



## **BOARD OF DENTAL EXAMINERS - Regular Meeting**

Alaska Division of Corporations, Business and Professional Licensing

Monday, March 23, 2026 at 9:00 AM AKDT to Monday, March 23, 2026 at 4:00 PM AKDT

### **Agenda**

#### **1. Zoom Information**

Join Zoom Meeting

<https://us02web.zoom.us/j/89875869957>

Meeting ID: 898 7586 9957

One tap mobile+12532158782,,89875869957# US

- |  |                 |
|--|-----------------|
| <b>2. Call to Order/Roll Call</b>                        | <b>9:00 AM</b>  |
| <b>A. Ethics Report</b>                                  |                 |
| <b>B. Review/Approve Agenda</b>                          |                 |
| <b>3. Public comment</b>                                 | <b>9:02 AM</b>  |
| <b>4. Election of Board Secretary</b>                    | <b>9:12 AM</b>  |
| <b>5. Application Reviews</b>                            | <b>9:22 AM</b>  |
| <b>A. Application for Sedation Permit for T.H.</b>       |                 |
| <b>B. Renewal application for lapsed license - T. M.</b> |                 |
| <b>6. Audit Reviews</b>                                  | <b>9:42 AM</b>  |
| <b>A. Audit for D.S.</b>                                 |                 |
| <b>B. Audit for L.O.</b>                                 |                 |
| <b>7. Break</b>  | <b>10:12 AM</b> |
| <b>8. Delegation of SCRA Application approval</b>        | <b>10:17 AM</b> |
| Presenter: Glenn Saviers                                 |                 |
| <b>9. Investigations</b>                                 | <b>10:27 AM</b> |
| <b>A. Investigative Report</b>                           |                 |
| <b>B. Annual Investigative Training</b>                  |                 |
| <b>C. Request for end of probation - J.D.</b>            |                 |
| <b>D. Voluntary Surrender - J.E.</b>                     |                 |
| <b>E. Voluntary Surrender - J.H.</b>                     |                 |
| <b>F. Consent Agreement - J.M.</b>                       |                 |
| <b>G. Imposition of Civil Fine for M. T.</b>             |                 |

**H. Application for Dental License - M.M.**

- |  |                 |
|--|-----------------|
| <b>10. Lunch</b>   | <b>12:42 PM</b> |
| <b>11. Division Report</b><br>Presenter: Melissa Dumas   | <b>1:12 PM</b>  |
| <b>12. PDMP Report</b><br>Presenter: Lisa Sherrell   | <b>1:27 PM</b>  |
| <b>13. ADEX Council Appointment</b><br>Possible appointment of Megan Ferguson to the ADEX Council.   | <b>1:37 PM</b>  |
| <b>14. Med Spa FAQ</b><br>Presenter: Sara Chambers   | <b>1:42 PM</b>  |
| <b>15. Alaska Dental Society - Radiological workgroup update and request for support for HB2732:</b> | <b>12 PM</b>    |
| Guest: Sean Seigel   |                 |
| <b>16. Break</b>   | <b>2:27 PM</b>  |
| <b>17. Correspondence</b>  | <b>2:32 PM</b>  |
| <b>18. Select future meeting dates</b>   | <b>3:17 PM</b>  |
| <b>19. Adjourn</b>   |                 |



**MEMORANDUM**

DATE: March 06, 2026  
 TO: Board of Dental Examiners  
 THRU: Erika Prieksat, Chief Investigator   
 FROM: Joshua Hardy, Investigator   
 RE: Investigative Report for the March 23, 2026 Meeting

The following information was compiled as an investigative report to the Board for the period of November 26, 2025 thru March 06, 2026; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegals in Anchorage and Juneau, regarding continuing education audits and license action resulting from those matters are covered in this report.

**OPEN - 51**

<u>Case Number</u>	<u>Violation Type</u>	<u>Case Status</u>	<u>Status Date</u>
<b>DENTAL HYGIENIST</b>			
2025-000990	Continuing education	Intake	10/14/2025
2025-000991	Continuing education	Intake	10/14/2025
2025-000179	License Application Review/Referral	Complaint	07/31/2025
2025-000798	Continuing education	Complaint	08/28/2025
2026-000008	Unprofessional conduct	Complaint	02/12/2026
2025-000064	License Application Review/Referral	Investigation	06/06/2025
<b>DENTIST</b>			
2025-000986	Continuing education	Intake	10/14/2025
2025-000987	Continuing education	Intake	10/14/2025

2026-000201	Standard of care	Intake	02/27/2026
2026-000207	License Application Review/Referral	Intake	03/02/2026
2025-000169	Standard of care	Complaint	05/22/2025
2025-000206	License Application Review/Referral	Complaint	08/18/2025
2025-000622	Substance abuse	Complaint	07/24/2025
2025-000686	Standard of care	Complaint	08/04/2025
2025-000827	Standard of care	Complaint	10/09/2025
2025-000837	Standard of care	Complaint	10/08/2025
2025-000873	Continuing education	Complaint	10/07/2025
2025-000935	Continuing education	Complaint	12/02/2025
2025-000959	Continuing education	Complaint	10/21/2025
2025-000964	Continuing education	Complaint	10/21/2025
2025-001016	Fraud or misrepresentation	Complaint	01/05/2026
2025-001024	Standard of care	Complaint	11/24/2025
2025-001030	Unprofessional conduct	Complaint	11/26/2025
2026-000007	Unprofessional conduct	Complaint	02/12/2026
2026-000117	Standard of care	Complaint	03/06/2026
2026-000180	Falsified application	Complaint	02/24/2026
2022-000507	Standard of care	Investigation	08/26/2025
2023-000859	Misrepresentation	Investigation	04/16/2024
2023-000964	Standard of care	Investigation	08/28/2025
2023-001107	Unethical conduct	Investigation	08/08/2024
2024-000117	Standard of care	Investigation	08/25/2025
2024-000178	Unethical conduct	Investigation	01/08/2026
2024-000714	Standard of care	Investigation	05/12/2025
2024-000801	Substance abuse	Investigation	08/07/2025
2024-001212	Fraud or misrepresentation	Investigation	08/18/2025
2024-001213	Fraud or misrepresentation	Investigation	08/18/2025
2024-001214	Fraud or misrepresentation	Investigation	08/08/2025
2025-000109	Standard of care	Investigation	08/20/2025
2025-000170	License Application Review/Referral	Investigation	10/30/2025

2025-000259	Fraud or misrepresentation	Investigation	12/04/2025
2025-000366	Standard of care	Investigation	01/09/2026
2025-000635	Standard of care	Investigation	02/20/2026
2025-000832	Standard of care	Investigation	03/06/2026
2017-001252	Standard of care	Litigation Initiated	10/29/2025
2018-000011	Standard of care	Litigation Initiated	10/29/2025
2020-000474	Standard of care	Litigation Initiated	10/29/2025
2020-000953	Violation of licensing regulation	Litigation Initiated	10/29/2025
2021-000451	Falsified application	Litigation Initiated	10/29/2025
2022-000543	Standard of care	Litigation Initiated	10/29/2025
2022-000832	Standard of care	Litigation Initiated	10/29/2025
2022-001168	Standard of care	Litigation Initiated	10/29/2025

**Closed - 7**

<b><u>Case #</u></b>	<b><u>Violation Type</u></b>	<b><u>Case Status</u></b>	<b><u>Closed</u></b>	<b><u>Closure</u></b>
<b>DENTIST</b>				
2025-000183	License Application Review/Referral	Closed-Intake	12/04/2025	Review Complete
2025-001122	Standard of care	Closed-Intake	01/07/2026	Incomplete Complaint
2026-000024	Standard of care	Closed-Intake	02/12/2026	Incomplete Complaint
2024-000047	PDMP Violation: Failure to Query	Closed-Complaint	02/12/2026	Compliance
2025-000137	License Application Review/Referral	Closed-Complaint	01/21/2026	No Action - No Violation
2025-000565	Standard of care	Closed-Complaint	01/05/2026	No Action - No Violation
2026-000043	PDMP Violation: Failure to Register	Closed-Investigation	01/30/2026	Advisement Letter

***END OF REPORT***

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

Summary of All Professional Licensing  
Schedule of Revenues and Expenditures

Board of Dental Examiners	FY 20	FY 21	Biennium	FY 22	FY 23	Biennium	FY 24	FY 25	Biennium	FY 26 1st QTR
<b>Revenue</b>										
Revenue from License Fees	\$ 77,965	\$ 626,646	\$ 704,611	\$ 138,195	\$ 601,352	\$ 739,547	\$ 206,952	\$ 630,810	\$ 837,762	\$ 27,450
General Fund Received		\$ 227,625	227,625	\$ 275,253	\$ 59,056	334,309	\$ 2,075	\$ -	2,075	\$ -
Allowable Third Party Reimbursements	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-	\$ -
<b>TOTAL REVENUE</b>	<b>\$ 77,965</b>	<b>\$ 854,271</b>	<b>\$ 932,236</b>	<b>\$ 413,448</b>	<b>\$ 660,408</b>	<b>\$ 1,073,856</b>	<b>\$ 209,027</b>	<b>\$ 630,810</b>	<b>\$ 839,837</b>	<b>\$ 27,450</b>
<b>Expenditures</b>										
Non Investigation Expenditures										
1000 - Personal Services	105,784	114,394	220,178	82,890	166,224	249,114	215,241	201,833	417,074	50,402
2000 - Travel	2,232	-	2,232	-	2,027	2,027	5,946	12,370	18,316	-
3000 - Services	11,450	8,444	19,894	4,247	9,857	14,104	5,406	1,488	6,894	4,000
4000 - Commodities	605	202	807	421	690	1,111	594	280	874	78
5000 - Capital Outlay	-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	120,071	123,040	243,111	87,558	178,798	266,356	227,187	215,971	443,158	54,480
Investigation Expenditures										
1000-Personal Services	119,771	55,971	175,742	59,108	78,869	137,977	89,761	90,531	180,292	22,354
2000 - Travel	-	-	-	-	-	-	-	-	-	-
3023 - Expert Witness	-	800	800	-	450	450	-	-	-	5,000
3088 - Inter-Agency Legal	56,993	25,258	82,251	38,501	76,292	114,793	26,483	4,230	30,712	-
3094 - Inter-Agency Hearing/Mediation	2,496	20,203	22,699	1,953	14,980	16,933	6,470	-	6,470	-
3000 - Services other	169	29	198	142	856	998	165	113	278	-
4000 - Commodities	-	-	-	-	-	-	-	-	-	-
Total Investigation Expenditures	179,429	102,261	281,690	99,704	171,447	271,151	122,879	94,873	217,752	27,354
<b>Total Direct Expenditures</b>	<b>299,500</b>	<b>225,301</b>	<b>524,801</b>	<b>187,262</b>	<b>350,245</b>	<b>537,507</b>	<b>350,066</b>	<b>310,844</b>	<b>660,910</b>	<b>81,834</b>
Indirect Expenditures										
Internal Administrative Costs	71,838	69,597	141,435	66,103	77,162	143,265	78,203	78,680	156,883	19,670
Departmental Costs	36,414	31,551	67,965	29,396	36,353	65,749	49,298	48,316	97,614	12,079
Statewide Costs	29,715	23,383	53,098	17,850	26,656	44,506	29,522	24,948	54,470	6,237
<b>Total Indirect Expenditures</b>	<b>137,967</b>	<b>124,531</b>	<b>262,498</b>	<b>113,349</b>	<b>140,171</b>	<b>253,520</b>	<b>157,023</b>	<b>151,944</b>	<b>308,967</b>	<b>37,986</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 437,467</b>	<b>\$ 349,832</b>	<b>\$ 787,299</b>	<b>\$ 300,611</b>	<b>\$ 490,416</b>	<b>\$ 791,027</b>	<b>\$ 507,089</b>	<b>\$ 462,788</b>	<b>\$ 969,877</b>	<b>\$ 119,820</b>
<b>Cumulative Surplus (Deficit)</b>										
Beginning Cumulative Surplus (Deficit)	\$ 26,681	\$ (332,821)		\$ 171,618	\$ 284,455		\$ 454,447	\$ 156,385		\$ 324,407
Annual Increase/(Decrease)	(359,502)	504,439		112,837	169,992		(298,062)	168,022		(92,370)
Ending Cumulative Surplus (Deficit)	\$ (332,821)	\$ 171,618		\$ 284,455	\$ 454,447		\$ 156,385	\$ 324,407		\$ 232,037
<b>Statistical Information</b>										
Number of Licenses for Indirect calculation	2,337	2,658		2,358	2,321		2,330	2,398		
<b>Additional information:</b>										
<ul style="list-style-type: none"> <li>• General fund dollars were received in FY21-FY24 to offset increases in personal services and help prevent programs from going int</li> <li>• Most recent fee change: Fee reduction FY25</li> <li>• Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one progr</li> </ul>										

Appropriation Name (Ex)	(Multiple Items)
Sub Unit	(All)
PL Task Code	DEN1

Sum of Budgetary Expenditures Object Name (Ex)	Object Type Name (Ex)			Grand Total
	1000 - Personal Services	3000 - Services	4000 - Commodities	
1011 - Regular Compensation	40,593.54			40,593.54
1023 - Leave Taken	5,624.92			5,624.92
1028 - Alaska Supplemental Benefit	2,837.47			2,837.47
1030 - Public Employee's Retirement System Defined Contribution	2,140.42			2,140.42
1034 - Public Employee's Retirement System Defined Cont Health Reim	1,293.86			1,293.86
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	351.32			351.32
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	7,786.74			7,786.74
1039 - Unemployment Insurance	228.54			228.54
1040 - Group Health Insurance	9,559.68			9,559.68
1041 - Basic Life and Travel	12.19			12.19
1042 - Worker's Compensation Insurance	263.98			263.98
1047 - Leave Cash In Employer Charge	943.52			943.52
1048 - Terminal Leave Employer Charge	408.38			408.38
1053 - Medicare Tax	643.47			643.47
1077 - ASEA Legal Trust	30.52			30.52
1079 - ASEA Injury Leave Usage	14.13			14.13
1080 - SU Legal Trst	22.85			22.85
3002 - Memberships		4,000.00		4,000.00
3023 - Expert Witness		5,000.00		5,000.00
4005 - Subscriptions			77.50	77.50
<b>Grand Total</b>	<b>72,755.53</b>	<b>9,000.00</b>	<b>77.50</b>	<b>81,833.03</b>

# ALASKA PDMP

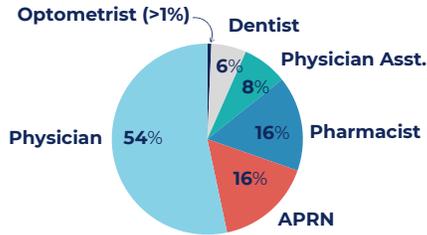
## PRESCRIPTION DRUG MONITORING PROGRAM Q4 2025

### 80,210 PATIENTS

Alaskan patients receiving at least one controlled substance prescription.

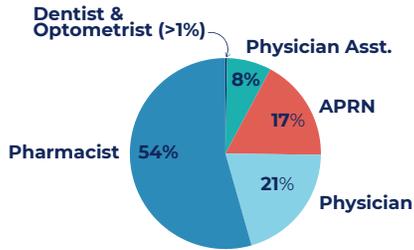
### 10,493 REGISTERED USERS

% registered by license type, excluding IHS, military, VA, and delegates.



### 291,468 SEARCHES

% of searches by user type, excluding IHS, military, VA, and delegates.



### 85% EHR ACCESS

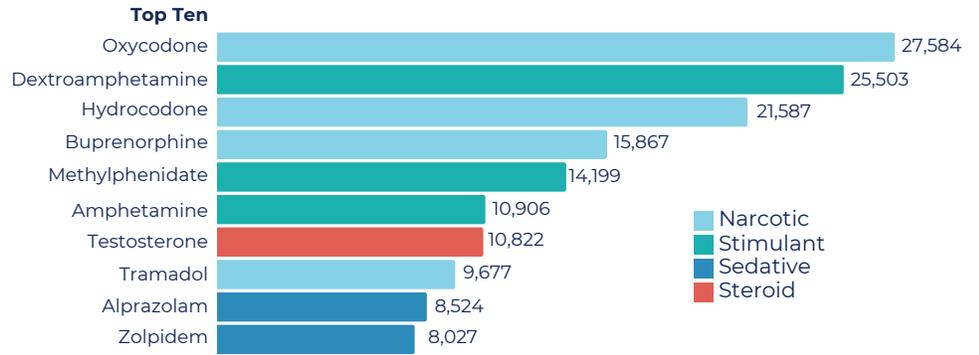
% of providers using electronic health record system (EHR) integration to search patient information within their clinical workflow.

### 267 DISPENSERS

Pharmacies or dispensing providers with at least one controlled substance dispensation to Alaska patients.

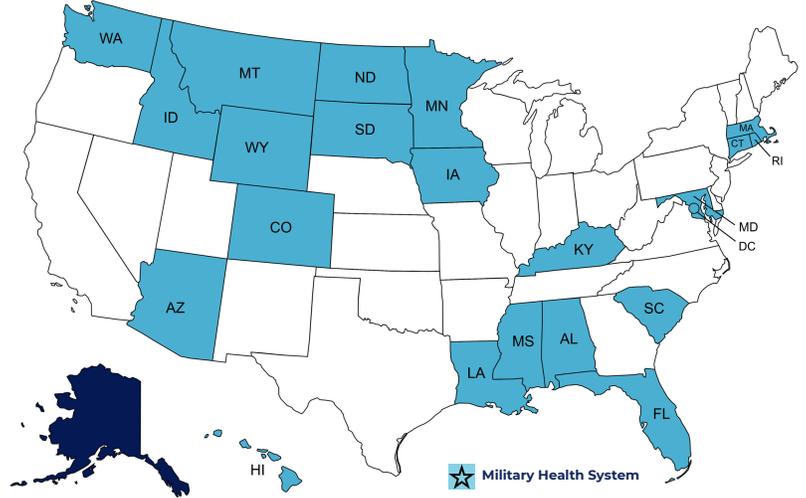
Data is presented for informational purposes only. Data represents prescription and dispensation activity reported to Alaska Prescription Drug Monitoring Program (PDMP) from October 1, 2025 to December 31, 2025. For more information, visit [pdmp.alaska.gov](http://pdmp.alaska.gov).

# 196,032 CONTROLLED SUBSTANCE DISPENSATIONS



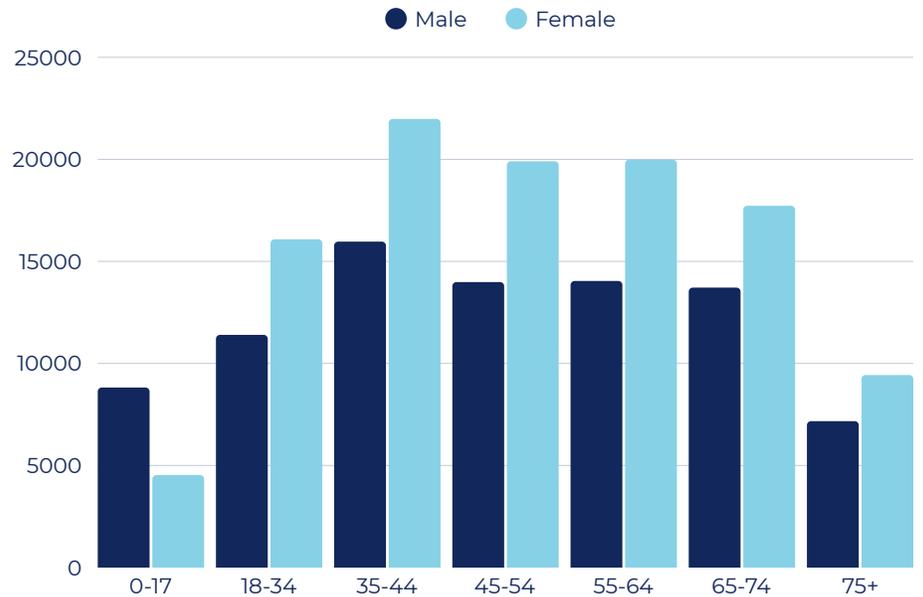
### 23 PARTNER STATES

Interstate data sharing including military health system.



Created with mapchart.net

## PRESCRIPTION COUNT BY PATIENT AGE & GENDER



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



## Medical Spa Services Frequently Asked Questions DRAFT 10-10-25

This document is intended to assist in interpretation of Alaska statutes and regulations regarding various medical spa services. This draft has been reviewed by the [Medical Spa Services Work Group](#), and is being circulated to relevant professional licensing boards for final approval prior to publication. This work draft should not be relied upon as a final interpretation or alternative to the law. Certain regulations are included below; always review the entirety of statutes and regulations of the appropriate programs and seek attorney assistance when needed.

Reviewed by Medical Spa Services Work Group: July 11, 2025.

Reviewed by Department of Law: August 7, 2025.

Approved by the Board of Nursing: August 5, 2025

Board of Barbers and Hairdressers: August 13, 2025

Board of Pharmacy: August 21, 2025

Medical Board: August 22, 2025

Board of Chiropractic Examiners: Reviewed October 10, 2025; has not approved yet

Board of Dental Examiners **TBD**

### MEDICAL DIRECTOR AND CLINIC OVERSIGHT

- **What is a medical spa?**

A “medical spa” is not a term specifically recognized in Alaska law, though the services rendered and personnel performing them may be regulated by one or more professional licensing boards. For the purpose of this FAQ, a “medical spa” is a popular term of art describing a clinic where medical procedures and services may be delivered, albeit in a more casual or consumer-focused setting than a traditional clinic and potentially alongside nonmedical services. Medical spas themselves are not specifically regulated as a unique *entity* by the state, though licensees advertising or performing medical or esthetics services and procedures are. A medical facility regulated by the [Department of Health](#) that offers medical spa services may have requirements in addition to those outlined in this FAQ.

The term “medical spa services” is also not specifically defined in Alaska law. For the purpose of this analysis, examples of medical spa services include, but are not limited to, all aspects of oversight, diagnosis, prescription, administration, and follow-up care for elective cosmetic and wellness-related services that are considered to fall within the practice of medicine, nursing, pharmacy, or another regulated health care profession if performed outside a traditional medical setting. Some of the services reviewed by the [Medical Spa Services Work Group](#) are discussed below.

Although medical spas may offer services that are not medically necessary or consider themselves “wellness”—rather than medical—institutions, some of the medical cosmetic procedures and intravenous hydration services they provide fall under the delivery of medical or nursing services and are regulated by the State Medical Board and Board of Nursing. These services are discussed further in this document.

- **Who may serve as the “medical director”?**

“Medical director” is not a term specifically found in Alaska law. When associated with a medical spa, a medical director is considered anyone who has the legal authority to supervise or delegate medical or nursing activities: a physician or physician assistant licensed by the [Alaska State Medical Board](#) or an advanced practice registered nurse licensed by the [Alaska Board of Nursing](#) must practice within the scope of their license and obtain any certification, training, or education necessary to safely deliver the services being provided to their patient population.

A person serving as the medical director of a spa or clinic providing services requiring professional licensure takes on the responsibility of ensuring delegation is appropriate under state law and within their own scope of practice, including ensuring the appropriateness of any licensing, training, and education of persons to whom they are delegating.

A registered nurse, licensed practical nurse, chiropractor, dentist, physical therapist, massage therapist, EMT, paramedic, or other licensed health care provider may not evaluate, diagnose, determine, or delegate treatment for medical services in a general medical spa or IV hydration clinic setting outside their own licensed scopes of practice. Refer to the individual Alaska statutes and regulations governing these licenses and certifications.

- **The significance of Alaska licensure**

Licenses or certifications in other jurisdictions, by private companies, or by manufacturers of beauty or health care products do not qualify individuals to practice esthetics, nursing, or medicine in Alaska. Persons who do not hold an Alaska license and persons who are licensed and considering performing services outside of their scope should review whether the services or procedures—or the promotion of such services or procedures—qualifies as the practice of medicine under AS 08.64.380 or nursing under AS 08.68.850.

- **What services may a physician or physician assistant delegate, and what are those requirements?**

12 AAC 40.967(32) prohibits a Medical Board licensee from permitting patient care that includes administering a botulinum toxin or dermal filler, autotransplanting biological materials, or treating with chemical peels below the dermal layer, or hot lasers, by a person who is not an appropriate health care provider trained and licensed under AS 08 to perform the treatment.

Otherwise, if a licensee with the ability to delegate determines the procedure can be delegated and the licensee and the person to whom they are delegating meet the qualifications set out under statute or regulation--then the delegation is permissible.

What procedures are *permissible and not permissible* to be delegated are spelled out at 12 AAC 40.920(e) and (f):

(e) Routine medical duties that may be delegated to another person under the standards set out in this section means duties that

- (1) occur frequently in the daily care of a patient or group of patients;
- (2) do not require the person to whom the duty is delegated to exercise professional medical knowledge or judgment;
- (3) do not require the exercise of complex medical skills;
- (4) have a standard procedure and predictable results; and
- (5) present minimal potential risk to the patient.

(f) Duties that require the exercise of professional medical knowledge or judgment or complex medical skills may not be delegated. Duties that may not be delegated include

- (1) the assessment of the patient’s medical condition, and referral and follow-up;
- (2) formulation of the plan of medical care and evaluation of the patient’s response to the care provided;
- (3) counseling of the patient and the patient’s family or significant others regarding the patient’s health;

- (4) transmitting verbal prescription orders, without written documentation, from the patient's health care provider;
- (5) duties related to pain management and opioid use and addiction;
- (6) the initiation, administration, and monitoring of intravenous therapy, including blood or blood products;
- (7) the initiation administration, and monitoring of procedural sedation;
- (8) assessing sterile wound or decubitus ulcer care;
- (9) managing and monitoring home dialysis therapy;
- (10) oral tracheal suction;
- (11) medication management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration;
- (12) placement and administration of nasogastric tubes and fluids;
- (13) initial assessment and management of newly-placed gastrostomy tubes and the patient's nutrition; and
- (14) the administration of injectable medications, unless
  - (A) it is a single intramuscular, intradermal, or subcutaneous injection, not otherwise prohibited under 12 AAC 40.967(33); and
  - (B) all other provisions of this section are met; and
  - (C) the delegating physician, podiatrist, osteopath, or physician assistant is immediately available on site.

The circumstances under which delegable procedures may be delegated, how the unlicensed practice must be supervised, and how a medical director makes those assessments are substantially addressed for medicine at 12 AAC 40.920(a) – (d):

(a) A physician, podiatrist, osteopath, or physician assistant licensed under AS 08.64 may delegate the performance of routine medical duties to an agent of the physician, podiatrist, osteopath, or physician assistant, if the following conditions are met:

- (1) the duty to be delegated must be within the scope of practice of the delegating physician, podiatrist, osteopath, or physician assistant;
- (2) a licensed physician, podiatrist, osteopath, or physician assistant must assess the patient's medical condition and needs to determine if a duty for that patient may be safely delegated;
- (3) the patient's medical condition must be stable and predictable;
- (4) the person to whom the duty is to be delegated has received the training needed to safely perform the delegated duty, and this training has been documented;
- (5) the delegating physician, podiatrist, osteopath, or physician assistant determines that the person to whom a duty is to be delegated is competent to perform the delegated duty correctly and safely and accepts the delegation of the duty and the accountability for carrying out the duty correctly;
- (6) performance of the delegated duty would not require the person to whom it is delegated to exercise professional medical judgment or have knowledge of complex medical skills;
- (7) the delegating physician, podiatrist, osteopath, or physician assistant provides to the person, with a copy maintained on record, written instructions that include
  - (A) a clear description of the procedure to follow to perform each task in the delegated duty;
  - (B) the predicted outcomes of the delegated task;
  - (C) procedures for observing, reporting, and responding to side effects, complications, or unexpected outcomes in the patient; and
  - (D) the procedure to document the performance of the duty in the patient's record.

(b) A physician, podiatrist, osteopath, or physician assistant who has delegated a routine duty to another person shall provide appropriate direction and supervision of the person, including the evaluation of patient outcomes. Another physician, podiatrist, osteopath, or physician assistant may assume delegating responsibilities from the delegating physician, podiatrist, osteopath, or physician assistant if the substitute physician, podiatrist, osteopath, or physician assistant has assessed the patient, the skills of the person to whom the delegation was made, and the plan of care. Either the original or substitute delegating

physician, podiatrist, osteopath, or physician assistant shall remain readily available for consultation by the person to whom the duty is delegated, either in person or by telecommunication.

(c) The delegation of a routine duty to another person under this section is specific to that person and for that patient, and does not authorize any other person to perform the delegated duty.

(d) The physician, podiatrist, osteopath, or physician assistant who delegated the routine duty to another person remains responsible for the quality of the medical care provided to the patient.

- **The importance of professional judgment**

In every consideration of delegation, the delegating physician or physician assistant must decide what constitutes appropriate professional judgment as it pertains to their interpretation of these cited regulations. The AMA Code of Ethics adopted by reference by the Medical Board at 12 AAC 40.955 provides useful guidance as to what appropriate professional judgment looks like in a medical director who is licensed under AS 08.64.

- **What services may an advanced practice registered nurse delegate, and what are those requirements?**

If a licensee with the ability to delegate determines the procedure can be delegated and the licensee and the person to whom they are delegating meet the qualifications--both of which as determined within reason by the licensee under statute or regulation--then the delegation is permissible.

The board has formally adopted a regulation regarding scope of practice that generally refers to activities allowable by an APRN, in addition to other requirements pertaining to training and education required for safe delivery of medical spa services:

**12 AAC 44.430. SCOPE OF PRACTICE.** The board recognizes advanced and specialized acts of nursing practice as those described in the scope of practice statements published by national professional nursing associations recognized by the board for advanced practice registered nurses certified by the national certification bodies recognized by the board.

The procedures that are *permissible* to be delegated to unlicensed persons are fairly well spelled out in 12 AAC 44.955, .960, .965, .966, .970, .975.

The circumstances under which delegable procedures may be delegated, how the unlicensed practice must be supervised, and how an APRN makes those assessments are substantially addressed for nursing at 12 AAC 44.950 and .975.

**12 AAC 44.950. Standards for delegation of nursing duties to other persons**

(a) A nurse licensed under AS 08.68 may delegate the performance of nursing duties to other persons, including unlicensed assistive personnel, if the following conditions are met:

- (1) the nursing duty to be delegated must be within the scope of practice of the delegating nurse;
- (2) a registered nurse must assess the patient's medical condition and needs to determine if a nursing duty for that patient may be safely delegated to another person;
- (3) the patient's medical condition must be stable and predictable;
- (4) the person to whom the nursing duty is to be delegated has received the training needed to safely perform the delegated duty, and this training has been documented;
- (5) the nurse determines that the person to whom a nursing duty is to be delegated is competent to perform the delegated duty correctly and safely and accepts the delegation of the duty and the accountability for carrying out the duty correctly;
- (6) performance of the delegated nursing duty would not require the person to whom it was delegated to exercise professional nursing judgment or knowledge or complex nursing skills;
- (7) the nurse provides to the person, with a copy maintained on record, written instructions that include

- (A) a clear description of the procedure to follow to perform each task in the delegated duty;
- (B) the predicted outcomes of the delegated nursing task;
- (C) how the person is to observe and report side effects, complications, or unexpected outcomes in the patient, and the actions appropriate to respond to any of these; and
- (D) the procedure to document the performance of the nursing duty in the patient's record.

(b) A nurse who has delegated a nursing duty to another person shall provide appropriate direction and supervision of the person, including the evaluation of patient outcomes. Another nurse may assume delegating responsibilities from the delegating nurse if the substitute nurse has assessed the patient, the skills of the person to whom the delegation was made, and the plan of care. Either the original delegating nurse or the substitute nurse shall remain readily available for consultation by the person, either in person or by telecommunication.

(c) The delegation of a nursing duty to another person under this section is specific to that person and for that patient, and does not authorize any other person to perform the delegated duty.

(d) The nurse who delegated the nursing duty to another person remains responsible for the quality of the nursing care provided to the patient.

### **12 AAC 44.955 Delegation of routine nursing duties**

(a) Routine nursing duties may be delegated to another person under the standards set out in 12 AAC 44.950. Routine nursing duties are those that

- (1) occur frequently in the daily care of a patient or group of patients;
- (2) do not require the person to whom the duty is delegated to exercise professional nursing knowledge or judgment;
- (3) do not require the exercise of complex nursing skills;
- (4) have a standard procedure and predictable results; and
- (5) present minimal potential risk to the patient.

(b) Routine nursing duties that may be delegated include

- (1) monitoring bodily functions;
- (2) taking and recording vital signs;
- (3) transporting patients;
- (4) non-invasive collection and testing of physical specimens;
- (5) measuring and recording fluid and food intake and output; and
- (6) personal care tasks such as bathing, oral hygiene, dressing, toileting, assisting with eating, hydrating, and skin care.

### **12 AAC 44.960 Delegation of specialized nursing duties**

(a) Specialized nursing duties are those duties that do not require professional nursing education to correctly perform, but require more training and skill than routine nursing duties. Specialized nursing duties may be delegated to another person under the standards set out in 12 AAC 44.950.

(b) Specialized nursing tasks that may be delegated include

- (1) changing simple, nonsterile dressings using aseptic technique when no wound debridement or packing is involved;
- (2) assisting patients with self-medication;
- (3) obtaining blood glucose levels;
- (4) suctioning of the oral pharynx;
- (5) providing tracheostomy care in established, stable patients;
- (6) removal of internal or external urinary catheters;
- (7) adding fluid to established gastrostomy tube feedings and changing established tube feeding bags; and
- (8) placing electrodes and leads for electrocardiogram, cardiac monitoring, and telemetry.

(c) A nurse who delegates a nursing duty to another person under this section shall develop a nursing delegation plan that describes the frequency and methods of evaluation of the performance of the delegated duty by the other person. The delegating nurse shall evaluate a continuing delegation as

appropriate, but must perform an evaluation on-site at least once every 90 days after the delegation was made. The delegating nurse shall keep a record of the evaluations conducted.

**12 AAC 44.970. Nursing duties that may not be delegated.**

Nursing duties that require the exercise of professional nursing knowledge or judgment or complex nursing skills may not be delegated. Nursing duties that may not be delegated include

- (1) the comprehensive assessment of the patient by a registered nurse, and referral and follow-up;
- (2) the focused assessment of the patient by a licensed practical nurse;
- (3) formulation of the plan of nursing care and evaluation of the patient's response to the care provided;
- (4) health education and health counseling of the patient and the patient's family or significant others in promoting the patient's health;
- (5) receiving or transmitting verbal, telephone, or written orders from the patient's health care provider;
- (6) the initiation, administration, and monitoring of intravenous therapy, including blood or blood products;
- (7) providing and assessing sterile wound or decubitus ulcer care;
- (8) managing and monitoring home dialysis therapy;
- (9) oral tracheal suction;
- (10) medication management for unstable medical conditions requiring ongoing assessment and adjustment of dosage or timing of administration;
- (11) placement and administration of nasogastric tubes and fluids;
- (12) initial assessment and management of newly-placed gastrostomy tubes and the patient's nutrition;
- (13) except as provided in 12 AAC 44.966, the administration of injectable medications.

**12 AAC 44.975. Exclusions**

The provisions of 12 AAC 44.950 – 12 AAC 44.970 apply only to the delegation of nursing duties by a nurse licensed under AS 08.68; they do not apply when nursing duties have not been delegated, including when a person is acting

- (1) within the scope of the person's own license;
- (2) under other legal authority; or
- (3) under the supervision of another licensed health care provider.

In every consideration of delegation, the delegating practitioner must decide what constitutes appropriate professional judgment as it pertains to their interpretation of these cited regulations. In addition to the statutes and regulations of the board, we can usually turn to the code of ethics adopted by the board in regulation as an additional standard. The Board of Nursing has not officially adopted a code of ethics in regulation; however, nurses informally lean on codes published by national nursing associations that generally echo the same principles.

Note that 12 AAC 44.770 spells out unprofessional conduct, including a list of examples. Nursing conduct that could adversely affect the health and welfare of the public constitutes unprofessional conduct under AS 08.68.270(7).

● **Does the medical director need to be onsite? When is telemedicine allowed?**

The medical director must remain readily available for consultation by the person to whom any duty is delegated, either in person or by telecommunication. An initial consultation with a patient may happen via telecommunication. During medical procedures, a person with the appropriate level of licensure to perform the procedure and manage emergencies according to established facility protocols should always be onsite. A medical director should be immediately available (by phone or text) in case of complications.

● **Who can perform patient evaluations, diagnose conditions requiring treatment, and make treatment recommendations?**

A physician, physician assistant, or advanced practice registered nurse may evaluate patients, perform diagnoses, and make recommendations for treatment. Registered nurses, licensed practical nurses,

medical assistants, and other persons with appropriate training may be delegated certain functions relating to patient intake, such as performing an interview regarding symptoms and medical history and taking vital signs. This information helps inform the physician, physician assistant, or advanced practice registered nurse in performing their patient evaluation.

Although medical spas may offer services that are not medically necessary, or they may consider themselves “wellness”—rather than medical—institutions, the medical cosmetic procedures and hydration services they provide may fall under the delivery of medical or nursing services and are regulated by the State Medical Board and Board of Nursing.

- **Who can obtain, prescribe, administer, or dispense prescription medicines and products?**

A licensee with prescriptive authority and who is practicing within their scope, such as a physician, physician assistant, or advanced practice registered nurse. Delegation requirements are spelled out in the statutes and regulations of each board. A dentist may do so within the practice of dentistry, which does not include most esthetics procedures.

Standing orders for prescriptions issued by a physician, physician assistant, or advanced practice registered nurses are unique to each patient. They may not be generally given for a class or group of patients. Any changes to an individual’s standing orders must include evaluation and written changes by the medical director or other provider in the practice who is an Alaska-licensed physician, physician assistant, or advanced practice registered nurse.

The procurement and/or purchase of pharmaceutical products must adhere to all applicable federal regulations, including but not limited to the Controlled Substances Act, the Drug Quality and Security Act, and the Drug Supply Chain Security Act at all times. Sterile compounding practices must comply with federal guidance USP <797>.

- **What are the requirements for medical recordkeeping, HIPAA, etc.?**

Medical spas and IV hydration clinics must adhere to all recordkeeping standards applicable to the practitioner’s license, state and federal laws, and other standards that may apply to their individual situations, such as insurance requirements. Each facility should have a written protocol for recordkeeping.

- **What is the legal risk for a medical director?**

The risk is the same as it would be for any practitioner within any other medical practice. If a licensee delegates authority to another person, they generally assume the risk associated with actions by that individual. If the medical director is also an owner of the facility or is the employer of providers or other personnel in the facility, additional responsibilities and potential liabilities regarding the workplace or public access may apply.

Any facility where medical services are provided should have written emergency protocols, both to address general contingencies and those specific to the potential risks of the procedures performed. Providers should be trained in monitoring patients for adverse outcomes and how to respond in case of an emergency. The medical director should always be available onsite or by telecommunication.

## EMTs AND PARAMEDICS

The State EMS Medical Director and State EMS Medical Direction Committee are solely responsible for the scope of practice and medical direction for EMS and paramedics in the state. The scope of practice for these individuals is limited to procedures authorized in regulation or by the EMS Medical Director.

The activities of these personnel are contemplated within the context of basic or advanced life support (ALS) and only under the supervision of a sponsoring physician. There is currently no authorization for certified EMS personnel or paramedics to practice advanced procedures outside of ALS activities, such as performing

procedures authorized within their certification while employed at a medical spa. Doing so can constitute a breach of the EMS regulations, placing an ALS EMS clinician at professional risk.

## ESTHETICS

### **1. What services may an Alaska-licensed esthetician provide under their license?**

A person providing esthetics services must be licensed as an esthetician by the [Alaska Board of Barbers and Hairdressers](#) or be licensed in Alaska as a health care professional per AS 08.13. Certain limited exceptions may apply; please refer to AS 08.13.160(d).

Holding a “license” or “certification” by the manufacturer of an esthetics device is not the same as licensure by the board and does not authorize the individual to legally use that device on another person. With limited exceptions, estheticians must practice in a shop licensed by the board.

Per AS 08.13.220, "esthetics" means for a fee, using hands, appliances, cosmetic preparations, antiseptics, or lotions in massaging, cleansing, stimulating, or similar work on the scalp, face or neck, including skin care, make-up, and temporary removal of superfluous hair, for cosmetic purposes.

12 AAC 09.990(b) clarifies the definition of “appliances”:

(1) "appliances" in the field of esthetics means only those devices used to stimulate natural physiological processes intended to improve the health and appearance of a person's skin; a device

(A) operates within the manufacturer's guidelines;

(B) does not directly ablate or destroy live tissue;

(C) does not involve an incision into skin beyond the epidermis; and

(D) is not defined as a Class III or Class IV laser device under 21 C.F.R. 1040.10, revised as of April 2, 2018, and adopted by reference;

### **2. What esthetics services may an Alaska-licensed hairdresser provide under their license?**

A person licensed by the [Alaska Board of Barbers and Hairdressers](#) to practice hairdressing is considered to be licensed to practice manicuring, hair braiding, and limited esthetics under the same license. Per AS 08.13.220, "limited esthetics" means to perform for a fee and for cosmetic purposes, temporary removal of superfluous hair on the face or neck, including eyebrow arching by use of wax; or application of makeup or false eyelashes. With limited exceptions, hairdressers must practice in a shop licensed by the board.

### **3. What are “advanced esthetics services” and who may provide them?**

The term “advanced esthetics services” is not defined under Alaska law. For the purposes of the Medical Spa Services Work Group and related boards, the term refers to any procedure or service that falls outside of the scope of an Alaska-licensed esthetician.

As noted above, the Medical Board has specifically opined that the treatment with chemical peels below the dermal layer or use of hot (ablative) lasers constitutes the practice of medicine and can only be delegated by a physician to a health care provider appropriately trained and licensed to perform the procedure.

### **4. Where does Alaska law define these various health care “practices?”**

- **Medicine:** AS 08.64.380 (6) "practice of medicine" or "practice of osteopathy" means:

(A) for a fee, donation or other consideration, to diagnose, treat, operate on, prescribe for, or administer to, any human ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition; or to attempt to perform or represent that a person is authorized to perform any of the acts set out in this subparagraph;

(B) to use or publicly display a title in connection with a person’s name including "doctor of medicine," "physician," "M.D.," or "doctor of osteopathic medicine" or "D.O." or a specialist designation including

"surgeon," "dermatologist," or a similar title in such a manner as to show that the person is willing or qualified to diagnose or treat the sick or injured;

- Nursing: AS 08.68.850 (9) "practice of advanced practice registered nursing" includes, in addition to the practice of registered nursing, the performance of acts of medical diagnosis and the prescription and dispensing of medical, therapeutic, or corrective measures under regulations adopted by the board;

AS 08.68.850 (10) "practice of practical nursing" means the performance for compensation or personal profit of nursing functions that do not require the substantial specialized skill, judgment, and knowledge of a registered nurse;

AS 08.68.850 (11) "practice of registered nursing" means the performance for compensation or personal profit of acts of professional service that requires substantial specialized knowledge, judgment, and skill based on the principles of biological, physiological, behavioral, and sociological sciences in assessing and responding to the health needs of individuals, families, or communities through services that include

- (A) assessment of problems, counseling, and teaching
  - (i) clients to maintain health or prevent illness; and
  - (ii) in the care of the ill, injured, or infirm;
- (B) administration, supervision, delegation, and evaluation of nursing practice;
- (C) teaching others the skills of nursing;
- (D) execution of a medical regimen as prescribed by a person authorized by the state to practice medicine;
- (E) performance of other acts that require education and training that are recognized by the nursing profession as properly performed by registered nurses;
- (F) performance of acts of medical diagnosis and the prescription of medical therapeutic or corrective measures under regulations adopted by the board;

#### IV HYDRATION

##### **1. What are the general practice requirements for an IV hydration clinic?**

"IV hydration clinic" and "hydration services" are not terms that appear in Alaska law. Within the context of the regulation of medical spa services, these terms relate to the intravenous delivery of saline, vitamins, and other substances. An IV hydration clinic in any form and in any location is considered a medical clinic and must follow all state and federal standards applicable to any other general health care facility.

##### **2. Who may evaluate, diagnose, and determine treatment for a patient?**

As noted above, a physician, physician assistant, or advanced practice registered nurse may evaluate patients, perform diagnoses, and make recommendations for treatment. A chiropractor, dentist, physical therapist, EMT, paramedic, or other licensed health care provider may not evaluate, diagnose, and determine treatment for a patient in a general medical spa setting. Refer to the individual scopes of practice for these licenses and certifications.

Registered nurses, licensed practical nurses, medical assistants, and other unlicensed persons with appropriate training may be delegated certain functions relating to patient intake, such as performing an interview regarding symptoms and medical history and taking vital signs. This information helps inform the physician, physician assistant, or advanced practice registered nurse who will personally assess the patient's condition and determine a treatment plan. The evaluation of intake data, determination of fitness to receive services, and formulation of a treatment plan may be performed in person or through telecommunication but may not be delegated.

##### **3. Who may order and administer substances delivered intravenously?**

Substances administered intravenously, including but not limited to saline and vitamins, require a prescription under federal law. A physician, physician assistant, or advanced practice registered nurse may order prescription medications if authorized under their Alaska license. A dentist may only order and administer prescription substances for use within the practice of dentistry. A chiropractor, physical therapist, massage therapist, or other licensed or certified health care provider without prescriptive

authority may not order or administer prescription medication. Refer to the statutes and regulations for each license type for details about each scope of practice.

12 AAC 40.920(f) and (g) prevents a physician or physician assistant from delegating the initiation, administration, and monitoring of intravenous therapy, including blood or blood products. A person with the authority to perform these procedures under the scope of their own license is not restricted from doing so as long as these duties have not been delegated.

A medical director may delegate placing and starting an IV to a registered nurse or licensed practical nurse with an appropriate course of training on administering intravenous medication.

**4. What are the compounding requirements for IV hydration clinics?**

[USP <797>](#) governs sterile compounding within the United States. Conditions for sterile compounding are outlined in this federal guidance, including standards for sterile “immediate use” (mixing and using within four hours) and use of a clean room if prepared outside of the immediate use window.

A registered nurse may add an appropriate substance to an IV bag per the medical director order for a specific patient, following USP standards.

**BOTOX, FILLERS, and OTHER COSMETIC INJECTABLES**

**1. Who may evaluate, diagnose, and determine treatment for a patient?**

As noted above, a physician, physician assistant, or advanced practice registered nurse may evaluate patients, perform diagnoses, and make recommendations for treatment. A chiropractor, dentist, physical therapist, EMT, paramedic, or other licensed health care provider may not evaluate, diagnose, and determine treatment for a patient in a general medical spa setting. Refer to the individual scopes of practice for these licenses and certifications.

Registered nurses, licensed practical nurses, medical assistants, and other unlicensed persons with appropriate training may be delegated certain functions relating to patient intake, such as performing an interview regarding symptoms and medical history and taking vital signs. This information helps inform the physician, physician assistant, or advanced practice registered nurse who will personally assess the patient’s condition and determine a treatment plan. The evaluation of intake data, determination of fitness to receive services, and formulation of a treatment plan may be performed in person or through telecommunication but may not be delegated.

**2. Who may order and administer cosmetic injectables?**

A physician, physician assistant, or advanced practice registered nurse may order prescription medications if authorized under their Alaska license. A dentist may order and administer Botox within the scope of practice of dentistry, such as to treat symptoms of TMJ. A dental hygienist is not allowed to administer Botox, fillers, or other cosmetic injectables.

12 AAC 40.967(32) prohibits a Medical Board licensee from permitting patient care that includes administering a botulinum toxin or dermal filler by a person who is not an appropriate health care provider trained and licensed under AS 08 to perform the treatment.

The Board of Nursing has issued an advisory opinion on cosmetic injectables;  
[https://www.commerce.alaska.gov/web/Portals/5/pub/NUR\\_AO\\_Medical\\_Aesthetic\\_2024.pdf](https://www.commerce.alaska.gov/web/Portals/5/pub/NUR_AO_Medical_Aesthetic_2024.pdf)

An esthetician, chiropractor, physical therapist, massage therapist, or other licensed or certified health care provider without prescriptive authority may not order prescription medication. They may not administer prescription medication without proper delegation. Refer to the statutes and regulations for each license type for details about each scope of practice.

DRAFT



**DATE: February 26, 2026**

**Subject: Outcome of Dental Workgroup Discussions on Handheld X-Ray Devices**

Dear Dental Facility,

In November 2025, an invitation was distributed to dental facilities requesting participation in a dental work group to evaluate the use of handheld x-ray devices in Alaska. A stakeholder workgroup was subsequently formed and convened in December 2025 and January 2026 to discuss regulatory and operational considerations related to these devices. This letter summarizes the outcomes of those discussions and outlines the proposed next steps.

### **Background**

In 2023, the Department of Health's Radiological Health Program (RHP) was granted authority to enforce existing radiation safety regulations in dental practices. While the regulations adopted by reference have not changed, specifically the Conference of Radiation Control Program Directors (CRCPD) regulations, Part F, their enforcement has raised concern particularly with respect to the use of handheld x-ray devices.

### **Key Concerns Identified**

The workgroup expressed that current requirements for handheld devices may be viewed as unclear, overly restrictive, or impractical, especially for rural and modern dental practices. Discussions focused on five themes:

1. **Patient Care and Flexibility** – Regulations should support safe, effective, and cost-efficient care without detracting from patient access.
2. **Infrastructure and Access** – Handheld devices are often necessary due to infrastructure limitations and financial barriers. Current approval and transport processes are viewed as overly burdensome.
3. **Technical and Safety** – No concerns were raised regarding diagnostic quality. Appropriate training was identified as a key solution, rather than device performance, was identified as the primary safety focus.
4. **Operations and Oversight** – Responsibilities related to vendor inspections and the role of Radiological Health Program inspections are not clear.
5. **Regulatory Challenges** – Some requirements are viewed as outdated, unclear, or unnecessarily restrictive, contributing to regulatory burden.

### **Decision and Next Steps**

The workgroup agreed to support the use of handheld x-ray devices in Alaska dental practices while pursuing regulatory updates. Approved actions include:

1. **Interim Use Conditions** (until regulations are revised to allow usage of handheld devices):
  - FDA-cleared handheld devices with backscatter shielding attached and in use
  - Minimum 18 cm source-to-skin distance
  - Use of high-speed image receptors (F-speed film or digital sensors)
  - Documented operator training in radiation safety and positioning
2. **Regulatory Proposal** – Amend 19 Alaska Administrative Code (AAC) to remove the requirement in CRCPD Sec. F.3 xi limiting portable x-ray use to situations where stationary equipment is impractical.
3. **Training Development** – Through the collaborative efforts of the Alaska Dental Society and other dental educators in Alaska to increase the availability of standardized training and quality assurance programs for handheld device use.
4. **Final Rulemaking** – Update Alaska Administrative Code to formally allow and regulate handheld x-ray devices for dental practices in the state.

The current regulations can be viewed at the following links: CRCPD: <https://crcpd.org/ssrcrs/> (Part F and D) and AAC: <https://www.akleg.gov/basis/aac.asp#7.19.010>.

### **Questions or Comments**

Please direct questions or comments to the Radiological Health Program at **doh.radiation.info@alaska.gov**. We appreciate your commitment to patients and staff safety and look forward to continued collaboration.

Thank you to the dentists, educators, oral health professionals, and regulators who contributed to these discussions. This approach supports regulatory compliance while improving access to dental care, particularly in rural communities.

Sincerely,

**The Radiological Health Program**



**DATE: September 16, 2025**

**Subject: Clarification Regarding the Use of Handheld Dental X-ray Devices**

Dear Dental Facility,

This letter is in response to feedback received regarding the Radiological Health Program's enforcement of Part F of the CRCPD Suggested State Regulations, which restricts the use of handheld X-ray devices in dental practices unless specific safety criteria are met.

We understand that your practice, like many others, may rely on handheld X-ray devices to provide flexible and accessible care, particularly in settings where wall-mounted devices are no longer practical. We also recognize the operational and financial challenges associated with transitioning to compliant devices and/or modifying current practices to meet regulatory standards.

In a shared commitment to the well-being of your patients and staff, for an interim period, the Department of Health will recognize broader options for the use of handheld X-ray devices which acknowledge the safety and efficacy of proper technique and shielding. No penalties will be sought for facilities that are compliant with these interim measures. In addition, a joint workgroup is being established to review standards for handheld X-ray device use in Alaska.

### **Background on the Regulation**

Our goal, like yours, is to maximize quality of care and ensure safety for your patients and staff. Part F establishes evidence-based requirements for the safe use of diagnostic X-ray equipment, including handheld. These standards are designed to minimize radiation exposure to both patients and operators, ensuring long-term safety and quality of care by preventing even low dose exposure and inconsistent image quality.

### **Interim Measures**

We acknowledge that immediate compliance with Part F regulations is not possible for all facilities; however, alternate factors which guard safety and quality may be used in the interim. Until further guidance is issued, the following interim use conditions are permitted:

- Use of FDA-cleared handheld devices with integrated or add-on backscatter shields, including handheld units used as a primary device
- Maintenance of a minimum 18 cm source-to-skin distance
- Use of high-speed image receptors (e.g., F-speed film or digital sensors)
- Documentation of operator training in radiation safety and positioning

**These interim measures supersede the two exceptions to prohibited use described in the Important Safety Notice issued July 21, 2025.** At this time, it is not necessary to store or deregister handheld X-ray devices that meet the interim use conditions outlined above.

Our office is available to provide technical assistance on equipment evaluations, shielding options, and compliance strategies.

### **Clarifying Enforcement Intent**

Dental providers regulated under AS 18.60.475–545 who follow the interim measures are considered compliant and no penalties will be imposed. For providers who do not follow this guidance, the Alaska Department of Health, under AS 18.60.475–545, is required to issue notices of the nature of a violation and order corrective actions when radiation safety standards are not met; however, it does not have the authority to impose criminal penalties. Those penalties, reserved for serious or willful violations that threaten the public’s health, are imposed at the discretion of law enforcement and the courts. In practice, the department works collaboratively with dental practices to promote safety and compliance through education, guidance, and partnership so that penalties are unnecessary.

### **Next Steps: Formation of a Workgroup**

We recognize that even with interim measures, challenges remain. In response, we are creating a collaborative workgroup that will include dental professionals, the Alaska Dental Society, the Board of Dental Examiners, Alaska’s Oral Health Program, and radiation regulatory staff. The purpose of this workgroup is to:

- Discuss barriers to handheld X-ray device regulations compliance
- Share current safety practices and mitigation strategies
- Explore feasible pathways toward compliance, including phased timelines or conditional allowances
- Identify opportunities for technical assistance, training, or equipment support

Watch for further information and an announcement about the workgroup in the coming weeks. We believe that by working together, we can uphold the highest standards of radiation safety while supporting the continued delivery of high-quality dental care across Alaska.

### **Do you still have questions and concerns?**

Please send questions and comments directly to the Radiological Health Program team at [doh.radiation.info@alaska.gov](mailto:doh.radiation.info@alaska.gov). We appreciate your commitment to patient and staff safety and look forward to working with you toward practical and compliant solutions.

Sincerely,

The Radiological Health Program



July 21, 2025

**Subject: Important Safety Notice - Use of Handheld Dental X-ray Devices**

Dear Alaska Dental Facility:

This is a safety notification from Radiological Health Program regarding the possession and use of handheld dental x-ray devices. This information was communicated to the Alaska Dental Society (ADS) through both email and verbal briefing on March 19, 2025. ADS was tasked with informing all dental facilities of the stricter regulations surrounding the use of these devices.

Alaska has long adopted the Conference of Radiation Control Program Directors (CRCPD) regulations. Under Part F, Section 3(a)(xi), portable or mobile x-ray equipment may only be used when it is impractical to transfer the patient to a stationary x-ray unit. Because of the known variability of these devices and the increased risk to patients and employees who use these devices incorrectly, it is mandatory that regulations surrounding their use are controlled and monitored. As a safety measure, the use of these devices in Alaska must meet one of the two exceptions described below for facilities to avoid citation.

For any handheld x-ray device, use is strictly prohibited unless one of the following exceptions can be demonstrated:

1. The device must be registered with the Radiological Health Program prior to March 22, 2024. Following registration, the device must meet inspection standards including demonstrated maintenance and performance through annual service with records showing no operational or safety issues with the device or its use in practice. Once the device reaches unacceptable operational usage, that device must be permanently disposed of and replaced with a wall mount unit if it does not meet exception #2.
2. The portable (handheld) x-ray equipment is used because it is impractical to move patients to a stationary unit. This necessity arises from patients' inability to be moved due to injury or medical condition, the health risk posed by moving them, or the lack of access to stationary units during emergencies or in remote locations. Handheld devices should only be used out of necessity, not convenience.
  - Remote location acceptable scenario: The device is registered at a primary facility and transported to a related satellite facility that meets exception #2 and is accompanied by a trained dental practitioner in transit.

Like all regulations, evidence must be provided through documentation and direct observation of practice. In addition to the other regulations in CRCPD Part F, Section 7, the following specific regulations apply to handheld devices and must be followed to maintain continued use of a handheld device:

7(f) i. The hand-held x-ray system shall be equipped with a backscatter shield of not less than 0.25 mm lead equivalent and 15.2 cm (6 inches) in diameter that is positioned as close as practicable to the distal end of the position indication device. This will be assessed upon inspection.

7(f) ii. The facility shall maintain documentation that each operator has completed training as specified by the manufacturer of the handheld device and approved by the Radiological Health Program.

7(f) iii. The facility shall adopt and follow protocols provided by the manufacturer, and approved by the Radiological Health Program, regarding the safe operation of the device.

7(f) iv. When operating a hand-held intraoral dental radiographic unit, operators shall wear a 0.25 mm lead equivalent apron, unless otherwise authorized by the Radiological Health Program or a qualified medical physicist.

7(f) v. If the operator has difficulty in holding the device stationary during the exposure, the operator shall use a stand to immobilize the device.

7(f) vi. The dental practice shall secure the hand-held device from unauthorized removal or use.

Any facility found to be in possession of a non-compliant handheld device (whether new or used) will be cited as being in violation of the state regulations. Failure to prove through adequate documentation and direct observation to abide by these rules will result in penalties up to \$500 per day until compliance is achieved (AS Sec 18.60.535).

Aside from a monetary penalty, the facility must also take one of the following corrective actions:

1. Return the device to the manufacturer
2. Transfer or sell the device to a facility authorized to use it
3. Permanently dispose of the device

As for all devices, documentation must be maintained to verify the date of purchase, as well as the return, transfer, sale, or disposal of the device. Compliance records must also include the device manufacturer, model, and serial number, as well as the facility name, address, phone number, contact person, and state registration number.

If you have any questions or require further clarification, please contact the Radiological Health Program at [doh.radiation.control@alaska.gov](mailto:doh.radiation.control@alaska.gov). We appreciate your cooperation in ensuring safe and compliant radiological practices in dental care.

Sincerely,

*Irene Casares 7/16/25*

Irene Casares, Program Director  
Radiological Health Program

*Jayme Parker*

Jayme Parker, PhD, MSPH, MB(ASCP)<sup>CM</sup>  
Chief, Section of Laboratories  
CLIA Director

**From:** [Coalition for Modernizing Dental Licensure](#)  
**To:** [Board of Dental Examiners \(CED sponsored\)](#)  
**Cc:** [JoAnn Gurenlian](#); [Joseph Crowley](#); [Ostrander, Sarah](#)  
**Subject:** Correspondence from the Coalition for Modernizing Dental Licensure  
**Date:** Thursday, July 10, 2025 8:03:38 AM  
**Attachments:** [CMDL AlaskaPE 2025July10.pdf](#)

---

You don't often get email from [info@dentallicensure.org](mailto:info@dentallicensure.org). [Learn why this is important](#)

**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

Please see the attached letter which is sent on behalf of Dr. JoAnn Gurenlian, chair of the Coalition for Modernizing Dental Licensure for your review and response.

Thanks for your attention to this matter.

**Coalition for Modernizing Dental Licensure**

401 North Michigan Avenue, Suite 3300

Chicago, IL 60611

Phone: (800) 232-1352

E-mail: [info@dentallicensure.org](mailto:info@dentallicensure.org)

Website: <https://www.dentallicensure.org>



## COALITION FOR MODERNIZING DENTAL LICENSURE

July 10, 2025

Alaska Board of Dental Examiners  
PO Box 110806  
Juneau, AK 99811-0806

Re: Request for Removal of Patient-Based Clinical Examination Requirements from Statutes and Regulations

Dear Alaska Board of Dental Examiners,

On behalf of the Coalition for Modernizing Dental Licensure (CMDL or Coalition), I am writing to respectfully encourage the board to consider removing references to patient-based clinical licensure examinations from Alaska's regulations.

While we understand that your state no longer requires or uses these exams as part of the licensure process, the existing language in statutes and rules still includes references to them. As dental licensure continues to evolve, modern assessment standards have moved away from patient-based exams due to concerns about their reliability, limited validity, and the ethical challenges they pose, particularly when involving patients in high-stakes testing.

Currently, thirteen states still include references to these exams, creating confusion for applicants, dental educators, and other licensing bodies. Removing these references would help clarify expectations, align your regulatory framework with current practice, and support greater consistency across state licensure systems.

The Coalition stands ready to assist your board with sample language, technical support, or any other resources that may help move this effort forward. We appreciate the leadership your board has shown in advancing licensure reform and your continued commitment to protecting the public through thoughtful regulation.

Thank you for your attention to this matter. Please feel free to contact me with any questions.

Sincerely,

JoAnn Gurenlian, RDH, MS, PhD, AAFAAOM, FADHA  
Chair, Coalition for Modernizing Dental Licensure

**From:** [REDACTED]  
**Subject:** Board of Dental Examiners (CED sponsored)  
**Date:** Re: Clarification on Minimal Sedation  
Thursday, February 5, 2026 5:14:24 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image007.png](#)

---

Yes please and thank you.

[REDACTED]

[REDACTED]

On Feb 4, 2026, at 5:36 PM, Board of Dental Examiners (CED sponsored) <boardofdentalexaminers@alaska.gov> wrote:

[REDACTED]

Unfortunately, as staff, I cannot clarify that, but I could add your question to the “correspondence” portion of the board meeting that will take place on March 23, 2026 for the dental board to consider.

Please let me know if you would like me to do so.

Thank you,

Sydney Baranov  
Occupational licensing examiner  
Corporations, Business and Professional licensing

<image007.png> [sydney.baranov-kaderman@alaska.gov](mailto:sydney.baranov-kaderman@alaska.gov)  
Office: 907-465-2550  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)  
<image003.png>  
<image004.png>

---

[REDACTED]

**Sent:** Tuesday, February 3, 2026 10:21 AM  
**To:** Board of Dental Examiners (CED sponsored) <boardofdentalexaminers@alaska.gov>  
**Subject:** Re: Clarification on Minimal Sedation

You don't often get email from [REDACTED] [why this is important](#)

Hi Sydney,

This is very helpful. Thank you. (3)(a-c) Can you please also clarify how diazepam is classified and what dosing, if any, are allowed without a permit for a dentist for pediatric and adult use? Can this be used in combination with Nitrous?

I initially thought it could not be prescribed for patients under 13 or in combination with nitrous but the wording of your

attached documentation has me a little confused.

[Redacted]

[Redacted]

On Jan 21, 2026, at 12:52 PM, Board of Dental Examiners (CED sponsored) <[boardofdentalexaminers@alaska.gov](mailto:boardofdentalexaminers@alaska.gov)> wrote:

Hello,

Regulation 12 AAC 28.990(10) defines **minimal sedation** as a minimally depressed level of consciousness, produced by a pharmacological method, in the patient retains the ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command, and although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

Alaska Regulation 12 AAC 28.990(12) defines "**nitrous oxide sedation**" as an induced, controlled state of **minimal sedation**, produced solely by the inhalation of a combination of nitrous oxide and oxygen in which the patient retains the ability to independently and continuously maintain an airway and to respond purposefully to physical stimulation and to verbal command.

The board discussed nitrous oxide use at their December 2024 meeting and their opinion is that a permit is not necessary for a dentist to administer nitrous oxide. For reference, a copy of the meeting minutes can be found here: <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofDentalExaminers/BoardMeetingMinutes>

Additionally, 12 AAC 28.065 provides some clarification regarding oral medication and minimal sedation.

<image001.png>

I am not sure if this answers your question. If additional information is required, I may need to put this before the board for discussion at a meeting.

Sydney Baranov  
Occupational licensing examiner  
Corporations, Business and Professional licensing

<image002.png> [sydney.baranov-kaderman@alaska.gov](mailto:sydney.baranov-kaderman@alaska.gov)  
Office: 907-465-2550  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)

<image003.png>  
<image004.png>

[Redacted]

[\[Redacted\]@alaska.gov](mailto: [Redacted]@alaska.gov)

**Subject:** Clarification on Minimal Sedation

You don't often get email from [REDACTED] [why this is important](#)

**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Afternoon,

We have some confusion with this document. Could you please provide clarification on what is considered minimal sedation when it comes to nitrous oxide and diazepam use (when not used in combination) for adult and pediatric patients?

[REDACTED]

---

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**From:** [REDACTED]  
**To:** [Board of Dental Examiners \(CED sponsored\)](#)  
**Subject:** RE: Rules Regarding Oral & Maxillofacial Pathologists  
**Date:** Wednesday, August 27, 2025 7:29:42 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[image006.png](#)

---

Hi Sydney,

Yes, please have this question presented for the next board meeting.

Thank you!

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



[REDACTED]

---

**From:** Board of Dental Examiners (CED sponsored) <boardofdentalexaminers@alaska.gov>  
**Sent:** Tuesday, August 26, 2025 12:05 PM  
**To:** Crystal Whitney <cwhitney2@incdx.com>  
**Subject:** RE: Rules Regarding Oral & Maxillofacial Pathologists

Good morning,

Thank you for clarifying. I am unable to find anything definitive on the subject. Would you like me to present the question to the board at the next meeting? There is one tentatively scheduled for September 26, 2025.



Sydney Baranov-Kaderman  
Occupational licensing examiner  
Corporations, Business and Professional licensing

[sydney.baranov-kaderman@alaska.gov](mailto:sydney.baranov-kaderman@alaska.gov)  
Office: 907-465-2550  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)



---

**From:** [REDACTED]  
**Sent:** Monday, August 25, 2025 10:21 AM  
**To:** Board of Dental Examiners (CED sponsored) <[boardofdentalexaminers@alaska.gov](mailto:boardofdentalexaminers@alaska.gov)>  
**Subject:** RE: Rules Regarding Oral & Maxillofacial Pathologists

Good morning,

Signing out refers to finalizing a pathologic diagnosis.

Thank you,

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



[REDACTED]

---

**From:** Board of Dental Examiners (CED sponsored) <[boardofdentalexaminers@alaska.gov](mailto:boardofdentalexaminers@alaska.gov)>  
**Sent:** Wednesday, August 20, 2025 11:34 AM  
**To:** Crystal Whitney <[cwhitney2@incdx.com](mailto:cwhitney2@incdx.com)>  
**Subject:** RE: Rules Regarding Oral & Maxillofacial Pathologists

Good morning,

Could you please clarify what you mean by “signing out” cases? I want to be sure I am giving you accurate information.



Sydney Baranov-Kaderman  
Occupational licensing examiner  
Corporations, Business and Professional licensing

[sydney.baranov-kaderman@alaska.gov](mailto:sydney.baranov-kaderman@alaska.gov)  
Office: 907-465-2550  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)



---

**From:** [REDACTED]

**Sent:** Monday, August 18, 2025 2:09 PM

**To:** Board of Dental Examiners (CED sponsored) <[boardofdentalexaminers@alaska.gov](mailto:boardofdentalexaminers@alaska.gov)>

**Subject:** RE: Rules Regarding Oral & Maxillofacial Pathologists

You don't often get email from [REDACTED] [Learn why this is important](#)

Hi Rachel,

I apologize, I was reaching out to two state boards at the same time. This email was meant for you, I've made the corrections in the below email – can you please advise?

We have a provider at Incyte Pathology, PS that wants to verify whether they require an **Alaska** state license in order to remotely sign out cases. We are in the middle of a migration, so they may receive additional cases from other states and we want to ensure that we are compliant with each medical board.

Dr. [REDACTED] is an Oral & Maxillofacial Pathologist (DDS) who is also a diplomate of the American Academy of Oral and Maxillofacial Pathology (AAOMP), which has a policy that dental specialists with this specialty do not need to have a license in the state where the patient's specimen has originated. However, some dental boards still require a license in the state of origination, so we would like to confirm that is **Alaska's** policy, as well. Would you be able to assist in clarifying this point for us?

Thanks!

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



[REDACTED]

---

**From:** Board of Dental Examiners (CED sponsored) <[boardofdentalexaminers@alaska.gov](mailto:boardofdentalexaminers@alaska.gov)>

**Sent:** Monday, August 18, 2025 3:07 PM

**To:** [REDACTED]

**Subject:** RE: Rules Regarding Oral & Maxillofacial Pathologists

Hello,

I believe we received this email by mistake as the Alaska Board of Dental Examiners cannot

Speak to requirements in Oregon.

Thank you,



Rachel Billiet  
Program Coordinator 1  
Division of Corporations, Business, and Professional Licensing  
[boardofdentalexaminers@alaska.gov](mailto:boardofdentalexaminers@alaska.gov)  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)



---

**From:** [REDACTED]  
**Sent:** Monday, August 18, 2025 1:54 PM  
**To:** Board of Dental Examiners (CED sponsored) <[boardofdentalexaminers@alaska.gov](mailto:boardofdentalexaminers@alaska.gov)>  
**Subject:** Rules Regarding Oral & Maxillofacial Pathologists

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Good afternoon!

We have a provider at Incyte Pathology, PS that wants to verify whether they require an **Alaska** state license in order to remotely sign out cases. We are in the middle of a migration, so they may receive additional cases from other states and we want to ensure that we are compliant with each medical board.

Dr. [REDACTED] is an Oral & Maxillofacial Pathologist (DDS) who is also a diplomate of the American Academy of Oral and Maxillofacial Pathology (AAOMP), which has a policy that dental specialists with this specialty do not need to have a license in the state where the patient's specimen has originated. However, some dental boards still require a license in the state of origination, so we would like to confirm that is **Alaska's** policy, as well. Would you be able to assist in clarifying this point for us?

Thank you in advance for your help with this!

[REDACTED]  
[REDACTED]



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**From:** [REDACTED]  
**To:** [Board of Dental Examiners \(CED sponsored\)](#)  
**Subject:** Re: Inquiry Regarding Cosmetic Teeth Whitening Services in Alaska  
**Date:** Thursday, November 20, 2025 10:57:28 AM  
**Attachments:** [image002.png](#)  
[image003.png](#)  
[image004.png](#)

---

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Dear Sydney,

Thank you for your prompt response and for locating the August 26, 2022 Dental Board minutes. I appreciate you providing the link.

Please do add my email to the correspondence file for discussion at an upcoming board meeting; I believe this would be very beneficial for obtaining the necessary clarification.

Thanks again for your assistance.

Sincerely,

[REDACTED]

[REDACTED]

On Thursday, November 20, 2025, 10:39 AM, Board of Dental Examiners (CED sponsored) <[boardofdentalexaminers@alaska.gov](mailto:boardofdentalexaminers@alaska.gov)> wrote:

Good morning,

Reviewing past meeting minutes, I found a discussion of the topic during the August 26, 2022 meeting of the Dental Board. Those minutes can be found here:  
[https://www.commerce.alaska.gov/web/Portals/5/pub/BoardMeetings/DENminutes\\_2022\\_08.pdf](https://www.commerce.alaska.gov/web/Portals/5/pub/BoardMeetings/DENminutes_2022_08.pdf).

Other than that, I was unable to find more information. If you would like, I can add your email to the correspondence file for discussion at an upcoming board meeting.



**Sydney Baranov**  
Occupational licensing examiner  
Corporations, Business and Professional licensing

[sydney.baranov-kaderman@alaska.gov](mailto:sydney.baranov-kaderman@alaska.gov)  
Office: 907-465-2550  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)



---

**From:** [REDACTED]

**Sent:** Thursday, November 20, 2025 8:28 AM  
**To:** Board of Dental Examiners (CED sponsored)  
<boardofdentalexaminers@alaska.gov>  
**Subject:** Inquiry Regarding Cosmetic Teeth Whitening Services in Alaska

You don't often get email from [budmenbarros@yahoo.com](mailto:budmenbarros@yahoo.com). [Learn why this is important](#)

**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Alaska Board of Dental Examiners,

My name is [REDACTED], and I am reaching out for clarification regarding the scope of practice for cosmetic teeth whitening services in Alaska.

I understand that Alaska statutes regulate the practice of dentistry and that certain procedures involving the oral cavity may fall under the definition of “dental operations.” I also understand that cosmetic teeth whitening is not specifically listed as a licensed profession in the state.

Before offering any services, I would like to confirm what activities are legally permitted without a dental license, and what activities would be considered the unlicensed practice of dentistry.

Specifically, I am requesting guidance on the following:

1. Whether cosmetic, non-invasive, self-administered teeth whitening (where the client applies the whitening product themselves, and I do not place hands, tools, or equipment inside the client’s mouth) is allowed without a dental license.
2. Which activities related to teeth whitening are not permitted for unlicensed individuals—for example:
  - adjusting whitening trays inside a client’s mouth
  - retracting lips or cheeks
  - applying whitening gel directly to teeth

- performing any intraoral work
3. Whether there are any current or upcoming regulations, advisories, or Board interpretations that relate to cosmetic teeth whitening, esthetic services, or non-dental cosmetic practitioners.

My goal is to operate fully within Alaska law and to ensure consumer safety. Clear guidance from the Board will help me establish compliant business practices.

Thank you very much for your time and assistance. I appreciate any information, resources, or official direction you may be able to provide.

Sincerely,

[REDACTED]

[REDACTED]

**From:** [REDACTED]  
**To:** [Board of Dental](#) [REDACTED]  
**Subject:** RE: Nursing scope of practice  
**Date:** Wednesday, November 19, 2025 9:35:06 AM  
**Attachments:** [image004.png](#)  
[image005.png](#)  
[image006.png](#)  
[image007.png](#)

---

Hello-

I think that you should pose the question to them without names please. It is sliding into the Med spa realm even though it is a physician.



[REDACTED]

[REDACTED]

[REDACTED]

---

**From:** Board of Dental Examiners (CED sponsored) <[boardofdentalexaminers@alaska.gov](mailto:boardofdentalexaminers@alaska.gov)>  
**Sent:** Wednesday, November 19, 2025 9:17 AM  
**To:** [REDACTED]  
**Subject:** RE: Nursing scope of practice

Hello [REDACTED]

Unfortunately, I don't have an answer for her. Would you like me to have the board discuss this at their next meeting? There is one currently scheduled for December 12th, but I do not know if it will take place due to quorum issues. I am happy to add it to our correspondence file for future discussion if you'd like.

Sydney Baranov  
Occupational licensing examiner  
Corporations, Business and Professional licensing

[sydney.baranov-kaderman@alaska.gov](mailto:sydney.baranov-kaderman@alaska.gov)  
Office: 907-465-2550  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)





-----Original Message-----

From: [REDACTED]  
Sent: Tuesday, November 18, 2025 11:54 AM  
To: Board of Dental Examiners (CED sponsored) <[boardofdentalexaminers@alaska.gov](mailto:boardofdentalexaminers@alaska.gov)>  
Cc: [REDACTED]  
Subject: FW: Nursing scope of practice

Hello-

Thoughts on the below question from a nurse?

"I had a quick question regarding RN scope of practice! I work as a nurse injector under supervision of a plastic surgeon. I was wondering if I am able to perform a dental block under the order of the physician?"

I read the regulations about what a dental hygienist needs to accomplish to qualify for certification. I am unaware of specific training for a nurse working for a plastic surgeon for dental blocks.

Sincerely,

[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

-----Original Message-----

[REDACTED]  
Sent: Monday, November 17, 2025 8:55 PM  
To: Board, Nursing (CED sponsored) <[boardofnursing@alaska.gov](mailto:boardofnursing@alaska.gov)>

Subject: Nursing scope of practice

[REDACTED]. Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification> ]

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Hi there,

I had a quick question regarding RN scope of practice! I work as a nurse injector under supervision of a plastic surgeon. I was wondering if I am able to perform a dental block under the order of the physician? Thank you!

[REDACTED]

# State of Alaska 2026 HOLIDAY CALENDAR

## JANUARY

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## JULY

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## FEBRUARY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

## AUGUST

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

## MARCH

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## SEPTEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

## State Holidays

Date	Holiday
01/01/2026	New Year's Day
01/19/2026	MLK Jr.'s Birthday
02/16/2026	Presidents' Day
03/30/2026	Seward's Day
05/25/2026	Memorial Day
06/19/2026	Juneteenth Day
07/04/2026	Independence Day (observed 07/03/2026)
09/07/2026	Labor Day
10/18/2026	Alaska Day (observed 10/19/2026)
11/11/2026	Veterans' Day
11/26/2026	Thanksgiving Day
12/25/2026	Christmas Day

Please refer to appropriate collective bargaining unit agreement for more information regarding holidays.

Holiday



## APRIL

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

## OCTOBER

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## MAY

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## NOVEMBER

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

## JUNE

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

## DECEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		