthesia office inspection course, having demonstrating competence in the following:
 1. Credentialing requirements
 2. Licensing requirements
 3. Permitting requirements
 4. Training requirements
 5. Education requirements





6. Facility standards
 7. Patient selection
 8. Sedation / Anesthesia Safety protocols
 9. Resuscitative and emergency protocols
 10. Alaska State Regulations
- v. Completion of three (3) proctored inspections prior to conducting independent inspections
 - vi. Demonstrated competency in an annual “ride along” (and in any “no-notice”) competency checks
 - vii. Mastery of knowledge certification upon the completion of annual refresher training
 - viii. Customer satisfaction scores no lower than an average of 4.0 on a 5-point scale
 - ix. Clinical Advisory Board feedback scores on inspections results of no lower than 3.0 the on a 4-point scale
 - x. 82% Inter-rater reliability (using the PABR method, pairing with the Chief Inspector)
- b. **Level Two Inspectors** shall have the following qualifications:
- i. Doctor of Dental Surgery Degree or Doctor of Dental Medicine
 - ii. Ten (10) years of experience lecturing on dental office emergency preparedness
 - iii. Advanced training in intravenous sedation
 - iv. A minimum of 20 years of dental practice experience
 - Or -
 - v. A minimum of five (5) years of experience providing sedation training and emergency management training to residents in the Advanced Education in General Dentistry program as a member of faculty at a health science center
 - Or -
 - vi. A minimum of 10 years of experience in AED operations
 - vii. A minimum of 10 years of experience in dental office risk management





Dispute Resolution:

Inspectors shall provide a process for a provider to challenge the results of an inspection. The resolution process shall include, as a minimum, the following steps:

1. An automated process for a provider to provide notice to the inspection team of a challenge to the findings of the inspection
2. Review and adjudication of the challenge by a clinical advisory board consisting of a minimum of two (2) Level 2 inspectors
3. An automated process for a provider to request arbitration of a denied challenge
4. Review and adjudication of a denied challenge by an Arbitration Board. The board must include at least three (3) members, one of which shall be a peer of the provider, and one of which shall be a member of the Alaska Board of Dental Examiners
5. A process for a re-inspection, if required

It should be noted that we expect for the Dispute Resolution process to be rarely, if ever, used. Based on our beta-tests, we believe our inspection preparation checklist is exemplary and proven to prepare an office to successfully pass an inspection. AAFDO's mission is to ensure patient safety and our bias is to work with all dentists to successfully meet the inspection criteria.

Our inspections will not be a roadblock to any dentist or anesthesia provider making an honest effort. However, this resolution process does exist in the event a challenge is initiated and should be included in any RFP.

I hope this list of qualifications helps you move the ball forward on the RFP. Please let me know if you have any questions.

As I mentioned in one of my emails, I am happy to get on an airplane and come to Alaska and meet with the Board as needed.

All of us at AAFDO are grateful to be considered for this opportunity.





Best regards,

A handwritten signature in blue ink, appearing to read "SHarden".

Steve Harden
Co-founder and Managing Partner
AAFDO
9198 Crestwyn Hills Drive
Memphis, TN 38125

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SHarden@AAFDO.com



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Resident Military Member Exemptions for Courtesy License

From: [Zinn, Sher K \(CED\)](#)
To: [Wiard, Tracy L \(CED\)](#)
Cc: [Bonnell, Joseph K \(CED\)](#)
Subject: RE: Military and Federal Resident exception
Date: Tuesday, July 30, 2019 11:37:47 AM

Tracy,

DOL already has told them they cannot make an exception for a military person or public health provider for a native corporation if they are claiming residency in the state of Alaska. Their only avenue is to seek a legislative change. In short, nonresident means nonresident, regardless of who they are.

12 AAC 28.955. COURTESY LICENSE. (a) The board will issue a courtesy license to practice dentistry or dental hygiene to a **nonresident** for only a limited purpose that is approved by the board under (b) of this section to an applicant who meets the requirements of this section. The board will specify the limitations on scope of the approved practice and duration of the courtesy license. A courtesy license does not authorize the licensee to practice dentistry or dental hygiene outside the limited purpose that is specified on the courtesy license.

Sec. 08.01.062. Courtesy licenses. (a) A board established under this title and the Department of Commerce, Community, and Economic Development, with respect to an occupation that it regulates under this title, may by regulation establish criteria for issuing a temporary courtesy license to **nonresidents who enter the state so that, on a temporary basis,** they may practice the occupation regulated by the board or the department.

(b) The regulations adopted under (a) of this section may include limitations relating to the

- (1) duration of the license's validity;
- (2) scope of practice allowed under the license; and
- (3) other matters considered important by the board or the department.

I'll be sending you the dental regulations for your board packet this afternoon. And, just to remind you, Ashley Brown will be discussing with the board their options for inspection of sedation facilities. I'll email her and find out what the best time for her to address that is and get back with you.

Let me know if you have any further questions.

Thank you,
Sher Zinn
Regulations Specialist
Division of Corporations, Business
And Professional Licensing
907-465-1049
Sher.zinn@alaska.gov

From: Wiard, Tracy L (CED)
Sent: Tuesday, July 30, 2019 9:46 AM
To: Zinn, Sher K (CED) <sher.zinn@alaska.gov>
Cc: Bonnell, Joseph K (CED) <joseph.bonnell@alaska.gov>
Subject: FW: Military and Federal Resident exception

Good Morning,

I am just checking for any update on this information before the next meeting on Aug. 23? If there is anything I may add to the board packet please let me know. Thank you.

Tracy L. Wiard

Occupational Licensing Examiner

Board of Dental Examiners

Department of Commerce, Community, & Economic Development

Division of Corporations, Business, and Professional Licensing

State of Alaska Board of Dental Examiners

PO BOX 110806

Juneau, AK 99811-0806

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From: Wiard, Tracy L (CED)

Sent: Thursday, April 18, 2019 11:36 AM

To: Zinn, Sher K (CED) <sher.zinn@alaska.gov>

Cc: Bonnell, Joseph K (CED) <joseph.bonnell@alaska.gov>

Subject: Military and Federal Resident exception

Good Morning,

At the 04.15.19 DEN meeting I advised the board I would ask LAW or get legal guidance concerning the exception of adding an Alaska Resident that is an active duty military member, dentist or dental hygienist for an Indian Health Service, or Public Health Service Provider that does not currently hold an Alaska dental or dental hygiene license to be added as an allowable resident applicant type for a

dental/hygiene courtesy license. In the event that this cannot be done for legal issues, the board was going to add to their letter to the Alaska Dental Society regarding specialty licenses, a request to have the term, "non-resident," removed from the centralized statutes that prevents federally employed dentists with no Alaska licenses who are state residents from obtaining a courtesy license. Please let me know if you have questions. I will do my best to answer those. Thanks very much.

Tracy L. Wiard

Occupational Licensing Examiner

Board of Dental Examiners

Department of Commerce, Community, & Economic Development

Division of Corporations, Business, and Professional Licensing

State of Alaska Medical Board

PO BOX 110806

Juneau, AK 99811-0806

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New NBDE Requirements

(9) a copy of the applicant's certificate of examination from the American Dental Association Joint Commission on National Dental Examinations, verifying successful passage of the National Board ~~of~~ Dental Examination Part 1 and Part II **or the Integrated National Board Dental Examination**; and

Draft Regulations Language for Public Comment With Comments and FAQ

Chapter 28. Board of Dental Examiners.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 28.010(g)(2) is amended to read:

- (2) **lapses or** expires on the date the dentist's license **lapses or** expires; [.]

12 AAC 28.010 (g) is amended by adding a new paragraph to read:

(3) may be reinstated if the permit has lapsed more than 60 days but less than two years if the applicant submits

(A) a completed application for renewal on a form provided by the department;

(B) the applicable renewal fee established in 12 AAC 02.190; and

(C) evidence of continuing education and documentation of sedation cases required by 12 AAC 28.010(e)(1), (2), (3), and (5), as applicable, completed during the concluding licensing period. (Eff. 4/10/70, Register 34; am 5/29/98, Register 146; am 6/24/2012, Register 202; am 12/15/2013, Register 208; am 4/14/2018, Register 226, am 12/9/2018, Register 228; am 5/1/2019, Register 230; am ____/____/____, Register ____)

Authority: AS 08.01.065 AS 08.36.100 AS 08.36.234
AS 08.36.070 AS 08.36.110 AS 08.36.250

12 AAC 28.015(l)(1) is amended to read:

(1) Will be renewed when the dentist's license to practice is renewed if the dentist demonstrates continued compliance with AS 08.36 and this chapter; [AND]

12 AAC 28.015(l)(2) is amended to read:

(2) **lapses or** expires on the date the dentist's license **lapses or** expires; [.] **and**

12 AAC 28.015(l) is amended by adding a new paragraph to read:

(3) may be reinstated if the permit has lapsed more than 60 days but less than two years if the applicant submits

(A) a completed application for renewal on a form provided by the department;

(B) the applicable renewal fee established in 12 AAC 02.190; and

(C) evidence of continuing education and documentation of sedation cases required by 12 AAC 28.015(h)(1), (2), (3), and (5), as applicable, completed during the concluding licensing period. (Eff. 4/14/2018, Register 226; am 12/9/2018, Register 228; am 5/1/2019, Register 230; am ____/____/____, Register ____)

Authority: AS 08.01.065 AS 08.36.100 AS 08.36.234
AS 08.36.070 AS 08.36.110 AS 08.36.250

12 AAC 28.400 is repealed and readopted to read:

12 AAC 28.400. Continuing education requirements for dentistry and dental hygienists licensees. (a) Except as provided in 12 AAC 28.405(a), an applicant for renewal of a dentistry license shall submit evidence of continued professional competence by documenting

(1) completion of at least 32 contact hours of continuing education;

(2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920; [:] and

(3) if the applicant holds a valid federal Drug Enforcement Administration registration number, verification that the applicant has completed not less than two hours of continuing education in pain management and opioid use and addiction during the concluding licensing period.

(b) Except as provided in 12 AAC 28.405(b), an applicant for renewal of a dental hygienist license shall submit evidence of continued professional competence by documenting

(1) completion of at least 20 contact hours of continuing education; and

(2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

(c) **An applicant for renewal of a dental hygienist restorative function endorsement under 12 AAC 28.780 shall submit evidence of continued competence by documenting at least two hours of continuing education relating to materials or techniques used for the restoration of teeth.**

(d) [C] For the purpose of this section,

(1) one “contact hour” equals a minimum of 50 minutes of instruction;

(2) one academic semester credit hour equals 15 contact hours;

(3) one academic quarter credit equals 10 contact hours;

(4) one continuing education unit equals one contact hours;

(5) one continuing education credit equals one contact hour.

(e) [D] Credit is given only for class hours and not hours devoted to class preparation.

(Eff. 4/10/88, Register 106; am 2/18/93, Register 125; am 4/8/93, Register 126; am 5/29/98, Register 146; am 12/5/2009, Register 192; am 12/15/2013, Register 208; am 9/26/2018, Register 227; am ____/____/____, Register ____)

Authority: AS 0832.071 AS 08.36.070 AS 08.36.250

12 AAC 28.410(a) is amended to read:

(a) Except as provided in (c) of this section, and subject to the limits set out in (g) and (h) of this section, only the following courses will be accepted as continuing education under 12 AAC 28.400 – 12 AAC 28.420 **and 12 AAC 28.880(b)**, and only if participation in those courses is verifiable and the subject matter contributes to the professional knowledge and development of the practitioner or enhances the ability to provide services to the patient; [.]

...

(Eff. 4/10/88, Register 106; am 4/13/91, Register 118; am 2/18/93, Register 125; am 2/28/96, Register 137; am 5/29/98, Register 146; am 1/28/2000, Register 153; am 8/15/2001, Register 159; am 3/23/2002, Register 161; am 1/15/2003, Register 165; am 12/5/2009, Register 192; am 12/15/2013, Register 208; am ____ / ____ / ____, Register ____)

12 AAC 28.780(a) is amended to read:

(a) A dental hygienist's endorsement to perform restorative functions **lapses or** expires on the date the dental hygienist's license **lapses or** expires.

12 AAC 28.780 is amended by adding a new subsection to read:

(d) an applicant for renewal of a dental hygienist endorsement to perform restorative functions must submit

- (1) a completed application for renewal on a form provided by the department;
- (2) the applicable renewal fee established in 12 AAC 02.190;

(3) documentation of successful completion of two hours of continuing education required under 12 AAC 28.400(c). (Eff. 3/18/2011, Register 197; am ____/____/____, Register ____)

Authority: AS 08.32.071 AS 08.32.187 AS 08.36.070
AS 08.32.085

12 AAC 28.880(a) is repealed and readopted to read:

12 AAC 28.880. Renewal of dental assistant's restorative function certificate. (a) A dental assistant's restorative function certificate must be renewed biennially on or before February 28 of odd-numbered years. In order to renew a certificate to perform restorative function, a dental assistant must submit to the department [A]

(1) a completed application for renewal on a form provided by the department;

[AND]

(2) the \$60 certificate renewal fee; and

(3) documentation of completion of two hours of continuing education required under (b) of this section.

(b) An applicant for renewal of a dental assistant restorative function certificate shall complete two hours of continuing education approved under 12 AAC 28.410(a) relating to materials or techniques used for the restoration of teeth.

(c) [B] The board will maintain a registry of dental assistants certified under AS 08.36.344 and 12 AAC 28.850 to perform restorative functions.

(d) A dental assistant restorative function certificate may not be renewed if the certificate has lapsed for two years or more. (Eff. 3/18/2011, Register 197; am 12/4/2014,

Register _____, _____ 2019 PROFESSIONAL REGULATIONS

Register 212; am 9/10/2017, Register 223; am ____/____/____, Register ____)

Authority: AS 08.36.070 AS 08.36.344

Chapter 28. Board of Dental Examiners.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 28.010(g)(2) is amended to read:

- (2) **lapses or** expires on the date the dentist's license **lapses or** expires; [.]

12 AAC 28.010 (g) is amended by adding a new paragraph to read:

(3) may be reinstated if the permit has lapsed more than 60 days but less than two years if the applicant submits

(A) a completed application for renewal on a form provided by the department;

(B) the applicable renewal fee established in 12 AAC 02.190; and

(C) evidence of continuing education and documentation of sedation cases required by 12 AAC 28.010(e)(1), (2), (3), and (5), as applicable, completed during the concluding licensing period. **The sedation cases required under this subparagraph must be completed while holding a current deep sedation permit or while observing or under the supervision of a current deep sedation permit holder, CRNA or physician.** (Eff.

4/10/70, Register 34; am 5/29/98, Register 146; am 6/24/2012, Register 202; am 12/15/2013, Register 208; am 4/14/2018, Register 226, am 12/9/2018, Register 228; am 5/1/2019, Register 230; am ____/____/____, Register ____)

Authority: AS 08.01.065 AS 08.36.100 AS 08.36.234
AS 08.36.070 AS 08.36.110 AS 08.36.250

12 AAC 28.015(l)(1) is amended to read:

(1) Will be renewed when the dentist's license to practice is renewed if the dentist demonstrates continued compliance with AS 08.36 and this chapter; [AND]

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12 AAC 28.015(l) is amended by adding a new paragraph to read:

(3) may be reinstated if the permit has lapsed more than 60 days but less than two years if the applicant submits

(A) a completed application for renewal on a form provided by the department;

(B) the applicable renewal fee established in 12 AAC 02.190; and

(C) evidence of continuing education and documentation of sedation cases required by 12 AAC 28.015(h)(1), (2), (3), and (5), as applicable, completed during the concluding licensing period. **The sedation cases required under this subparagraph must be completed while holding a current moderate sedation permit or while observing or under the supervision of a current deep or moderate sedation permit holder, CRNA or physician.** (Eff. 4/14/2018, Register 226; am 12/9/2018, Register

228; am 5/1/2019, Register 230; am ____/____/____, Register ____)

Authority: AS 08.01.065 AS 08.36.100 AS 08.36.234
AS 08.36.070 AS 08.36.110 AS 08.36.250

12 AAC 28.400 is amended by adding a new subsection to read:

(c) An applicant for renewal of a dental hygienist restorative function endorsement under 12 AAC 28.780 shall submit evidence of continued competence by documenting at least two hours of continuing education relating to materials or techniques used for the restoration of teeth.

12 AAC 28.400 is amended to read:

(d) [C] For the purpose of this section,

- (1) one “contact hour” equals a minimum of 50 minutes of instruction;
- (2) one academic semester credit hour equals 15 contact hours;
- (3) one academic quarter credit equals 10 contact hours;
- (4) one continuing education unit equals one contact hours;
- (5) one continuing education credit equals one contact hour.

(e) [D] Credit is given only for class hours and not hours devoted to class preparation.

(Eff. 4/10/88, Register 106; am 2/18/93, Register 125; am 4/8/93, Register 126; am 5/29/98, Register 146; am 12/5/2009, Register 192; am 12/15/2013, Register 208; am 9/26/2018, Register 227; am ____/____/____, Register ____)

Authority: AS 0832.071 AS 08.36.070 AS 08.36.250

12 AAC 28.410(a) is amended to read:

(a) Except as provided in (c) of this section and subject to the limits set out in (g) and (h) of this section, only the following courses will be accepted as continuing education under 12 AAC 28.400 – 12 AAC 28.420 **and 12 AAC 28.880(b)**, and only if participation in those courses is verifiable and the subject matter contributes to the professional knowledge and development of the practitioner or enhances the ability to provide services to the patient; [.]

Register _____, _____ 2019 PROFESSIONAL REGULATIONS

...

(Eff. 4/10/88, Register 106; am 4/13/91, Register 118; am 2/18/93, Register 125; am 2/28/96, Register 137; am 5/29/98, Register 146; am 1/28/2000, Register 153; am 8/15/2001, Register 159; am 3/23/3002, Register 161; am 1/15/2003, Register 165; am 12/5/2009, Register 192; am 12/15/2013, Register 208; am ____/____/____, Register ____)

12 AAC 28.780(a) is amended to read:

(a) A dental hygienist's endorsement to perform restorative functions **lapses or** expires on the date the dental hygienist's license **lapses or** expires.

12 AAC 28.780 is amended by adding a new subsection to read:

(d) an applicant for renewal of a dental hygienist endorsement to perform restorative functions must submit

(1) a completed application for renewal on a form provided by the department;
(2) the applicable renewal fee established in 12 AAC 02.190;
(3) documentation of successful completion of two hours of continuing education required under 12 AAC 28.400(c). (Eff. 3/18/2011, Register 197; am ____/____/____, Register ____)

Authority: AS 08.32.071 AS 08.32.187 AS 08.36.070
AS 08.32.085

12 AAC 28.880(a) is amended to read:

12 AAC 28.880. Renewal of dental assistant's restorative function certificate. (a) A

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dental assistant's restorative function certificate must be renewed biennially on or before February 28 of odd-numbered years. In order to renew a certificate to perform restorative function, a dental assistant must submit to the department [A]

(1) a completed application for renewal on a form provided by the department;

[AND]

(2) the \$60 certificate renewal fee; and

(3) documentation of completion of two hours of continuing education required under (b) of this section.

(b) An applicant for renewal of a dental assistant restorative function certificate shall complete two hours of continuing education approved under 12 AAC 28.410(a) relating to materials or techniques used for the restoration of teeth.

(c) [B] The board will maintain a registry of dental assistants certified under AS 08.36.344 and 12 AAC 28.850 to perform restorative functions.

(d) A dental assistant restorative function certificate may not be renewed if the certificate has lapsed for two years or more. (Eff. 3/18/2011, Register 197; am 12/4/2014, Register 212; am 9/10/2017, Register 223; am ____/____/____, Register ____)

Authority: AS 08.36.070 AS 08.36.344

Regulation Changes Questionnaire

Division/Board: DENBoard

Meeting Date: August 23, 2019

Regulation change being proposed: 12 AAC 28.010(g)(1&2) 28

General topic of the regulation: Lapse or expiration of deep and moderate sedation permits

This worksheet is designed to help the board think through an anticipated regulations project. Staff will provide this worksheet to the board at the time a regulations project is being approved for public notice. This information will be used to develop a FAQ to be posted on the board's web page to help the public understand the project. Staff will submit the completed worksheet with the draft board minutes to the Regulations Specialist within 10 days of the meeting and provide a copy to the supervisor. Appropriate staff will be assigned to complete this worksheet if a division regulation. **NOTE: Use a separate worksheet for each section being proposed.**

1. Is the new regulation needed to comply with new legislation or federal law? If yes, effective date of new statute/federal law: _____ <i>(If appropriate, ensure the new regulation is in line with federal requirements prior to initiating a regulation project.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Does the change add a new license type? If yes: Does it affect current licensees? Do current licensees/non-licensees already perform the service for which the new license type is required? Is there a grace period or date explicitly included in the regulation to allow for a transition period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does it change the qualifications or requirements of an existing license? If yes, does it affect current licensees?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does it affect continuing education/competency requirements? If yes: Does it add additional requirements or hours? Does it clarify existing regulations? Is there an effective date in the future to give licensees time to comply?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is it a fee change or does it create a new fee? If yes: Does it move fees in the centralized regulations to a new number, therefore affecting other program regulations?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Does it make changes to the requirements of licensees? If yes: All licensees Certain licensees (List: _____) Initial licensees	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
7. In addition to interested parties, who should receive the public notice? (All licensees or certain license types?) Dental licensees holding a current, lapsed or expired moderate or deep sedation permit.	

<p>8. In addition to the 30-day minimum written notice, does the board request a public hearing? If yes, when and where.</p> <p>No</p>
<p>9. What will the regulation do?</p> <p>The regulation change will clarify what happens when a licensee fails to renew a sedation permit when renewing their dental license by adding a lapsed status to sedation permits. It will give the board guidance on how to handle renewal or reinstatement of sedation permits that go into a lapsed status by treating sedation permits similarly to dental licenses under 08.36.250 and 28.925.</p>
<p>10. What is the demonstrated public need or purpose of this regulation?</p> <p>Only to give a dentist the opportunity to renew their sedation permit if they forget or fail to renew their sedation permit by the normal dental license renewal period; thus allowing the public a better chance at a continuity of care.</p>
<p>11. What is the known or estimated cost of the new regulation to a private person, another agency, or a municipality (see Step 3 of the <i>Steps in the Regulation Process...</i>)?</p> <p>Only the normal renewal fees paid by the permit holders.</p>
<p>12. What <u>positive</u> consequences may this regulation have on public or private people, businesses, or organizations?</p> <p>It provides a method for dentists to reinstate their sedation permits without undo time and expense allowing the public better access to care.</p>
<p>13. What <u>negative</u> consequences may this regulation have on public or private people, business, or organizations?</p> <p>None</p>
<p>14. If any <u>negative</u> consequences, please address the reasons why the public need for this change outweighs the negative impact.</p> <p>N/A</p>
<p>15. List any additional questions or comments that may arise from the public during the comment period. Include a response to the questions.</p> <p>If I must provide documentation of sedation cases completed during the concluding licensing period but failed to complete the required number, how can I do that if my permit has lapsed?</p> <p>Answer: To satisfy the number of cases you were short during the concluding licensing period, you will need to either take a refresher course or document that you either observed or were supervised by a current permit holder in the same category, by a certified nurse anesthetist or a physician.</p>
<p>16. What type of notification outlining the changes will be required once the regulation is adopted? Check appropriate boxes.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> FAQ on website <input checked="" type="checkbox"/> Email to licensees <input type="checkbox"/> *Letter to licensees <input type="checkbox"/> </div> <p><small>* Cost to board for mailing letter</small></p>

Staff submitting this worksheet: _____ Date submitted to Regulations Specialist: _____

Regulation Changes Questionnaire

Division/Board: DENBoard

Meeting Date: August 23, 2019

Regulation change being proposed: 12 AAC 28.400, 28.410(a),

General topic of the regulation: Renewal and reinstatement of hygiene and assistant restoral

This worksheet is designed to help the board think through an anticipated regulations project. Staff will provide this worksheet to the board at the time a regulations project is being approved for public notice. This information will be used to develop a FAQ to be posted on the board's web page to help the public understand the project. Staff will submit the completed worksheet with the draft board minutes to the Regulations Specialist within 10 days of the meeting and provide a copy to the supervisor. Appropriate staff will be assigned to complete this worksheet if a division regulation. **NOTE: Use a separate worksheet for each section being proposed.**

1. Is the new regulation needed to comply with new legislation or federal law? If yes, effective date of new statute/federal law: _____ <i>(If appropriate, ensure the new regulation is in line with federal requirements prior to initiating a regulation project.)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Does the change add a new license type? If yes: Does it affect current licensees? Do current licensees/non-licensees already perform the service for which the new license type is required? Is there a grace period or date explicitly included in the regulation to allow for a transition period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does it change the qualifications or requirements of an existing license? If yes, does it affect current licensees?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. Does it affect continuing education/competency requirements? If yes: Does it add additional requirements or hours? Does it clarify existing regulations? Is there an effective date in the future to give licensees time to comply?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5. Is it a fee change or does it create a new fee? If yes: Does it move fees in the centralized regulations to a new number, therefore affecting other program regulations?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6. Does it make changes to the requirements of licensees? If yes: All licensees Certain licensees (List: <u>Only current or future restorative function endorsement</u>) Initial licensees	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7. In addition to interested parties, who should receive the public notice? (All licensees or certain license types?) Certain license types. Hygiene license holders and all restorative function endorsement holders.	

8. In addition to the 30-day minimum written notice, does the board request a public hearing? If yes, when and where. No
9. What will the regulation do? It will help ensure assistants and hygienists who hold a restorative function endorsement are keeping abreast of the latest restorative materials and techniques.
10. What is the demonstrated public need or purpose of this regulation? As materials and techniques change, so do the competencies for filling teeth. Just as dentists need to keep up with the current restorative techniques, so should all restorative function endorsement holders.
11. What is the known or estimated cost of the new regulation to a private person, another agency, or a municipality (see Step 3 of the <i>Steps in the Regulation Process...</i>)? Only the minimal cost of an on-line or in person course every two years.
12. What <u>positive</u> consequences may this regulation have on public or private people, businesses, or organizations? It will help ensure dental personnel restoring teeth in patients are up to date with current materials, procedures and techniques.
13. What <u>negative</u> consequences may this regulation have on public or private people, business, or organizations? None
14. If any <u>negative</u> consequences, please address the reasons why the public need for this change outweighs the negative impact. N/A
15. List any additional questions or comments that may arise from the public during the comment period. Include a response to the questions. How will I know if the restorative coursework will be accepted by the board? Answer: Any course in restorative dental materials or techniques that has been approved by CERP, PACE or sponsored by a dental or hygiene association should qualify. Any other course would be approved on a case by case basis.
16. What type of notification outlining the changes will be required once the regulation is adopted? Check appropriate boxes. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div>FAQ on website <input checked="" type="checkbox"/></div> <div>Email to licensees <input type="checkbox"/></div> <div>*Letter to licensees <input checked="" type="checkbox"/></div> </div> <div style="margin-top: 5px;">* Cost to board for mailing letter</div>

Staff submitting this worksheet: _____ Date submitted to Regulations Specialist: _____

Chapter 28. Board of Dental Examiners.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 28.010(g)(2) is amended to read:

- (2) **lapses or** expires on the date the dentist's license **lapses or** expires; [.]

12 AAC 28.010 (g) is amended by adding a new paragraph to read:

(3) may be reinstated if the permit has lapsed more than 60 days but less than two years if the applicant submits

(A) a completed application for renewal on a form provided by the department;

(B) the applicable renewal fee established in 12 AAC 02.190; and

(C) evidence of continuing education and documentation of sedation cases required by 12 AAC 28.010(e)(1), (2), (3), and (5), as applicable, completed during the concluding licensing period. **The sedation cases required under this subparagraph must be completed while holding a current deep sedation permit or while observing or under the supervision of a current deep sedation permit holder, CRNA or physician.** (Eff.



4/10/70, Register 34; am 5/29/98, Register 146; am 6/24/2012, Register 202; am 12/15/2013, Register 208; am 4/14/2018, Register 226, am 12/9/2018, Register 228; am 5/1/2019, Register 230; am ____/____/____, Register ____)

Authority: AS 08.01.065 AS 08.36.100 AS 08.36.234
AS 08.36.070 AS 08.36.110 AS 08.36.250

12 AAC 28.015(l)(1) is amended to read:

(1) Will be renewed when the dentist's license to practice is renewed if the dentist demonstrates continued compliance with AS 08.36 and this chapter; [AND]

12 AAC 28.015(l)(2) is amended to read:

(2) **lapses or** expires on the date the dentist's license **lapses or** expires; [.] **and**

12 AAC 28.015(l) is amended by adding a new paragraph to read:

(3) may be reinstated if the permit has lapsed more than 60 days but less than two years if the applicant submits

(A) a completed application for renewal on a form provided by the department;

(B) the applicable renewal fee established in 12 AAC 02.190; and

(C) evidence of continuing education and documentation of sedation cases required by 12 AAC 28.015(h)(1), (2), (3), and (5), as applicable, completed during the concluding licensing period. **The sedation cases required under this subparagraph must be completed while holding a current moderate sedation permit or while observing or under the supervision of a current deep or moderate sedation permit holder, CRNA or physician.** (Eff. 4/14/2018, Register 226; am 12/9/2018, Register

228; am 5/1/2019, Register 230; am ____/____/____, Register ____)

Authority: AS 08.01.065 AS 08.36.100 AS 08.36.234
AS 08.36.070 AS 08.36.110 AS 08.36.250

12 AAC 28.400 is amended by adding a new subsection to read:

(c) An applicant for renewal of a dental hygienist restorative function endorsement under 12 AAC 28.780 shall submit evidence of continued competence by documenting at least two hours of continuing education relating to materials or techniques used for the restoration of teeth.

12 AAC 28.400 is amended to read:

(d) [C] For the purpose of this section,

- (1) one “contact hour” equals a minimum of 50 minutes of instruction;
- (2) one academic semester credit hour equals 15 contact hours;
- (3) one academic quarter credit equals 10 contact hours;
- (4) one continuing education unit equals one contact hours;
- (5) one continuing education credit equals one contact hour.

(e) [D] Credit is given only for class hours and not hours devoted to class preparation.

(Eff. 4/10/88, Register 106; am 2/18/93, Register 125; am 4/8/93, Register 126; am 5/29/98, Register 146; am 12/5/2009, Register 192; am 12/15/2013, Register 208; am 9/26/2018, Register 227; am ____/____/____, Register ____)

Authority: AS 0832.071 AS 08.36.070 AS 08.36.250

12 AAC 28.410(a) is amended to read:

(a) Except as provided in (c) of this section and subject to the limits set out in (g) and (h) of this section, only the following courses will be accepted as continuing education under 12 AAC 28.400 – 12 AAC 28.420 **and 12 AAC 28.880(b)**, and only if participation in those courses is verifiable and the subject matter contributes to the professional knowledge and development of the practitioner or enhances the ability to provide services to the patient; [.]

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...

(Eff. 4/10/88, Register 106; am 4/13/91, Register 118; am 2/18/93, Register 125; am 2/28/96, Register 137; am 5/29/98, Register 146; am 1/28/2000, Register 153; am 8/15/2001, Register 159; am 3/23/2002, Register 161; am 1/15/2003, Register 165; am 12/5/2009, Register 192; am 12/15/2013, Register 208; am ____/____/____, Register ____)

12 AAC 28.780(a) is amended to read:

(a) A dental hygienist's endorsement to perform restorative functions **lapses or** expires on the date the dental hygienist's license **lapses or** expires.



12 AAC 28.780 is amended by adding a new subsection to read:

(d) an applicant for renewal of a dental hygienist endorsement to perform restorative functions must submit

- (1) a completed application for renewal on a form provided by the department;
- (2) the applicable renewal fee established in 12 AAC 02.190;
- (3) documentation of successful completion of two hours of continuing education required under 12 AAC 28.400(c). (Eff. 3/18/2011, Register 197; am ____/____/____, Register ____)

Authority: AS 08.32.071 AS 08.32.187 AS 08.36.070
AS 08.32.085

12 AAC 28.880(a) is amended to read:

12 AAC 28.880. Renewal of dental assistant's restorative function certificate. (a) A

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dental assistant's restorative function certificate must be renewed biennially on or before February 28 of odd-numbered years. In order to renew a certificate to perform restorative function, a dental assistant must submit to the department [A]

(1) a completed application for renewal on a form provided by the department;

[AND]

(2) the \$60 certificate renewal fee; and

(3) documentation of completion of two hours of continuing education required under (b) of this section.

(b) An applicant for renewal of a dental assistant restorative function certificate shall complete two hours of continuing education approved under 12 AAC 28.410(a) relating to materials or techniques used for the restoration of teeth.

(c) [B] The board will maintain a registry of dental assistants certified under AS 08.36.344 and 12 AAC 28.850 to perform restorative functions.

(d) A dental assistant restorative function certificate may not be renewed if the certificate has lapsed for two years or more. (Eff. 3/18/2011, Register 197; am 12/4/2014, Register 212; am 9/10/2017, Register 223; am ____/____/____, Register ____)

Authority: AS 08.36.070 AS 08.36.344

Draft Regulations for Public Comment

Chapter 28. Board of Dental Examiners.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 28.010(g)(2) is amended to read:

- (2) **lapses or** expires on the date the dentist's license **lapses or** expires; [.]

12 AAC 28.010 (g) is amended by adding a new paragraph to read:

(3) may be reinstated if the permit has lapsed more than 60 days but less than two years if the applicant submits

(A) a completed application for renewal on a form provided by the department;

(B) the applicable renewal fee established in 12 AAC 02.190; and

(C) evidence of continuing education and documentation of sedation cases required by 12 AAC 28.010(e)(1), (2), (3), and (5), as applicable, completed during the concluding licensing period. (Eff. 4/10/70, Register 34; am 5/29/98, Register 146; am 6/24/2012, Register 202; am 12/15/2013, Register 208; am 4/14/2018, Register 226, am 12/9/2018, Register 228; am 5/1/2019, Register 230; am ____/____/____, Register ____)

Authority: AS 08.01.065 AS 08.36.100 AS 08.36.234
AS 08.36.070 AS 08.36.110 AS 08.36.250

12 AAC 28.015(l)(1) is amended to read:

(1) Will be renewed when the dentist's license to practice is renewed if the dentist demonstrates continued compliance with AS 08.36 and this chapter; [AND]

12 AAC 28.015(l)(2) is amended to read:

(2) **lapses or** expires on the date the dentist's license **lapses or** expires; [.] **and**

12 AAC 28.015(l) is amended by adding a new paragraph to read:

(3) may be reinstated if the permit has lapsed more than 60 days but less than two years if the applicant submits

(A) a completed application for renewal on a form provided by the department;

(B) the applicable renewal fee established in 12 AAC 02.190; and

(C) evidence of continuing education and documentation of sedation cases required by 12 AAC 28.015(h)(1), (2), (3), and (5), as applicable, completed during the concluding licensing period. (Eff. 4/14/2018, Register 226; am 12/9/2018, Register 228; am 5/1/2019, Register 230; am ____/____/____, Register ____)

Authority: AS 08.01.065 AS 08.36.100 AS 08.36.234
AS 08.36.070 AS 08.36.110 AS 08.36.250

12 AAC 28.400 is repealed and readopted to read:

12 AAC 28.400. Continuing education requirements for dentistry and dental hygienists licensees. (a) Except as provided in 12 AAC 28.405(a), an applicant for renewal of a dentistry license shall submit evidence of continued professional competence by documenting

(1) completion of at least 32 contact hours of continuing education;

(2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920; [:] and

(3) if the applicant holds a valid federal Drug Enforcement Administration registration number, verification that the applicant has completed not less than two hours of continuing education in pain management and opioid use and addiction during the concluding licensing period.

(b) Except as provided in 12 AAC 28.405(b), an applicant for renewal of a dental hygienist license shall submit evidence of continued professional competence by documenting

(1) completion of at least 20 contact hours of continuing education; and

(2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

(c) **An applicant for renewal of a dental hygienist restorative function endorsement under 12 AAC 28.780 shall submit evidence of continued competence by documenting at least two hours of continuing education relating to materials or techniques used for the restoration of teeth.**

(d) [C] For the purpose of this section,

(1) one “contact hour” equals a minimum of 50 minutes of instruction;

(2) one academic semester credit hour equals 15 contact hours;

(3) one academic quarter credit equals 10 contact hours;

(4) one continuing education unit equals one contact hours;

(5) one continuing education credit equals one contact hour.

(e) [D] Credit is given only for class hours and not hours devoted to class preparation.

(Eff. 4/10/88, Register 106; am 2/18/93, Register 125; am 4/8/93, Register 126; am 5/29/98, Register 146; am 12/5/2009, Register 192; am 12/15/2013, Register 208; am 9/26/2018, Register 227; am ____/____/____, Register ____)

Authority: AS 0832.071 AS 08.36.070 AS 08.36.250

12 AAC 28.410(a) is amended to read:

(a) Except as provided in (c) of this section, and subject to the limits set out in (g) and (h) of this section, only the following courses will be accepted as continuing education under 12 AAC 28.400 – 12 AAC 28.420 **and 12 AAC 28.880(b)**, and only if participation in those courses is verifiable and the subject matter contributes to the professional knowledge and development of the practitioner or enhances the ability to provide services to the patient; [.]

...

(Eff. 4/10/88, Register 106; am 4/13/91, Register 118; am 2/18/93, Register 125; am 2/28/96, Register 137; am 5/29/98, Register 146; am 1/28/2000, Register 153; am 8/15/2001, Register 159; am 3/23/2002, Register 161; am 1/15/2003, Register 165; am 12/5/2009, Register 192; am 12/15/2013, Register 208; am ____ / ____ / ____, Register ____)

12 AAC 28.780(a) is amended to read:

(a) A dental hygienist's endorsement to perform restorative functions **lapses or** expires on the date the dental hygienist's license **lapses or** expires.

12 AAC 28.780 is amended by adding a new subsection to read:

(d) an applicant for renewal of a dental hygienist endorsement to perform restorative functions must submit

- (1) a completed application for renewal on a form provided by the department;
- (2) the applicable renewal fee established in 12 AAC 02.190;

(3) documentation of successful completion of two hours of continuing education required under 12 AAC 28.400(c). (Eff. 3/18/2011, Register 197; am ____/____/____, Register ____)

Authority: AS 08.32.071 AS 08.32.187 AS 08.36.070
AS 08.32.085

12 AAC 28.880(a) is repealed and readopted to read:

12 AAC 28.880. Renewal of dental assistant's restorative function certificate. (a) A dental assistant's restorative function certificate must be renewed biennially on or before February 28 of odd-numbered years. In order to renew a certificate to perform restorative function, a dental assistant must submit to the department [A]

(1) a completed application for renewal on a form provided by the department;

[AND]

(2) the \$60 certificate renewal fee; and

(3) documentation of completion of two hours of continuing education required under (b) of this section.

(b) An applicant for renewal of a dental assistant restorative function certificate shall complete two hours of continuing education approved under 12 AAC 28.410(a) relating to materials or techniques used for the restoration of teeth.

(c) [B] The board will maintain a registry of dental assistants certified under AS 08.36.344 and 12 AAC 28.850 to perform restorative functions.

(d) A dental assistant restorative function certificate may not be renewed if the certificate has lapsed for two years or more. (Eff. 3/18/2011, Register 197; am 12/4/2014,

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Register 212; am 9/10/2017, Register 223; am ____/____/____, Register ____)

Authority: AS 08.36.070 AS 08.36.344

Old Business

Interview Process

**ALASKA BOARD OF DENTAL EXAMINERS
APPLICATION BY CREDENTIALS INTERVIEW CHECKLIST**

Welcome to this meeting of the Alaska Board of Dental Examiners for your personal interview as part of this application process for licensure by credentials.

- _____ 1. Is your dental license in good standing in all jurisdictions in which you have practiced?
- _____ 2. Is everything in your application file up-to-date and accurate?
- _____ 3. Have you been the subject of any disciplinary or peer review proceeding?
- _____ 4. Are you now or have you ever been under investigation for any complaint relating to dental practice?
- _____ 5. Have you ever had a license to practice dentistry suspended, revoked, or have you voluntarily surrendered one?
- _____ 6. Are you the subject of an adverse report from the National Practitioner Data Bank or the American Association of Dental Boards?
- _____ 7. Have you read the American Dental Association's Principles of Ethics and Code of Professional Conduct? Do you understand this document has been adopted as the ethical standards for dental practice in Alaska?
- _____ 8. Do you care to make a statement on any matter that would support your application or to clarify any aspect of your credentials?
- _____ 9. Have you read the dental statutes and regulations for Alaska?
- _____ 10. Do you have any questions regarding the practice of dentistry in Alaska?

Task List Update

Task list-April 15th 2019 meeting

Task	Person Responsible to Complete	Due Date	OLE to distribute?
Draft letter of support for HB 127 with record keeping/LA added as a stipulation.	David Nielson	Soon	Will upload to On Board
Work on Annual Report - 2020 Budget, ID Staff, Sunset Audit, ID Board, table of contents	OLE Wiard	May 15	Yes
Annual Report -Narrative statement, Proposed Legislation, Goals/Objectives	David Nielson	May 15	Yes
Request travel for 08/23/19 meeting to be in person	OLE Wiard	ASAP	E-mail Decision to Board
Add CEU discussion to 8/23 mtg. Number allowed per day and online	OLE Wiard/Wenzell	Aug. 23	8/23/19 Agenda & Board Packet
Draft Penalty Matrix for Dental Hygienists	Gail Walden	Aug. 23	8/23/19 Agenda & board packet
Letter to AK Dental Society re: adding specialty licenses to stats.	Dominic Wenzell	Soon	Will upload to On Board
Research to see if board can add exception for military residents to the courtesy license	OLE Wiard	Soon	If yes, add reg. change to 8/23 agenda
Draft E-mail to Dr. Lookhart and inform renewal tabled until 08/23/19 after AAG Consulted	Tracy Wiard	ASAP	No
Review Renewal Applications draft wording for revision of questions (5) -specifically.	Jonathan Woller	Aug. 23	8/23/19 agenda & board packet
Complete PDMP DEN Joint Statement	David Nielson	ASAP	Will e-mail to board if want/for fyi.
Draft letter for late PDMP registrations	Gail Walden	Soon	Board to review in On Board/ OLE to mail
Draft PDMP Penalty Matrix	Jesse Hronkin	Soon	Will upload to On Board/On August 28 Mtg.
Draft criteria to conduct sedation inspections for procurement process.	David Nielson	After Law Update	08/23/19 Meeting
Obtain opinion from LAW RE: sedation inspections	OLE Wiard/Sher Zinn	Soon	Will E-mail to Dr. Nielson
Add sedation inspection regulations to 8/23/19 Agenda	OLE Wiard	08.23.19	Will add to 08/23/19 Agenda
Add wording for NBDE part I/II to 08/23/19 Agenda	OLE Wiard	08.23.19	Will be on 8/23/19 agenda

Sign Wall Certificates

New Business

Schedule Upcoming Meetings

2019 STATE HOLIDAY CALENDAR

JANUARY

S	M	T	W	R	F	S
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State Holidays

Date	Holiday
01/01	New Year's Day
01/21	MLK Jr.'s Birthday
02/18	Presidents' Day
03/25	Seward's Day
05/27	Memorial Day
07/04	Independence Day

Holiday

State calendar maintained by the Division of Finance, Department of Administration
<http://doa.alaska.gov/calendars.html>

Biweekly employees please refer to appropriate collective bargaining unit agreement for more information regarding holidays.

State Holidays

Date	Holiday
09/02	Labor Day
10/18	Alaska Day
11/11	Veterans' Day
11/28	Thanksgiving Day
12/25	Christmas Day

2020 STATE CALENDAR

JANUARY

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FEBRUARY

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MARCH

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JUNE

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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DECEMBER

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State Holidays

Date	Holiday
01/01	New Year's Day
01/20	MLK Jr.'s Birthday
02/17	Presidents' Day
03/30	Seward's Day
05/25	Memorial Day
07/04	Independence Day (observed 7/3)



State calendar maintained by the Division of Finance, Department of Administration
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State Holidays

Date	Holiday
09/07	Labor Day
10/18	Alaska Day
11/11	Veterans' Day
11/26	Thanksgiving Day
12/25	Christmas Day

Different Exam Criteria

From: [Denise Diaz](#)
To: [Wiard, Tracy L \(CED\)](#)
Subject: RE: Exam Verification
Date: Thursday, June 6, 2019 1:17:19 PM
Attachments: [image001.png](#)
[image002.png](#)

I see. Our reports have changed over the years. The report in your email is one of our summary reports from past years. The report I provided is the Individual Performance Report which, as of 2018, all Candidates get. Prior to 2018, Candidates received some form of the summary report you show in your email, which doesn't have as many details as we provide now. We are able to provide the details for past years, but the Candidate would have to request the Individual Performance Report from us. They can do this on our website with a score request.

You would be unable to tell from the report shown below how many operative procedures they completed. I happen to know that in 2016 we still required two Operative procedures and didn't have the Prosthodontic exam yet. (I don't think you required Prosth at that time?)

Bottom line is this is an older report, but the Candidate can request the detailed report from us to get you what you need.



Denise Diaz
Director of Dental Operations, Western Regional Examining Board
23460 N 19th Ave Suite 210 Phoenix, AZ 85027
623-209-5404 | ddiaz@wreb.org | wreb.org

From: Wiard, Tracy L (CED) <tracy.wiard@alaska.gov>
Sent: Thursday, June 06, 2019 1:50 PM
To: Denise Diaz <ddiaz@wreb.org>
Cc: David Nielson (dave.nielson@outlook.com) <dave.nielson@outlook.com>
Subject: RE: Exam Verification

Good Afternoon,

Thank you for your reply. I guess I am confused as I get many results that look like this:

CBI

Operative Score Case Western Reserve University 03/14/2016 PASS Passing Score is 3.00 or higher	Periodontic Score Case Western Reserve University 03/14/2016 PASS Passing Score is 75.00 % or higher		
Endodontic Score Case Western Reserve University 03/14/2016 PASS Passing Score is 3.00 or higher	CTP Score CTP - Prometric Testing Center 10/22/2015 PASS Passing Score is 3.00 or higher		
<table border="1" style="margin: 0 auto; width: 200px;"> <tr> <td>Dental Exam Result</td> </tr> <tr> <td>PASS</td> </tr> </table>		Dental Exam Result	PASS
Dental Exam Result			
PASS			

Does this mean this applicant only completed 1 operative procedure and 1 prosthodontic procedure? - Thank you.

Tracy L. Wiard

Occupational Licensing Examiner

Board of Dental Examiners

Department of Commerce, Community, & Economic Development

Division of Corporations, Business, and Professional Licensing

State of Alaska Board of Dental Examiners

PO BOX 110806

Juneau, AK 99811-0806

(907) 465-2542-Phone

(907) 465-2974-Fax

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From: Denise Diaz [<mailto:ddiaz@wreb.org>]

Sent: Thursday, June 6, 2019 12:40 PM

To: Wiard, Tracy L (CED) <tracy.wiard@alaska.gov>

Subject: RE: Exam Verification

Good afternoon, Tracy.

I have attached a sample of our candidate results report. I believe the report provides the information you outline in your email.

Our reports are cumulative, so as Candidates complete procedures, they are added to the report. By the time a Candidate applies for licensure, the report should have all the sections the candidate has completed up to that point. If any of your requirements are not completed by the Candidate, (such as a second Operative procedure or the Prosthodontic section), that would be apparent because those would not be included on the report.

Examiner calibration and the preservation of candidate anonymity are standard practices for WREB. Examiners are required to calibrate prior to every single exam and CTP grading session in which they participate. As for anonymity, Examiners only know Candidates by an assigned Candidate ID. They are never known to Examiners by name. We work hard to standardize and protect the integrity of our exam.

For candidates that need to take our CTP exam as a stand-alone component, please note that we do require authorization directly from your state board. Without this authorization, a Candidate would not be able to sign up for CTP without the other components. An email directly from your staff with the attached form and Candidate contact information is all we request. Our staff takes it from there.

I hope this information helps.

Regards,



Denise Diaz

Director of Dental Operations, Western Regional Examining Board

23460 N 19th Ave Suite 210 Phoenix, AZ 85027

623-209-5404 | ddiaz@wreb.org | wreb.org

From: Wiard, Tracy L (CED) <tracy.wiard@alaska.gov>

Sent: Thursday, June 6, 2019 10:03 AM

To: Dental Info <dentalinfo@wreb.org>; info@crdts.org; help@srta.org

Cc: David Nielson (dave.nielson@outlook.com) <dave.nielson@outlook.com>

Subject: Exam Verification

Good Morning,

The State of Alaska Board of Dental Examiners has recently updated their exam requirements for dentists applying for licensure. In addition to solely accepting the WREB exam for licensure, the dental boards regulations now allow applicants to pass an exam that is equivalent to WREB and

includes the following:

(B) of examination showing that the applicant has passed the clinical examination conducted by WREB on or after February 1, 2019 or an equivalent examination; an applicant must have passed an examination under this subparagraph within the five years immediately preceding the date of application; and the examination must include the following subject areas, components, or characteristics;

(i) standardization and calibration of the examiners and anonymity between candidates and grading examiners;

(ii) patient based periodontics testing;

(iii) constructive response testing that includes treatment planning;

(iv) endodontics testing, on a mannequin or live patient, to include access and obturation of an anterior tooth

and access of a multi-canalled posterior tooth;

(v) prosthetics testing, on a mannequin or live patient, to include a crown prep or a bridge prep;

(vi) patient based operative examination that includes one class II posterior alloy or composite procedure, and one additional operative procedure, either anterior class III or posterior class II;

Is there any way that applicants applying for licensure in Alaska can have WREB, CRDTS, SRTA, or ADEX verify that they have met the requirements listed above. For instance; it is not a requirement of WREB for an applicant to pass periodontics testing or a 2nd operative procedure but it is required by the Alaska Board of Dental Examiners for a license. The board needs a way to verify these exam components were passed. Also, ADEX does not require a CTP component so when we have applicants apply who have taken ADEX we set them up with WREB to take the CTP component of the WREB exam. Any information you can provide to us that would let the board know if an applicant has met the requirements above would be greatly appreciated. Thank you for your time.

Tracy L. Wiard

Occupational Licensing Examiner

Board of Dental Examiners

Department of Commerce, Community, & Economic Development

Division of Corporations, Business, and Professional Licensing

State of Alaska Medical Board

PO BOX 110806

Juneau, AK 99811-0806

(907) 465-2542-Phone

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Doe, John (A101)
 555 N. Street Rd.
 City, State 90000
 United States

OPERATIVE

New York University * - Mar 21 - Mar 24 2019

Prep Procedure #1			
Posterior Composite	Median Score	Weight Factor	Score
Outline and Extension	2.00	46.0%	0.920
Internal Form	3.00	39.0%	1.170
Operative Environment	2.00	15.0%	0.300
Posterior Composite Prep Score:			2.390

Finish Procedure #1			
Posterior Composite	Median Score	Weight Factor	Score
Anatomical Form	3.00	36.5%	1.095
Margins	3.00	36.5%	1.095
Finish	3.00	27.0%	0.810
Posterior Composite Finish Score:			3.000

Prep Procedure #2			
Anterior Composite	Median Score	Weight Factor	Score
Outline and Extension	3.00	46.0%	1.380
Internal Form	3.00	39.0%	1.170
Operative Environment	2.00	15.0%	0.300
Anterior Composite Prep Score:			2.850

Finish Procedure #2			
Anterior Composite	Median Score	Weight Factor	Score
Anatomical Form	3.00	36.5%	1.095
Margins	3.00	36.5%	1.095
Finish	4.00	27.0%	1.080
Anterior Composite Finish Score:			3.270

Operative Section Score:	2.88	Fail
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ENDODONTIC

New York University * - Mar 21 - Mar 24 2019

Anterior	Median Score	Weight Factor	Score
Access	4.00	27.0%	1.080
Condensation	4.00	46.0%	1.840

Posterior	Median Score	Weight Factor	Score
Access	3.00	27.0%	0.810

Endodontic Section Score:	3.73	Pass
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COMPREHENSIVE TREATMENT PLANNING (CTP)

CTP Section Score:	3.40	Pass
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PERIODONTICS

New York University * - Mar 21 - Mar 24 2019

Treatment:	Score
	100.00%
Periodontics Section Score:	100.00%
	Pass

A score of 3.00 (or 75%) or higher reflects the standard for demonstrating competence. Completion of the core exam requires passing the three sections, Operative, Endodontics and CTP, within twelve (12) months. If any of the three core sections is failed, the WREB Exam is failed until the failed section(s) is/are passed within the required twelve (12) month period. If the failed section(s) is/are not passed within twelve (12) months, all three core sections must be taken again. Many individual state licensing bodies also require passing performance on the Periodontal or Prosthodontics sections, in addition to the WREB Core Sections (Operative, Endodontics and Comprehensive Treatment Planning).

You should review the Dental Candidate Guide for detailed scoring information and requirements.

Additional details regarding performance are provided for your information. Please note that performance within each section is likely to vary more than overall clinical or written score across subsequent examination performances. Candidates retaking sections are encouraged to consider all content categories in preparation.

Important Document - Maintain for your records



Doe, John (A101)
 555 N. Street Rd.
 City, State 90000
 United States

PROSTHODONTIC

New York University * - Mar 21 - Mar 24 2019

Anterior Crown	Median Score	Weight Factor	Score
Occlusal Reduction	3.00	30.0%	0.900
Axial Reduction	4.00	25.0%	1.000
Margins & Finish Line	4.00	35.0%	1.400
Operative Environment	4.00	10.0%	0.400
Anterior Crown Prep Score:			3.700

Anterior Bridge Abutment	Median Score	Weight Factor	Score
Occlusal Reduction	4.00	30.0%	1.200
Axial Reduction	4.00	25.0%	1.000
Margins & Finish Line	3.00	35.0%	1.050
Operative Environment	4.00	10.0%	0.400
Anterior Bridge Abutment Prep Score:			3.650

Posterior Bridge Abutment	Median Score	Weight Factor	Score
Occlusal Reduction	4.00	30.0%	1.200
Axial Reduction	4.00	25.0%	1.000
Margins & Finish Line	3.00	35.0%	1.050
Operative Environment	4.00	10.0%	0.400
Posterior Bridge Abutment Prep Score:			3.650

Prosthodontic Section Score:	3.67	Pass
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A score of 3.00 (or 75%) or higher reflects the standard for demonstrating competence. Completion of the core exam requires passing the three sections, Operative, Endodontics and CTP, within twelve (12) months. If any of the three core sections is failed, the WREB Exam is failed until the failed section(s) is/are passed within the required twelve (12) month period. If the failed section(s) is/are not passed within twelve (12) months, all three core sections must be taken again. Many individual state licensing bodies also require passing performance on the Periodontal or Prosthodontics sections, in addition to the WREB Core Sections (Operative, Endodontics and Comprehensive Treatment Planning). You should review the Dental Candidate Guide for detailed scoring information and requirements.

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Central Regional Dental Testing Services, Inc.

Overview

PURPOSE

The Central Regional Dental Testing Service (CRDTS) is an organization of State Boards of Dentistry who have joined forces to develop and conduct examinations to measure the level of applied knowledge and skills for clinical competency in dentistry and dental hygiene. Each State Board has equal authority and responsibility to participate in the development and administration of the examination program. CRDTS' exams have been developed and administered on a national basis within the framework of its regional governing structure.

HISTORY

CRDTS history began in the late 1960's through the cooperative efforts of three states who began administering simultaneous Board exams. CRDTS began in 1972 and was incorporated in 1974 as a non-profit organization. From these beginnings, CRDTS' membership has expanded for over 40 years to include 21 states with acceptance for licensure in 42 states.

RELATIONSHIP WITH REGIONAL SCHOOLS

As reported above, regional educators are involved in examination development as members and special consultants of the Examination Review Committees. One of CRDTS' greatest assets is the fine rapport that exists with the schools. Dental Deans and Dental Hygiene Program Directors are annually invited to CRDTS' Annual Meeting and Workshop.

DENTAL EXAMINATION FORMAT

The exam is administered in 2 different formats, both examinations are identical in content, criteria and scoring.

Curriculum Integrated Format – This format is administered in segments over the course of eight months to eligible dental students during their senior year or graduate program in dental school. The time-sequencing of this format provides for the opportunity to treat patients of record within the dental school curriculum and allows for targeted remediation as well as for timely issuance of licenses upon graduation.

Traditional Format – This format is administered in the spring, usually within a few weeks of local graduation dates. Contingent upon the availability of testing sites, additional exams are usually conducted at one or two regional sites later in the year.

DENTAL EXAMINATION CONTENT

Examination Overview: The examination consists of individual, skill-specific parts. Each examination Part is listed below:

□ CONTENT
Manikin-Based Examination
Part II: Endodontics
Access opening & Obturation
Part III: Prosthodontics
Ceramic, Cast Gold, PFM
Patient-Based Examination
Part IV: Periodontics
Calculus detection/removal, oral assessment,
supragingival deposit removal, tissue &
treatment management
Part V: Restorative
Class II and III Preparation/Restoration

DENTAL HYGIENE EXAMINATION

There is one comprehensive total score, based on 100 points, reported for the Dental Hygiene Examination. CRDTS utilizes a criterion-based grading system to differentiate between acceptable and unacceptable performance. Criteria have been established for each clinical procedure.

CONTENT
Treatment Selection – Patient selection & Calculus detection Oral Assessment Probing Depth Measurements Subgingival Calculus Removal Supragingival Deposit Removal Tissue and Treatment Management

DENTAL THERAPIST EXAMINATION

CONTENT
Primary Molar Pulpotomy Procedure Primary Molar Stainless Steel Crown Placement Primary Molar Stainless Steel Crown Preparation Primary Molar Class II Amalgam Restoration Restorative Procedures – Class II and III Preparation/Restoration

LOCAL ANESTHESIA EXAMINATION

CONTENT
Written Examination 5 cases with 8 multiple choice questions/case 20 multiple choice questions Clinical Examination One posterior superior alveolar (PSA) injection One inferior alveolar (IA) injection

RESTORATIVE AUXILIARY EXAMINATION

CONTENT
Class II Amalgam – Restoration OR Class II Composite – Restoration AND Class III Composite – Restoration

CONTACT INFORMATION

Kimber Cobb, Executive Director
Central Regional Dental Testing Service, Inc.
1725 SW Gage Blvd.
Topeka, KS 66604
Phone: (785) 273-0380
Email: info@crdts.org
website: www.crdts.org



THE COMMISSION ON **DENTAL COMPETENCY** ASSESSMENTS

1304 CONCOURSE DRIVE, SUITE 100 | LINTHICUM, MD 21090

TEL: 301-563-3300 | FAX: 301-563-3307

cdcaexams.org

Tracey Wiard
Occupational Licensing Examiner
Board of Dental Examiners
State of Alaska Medical Board

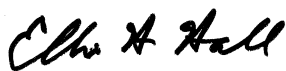
Tracey Wiard,

Thank you for reaching out to the CDCA to help determine if the ADEX examination will meet the newly established requirements for dental licensure in Alaska. To assist with your analysis of the ADEX examination which is administered by the CDCA, I've organized our response based on the requirements you've outlined:

- 1) Alaska Requirement: standardization and calibration of the examiners and anonymity between candidates and grading examiners
 - a) CDCA Response: All examiners are trained and calibrated both online prior to the examination and immediately prior to each exam. Each of three examiners grades independently. At least two examiners must agree in grading each criteria. The treatment clinic is physically separate from the grading area and patients travel to and from the clinic to the grading area. The grading examiners are segregated from the candidates and the candidates are segregated from the grading examiners. Both examiners and candidates are managed by assigned number identification to further ensure anonymity.
- 2) Alaska Requirement: patient-based periodontics testing
 - a) CDCA Response: The ADEX examination includes, at no additional cost, an optional Periodontics examination. This examination evaluates candidate skills in evaluating patient history, radiographic interpretation, calculus detection, calculus removal and patient management. This is offered as an optional part of the ADEX examination since some states do not require a Periodontics examination for licensure. However the CDCA highly recommends and 98% of all candidates, do in fact, do elect to take the Periodontics section with the rest of the ADEX examination.
- 3) Alaska Requirement: constructive response testing that includes treatment planning
 - a) CDCA Response: The ADEX examination includes a required computer-based examination portion called the DSE OSCE (Diagnostic Skills Objective Simulated Clinical Examination). This 4 hour 15 minute portion evaluates diagnosis, treatment planning, management of medically compromised patients and emergency care. Currently the DSE OSCE includes multiple choice plus enhanced format and case-based questions. Psychometricians have advised us that the choice of item/question types used in an examination should match the cognitive complexity of the knowledge being evaluated and not for its own sake. A variety of question types (short answer, extended response, case studies) that better match the type of knowledge sought, provide a more efficient and appropriate way to evaluate candidate capabilities in diagnosis and treatment planning. We are now piloting other alternative item types including constructed response questions and will be including them in the exam early next year.

- 4) Alaska Requirement: endodontics testing, on a mannequin or live patient, to include access and obturation of an anterior tooth and access of a multi-canalled posterior tooth
 - a) CDCA Response: The ADEX examination includes a required Endodontics portion that involves access and obturation of a maxillary central incisor on a typodont mounted in a mannequin head and access opening only, on a maxillary first molar also on a typodont mounted on a mannequin head.
- 5) Alaska Requirement: prosthetics testing, on a mannequin or live patient, to include a crown prep or a bridge prep
 - a) CDCA Response: The ADEX examination includes a required Prosthodontics portion that involves a Cast Metal Crown prep on a first maxillary molar, a porcelain fused-to-metal crown prep on a first maxillary bicuspid and a ceramic crown prep on a maxillary central incisor on a typodont mounted in a mannequin head. The first molar prep and first bicuspid prep are considered as abutments for a 3-unit bridge and graded as such.
- 6) Alaska Requirement: patient based operative examination that includes one class II posterior alloy or composite procedure, and one additional operative procedure, either anterior class III or posterior class II
 - a) CDCA Response: The ADEX examination includes two required restorations on an actual patient. These restorations are graded and reported separately. One restoration must be a Class III composite preparation and restoration on an anterior tooth. The other restoration must be a Class II alloy or composite preparation and restoration on a posterior tooth. A composite slot prep is also permitted on the posterior tooth depending on the requirements of the state dental board and reported as required.
- 7) Alaska Question: Is there any way that applicants applying for licensure in Alaska can have WREB, CRDTS, SRTA, or ADEX verify that they have met the requirements listed above? For instance, it is not a requirement of WREB for an applicant to pass periodontics testing or a 2nd operative procedure but it is required by the Alaska Board of Dental Examiners for a license. The board needs a way to verify this has happened.
 - a) CDCA Response: Yes, the CDCA reports scores for each part taken and each grade listed separately. If a section is not challenged, the results for that part will be indicated as not taken. (See the attached report.) Results are provided to each participating dental board electronically at the same time they are sent to the candidates – usually within 3 days of the examination.
- 8) Alaska Question: Also, ADEX does not require a CTP component so when we have applicants apply who have taken ADEX we set them up with WREB to take the CTP component of the WREB exam. Any information you can provide to us that would let the board know if an applicant has met the requirements above would be greatly appreciated.
 - a) Independent psychometricians have reported that the DSE OSCE meets or exceeds the current CTP examination for evaluation of treatment planning skills. Acceptance of the full ADEX examination would appear to meet all of the new examination requirements for dental licensure in Alaska and eliminate the need for a separate examination with WREB, markedly simplifying the licensure process for prospective Alaska licensure candidates. In any case, notification of results to the Alaska Board of Examiners is very straight forward. As noted earlier, each part of the examination is reported separately with the date of the exam, whether it was a pass, fail or not taken.

Again, thank you for the opportunity to provide this information to the Alaska Board of Dental Examiners. If you have any further questions, please feel free to contact me at any time.



Ellis H. Hall, DDS
CDCA Director of Examinations



THE COMMISSION ON **DENTAL COMPETENCY** ASSESSMENTS

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Cumulative Score Report

June 18, 2019

This is to certify that the following candidate participated in the **ADEX Approved Dental** Examination(s) listed below that were administered by the North East Regional Board of Dental Examiners, Inc. (NERB). Please note, while we have adopted The Commission on Dental Competency Assessments (CDCA) as our trade name, NERB remains our official corporate name.

Candidate Name:

Candidate SS#:

Candidate Type: Dental

Date	DSE	PROS	ENDO	RESTOR	ANT RESTOR	POST RESTOR	PERIO* SCALING
9/15/2018		Pass					
9/15/2018			Pass				
2/9/2019							Pass
2/9/2019						Fail	
4/11/2019	Pass						
5/5/2019						Fail	
5/5/2019					Pass		
8/3/2019						NT	

Mary F. Johnston

Mary F. Johnston, RDH
Secretary

* Beginning in 2013, the Periodontal/Scaling examination became an optional portion of the ADEX Examination. No score or a low score does not affect ADEX status. The Periodontal Scaling examination is only required in certain states. Each state determines whether this portion of the examination is required for licensure in their state.

Pass = 75 or greater Fail = Less than 75

DSE = Diagnostic Skills Examination

PERIO = Periodontal Scaling Examination

SIM PAT = Simulated Patient Clinical Examination (Manikin) - replaced by the Endodontic and Prosthodontic Examinations for the 2006 and later examination formats

ENDO = Endodontic Examination - 2006 and later examination formats

PROS = Prosthodontic Examination - 2006 and later examination formats

RESTOR = Restorative Examination - replaced by the Anterior and Posterior Restorative Examinations for the 2014 and later examination formats

ANT RESTOR = Anterior Restorative Examination - 2014 and later examination formats

POST RESTOR = Posterior Restorative Examination - 2014 and later examination formats

INC = Incomplete, Application and/or testing obligations not fulfilled

NS = No Show and is not a failure

NT = Not Taken (or available) - Candidate has registered for the indicated examination, but has not taken it yet or scores for that examination are not currently available for release.



Southern Regional Testing Agency, Inc.

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NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

June 18, 2019

To Whom It May Concern:

This is to certify that the following candidate listed below **HAS** satisfactorily completed the ADEX Examination in Dentistry that was administered by the Southern Regional Testing Agency, Inc.

Last Name, First Name		Last 4 SSN	SRTA #	Exam Site	Exam Date		

TOTAL	DSE	ANTERIOR REST.	POSTERIOR REST.	ENDO	FIXED PROS	PERIO	# OF ATTEMPTS
PASS	PASS	PASS	PASS	PASS	PASS		2

*Grading Scale: Pass ≥ 75
Fail < 75

ADEX Credentials apply to candidates that have taken the ADEX examination administered by CDCA, SRTA (Jan. 2013-Jun. 2015), or CITA.



Office Administrator

SRTA certifies scores for a five year period. Acceptance after that period is determined by each individual State board of Dentistry.

Adjourn